



## Management of Seborrhoeic Dermatitis In Unani Medicine

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### ABSTRACT

In Unani system of Medicine the term Seborrhoeic dermatitis is not present but the term “Hazaz wa Abriya” is present. The signs and symptoms of Hazaz are similar to Seborrhoeic Dermatitis. Hazaz are small particles which shed from the head in the form of scales without ulceration. In Modern Medicine it is defined as “A very common chronic dermatosis characterized by redness and scaling and occurring in regions where the sebaceous glands are most active, such as the face and scalp, the presternal area, and in the body folds”. Mild scalp Seborrhoeic Dermatitis causes flaking, i.e. dandruff. Its exact cause is still unknown but it is presumed that over growth of Yeast *Malassezia furfur* may play a part in the development of Seborrhoeic Dermatitis. According to Unani Medicine it is caused by saline phlegm (balgham-e-shor), dryness in temperament (mizaj). The treatment of Seborrhoeic Dermatitis in Unani Medicine is depend upon the cause. If the cause is excessive dryness in temperament, moist the temperament for this purpose apply moist oils such as Roghan-e-banafsha, Roghan-e- Kaddu. Local Application of Jali (Detergent) drugs is also beneficial.

**Keywords:** Seborrhoeic Dermatitis, Haza wa Abriya, Mizaj.

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## INTRODUCTION

Unani system of Medicine is based on Humoral theory. In Unani Medicine Diseases occur due to derangement in quality and quantity of four humours- Dam (blood), balgham (phlegm), safra (yellow bile), sauda (black bile). In Unani system of Medicine the term Seborrhoeic dermatitis is not present but the term “Hazaz wa Abriya” is present. The signs and symptoms of Hazaz are similar to Seborrhoeic Dermatitis (SD). Hazaz are small particles which shed from the head in the form of scales without ulceration. Synonyms of Seborrhoeic dermatitis in unani medicine are Hazaz wa abriya, Iltihab Jild Hazazi, Bafa.<sup>8</sup> In modern medicine Seborrhoeic Dermatitis (SD) is describes as a chronic dermatitis which is difficult to define exactly but it has a distinctive morphology (red sharply marginated lesions covered with greasy looking scales) and a distinctive distribution in areas with a rich supply of sebaceous glands namely the scalp, face and upper trunk In some case the flexures are also involved but it is not a essential diagnostic criteria. Dandruff (visible desquamation from the scalp surface) appears to be the precursor of the Seborrhoeic Dermatitis and they may gradually progress through redness, irritation, and increasing scaling of scalp to true Seborrhoeic Dermatitis. Seborrhoeic Dermatitis is one of the most common skin manifestations in patients with Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome.<sup>12,15</sup>

### **Synonyms:**

Pityrosporal Dermatitis, Dermatitis of the Sebaceous areas, Seborrhoeic eczema, Cradle cap (Infant) Pityriasis sicca (dandruff).<sup>10,12,19</sup>

### **Definition:**

A very common chronic dermatosis characterized by redness and scaling and occurring in regions where the sebaceous glands are most active, such as the face and scalp, the presternal area, and in the body folds. Mild scalp SD causes flaking, i.e. dandruff.<sup>10</sup>

### **Etiopathogenesis**

Exact cause of Seborrhoeic Dermatitis is still unknown but it is presumed that

1. Over growth of Yeast *Malassezia furfur* may play a part in the development of Seborrhoeic Dermatitis.<sup>4,5,10,11,12</sup>
2. Increased secretion and retention of sebum on the skin may act as a irritant and alters the epidermal function following percutaneous absorption. In some cases however the sebum production may be normal or reduced.<sup>12</sup>
3. Genetic predisposition is suggested because SD runs in families.<sup>11</sup>

4. SD may also be a complication of Parkinson's Disease which is associated with seborrhea treatment with Levodopa reduced serum excretion when seborrhea was initially present but had no effect on normal serum secretion.<sup>15</sup>
5. Severe recurrent form of SD may also be found in HIV and AIDS patients due to immunosuppression.<sup>11,12,15</sup>
6. It may be manifestation of Zinc Deficiency syndrome.<sup>10</sup>
7. It has also been claimed that SD is more common in a variety of general medical disorders including myocardial ischemia, malabsorption, epilepsy and alcoholics.<sup>12</sup>

## **EPIDEMIOLOGY**<sup>11, 12, 15</sup>

### **Prevalence & Incidence:**

If all the cases of mild dandruff are included then SD is fairly common (10-20%) of general population. Prevalence of SD is 1-3% in general population. Incidence of SD is 2-5% of population. No data are available on the exact incidence of SD in infants but the disorder is common. It affects at least 3-5% of the population of the U.S. SD is found in up to 85% of patients with HIV infection and AIDS

