Management of Chronic Eczema through Yoga, Unani, and Homoeopathic Systems of Medicine

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ABSTRACT

Eczema is an inflammatory responsive state of the skin which is described by erythema, skin edema, vesiculation, itching, oozing or bleeding, flaking, blistering, cracking, crusting and lichenification. Various kinds of eczema include atopic dermatitis, seborrheic dermatitis, contact dermatitis, dyshidrotic eczema, nummular and stasis dermatitis. Eczema is prevalent among all age groups across the nations of the world. Psychological stress is known to play a significant role in exacerbation of skin diseases. The adverse cosmetic or symptomatic effect causes psychosocial distress further creating the stress disease cycle. A case series of three eczema patients were presented. An integrated approach was chosen by combining yoga, unani and homoeopathic treatment with an aim to focus on the holistic method of treatment considering the physical, mental and behavioural patterns of the patient. Unani treatment included both oral and local applications while homeopathy constituted oral medications. Yoga was used as a non-invasive strategy for the restoration of the autonomic balance and enhancement of the anti-inflammatory effect thereby alleviating the stress-disease cycle. Findings showed complete recovery without residual pigmentation and relapse of symptoms. The study concludes that the integrated approach of Yoga, Unani, and Homoeopathic treatment has shown promising results in the management of eczema and improves the quality of life. Further studies with larger sample size are needed to confirm the combined effect of Yoga, Unani, and Homoeopathy.

Keywords: Eczema, Nar-e-farsi, Unani, Homoeopathy, Yoga

INTRODUCTION

Eczema is one of the commonest and most established ailments of the skin prevalent among all age groups across the nations of the world. Histologically, the clinical signs are reflected as epidermal changes including spongiosis, epidermal edema with shifting degrees of acanthosis and hyperkeratosis, accompanied by a lymphohistiocytic penetrate in the dermis [1,2,3]. It could be a repetitive incessant condition, which the individual may need to live with all through life. Henceforth, it tends to be securely accepted that eczema is one of the most pervasive skin issue in world. Eczema is a conventional term for an aggravation of the skin related signs and symptoms ranging from mild to moderate itching, serous exudation and plaque development. In the subacute stage, the injury might be less bothersome with scaling joined by indications of abrasion.
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Constant scratching may prompt an intense optional bacterial disease, regularly portrayed by the nearness of crusting or sobbing patches, cellulitis, erythema, pyrexia or the development of pustules over the lesion [4,5]. Various kinds of eczema described in dermatology text books include atopic dermatitis, seborrhic dermatitis, contact dermatitis, stasis dermatitis, dyshidrotic eczema and nummular. Atopic dermatitis (AD) is a chronic and relapsing inflammatory skin disease characterized by eczematosus skin lesions, xerosis, and severe pruritus [6,7]. The pathogenesis is multi factorial and a well-established trigger and aggravator of atopic dermatitis is stress [8-10]. There is an increased susceptibility to skin infections due to a failure of the epithelial barrier, hyper-irritability and increased trans-epidermal water loss, and altered sweat delivery to the epidermal surface [11]. There is an altered sympathetic and parasympathetic tone [12] and the lower activity of the vagus nerve is an established observation in inflammatory diseases [13]. Psychological stress is known to play a significant role in exacerbation of skin diseases like atopic dermatitis and eczematous dermatitis. The adverse cosmetic or symptomatic effect of various skin diseases cause psychosocial distress further creating the stress disease cycle [14]. The approach of conventional system of medicine is symptomatic. Patients often take conventional medicines for a long duration with little or no result in skin diseases with higher chances of relapse. The psychological stress is known to play a significant role in exacerbation of skin diseases a holistic approach is required to treat skin diseases successfully.

A case series of three eczema patients are presented. An integrated approach was chosen by combining yoga, unani and homoeopathic treatment with an aim to focus on the holistic method of treatment considering the physical, mental and behavioral patterns of the patient. Unani treatment included both oral and local applications while homeopathy constituted oral medications. Yoga was used as a non-invasive strategy for the restoration of the autonomic balance and enhancement of the anti-inflammatory effect thereby alleviating the stress-disease cycle. It further opens discussion on the synergistic action of Yoga, Unani, and Homoeopathic treatment in treating skin diseases for reducing exacerbations and facilitating early recovery.

