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Clinical efficacy and safety of unani formulation for the management of *Sharaa* (Urticaria) - A case series study

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Abstract

In Unani Medicine urticaria is described as *Sharaa*. According to *Ibn-e-Sina*, *Sharaa* is a Damwi (sanguineous) disease usually but it may be arise due to *Safravi Khoon* (bilious blood) or *Balgham-e-Boraqi* (acidic phlegm). It appears as a Small and flat topped eruptions resembling vesicles (*nifat*), reddish in colour, with severe itching and pricking sensation and most often arise suddenly in the whole body. *Ahmad Al-Tabari* described that *Sharaa* (Urticaria) is caused either by *Har hareef dam* (Hot Saline blood) mix-up with *Maktoobat-e-Fasida Ghaliza* (morbid vicious humors) in small quantity or by mixing with *Ratoobat-e-Raqiq Fasida* (morbid diluted humors) that become irritant due to *Malahat* (salinity). When *Sharaa* arise due to morbid humors represent with white, big maculae over the skin which comprise of *Warm and humors* inside it. Sometimes *Sharaa* occurs as result of mixing of Sanguine, Phlegm and Bile. In conventional Medicine Urticaria is generally treated with anti-histaminic drugs where as in Unani Medicine those drugs are beneficial which acts as *Qat-e-Safra* and evacuate (*istefragh*) the morbid material from the body like *Gul-e-Surkh* (*Rosa damascena*), *Turbud* (*Operculina turpethum*), *Post Halela Zard* (*Terminalia chebula*), *Sana* (*Cassia angustifolia*), *Aloo Bukhara* (*Prunus domestica*), *Tamar Hindi* (*Tamarindus indica*) etc. This case series study will be new approach for the management of Chronic Idiopathic Urticaria which is unresponsive to antihistamines and oral corticosteroids.

Keywords: *Sharaa*, urticaria, unani formulation, *Istefragh*

1. Introduction

Urticaria is one of the most frequent skin diseases. It is characterized by pruritic wheal and flare-type skin reactions with or without angioedema that usually persist for <24 hours. In some patients, only angioedema is present [1]. Chronic Urticaria (CU) is characterized by the recurrent appearance of wheals and/or angioedema for 6 weeks. It is a heterogeneous disorder and includes chronic spontaneous urticaria (CSU) and chronic inducible urticaria (CIU). In most patients, the underlying cause of CSU, which is the most frequent form of CU, is not identified in clinical practice.

Chronic Urticaria (CU) is a common dermatological condition affecting an estimated 15-20% of the general population at least once during the life time [2]. The worldwide prevalence of CU is estimated at 0.5%-1% [3]. It interferes with subjective well-being and daily life; some patients` health status is comparable to that of coronary artery disease and severe asthma patients. It also causes inconvenience in family structures, compromising performance at work, school, and negatively impacting on leisure activities [4].

Urticaria is a mast-cell-driven disease. Histamine and other mediators, such as platelet-activating factor (PAF) and cytokines released from activated mast cells, result in sensory nerve activation, vasodilatation, and plasma extravasations as well as cell recruitment to urticarial lesions [5]. Diagnosis of chronic Urticaria is primarily clinical; hence it requires only guided investigations based on detailed clinical history and examination [6].

In Unani medicine urticaria is described as *Sharaa*. *Ibn-e- Sina*, described that *Sharaa* is a Damwi (sanguineous) disease usually but it may also be due to *Safravi Khoon* (bilious blood) or *Balgham-e-Boraqi* (acidic phlegm). *Sharaa* appears as a Small and flat topped eruptions resembling vesicles (*nifat*), reddish in colour, with severe itching and pricking sensation and most often arise suddenly in the whole body. He also mentioned detailed criteria and role of FASD (venessection) in the management of *Sharaa* (Urticaria) [7]. According to *Ahmad Al-Tabari*, *Sharaa* (Urticaria) is caused either by *Har hareef dam* (Hot Saline blood) mix-up with *Ratoobat-e-Fasida Ghaliza* (morbid vicious humors) in small quantity or by mixing with *Ratoobat-e-Raqiq Fasida* (morbid diluted humors) that become irritant due to *Malahat*

(Salinity). Sometimes mixing of *Akhlat Saudavia* (black bile) causes this condition. *Sharaa* which is due to sanguine humor, represent with red, small papules over the skin which causes severe irritation over that area. *Sharaa* due to morbid humors represent with white, big maculae over the skin which comprise of *Warm and humors* inside it [8].

