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Case Report

Clinical Evaluation of Unani Formulation "*Majoon Ushba and Marham- e-Gulabi with Roghan-e-Babchi*" on *Pemphigus Vulgaris*: A Case Report

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ABSTRACT

Pemphigus Vulgaris is a life-threatening and autoimmune disorder characterized by the presence of cutaneous and as well as mucosal lesions. The Unani medicine *Majoon Ushba* was given orally and *Marham e Gulabi* with *rogan e babchi* was used as a local application over the lesion to a patient. The study revealed that medicine was found to be effective in the treatment of *Pemphigus vulgaris*. The test drug is also found to have the property to stop the development of new eruptions.

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INTRODUCTION

Pemphigus Vulgaris is a life-threatening and autoimmune disorder characterized by the presence of cutaneous and as well as mucosal lesions. This condition affects 1-5 persons per million populations per year and the peak incidence of this disease is common in the 4th to 6th decade of life (Tamgadge et al., 2011). There is no gender predilection and in the case of *Pemphigus Vulgaris*, 50% of patients first develop lesions in the oral mucosa. Two signs can be easily elicited i.e. Nikolsky sign, in which when tangential pressure was applied on normal skin it results in the formation of a new bulla, and the bulla spread sign, in which when pressure was applied on already existing bulla then it results in the spread of bulla. The common regions of lesions in the case of *Pemphigus Vulgaris* are the face, trunk, axillae, groin, and scalp (Khanna, 2009). In case of associated inflammation, there is acantholysis or separation of epidermal cells due to disintegration of cellular bridges

in suprabasal layers of the epidermis and the mucous membrane (Fisher, 1998).

In the case of *Pemphigus Vulgaris*, there is damage to desmosomes by antibodies produced against epithelial intercellular components. *Pemphigus Vulgaris* which an autoimmune disease condition in which there is the deposition of IgG class antibodies inter-cellularly which causes damage to epithelial cell adhesions. Apart from autoimmunity, some other factors are also considered like in diet, garlic may cause occasional cases of *Pemphigus Vulgaris* (Ruocco et al., 1996), drugs (Penicillamine and Captopril), some cosmetics, herpes virus infection, high exposures to pesticides, and pregnant females (Scully and Stephen, 2002).

The symptoms of *Pemphigus Vulgaris* depend on the site involved; larynx (hoarseness), pharynx (odynophagia), esophagus (dysphagia), nasal mucosa (crusting and epistaxis), and cutaneous lesion including

bullae, erythema, pruritus. The cutaneous lesions are usually seen in 50% of individuals with systemic features including fever and weight loss (Hussain et al., 2021).

CASE PRESENTATION

In February 2020, a male patient of 38 years old came to the AKTC amraaz e jild OPD with complaints of scaling itching followed by blistering almost all over the body but more exclusively over the back trunk and scalp. He was a sufferer of this condition for 10 years and had already taken treatment for the present condition from different hospitals but he didn't get relief. The lesions present on the back and the scalp are thick pruritic and black-colored. The personal history of the patient was taken, the patient was labor and belongs to a lower-middle-class family. He is having no family history of a similar condition in the family, no addiction to cigarette smoking, alcohol intake, and allergy from any drug, diet, or environmental article. In the history of 10 years ago, only a patient informed that only a few eruptions with itching were developed on limbs. The lesions were developed as blistering lesions with some erythema. The lesions changed with time and presently on dermal examination there is the presence of thick scaling, papules, healed hypopigmented areas, less inflammation, and also marked itching. There is no oozing of sticky fluid on removing scales and also the Auspitz sign was negative. There is no marked joint pain, joint inflammation on musculoskeletal examination. His systemic examination was normal and there is also no history of seizures, transient paralysis, syncope, and any autoimmune disorders like thyroid, Diabetes Mellitus, alopecia areata.

On thorough examination of the patient, he was diagnosed to be a patient of *Pemphigus Vulgaris*. The patient was advised to get admitted to the hospital for a few days but the patient refused. So the patient was allowed to be stayed at home and follow the prescription. The patient was treated with marham e gulabi and roghan e babchi as local applications and majoon ushba 6g twice a day internally. All drugs are prepared in Ajmal Khan Tibbiya College Dawakhana. The ingredients of both drugs were mentioned in Table 1.

The total duration of treatment was of 3 months. The follow-up of the patient was done every 15 days. The result or progress noted in the file and close photographs were taken at every follow-up.

