

Case Report

Management of Foot Eczema (*Nār-Farsi*) With Unani Medicine: A Case ReportAnsari Shabnam^{1*}, Ziaur Rahman¹, Humaira Bano¹¹ Regional Research Institute of Unani Medicine, JJ Co-Location Centre, Next to eye Bank, Sir JJ Hospital Compound, Byculla, Mumbai

ABSTRACT

Objective: Eczema (*Nār-Farsi*), is a chronic, relapsing inflammatory skin disorder, significantly impairs patients' quality of life. In Unani system of medicine cause of *Nār-Farsi* is attributed to the excessive production of abnormal *Sāfrā* and *Sāwda-e-Muhtariqā* (yellow and burnt black bile). The treatment strategy primarily emphasizes *Istifragh-e- Sāfrā and Sāwda* (evacuation of yellow and black bile) and *Ta 'dīl-i-Mizāj* (moderation of temperament).

Case report: This case report presents a 59-year-old female who attended the outpatient department (OPD) at the JJ Co-location Centre, Byculla -Mumbai, with complaints of persistent lesions on the right foot for the past two years. Symptoms included intense itching, skin roughness, pigmentation, and thickening. Based on clinical presentation, the condition was diagnosed as eczema resembling *Nār-Farsi* in the Unani system of medicine. The patient was managed with Unani formulations *Itrīfal-i-Shāhtra*, *Sharbat-i 'Unnāb* orally and *Mārham-e-Kafoor* topically. Treatment efficacy was evaluated using standardized tools, eczema area and severity index (EASI), patient-oriented eczema measure (POEM), and scoring atopic dermatitis (SCORAD), both before and after the intervention.

Conclusion: This case demonstrated that Unani formulation effectively improves clinical symptoms such as itching, scaling, and pigmentation and may offer effective complementary management of eczema.

Keywords Eczema, *Nār-Farsi*, *Khilte Sāfrā* and *Sāwda*, Unani medicine, Case report

INTRODUCTION

The term eczema is derived from the Greek words "Ec" meaning "out" and "Zeo" meaning "boil", collectively implying "to boil out".¹ Eczema is a paradigmatic, chronic, inflammatory skin disorder characterized by itching typically intensifying at night along with soreness and varying degrees of skin manifestations such as dryness, scaling, excoriation, exudation, fissuring, and hyperkeratosis. Epidemiologically, the prevalence of eczematous dermatitis among the elderly population is approximately 11%.² It affects individuals of all age groups and genders,³ and exhibits significant gender-based variability, with a higher prevalence in females.⁴

In Unani medicine, eczema is referred to as *Nār-Farsi*, a Persian term meaning "Fire of Persia". This nomenclature is attributed to the historical prevalence of the condition among

Persian populations or to the fact that it was first treated by a Persian physician.⁵ The term also reflects the hallmark symptoms of intense itching and burning sensations associated with the condition. According to Unani literature, *Nār-Farsi* is attributed to the excessive production of abnormal *Sāfrā* and *Sāwda-e-Muhtariqā* (yellow and burnt black bile).¹ The treatment strategy primarily emphasizes *Istifragh-e- Sāfrā and Sāwda* (evacuation of yellow and black bile) and *Ta 'dīl-i-Mizāj* (moderation of temperament). The pharmacological agents employed in this regimen typically possess multiple therapeutic properties, including *Musa'ffiyat-i-Dām* (blood purifier), *Muhallil-i-Auram* (anti-inflammatory), *Daf-i-Ta'ffun* (antiseptic), *Taskin-i-Jild* (soothing agents) and *Jali* (detergent) actions.⁶⁻⁸

CASE PRESENTATION

A 59-year-old female patient presented to the OPD, JJ Co-Location Centre, on 01/01/2025 with complaints of lesions on right foot since 2 years with extreme itching, roughness of skin, pigmentation and thickening of skin over the affected area. She took several allopathic medications, but none have been completely efficient in healing the disease condition which impacted the psychological and social well-being making it

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difficult to manage the disease, then she came to Unani OPD of JJ Co-Location Centre.

