



# Prevention & Management of Eczema (Nar-e-Farsi) & Efficacy of Unani Drugs on Eczema- A Review article

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## ABSTRACT

Eczema is a typical pattern in skin characterized by erythema, excoriation, exudation, dryness, cracking and pruritus which can be either acute or chronic. In developed countries prevalence of Eczema is estimated to 2-10%. It is presented in both acute and chronic form, usually with severity of sign and symptoms. In Unani system of Medicine it is called Narfarsi means like fire because of severity of signs and symptom the term was given. It is caused by safravi maddaa (bilious matter) is admixed with damvi madda (Sanguineous matter) which occur due to multiple factors like extreme condition of environment, presence of lazeh madda (irritative matter) like chemicals, daily uses materials even clothes, ornaments. Hypersensitivity of skin is key factor for occurrence of the same. It is characterized by itching, soreness, and variable degrees of signs including dryness, erythema, excoriation, exudation, fissuring, hyperkeratosis, lichenification, papulation, scaling and vesiculation. Diagnosis is based on clear sign and symptoms apart from this a clinical diagnostic criteria is used named Hannifin and Rajka's criteria and also some specific investigations are available for specific type of Eczema.

**Key words:** Eczema, Narfarsi, Unani, Herbal, madda

## I. Introduction, History & Background of Narfarsi (Eczema)

Before eczema earned its formal title, descriptions of similar skin conditions appeared in ancient Egyptian texts. "As far back as we can see, in one of the earliest known medical documents called the Ebers Papyrus thought to be written more than 3,000 years ago, there have been skin issues described," said Dr. Peter Lio, Assistant Professor of Clinical Dermatology and Pediatrics at Northwestern University's Feinberg School of Medicine. While the document doesn't specify eczema, Dr. Lio noted it wouldn't be surprising if that were the case. Early remedies listed for "enduring itch" on the Ebers Papyrus included compresses of bean and onion mixtures as well as

milk and sea salt.<sup>1</sup> Hippocrates, traditionally thought responsible for the Hippocratic Oath and referred to as “the father of modern medicine,” also contributed theories on the origins and treatment of eczema-like skin conditions around 400 BC.<sup>2,3</sup>



**Fig. 1 Eczema- A common skin disease in male and female**

We can thank two English doctors, Robert Willan and Thomas Bateman, for coining the term “eczema” in 1817 to describe a fluid-filled, blistering rash (like a sunburn).<sup>4</sup> It’s the first time we see the term appear, though it doesn’t match the types of eczema we typically think of today.<sup>5</sup> In the early 1900s, as dermatology continued to distinguish itself from general medicine, doctors altered their approach to the study of the skin. “Dermatologists began to differentiate between different types of skin conditions, including eczema, and to *categorize* them based on their symptoms and appearance,” explained Dr. Lio. These new classifications helped doctors better understand and differentiate between similar-appearing conditions, like eczema and psoriasis, which allowed for more specialized studies. A description of the most common type of eczema we know today appeared in 1933. Atopic came from the word “atopy,” which describes a predisposition to respond immunologically to diverse antigens/allergens, and “dermatitis”, which refers to inflamed skin.<sup>6</sup> From then on, atopic dermatitis defined what we most often think of as the most common form of eczema today: allergen-related, itchy and inflamed skin.

Narfarsi (Eczema) is one of the commonest and oldest diseases of the skin. The term Narfarsi was first used in Persia or the person who used this term was native of Persia and associated with intense itching and burning that’s why it is called Narfarsi. [1] It is characterized by itching, soreness, and variable degrees of signs including dryness, erythema, excoriation, exudation, fissuring, hyperkeratosis, lichenification, papulation, scaling and vesiculation and can affect any person irrespective of age and sex. [2-3] Histologically, the clinical signs are reflected by a range of epidermal changes including spongiosis (epidermal edema) with varying degrees of acanthosis and hyperkeratosis, accompanied by a lympho histiocytic infiltrate in the dermis. [3- 4]

