

HOLISTIC CONCEPT OF BAHQAQ WA BARS AND THEIR MANAGEMENT IN UNANI (GRECO-ARABIC) SYSTEM OF MEDICINE

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SUMMARY: A comprehensive description of Amraze jild (skin diseases) is available in classical Unani literature. Ancient Greco-Arabic scholars have described Bahaq wa Bars (pityriasis and vitiligo) in detail along with etiopathogenesis, clinical features, complications, and management in their treatises. According to Razi, Ibn Sina, and Majoosi, Bahaq wa Bars are chronic skin ailments that are characterized by white discoloration (hypopigmentation) of skin but with a precise difference. While in case of Bahaq, these patches are located superficially on skin, in Bars these are located deep into the skin. These are humoral diseases occurring because of accumulation of excess or morbid Balgham (phlegm) beneath the skin leading to the weakness of quwate mughayarah (augmentative faculty) of skin. Ancient Unani scholars have been treating these ailments successfully since antiquity. They have mentioned and practised a compendium of single as well as compound herbo-mineral formulations for the treatment of Bahaq wa Bars. In this paper, authors have tried to elucidate the holistic concept of these skin ailments along with the treatment as mentioned in classics of Unani medicine.

Key words: Bahaq, Bars, hypopigmentation, herbo-mineral formulations, Unani medicine.

INTRODUCTION

Dermatological disorders are well known since Greco-Arabic period. Unani physicians not only described the normal structure and functions of skin

but also elucidated the etiology, clinical presentation, and management of various skin diseases. These scholars have mentioned the detailed and systematic description of two skin ailments: Bahaq wa Bars together in their treatises. Both diseases are characterized by depigmented patches on skin. In the case of Bahaq, these patches are located superficially on skin whereas in Bars, these are located deep into the skin (1). The two eminent Unani physicians, Ibn Sina (980-1037 A.D.) and Ismail Jurjani (12th century A.D.), have

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comprehensively defined Bahaq wa Bars as the hypopigmentation of skin occurring superficially and deeply, respectively, on skin, as a result of weakness of quwate mughaiyarah (augmentative faculty) of skin (2, 3).

Bahaq (Pityriasis)

According to a renowned Unani Physician, Zakaria Razi (850-923 A.D.), Bahaq is a common skin disease characterized by hypopigmentation and hyperpigmentation with formation of scales on skin (1). Akbar Arzani (17th century A.D.) has classified Bahaq into two types: (a) Bahaq Abyaz, also referred to as Cheep, is a light hypopigmentation occurring superficially on skin in the form of small round patches that appear suddenly and disappear quickly after the local application of Mujalli Advia (detergent drugs)(4, 5) and (b) Bahaq Aswad is a black discoloration of skin characterized by the formation of scales like scales of wheat shell (5). Similarly, Hakeem Ajmal Khan and Ghulam Jilani (19th century A.D.), the two renowned Unani Scholars of India, described Bahaq Abyaz as an infectious or contagious disease characterized by white yellow patches on trunk and neck along with scaling of skin. It may or may not be associated with pruritus (6-9).

Bars (Vitiligo)

It has been defined as a skin disease in which white spots appear on different parts of the body. Zakaria Razi has stated that due to excessive accumulation of Balghame ghaleez (thick phlegm), the affected parts become phlegmatic and soft like that of molluscs. Further, the circulating blood is altered on reaching the affected part and becomes phlegmatic, and the area getting such blood cannot be nourished properly. Moreover, if Bars spreads over a large portion of the body or when it becomes highly chronic or when whitish fluid comes out on pricking the patches, it is not curable (1).

ETIOPATHOGENESIS

The concept of four humors, founded by Hippocrates (460-377 BC), forms the basis of health and

disease in the Unani system of medicine. The basic etiology of Bahaq Abyaz wa Bars is derangement in quality or quantity of Balgham inside the body.