**Assessment Criteria**: Eczema Area and Severity Index (EASI) was used to assess the extent and severity of eczema at 4 body sites (Head/neck, Trunk, Upper extremities and Lower extremities) and measure 4 clinical signs, Erythema, Inuration/Papulation, Excoriation and Lichenification [15-23], in a simple, effective, comprehensive, consistent, and flexible way for a range of patients.

**DESCRIPTION**

**Management of Eczema in Unani Medicine**

The term Narfarsi was first utilized in Persia or the individual who utilized this term was local of Persia and related with extraordinary itching and burning that is the reason it is called *Nar-e-farsi* [1]. In Unani medicine eczema has been depicted a huge number of years back, characterizes it as an ejection on skin surface in which at first there is erythema, burning sensation followed by development of papules alongside itching on the influenced site. In Unani medicine there is no direct description of eczema however it has been portrayed as variation of dermatitis known as *Chajan* or *Nar-e-farsi* [24]. To the extent the treatment of eczema is concerned, Unani doctors are effectively treating this illness since ancient times by adopting different modes of treatment.
Principles of treatment (Usool-e-Ilaaj)[25]
1) Treat the cause (Izala-e-Sabab)
2) Evacuation of morbid matter (Tangiya-e-Muwad)
3) Blood purifier (Musaffiyat-e-Dam)
4) Anti-infective for skin (Mana-e-Ufoonat-e-Jild)
5) Sedative to the skin (Musakkinat-e-Jild)
6) Laxative (Mulayyanat wa Mushilaat) in case of constipation
7) Cleaning of lesions

Management of Eczema in Homoeopathy
Homoeopathy is a holistic method of medical treatment. Each case irrespective of pathology is individualized to prescribe the right Homoeopathic medicine. German physician, Dr. Hahnemann, the founder of Homoeopathy, emphasised that each patient is different in his physical, mental and behavioural patterns. The manifestation of same disease therefore is different in each individual. In order to individualize every case, in Homoeopathy we study the physical make-up of the patient as well as the intellectual and mental characteristics [26]. As mentioned in ‘Organon of Medicine’- in order to individualize each case, a homoeopath must be “unprejudiced observer” ( Aphorism6); study the patient physically, socially, emotionally, spiritually and mentally (Aphorism90, footnote); give attention to patients personal details (Aphorism 90), medical history including prior treatment taken (Aphorism91), gynaecological and obstetric history in female patients (Aphorism94); be alert of hypochondriac and hypersensitive patient who exaggerate their suffering (Aphorism96) as well as indolent patient who do not express their symptoms out of dullness of mind or false modesty (Aphorism97). The symptoms of the patient are noted down in his own language (Aphorism84) and represents subjective symptoms of the patient which is very useful for homoeopathic prescription (Aphorism98) [27,28]. Homoeopathic literature gives detailed description of skin diseases and their treatment. In the present times, Homoeopathy has emerged as a treatment of choice for chronic skin diseases. Cohort surveys using validated Quality of Life questionnaires; economic surveys, patient-reported and clinically observed effects of Homoeopathic treatment point towards its efficacy in chronic skin diseases. Treatment in Homoeopathy is individualized [29, 30].

Management of Eczema through Yoga
Though, the role of yoga in skin diseases has not been studied so far, there is enough evidence to suggest that the different components of yoga can be used as a non-invasive strategy for the restoration of the autonomic balance and enhancement of the anti-inflammatory effect thereby alleviating the stress-disease cycle. Meditation and mindfulness training influences central and autonomic nervous system evident from increase in the parasympathetic arm of the autonomic nervous system [15, 16]. Pranayama and meditation is known to enhance the parasympathetic activity of the autonomic activity [17-19] and down regulates the hypothalamo pituitary adrenal (HPA) axis and the sympathetic nervous system. Similarly, the sympathetic activity was also shown to be reduced with meditation [20] and short term practice of Anuloma-Viloma pranayama [21, 22] while long term practice of bhrastrika increases the parasympathetic activity and decreases the sympathetic activity [23].