**Age:** Most common in adults. Infrequently seen in infants. 20-50 years of persons are usually affected.

**Gender:** More common in males

### **UNANI CONCEPT**

In Unani system of Medicine the description of this disease is present in the terms of Hazaz wa Abriya. Hazaz is an Arabic word. According to Standard Unani Medical Terminology the possible English equivalent of Hazaz is Seborrhoeic Dermatitis/ Dandruf.<sup>13,18</sup>

### **Definition:**

Scaling of the skin of scalp which sheds without ulcers. When the intensity of waste humour increases the ulceration of skin occurs.<sup>13</sup>

According to Ibn-e-Sina (980-1037 AD) Hazaz wa Abriya is basically a scale which produce in head and it is a mild scale which occurs due to deranged temperament(mizaj) of the head.<sup>6</sup>

### **Etiology**<sup>2, 3,6,8,9</sup>

It is caused by saline phlegm (balgham-e-shor). It occurs when blood (dam) is mixed with black bile (sauda) It is a Su-e-Mizaj (Deranged temperament) which occurs in the scalp It may occur due to involvement of other organs. Dryness in the temperament which occurs as a result of excessive mental work. General weakness is also the cause of SD.

**Pathogenesis**

According to Nafees Bin Oz Kirmani In this disease the function of sebaceous gland is deranged so the sebum secretion is increased which accumulates in the scalp in the form of scales when these scales dry then it started to shedding. It usually affects the thin and weak persons.<sup>8</sup>

**Clinical Features**<sup>12</sup>

Most forms of seborrhoeic dermatitis share certain distinctive characteristics. They commonly originate in hairy skin, and involve the scalp, face, presternal and interscapular regions, and the flexures. The lesions tend to be dull or yellowish red in colour and covered with greasy scales.

**Morphological variants.**

There are several morphological variants of seborrhoeic dermatitis, which in the adult form occur in various combinations and degrees of severity.

**Scalp.**

Dandruff is usually the earliest manifestation of seborrhoeic dermatitis. At a later stage perifollicular redness and scaling gradually extend to form sharply marginated patches which may remain discrete, or coalesce to involve the greater part of the scalp and extend beyond the frontal hairline as the 'corona seborrhoeica'. In chronic cases there may be some degree of hair loss, which is reversible when the inflammation is suppressed. It has not been established whether seborrhoeic dermatitis of the scalp accelerates the onset of male-pattern (androgenic) alopecia.

Behind the ears there may be redness and greasy scaling, and a crusted fissure often develops in the fold. Adherent masses of sticky scale and crusts may extend into the adjacent scalp. Both sides of the pinna, the periauricular region, and the sides of the neck may be involved. Otitis externa, irritable and intractable, may accompany seborrhoeic dermatitis in other sites, or may occur alone.

**Trunk.**

On the trunk, several forms of seborrhoeic dermatitis occur. Commonest is the petaloid form (so-called because the lesions are petal-shaped). This is often seen in men on the front of the chest and in the interscapular region. The initial lesion is a small, red-brown follicular papule, covered by a greasy scale. Some patients have a widespread eruption of lesions which do not progress beyond this stage. More often, extension and confluence of the follicular papules gives rise to a figured eruption, consisting of multiple circinate patches, with a fine branny scaling in their centres, and with dark-red papules with larger greasy scales at their margins.

**Face.**

On the face, seborrhoeic dermatitis characteristically involves the medial part of the eyebrows, the glabella and the nasolabial folds. Areas of erythema and scaling occur, usually in association with involvement of the scalp.

Blepharitis is common. The margins of the lids are red and covered by small, white scales. Yellow crusts may form, and separate to leave small ulcers, healing to form scars, with destruction of lash follicles. Episodic variation in intensity is common, often being precipitated by tiredness or stress. Exposure to sunlight produces a temporary exacerbation, followed by improvement as the tan develops.

**Flexures.**

In the flexures, notably in the axillae, the groins, the anogenital and submammary regions, and the umbilicus, seborrhoeic dermatitis presents as an intertrigo, with diffuse, sharply marginated erythema and greasy scaling. Crusted fissures develop in the folds, and with sweating, secondary infection and inappropriate treatment, a weeping dermatitis may extend far beyond them. The genitalia of both sexes may be involved, and the lesions show the usual range from minimal erythema and scaling to severe crusted dermatitis.

**Diagnosis**<sup>11,12</sup>

In a classical case the diagnosis is easy, but in some cases the diagnosis can be difficult, partly because of the lack of well-defined diagnostic criteria. The diagnosis is often made too freely. The diagnosis is usually based on

**Morphology:**

Follicular papules surmounted with typical yellow greasy scales.

**Typical Distribution of SD:**

The lesions involve the scalp, face (nasolabial fold, eyebrow, eyelashes,) presternal and interscapular region and major flexures (Axillae, groins, inframammary region, umbilicus and natal cleft). This distribution of SD is very characteristic and is called Seborrhoeic Distribution. Nowadays it is very important to consider the possibility of HIV infection in any patient with severe, recurrent, seborrhoeic dermatitis, particularly in a patient involved in high-risk activities.

