Clinical Observations of Unani Kit Medicine "Qurs-e- (Tab) Musaffi and Raughan-e- (Oil) Kamela" on Hypertrophic Lichen Planus

A Case Study

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Lichen planus is a chronic, itchy skin disease of unknown cause, characterized by small, purplish bumps or patches of skin having fine, gray lines on the surface. Itching is mild to severe. The lesions are violet coloured, polygonal, flat-topped papules that may coalesce into rough scaly patches it may discrete or in clusters form, sites of involvement are the flexor surfaces of wrists, forearms, ankles, legs, abdomen, and sacrum.

A 71 year old female patient of chronic lichen planus was registered with widespread eruption, severe itching with flat topped surface in cluster and discrete form over the lateral and flexor part of both legs since 15 years. The study was carried out in the OPD of Regional Research Institute of Unani Medicine, Mumbai. The duration of treatment was three months. The Unani medicine, Qurs-e- (Tab) Mussaffi was given orally and Raughan-e (Oil) kamela was used as local application over the lesion.

A significant relief occured in all features, like itching was almost subsided, surface of lesion and plaques decreased, large compact lesion and wounds gradually minimized , diminish flaking appearances of skin and new eruption almost negative at end of study and other manifestations were also almost subsided.

Keywords: Lichen planus, Case study, Unani medicine.

Introduction

Lichen planus is a chronic, itchy skin disease of unknown cause, characterized by small, purplish bumps or patches of skin having fine,

gray lines on the surface. Itching is mild to severe. The lesions are violet coloured, polygonal, flat-topped papules that may coalesce into rough scaly patches it may discrete or in clusters, on the flexor surfaces of the wrists, arms, legs and buccal (mouth) mucous membranes, often accompanied by oral lesions, (www.medicinenet.com).

Common sites of involvement are the flexor surfaces of wrists, forearms, ankles, legs, abdomen, and sacrum. Nails may have ridges running lengthwise. On mucous membranes (e.g., the mouth), the membranes appear gray and lacy. Episodes of disease activity, of which there are numerous variations, may last for months and may recur. In more extreme cases, patients are in pain, with erosions and ulcerated areas. (Davidson, 1996, www.medicinenet.com/lichen planus).

It affects about 1% of the population, predominantly women, and usually appearing between 50's or 60's years of age. Causes may have an allergic reaction pattern, particularly following exposure to dyes and color film developers.

Diagnosis is based on the medical history and physical examination. A skin biopsy may be recommended.

Etiology

Lichen planus (LP) is thought to be caused by a T cell–mediated autoimmune reaction against basal epithelial keratinocytes in people with genetic predisposition. Drugs (especially β-blockers, NSAIDs, ACE inhibitors, sulfonylureas, gold, antimalarial agents, penicillamine, and thiazides) can cause LP. The drug-induced LP (sometimes called lichenoid drug eruption) may be indistinguishable from non-drug–induced LP or may have a pattern that is more eczematous. Associations with hepatitis C–induced liver insufficiency, primary biliary cirrhosis, and other forms of hepatitis have been reported. (Harrison, 2005; Robbins, 2001; www.wikipedia.org/Drug-induced_lichen_planus).

Symptoms and Signs

Typical lesions are pruritic, purple, polyangular, flat-topped papules and plaques. Lesions 2 to 4 mm in diameter, with angular borders, a violaceous color, and a distinct sheen in cross-lighting. They are usually symmetrically distributed, most commonly on the flexor surfaces of the wrists, legs, trunk and glans penis, oral and vaginal mucosae but can be widespread. The face is rarely involved. Onset may be abrupt or gradual. Children are affected infrequently. During the acute phase, new papules may appear at sites of minor skin injury (Koebner phenomenon),

such as a superficial scratch. Lesions may coalesce or change over time, becoming hyperpigmented, atrophic, hyperkeratotic (hypertrophic LP), or vesiculobullous. Although pruritic, lesions are rarely excoriated or crusted. If the scalp is affected, patchy scarring alopecia (lichen planopilaris) may occur (www.medicinenet.com).

Diagnosis

It involves both clinical evaluation and biopsy.

