



Therapeutic evaluation of Unani formulation in the management of *Bars* (Vitiligo) – An observational study

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ABSTRACT

Bars (Vitiligo) is an acquired depigmentation of the skin, characterized by well-circumscribed, ivory or chalky white macules which are flush to the skin surface. These patches look ugly, especially in persons with dark complexion. It affects 1% of the population worldwide. Both sexes are affected equally. It is a disease of antiquity. The renowned Unani physicians like *Razi*, *Majoosi*, *Rabbn Tabri* and *Ibne Sina* all have mentioned this disease in their books. An observational non randomised study was conducted on thirty patients. *Sheetraj Hindi* (*Plumbago zeylanicum*) and *Neela thotha* (copper Sulphate) was powdered mixed and applied locally for three months. The overall response was found encouraging, achieved cured in 6.37%, very good response in 7.00%, good response 26.33%, fair response in 25%, poor response in 16.47%, slow response in 15.5%, and no response in 3.33% of patients in 3 months duration.

Keywords: *Bars*, Vitiligo, macules, *Sheetraj Hindi* and *Neela thotha*

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INTRODUCTION

The word vitiligo is derived from the Latin word *vitellus*, which means 'veal' (pale, pink flesh)¹. It is an acquired circumscribed depigmentation of the skin, characterized by well-circumscribed, ivory or chalky white macules which are flush to the skin surface². It affects 1% of the population worldwide³. Vitiligo can occur at any age and both sexes are the highest incidence of the condition has been recorded in Indians from the Indian subcontinent, followed by Mexico and Japan. Kent and Al'Abadie found a high level of distress in people with vitiligo compared to the general population⁴. Between 30 and 40% of patients have a positive family history, and a genetic factor is undoubtedly involved. Vitiligo has been reported in monozygotic twins. Various theories have been suggested for its aetiology; the same mechanism may not apply to all cases⁵.

The first record of Vitiligo is found in the period of *Aushoorgan* in the history of Iranian Medicine about 2200 BC⁶ followed by the "*Ebers Papyrus*" (1550 BC)⁷. Unani physicians like *Rabban Tabri* (810-895AD) in his famous book "*Firdaus-ul-Hikmat*, *Rhazi* (850-925AD) in *Kitabul-Havi*, *Jurjani* (11 century AD) in *Zakheera Khwarizm Shahi*, *Majosi* (930-994 AD) in *Kamilus Sana'ah*, *Ibn Sina* (980-1037AD) *Al-Qanoon fit Tib*, *Ibne Hual Bhagdadi* (1122-1213 AD) in *Kitabul Mukhtarat*, *Mohd Aazam* (1806-1902 AD) in *Rumooz-e-Aazam* and *Akbar Arzani* (18th century AD) in *Tibb-e-Akbar* described the disease in a comprehensive and systemic manner. They have mentioned all details like features, pathogenesis principles of treatment and treatment. According to them *Bars* (vitiligo) is caused by the excessive accumulation of abnormal phlegm in the body. *Jurjani* has advocated that weakness of *Qowat-e-Mghaiyerah* produces Vitiligo^{8,9,10,11,12,13, 14, 15, 16}.

In classical Unani literature a number of drug formulations for oral and topical use are mentioned in the management of vitiligo; *Sheetraj Hindi* (*Plumbago zeylanicum*) 100gm (four parts) and *Neela thotha* (Copper sulphate) 25 gm (one part) is one such formulation that has been used locally and found to be effective in Bars. Hence, to validate scientifically, it was been decided to conduct a clinical trail on vitiligo with this formulation.

MATERIALS AND METHOD

An observational non randomised open study on 30 patients was conducted in the Deoband Unani Medical College and research centre, Deoband for the period of 3 months. The patients were selected on the basis of detailed history and clinical examination. Patients suffering from *Bars* (Vitiligo) belonging to both sexes and more than 15years of age were included in study. While pregnant women, lactating mothers, children of less than 15 years of age and cases of

vitiligo suffering from other systemic diseases like diabetes mellitus and thyroid dysfunctions were excluded from the study.

Composition and dosage of drug:

- *Sheetraj Hindi (Plumbago zeylanicum)* 100gm (four parts)
- *Neela thotha* (Copper sulphate) 25 gm (one part)

The above ingredients were powdered and mixed together. The patients were advised to take the required amount of powder make *Tila* in water and apply twice a day locally for three months¹⁷.

