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Review Article

ACNE VULGARIS IN PERSPECTIVE OF UNANI LITERATURE: A REVIEW

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ABSTRACT

Acne vulgaris is a chronic condition affecting more than 85% of adolescents and young adults. It is one of the most common diseases affecting humanity and its impact on quality of life (QoL) is important. The interaction of acne and psychosocial issues is complex and, in adolescence, can be associated with developmental issues of body image, socialization and sexuality. A discussion about acne is mentioned in ancient Chinese, Greek, Roman, Egyptian, Arabic and ancient Indian medical and surgical treatises. In Unani literature acne is termed as Basoor. Basoor which are on face and nose and are non-itching, they are known as labaniyya or samdiyya. Many renowned Unani physicians have too mentioned about acne and its variants in their respective books. They have clearly mentioned causes, various types and treatment options in their respective rich Unani texts. Present review paper is an attempt to throw some light over acne vulgaris in perspective of rich Unani literature. This paper also attempts to highlight the possible management and preventive measures of acne vulgaris through Unani medicine.

Key words: Unani Medicine, Acne vulgaris, Basoor labniya, Quality of Life, Management

INTRODUCTION

Physical appearance is important in our society and influences the way in which we are perceived by others. Skin is the most visible organ of the our body and to a large extent determines our appearance, with a broad function in social and sexual communication.¹ Acne vulgaris is one of the most common skin disorder^{2,3} affecting up to 80% of adolescents and many adults at some stage. Though it is considered to be purely a cosmetic problem, it is related with considerable psychological impairment which is equivalent with certain chronic diseases like diabetes, asthma, epilepsy, and arthritis.^{2,3} Acne patients are prone to low self esteem, low confidence and social dysfunction which may lead to anxiety, depression, obsessive compulsiveness and sometimes suicidal ideation.⁴ The presence of acneic lesions, therefore, leads to greater decrease in self-esteem and behavioural alterations, for in this age bracket patients do not have the maturity to face the psychological impact caused by Acne vulgaris deforming lesions.¹ The psychosocial affect of acne was first recognised in 1948, when 'Sulz Barger Zalden', clearly wrote there is no single disease which causes more psychic trauma and more maladjustment between parents and children more general insecurity and feeling of inferiority and greater sums of psychic assessment then does acne vulgaris. Acne is strongly associated with depression and anxiety.⁵

The main localisation of acne is the face then follows the neck the upper part of the chest the shoulder and the back.^{1,2,3} The distribution is usually bilaterally symmetrical. Seborrhoea oleosa is prominent on the face, and the

openings of the sebaceous glands- the pores- are distinctly visible and patulous.² Acne vulgaris is polymorphic open and closed comedones, papule, pustule and cyst are found. The disease is activated by androgen in those who are genetically predisposed.² The mechanism of action of the acne process are not fully understood, however it is known to be characterized by sebum overproduction, oxidative stress, follicular hyperkeratinisation, and inflammation. Androgens, microbes and other pathogenetic influences are also at work in the development of acne. Since inflammation is one of the earliest events to occur in the acne process, the influence of inflammatory mediators and subsequent free radical generation has become a major focus on experimental and clinical research. Speculation that dietary factors can influence acne has been a matter of debate for decades, and emerging research is certainly suggesting that diet may indeed be an important factor, particularly in mediating the inflammation and oxidative stress of the acne process.⁵ The primary cause of acne is thought to be elevated sebum excretion. There is clear opinion between severity of acne and sebum excretion and the another cause are infection with propionibacterium acne and the blockage of the pilosebaceous unit.^{3,6}

DESCRIPTION OF ACNE VULGARIS (Basoor Labaniya) IN UNANI LITERATURE

Skin is the most motadil (moderate) organ of the body in terms of its mizaj (temperament), as all kaifiyate arba (four qualities) are equal.⁷

According to classical Unani literature, Basoor (acne) is a type of warm (inflammation). The difference is only in size.