Zakaria Razi, the author of *Al Havi Al Kabeer*, has narrated that the white patches of Bahaq wa Bars occur due to the accumulation of morbid phlegm and the black patches of Bahaq Aswad occur due to accumulation of Sauda (black bile) beneath the skin. He quoted *Al Rabats Min Tijamoos*, that Bahaq is a skin disease characterized by Jamood (stagnation) in skin associated with intense skin alterations. These alterations lead to the depletion of blood beneath the skin and hence cause hypopigmentation. Unlike Bars, Bahaq does not penetrate deep into the skin, remains superficial, and the growing hairs of the affected site are of normal color. It frequently occurs in those people who are obese with prominent vessels and profuse fatty hairs. Bahaq Aswad is produced due to Zoafe Tihal (functional weakness of spleen) and malabsorption of Sauda in the body (1, 7, 10).

Raban Tabri (810-895 A.D.), a legendary Unani Physician and author of his famous book *Firdausul Hikmat* says that the actual pathogenesis of Bahaq wa Bars is attributed to Fasade dam (blood impairment) and Buroodat dam (coldness of blood). If the blood impairment occurs due to Sauda, then Bahaq Aswad is produced and if the blood impairment is due to Balgham, Bahaq Abyaz or Bars is produced. He further says that if the blood impairment is due to Ghaleez Ratoobat (thick humors) and Hiddat dam (abnormal heat in blood), then Kharish (pruritus) develops, and if the cause of blood impairment is Buroodat wa Ghilzate dam (coldness and thickness of blood), then Qooba (dermatophytosis) results (11). Some authors suggested that Bahaq may also occur due to personal unhygienic conditions, use of dirty and untidy garments, and intake of heavy and flatulent food items (6, 8).

However, Ibn Sina and Ismail Jurjani have highlighted a slightly different aspect of pathogenesis of Bahaq wa Bars. According to them, both Bahaq and Bars occur as a result of weakness of quwate

mughaiyarah of skin. This weakened faculty leads to the weakness of quwate mushabbeha (resemblance faculty) under the influence of morbid humors due to which the incoming nutrients, that reach the affected part through blood circulation, lose their tendency to get converted into the similar form and color of skin. Then these unaltered nutrients remain accumulated in the affected area, finally leading to the genesis of ailment. Further these scientists differentiated between the causative humors of two diseases by stating that the causative matter of Bahaq is not viscid with strong Quwate Dafia (expulsive faculty) due to which it is displaced toward the superficial layer of skin and this result in the formation of superficial white patches on skin known as Bahaq Abyaz. However, the causative matter of Bars is thick and sticky with weak Quwate Dafia due to which it is retained and accumulated at the affected area, leading to deeply seated white patches known as Bars. At another place, they stated that there are included in heredity diseases that are transmitted from generation to generation (2, 3, 12).

Ahmad bin Rabban Mohd Tabri (10th century A.D.), the author of Moalijate Buqratiya, is of the opinion that the causative matter of Bahaq neither penetrates deep into the skin nor whitens the hairs of the affected site. He described that Bars is of two types. In the first type of Bars, the ratoobate fasida (morbid fluids) affects completely the site of lesion and may reach deep up to the bones. This type of Bars is difficult to treat. In the second type of Bars, the lesion is superficial and its treatment is possible (10).

Ibn Zohar (11th century A.D.), an eminent Unani Scholar and author of Kitab al Taisir, described that Bahaq Abyaz is a metabolic disease occurring due to Zoafe Hazm (altered digestion) of organs while Bahaq Aswad is a black patch on skin caused due to the accumulation of melancholic humor. According to him, Bars is a white shining spot appearing on skin due to the metabolic disturbance resulted from weak quwate mugayyrah or quwate mumayyiza of liver. If neither redness occurs on rubbing nor bleeding occurs on pricking, then it is difficult to treat (13).