Although diagnosis is suggested by appearance of the lesions, similar lesions may result from any of the papulosquamous disorders, lupus erythematosus, and secondary syphilis, among others. Oral or vaginal LP may resemble leukoplakia, and the oral lesions must also be distinguished from candidiasis, carcinoma, aphthous ulcers, pemphigus, cicatricial pemphigoid, and chronic erythema multiforme. Typically, biopsy is done. If LP is diagnosed; some clinicians do laboratory testing for liver dysfunction (Davidson, 1996, www.wikipedia.org/lichen-planus).

Case Study

A 71 years old female patient developed enormous eruption on the both legs below knee since 15 years. Sever itching and papules were developed, these eruption changed in colour from violet to dark brown, some eruptions were wounded and crusted, due to long standing and continuously nail scratching. Eruptions usually were developed in the form of thick elevated in violet to brownish colour. Many papules jointly appears and form a large thick hypertrophic plaque particularly in right lateral part of leg, a large compact elevated thick eruption was present. No pus or watery discharge was appearing but several red bared areas present over the eruptions.

Examination of the Patient

Personal history of patient indicated that house hold women belongs to lower middle class family living in Mumbai with no family history of lichen planus and never had any kind of addiction like alcohol, smoking etc. No relevant history of allergy from drug, diets or environmental articles, or positive history of any severe systemic diseases.

In the history of present illness, patient informed that fifteen years

ago few eruptions were developed on both legs along with itching. The appearance of eruptions were small with tiny pit in the centre look pink purplish/violate colour without topped or elevated but after some time it become elevate, thick and firm. The colour of the eruptions were also changed from violet to brownish or blackish, eruptions were continuously appearing and changing in same pattern of colour and consistency. Due to long standing and nail scratching it become wounded and appeared as a hypertrophic plaque. After healing these hypertrophic plaque changed in a firm crusted blackish colour and mutilate. Some of the new lesion appears like a pustule with tiny pits in centre when ruptured there were no discharge of pus but small quantity of watery secretion appeared. According to patient she was already taken different allopathic and homeopathic treatments and got relief but only for the short period and upon discontinuation of medicine the condition persisted.

On palpation it has been found that Lesions were without raised temperature, smooth elevated surface and firm in consistency and painless and observed there was no discharge.

On examination of the lesion on affected part of legs several features were evident:

a) Enormous lesion /eruption on both legs especially on lateral part of the leg.
b) Some compact lesions.
c) Appearance of eruptions were violet to brownish colour with raised surface.
d) Several abrasions and ulcerations were present on the skin in which some of them were exposed red colored and some of crusted.
e) Papules showed white striate- Wickham's Striae (Davidson, 1996).

Material and Method

A known case of lichen planus, was registered in General OPD of Regional Research Institute of Unani Medicine Mumbai, India with complaints of severe itching and eruption on both legs. The patient was treated with Unani Kit Medicine Qurs-e- (Tab) Musaffi, 500 mg, 2 tabs orally twice a day and Raughan-e- (Oil) Kamela 10 ml for local application twice a day. These Unani Kit medicines were supplied by Central Council for Research in Unani Medicine, New Delhi. The total duration of the treatment was 3 months. The follow up of the patient was done at every 15 days . The results were noted every visit after observation of clinical

features and examinations. Photographs were also taken at every follow up, laboratory investigations, Hb, CBC, ESR, Urine Stool, LFT RFT were also conducted.

The biopsy of the skin could not be done because it was a known case of lichen planus and secondly, patient refused the test after given full information about biopsy method.

TABLE 1
Composition of Qurs, Musaffi and Raughn-e-Kamela

(A) Ingredients of Qurs (Tab) Musaffi (500 mg)

	Product name	Plants	Quantity (mg)
1.	Rasaut	*Berberis aristata*	125
2.	Narkachoor	*Zingiber zerunbets*	125
3.	Kath sufaid	*Acacea catechu*	125
4.	Chaksu	*Cassia absus* seed	125

(B) Ingredients of Raughan-e Kamela – 50 ml (constituents)

	Product name	Plants	Quantity (g)
1	Kamela	*Mellotus Phillipinensis*	10
2	Raughane kunjad	Sesamum oil	40

Observations

Observation before, during and after the treatment were recorded and have been tabulated.

