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Review Article

Management of Acne Vulgaris (*Busoor-e-Labaniya*) in Unani Medicine- A Concise Review

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ABSTRACT

Acne vulgaris is a commonest dermatological disorder reported in adolescents. In the Unani system of medicine, *Acne vulgaris* is mentioned as *Busoor-e-Labaniya*, Mohasa, or Keel. The renowned Unani physician, Ibn-e-Sina says in his treatise *Al-Qanoon Fit Tibb*, that Mohasa are small white eruptions on the nose and cheeks which resemble condensed drops of milk. The cause of these eruptions is a Madda Sadidiya (infected matter) which comes towards the skin surface due to Bukharate Badan (body vapors). The abnormalities which occur in Busoore Sue Mizaj, Sue Tarkeeb, and Tafarruqe Ittesal. Line of treatment of Busoor depends upon Istefraghe Ghaleez Madda (evacuation of morbid materials) from the body, drugs being used, act as Mufatteh Sudad (De-obstruent), Mohallil (Anti-inflammatory), Moaddilate Dam (Blood purifiers), Islahe Hazm (Digestive), and Jali (Cleanser). Avoidance of oily, hot, and spicy foods and regularisation of menstruation among females are recommended.

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INTRODUCTION

Acne vulgaris (AV) is a chronic inflammatory disease of the pilosebaceous unit resulting from androgen-induced increased sebum production, altered keratinization, inflammation and bacterial colonization of hair follicles (Habif, 2008; Williams, 2012) AV occurs mostly on the face (99%) and, to a lesser area, occurs on the back (60%) and chest (15%) (Sutaria, 2019).

AV is an extremely common condition with a lifetime prevalence of approximately 85% and occurs mostly during adolescence (Tan, 2017). There are four factors in acne pathogenesis: increase of the sebum excretion, keratinization of infra-infundibulum, bacterial colonization of the follicle, and inflammation (Aydemin, 2014). AV has various psychosocial effects that impact patients' quality of life. Treatment of acne in adult

women specifically has its challenges due to the considerations of patient preferences, pregnancy, and lactation (Tan, 2017). In the Unani system of medicine (USM), AV is termed as *Busoor-e-Labaniya*, Mohasa, or Keel (Sina, 2007; Zakariya, 2005; Lone, 2012). According to Ibn-e-Sina, *Busoor-e-Labaniya* are small white eruptions on the nose and cheeks, which resemble condensed drops of milk (Sultana, 2015). While according to Arzani these are white eruptions that appear on the nose and forehead (Akbar, 2002). The cause of these eruptions is a Madda Sadidiya (infected matter) which comes towards skin surface due to Bukharate Badan (body vapors) (Sina, 2007). Unani System of Medicine contains a treatise of crude and compound formulations that can be administered

orally and locally in the treatment. These preparations are useful, effective, and well-tolerated (Sultana, 2015).

PATHOLOGY OF BUSOOR

Busoor is a type of Marze Murakkab that was in a number of abnormal conditions. The abnormalities which occur are; Sue Mizaj (temperamental disturbance) as the Humoural abnormality, Sue tarkeeb (structural disturbance), and Tafarruq-e-Ittesal (loss of continuity) without which there could be no Busoor (Lone, 2012; Sultana, 2015; Rashid, 2018).

CLINICAL FEATURES OF BUSOOR

Busoor-e-Labaniya (AV) is just like a drop of milk, small or white in color with inflammation. Solidified thick cheese-like material comes out through these Busoor (acne) when opened. Zakariya Razi in his "Kitab Al-Hawi Fit Tibb" stated as Atiasoos; a small and dry Busoor of the face is hard and chronic (Zakariya, 2005; Mansoor, YNM; Rashid, 2018).

MANAGEMENT OF BUSOOR-E-LABANIYA

The principles that should be followed in the case of Busoor-e-labaniya are described as below: (Tabri, 1995; Zakariya, 2005; Baghdadi, 2005; Quf, 1986; Aqsarai, YNM; Jilani, 1749; Mansoor, YNM; Ghani, 2010; Noor, 1925; Ahmad, 2010; Rashid, 2018).

- Evacuates (Istefragh) the morbid materials (Ghaleez Madda) from the body with the help of Munzijwa Mushil (concoctive and purgative) therapy.
- Drugs which act as Mufatteh Sudad (De-obstruent), Mohallil (Anti-inflammatory), and Jali (Cleanser) are effective.
- Use of Musaffiyat and Moaddilate Dam drugs to reduce the Hiddat (Hotness) of Khoon Ghair Saleh and prevent the AjsameKhabisa.
- Islahe Jigar and Islahe Hazmare are the best way of management because constipation is one of the predisposing factors.
- Keep away from the diets which are Ghaleez, Batiul Hazm, oily, fatty, spicy, and hot foodstuffs.
- When any irregularity in menstruation it should be normalized with the help of Mudire Haiz Advial (Amenogauge) like Parshiyaonshan (*Adiantum capillus-veneris* Linn.), Abhal (*Juniperus communis* Linn.), Mushktaramaseeh (*Mentha spicata* Linn.), Khare Khasak (*Tribulus Terrestris* Linn.), Tukhm Ghazar (*Daucus carota* Linn.), Tukhm Soya (*Anethumsowa* Roxb.), etc.