Ibn Rushd (12th century A.D.), the author of Kitabul Kulliyat, stated that Bahaq usually occurs due to weakness of quwate mumayyiza of liver or malabsorption of Sauda in spleen or due to Sue mizaj (derangement of temperament) of vessels that result in excess production of Sauda inside the body. It may also occur due to Sue mizaj of the body organs or due to intake of such dietary items that increase the production of Sauda. He further described that Bars appears due to derangement in the function of quwate ghazia (nutritive faculty) and weakness of quwate hazma (digestive faculty). In this condition, the nutrients reach the tissues and are retained there, but do not take the proper form and texture due to failure of these Quwa (powers or faculties) (14).

Abul M. H. Qamri (9th Century A.D.) described in his book Ghina Muna, quoting Yahya Ibne Masviyah, that if the white patches of Bars turn red on rubbing, it means the lesion is fresh and can be treated easily. If the change of color takes time, it indicates that the disease is chronic and it is difficult to treat. Again he quoted Rhazi that if Bars is extensive and chronic, and has a cloudy color, then Bars is not curable. He also added that the patches on the feet and the hands do not respond to treatment adequately (15).

Hakim Akbar Arzani has also given a detailed account of Bahaq wa Bars in his famous book Tibbe Akbar. According to him, Bars is a whiteness appearing on skin. When it spreads all over the body it is called Barse Muntashir (generalized vitiligo), weakness of quwate mughayirah being its cause. If it turns chronic and remains progressive, its treatment becomes difficult. He has given an account of the prognostic factors in Bars. Those lesions where the hairs are not affected and the lesions that become red on rubbing are curable (4).

CLINICAL PRESENTATION

The typical clinical features of Bahaq Abyaz wa Bars are discrete white patches on different parts of the body. According to Akbar Arzani, Bahaq Abyaz appears as superficial, small, hypopigmented round patches of skin. He distinguished Bahaq Abyaz from

Bars by stating that Bahaq Abyaz remains superficial and does not penetrate deep into the skin. After pricking the needle at the site of Bahaq, blood always comes out, and the growing hairs at the site of lesion never turn white even after the chronicity of disease. But the whiteness of Bars penetrates deep into the skin, growing hairs at the site of lesion are always white, and the site of lesion does not turn red on rubbing (2, 4, 5, 9, 13, 15-17). According to Hakeem Ajmal Khan, Bahaq Abyaz appears in the form of white patches characterized by scaling and itching, mostly on trunk (chest and abdomen), cheeks, and arms. Initially small white yellow spots appear that coalesce to form a big depigmented patch. These white patches are slightly raised from the surface of skin but too difficult to be differentiated (6-8). Bahaq Aswad is characterized by black discoloration of body with irritation, burning, and scaling of skin (18). It occurs mostly in adolescence and is characterized by the formation of scales on skin just like scales of wheat shell (4, 5, 17).

The authors of Moalejate Nafeesi, Aqsarai, and Sadeedi unanimously mentioned that both Bahaq and Bars are skin diseases characterized by white patches in which the former remains superficial and does not penetrate deep while the latter penetrates deep into the skin and muscles (19-22). In Bars, white spots are initially small in size and gradually increase. Ahmad bin Rabban Tabri described that sometimes the lesion of Bars is smooth, shiny, and soft to touch, and, in some cases, the lesion is neither smooth nor shining and soft. Sometimes the lesion is reddish (10).

GENERAL PRINCIPLES OF TREATMENT

Unani system of medicine offers a quite effective treatment of Bahaq wa Bars, which is totally based on the holistic approach. The overall management is based on three therapeutic modalities, viz Ilaj Nafsani, Ilaj Bil Ghiza, and Ilaj Bil Dawa as described by Greco-Arabic physicians like Ibn Sina, Razi, and Ismail Jurjani in their treatises (1-4, 15, 22).

1. Ilaj Nafsani (Psychotherapy):

Both Bahaq and Bars are associated with social

stigma because of cosmetic problems. Usually the patients are depressed psychologically because there is myth in the society that both the diseases are communicable just like Jarb (scabies) and Juzam (leprosy). Therefore, psychological counselling or psychotherapy is the foremost and indispensable part of treatment. Patients and their close relatives are assured first to get rid of their misconception about the disease and its prognosis. Patients are made psychologically stable by assuring them that the disease is chronic, noncontagious in nature, and does not harm the body.