Other Features

The vital signs of the patients were recorded and no changes were detected throughout the period of the study. Thus Unani kit Medicine has no side efects on the vital signs of the patients.

TABLE 2

Clinical Assessment and Improved Features on Consequent Follow-up

S.No.	Clinical features	DAYS						
		0	15	30	45	60	75	90
01.	Itching	++++	+++	+++	++	+	–	–
02.	Appearance of new lesion	++++	++	–	–	–	–	–
03.	Compactness eruption and wounds	++++	++++	+++	++	++	+	–
04.	Plaques formations	++++	++++	+++	+++	++	++	+
05.	Hard/firm consistency	++	++	++	++	+	+	–
06.	Thicken margins and elevated surface	++++	+++	+++	++	++	+	–
07.	Crusted wounds	++++	+++	++	++	+	–	–
08.	Discolouration of skin	++++	++++	+++	+++	++	+	+
09.	White dried skin (scaling)	++++	+++	++	++	+	–	–
10.	Wrinkled and shines texture of skin	++++	+++	++	+	+	–	–

Grading of features: Absent = –, Mild = +, Moderate = ++, Moderate to severe = +++, Severe = ++++

Result

Table 2 describes the effect of the drugs on severe itching that disappeared after treatment, severity and grading of itching was reduced from moderate to mild and almost disappeared at the end of treatment.

It has been also observed that the eruption of new lesions were reduced in the first follow-up and stopped in the second follow up after taking Unani Kit Medicine. It was also observed that no new lesion appeared in the patient after using Unani medicine. It was also noted that large compact lesion and wounds gradually minimized; demarcation of individual lesion were not visualized at first visit but after treatment, space between two lesions were well demarcated. Similarly the size of the plaques were also gradually reduced from all dimension. After 90 days of treatment only remnant of plaques were visible. The lesions were noticed hard and firm at the time of first visit but after treatment it turned soft at healed site and other surrounding area was normal skin. Wounds crusting disappeared gradually from beginning to the end of the treatment. The elevated thick margins of lesions became thinned and disappeared gradually during the course of treatment. It was also observed that the before treatment lesion were violet colour while chronic and complicated lesions were dark brown in colour but after treatment the colour appearance of lesions get their colour normal. Scaling of skin also disappeared slowly even striate are not notable at the end of treatment. Skin texture were also shown highly prominent changes like wrinkles and shines at the time of registration of patient but after treatment it was found gradually change into normal texture.

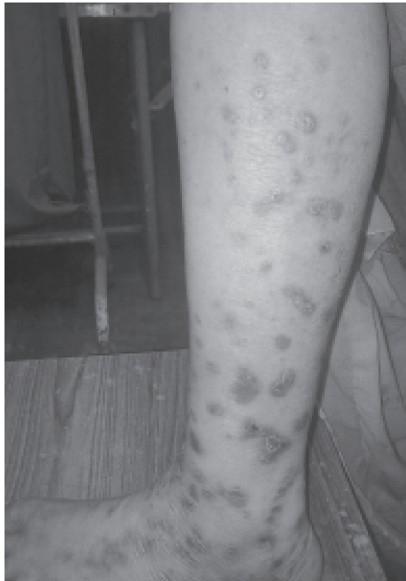
Discussions

Lichen planus is a disease of unknown etiology, but in Unani classical book it is well described.

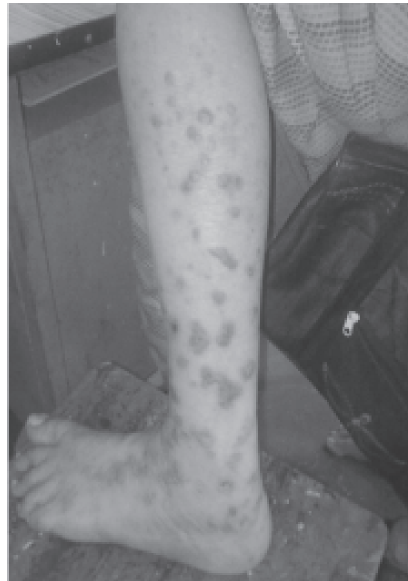
As it is due the domination of bile in the blood.

