IJRAR.ORG E-ISSN: 2348-1269, P-ISSN: 2349-5138

INTERNATIONAL JOURNAL OF RESEARCH AND ANALYTICAL REVIEWS (IJRAR) | IJRAR.ORG

An International Open Access, Peer-reviewed, Refereed Journal

ETIOPATHOGENESIS OF ECZEMA (*NAR-E-FARSI*) AND ITS MANAGEMENT AS UNDERSTOOD IN UNANI MEDICINE

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Abstract: Eczema is considered one of the top five most common skin diseases worldwide, affecting an estimated 10% of the global population. Its prevalence varies depending on the specific type of eczema. The term "eczema" comes from the Greek word meaning "to boil over," referring to the small blisters and skin symptoms such as redness, swelling, oozing, crusting, and thickening of the skin. It generally refers to inflamed, red skin with fluid-filled eruptions.

In Unani medicine, eczema is known as *Nar-e-Farsi*. It is believed to result from an imbalance involving hot bodily humors specifically a mixture of sanguineous (blood) and bilious (yellow bile) elements along with *Safra* (thin yellow bile) and *Saudavi madda* (melancholic matter). Ancient Unani scholars who referred to this condition as *Nar-e-Farsi* had a deep understanding of eczema. They provided detailed classifications, causes, mechanisms, and clinical features of the disease. The treatment of eczema is also discussed extensively in Unani texts and is applied according to its underlying causes. Furthermore, modern clinical research and trials have reported promising results in managing eczema. This study focuses on the long-lasting nature of eczema, its causes, and therapeutic approaches within the Unani system of medicine.

Key words- Eczema, *Nar-e-farsi,* Etiopathogenesis, Unani Medicine, Management

INTRODUCTION

Nar-e-Farsi (Eczema) is one of the most prevalent and ancient skin disorders. The term eczema originates from the Greek word “eczema” derived from “ek” (meaning “out”) and “zema” (meaning “to boil”) referring to the eruption or effervescence of fluid-filled lesions, particularly in the early stages of the condition [1]. Eczema is characterized as a non-infectious, non-contagious inflammatory dermatosis, where pathological changes in the epidermis and upper dermis lead to distinctive clinical features such as erythema, scaling, edema, vesiculation, and oozing. In chronic cases, dermal changes may include hypertrichosis, acanthosis, and lymphocytic infiltration in the upper dermis [1].

Eczema, fundamentally, is an inflammatory skin reaction triggered by various external or internal substances. Its clinical manifestations often include redness, swelling, blistering, fluid discharge, crust formation, and skin thickening (lichenification) [2]. Histologically, eczema presents as an inflammatory response in the skin, featuring superficial perivascular lymphohistiocytic infiltration, spongiosis, and varying degrees of acanthosis [3]. The term "eczema" essentially denotes inflamed, red skin with lesions that exude fluid [4].

The disease has been documented in medical literature since antiquity. This paper aims to explore the chronic nature of eczema, its etiological framework, and the therapeutic approaches described in Unani medicine.

Methodology- A comprehensive literature survey was conducted by the investigators to gather traditional descriptions of eczema as found in classical Unani medical texts. Key aspects such as definitions, etiopathogenesis, and therapeutic strategies were systematically reviewed and documented. In addition to traditional sources, contemporary scholarly literature related to eczema was collected from reputable online databases and journals. Indexed research articles were retrieved from platforms such as PubMed, Medline, Google Scholar, and ScienceDirect using keywords including “Eczema,” “Pathology of Eczema,” “Eczema Management,” “Historical Account of Eczema,” and “Eczema in the Pre-modern Era.” The data obtained from both classical and modern sources were analyzed to elucidate the etiopathogenesis and management of eczema (*Nar-e-Farsi*) from the Unani medical perspective.

Observation and Results

In the Unani system of medicine, eczema is referred to by several names, including *Chajajan*, *Akota*, and *Nar-e-Farsi* [5]. In the Hindustani vernacular, it is commonly known as *Chambal* [6, 7]. The term *Nar-e-Farsi* is believed to have originated in Persia, or was coined by someone residing in Persia, and it was used to describe the condition due to the intense burning and itching sensations associated with it [5, 7, 9]. In classical Unani literature, eczema is described as a dermatological condition characterized by burning sensations at the lesion sites, akin to the sensation of being on fire [10]. It presents with the formation of fluid-filled vesicles accompanied by severe burning and itching [11]. The presence of watery eruptions, intense burning, and pruritus are considered hallmark features of the disease referred to as *Nar-e-Farsi* in Unani medicine [12].