2. Ilaj Bil Ghiza (Dietotherapy):

Dietotherapy is the hallmark of treatment methodology in Unani system of medicine. Unani physicians often suggest dietotherapy as the first line of treatment or as an adjuvant therapy with other modalities of treatment. In case of Bahaq and Bars, although there is a contradiction about the role of dietotherapy in treatment, majority of Unani scholars have suggested that patients of Bahaq and Bars should take easily digestible food of hot temperament capable of producing a sufficient amount of pure blood in the body. They have recommended the meat of birds and goats in diet. Further, they have stated that the diet should be taken only when it is desired and also advised the intake of digestive tonics 2 hours after meals to accelerate the processes of digestion and absorption. Unani scholars have advised the patients to avoid the intake of such food items that lead to the increased production of phlegm and black bile that are the actual culprits for the genesis of disease. According to Ibn Sarabiyoon, (1, 9) patients are advised to avoid cold and moist dietary items such as fresh fish, fresh vegetables, fruits, and fatty diet.

3. Ilaj Bil Dawa (Pharmacotherapy): It is performed in the following two steps:

- a) Systemic therapy
- b) Topical therapy

Systemic Therapy: It includes Istifragh (Tanqiyah Badan) and Tabreed wa Tadeel Mizaj (moderation of temperament).

Istifragh (Evacuation): It is the fundamental principle of treatment of all chronic diseases like Bahaq and Bars. It is the method of expulsion or elimination of morbid humors from the body. These morbid humors are the actual causes of diseases and aggravate the disease process if remain stagnant in the body. Therefore, these abnormal causative humors are evacuated from the body by a method known as Istifragh. But prior to Istifragh, the process of Nuzj (concoction) is employed by the administration of Munzijat (concoctives) of respective humor involved. Nuzj means that the morbid matter is made easily removable from the body by changing its consistency. Once the features of Nuzj are established in the respective humor, the actual method of Istifragh is followed through various modes of Istifragh like Ishal (purgation), Qai (emesis), Hajamat (cupping), Fasd (venesection), Tareeq (diaphoresis), Irsale Alaq (leeching), Idrar (diuresis), Tanfees (expectoration), Huqna (enema), Hammam (turkish bath), Dalk (massage), Riyazat (exercise), etc. Ishal is the most common method of Istifragh used for the purpose of treatment.

Usoole Ilaj (Principles of Treatment) of Bahaq Abyaz wa Bars

- Istifragh or Tanqiya Balgham (Evacuation of phlegm)
 - Tadeel Mizaj (Restoration of normal temperament)
 - Islahe Hazm (Correction of digestion)
 - Topical application of Jali (detergent), Muhammir (rubeficient), and Musakhkhin (calorific) drugs in the form of Tila, Zimad and Roghan (Jelly, ointment, or oil).

Tanqiya Balgham

Bahaq Abyaz wa Bars are caused by the excessive accumulation of morbid phlegm. Ancient Unani physicians have suggested that their treatment should begin with the evacuation of excess phlegm from the body through various means. The commonest mode of Istifragh employed for the excretion of phlegm is Munzij wa Mushil (concoctive and purgative) therapy, which is usually performed in the following three steps:

- Use of Munzijate Balgham (Phlegmatic concoctives)
- Use of Mushilate Balgham (Phlegmatic purgatives)
- Tabreed Badan (Refrigeration of body)

Examples of Munzijate Balgham

Bekhe badiyan (root of *Foeniculum vulgare*) 7 g, Bekhe kasni (root of *Cichorium intybus*) 7 g, Bekhe karafs (root of *Apium graveolens*) 7 g, Ustukhudoos (*Lavandula stoechas*) 7 g, Bekhe izkhar (root of *Andropogon jwarancusa*) 7 g, Asalassoos muqashar (root of *Glycyrrhiza glabra*) 7 g, Barge gauzuban (leaves of *Borage officinalis*) 7 g, Anjeer zard (*Ficus carica*) 5 g, Maweez munaqa (*Vitis vinifera*) 8 g, Parsiawashan (*Adiantum capillus-veneris*) 5 g. Patients are advised to take 40 ml decoction empty stomach twice a day for a period of 2-3 weeks till the symptoms of Nuzj appear. Then, an appropriate dose of Mushilate Balgham is added to the decoction of Munzijate Balgham for a period of 3-5 days to induce purgation.