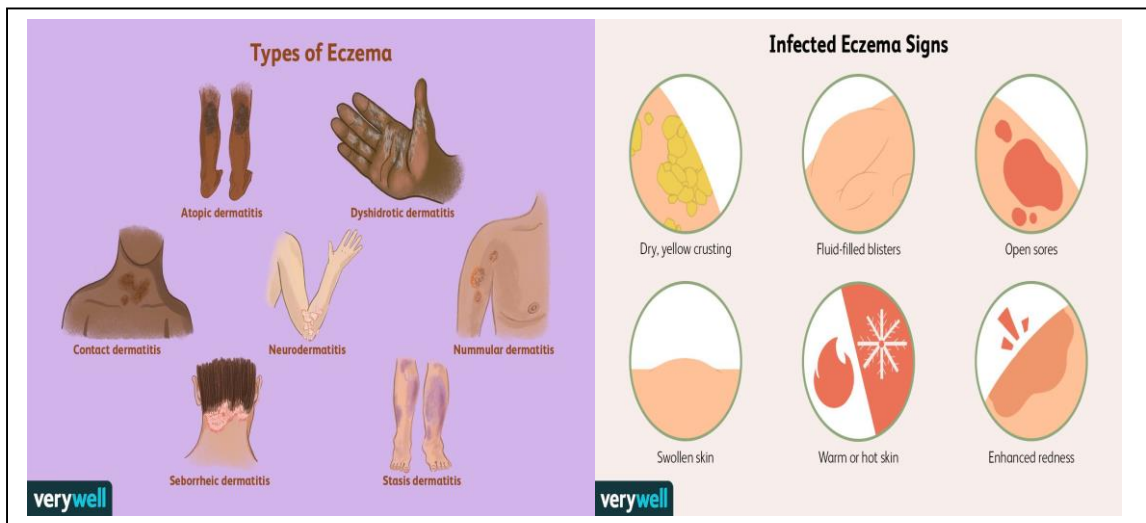


**Fig. 2 Redness, Blister, Flaking of Eczema on various parts**

Narfarsi (Eczema) is a chronic inflammatory disease which affects 2-10% of the world's population. [5-6] Prevalence of eczema varies according to its different types. Onset of atopic dermatitis is very common in early life especially in infants and school going children with slight male predominance. [5] But some types like nummular and contact eczema is found in adults and aseptic eczema found in old age people. [6] Clinically it is diagnosed by Hanifin Rajka's criteria. [7-9] Narfarsi had been treated by different physicians since ancient times but their treatment received popularity at particular time periods or certain geographical regions, In Unani system of medicine a number of single and compound drugs and regimes are being used in the management of Narfarsi since Greco Arabic period. [10-12] Oldest known papyrus written by the primitive Egyptians named as the '**Ebers Papyrus**'(1550 BC) , a well-known medical document, described remedies for 'itch' of the skin in its dermatology division. [13] Various types of discussion about dermatological diseases and cosmetics are described in **Ebers Papyrus** (1550 BC). Maximum portion of the Papyrus is committed to dermatological disorders. Except emphasis on hygiene the Greek physicians followed the same line of treatment of skin diseases as followed by Egyptians. [14] **Hippocrates (Around 400 BC)** presented a causal detail for skin diseases and mentioned that the dermatological variations occur due to internal humoural imbalance. Although the term Atopy is derived from Greek word but it is relatively new. The first recognized individual who suffered from Eczema was Emperor **Octavianus Augustus (63BC -14 AD)** with features of 'itchy skin', 'seasonal rhinitis. His grandson **Emperor Claudius** and great grandnephew **Britannicus** also suffered from this problem. That's why the first family history of Atopy is acknowledged in **Claudian family** of Emperors. [15] According to **Jalinoos (129AD-200 AD)** the eruptions appear on body when Dam (Sanguineous matter) mixed with Safra (Bilious matter). [16]

Dermatitis presents with pruritic, erythematous lesions with or without distinct margins. Such lesions pass through the stages like acute stage present with vesicles, sub-acute stage present with scaling and crusting and chronic stage present with Lichenification. Primary lesions include macules, papules, vesicles, or plaques and secondary lesions include fissuring, discharge, crusting, and Lichenification frequently follow. [17] Eczema is an inflammatory responses of the epidermal skin, presented as Erythema,

scaling, edema, and vesiculation, oozing and itching. These signs and symptoms vary from mild to severe paroxysms usually interfere with daily work. One of the important features of Eczema is that this is non contagious. [18]



**Fig. 3 Types and infected signs of Eczema**

## II. Aqşam of Nar-E-Farsi (types of Eczema)

Antiquated Unani physicians have characterized the eczema (Nar-e-farsi) into following types [29, 15] Depending upon the forms and secretions of the lesions

- Nar-e-farsi Sada o Nar-e-farsi Ahmar (Surkhi mael)
- Nar-e-farsi Naffati (Abladar) o Nar-e-farsi Mutaqaiyah (Peepdar)
- Nar-e-farsi Sulb (Hardness at the site of leison in the skin)
- Nar-e-farsi Shaqaqi (Cracking at the site of leison in the skin)

• Clinically it is separated in the following types: [11].

- Acute Eczema (Nar-e-farsi haad)
- Chronic Eczema (Nar-e-farsi muzmin)

In modern medicine eczema has been classified in the following manner:

• Depending upon the type of leison

- Acute phase: Erythema, edema, vesiculation, oozing, crusting.
- Sub-acute: Hyperpigmentation, scaling and crusting.
- Chronic: Lichenification.

• Presently, Eczemas are classified for practical use into two broad groups [20, 30].

- *Exogenous eczema:*
  - a. Irritant contact eczema
  - b. Allergic contact eczema
  - c. Photosensitive eczema
  - d. Infective eczema

- *Endogenous eczema:*
  - (a) Atopic eczema
  - (b) Seborrheic eczema
  - (c) Nummular eczema
  - (d) Asteatolic eczema
  - (e) Stasis eczema
  - (f) Dyshidrotic eczema

### III. Epidemiology and Prevalence of Narfarsi (Eczema)

Epidemiological studies suggest a marked increase in the prevalence of Atopic Eczema from the last decades, worldwide prevalence rates for children range from 0.2–24.6% [20, 21] while the incidence has shown a 2 to 3 fold increase in the past 3 decades in developed countries. [22] From last decade the collective incidence of Atopic Eczema had risen from 13.2% to 19.7%. The reason for this steady rise in the prevalence of Atopic diseases is not clear, but there are a number of possible environmental factors. One out of ten school children is affected by this disease now-a-days. Exposure to allergen either in utero or during childhood have been shown to have a role in the etiology of Atopic Eczema. [23]

### IV. Signs and Symptoms of Narfarsi (Eczema)

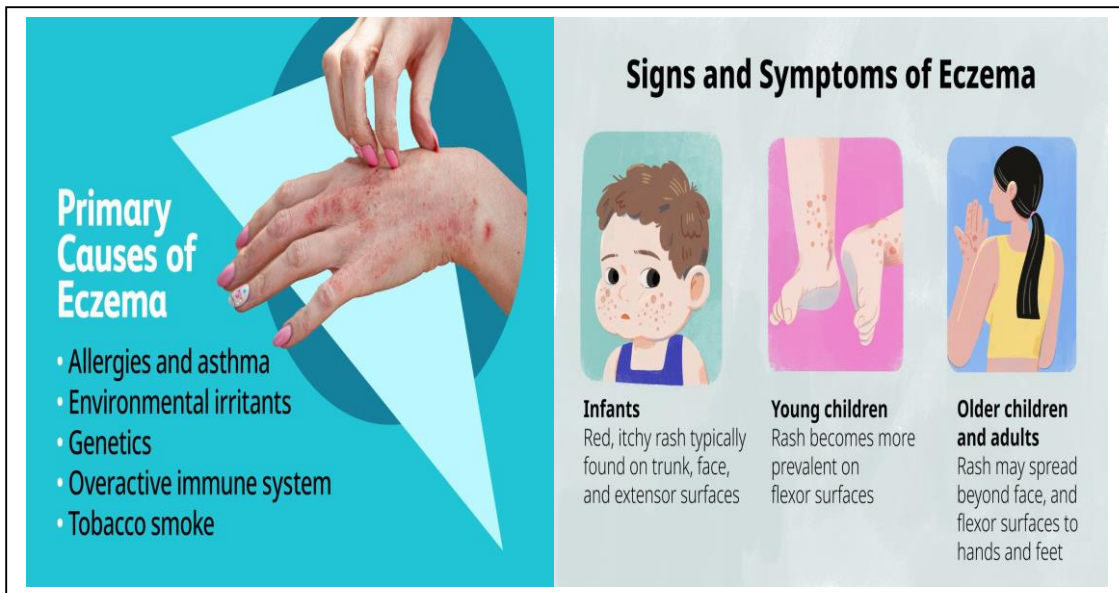
The most common signs of eczema are:

