



## EFFECT OF UNANI FORMULATION IN BARS: A CASE STUDY

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DOI : <https://doi.org/10.5281/zenodo.16261363>

### ABSTRACT :

Vitiligo, known as Bars in Unani medicine, is a chronic, non-contagious skin disorder marked by depigmented macules due to melanocyte loss, often causing psychological and social distress. This case report presents a 10-year-old male with non-segmental vitiligo on both legs, unresponsive to prior allopathic treatment. He was managed with Unani treatment at H.S.Z.H Government Autonomous Unani Medical College & Hospital, Bhopal, using oral polyherbal unani formulation and topical Roghane Babchi followed by controlled sun exposure. Significant repigmentation (>60%) was observed within 30 days, reaching 80% by day 60, with no adverse effects. This case highlights the potential efficacy and safety of Unani medicine in vitiligo management.

**Keywords:** Balgham, Psoralea corylifolia, Non-segmental Vitiligo, Skin Repigmentation, Traditional Medicine

### INTRODUCTION

Bars (vitiligo) is a chronic skin pigmentation disorder characterized by milky white hypopigmented patch that may expand and involve the entire body surface [1]. It affects about 1% of the global population, with equal prevalence in both sexes. Although it can occur at any age, 50% of cases begin between ages 10 and 30 [1]. The condition is more visible in individuals with darker skin, leading to increased stigma, especially in Asian communities [1,2]. Vitiligo has been reported to be at epidemic levels in Gujarat and Rajasthan parts of India [3].

Vitiligo patches are pale white with sharp borders, ranging from 5 mm to over 5 cm. Generalized vitiligo is more common, often symmetrical, and typically affects areas like the eyes, lips, nails, elbows, knees, and genitals. In severe cases, less than 20% of normal skin remains (universal vitiligo) [1]. According to Unani medicine, Bars is caused by accumulation of morbid accumulation of phlegm (*balgham*) beneath the skin and phlegmatic blood flow to the affected area [5]. It results from excessive body coldness (*Burudat*), impurity in blood (*Fasad-e Khoon*), and defects in *Quwwat-e Mushabbaha* (resemblance power), as noted by Ibn-e-Sina [6,7]. Hakim Ajmal Khan described it as a metabolic disorder due to humoral imbalances, involving weakened *Quwwat-e Mughaiyyarah*, *Quwwat-e Mushabbaha*, and *Quwwat-e Dafia*, along with excess *Balgham* (phlegm) [6].

Although the underlying reasons for bars remain unclear, but several theories have been proposed. Some of them including autoimmunity, genetics, stress and metabolic disturbances. Among the proposed mechanisms—oxidative stress, neural, and autoimmune—the autoimmune theory has the strongest support [4].

Unani scholars like Jurjani, Akbar Arzani, Ibn Sina, and Galen extensively discussed Bars, detailing its etiology, pathology, and treatment [8,9]. Unani treatment includes *Ilaj bil Tadbeer* (regimenal therapy), *Ilaj bil Ghiza* (diet therapy), and *Ilaj bil Dawa* (pharmacotherapy). Psychotherapy is used to reduce stigma and boost confidence [10]. Diet restrictions exclude cold and *balgham* (phlegm) inducing foods like milk, curd, eggs, fish, citrus fruits, and brinjal [10,11].

Pharmacotherapy starts with *Tanqiyah Badan* (removal of deranged humors) using *Munziji* and *Mushil-e-Balgham* drugs [9,10]. Topical application of drugs containing *Akkal*, *Kawi*, *Muhammir*, and *Laaze'a* contents help increase circulation and nourish affected areas [12].

Modern treatments focus on repigmentation, camouflage, and sun protection and even depigmentation in resistant cases. Topical 8-MOP with UVA is used for localized vitiligo, while systemic PUVA is recommended for extensive cases. For children under six, narrow-band UVB (312 nm) is preferred [1].

## CASE PRESENTATION:

A 10-year-old male presented to the Outpatient Department of *Amraze Jild wa Tazeeniyat*, H.S.Z.H Government Autonomous Unani Medical College & Hospital, Bhopal (M.P.), with complaints of irregular milky-white patches over the right knee and lower leg (Fig. 1). The parents reported that the first lesion appeared two years ago on the right knee and gradually similar small patches developed on the left leg.