2. Case Series Report

This small case series study evaluates the efficacy and safety of Unani Formulation (*Gul-e-Surkh, Turbud and Post Halela Zard*) in the management of patients with chronic idiopathic urticaria with a positive CRP and raised ESR, who fail to retort anti-histamine therapy, and obliged long-term oral steroid treatment (prednisolone). Such type of case series study suggest that *Gul-e-Surkh-7gm, Turbud-7gm and Post Halela Zard-7gm* in the form of *Joshanda* (decoction) with 20gm *Gulkand* for the period of 3 weeks is highly effective for the management of chronic idiopathic urticaria (CIU).

Six adult patients (4 males and 2 females) in the age group of 20-45 years with mean age of 35.5 years with severe disease ranging from 3 weeks to 2 years who are unresponsive to antihistamines treatment. Exclusion criteria included less than 20 and more than 45 years of age, well diagnosed cases of skin elements other than Urticaria, clearly defined underlying aetiology other than chronic Urticaria, other skin diseases like psoriasis, eczema, immune-compromised patients, pregnant and lactating women.

The clinical efficacy was assessed by Urticaria Activity Score (UAS 7). All patients were followed up to assess response to treatment. The UAS consists of the sum of the wheal number score and the itch severity score. The wheal numbers are graded from 0 to 3 as follows: 0- less than 10 small wheals (diameter, <3 cm); 1-10 to 50 small wheals or less than 10 large wheals (diameter, >3 cm); 2-greater than 50 small wheals or 10 to 50 large wheals; and 3-almost the whole body is covered. The severity of itching is graded from 0 to 3(0, none; 1, mild; 2, moderate; and 3, severe) [9].

Baseline investigations included Complete Haemogram (TLC, DC, ESR, Hb %, AEC) CRP, LFT (AST, ALT, Alkaline Phosphatase), KFT (Blood Urea, Sr. Creatinine), Urinalysis (R/M), Stool (R/M) and RBS.

3. Result and Discussion

During base line follow up average Urticaria Activity Score was 24.0 (one week) but after 21 days treatment it was decreased to 10.0 (one week) which indicate the Unani formulation has significant result. According to doctrine of Unani Medicine *Sharaa* is a *Damwi* (sanguineous) disease usually but it may also be due to *Safravi Khoon* (bilious blood) or *Balgham-e-Boraqi* (acidic phlegm) or *Ghaleez Madda* [7]. *Taqiyah* and *Impala* of morbid materials from the body is one of the best way for the management of Urticaria because after *Istefragh*, body humours are under balanced condition. Hippocrates mentioned that when body fluids (humour/*akhlat*) are under normal ratio and proportion than free from disease [8]. Ingredients of Unani Formulation (*Gul-e-Surkh, Turbud and Post Halela Zard*) has various pharmacological activity like *Mushile akhlate salasa, Qateh safra, Muqavvi kabit, Musaffi dam, Musakkin, Mufarreh, Mufatteh Sudad* etc., which are described by Ibn-e-Sina [7] and Hakim Allama Najmul Ghani in their famous book *Khazainul Advia* [10].

4. Conclusion

This primary study has shown that Unani Formulation *Gul-e-Surkh-7gm, Turbud-7gm and Post Halela Zard-7gm* in the form of *Joshanda* (decoction) with 20gm *Gulkand* for the period of 3 weeks is highly effective for the management of chronic idiopathic urticaria (CIU).

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