General Physical Examination

Built - average, Nutrition- average, Height-158 cm, Weight-54 Kg

Family History: Non significant

Past History: Non significant

Dermatological Examination

Inspection

Site of lesion: Dorsum of right foot

Number and morphology of lesions: Single plaque type of lesion.

Size of lesion: 6×5 cm

Colour of lesion: Black pigmentation with lichenification seen.

Palpation

Tenderness: Tenderness present on palpation

Warmth: Mid warmth

Consistency: Hard

Her vitals were stable (BP=120/80mmHg, Pulse rate=78/min, Respiratory rate=16/min, Temperature = 98.5°F (Axillary)).

Central Nervous System - Patient was well oriented to time and place and person.

Cardiovascular System - S1, S2 are audible with no murmur or no added sound audible.

Respiratory System - Bilaterally chest symmetrical with no added sound audible.

Digestive System - Bulge abdomen with centrally placed umbilicus and no tenderness.

Diagnosis

The diagnosis of eczema was established on clinical evaluation. The patient presented with pruritus, erythematous patches, dryness, and scaling, which is typical feature of eczema. A brief differential diagnosis was performed to exclude other dermatological condition, such as contact dermatitis was ruled out based on the absence of exposure to chemical or physical irritants and fungal infection was excluded based on clinical morphology (no active margin or annular lesion).

The severity of eczema was assessed using three validated scoring systems: Eczema Area and Severity Index (EASI)⁹ Patient-Oriented Eczema Measure (POEM)¹⁰ and Scoring Atopic Dermatitis (SCORAD)¹¹ All evaluations were performed by the same Unani physician trained in dermatological examination, to maintain consistency and reduce inter-observer variability. The same evaluator recorded both baseline and post-treatment scores.

Informed Consent

The patient was willing to enrol in this study and informed consent was taken before the start of the intervention and for the publication of clinical images.

Intervention

Oral Medicine

• *Itrifal-i-Shāhtra* 10 gm at night with luke warm water daily for 60 days.

S.No	Drugs	Scientific name	Quantity
1.	<i>Shahtara</i>	<i>Fumaria officinalis</i>	50 gm
2.	<i>Post Halela Zard</i>	<i>Terminalia chebula</i>	50 gm
3.	<i>Halela Siyah</i>	<i>Terminalia chebula</i>	30 gm
4.	<i>Post Balela</i>	<i>Terminalia bellirica</i>	70 gm
5.	<i>Sana</i>	<i>Cassia angustifolia</i>	10 gm
6.	<i>Gule Surkh</i>	<i>Rosa damascena</i>	5 gm
7.	<i>Maweez</i>	<i>Vitis vinifera</i>	350 gm

• *Sharbat-i'Unnāb* 20 ml twice a day after food daily for 60 days.

S.No	Drugs	Scientific name	Quantity
1.	<i>Unnab</i>	<i>Zizyphus jujube</i> Mill	500 g
2.	<i>Qand Safed</i>	<i>Sugar</i>	1500 g

Local Application

• *Mārham-e-Kafoor* for local application on lesion twice a day.

S.No	Drugs	Scientific name	Quantity
1.	<i>Murdar Sang</i>	<i>Litharge</i>	0.9 gm
2.	<i>Roghan-i Gul</i>	<i>Rosa damascena</i> Mill	5.4 ml
3.	<i>Kushta Qalai</i>	<i>Stannum</i>	0.9 gm
4.	<i>Kafoor</i>	<i>Cinnamomum camphora</i>	0.9 gm
5.	<i>Mom Safed</i>	white wax	1.8 gm

Duration of Study

Duration of study was 60 days and follow up was carried out every 15 days for clinical assessments and medication compliance.

