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Literature Review

Hijama Bil Shurt (Wet Cupping) in Bars (Vitiligo) in the Light of Unani System of Medicine - A Comprehensive Literary Review

Mohammad Nasar[1]*, Arzeena Jabeen[2], Ashfaque Ahmad[3], Aysha Raza[4] and Majeeda Begum[5]

[1]Professor and HOD, Department of Moalijat (General Medicine), National Research Institute of Unani Medical for Skin Disorders, Hyderabad, TG, India

[2]Principal, National Research Institute of Unani Medical for Skin Disorders, Hyderabad, TG, India

[3]Reader, National Research Institute of Unani Medical for Skin Disorders, Hyderabad, TG, India

[4]Medical Officer, Dr Abdul Haq Unani Medical College Hospital-Kurnool, A.P, India

[5]Associate professor, HOD, PG Department Gynae and Obstetrics, Incharge Maternity, Deputy Medical superintendent, A and U Tibbiya College and Hospital, Karolbagh, New Delhi

***Corresponding Author:** Mohammad Nasar, Professor and HOD, Department of Moalijat (General Medicine), National Research Institute of Unani Medical for Skin Disorders, Hyderabad, TG, India.

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Abstract

Barṣ (Vittigo) is a white depigmentation of portions or the entire skin produced by su' mizāj bārid (cold morbid temperament) of the affected area of the skin and preponderance of the Balgham. The magnitude of the problem can be highlighted with the fact that the patients of vitiligo are denied of matrimonial alliance, first line jobs which need public interaction leading to social isolation. Since the patient with vitiligo has a unique or specific situation among the many possibilities which is characteristic in this complex disease. It is defined as an acquired de-pigmentation of skin which results from the destruction of melanocytes. On a colored skin the condition is visibly striking since the patient has two contrast colors on the body. The frequency of vitiligo is 0.1-2.0% of the world population(s). Vitiligo involves complex interaction of environmental and genetic factors that ultimately contribute to melanocytes destruction, resulting in characteristic depigmented lesions. The exact etiology for which is still elusive. The exact pathophysiology of vitiligo is not fully understood. There are a few major hypotheses for the pathogenesis of vitiligo. At present, available medical treatment is psoralens, corticosteroids, skin grafting and Monobenzyl ether. According to Unani system of medicine the principles of treatment of Barṣ (Vitiligo) is Tanqiya-i Balgham (Evacuation of Phlegm) Ta'dil-i Mizāj (Restoration of normal temperament), Islāh-i Haḍm (Correction of digestion). Topical application of Jālī (detergent), Muhammirā (Rubefacient) and Musakhkhin (Calorific) drugs in the form of Ṭilā' (Liniment), Ḍimād (Paste) and Roghan (oil). Cupping therapy is an ancient traditional and complementary medicine used in the treatment of a broad range of medical conditions. Cupping involves applying a heated cup to generate a partial vacuum that mobilizes the blood flow and promotes effective healing. Till now, there is no certain scientific base for using cupping in treating any medical problem especially skin diseases. This review paper explores the Etiopathogenesis and management of Barṣ (Vitiligo) in detail.

Keywords: Bars; Vitiligo; White Patches; Sue Mizaj Balgham; Unani System; Management

Introduction

Vitiligo is a common skin condition characterized by localized or generalized hypo-pigmentation, sometimes extending to cover the entire body. Despite being primarily cosmetic, it significantly impacts patients psychologically, leading to feelings of depression, anxiety, and social isolation [1]. The earliest sign of vitiligo is the appearance of white spots on the skin, often seen as a social stigma. This condition is associated with various autoimmune disorders such as alopecia areata, lichen planus, and autoimmune thyroiditis, among others. Vitiligo can affect any part of the skin but is more frequent on the face, hands, genitals, and around body openings. Friction in areas like the elbows, ankles, and neck can induce vitiligo, known as Koebner's phenomenon [1,2].

Epidemiology

Vitiligo is a common dermatological condition affecting approximately 1% of the global population. It often presents with familial tendencies and is frequently associated with other autoimmune disorders [3]. The familial incidence accounts for around 20–30% of cases [4,5]. Typically, vitiligo begins during childhood or early adulthood, with a peak onset between ages 10 and 30. Approximately half of all cases manifest before the age of 20 [3,5].

The prevalence of vitiligo varies geographically, ranging from 0.5% to 1% in most countries but can exceed 8% in certain regions of India [4]. Globally, its prevalence ranges between 0.38% and 1.78% across different populations [4,5]. The likelihood of developing vitiligo increases with age, affecting 0.5% of children under 1 year old, 1% of those aged 1 to 5 years, and 2.1% of children aged 5 to 12 years [4]. It is not infectious but is often accompanied by significant social stigma, impacting the self-esteem, social standing, and overall quality of life of those affected [6].