Upon clinical examination, the patient was diagnosed with non-segmental vitiligo. The depigmented patches were non-scaly, non-itchy, and with intact sensation. There was no family history of vitiligo or associated systemic illnesses. After explaining the Unani treatment protocol, written informed consent was obtained from the parents. They were briefed about the potential outcomes and informed that, upon successful treatment, the case might be documented for academic purposes while maintaining confidentiality. Baseline photographs of the affected areas were taken before starting treatment.

### Treatment Regimen:

The patient was treated according to classical Unani principles of *Ilaj bil Dawa* (pharmacotherapy) and *Ilaj bil Tadbeer* (regimenal therapy). The protocol included:

### Oral Medication:

A polyherbal decoction [*Nuqoo*] was prepared by soaking 10 grams of crude polyherbal *unani formulation* in **one cup of water** overnight.

**Dosage:** The soaked mixture was decocted and administered orally on an **empty stomach at 7:00 AM**.

### Topical Therapy:

**Roghane Babchi** (Babchi oil) was applied **locally over the depigmented lesions at 8:30 AM**.

This was followed by **controlled sun exposure at 9:00 AM**, starting with **3 minutes** and gradually increased up to **15 minutes during the course of treatment**.

The treatment continued for **60 days** with **fortnightly follow-ups**. At each visit, the patient was examined for therapeutic response and any adverse effects.

## RESULTS:

Noticeable improvement was observed after **30 days**, with over **60% repigmentation** of the affected area. The remaining depigmented patches continued to show gradual repigmentation, leading to about **80–90% recovery by day 60**. Follow-up photographs taken at 30 and 60 days (Fig. 2–3) confirm significant clinical improvement. The patient reported **no adverse reactions** throughout the treatment course. The formulation was well tolerated and deemed **safe and effective** for both **oral use and topical application** in pediatric vitiligo.

Table: 1 List of drugs used in Unani compound formulation:

### Composition of *Nuqoo'e Musaffi*: -

S. no.	Ingredients	Scientific name	Quantity
1	<i>Barge shahatra</i>	<i>Fumaria parviflora Lam</i>	7 gm
2	<i>Gule mudi</i>	<i>Sphaeranthus indicus</i>	7 gm
3	<i>Unnab</i>	<i>Ziziphus sativa</i>	7 gm
4	<i>Charaita sheerin</i>	<i>Swertia chirata</i>	7 gm
5	<i>Sarphoka</i>	<i>Tephrosia purpurea</i>	7 gm
6	<i>Halela siyah</i>	<i>Terminalia chebula Retz</i>	7 gm
7	<i>Gule surkh</i>	<i>Rosa damascene Mill</i>	7 gm

### Clinical images:



Figure 1: before-treatment image at Day 01,



Figure 2: Post-treatment image at Day 60

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## DISCUSSION:

Vitiligo, or *Bars* in Unani medicine, is attributed to humoral imbalances—particularly excess phlegm and weakened transformational faculties. In this case, treatment with *Nuqoo* (decoction) of *polyherbal Unani formulation* and *Roghane Babchi* (babchi oil) followed by sunlight exposure led to significant repigmentation within 60 days. The absence of side effects and the progressive improvement validate the traditional Unani approach. This case supports the potential of Unani medicine as a safe, effective, and holistic option for managing vitiligo in children.

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## CONCLUSION:

This case report suggests that Unani treatment, comprising internal detoxification with *Nuqoo of polyherbal unani formulation* and topical stimulation using *Roghane Babchi* with sunlight exposure, is an alternative for vitiligo. The therapy was well-tolerated, with no side effects reported, and resulted in marked clinical improvement within two months. These results provide preliminary evidence that classical Unani regimens can be considered a safe and effective treatment option for non-segmental vitiligo, particularly in resource-limited settings. Further scientific evaluation and controlled clinical studies are recommended to support the integration of Unani medicine into broader dermatological practice.

**CONFLICT OF INTEREST:** Author declares that there is no conflict of interest.

**GUARANTOR:** Corresponding author is guarantor of this article and its contents.

**SOURCE OF SUPPORT:** Non

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