CASE STUDY 01
A 26 years old female was suffering with the redness, itching, pigmentation with dry skin over her face since nine years. She found recovery with conventional
treatments but also relapse in symptoms after discontinuation of medicines. Her symptoms of itching and foul smelling perspiration increased in summer seasons. She was under intense psychological stress due to cosmetic and social implications.

**Examination and Case History**

Personal history of the patient was taken. No history of diabetes, hypertension, addiction of smoking, any severe illness, consuming alcohol and thyroid disorder was noted. She was prone to skin ailments since childhood; there was history of unhealthy skin with lot of red papular or pustular eruptions that were treated with allopathic local and oral medications in the past.

**Materials and Methods**

The personal and present illness history was taken and examined thoroughly. The following Yoga protocol was prescribed for a total of 40 minutes per day.

1) Ujjayi (Slow & deep breathing) – 5 min
2) NadiShodhana Pranayama (Anuloma - Viloma Pranayama) – 10 min
3) Bhramari – 5 min
4) Bhastrika – min 20 breaths / round - 5 min
5) Meditation– 15 min

The patient was treated with Unani Medicine Habbe Musaffi-e-khoon 2 tab twice a day, Majoon Ushba 6 gm twice a day orally-for 1 month, Marham safed kafoori once a day for applied locally over the face after cleaning with luke warm water for 1 months. Homoeopathic medicine was prescribed to the patient as per the detailed case history of patient, symptom totality, individualization and repertorisation. The rubrics taken for repertorisation, Phatak repertory are mentioned below [31]:

1) Summer: Aggravates (Hot weather aggravates)
2) Face: Red
3) Eczema
4) Itching
5) Black, Dark (Discharges, Discoloration)
6) Skin: Dry
7) Sweat: Offensive, Foetid, Putrid

The reportorial result is mentioned below:

Merc Sol 9/5
Sulphur 7/4
Carbo Veg 6/5
Graphites, Phosphorus and Staphysagria 6/4 each

Homoeopathic medicine Merc Sol 200c five pills early morning empty stomach one dose followed by Rubrum met 30, five pills thrice a day for 15 days. As the patient reported symptomatic improvement; the same treatment protocol was followed for next 15 days. The all out term of treatment was 30 days. The follow-up of the patient was at every 5 days. The results were noted in record file at every visit after observation of clinical features and examinations. Close Photographs were also taken before and after treatment.
Clinical Assessment

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Extent of area (Face)</th>
<th>50%</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Redness Intensity (0-3)</td>
<td>3</td>
<td>Pre Treatment: Score Index 38.90 Moderate Case</td>
</tr>
<tr>
<td>02</td>
<td>Swelling Intensity (0-3)</td>
<td>1</td>
<td>Post Treatment: Score Index 0</td>
</tr>
<tr>
<td>03</td>
<td>Oozing /Crusting (0-3)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Scratch Marks Intensity (0-3)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Skin Thickening/Lichenification (0-3)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Dryness (0-3)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Itching symptom (Subjective 0-10 Score)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Sleeplessness (Subjective 0-10 Score)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Disfiguring or functional limiting lesions (present or absent)</td>
<td>Present</td>
<td></td>
</tr>
</tbody>
</table>

Results
A complete recovery from signs and symptoms was observed within one month. No side effect of medicine was reported. Further, the relapse of disease was not observed in follow up period of 3 months.

CASE STUDY 02
A 44 year old female patient was suffering from exudative eczema since 6 months. The main complaints are itching, pain over right foot with pus formation, redness and swelling.