In India, the prevalence of vitiligo is estimated to be between 0.5% and 2.5%, with regional variations ranging from 0.46% to 8.8%. The onset of vitiligo commonly occurs during childhood or young adulthood, with approximately 50% of cases appearing before the age of 20 and a significant majority (70–80%). before the age of 30 [3-5].

Sex incidence

According to a study reported a higher incidence of vitiligo among females, while another indicated a greater number of affected males. However, a recent study suggests that both sexes are equally affected by vitiligo [7].

The higher number of female cases reported in previous studies may be attributed to the perceived greater psycho-social impact of the disease [8,9].

Etiopathogenesis

The exact cause of this disease entity remains unclear [10]. Various hypotheses have been proposed to explain its onset, which can occur at any age and is not influenced by gender or social background. Typically, around 50% of patients develop lesions before reaching their second decade, with 70% affected by their third decade. Vitiligo affects both genders equally [11].

Several theories exist, including autoimmune, self-destruction, and neural hypotheses. The autoimmune hypothesis is widely accepted. However, the theory involving "destruction of melanocytes" continues to be considered [12].

Pathogenesis which is a popular and long-standing hypothesis

The neural hypothesis is suggesting that nerve endings release neurochemical substances that can damage melanocytes or decrease melanin production [12].

Classification of vitiligo

The Vitiligo Global Issues Consensus Conference (VGICC), held in 2011 in Bordeaux, resulted in a consensus on vitiligo classification and nomenclature The two main categories are shown in as non-segmental vitiligo (NSV) and segmental vitiligo [13].

Types of vitiligo according to unani system of medicine

Unani physicians, distinguishes between two types of Bars. The first type fully affects the lesion site, potentially extending to or even into the bone's surface, making treatment difficult. The second type confines the lesion to the skin and bones, which is more treatable [14,15].

Akbar Arzani describes a type of Bars called Bars-i-Muntashir (generalized vitiligo), attributing it to weakening Qūwat-i-

Mughayirra. If this condition becomes chronic and progressive, therapy may become challenging [14].

Types of vitiligo: According to Conventional Medicine [16]

- Vitiligo/non-segmental vitiligo (NSV): Generalized, Acrofacial and Mucosa Mixed
- Segmental vitiligo (SV) or pluri segmental
- Undetermined/unclassified vitiligo: Focal, mucosal (one site in isolation)

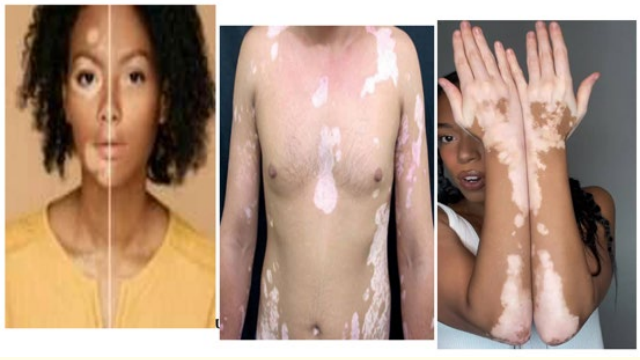

Figure 1

Unani concept of barṣ (Vitiligo)

According to Unani medicine, the underlying cause involves 'Tashbih', a metabolic process responsible for shaping tissues correctly. In vitiligo, this process is disrupted, leading to the accumulation of nutrients that fail to properly form tissues, resulting in altered skin appearance. This metabolic derangement affects the 'Qūwat-i Mushabbiha', or shaping power, leading to the characteristic depigmentation seen in Bars [17-19].

Mahiyat (Pathophysiology)

After reviewing the (classic) literature, it was found that many physicians describe(d) "Bars" as a white discoloration of the skin that can penetrate all the way to the bones. The primary causes are attributed to "Zu'af-i Qūwat Mughayirra," "Mushabbihā," and "Dafi'a." This condition of weakness may arise from the accumulation of "Balgham-i Ghalīẓ," leading to "Fasāḍ al-Dam" and "Barūdat al-Dam" [18,20].

According to Antaki Shaik Daood Alzarir, Bars refers to white spots that form on the skin due to "Ḍuaf Haẓm" [21].

Alamat (Clinical Features)

According to Majoosi, most Unani scholars define Barṣ as white spots that appear on the skin, initially small and progressing to cover the entire body, known as Barṣ-i Muntashir. These lesions can be smooth, glossy, and soft to (the) touch, caused respectively by Maddā-i Raddiya and Ruṭūbāt-i Fāsidā [22]. If caused by Ruṭūbāt-i Fāsidā, the lesions may exhibit a reddish color.