**LABORATORY STUDIES****Dermatopathology:**

Focal parakeratosis, with few neutrophils, moderate acanthosis, spongiosis (intercellular edema), nonspecific inflammation of the dermis. A characteristic feature is neutrophils at the tips of the dilated follicular openings, which appear as crusts/scales.<sup>10</sup>

**Differential Diagnosis** <sup>11, 12,15</sup>

SD should be differentiated from

**Psoriasis:**

The lesions are often more circumscribed and usually palpably thickened with a brighter pink colour and silvery scale. The rest of the body must be examined, especially the nails, and there may be a family history of psoriasis. In the cases of psoriasis the lesion in the scalp may spill in to forehead.

**Candidal Intertrigo:**

This needs to be differentiated from flexural variety of Seborrhoeic dermatitis .

**Pityriasis Rosea:**

This is characterized by herald patch. The lesions are oval, maculosquamous.

**Lichen Simplex:**

Lichen simplex of the nape of neck occurs in female and can mimic SD. The thickened plaques in this condition are however intensely irritable.

**Drug eruptions:**

Particularly those due to methyl dopa, chlorpromazine or cimetidine may mimic seborrhoeic dermatitis

**LINE OF TREATMENT (USOOL-E-ILAJ) AND TREATMENT (ILAJ)**<sup>2, 3,7, 8</sup>

- a. In the case of excessive dryness in temperament, moist the temperament for this purpose apply Roghan-e-banafsha, Roghan-e- Kaddu, Roghan-e-Kahu or Use Hareera Maghz Badam wala
- b. Use concoctive(Munzij) and purgative (Mushil) of phlegm (Balgham) and black bile(Sauda)
- c. Hammam (Bathing) is advised and maintains the hygienic condition of the patient.
- d. Wash the head from Detergent (Jali) drugs.
- e. Use Anti inflammatory drugs (Mohallil-e-awram) drugs locally.
- f. For the purpose of general debility use Khamira Gaozaban Sada 6 gm morning and evening.
- g. For immunocompromised persons use Immunomodulators drugs. Such as Asgandh (Withania somnifera), Gilo (Tinospora cordifolia) in the dose of 3-6 gm powder.

**Treatment (Ilaj)**

If the Hazaz (Seborrhoeic Dermatitis) is mild application of Roghan Banafsha(Viola odorata)<sup>16</sup>, Roghan-e-Kahu (Lactuca sativa)<sup>17</sup> and washing the head from detergent (Jali) drugs is enough. Examples of jali (detergent) drugs are Aab Barg-e-Chukhandar (Water of leaves of Beet), Bora Armani (Bole Arminae), Arad -e- Baqla(Flour of Faba vulgaris), Saboos-e-Gundam (Wheat husk).<sup>8</sup>

If the Hazaz is severe then use purgative of phlegm (balgham) and black bile (sauda). For the elimination of phlegm decoction of Turbud (*Ipomoea turpethum*) 6gm, Shehm Hanzal (*Citrullus colocynthis*)<sup>16</sup> 3gm are used orally in morning and evening.<sup>1</sup> While for the elimination of sauda(black bile) decoction of Bisfaj (*Polypodium vulgare*)<sup>16</sup> 5gm, Halela syah (*Terminalia chebula*) 5gm, Aftemun wilayti (*Cuscuta europea*)<sup>16</sup> 5m are used orally in morning and evening.<sup>8</sup>

Famous Unani Physician Zakariya Rhazi (Rhazes 850-923 AD) wrote a prescription in his famous book (*Kitab al Hawi*) : Make the powder of chana (gram , *Cicer arietinum*)<sup>16</sup> and add sirka (Vinegar) and Khatmi (*Althaea officinalis*)<sup>16</sup> and make paste then wash the head with this paste three time in a week.<sup>3</sup>

Washing the head with lemon juice is also beneficial in Seborrhoeic Dermatitis.

Itrifal Shahatra 6 gm is given morning and evening. And make powder of Ghandhak Amla sar (Sulphur), Suhaga, Kafoor (Camphor) and mix with Roghan-e-Kamela (*Mallotus phillippinensis*) apply this paste locally.<sup>14</sup>

#### **Complications:**<sup>11</sup>

1. Super added bacterial infection (Scalp)
2. Candidal infection in flexures.

#### **CONCLUSION**

Nowadays it has been observed that when seborrhoeic dermatitis is treated with allopathic drugs chances of recurrence is also common and some patients show no response . So in this disease Unani Medicine should also be used. In Unani Medicine different prescriptions are available in classical books of Unani Medicine and these prescriptions are also effective in seborrhoeic dermatitis especially in the cases of dandruff. But today there is a need of randomized controlled trails of Unani drugs in seborrhoeic dermatitis so that its efficacy can be established.

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