Examination and Case History
On assessment, the patient was cognizant, moderately build, non-iron deficient. Physical assessment demonstrated normal temperature with pulse rate of around 68 beats for every min, respiratory rate 18 per minute and blood pressure of 110/70 mm/Hg. Patient had unilateral swelling of right leg which diffuse exudation and crushed plaque over dorsum of foot along with multiple generalised papules of varying size. Patient was also suffering from sleeplessness due to worrying thoughts and despair of recovery.

The patient had no significant family medical history except a tendency to easy suppuration and delayed healing of skin since childhood. There is no history of alcohol intake or smoking, with middle socioeconomic status. The patient is non diabetic, non hypertensive and does not have a history of major illness.

MATERIALS AND METHODS
The following Yoga protocol was prescribed for a total of 40 minutes per day:
1) Ujjayi (Slow & deep breathing) – 5 min
2) NadiShodhana Pranayama (Anuloma - Viloma Pranayama) – 10 min
3) Bhramari – 5 min
4) Bhashrika – min 20 breaths / round - 5 min
5) Meditation– 15 min

The patient was treated with Unani medication Majun Ushba and Majun Chobchini 6-6 gm two times a day orally for 3 months, Marham Raal once a day for applied locally over the injury subsequent to cleaning with honey water. Honey water has a healing and mild antiseptic property, detergent and tonic [32]. The wound might retain moisture and would leave very little scar tissue [33].

Homoeopathic medicine was prescribed to the patient as per the detailed case history of patient, symptom totality, individualization and repertorisation. The rubrics taken for repertorisation, from complete repertory are mentioned below [31]:

1) Skin- Eruptions: Eczema: Moist
2) Skin- Eruptions: Eczema: Suppurating
3) Skin- Eruptions: Elevated
4) Skin- Eruptions: Itching
5) Skin- Dryness
6) Sleeplessness: Thoughts from

The reportorial result is mentioned below:
HeparSulph 17/6
RhusTox17/5
Calcarea carb, Graphites and Petroleum 16/5
Bryonia, Lycopodium and Sulphur 15/5
Homoeopathic medicine HeparSulph 200c
five pills early morning empty stomach
one dose followed by Rubrum met 30, five pills thrice a day for 7 days. As the patient reported symptomatic improvement; the same treatment protocol was followed with weekly dose of HeparSulph 200c. The complete term of treatment was 90 days (3months). The follow-up of the patient was at every 5 days. The outcomes were noted in record document at each visit after perception of clinical highlights and assessments. Close Photographs were likewise taken at each visit during the treatment.

Clinical Assessment

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Extent of Area (Foot)</th>
<th>50%</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Redness Intensity (0-3)</td>
<td>3</td>
<td>Pre Treatment:</td>
</tr>
<tr>
<td>02</td>
<td>Swelling Intensity (0-3)</td>
<td>3</td>
<td>Score Index 55.30</td>
</tr>
<tr>
<td>03</td>
<td>Oozing /Crusting (0-3)</td>
<td>2</td>
<td>Severe Eczema Case</td>
</tr>
<tr>
<td>04</td>
<td>Scratch Marks Intensity (0-3)</td>
<td>2</td>
<td>Post Treatment:</td>
</tr>
<tr>
<td>05</td>
<td>Skin Thickening/Lichenification (0-3)</td>
<td>2</td>
<td>Score Index 0</td>
</tr>
<tr>
<td>06</td>
<td>Dryness (0-3)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Itching symptom (Subjective 0-10 Score)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Sleeplessness (Subjective 0-10 Score)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>Disfiguring or functional limiting lesions (present or absent)</td>
<td>Present</td>
<td></td>
</tr>
</tbody>
</table>

Fig 2: Pre and Post Treatment
Results
It was observed that all the exudative eczema of foot was completely cured within 3 months duration. Further no side effects of medication were observed. There was no residual pigmentation left.

CASE STUDY 03
A 34 year old male patient was suffering from with atopic eczema, on the index and middle fingers of right hand since 3 years. Patient complained of itching and burning sensation. On examination the disease was presented as a scaly rashies, skin eruption, red patches, dry scratched skin.