Response was assessed on the following parameters:

1. Reducing of new white patches or increase in the size of the existing patches.
2. Assessment of repigmentation of the depigmented areas as follows.
 - a. Cured - (100% repigmentation)
 - b. Very good response - (91 – 99% repigmentation)
 - c. Good response - (71 - 90% repigmentation)
 - d. Fair response - (51 – 70% repigmentation)
 - e. Slow response - (41 - 50 % repigmentation)
 - f. Poor response - (Below 40 % repigmentation)
 - g. No response - (no repigmentation)

After the completion of study, results were obtained by comparing the parameters.

RESULTS AND DISCUSSION:

As such *Bars* (vitiligo) is hardly a disease of medical significance but it produces psycho-sociological stress on patients. Because of cosmetic reasons the patient is more embarrassed. Since this is a small study and demographic data has little importance; however In our study 19 (63.33%) were males and 11 (36.67%) females (Table-1) It indicates that the males are more prone to this disease but other studies indicate male and female are equally effected². The maximum number of patients 11 (36.67) were in age group of 31-40 years followed by 01 (3.33%) in age group of 51-60 years. (Table-1)

Repigmentation was started with in 11-20 days after starting the treatment in 04 (13.33%) patients, 11 (36.67%) patients in 21-30days, 06 (20.00%) patients had started within 31-40 days, 03 (10.00%) patient within 41-50 days, 02 (06.67%) patient within 51-60 days, 01(03.33%) patient within 61-70 days and 02 (06.67%) patient within 71-80 days (Table-2).

Table-1: Distribution of patients according to various characteristics

Characteristics	No of cases	Percentage
Age		
15-20	08	26.67
21-30	06	20.00
31-40	11	36.67
41-50	04	13.33
51-60	01	03.33
Sex		
Male	19	63.33
Female	11	36.67
Dietary Habits		
Vegetarian	5	16.66
Mixed	25	83.33

Table 2: Onset of repigmentation

Repigmentation in days	n=30	
	No of patients	%
15-20	04	13.33
21-30	11	36.67
31-40	06	20.00
41-50	03	10.00
51-60	02	06.67
61-70	01	03.33
71-80	02	06.67
81-90	-	-
No response	01	03.33
Total	30	100.0

Table 3: Side effects of Unani formulation

Types of side effects.	No of cases	Severity of side effects.		
		Mild	Moderate	Severe
Itching	11	06	02	03
Blister	05	03	02	-
Erythema	02	01	01	-
Total	18	10	05	03

The overall response was found encouraging, achieved cured in 6.37%, very good response in 7.00%, good response 26.33%, fair response in 25%, poor response in 16.47%, slow response in 15.5%, and no response in 3.33% of patients in 3 months duration.

Improvement may be due to the *Muhammir* (Rbuifacient), *Musakhkhin* (Calorifacient), and *Akkal* (Corrosive) properties of *Sheetraj Hindi* (*Plumbago zeylanicum*) and *Neela thotha* (Copper sulphate) present in the formulation. When applied locally in the form of paste, increased the blood circulation and hence removed the morbid material^{18, 19, 20}. This finding is in conformity with the properties of the drugs described by Hkm. Azam Khan and Hkm Sharief Khan.

The Unani formulation produced local side effects. Out of 11 patients who suffered from itching at the site of lesion, 06, 02, and 03 patients had mild, moderate and severe itching respectively. There were only 05 patients who had blister formation over their lesion, in which 03 patients had mild and 02 moderate. Out of 02 patients of erythema, 01 patient had mild and 01 patient had moderate over the site of lesion. But these were local side effects and no systemic side effect was observed. Hence the drug may be used safely for longer duration.

CONCLUSION

The present clinical study revealed that the drug formulation is effective in the treatment of Bars. The results were more significant in less chronic cases and in younger age groups. Hence, early diagnosis and appropriate treatment would give remarkable results. Since it is a safe formulation, the patients could seek Unani medicine as the first sign of any patch or spots over the body appear. There may be a possibility of recurrence but it requires follow up of the patients after the completion of the study. This study is for short duration still better results can be expected if used with oral drugs for longer duration.

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