A CASE REPORT OF ACNE VULGARIS (BUSOORE LABANIYA): TREATED BY UNANI FORMULATION

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Abstract
Acne vulgaris is one of the most common skin diseases in the world which affects all races and ethnicities. The highest incidence of acne exists in adolescence where 80% of all teenagers can be diagnosed with it. Occurrence is very common, affecting approximately 85% of young people. Usually its onset occurs during puberty or may appear around 25 years or older. Severity is more in males than females, lower incidence in Asians and Africans. In Unani System of Medicine, Acne (Busoore Labaniya) is small eruptions on the nose and cheeks which is white in colour, resembling a drop of milk. Its Usool Ilaj (principle of treatment) is evacuation (istefragh) of phlegm from the body and brain, along with this deobstruent (mufatteh), detergent (jali) and resolvent (mohalil) drugs are also given.

The present study was planned to enlighten the use of Unani formulation in the treatment of acne vulgaris (Busoore Labaniya). We reported a 25 year old female suffering from acne vulgaris, who came with complain of painful eruptions on her face. She was treated with a polyherbal Unani formulation (Zimad-e-Muhasa).

Keywords: Acne vulgaris; Busoore Labaniya; Istefragh; Mufatteh; Zimad-e-Muhasa.

Introduction
Acne vulgaris is a pilosebaceous unit chronic inflammatory disease. Clinical lesions are open- and closed non-inflammatory comedones and/or papules, pustules and nodules of varying degrees of inflammation and depth. The face, back and/or chest are the most frequently affected sites. Post-inflammatory macules, pigment changes and scarring commonly occur. Follicular plugging (comedone) prevents drainage of sebum, androgem stimulate sebaceous glands to produce more sebum. Bacterial lipase converts lipids to fatty acids and produces proinflammatory mediators, which lead to an inflammatory response. Distended follicle walls break, sebum, lipids, fatty acids, keratin and bacteria enter the dermis, provoking an inflammatory and foreign-body response. Intense inflammation leads to scars.(Wolff K et al, 2017; Griffiths CEM et al, 2010) It is a polymorphic disease, which occurs predominantly on the face (99%) and, to a lesser extent, occurs on the back (60%) and chest.
(15%). Although it is usually a condition of adolescent, acne affects 8% of 25-34 year old and 3% of 30-44 year old age group. (Kaminer MS and Gilchrest BA, 1995; Hunter J et al, 2002)

In Unani system of medicine, acne vulgaris is termed as Busoore Labniya, Mohasa or Keel. In his book, Canon of Medicine, the renowned Unani physician, Ibn Sina says that Mohasa are tiny white eruptions on the nose and cheeks that mimic condensed milk drops. The etiology is considered Madda Sadeediya (suppurative material), which comes to the skin surface due to the body's bukharat (vapours) and is not resolved in the skin because of its viscosity. (Sina I, 2010; Tabri AM, 1997) The other factors are indigestion, constipation, irregularities of menstruation and use of hot and spicy diet. (Jilani G, 1749; Ajmali MM, YNM) Busoore Labaniya is characterized by small, white eruptions, which resemble the drop of milk. When these lesions are opened a solid, yellow colour substance comes out which resembles the solidified ghee. The face has an inflamed look. (Tabri AM, 1997; Jilani G, 1749; Arzani HA, 2005)

Case Report
A 25 year old female who has been suffering from acne vulgaris from 3 years, came to hospital with complain of painful eruptions, affecting mainly cheek. From medical history there were no data about disturbances in her menstruation, she had regular cycles and she had no pregnancies. She had negative family history for acne vulgaris. History of taking Homeopathic and Allopathic treatment was present but none was successful to cure it. She was used to of cosmetics for fairness. She took lots of antibiotics and anti-acne cream prescribed by the Dermatologist for 2 years. Dermatological examination showed multiple papulo-pustular lesions over face. Under Magnifying glass there were multiple black head and white head comedons (cardinal feature of acne vulgaris). The patient was treated according to the principles mentioned in classical books of Unani Medicine. Unani drug Zimad-e-Muhasa was given for local application in the form of Zimad (Paste). She was advised to apply the 6-10 gram of it on the affected area once at night and then wash with lukewarm water in the morning. Ingredients of Zimad-e-Muhasa were Irsa (Iris florentina), Barge Neem (Azadirachta indica), Poste Saras (Acacia speciosa), Ghungchi Safaid (Abrus precatorious) and Namake Sambhar (Lake salt). (Arzani HA, 2005)

The patient was followed every 15 days, and photographs were taken before and after treatment. As a result of the treatment at the end of 2 months, improvement was observed. The eruptions on the face and back were diminished in number and nearly clear skin was seen. No adverse effects were reported during the treatment.

Discussion
Improvement in the patient may be due to pharmacological activities of the ingredients of Zimad-e-Muhasa. These herbs have muhalil (anti-inflammatory), jali (detergent), jazib (absorbent), murakhkhe (emollient), daafe ta’a’afun (antiseptic) properties, which are effective in acne vulgaris. (Ghani N, 2010; Anonymous, 2003; Basu KR, 2004; Gopal MG and Farahana B, 2001; Sachidanand YN and Kumar AB, 2001) Antibacterial, anti-inflammatory, antioxidant, wound healing and skin regeneration effects on animal models were tested for

A clinical trial was carried out by Tabasum H on the patients having acne vulgaris by Zimad-e-Muhasa showed remarkable results. (Tabasum H et al, 2016)

Conclusion
Zimad-e-Muhasa is safe and effective in the treatment of acne vulgaris (Busoore Labaniya). It showed remarkable response, its limitations include small population and less duration. Therefore, studies on large sample with long duration and long follow-up period need to be carried out for further exploration of efficacy and safety of Zimad-e-Muhasa.
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