- Dry, extremely itchy skin
- Blisters with oozing and crusting
- Red skin around the blisters
- Raw areas on the skin from scratching, which can cause bleeding
- Dry, leathery areas that are either darker or lighter than their normal skin tone (called lichenification)
- Scaling, or thickened skin

Eczema in children under 2 years old generally starts on the cheeks, elbows, or knees. In adults, it tends to be found on the inside surfaces of the knees and elbows.

## V. Causes of Narfarsi (Eczema)

Researchers do not know for sure what causes eczema. It may be a combination of hereditary (genetic) and environmental factors. In some people, allergies may trigger eczema. Exposure to certain irritants and allergens can make symptoms worse, as can dry skin, exposure to water, temperature changes, and stress.



**Fig. 4 Sign Symptoms and causes of Eczema in female**

## VI. Risk Factors of Narfarsi (Eczema)

- Young age. Infants and young children are most affected
- Exposing skin to harsh conditions
- Living in a climate with low humidity
- Personal or family history of allergies to plants, chemicals, or food
- Not getting enough of certain vitamins and minerals (for example, zinc)
- Living in an urban, rather than rural, area
- Adolescent obesity

Stress can make eczema worse. Other irritants that can make eczema worse include:

- Wool or synthetic fibers
- Certain soaps and detergents, as well as perfumes and some cosmetics
- Dust or sand
- Cigarette smoke
- Traffic-related air pollution

## VII. Aetio-pathogenesis of Narfarsi (Eczema)

**Ibne Sina (980-1037)** described it as a condition with Eruptions having burning sensations just like fire. The causative matter is Akkal (corrosive), Haar (hot) and Lazeh (irritative) type that may spread with Dam (Sanguineous matter) or Balgham (Phlegmatic matter) and it is produced when Hot humor (Bilious matter and sanguineous matter) is mixed with dry khilt that is Saudavi madda (Melancholic matter) moreover he added that Narfarsi results from haad Akhlat mixed with khilt e raqeeq (Safra).<sup>[10]</sup>

**M. H. Quamri** described 'Narfarsi' is 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 increase of hiddat in khilte Dam (Sanguineous matter).<sup>[11]</sup> Razi said that in Narfarsi there is burning sensation with pruritus after that blister is formed and filled with a dilute substance.<sup>[12]</sup>

Basically two factors cause Eczema first is an allergic or a sensitive skin, and second one is exposure to an irritant.<sup>[18]</sup> According to modern system of medicine, the etiology of Atopic Dermatitis is unknown. Previously it was considered that IgE-mediated immediate and late phase reactions play a major role in the development of Atopic Dermatitis. Recent studies reveal that a variance involving two subsets of T helper cells, Th1 and Th2, may cause the pathogenesis of Atopic Dermatitis including the overproduction of IgE.<sup>[4,22]</sup> Following are some general causes which predisposes Eczema, Allergy, debility, age, familial predisposition and psychological factors are important in Eczema. It occurs in infancy, puberty, and old age.<sup>[7]</sup> Some local factors like varicose veins, hypostasis, Ichthyosis, xeroderma, a greasy skin, hyperhydrosis, predispose to Eczema. Exciting factors that are chemicals, plants, clothing, medicaments, infections, drugs, diet, sepsis and all factors impose or only auto sensitization of integumentary system alone moreover extreme condition of environment also cause the same.<sup>[17]</sup> Patient with Eczema usually presents with a history of allergy in the form of asthma, hay fever and allergic rhinitis due to familial sensitiveness.<sup>[7-18]</sup>

## VIII. Diagnosis of Narfarsi (Eczema)

It is based on clinical features described above and now day's criteria named Hannifin and Rajka's criteria<sup>[8-9]</sup> for diagnosis of Atopic dermatitis. Apart from this many suitable investigations are available to confirm the specific type of dermatitis. Your doctor will look at your skin and ask questions about your personal and family medical history before making a diagnosis. Your doctor may ask about stress in your life, your diet, drugs you are taking, soaps and detergents you use, and chemicals or materials you may be exposed to at work. Your doctor may perform a skin lesion biopsy (removal of a small piece of skin), but it is not always needed to make the diagnosis.

## IX. Investigations of Narfarsi (Eczema)

- A. IgE level in serum:** It is very helpful to measure IgE level especially when the typical presentation of Atopic Eczema is not present particularly when the distribution of Eczema is atypical and there are no conditions of other Atopic illness. It gives support to clue about specific environmental allergens e.g., horse dust mite, pollens and food, Pet Dander. It elevates the level according to severity of disease. [3, 17]
- B. Patch tests:** There are specific antigens for every allergen due to Atopy and this test gives specific clue about the antigen. In this procedure an allergen is applied to the back of patient under occlusive dressing and leaved for 48 hours. Then the patient is examined for hypersensitivity reactions (erythema, edema or papulo vesicles). This test is performed by physician with special expertise. Patch testing is often helpful in evaluation of chronic Dermatitis. [3, 17]
- C. Prick test:** the indications are same as for specific IgE but are less commonly performed. [19,21]

## X. Management of Narfarsi (Eczema)

### A. Principles of treatment in Unani System of Medicine (Usool ilaj)

The principle of treatment is aimed at the alteration or removal of morbid material, which is the actual culprit for the genesis of pathology leading to development of Narfarsi. Since the disease is chronic in nature which cannot be easily overpowered with a unidirectional onslaught therefore, a multidirectional approach of treatment has been envisaged by Unani physicians for the treatment and the drugs having Mussafie dam (blood purifier), Muhallil (re-solvent), mobarrid (refrigerant). Once the disease causing substance is removed from the body, inflammation is resolved and proper healing taken places, the chances of recurrence will automatically minimize. The following and above described methodology adopted by above phyian.

