Clinical evaluation of efficacy of Majoon Ushba and Marham Gulabi in Qooba (Dermatophytosis)

Tariq* Syed Shamsul Hasan, Aleem Shagufta & Latafat Tabassum
Department of Moalejat, Faculty of Unani Medicine, AKTC, AMU, Aligarh 202001, UP
E-mail: drshamsulamu@rediffmail.com

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Qooba (Dermatophytosis) is a common problem in present day scenario. Dermatophytosis of scalp, glabrous skin and nails is caused by a closely related group of fungi called dermatophytes, which have the ability to infect and survive only on dead keratin. The clinical features of dermatophyte infections results from a combination of keratin destruction and an inflammatory host response. The study was carried out on 30 cases of dermatophytosis and efficacy of compound formulation was evaluated over a period of 45 days on the basis of improvement in the clinical subjective parameters. Of the parameters evaluated itching, scaling, oozing, erythema, fissures, papules, vesiculo-pustules, partial alopecia, broken stumps of hair, kerion formation and ring formation with central clearing showed 86.6%, 80%, 90%, 70%, 44.4%, 58.3%, 54.4%, 71.4%, 71.4%, 55%, 84% improvement, respectively. At the end of study, it was concluded that the compound formulation was found to be effective for the patients of dermatophytosis.

Keywords: Qooba, Dermatophytosis, Dermatophytes, Unani Medicine

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According to various Unani physicians, Qooba is defined as a type of roughness appears on the skin as a hyper pigmented patch having edges with itching and devoid of pain. This patch is usually circular in shape1-4. In modern textbook of dermatology, dermatophytosis is a group of skin diseases caused by the fungi with the ability to infect and survive only on dead keratin, i.e., the top layer of the skin (stratum corneum or the keratin layer), the hairs and the nails. They cannot survive on mucosal surfaces such as mouth or vagina where the keratin layer does not form5-8.

Hippocrates (377-460 BC) who first gave an ample space and a new direction to medical thoughts with his ‘Humoural theory’. Avicenna (980-1037 AD) in his noted encyclopedia ‘the Canon of Medicine’ says, Qooba and Daad are the synonyms. Avicenna finds no difference between Qooba and Sa’afa. Following the humoural basis of diseases and health, it is primarily a melancholic disorder and added some of its types, may be sanguinious and phlegmatic too9. Ahmad Tabri (10th century AD) has given a comprehensive description of the disease in his famous book Al-Moalejat-e-Buqratiya, says that the disease Qooba (Dermatophytosis) is similar to that of urticaria which affects the skin surface. Usually, it is round in shape and involves to larger surface of body. Regarding the Etiopathogenesis of the disease, it is stated that irritating pathogenic matter or substance escapes out of capillaries resulting in the formation of hyperpigmented spots, which later spreads and takes large circular shape10. In 19th & 20th centuries, a lot of research works in the form of surveys and clinical trials have been done. Systemic study of dermatophytes began 150 yrs ago when Remak described the mycelial nature of the clinical disease “favus”. This observation was later supported by Schoenlein. In 1841, Gruby isolated the organism of favus in culture and experimentally produced disease in normal skin. Gruby’s studies preceded by almost four decades the work of Koch and his criteria for assessing the etiology of infection11. In 1910, Sabouraud, the father of modern medical mycology, published “Les Teignes,” classified the dermatophytes as tinea cruris, corporis, etc. depending on the parts affected8, 11. In 1934, Emmons critically reviewed the taxonomic status of dermatophytes, accepting only three genera: Microsporon, Trichophyton and Epidermophyton.
A typical lesion of tinea is an arcuate or annular plaque which spreads centrifugally. The edge is active, showing papulo-vesiculation, pustulations and scaling while the center is relatively clear\(^1\). Dermatophytosis is classified according to the site of affection such as tinea capitis (Head), tinea barbae (Beard), tinea faciei (Face), tinea corporis (Body), tinea inguinalis or cruris (Groin), tinea manus (Hands), tinea pedis (Foot), tinea unguim (Nails)\(^5,7,13\).

Presently, it is of the opinion that treatment of Qooba should be started with Tangiyah-e-Badan (removal of harmful material from the body) with Munzij and Mushil along with local application\(^10,14,15\). There are different types of Munzij and Mushil therapies which are prescribed after the clinical examination of patient and ascertaining the dominating Khilt (humour) as causative factor. In majority of cases, Munzij and Mushil-Sauda are prescribed in the management of Qooba as deranged Sauda, is the major factor responsible in the causation of Qooba as mentioned in classics of Unani literature\(^16-18\). Thus, an attempt has been made to remove this deranged humour. Excretion can be done with the help of Fasad, use of purgatives like Joshanda-e-Aftimoon and Maa’al jubn\(^4,15,17,18\).

So, identification of the dominating Khilt is necessary with the help of various parameters laid down by the Unani physicians and then use of appropriate drugs to remove that Fasad khilt (deranged humour). Along with this principle of management they have also prescribed drugs in the form of local application such as Zamaad, Tilaa, and Marham (ointment). In general, the treatment of skin diseases, various blood purifying drugs are used which causes excretion of the unwanted and waste products of the blood, Qooba a blood purifying drug is used in its treatment\(^16\).

**Methodology**

The study was carried out on 30 patients of Qooba (Dermatophytosis) in Unani Outdoor sections of Department of Moalejat, Ajmal Khan Tibbiya College Hospital, Aligarh Muslim University, Aligarh, during the period from 2006 to 2008. The patients were either sex and between 10-60 yrs old were selected randomly. To ascertain the diagnosis, some routine and specific investigations such as complete haemogram, urine analysis, stool examination, skin scraping for fungal elements (20% KOH), skin culture in Sabouraud’s dextrose agar were done before the commencement of trial and after its completion.