Ancient history: Various physicians have been treating *Nar-e-Farsi* since ancient times. *Nar-e-Farsi* has been treated with a variety of single and compound medications and regimens in the Unani medical system since the Greco-Arab era [13]. The dermatology part of the oldest known papyrus, known as the "Ebers

Papyrus" (1550 BC), authored by ancient Egyptians, contains treatments for skin itch [14]. According to Jalinoos (129–200 AD) when *Dam* (sanguineous matter) and *Safra* (bilious matter) are combined, eruptions occur on the body [15]. Ebers Papyrus offers a variety of discussions around dermatological conditions and cosmetics (1550 BC). The majority of Papyrus is devoted to dermatological conditions. Hippocrates (Around 400 BC) provided a cause-and-effect explanation for skin disorders, stating that internal humoral imbalance is the cause of dermatological abnormalities.

Epidemiology and Prevalence: *Nar-e-Farsi* (Eczema) is a chronic inflammatory skin disorder that affects approximately 2–10% of the global population. The prevalence varies depending on the specific type of eczema. Atopic dermatitis, one of the most common forms, typically has its onset in early life—especially among infants and school-aged children—and shows a slight male predominance, with males outnumbering females at a ratio of approximately 2:1 [16]. Other forms, such as nummular eczema and contact dermatitis, are more frequently observed in adults, while aseptic eczema is commonly seen in the elderly [17].

Eczema ranks among the top five most common dermatological conditions worldwide. It is estimated that about 10% of the global population suffers from some form of eczema. Epidemiological data indicate a significant rise in the prevalence of atopic eczema in recent decades. In the Indian subcontinent, studies have reported a prevalence rate of 3–6% among adolescents aged 13–14 years [18]. Globally, the prevalence of childhood eczema ranges from 0.2% to 24.6%, with a notable 2- to 3-fold increase in incidence over the past three decades in developed countries [19].

Etiopathogenesis of Eczema (*Nar-e-Farsi*): In the Unani system of medicine, *Nar-e-Farsi* (eczema) is described with considerable detail and specificity. It is commonly associated with intense burning, itching, and fluid-filled eruptions on the skin. Unani scholars have used various terms to characterize the condition, with *Nar-e-Farsi* specifically referring to the severity of the burning sensation experienced by patients—often likened to the heat of fire.

One Unani physician described *Nar-e-Farsi* as a dermatological condition in which the lesions appear as rash-like, linear, flame-shaped marks, reminiscent of a peacock's tail. This presentation is followed by the formation of vesicles (*Muratab Dane*), accompanied by severe irritation and pruritus. In the later stages, these vesicles rupture, dry out, and ultimately lead to crusting and lichenification [20, 21].

Ibne Sina (980-1037) described it as a condition with Eruptions having burning sensations just like fire. The material cause is of three kinds: *Akkal* (corrosive), *Haar* (hot), and *Lazeh* (irritative), and it may spread through *Balgham* (phlegmatic matter) or *Dam* (sanguineous matter). In addition, he mentioned that *Nar-e-Farsi* is the result of mixing *haad Akhlat* (a mixture of sanguineous and Bilious matter) with *khilt e raqeeq* (*Safra*), which is *Saudavi madda* (Melancholic matter) [22].

M. H. Quamri described '*Nar-e-farsi'* as a type of Itch related to very severe non-bearable burning, it occurs in skin with vesiculation and the vesicles are filled with dilute liquid. It is due to an increase of hidden in *khilte Dam* (Sanguineous matter). [23]

Razi said that in *Nar Farsi* there is a burning sensation with pruritus after that blister is formed and filled with a dilute substance [24].

Ibnul Qaf Maseehi said that *Na-e-Farsi* is caused by mingling abnormal *Safra* with *sauda* with a predominance of *khilt Safra.* [25]

According to Razi and Ibne Hubul Baghdadi, *Nar-e-farsi* is caused by *raqiq khilt* i.e., *Safra*. [24 26]

Tabia't is a nation in the Unani system of medicine that plays a vital part in removing morbid substances from the body following *Istihala* through regular openings in the body and the skin is one such organ that removes morbid materials in a normal state. Muscles and vessels transfer waste to the skin. When *tabia't* fails to eliminate these waste products, they accumulate in the skin as blisters and abscesses. [27] *Nar-e-Farsi* is caused by a change in humour, particularly, *Latif Safrāwi mawad* (dilute yellow bile) which is expelled into the skin and manifests as vesicles with intense itching and burning. *Safra* and some *ghaliz mawad* are also accumulated and responsible for itching, burning, and disease chronicity while *latif mawad* is responsible for superficial burning.