#### ➤ **Istafragh (Evacuation)**

Akhlat e Fasida (morbid matter) can be eliminated by the process called Istafraqh. These Akhlat e Fasida should be eliminated because these are harmful for the body. The following methods may be used for Istafraqh (evacuation) Tareeq (diaphoresis), Ishal (purgation), Idrar (diuration), Qai (vomiting), Fas'd (phlebotomy), Hijama (cupping), Irsal e Alaq (leeching)

#### ➤ **Tabreed wa Tadeel (cooling, normalization)** In fact Tadeel means to bring back the actual Mizaj of khilt. The akhlat become fasid (abnormal) the Tabiyat expels out these Akhlate Fasida towards skin. Below the skin these produce sozish and laza (burning and irritation). Tabreed is mainly required for this type of Khilte Fasida. Similarly Tadeel is done with the objective of normalizing the qualities of Safra. For this purpose various drugs have been mentioned in Unani texts. Some of them are as under.

#### ➤ **Commonly used single drugs are:** Aloobukhara (*Prunus domestica*), Haleela (*Terminalia chebula*), Baleela (*Terminalia bellerica*), Ushba (*Hemidesmus indicus*), Unnab (*Zizyphus sativa*), Mundi (*Sphaeranthus indicus*), Sarphoka (*Tefrosia purpurea*), Chobchini (*Smilax china*), Afsanteen



(Artemisiaabsintheum), Redrose (Rosa Damascene)

➤ **Commonly used compound formulations are:** Arqe Mundi, Arqe Shahtra, Sharbate Unnab, Sharbate Musaffi, Joshanda e Musaffi, Itrifal Shahtra

➤ **Local application of Mohallil, Mudammil, Murakhkhi:** Ibn Sina and other Unani attibba emphasised the use of drugs having above mentioned qualities locally. Roghan Gul (Oil of Rosa damascene), Roghan Kameela (Oil of Mallotus Phillippinensis) Roghan zaitoon

➤ **Compound formulations for local application:**

Rasot one part, Kafoor one part and make powder and mix this powder in Loab e Aspagol and Loabe Bartang then put a cloth in this compound till cloth gets soak in the compound then put this cloth at diseased site. If patient feels comfort then leave it but if any discomfort is felt then remove the cloth.

According to M.H Quamri the treatment of Narfarsi is to open Fas,d first and then use cold beverages like Aash Jao, Aab e loki, and Loab e Aspagol. Safeda, Kafoor, Murdarsang, Sandal Safaid, all should be powdered and mixed in Arq e Ghulab and apply locally where vesicle occur.

According to Ismail jurjani first open Fas,d and then normalize the temperament by 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. According to Dawood Antaki first give fas'd for tanqia e Safra. Then orally Maa us Shaeer, Arq e Banafsha, Arq e ward, Tabeekh Turmus with Sirka and Shahad and Arq e Ghulab(Ward), For local application Marham e Asfedaj with Zafran and Aas leaves. Nuskha e Tila: Sapeda, Murdarsang, Sandal Safed and some amount of kafoor, mix all these in Arq-e-Ghulab and make Tila on diseased site.

## **B. General Treatment in allopathic system of Medicine.**

The goals when treating eczema are to heal the skin, reduce symptoms, prevent skin damage, and prevent flares. Developing skin care routines, identifying what triggers flares, and avoiding triggers are a large part of any treatment plan.

### **A. Lifestyle**

- Avoid anything that makes symptoms worse, such as allergens (things you are allergic to) and things that irritate skin. Common allergens include pollen, dust mites, and pet dander.
- DO NOT scratch or rub affected areas.
- Protect skin from rough clothing and irritants.
- Reduce stress with relaxation techniques.
- Keep your environment cool, with stable humidity.

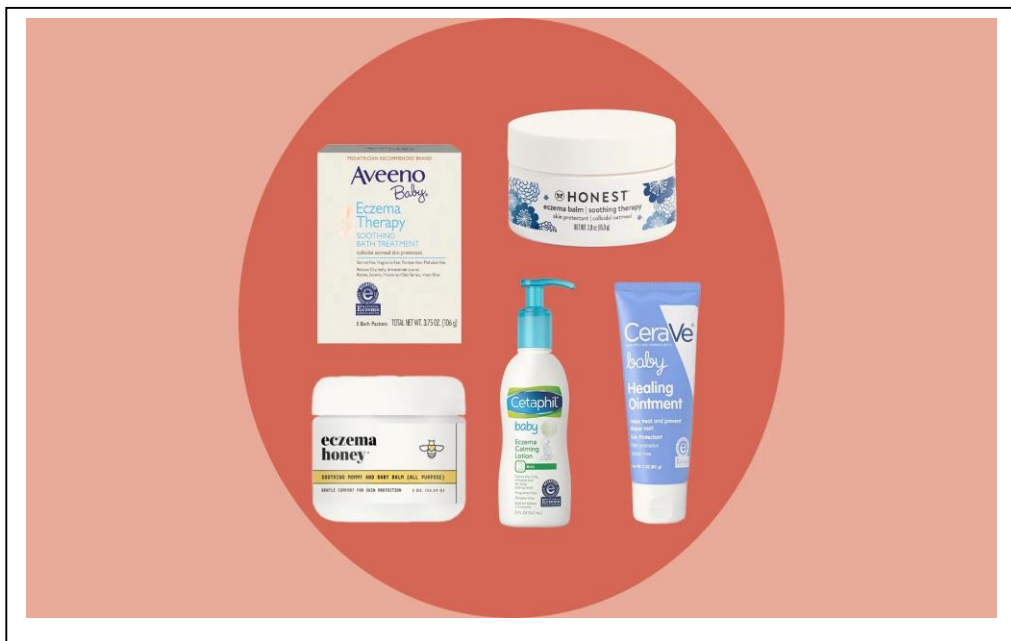
Dry skin often makes the condition worse. Remember to:

- Avoid hot baths or showers; lukewarm water is best.
- Wash or bathe as quickly as possible to lessen water contact.
- Use a mild soap or a non-soap cleanser, or less soap than usual.