Biopsy of skin was not done for two reasons:

1. It was the diagnosed case of *Pemphigus Vulgaris*.
2. The patient was not ready for biopsy.

Table 1. Ingredients of *Majoon Ushba* and *Marham e Gulabi*.

Ingredients of <i>Majoon Ushba</i> (NFUM, 2006).		
S. No.	Unani Name	Botanical Name
1.	Ushba	<i>Smilax ornata</i>
2.	Bisfaij Fistagi	<i>Polypodium vulgare</i>
3.	Aftimoon Vilayati	<i>Cuscuta europea</i>
4.	Barg-e-Gaozaban	<i>Borago officinalis</i>
5.	Kabaab Chini	<i>Piper cubeba</i>
6.	Daar Chini	<i>Cinnamomum zeylanicum</i>
7.	Gul-e-Surkh	<i>Rosa damascena</i>
8.	Chob Chini	<i>Smilax china</i>
9.	Sandal Sufaid	<i>Santalum album</i>
10.	Sandal Surkh	<i>Pterocarpus santalinus</i>
11.	Sanna-e-Makki	<i>Cassia angustifolia</i>
12.	Sumbul-ut-teeb	<i>Nardostochys jatamansi</i>
13.	Halela siyah	<i>Terminalia chebula</i>
14.	Post-e-halela zard	<i>Terminalia chebula</i>
15.	Asal ar qand safed	
Ingredients of <i>Marham e Gulabi</i> (Khan et al., 2015)		
S. No.	Unani Name	Chemical Name
16.	Sindoor	Red oxide of lead (Lead Tetroxide)
17.	Mom	Bees wax
18.	Boric Acid	Boracic acid
19.	Phenol	Carbolic Acid
20.	Roghan-e-Narjeel	Coconut Oil



Figure: Effects of drugs before and after treatment.

DISCUSSION

As we already know it is an autoimmune disease that affects the epidermis due to the development of autoantibodies against the desmoglein which affects the epidermis and results in the development of blisters over the skin. In the Unani system of medicine, Samarqandi says that sometimes blisters similar to burn blisters develop over skin filled with clear fluid. The cause explained in the Unani system of medicine is raqeeq dam or diluted blood. The Unani system explains that the fluid part of blood expressed from capillaries gets accumulated below the skin and results in the development of blisters. The other causes mentioned in classical literature are indigestion, stress, and depression. The two types were explained in

classical literature of blister or aabla or nafata i.e. haad or acute in which there is fever, erythema, blisters and pruritus, muzmin or chronic in which there are blisters, scaling, and a characteristic smell from patients body (Sharreh Asbab Mukammal, 2014).

The patient was recovering well and after elucidating the whole effect of drugs the therapy was stopped. The result shows a progressive decrease in scaling with almost clear skin after the third month of treatment. It was also noticed that no new lesion appear during treatment and after 90 days the scales were disappeared and no post-inflammatory hypopigmentation was seen. The consequent decrease in symptoms was mentioned in Table 2.

Table 2. Clinical Assessment and Improved Features on Consequent Follow-Up.

S.No.	Clinical Feature	0 day	15 days	30 days	45 days	60 days	75 days
1.	Itching	++++	+++	+++	++	+	-----
2.	Appearance of new Lesion	-----	-----	-----	-----	-----	-----
3.	Compactness of eruption and wounds	++++	+++	+++	+++	++	-----
4.	Plaques formation	++++	+++	++	++	+	-----
5.	Hard/ Firm consistency	+++	+++	++	++	+	-----
6.	Thicken margin and elevated surface	++++	+++	++	+	+	-----
7.	Crusted wound	++++	+++	++	+	+	-----
8.	Discoloration of skin	-----	-----	-----	-----	-----	-----
9.	White dried skin (scaling)	++++	+++	++	++	+	-----
10.	Wrinkled and shines texture of skin	++++	+++	++	++	+	-----

Grading of features:

Absent =-, Mild=+, Moderate=++, Moderate to severe=+++ , Severe=++++

CONCLUSION

The Unani preparations were found to be effective in the management of pemphigus Vulgaris which suggest their activity on pemphigus patients. The drug was well-tolerated and no adverse effects were seen during the study.

There is a need for further study on a larger sample size with longer follow-up is required.

CONFLICT OF INTEREST

Nil.

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