The important feature of lichen planus is severe itching and discolorations, as per Unani thought that is due to domination of bile in blood. Rasaut (*Berberis aristata*) is an important ingredient of Qurs-e-Musaffi which is used to restore the normal consistency of blood and soothes the *Dam* (blood) and *safra* (bile) (Anonymous, 2007; Najmul Ghani, ynm). Irritation and Inching might be subsided due to this drug. The inflammatory features of lesion might be minimized due to chakso (*Cassia absus* seed) as its action is described in Unani books as Muhallil (Resolvent). Kath (*Acacea catechu*) is another important ingredient of formulation that has been used for the Astringent and emollient

Left leg before and after treatment

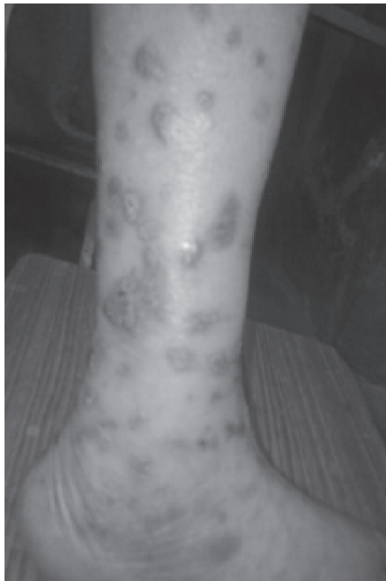


Before treatment

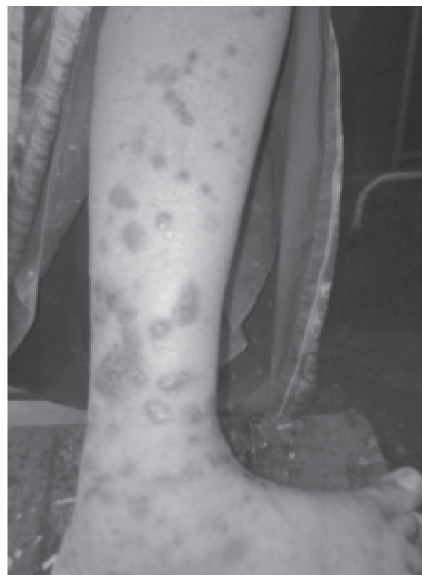


After treatment

Right leg before and after treatment



Before treatment



After treatment

action, Unani physician described in classical books, it is useful in disease of blood disorder and Putrefaction of blood and used in the treatment of Juzaam (leprosy), Bars (Vitiligo), Basoor (Eruptions), (Najmul Ghani, ynm, Nadkarni, 1967) thus it might be Effective in lesion of lichen planus. Another important action of this drug is Habis Dam (Styptic) and always prevents the infiltration of blood due to these properties it might be helpful in prevention of irritating and inflammatory matter at the site of lesions.

Kath (*Acacea catechu*) and chaksu (*Cassia absus* seed) are used as blood purifier in Unani Medicine and restoration of normal colouration, might be due to these drugs (Najmul Ghani) Narkachoor (*Zingiber zerunbets*) is also important ingredients of this formulation, action of this drug is Muqawwi (General tonic) and Mufarreh Qalb (Exilarant to Heart) wa Jigar (Exhilarant to Liver). (Anonymous, 1993). It is used for week digestion and due to this action might be helped in good digestion, absorption and enhance other ingredients' action, it also motivates messaging of Rooh-e-Tabai in all over the body (Anonymous 2007, Najmul Ghani, ynm).

Kamela is a good ante septic, ante bacterial, astringent drug (Nadkarni, 1967) it is one of the most important reasons of good result over the lesion of lichen planus. It reduced intense itching, healing of wounds and abrasion and prevents hypertrophic changes and also helped in preventing further broken of new eruptions because of its ante septic, ante bacterial, astringent actions.

Conclusion

The study concluded that Qurs-e-(Tab) Musaffi and Raughan-e-(Oil) Kamela is effective in the management of lichen planus. These were efficacious to stop tendency of new eruptions it might be due to their effects over the T cell–mediated autoimmune reaction. There were no side effects or toxic effects on liver and kidney. Hence it is recommended to conduct study on these formulations on larger sample size to evaluate the efficacy.

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