- Moisturize. Apply lotion or cream within a few minutes of getting out of the shower or bath to seal the moisture in your skin.
- Wet compresses. The wet cloth macerates vesicles, and when removed, debrides the area, preventing serum and crust from accumulating. Wet compresses should be removed after 30 minutes and replaced with a freshly soaked cloth. Otherwise, irritation may occur.

Parents can help their children by:

- Distracting them so they do not scratch dry skin.
- Keeping fingernails short to reduce chances of infection from scratching.
- Understanding that visible skin problems can cause social and emotional stress.
- Offering support and encouragement.



**Fig. 5 Creams and moisturizing lotion in Treatment of Eczema**

## B. Medications of Eczema.

- **Mild anti-itch lotions**, or topical corticosteroids (hydrocortisone), may soothe mild, dry, scaly patches.
- Area where skin is thickened may be treated with ointments or creams that contain tar compounds (such as Psoriasin), corticosteroids, and ingredients that lubricate or soften the skin.
- **Oral corticosteroids** may be prescribed to reduce inflammation in severe cases. Examples include prednisone (Deltasone) and methylprednisolone (Medrol).
- Rarely, in severe cases where adults have not shown improvement with oral corticosteroids, physicians may prescribe medications that suppress the immune system.
- Your doctor may prescribe **antihistamines** at night, such as diphenhydramine (Benadryl), to prevent scratching. These medications may cause drowsiness. Topical (on the skin) antihistamine preparations are also available.

- **Topical immune modulators (TCIs)** are newer drugs that are applied to the skin to reduce inflammation. They are steroid free. The most commonly prescribed TCIs are tacrolimus (Protopic) and pimecrolimus (Elidel).
- **Oral antibiotics** may be helpful if signs of secondary infection, such as pustules, purulent material, and crusts are present.

## XI. Plants famous for their efficacy in *Nār Fārsī* (eczema)

### A. Elva / Sibr (*Aloe vera*).

*Aloe vera* is the gel obtained from the leaves of aloe plants and widely used for number of diseases as well as for healthy skin. It is used externally for its soothing and wound healing effects on skin [21]. Whereas internal use is prominent as dessert [22], for relief of heart burns and indigestion [23], liver disease like hepatitis [24], diabetes mellitus [25], hyperlipidemia [26] and psoriasis [21]. Anti-bacterial and anti-fungal effects of *Aloe vera* extract are already well documented [27]. *Aloe vera* is applied directly to eczematous parts of body. It has moisturizing effect which softens the skin leading to quick wound healing. It has been reported in many studies that it reduces the symptoms of eczema such as dry skin and scaling. It prevents secondary infection due to its antibacterial properties. *Aloe vera* cream has also been reported to be effective in psoriasis [28]. Dosage is 1 to 4 gms of dried juice of leaves [29].

### B. Unnab (*Ziziphus jujube*).

Commonly prescribe in patients with stress by traditional healers [30]. It is reported to have anti-bacterial, anti-fungal, anti-inflammatory [31], anti-oxidant and wound healing properties [32]. It is used as a remedy for eczema. Long-term use improves complexion. Dosage is 20 to 25 gms of dried fruit pulp devoid of seed [33].



**Fig. 6 Aloe-vera & Unnab used in treatment of Eczema**

### C. Brahmi (*Centella asiatica*).

Brahmi or Indian penny wort has been widely used as incredible healing agent. It has been used in the past for leprosy due to its great medical activity. It has antioxidant effects and has the potential to activate collagen production in bones, cartilage and tissue [34]. Leaves are also used in open sores in the form of poultice [35]. Other reported uses include anxiety, insomnia, immune booster,

diarrhea and relief of gynecological disorders [36]. Indian penny wort plant is famous for its amazing effects on dry skin, eczema, psoriasis and wound healing. Dosage is 5 gms of dried whole plant [37].

#### D. Baboona (*Matricaria chamomile*)



**Fig. 7 Baboona and Brahmi used in Treatment of Eczema**

Therapeutic use of chamomile is common in conditions like cancer, cardiovascular disorders, common cold, gastrointestinal problems and sleep disorders. It has also been reported to have positive effects on wound healing and skin inflammatory conditions and is therefore widely utilized in skin allergic conditions e.g. atopic dermatitis and eczema. It is also used topically as ointment or cream [38]. In a clinical trial conducted on 161 patients of eczema wherein, topical chamomile extract formulation was applied on affected skin. The study showed equal affects in comparison to steroidal cream whereas effects were found superior to that of non-steroidal cream [39]. Dosage is 5 gms of dried flower [40].

#### E. Iklyl aljabal (*Rosmarinus officinalis*) .

Rosemary consumed for boosting memory and also used in eczema for its anti-oxidant and cleansing effects. It can minimize skin inflammation by improving blood circulation. Volatile oil of this plant possesses camphorated smell which can relieve the stress. It is also added to bathwater or used in massage relieving the scaling of skin in eczema [41]. Dosage is 5 gms of dried whole plant [42].



**Fig. 7 Iklyl aljabal and Turmeric used in Eczema**

#### F. Haldi (*Curcuma longa*).

Turmeric has been extensively researched and found to be very useful. Prominent used in conditions like anemia, asthma, cancer, diabetes. It is used in skin problems because of its amazing effects in healing the wound. For fast and enduring relief on sprain swellings, it is used in the form of paste prepared by mixing sweet lime juice and salt with its powder. For speedy healing of wounds/ulcers powder of turmeric is sprinkled. It also possesses antiseptic properties and ceases bleeding, helping in healing the cut or burn. Anti-bacterial, anti-oxidant, anti-inflammatory, anti-septic and anti-viral properties of turmeric have been demonstrated [43, 44]. It improves skin complexion therefore commonly used by Indian brides for fairness. Dosage is 5 to 7 gms of dried rhizome [29].

#### G. Aslussoos (*Glycyrrhiza glabra*).

The root of aslussoos is commonly used by traditional physicians in treating cough. Reports suggest that it has anti-viral, anti-ulcer, hepatoprotective, and laxative effects [45]. It helps in healing stomach and duodenal ulcers by inhibiting growth of *H. pylori* [46]. A double-blind, placebo-controlled clinical trial was conducted to evaluate the efficacy and safety of *Glycyrrhiza glabra* on 30 patients of eczema. Varying concentrations of its extract in the form of gel were used for duration of two weeks in this trial, wherein clinical variables like edema, erythema, itching and scaling were assessed. Study reported that 1% and 2% of licorice extract gel provided superior outcome in comparison to control group in terms of reduction in signs symptoms of eczema after one and two weeks, except on scaling.