Examples of Mushilate Balgham

Barge sana (leaves of *Cassia angustifolia*) 6 g, Turbud (*Operculina turpethum*) 6 g, Turanjabeen (*Alhagi pseudalhagi*) 40 g, Ghariqoon (*Agaricus alba*) 4 g, Sibre zard (*Aloe barbadensis*) 8 g, Sheere khisht (*Fraxinus ornus*) 7 g, Roghane baed anjeer (oil of *Ricinus communis*) 25 ml.

Tabreed Badan

This is usually done with the help of Mubarridat (refrigerant drugs) to neutralize the side effects of Mushilat on intestines. Commonly used drugs are Luabe bahidana (mucilage of *Cydonia oblonga*), Luabe ispagol (mucilage of *Plantago ovata*), Luabe resha khatmi (mucilage of *Althaea officinalis*), Sheera Unnab (juice of *Zizyphus vulgaris*), Sheere badiyan (juice of *Foeniculum vulgare*), Arq shahitra (extract of *Fumaria officinalis*). These are used for a period of 2-3 days. After the completion of Munzij wa Mushil therapy, patients are advised to take thermogenic drugs like Maajeen, Harirajat, and Itrefalat. Then the specific drugs of Bahaq wa Bars are advised for topical application.

Usoole Ilaj (Principles of Treatment) of Bahaq Aswad

- Istifragh or Tanqiyahe Sauda (Evacuation of black bile)
- Tadeele Mizaj (Restoration of normal temperament)
- Islahe Hazm (Correction of digestion)
- Rafae Qabz (Correction of constipation)
- Tarteeb Badan (Production of fluids inside the body)
- Islahe Tihal (Correction of functions of spleen)
- Topical application of Jali, Muhammir Musakhkhin and Mohallil (anti-inflammatory) drugs in the form of Tila, Zimad and Roghan (Jelly, ointment, or oil).

Tanqiya Sauda

The commonest mode of Istifragh employed for the excretion of Sauda is Munzij wa Mushil therapy, which is usually performed in the following three steps:

- Use of Munzijate Sauda (Melancholic concoctives)
- Use of Mushilate Sauda (Melancholic purgatives)
- Tabreed Badan (genesis of ratoobat or fluids in the body)

Examples of Munzijate Sauda

Halela siyah (*Terminalia chebula*) 7 g, Badranjboya (*Melissa parviflora*) 7 g, Aftimoon (*Cuscuta chinensis*) 7 g, Ustukhuddoos (*Lavandula stoechas*) 7 g, Bisfajj (*Polypodium vulgare*) 7 g, Maul Jubn (goat's milk) 40 ml.

Examples of Mushilate Sauda

Turbud (*Operculina turpethum*) 10 g, Barge sana (leaves of *Cassia angustifolia*) 10 g, Maghz amaltas (*Citrullus colocynthis*) 10 g, Ghariqoon (*Agaricus alba*) 10 g, Maghz jamalhota (*Croton tiglium*) 3 g.

Tarteebe Badan

Bahaq Aswad is a chronic disease occurring due to excess Sauda in the body and hence results in the production of excess yabusat (dryness). Therefore, as per Unani doctrine, the line of treatment is aimed at Tarteebe Badan. For this purpose, patients are

advised to take plenty of fluids including water and fresh fruits. Some Unani physicians recommended frequent Hammam (turkish bath) for the production of fluids in the body. Besides drugs like Luabe bahidana (mucilage of *Cydonia oblonga*), Luabe ispagol (mucilage of *Plantago ovata*), Luabe resha khatmi (mucilage of *Althoea officinalis*), Sheera Unnab (juice of *Zizyphus vulgaris*), Sheere badiyan (juice of *Foeniculum vulgare*), and Arq shahitra (extract of *Fumaria officinalis*) are used.