Classification: Eczema can be categorized based on its: [28 29]

1. Etiology: Endogenous eczema, exogenous eczema, combined eczema.
2. Chronicity: Acute eczema (*Nar-e-farsi haad*), chronic eczema (*Nar-e-farsi muzmin*).
3. Morphology: Discoid, Hyperkeratotic, Lichenfied, Seborrheic
4. Site: Ear Eczema, Eyelid Eczema, Hand Eczema, Diaper (Napkin) Eczema

The most practical approach to classifying eczema is based on etiology: Endogenous eczema is when a patient's constitution predisposes him or her to acquire eczema, Exogenous eczema is when eczema is triggered by external stimuli, and combined eczema is when the development of eczema is caused by a combination of constitutional causes and external triggers such as atopic dermatitis.

Eczemas are currently divided into two major categories for practical purposes: Exogenous eczema: Irritant contact eczema, Allergic contact eczema, photosensitive eczema, Infective eczema; and Endogenous eczema: Atopic eczema, Seborrheic eczema, Nummular eczema, Asteatolic eczema, Stasis eczema, and Dyshidrotic eczema.

Classification of Eczema (*Nar-e-Farsi*) in the Unani system of medicine: The Unani physicians have characterized eczema (*Nar-e-Farsi*) into the following types [22 23 29] depending upon the forms and secretions of the lesions.

1. *Nar-e-farsi Sada*
2. *Nar-e-farsi Ahmar* (Surkhi ma'el)
3. *Nar-e-farsi Naffati (*Abladar)
4. *Nar-e-farsi Mutaqaiyah* (Peepdar)
5. *Nar-e-farsi Sulb (*Hardness at the site of lesion in the skin*)*
6. *Nar-e-farsi Shaqaqi* (Cracking at the site of the lesion in the skin)

Presently, depending upon the type of lesion there are different phases in the course of disease. The acute phase presents with erythema, edema, vesiculation, oozing, and crusting, the sub-acute presents with hyperpigmentation, scaling, and crusting, and the chronic phase manifests as lichenification.

3 Diagnosis: It is based on the clinical characteristics mentioned above as well as the current standards for Atopic Dermatitis diagnosis, known as Hannifin and Rajka's criteria [30- 31]. Besides this, lots of suitable investigations are accessible for confirming the specific type of dermatitis like Serum IgE level useful when the normal presentation of atopic dermatitis is absent [31], Patch tests provide precise information about the antigen, Prick tests with the indications same as of specific IgE but are less commonly performed, Bacterial and viral swabs for Microscopy and Culture, Skin scrapings for Mycology, photo-patch test and Skin biopsy (rare). Unani literature detailed examination of the eczema presentation is mentioned. Vesicle, colour, oozing, and pus formation are considered. Thus, the diagnosis is purely based on physical and general examination.

Management (*Usool-E-Ilaaj* or Principles of Treatment) [6, 23]: It was found that *Izala-e-Sabab* (Treat the cause), *Tanqiya-e-Muwad* (for evacuation of bad elements), *Musaffiyat-e-Dam* (Blood purifier), *Mana-e-Ufoonat-e-Jild* (Anti-infective), *Musakkinat-e-Jild* (Sedative to the skin), *Mulayyanat wa Mushilaat* (Laxatives and Purgatives) if there is constipation and bathing and cleaning of lesions, was mentioned to be considered for the treatment of Eczema. Thus, the following has been adopted by Unani physicians for the treatment of Eczema.

***Istafragh* (Evacuation)** of *Akhlat e Fasida* (morbid matter) by *Tareeq* (diaphoresis), *Ishal* (purgation), *Idrar* (duration), *Qai* (vomiting), *Fas'd* (phlebotomy), *Hijama* (cupping), *Irsal e Alaq* (leeching), Tabreed *wa Tadeel* (cooling, normalization).

Tadeel* (**restore) the actual *Mizaj* of the *khilt*. Using the drugs of Mizaj that counter the deranged Mizaj due to the disease. Here *Musafiyaat* (Blood purifier) and *Mane Ufoonat* (Anti-infective) drugs are used. ***Tabreed is done to equipoise the qualities of *Safra* [20 36].

Nar-e-Farsi is treated using a variety of Unani medicine single and compound medications. Oral medication may include *advia musaffi -i-dam* (Blood purifier), *mubarrid* (Refrigerant), *mundij wa mushil-i- safra wa sawda* (Concoctive of black bile and yellow bile & Melanogogue), and as well as topical application of *adviya mujaffif* (Siccative), *murkhi* (Relaxent), *muhallil* (Resolvent), *däft'-i-ta'affun* (Anti-septic) and *qäbid* (Astringent) are useful in eczema.