#### H. Gule Ashrafi (*Calendula officinalis*).

Use of marigold is prevalent in abdominal cramps, acne vulgaris and eczema. Use in abdominal cramps as well as constipation is based on spasmolytic and spasmogenic effects shown in a study conducted on



Fig. 8 *Glycyrrhiza glabra* *Calendula officinalis*

rabbit's jejunum [48]. It also showed anti-tumor effects in another study conducted on mice. Extract of marigold has also shown anti-inflammatory and antiviral effects [49]. This has been commonly used as cream or ointment for topical use and found to be effective in acne, bleeding, burning skin, dermatitis, inflammation and radiation damage [50, 51]. Dosage is 5 gms of dried flower [52].

## I. Henna (*Lawsonia inermis*).

It is in use since ancient times for coloring fabric, hair, nails and skin. It possesses antifungal and emollient properties [53]. It has also been reported to have analgesic, anti-inflammatory and soothing effects [54]. Positive effects were noted in a clinical study conducted on 30 patients of eczema, treated with compound formulation consisting of *Lawsonia inermis*, *Nigella sativa* and *Olea europea*. It was used in the trial in the form of oil prepared with 25 gms of dried leaves [16].

## XII. Household Remedies for *Nār Fārsī* (eczema)

### A. Apple cider vinegar

Apple cider vinegar is a popular home remedy for many conditions, including skin conditions. The National Eczema Association reports that apple cider vinegar could help with the condition. However, the organization recommends exercising caution because the vinegar's acids can damage soft tissue. No research has confirmed that apple cider vinegar reduces eczema symptoms, but it may help in the following two ways:

#### Balancing the skin's acidity levels

Vinegar is highly acidic. The skin is naturally acidic, but people with eczema may have less acidic skin than others, which can weaken the skin's defenses. Applying diluted apple cider vinegar could help balance the skin's acidity levels. Dilution is important because undiluted vinegar can cause burns. In contrast, many soaps, detergents, and cleansers are alkaline. They can disrupt the acidity of the skin, leaving the skin vulnerable to damage. This may explain why washing with certain soaps can cause eczema flares.

#### Fighting bacteria

Research suggests that apple cider vinegar may fight bacteria, including *Escherichia coli* and *Staphylococcus aureus* (*S. aureus*). Using apple cider vinegar on the skin could help prevent a person from contracting an infection in an area of broken skin. Always dilute apple cider vinegar before applying it to the skin undiluted vinegar can cause chemical burns or other injuries. People can use the vinegar in wet wraps or baths, and it is available in most supermarkets and health stores.

To use apple cider vinegar in a wet wrap:

- Mix 1 cup of warm water and 1 tablespoon of apple cider vinegar.
- Apply the solution to cotton or gauze.
- Cover the dressing in clean cotton fabric.
- Leave it on the area for 3 hours.



**Fig. 9 Household Remedies in Eczema**

To try an apple cider vinegar bath soak:

- Add 2 cups of apple cider vinegar to a warm bath.
- Soak for 15–20 minutes.
- Rinse the body thoroughly.
- Moisturize within several minutes of leaving the bath.

#### **B. Bleach in the bath**

Although it may sound dangerous, research suggests that a mild bleach bath can improve eczema symptoms because of its antibacterial and anti-inflammatory effects. Bleach can kill the bacteria on the surface of the skin, including *S. aureus*, which causes staph infections. This may restore the microbiome of the skin's surface. A 2018 review concluded that bleach baths could reduce the need for topical corticosteroid or antibiotic treatments. However, other research found no benefits of bleach baths compared to regular baths.

To make a bleach bath for eczema, use regular strength (6%) plain bleach and try the following:

- Add 1/2 cup of bleach to a full bathtub of water, or use 1 teaspoon of bleach per gallon of water.
- Pour in the bleach while the bath is filling.
- Soak for 5–10 minutes.
- Rinse the body thoroughly with warm water.
- Gently pat the skin dry.

Use lukewarm water to prevent the skin from drying out, and moisturize immediately after drying.

If a person experiences any discomfort, irritation, or redness, they should stop taking bleach baths. People

with asthma or breathing issues should also refrain from taking bleach baths because of the strong fumes.

### C. Colloidal oatmeal

Colloidal oatmeal, also known as *Avena sativa*, comes from oats that have been ground and boiled to extract their skin-healing properties. A 2015 study found that colloidal oatmeal lotion had antioxidant and anti-inflammatory properties, which resulted in reductions in:

- Skin dryness
- Scaling
- Roughness
- Itch intensity

Additionally, a 2014 study found that a colloidal oatmeal moisturizer offered significant benefits for skin. Add powdered colloidal oatmeal to a warm bath and soak. Choose a colloidal oatmeal product that features oats as the only ingredient, avoiding those with fragrances or additives. Pure colloidal oatmeal is available at health stores or online. Lotions and creams that contain colloidal oatmeal are also available. Colloidal oatmeal is generally safe for all ages, but people who have an allergy to oats should avoid it. Individuals who have a gluten allergy should also be cautious, as manufacturers often process oats with wheat.

### D. Baths

Bathing provides the skin with essential moisture and is an important part of eczema treatment. When a person has a skin condition such as eczema, their skin needs extra moisture because the outer layer does not function as it should. For some, washing often can dry out the skin and make eczema worse. This can occur when a person:

- Uses water that is too hot or cold
- Uses soap that irritates their skin
- Does not moisturize afterward

However, people should avoid bathing too frequently for example, most babies and children need bathing only once or twice per week. The NEA recommends that adults:

- Bathe or shower at least once per day
- Use lukewarm water
- Limit bathing to 10–15 minutes
- Avoid scrubbing the skin
- Use gentle cleansers instead of soaps
- Try different types of therapeutic baths, such as those with baking soda, vinegar, or oatmeal

A long, hot shower can remove natural oils and moisture from the skin. Therefore, it is best to take shorter showers with warm — but not hot — water. After bathing, moisturize within 3 minutes. Gently pat the skin dry with a towel and apply an oil-based moisturizer before the skin has fully dried. This can help seal in water from the shower or bath before it evaporates. After washing and drying the hands, apply moisturizer to help prevent eczema flares.