Follow-up and Outcomes

The patient was monitored over three months with regular follow ups for recurrence and appearance of new lesion. The patient reported no eczema symptoms, no recurrence and appearance of new lesion throughout the follow-up period.

RESULT

After treatment with the Unani formulation, a clinically significant improvement was observed in the case of eczema. The patient's symptoms and signs showed marked improvement with *Itrifal-i-Shāhtra*, *Sharbat-i'Unnāb* and *Mārham-e-Kafoor* as demonstrated in the pictorial documentation. (Fig. 1A: baseline; Fig. 1B: after 30 days; Fig. 1C: after 60 days). The outcomes were satisfactory: the patient's skin colour returned towards normal, lichenification diminished, the skin became softer, and itching was considerably reduced. By the end of the treatment, most lesions had almost completely subsided. The EASI score declined from 20 at baseline (moderate eczema) to 1.6 (almost clear) after 60 days, indicating near-complete clearance. The



Fig. 1. Clinical progression of the foot eczema lesion during Unani treatment. (A) Before treatment (baseline); (B) After 30 days of treatment; (C) After 60 days of treatment.

POEM score decreased from 10 (moderate eczema) to 2 (almost clear), while the SCORAD score reduced from 35 (moderate eczema) to 5 (almost clear) over the same period, demonstrating clinical improvement. No adverse effects were observed. Post-treatment follow-up showed no relapse, recurrence of prior lesions, or development of new lesions, and the patient reported high satisfaction with therapy.

DISCUSSION

Eczema is a common chronic skin disorder that can lead to recurrent infections and poor quality of life, if left untreated.¹² The present case demonstrates the significant clinical efficacy of a Unani formulation in the management of eczema. The patient exhibited marked improvement in both subjective symptoms (itching and discomfort) and objective signs (erythema, lichenification, and pigmentation) after 60 days of treatment, indicating a remarkable therapeutic response. Notably, near-complete skin clearance was achieved. Importantly, the sustained remission during follow-up, with no relapse or emergence of new lesions, underscores the potential of this treatment as a safe and effective therapeutic option for moderate eczema, with positive patient reported outcomes. These findings are consistent with Unani principles, where eczema is attributed to derangement of humoral balance, particularly involving excessive production of abnormal *Sāfrā* and *Sāuda-e-Muhtariqā* (yellow and burnt black bile). Treatment primarily focuses on *Istifragh-e- Sāfrā* and *Sāwda* (evacuation of yellow and black bile) and *Ta'dīl-i-Mizāj* (moderation of temperament). The compound formulation used in this case likely having the properties such as *Musa'ffiyat-i-Dām* (blood purifier), *Muhallil-i-Auram* (anti-inflammatory), *Daf-i-Ta'ffun* (antiseptic), *Taskin-i-Jild* (soothing agents) and *Jali* (detergent) actions.¹³ The compound formulation used in this case likely acted through its anti-inflammatory, antiseptic, detoxifying and anti-pruritic properties, which correspond to modern pharmacological actions.

Siddiqui NA reported that *Itrīfal-i-Shāhtra* and *Mārham-e-*

Hinā was found effective in treating mild eczema.⁶ *Khanum S.* reported that *Majoon Shāhtra* and *Mārham-e-Kafoor* is effective for management of eczema.¹⁴ *Itrīfal-i-Shāhtra* is a composite preparation containing *Halayla Siyāh* (unripe fruit), *Halayla Zard* (ripened fruit), *Halayla Kābulī* (completely ripened fruit) of *Halayla (Terminalia chebulaRetz.)* which act as *Mundij-wa-Mushil Sāfrā* and *Saudā'* (concoctive and purgative of yellow and black bile), *Muhallil-i-Auram* (anti-inflammatory), *Musakkin-i-Sāfrā* (*Safra*-calming agent) and other constituents like *Gul Surkh* (*Rosa damascene* Mill) and *Shāhtra (Fumaria parviflora.)* offer anti-inflammatory, antiseptic, and anti-bilious effects, supporting detoxification, resolution of pigmentation and lichenification of eczematous lesions.^{15,16}