Single drugs are used to treatment of eczema (*Nar-e-Farsi*): Haleela (*Terminalia chebula*), Baleela (*Terminalia belerica*), Mundi (*Sphaeranthus indicus*), Sarphoka (*Tefrosia purpuraea*), Afsanteen (*Artemisia absintheum),* Chiraita (*Swertia chirayita Roxb*.), Unnab (*Zizyphus jujube)* [34], Chobchini *(Smilax china*), Ushba (*Hemidesmus indicus)* [34], Shahtra (*Fumaria indica Pugsley*), Gilo (*Tinospora cordifolia*) [32].Brahmi (*Centella asiatica*) [33], Elva/Sibr (*Aloe vera*) [32], Haldi (*Curcuma longa*) [32], Neem (*Azadirachta indica*) [35], and Sandal Safed (*Santalum album*) [34].

Commonly used compound formulations: Arqe Mundi, Arqe Shahtra, Sharbat Unnab, Sharbat Musaffi, Joshanda e Musaffi, Itrifal Shahtra, Qurs Musaffi Khoon, Majoon Ushba, Sharbat Unnab, Sharbat Nilofer, etc. are generally indicated in the treatment of *Nar-e-Farsi*.

***Musakkinat-E-Jild* (Sedative to the Skin) and *Mana-E-Ufoonat-E-Jild* (Anti-infective):** Dry and squash the leaves of *henna* (25 gm) and dark *cumin* (25 gm) and blend it in with 200 ml of olive oil at that point heat the blend till burnt/charred. The blend must be separated, filtrated, and stored in a plastic container and applied four times each day on eczematous injury [31]. Apply *Rasot* mixed with Roghan-e-Gul (*Oil of Rosa*

damascene) locally is also prescribed, similarly *Marham Safeda Kafoori* for sedation [23]. Extensive mention of applying *Sandal, Murdarsang*, and *Kafoor* after mixing in *Arq-e-Gulab* was observed in the literature [13].

Local application of *Mohallil*(Resolvent), *Mudammil* (Cicatrizant), *Murakhkhi* (Relaxant): The dose formulation that may be used is Roghan Gul (*Oil of Rosa damascene*) [22], Roghan Kameela (*Oil of Mallotus Phillippinensis*) [22] Or Roghan zaitoon (*Oil of Olea europea*)[22].

According to M.H Quamri, the treatment of *Nar-e-Farsi* is to open *Fas'd* first and then use cold beverages like *Aash Jao, Aab e Loki*, and *Loaab e Aspagol*. Powder *Safeda, Kafoor, Murdarsang*, and *Sandal Safaid*, along with *Arq e Ghulab*, should be used topically where vesicles appear [23].

According to Ismail Jurjani, first open *Fas'd* and then normalize the temperament by a decoction of *Haleela* and *Tamarhindi*, and after that give *Aash jao, Kadu*, and *Khayarain*. Then apply *Marham e Asfedaj* locally moreover *Ghile Armani* mixed in *Sirka* locally and apply *Marhame Asfedaj* at vesicles *Marham e Safeda* at vesicles after evacuation of pus, and apply *Gile Armani* mixed in *Sirka* and *Arqe Ghulab* [11 22].

Dietary Recommendations: It is important to consume meals that are easily absorbed and have a cooling impact on the body. Avoiding salty and hot temperament diets is advised since this disease is brought on by an accumulation of hot and dry humour in the body. Thus, it is possible to recommend diets that include things like unripe grapes, vinegar, tamarind, chicken, almond oil, pomegranate flower, whey, black nightshade, juice of green leafy vegetables like spinach, goosefoot plant, radish, lettuce, and purslane, etc., and juice of fresh fruits, barley water, curd water or buttermilk. [37]

Discussion

Eczema is a serious skin condition that affects a lot of people and may be quite harmful to an individual's health. Ancient Unani physicians who wrote under the name *Nar-e-Farsi* had extensive knowledge of eczema and provided a detailed description of its classifications, pathophysiology, etiology, clinical characteristics, and management. In this context, Unani medicine can offer a secure and efficient procedure for therapy. In the treatment of eczema, they have made extensive use of single, compound, and locally available medications.

Conclusion

In Unani medicine, a lot of mention is found for the disease Eczema and its management. The observations made have highlighted the same. Due to the presence of more than 2000 manuscripts in Unani medicine, this review study has its limits rather than attempting to include all available information. However, the study will help future researchers to access the vast literature.

Acknowledgment

The authors also thank the librarian and the authors, editors, and publishers of all the books and journals that were used to review and discuss the material for this work.

Conflict of Interest

Not declared.

Funding sources

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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