Examination and Case History
The dried scaly lesions were presented over the index and middle fingers of right hand. There was history of taking many allopathic treatments including anti-allergic tablets and ointments but none was successful to treat. His condition has become worsen due to the environmental changes especially cold and dry weather in winter and also due to eating beef. He had a desire for sweets and an aversion to milk and milk products.

Materials and Methods
The following Yoga protocol was prescribed for a total of 40 minutes per day:
1) Ujjayi (Slow & deep breathing) – 5 min
2) NadiShodhana Pranayama (Anuloma - Viloma Pranayama) – 10 min
3) Bhamari – 5 min
4) Bhashrika – min 20 breaths / round - 5 min
5) Meditation– 15 min

Unani medicines were prescribed both oral and local application. Orally- Majun Ushba and majun Chobchini was given 6-6 gm twice a day with normal water. Components of these formulations are mostly blood purifiers, anti-inflammatory and hepato protective. Locally- patient was asked to clean his hand with luke warm water once a day. After that Marham Safed Kafoori was applied locally. He was advised to avoid eating beef during treatment. Homoeopathic medicine was prescribed to the patient as per the detailed case history of patient, symptom totality, individualization and repertorisation. The rubrics taken for repertorisation, from complete repertory are mentioned below:
1) Skin- Dryness
2) Skin- Eruptions: Scaly
3) Skin- Eruptions: Red
4) Skin- Eruptions: Itching
5) Generalities: Weather: Cold, Dry
6) Generalities: Food and Drinks: Milk and Milk products, aversion
7) Generalities: Food and Drinks: Sweets, Desire
8) Generalities: Food and Drinks: Beef, aggravates

The reportorial result is mentioned below:
Staphysagria 22/8
Sulphur 26/7
Kali carb, Phosphorus 24/7
Bryonia 23/7

Homoeopathic medicine Staphysagria 200c five pills early morning empty stomach one dose followed by Rubrum met 30, five pills thrice a day for 15days. As the patient reported symptomatic improvement; the same treatment protocol was followed.

Clinical Assessment

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Extent of Area (Fingers)</th>
<th>50%</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Redness Intensity (0-3)</td>
<td>1</td>
<td>Pre Treatment:</td>
</tr>
<tr>
<td>02</td>
<td>Swelling Intensity (0-3)</td>
<td>1</td>
<td>Score Index 44.40</td>
</tr>
<tr>
<td>03</td>
<td>Oozing /Crusting (0-3)</td>
<td>3</td>
<td>Moderate Atopic</td>
</tr>
<tr>
<td>04</td>
<td>Scratch Marks Intensity (0-3)</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
Photographs of his fingers were taken at first day and after treatment. Patient has continued to use medication for 30 days. It was observed that skin lesions started improving by the seventh day; the roughness of skin was turned into softness and completely improved by four weeks.

### POST TREATMENT

<table>
<thead>
<tr>
<th>Post Treatment:</th>
<th>Eczema Case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Thickening/Lichenification (0-3)</td>
<td>2</td>
</tr>
<tr>
<td>Dryness (0-3)</td>
<td>2</td>
</tr>
<tr>
<td>Itching symptom (Subjective 0-10 Score)</td>
<td>5</td>
</tr>
<tr>
<td>Sleeplessness (Subjective 0-10 Score)</td>
<td>0</td>
</tr>
<tr>
<td>Disfiguring or functional limiting lesions (present or absent)</td>
<td>Absent</td>
</tr>
</tbody>
</table>

### RESULTS

The atopic eczema was completely cured in 30 days. There was complete recovery from itching. Scales and erythema were replaced with healthy normal skin. Follow up for the next three months did not report a relapse.

### CONCLUSION

The integration of Yoga, Unani and Homoeopathic systems of medicine has promising results in the treatment of eczema in short duration of time and also improves the quality of life. There were also no side effects from medicines and relapse of the disease was not reported within 3 months of follow up period. However, further studies with larger sample size are needed to confirm the integrated approach of Yoga, Unani and Homoeopathic systems of treatment in eczema.

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Fig 3: Pre and post Treatment
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