Barṣ, on the other hand, refers to white depigmentation of parts or the entire skin, attributed to Su' mizāj bārid (cold morbid temperament) in the affected area and an imbalance of Balgham (phlegm) according to Unani physicians recommendations [18-20]. These factors weaken the Qūwat-i Mughayirra (transformative faculty) of the affected area and can sometimes manifest as a side effect of ḥijāmā (cupping) [21].

Diagnosis

Currently, there is a lack of standardized assessments for vitiligo lesions, treatment responses, and comparisons of various treatment methods. Subjective judgment without objective measures can lead to inaccurate evaluations when assessing the degree of repigmentation clinically [23].

In fair-skinned individuals, a Wood's lamp examination can help pinpoint affected areas. Similarly, on the palms and soles of dark-skinned individuals, where these areas are naturally light-colored, a Wood's lamp examination can reveal early signs of repigmentation along the lesion's borders or in perifollicular areas [23].

Tahaffuz (Prevention/Precaution)

Amal Kai (cautery) should not be used. Hammam Muarriq (Bathing for sweating), excessive coitus and alcohol usage (save sharab sarf) should all be avoided by the patient [24].

Treatment [24]

Vitiligo is a complex metabolic disorder characterized by the loss of pigmentation, which is polygenic in nature and often regarded as a social stigma. The course of vitiligo without treatment is unpredictable. Despite the absence of a clear understanding of its causes, numerous folk medicines have been historically used across different countries [24,25].

Psycho (logical) therapy plays a crucial role due to the misconception among the public that vitiligo is contagious, similar to leprosy, causing significant distress to patients and their families. Assuring them of the non-infectious nature of the condition is essential for their mental well-being and forms a vital part of treatment [26].

Vitiligo poses a stubborn cosmetic challenge and is associated with social stigma, demanding focused attention. Various treatment options exist in modern medicine, with PUVA (Psoralen and ultraviolet A therapy) considered a standard treatment. However, all therapies have limitations and may cause local and general side effects such as giddiness, phototoxic reactions, and skin changes [25].

Addressing the origin and promoting repigmentation are critical in managing vitiligo, given the limitations of current therapies, including high incidence of side effects with both topical and systemic treatments. Surgical options are hazardous unless the disease stabilizes. There remains a significant gap in medications within modern medicine to control disease progression effectively and prevent exacerbations [25,26].

Usūl-i-Ilāj (Principles of treatment according to Unani system) [21,27,28]

According to the Unani system of medicine, the treatment principles for Barṣ (Vitiligo) involve several steps:

Tanqiya-i Balgham

Evacuation of Phlegm - This aims to reduce the excessive accumulation of Balgham-i Ghalīẓ (thick phlegm), which is believed to be a causative factor in Barṣ. This is typically achieved through Munzij (phlegm resolving) and Mushil-i balgham (phlegm evacuating) therapies [21,27].

Ta'dil-i Mizāj

Restoration of normal temperament - This involves restoring the balance of the Akhlāt (humors) in the body, aiming for a balanced Mizāj (temperament).

Islāh-i hazm

Correction of digestion - Improving digestion is crucial in Unani medicine to ensure proper assimilation of nutrients and elimination of waste products, thereby supporting overall health and balance [27,28].

Topical applications

Application of Jālī (detergent), Muhammirā (rubefacient), and Musakhkhin (calorific) drugs in forms such as Ṭilā' (liniment), Zimād (paste), and Roghan (oil). These topical treatments are intended to stimulate the affected area, promote circulation, and potentially encourage repigmentation in case of vitiligo [28].

Barṣ (Vitiligo) is considered a chronic condition in Unani medicine, and the treatment approach typically starts with addressing the underlying imbalances and excesses in the body's humoral system, especially focusing on Balgham-i Ghalīẓ. By promoting phlegm resolution, restoring balance to the body's temperament, improving digestion, and applying appropriate topical treatments, Unani physicians aim to manage and potentially alleviate the symptoms of Barṣ [22,28]. It is achieved under three steps: -

- Use Munzij-i Balgham like Beekh-e- badyan, Beekh karafs and Anjeer zard etc.

- Use Mushil-i balgham like Zanjabeīl, Barg-e- Sana Makki, Turbud mujawwaf etc.

- Tabrīḍ-i Badan by the use of Mubarridat like Luab-e-Bahidana, Sheerae Unnab etc.

Munzij-i Balgham is given in proper doses till Nuẓj appears normally (2-3 weeks). Mushil should then be alternated with three Tabrīḍ.

Ilāj bil Ghiza (Dietotherapy)

Diet with heat characteristics should be utilised in Dietotherapy, whereas cold and wet meals should be avoided [22,23]. According to Zakariya Rāzī exposure to the sunlight to the affected parts is beneficial as [24].