The chief ingredient in *Sharbat-i'Unnābis Ziziphus jujuba* Mill. has well-documented *Musa'ffiyat-i-Dām* (blood purifier), *Muhallil-i-Auram* (anti-inflammatory), *Munzij-e-Akhlāt-e-Ghalizah* (concoctive of viscous humour), *Musakkin-e-Hiddat-e-Khoon wa Safra* (blood and bile refrigerant), *Mundamil-e-Quruh* (cicatrizant), *Daf-e-Alam* (analgesic), *Daf-e-Hikka* (anti-pruritus) effect and enhances skin wound healings due to its major active ingredients such as chlorogenic acid, quercetin and rutin.^{17,18}

Mārham-e-Kafoor was formulated with ingredients *Murdār Sang (Lithārgē) Roghan-i Gul*, (oil of *Rosa damascene* Mill.), *Kushta Qalai (Stannum)*, *Kafoor (Cinnamomum camphora)*, *Mom Safed (white wax)*.⁸ *Lithārgē* possesses multiple pharmacological properties, including *Jālī* (detergent), *Muhallil-i-Auram* (anti-inflammatory), *Mujaffif-i-Qurūh* (desiccative), *Mugharri* (emollient), *Mubarrid* (refrigerant), *Musakkin* (analgesic), and *Mundamil-e-Quruh* (cicatrizant), actions. Owing to these properties, it effectively reduces itching, pigmentation, and lichenification.¹⁹ *Roghan-e-Gul (Oil of Rosa damascene* Mill) exhibits soothing, analgesic, antibacterial and anti-inflammatory properties that help alleviate symptoms and promote healing. The antibacterial activity of rose oil has been attributed to its major constituents-citronellol, geraniol, and nerol²⁰ and *Mom Safed* (white wax) possesses emollient effect¹⁴

The leaf extract of *Kafoor* (*Cinnamomum camphora* Linn.) has been shown to inhibit the production of macrophage-derived chemokine, a key mediator involved in skin inflammation. This effect occurs through the down regulation of STAT-1(Signal Transducer and Activator of Transcription-1) and ERK1/2 (Extracellular Signal-Regulated Kinase) signalling pathways. Consequently, the extract exhibits significant anti-inflammatory activity and contributes to the improvement of eczema symptoms.²¹

The therapeutic properties of the above mentioned drugs, it seems to be a suitable option for relieving symptoms in patients suffering from eczema with no observed adverse reaction. Safety was assessed through both self-reporting and active clinical monitoring. The patient was advised to immediately report any signs of local irritation (burning, redness, itching,) or systemic discomfort during treatment. At each follow-up visit, the treating Unani physician performed a physical examination to monitor for possible adverse reactions. No local or systemic adverse effects were observed throughout the treatment period.

Previous studies have similarly reported the beneficial effects of Unani formulations in eczema, demonstrating improvements in skin texture, reduction in itching, and restoration of normal skin physiology. The present case adds supportive evidence that Unani formulations can provide a safe, well-tolerated, and clinically significant adjunct in eczema management.

CONCLUSION

Unani formulations *Itrifal-i-Shāhtra*, *Sharbat-i-Unnāb*, and *Mārham-e-Kafoor* demonstrated significant efficacy in the management of eczema, as evidenced by symptomatic relief, improvement in skin appearance, and a substantial reduction in EASI score, POEM, and SCORAD scores from moderate to almost clear lesion, within 60 days. This case suggests that Unani formulations may offer a promising, safe, and effective therapeutic option for eczema, warranting further evaluation through larger sample size, longer duration of intervention, and post treatment follow-up.

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CONFLICT OF INTEREST

The authors declare no competing interests.

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