Basoor are small awram.⁸ If any organ is unable to excrete out fudlat from skin or other organ disposed there fudlat towards this organ and organ is unable to dispose the waste, it results in nutu or elevation in organ. If this elevation does not rupture the skin or mucous membrane then it is known as warm, and if the elevation is crushed it is known as Basoor. Basoor which are on face and nose and are non itching, they are known as labaniyya or sandiyya.⁹

According to Hakeem Ajmal Khan, sometimes small pointed eruption appears on face, neck, chest, cheeks and nose. These eruptions are hard and red in colour. When these eruptions become mature they excrete keel and some amount of pus.¹⁰

Avicenna in his book 'Alqanoon fit tib' defines basoor labaniya (acne vulgaris) as;

"These are small eruptions on the nose and cheeks, white in colour, resembling a drop of milk. The cause is Madda sadidiya which reaches to the external surface in the form of vapours" They are so named because of its resemblance with drop of milk.^{11,12,13} Males are commonly affected specially during puberty.¹²

According to Qarshi it is a muttaaddi (infectious) disease in which small white eruption appear on face nose and cheeks and on pressing a cheesy material expressed out from it.¹⁴ Cause of these eruption is a maddae-i-sadidiya which comes towards skin surface due to bukharat-i-badan.¹³

HUMOURAL PATHOLOGY OF BASOOR

Basoor is a type of marze murakkab (complex disorder) where in a number of abnormal conditions occurs in the form of a single disease. The abnormalities which occur in basoor (acne) are;

- Sue mizaj (temperamental disturbance) as the humoral abnormality without which there could be no basoor.
- Sue tarkeeb (structural disturbance)
- Tafaruq ittesal (loss of continuity)¹⁵

TYPES OF SKIN

Skin differs in different people according to their temperament, occupation and other factors.

- If the temperament of the body is moist; skin is thin, soft and fair.
- If the temperament of the body is cold and dry; skin is coarse.
- If the temperament of the body is hot; skin is red, soft (but less than the moist temperament)
- If the temperament of the body is dry; skin is hard and rough.¹⁶

Skin of different parts of the body varies in texture, thickness distribution of hair and according to its attachment with the underneath organs.^{17,18}

CAUSE OF ACNE (BASOOR)

Causes of basoor could be due to Madda (matter), Aaza (organs), Irregularities of diet or due to environmental factors.

MADDA (matter)

The internal cause of basoor is the downward fluxion of 'matter' from one organ to another. Normally these humours are kept in check by the healthy humours of the body. When these healthy humours are lost physiologically or pathologically, the system tries to eliminate the morbid matter through the skin in the form of basoor.^{8,9,10,15}

The cause of basoor is a fasid madda, this is active even in small quantities.¹⁹ When the morbid matter is mixed with blood and circulate in the blood vessels. They get collected under the skin.²⁰ The sabab faille (active cause) is the elimination of this fasid madda by either hararat gariba or the hararate ghrizia.¹⁹ These morbid matter are thick; they cannot be resolve in the skin nor is the skin able to eliminate it.²⁰ On reaching the skin, these fasid madda (abnormal mater) cause some putrefying changes and finally corrodes the skin to form an eruption which is usually above the skin surface.¹⁹

The nature of eruption depends on the type of humour involved. When the eruption are limited to face and around the nose, white coloured and without itching they are called as basoor labaniya.²⁰ The humour involved is balgham (phlegm). when the phlegm is viscid and thick, pus is formed.¹²

According to Jamaluddin; Basoor are classified according to the aetiological factor. The aetiological factor are the various type of matter which produce swelling and there are six in number including four humors, watery material and reeh.²¹ viz; Damvi (blood) include Judri (small pox), Safravi (bile) includes Shara (urticaria), Balghami (phlegm) includes Basoore labaniya (acne), Saudavi (black bile) includes Jarb saudavi (pruritis), Maaiya (watery material) include vesicle of burn (Nafataat) and Reehi-Nafakhaat (Bullae of emphysema).^{15,19,21}

Dawood Antaki classifies basoor in to two main groups;

- They are named according to the site of occurrence. Basoor sadagh are confined to the temple and basoore fiqraat are found on the back.
- Some are named according to the time of occurrence. Banaat ul lail is named as it occurs in night.