ILAJ (TREATMENT)

In Unani medicine, many of the treatments by diet, drugs, or manual procedures target the raw humor to loosen and mature it, which will lead to its conversion to normal humor or get it ready for evacuation. Maturation of raw humor is a process that involves digestion of undigested material of the humor or the breakdown of its abnormal aggregation and viscosity. The same process is applied to the waste byproducts in the body to dislodge them and get them out of the body. (Zakariya, 2005; Baghdadi, 2005; Quf, 1986; Aqsarai, YNM; Jilani, 1749; Mansoor, YNM; Ghani, 2010; Noor, 1925; Ahmad, 2010; Rashid, 2018)

Nuskha of Munzijaat Drugs (Concoction): Munzij drugs followed by Mushil-e-Balgham advia are used for evacuation of phlegm. There are some specific drugs which are commonly used for Munzij therapy such as; Bikh Badiyanm (*Foeniculum Vulgare* Mill.), Bikh Kasni (*Cichorium Intybus* Linn.), Bikh Karafs (*Apium Graveolens* Linn.), Bikh Aslasoos (*Glycyrrhiza Glabra* Linn.), Bikh Izkhar (*Andropogonschoen Anthus* Linn.), Gule Surkh (*Rosa Damascena* Mill.), Gule Gaozaban (*Borago Officinalis* Linn.), each 5 gm in the form of decoction with 25 ml Sharbat Unnab twice a day.

Mushilat Drugs (Purgatives): Ghariqoon (*Agaricus Albus* Linn.), Berge Sana (*Cassia Angustifolia* Linn.), Turbud (*Ipomoea Turpethum*), Halela Zard (*Terminalia Chebula* Retz.) each 5 gm in the form of Joshanda with 20 gm Gulqandon empty stomach weekly (Ghani, 2010; Quf, 1986; Mansoor, YNM; Ahmad, 2010; Rashid, 2018).

Mufatteh Drugs (De-Obstruents): Tukhm Kasoos (*Cuscutareflexa* Roxb.), Kasni (*Cichorium intybus* Linn.), Jatamansi (*Nardostachys jatamansi* DC.), Saadkofi, Badiyan (*Foeniculum vulgare* Mill.), Zeera (*Carum carvi* Linn.), Ajwain (*Hyoscyamus niger* Linn.).

Jali Drugs (Cleanser): Post Santra (*Citrus aurantium* Linn.), Amba Haldi (*Curcuma amada* Roxb.), Multani Mitti, Gule Surkh (*Rosa damascena* Mill.), Tukhm Turb (*Raphanus sativus* Linn.), Tukhm Hulba (*Trigonella foenum-graecum* Linn.), Kalonji (*Nigella sativa* Linn.), Berge Neem (*Azadirachta indica* A.Juss.), Besan (*Cicer arietinum* Linn.), Arad Baqla (*Viciafaba* Linn.), Sandal Safaid (*Santalum album* Linn.). (Ghani, 2010; Quf, 1986; Mansoor, YNM; Ahmad, 2010; Rashid, 2018)

Mohalil Drugs (Anti-inflammatory): Tukhm Hulba (*Trigonellafoenum-graecum* Linn.), Tukhm Khatmi (*Althaea officinalis* Linn.), Tukhm Khubazi (*Malva sylvestris* Linn.), Tukhm Bartang (*Plantago lanceolata* Linn.), Tukhm Isapgol (*Plantago ovate* Forsk.), Tukhm Rihan (*Ocimum sanctum* Linn.) (Mansoor, YNM; Ahmad, 2010; Rashid, 2018).

Moaddilate Dam Drugs (Blood Purifier)

Single Drugs: Chirayita (*Swertia chirayita* Karst.), Shahtara (*Fumaria officinalis* Linn.), Sarphooka (*Tephrosia purpurea* L.), Unnab (*Ziziphus jujuba* Lam.), Gule Surkh (*Rosa damascena* Mill.), Sandal Surkh (*Pterocarpus santalinus* Linn.), Post Neem, Ushba (*Hemidesmus indicus*) each 5 gm in the form may be used as decoction. (Khan, 1906; Kabeeruddin, 2007; Hakeem, 2002; Ghani, YNM; Ibn-i-baitar; 2000, Khan, 1996; Anonymous, 2006; Kabiruddin, 2007, Anonymous, 2013).

Compound Drugs: *Majoon Ushba* or *Itriphal Shahtara* or *Majoon Chobchini*, *Sharbat Murakkab Musaffi Khoon*. (Syed, 1997; Anonymous, 1986; Khan, 1996).

Drugs for Islahe Jigar wa Hazm (Liver correctives & Digestives): Sharbat Deenar, Sharbat Jigar, Jawarish Amla, Majoon Dabidul Ward, Habbe Kabid Naushadri etc. (Tabri, 1995; Ghani, 2010; Syed, 1997; Anonymous, 1986; Khan, 1996).

CONCLUSION

Acne is a common inflammatory dermatosis of skin that usually affects the face of adolescents. Acne is a multifactorial disorder. *Usool-e-Ilaj* of *Busoor* depends upon several ways like *Istefragh-e-Ghaleez Madda* from the body, used drugs which act as *Mufatteh Sudad*, *Jali*, *Mohallil*, *Musaffi Dam*, *Islah-e-Hazm*, avoid oily, hot spicy foods and correct the menstruation among females. Unani System of Medicine contains treatise of crude and compound formulations that can be administered orally and locally in the treatment of *Acne vulgaris*.

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