Ilājbi'lTadbīr (Regimental therapy)

Dalak khashin is achieved by rubbing the afflicted area with a rough cloth on a regular basis [21,22].

In recent years, cupping therapy is often applied for low back pain, chronic nonspecific neck pain, arthritis fibromyalgia, immune

system diseases and metabolic diseases, high blood pressure, ischemic and inflammatory myocardial conditions, herpes zoster, Behçet disease, secondary amenorrhea, depression and anxiety acne vulgaris and in certain skin disorders. Wet Cupping therapy is based on the belief that diseases are caused when the positive energy flowing through the meridians or channels of the body faces congestion and blockages. Removing this congestion can induce the body to heal itself. Cupping therapy draws blood to the affected areas and thus energizes the skin tissues. This flow of blood brings oxygen and fresh nutrients while the lymphatic system that produces the necessary antibodies needed to cause healing are also stimulated. The blood flow further works to detoxify and remove the pathogens that cause the skin conditions. All these factors together result in the skin healing itself. When wet cupping is used, it is often noted that instead of blood, more of a white fluid is released that indicates the removal of toxins. Conventional forms of healing Vitiligo, eczema and psoriasis are often directed at alleviating the symptoms and discomfort like itching and burning sensations. But, cupping therapy might just work better because it induces healing on a subcutaneous level [22].

No obnoxious adverse effects were observed and the wet cupping therapy was found safe and fairly well accepted by the patients In the light of above discussion, it may be concluded that wet cupping therapy is safe and statistically effective in the treatment of Vitiligo. Although the study showed remarkable response, its limitations include lack of blinding, lack of randomization, small population and no control group studied. Therefore, studies with randomized standard controlled designs on large sample with long duration and long follow-up period need to be carried out for further exploration of efficacy and safety of wet cupping [21,22].

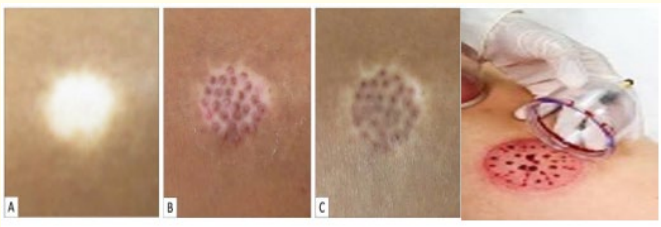

Figure 2

Ilāj bil Dawa (Pharmacotherapy)

According to Unani physicians, a wide range of single and compound medicines are effective in treating Bars. Most practitioners recommend beginning with Tanqiya-i Badan (removal of harmful material from the body) in three steps: first, administering Munzij-i Balgham drugs until Nuẓj appears, followed by alternating three Mushil (purges) with three Tabrīḍ (cooling agents/drugs). Commonly used drugs include Atrilal, Babchi, Panwar, Anjīr Dashti, Khardal Safayd, Gandhak, Būrāh-i Armani, Aftīmūn, Post Halayla Kābulī, Post Bahedā, Āmla, Tukhme Gajar Jangli, Qirfa, Pīpal, Jaifal, Aqarqarha, Shītraj, Turbud, Zanjabīl, and Ātrilāl, which possess Munḍij, Mushil, Jālī, Muḥammir, and Musakhkhin properties known to induce pigmentation in vitiligo patients [29-33].

However, there are additional medicines with anti-vitiligo effects known to tribal people of India and other countries. These remedies, such as Kala Bichuwa (Baccharoieds anthelmintica), Tukhm-i Siras (Albizia lebbeck), Jhunjhunnia (Crotolaria verrucosa), Bintafalun (Cleome), Nilkanthi (Chrozophora prostrata), Malia (Corniculata), Mazaryoon (Daphne mezereum), and Brhamdadi (Tricholepsis angustifolia), are traditionally used for various skin disorders and other ailments [34-37].

Compound formulations

Habb-i-Baras, Habb-e-Shak, Ma'jūn-i Suqrat [36].

Prognosis

Regarding prognosis, Unani physicians believe Bars can be cured if it is non-extensive and the patches are reddish or yellowish. They also consider it curable if hyperemia occurs after scratching the skin, or if blood dribbles after pricking the affected area. However, therapy is noted to have a gradual effect on the head and feet [18,19].

According to Conventional Medicine, there are no reliable laboratory markers available for prognosis. Therefore, clinical measures remain the primary method for assessing disease activity [23]. Razi described prognostic variables in Baraṣ. Lesions that are curable do not damage hairs and turn red when rubbed [22,24]. If there is no redness or bleeding after pricking, white shiny patches develop on the skin, indicating a challenging condition to cure [25].

Conclusion

Barṣ (Vitiligo) management requires a comprehensive approach that considers both psychological support and therapeutic innovation to address its complex challenges and minimize its impact on patients' lives.

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