They occur in zaman laban i.e why it is called basoor labaniya. Sometime some madda (matter) can remain beyond this period which can cause the basoor in later period of life. Same madda (matter) can lead to formation of Judri if the period of remission is more.

According to their size, consistency and characteristics they are classified under one general class. Many basoor (acne) do not have a specific name. Basoor sighaar are small in size. Basoor sulab are hard in consistency. Adasiya is the name given to basoor (acne) which resemble pulses.¹⁹

AAZA (organs)

There are some causes of Retention of matter in the body which is normally excreted out through the body.

- Quvate dafiya (the expulsive faculty) is weak
- Quvate masika (the retentive faculty) is excessively strong
- Hazme uzvi digestion is weak so that there is prolonged retention of food
- Lumen is narrow and obstructed
- Matter is unduly thick and viscid

- Organ is weak so that it accepting the morbid matter. The skin is the organ which accept the matter like this.²¹

IRREGULARITIES OF DIET

After the process of huzume arba (digestion) humours are formed. Inner air (rooh) and innate heat (hararat ghrizia) causes a motion in humour and these humours are sent through the vein to their respective organ. If there is any imbalance in cooking and ripening of food these humours could not achieve its normal qualities. If the quality of food is not good or any pathological condition in liver, stomach, and spleen may causes a imbalance in humours.

It means that in the treatment of skin, good and the healthy diet, normal physiological condition of organ plays an important role. Because it restrict the imbalance in humours.¹¹

ENVIRONMENTAL FACTORS

According to Hippocrates variation in heat and moisture and climatic changes cause the imbalance of humours. Balance is restored using opposite treatment of heat and moisture in the diet and in hygiene.

According to the season, all four humours increase or decrease normally. In winter phlegm increases more. Sometime changes in the weather can produce or aggravate the skin condition.

Madda sadidiya (infected matter) is the cause of basoor labaniya which reaches in forms of vapours at the external surface of the skin.¹¹

The cause is thick viscid morbid matter which enters the pores in the form of vapours and due to its viscosity it is not resolved in the skin.²²

The other factors are

- Indigestion
- Constipation
- Irregularities of menstruation
- Use of hot and spicy diet.²³

CLINICAL FEATURES

Basoor labaniya (acne) are just like a drop of milk, small or white in colour. It causes inflammation of face. Solidified thick ghee like material comes out through these basoor (acne) when opened.^{22,23} In classical Unani text 'Kitab al Hawi' by Zakariya Razi; it is mentioned as Atiasoos--"small and dry basoor of face. It is hard and chronic.

Site of lesion

- Nose and cheeks.¹¹
- Nose and forehead.^{18,24}
- On face and either side of nose.²²

MANAGEMENT (Usoole Ilaj)

- Gher tabai phlegm evacuated from whole body and brain.²⁴
- Deobstruent (mufatteh), detergent (jali) and resolvent (mohalil) drugs are used.¹¹
- Improve the digestion.

- There should be changes in diet such as; avoid hot and spicy things.
- If there any abnormality in menstruation it should be corrected.¹⁸

TREATMENT (Ilaj)

Munj (concoctive) drugs followed by Mushile balgham (phlegmatic purgatives) drugs are used for evacuation of phlegm.¹⁸