## 6. Coconut oil

Coconut oil contains beneficial fatty acids that can add moisture to the skin, which can help people with dry skin and eczema. Additionally, virgin coconut oil may protect the skin by helping to prevent inflammation and improving the health of the skin barrier. In a 2014 study, researchers looked at the effects of applying virgin coconut oil to the skin in children. They found that using the oil for 8 weeks improved the symptoms of eczema. Apply cold-pressed virgin coconut oil directly to the skin after bathing and up to several times a day. Use it before bed to keep the skin moisturized overnight. Extra-virgin coconut oil is generally solid at room temperature, but the warmth of a person's body turns it into liquid. The oil is available in health stores and online. However, people who are allergic to coconuts should not use coconut oil.

## 7. Honey

Honey is a natural antibacterial and anti-inflammatory agent, and people have used it to heal wounds for centuries. A 2016 review suggests that honey can help heal wounds and boost immune system function, which means that it can help the body fight off infections. Another review states that honey is useful for treating a variety of skin ailments, including burns and wounds, and that it has antibacterial properties. When people apply it directly to eczema-affected skin, honey could help prevent infections while moisturizing the skin and speeding healing. Try dabbing a little honey onto the area. Manuka honey products that are suitable for wound care and skin application are available in many drug stores and online.

## XIII. Lifestyle strategies to control Eczema

### A. Dietary changes

Eczema is an inflammatory condition, meaning that it causes inflamed, red, sore skin. Certain foods can cause or reduce inflammation in the body, so making a few key dietary changes could help reduce eczema flares. It may be helpful to eat more anti-inflammatory foods, such as:

- Fish
- Leafy greens
- Beans and lentils
- Colorful fruits
- Vegetables
- Turmeric and Cinnamon

Common inflammatory foods include dairy, eggs, soy, and wheat. Try eliminating some of these from the diet and keep a food diary to help identify which foods may be problematic.

### B. Gentle soaps and detergents

Laundry detergent can contain harsh chemicals that aggravate eczema. Many body washes and cleansers contain detergents, which help provide a soapy lather. Detergents and other lathering agents can dry out the skin, especially in people with eczema. Bar soaps can also be harsh on the skin because of their alkalinity. Try using a gentle, no-lather, fragrance-free cleanser. Avoid products with rough particles for scrubbing or exfoliating, as these can further irritate the skin. Many people with eczema also find that

switching to a more gentle, fragrance- or color-free laundry detergent can help reduce symptoms. Additionally, try skipping fabric softener, which lingers on clothes and often contains fragrances and chemicals that can irritate the skin.

### C. Avoiding strong heat sources

Sitting next to a fireplace or near a furnace may feel good, but it can worsen eczema symptoms. The hot-dry air can dehydrate the skin and increase the itchiness of eczema. Use a humidifier during the dry winter months and avoid getting too close to heaters and fireplaces.

### D. Skin protection in cold weather

Cold, harsh winter winds can dry out the skin and cause eczema flares. Keep the skin covered when temperatures are low. Also, consider covering the face with a scarf if eczema occurs on the face.

### E. Comfortable fabrics

Polyester, nylon, and other synthetic fabrics, as well as wool, may irritate the skin. Rough seams, zippers, and other fasteners may also be an irritant. Clothes made with 100% cotton may be the best option for people with eczema because cotton is soft and lets the skin breathe. Other comfortable, breathable fabrics include bamboo, which is also antibacterial, and silk.

## CONCLUSION

Narfarsi (Eczema) is a multifactorial disease of skin that affects a large group of population and become a major health problem. Despite of widely available therapies for management of Narfarsi, definite treatment is still a challenge. Unani medicine in this regard can provide a safe and effective treatment. This is certain that instead of trying to put a complete knowledge there is a limitations in this review paper. So a complete and full study is needed on Narfarsi based on Unani literature and a long term clinical trial with adequate sample size to establish treatment duration is recommended.

## REFERENCES

1. AM. T. Molaejat Buqratiyah. (Urdu translation by CCRUM). New Delhi;vol 2nd: CCRUM; 1997;221.
2. Ta'ieb A, Wallach D, Tilles G. The History of Atopic Eczema/Dermatitis. ; Chapter 2: p. 10-20.
3. Burns T, Breathnach S, Cox N, Griffiths C, editors. Rook's Textbook of Dermatology. 8th ed. West Sussex,UK: John Wiley & Sons Ltd; 2010;23.1-23.50.
4. SAMS WM, Lynch PJ, editors. principles and practice of Dermatology. 2nd ed.: Churchill Livingstone; 1996;404-416.
5. Handa S, Kaur I, Gupta T, Jindal R. Hand eczema: Correlation of morphologic patterns,atopy, contact sensitization and disease severity. Indian Journal of Dermatology, Venereology, and Leprology. 2012 March-April; 78(2): p. 153-148
6. R M, editor. Roxburgh,s Common Skin Diseases. 17th ed. London: Hodder Arnold; 2003;105-114.
7. Freedburg IM, Eiser Az, wolff k, Austen kf, A L, Smith G, et al., editors. Fitzpatrick Dermatology in general Medicine. 6th ed. New Delhi;vol 1: Mcgraw Hill; 2003;1319-1332.
8. Brenninkmeije EEA, Schram ME, Leeflang MMG, Bos JD, Spuls PI. Diagnostic criteria for atopic dermatitis: a systematic review. British Journal of Dermatology. 2008; 158:p. 754-65.