Topical Therapy

As per Unani doctrine, Bahaq wa Bars are Muzmin (chronic) diseases having Barid (cold) temperament. Therefore, on the basis of the principle of Ilaj bil Zid (contrary therapy), which is the hallmark of Unani treatment methodology, the first line of treatment of Bahaq is Tadeel Mizaj to restore the normal mizaj. For this purpose various regimes are adopted including the systemic and topical applications of Haarul Mizaj Advia (drugs having hot temperament) that possess Jali, Muhammir Muhallil, and Musakhkhin properties. Ancient Unani scholars have emphasized extensively the topical mode of treatment in the form of Tila, Zimad, and Roghan. These drugs will alleviate the excess buroodat (coldness) from the body as well as from the site of lesion and will produce hararat (warmth) over the affected area. Consequently, the blood circulation of the affected part will increase and will restore the normal pigmentation of skin. Commonly used herbo-mineral drugs employed for topical application in Bahaq wa Bars are Babchi (*Psoralea corylifolia*), Aatrilal (*Ammi majus*), panwar (*Cassia tora*), chaksu (*Cassia absus*), Sirka (vinegar), Kibreeyat (Sulfur), Sheetraj Hindi (*Plumbago zeylanica*), Majeeth (*Rubia cordifolia*), Tukhme turb (*Raphanus sativus*), Kundush (*Dregea volubilis*), Kharbaq (*Picrorhiza kurroa*), Kalonji (*Nigella sativa*), Khardal (*Brassica nigra*), Shora (potassium nitrate), Unsul (*Allium cepa*), Lehsun (*Allium sativum*), Shahad (honey), Sudab (*Ruta graveolens*). After the topical application of drugs, the affected area is exposed to sunlight for about 5-10 minutes and this enhances the process of repigmentation.

Zakaria Razi (1) has suggested several means of topical regimens that are beneficial for the ailment. These include continuous Takmeed (fomentation) of the affected area with hot water until the area becomes hot followed by the application of emollient drugs, multiple pricking with needle at the site of lesion, and exposure of affected area to sunlight.

The commonly used compound Unani formulations for the treatment of Bahaq are Zimade Bahaq, Roghane Baze murg, Roghane Babchi, and Roghane kameela for topical application and Sharbate Unnab, Majoon Ushba, Itrephal shahitra, Safoofe Bars, and Safoofe Aatrilal for oral administration (18, 23).

PROGNOSIS

According to Ahmad bin Rabban Tabri, (10) the usual response of the treatment varies from person to person. It depends on duration, site of lesion, size, and type of lesion. The factors supposed to be responsible for the failure of treatment are presence of patches on hands, feet, front of wrists, above the iliac crest, waist, and lips; presence of white hairs on patches; poor nutritional state; presence of helminthic infestation, stress, anxiety, emotional upsets, old age, indigestion, heredity, and constipation.

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CONCLUSION

It may be concluded that Bahaq wa Bars are chronic humoral disease occurring because of alteration in the quality and quantity of morbid phlegm beneath the skin and resulting in hypopigmented patches. Bahaq Aswad is characterized by black discoloration of body with irritation, burning, and scaling of skin, occurring due to the accumulation of melancholic humor. Under the influence of the accumulation of morbid humors beneath the skin, the normal physiology of skin gets altered and its protective mechanism is lost; consequently it becomes susceptible to infections. Despite the use of numerous newer therapeutic regimens, in Western medicine, Bahaq wa Bars have remained an enigma because of recurrence and resistance of the antibiotics. Greco-Arab medicine axiomatically claims for successfully treating these diseases since a long time without any unwanted effects. The treatment is based on the holistic approach of Munzij wa Mushil therapy along with the topical application of Jali, Muhammira, Muhallil, and Musakhkhin drugs. Thus Unani medicine is preferred over contemporary medicine in the treatment of these refractory skin ailments.

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