The patients having the complaints of itching, burning sensation, discharge, inflammatory margins with central clearing, scaling and having maceration were included in the study. Those suffering from any systemic disease such as systemic hypertension, ischaemic heart disease and renal failure, with known allergies, lactating and pregnant mothers and those taking steroids were excluded from the study. The duration of the study was 45 days. The follow up of all the cases was carried out at the interval of 15 days, i.e. at 15, 30 and 45 days. The individual assessment was carried out on the basis of history, physical examination, investigations and the observations were noted in case report form.

Unani medicine Majoon Ushba was procured from Dawakhana Tibbiya College, AMU, Aligarh. Majoon Ushba is a pharmacopeia drug and is prepared according to Bayaz-e-Kabir, Vol 2\(^19\) while Marham Gulabi was procured from Tibbiya College hospital AMU, Aligarh. The constituents of Majoon Ushba are Ushba (Smilax ornata Lem.), Bisfaaj Fistaqi (Polypodium vulgare Linn.), Aftimoon Vilayati (Cascuta Europea Linn.), Barg Gaozaban (Onosma bracteatum Wall.) Kabaab Chini (Piper cubeba Linn.), Daar Chini (Cinnamomum zeylanicum Blume.), Gul-e-Surkh (Rosa damascena Mill.), Chob Chini (Smilax china Linn.), Sandal Sufaid (Santalum album Linn.), Sandal Surkh (Pterocarpus santalinus Linn.), Sanna-e-Makki (Cassia angustifolia Vahl.), Balela (Terminalia belirica Roxb.), Sumbul-ut-Teeb (Valeriana jatamansi DC.) and Halela (Terminalia chebula Retz.).

Marham Gulabi is a non-pharmacopeia compound prepared by Unani dispensary block of Tibbiya College hospital, Muslim University, Aligarh and constituents of Marham Gulabi\(^20\) are Carbolic acid (C\(_6\)H\(_5\)OH), Boric acid (H\(_3\)BO\(_3\)), Sindoor (PbO), Moom (Bee-wax), and Roghan-e-Narjeel (Cocosnucifera Linn.).

The powder of Sindoor (Plumbum) 15 gm, Suhaga (Boric acid) 1500 gm is mixed in 1500 ml Coconut oil, 300 gm Bee-wax and 15 ml Carbolic acid, to form Marham (ointment) which is applied locally over the affected part(s). Five gm of Majoon Ushba was administered orally in 30 patients morning and evening, along with the local application of the Marham Gulabi for 45 days.
Results
In the present study, the efficacy was evaluated over a period of 45 days on the basis of improvement in the clinical subjective parameters. Of the parameters evaluated itching, scaling, oozing, erythema, fissures, papules, vesiculo-pustules, partial alopecia, broken stumps of hair, kerion formation and ring formation with central clearing showed 86.6%, 80%, 90%, 70%, 44.4%, 58.3%, 54.4%, 71.4%, 71.4%, 55%, 84% improvement, respectively (Table 1) (Figs 1-2).

Discussion
Itching is the main symptom of this disease. The compound formulation had significant effect on symptom probably due to blood purifying action of Majoon Ushba along with antipruritic, antiseptic effect of sindoor, carbolic acid and coconut oil19-24, while the effect of drug combination on oozing may be because of the styptic and siccative effect of Chob-Chini, sindoor and bee-wax24-26. The combination of drug was also effective on scaling. This may be possible due to detergent and corrosive effect of boric acid and phenol, along with moisturizing properties of coconut oil21,22,25,26. Erythema is an early manifestation of dermatophytosis. The effect of drug compound formulation on erythema may be due to anti-inflammatory properties of Chob Chini, Ushba, Bisfaij Fistaqi along with the local effect of sindoor and bee-wax23-26.

Improvement on fissures may be due to the styptic and siccative properties of sindoor, Mudamil-e-qurooh and Nafe-e-Qooba effect of bee-wax and coconut oil.23,24,27,28. The combination of drugs has significant effect on papules. This improvement is because of anti-inflammatory, blood purifier properties of Majoon Ushba along with the local anti-inflammatory effect of boric acid19,23,24,27-29. Improvement on vesiculo-pustules may probably due to blood purifier action of Majoon Ushba, anti-infective effect of carbolic acid, boric acid and sindoor, along with Nafe-e-Qooba-o-Qurooh-e-Jildia (anti-ringworm and skin ulcer) effect of coconut.
Improvement on partial alopecia may be due to corrosive, detergent effect of boric acid and phenol, blood purifier action of Majoon Ushba along with Munabit-e-Shaar’ action of coconut oil. Improvement on broken stumps of hair was found significant. The effect may probably be due to corrosive and detergent action of phenol along with Munabit-e-Shaar’ action of coconut oil.

Kerion is an important feature of tinea capitis which is characterized by oedema, congestion and often abscess draining pus around hair follicles, which give it a honey comb like appearances. The effect of compound formulation on ring formation with central clearing may be because of anti-inflammatory effect of Usbha, Bisfaj Fistaqi, Chob Chini, antisepic properties of carbolic acid and coconut oil, along with detergent property of boric acid.

Conclusion

It is to state that the collective management of dermatophytosis by judicious use of oral administration of drugs with local application of Marham Gulabi was found to be very effective. The compound formulation was well tolerated with a few minor side effect(s) seen during the course of the study. After completing the duration of study not a single patient complaints about the recurrence of lesion. Further researches should be done on this aspect. Hence, further elaborate study is awaited in this context, with large sample size for better drug combination.

References