- **Concoctive drugs of phlegm are;** Badiyan (*Foeniculum vulgare*), Bekh kasni (*Cichorium intybus*), Khatmi (*Althaea officinalis*), Asl us soos (*Glycyrrhiza glabra*), Gaozban (*Onosma bracteatum*), Unnab (*Zizyphus vulgaris*), Turbud (*Ipomoea turpethum*), Sana hindi (*Cassia angustifolia*), Rogan bednajor (castor oil), Evacuation by using Habe Ayarij
- **Mufatteh (Deobstructuent) used in Acne Vulgaris include;** Kasni (*Cichorium intybus*), Kasoos (*Cuscuta reflexa*), Karafs (*Apium graveolens*), Sumbuletteeb (*Veleriana jatamansi*).
- **Jali (Detergent agent) include;** Chana (*Cicer arietinum*), Haldi (*Cucuma longa*), Sandal sufaid (*Santalum album*), Masoor (*Lens esculenta*), Post sangtra (*Citrus auruntinum*), Neem (*Melia azadirachta*).
- **Mohalil (resolvent) include;** Alsi (*Linum usitatissimum*), Methi (*Trigonella foenum*), Khatmi (*Athaea officinalis*), Revand chini (*Rheum emodi*).
- **Mussaffi ud dam (Blood Pourifier) include;** Shahtera (*Fumaria parviflora*) Chiraet (*Swertia chirata*), Sarphoka (*Tephrosia purpurea*), Unnab (*Zizyphus vulgaris*), Neem (*Melia azadirachta*)²⁵
- **Tanqiya** of the whole body⁷; Unani physicians have recommended tanqiya of the body by fasa,d and ishal. Fas,d of qeefal (cephalic vein) and vessels of nose. Ishaal (purgation) is done by following medication: Oral intake of decoction of aftimoon. Oral intake of habe qooqaya or habe ayaraj or habe sibr.²⁰
- Systemic therapy by musaffi khoon Advia.²⁶; Unani scholars have described use of triyaq (prophylactic) and musaffi khoon adviya (blood purifier) to alleviate busoor labaniya.²⁶

Treatment (Topical therapy) by mujaffif, jali and muhallil advia.¹⁷ The following preparation are recommended for relieving lesions of busoore labaniya.

- **Ubtan;** Magh'z gungchi safaid is mixed with roghane kunjad and is to be applied over the face at night and washed next morning.²⁶ Kafe darya and zaranbad with water.²⁶
- **Zimad;** Gungchi safaid, irsa, barge neem, poste saras and namake sambhar in equal proportion.²⁷ Saleekha along with shah'd.²⁶ Karsanah admixed shah'd.²⁶ Shuneez, booraq, naushadar,along with sirka.²⁶ Kharbaq 2 parts, beekhe sosan 1 part admixed with sirka.²⁸
- **Tila;** Fine powder of zubdat ul bah'r (kafe darya) 1 part, badam talkh 2 parts.²⁹ Anzroot rumi in powder form along with aabe limoo (lemon water).²⁶ Barge neem, bekhe sosan and poste saras.²⁶ Khaksi, sandal surkh,

sandal safaid together with gulab.²⁶ Shuneez mixed with sirka.²⁸

- **Ghumrah;** Bura'h Armani 7gm, gile makhtoom 3.5gm, kafoor 250mg, zafran 2.7g along with gulab and sirka.²⁶ Paste prepared from Ard turmus 1 part, ard baqla 1 part, ard adas ½ part is put over face for whole night and washed next morning.²⁶
- **Qurs;** Kafe darya 36gm, zarawand mudharaj 36gm, tukhme turb 36gm, abhal 18gm, afsanteen 6gm, bekhe sosan 6gm are pulverized and put in tablet form. These tablets are applied over the lesion with little quantity of water.²⁶
- **Latookh;** Khurbuq 1 part, bekhe sosan ½ part together with boo'rah.^{17,18} Injeer and shuneez along with sirka.¹⁷ Khurbuq 1 part, irsa ½ part with roghane gul.¹⁸
- **Face wash preparations:** Decoction of baboona, banafsha, akeel and shiba't.²⁶ Decoction of juvansa or dhamasa.²⁶

CONCLUSION

Thus from the above discussion the inference may be drawn that acne vulgaris, its causes and preventive measures along with treatment is mentioned and very well described in rich Unani literature. As described by WHO, Quality of life is "individuals' perception of their position in the context of culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns." Since skin acne affect wellbeing, general health, function, and social adaptation of the individual, they can decrease self confidence of the patient and definitely disrupt self image or cutaneous body image, mental health, and quality of life. Thus by adoption the ways as mentioned in rich Unani literature one can get rid of skin acne so as to get better degree of health and well being and thereby improving quality of life.

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