9. Tada J. Diagnostic Standard for Atopic Dermatitis. JMAJ. 2002 November ; Vol. 45( No. 11): p. 460–465.
10. Sina I. Al Qanoon fit Tib (Arabic). New Delhi vol 4: Hamdard; YNM.169
11. AMH. Q. Ghina Muna (Urdu translation Minhajul Ilaj New Delhi: CCRUM; 2008;492-93.
12. Zakariya RABMb. Kitab al Mansoorie(Urdu translation by CCRUM):. CCRUM,ministry of Health and family welfare govt,of India; 1991;273.
13. Lio ,P, Bhattacharya T. A Long View: Conceptions of Atopic Dermatitis through Ages. Practical Dermatology. 2014 December;; p. 57-58.
14. Dr. MR. The constant itch to self-development: A personal journey with Atopic Dermatitis. Dissertation. Silvia Camastral Portland Oregon: Union Institute and Universities; September1995.
15. Ring J. (2006) Atopy: Condition, Disease, or Syndrome?. In: Ring J., Przybilla B., Ruzicka T. (eds) Handbook of Atopic Eczema. Springer, Berlin, Heidelberg
16. ABMBZ R. Kitabul Hawi New Delhi;vol 12: CCRUM,; 2002;42-43.
17. Fitzpatrick EJ, Morelli jG. Dermatology Secrets in colors. 3rd ed. New Delhi: Elsevier; 2007;65-81.
18. Behl P, Aggrawal A, Srivastava g. practice of Dermatology. 9th ed. New Delhi: CBS publisher and Distributer; 2004;126-135.
19. SN S. API Textbook of Medicine. 9th ed. mumbai;vol 1: association of physicians of india and Jaypee brothers; 2012;480-86.
20. Scaria S JEADD. epidemiology and treatment of Atopic Dermatitis. International journal of reaserch in Pharmaceutical science. 2011;; p. 38-44.
21. Vinding GR, Zarchi K, Ibler KS, Miller IM, Ellervik C, Jemec GBE. Is Adult Atopic Eczema More Common Than We Think? – A Population-based Study in Danish. Acta Dermato-Venereologica. 2014; 94: p. 480-82. ISSN 0001-5555
22. Eshun K, He Q. Aloe vera: a valuable ingredient for the food, pharmaceutical and cosmetic industries - a review. Crit Rev Food Sci Nutr 2004, 44: 91–96.
23. Langmead L, Feakins RM, Goldthorpe S. Randomized, double-blind, placebo-controlled trial of oral *Aloe vera* gel for active Ulcerative Colitis. Aliment Pharmacol Ther 2004, 19: 739–747.
24. Bottenberg MM, Wall GC, Harvey RL, et al. Oral *Aloe vera*-induced hepatitis. Ann Pharmacother 2007, 41: 1740–1743.
25. Bunyaphatsara N, Yongchaiyudha S, Rungpitarangsi V, et al. Anti-diabetic activity of *Aloe vera* L juice. II. Clinical trial in diabetes mellitus patients in combination with glibenclamide. Phytomedicine 1996, 3: 245–248.
26. Nassiff HA, Fajardo F, Velez F. Effecto del aloe sobre la hiperlipidemia enpacientesrefractarios a la dieta. Rev Cuba Med Gen Integr 1993, 9: 43–51.
27. Ferro VA, Bradbury F, Cameron P, et al. In vitro susceptibilities of *Shigella flexneri* and *Streptococcus pyogenes* to inner gel of *Aloe barbadensis* Miller. Antimicrob Agents Chemother 2003, 47: 1137–1139.

28. Syed TA, Ahmad SA, Holt AH. Management of psoriasis with *Aloe vera* extract in a hydrophilic cream: a placebo-controlled, double-blind study. *Trop Med Int Health* 1996, 1: 505–509.
29. Anonymous. The *Unani* pharmacopeia of India. Part-I, Vol. I. New Delhi: CCRUM, Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India, 2007.
30. Mill GP. Demonstration of the psychotropic effect of mother tincture of *Zizyphus jujube*. *Phytotherapy* 2009, 7: 31–36.
31. Jiang JG, Huang XJ, Chen J, Lin QS. Comparison of the sedative and hypnotic effects of flavonoids, saponins, and polysaccharides extracted from semen *Ziziphus jujube*. *Nat Product Res* 2007, 21: 310–320.
32. Mahajan RT, Chopda MZ. Phyto-pharmacology of *Ziziphus jujuba* mill - a plant review. *Pharmacognosy Rev* 2009, 3: 320–329.
33. Anonymous. The *Unani* pharmacopeia of India. Part-I, Vol. VI. New Delhi: CCRUM, Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India, 2009.
34. Winston D, Maimes S (editors). *Adaptogens: herbs for strength, stamina, and stress relief*. Rochester: Healing Art Press, 2007.
35. Shukla A, Rasik AM, Jain GK. *In vitro* and *in vivo* wound healing activity of asiaticoside isolated from *Centella asiatica*. *J Ethnopharmacol* 1999, 65: 1–11.
36. Kartnig T. Clinical applications of *Centella asiatica* (L.) Urb. *Herbs Spices Med Plants* 1988, 3: 145–173.
37. Anonymous. The *Unani* pharmacopeia of India. Part-I, Vol. IV. New Delhi: CCRUM, Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India, 2007.
38. Blumenthal M, Goldberg A, Brinckman J (editors). *Chamomile flower, German herbal medicine: expanded commission E monographs*. newton. MA: Lippincott Williams & Wilkins, 2000. Aertgeerts P, Albring M, Klaschka F. Comparison of Kamilloosan (TM) cream (2 g ethanolic extract from chamomile flowers in 100 g cream) versus steroidal (0.25% hydrocortisone, 0.75% fluocortin butyl ester) and non-steroidal (5% bufexamac) dermatics in the maintenance therapy of eczema. *Zeitschrift Fur Hautkrankheiten* 1985, 60: 270–277.
39. Anonymous. The *Unani* pharmacopeia of India. Part-I, Vol. II. New Delhi: CCRUM, Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India, 2007.
40. Khiljee S, Rehman N, Khiljee T, et al. Use of traditional herbal medicines in the treatment of eczema, *J Pakistan Assoc Dermatol* 2011, 21: 112–117.
41. de Oliveira JR, Camargo SEA, de Oliveira LD. *Rosmarinus officinalis* L. (rosemary) as therapeutic and prophylactic agent. *J Biomed Sci* 2019, 26: 1–22.
42. Gruenwald J, Brandler T, Jaenicke C (editors). *PDR for herbal medicines*. 4th ed. Philadelphia: Thompson Healthcare, 2007.