

# Unani prospective of “*Busoor Labaniya (Acne Vulgaris)*” and its management

## Abstract

Nearly all of us have acne at some time or another. Acne affects both sexes and all races. Although acne mainly affects adolescents, it can affect a wide age range. Acne most often affects the face, but it may spread to involve the neck, chest and back and sometimes even more extensively over the body. It is not only causes symptomatic discomfort, but it affects the patient both emotionally and psychosocially that may often lead to depression and other concerns that may have serious impact on their livelihood. In conventional medicine topical applications though which are effective, but that has resulted in many adverse effects like irritation, bleaching of the hair, dryness, sunburn and some systemic medications cause gastrointestinal manifestations. In Unani system of medicine, acne vulgaris is effectively managed with natural medicines as well as therapeutic regimens with minimal side effects even after long-term usage. Acne vulgaris is usually treated with systemic blood purifiers along with topical Unani drugs. Numerous single and compound drugs have been used to treat *Busoor Labaniya*. These drugs are considered harmless and do not have any major side effects. In this review paper described about the etiopathogenesis, symptoms and unani herbal management in detail.

**Keywords:** *busoor labaniya*, acne vulgaris, unani system, madda sadidiya, presentation and management

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## Introduction

Another name for BUSOORE LABANIYA is ACNE VULGARIS. It is a persistent inflammatory follicular condition that affects the units of sebaceous hair.<sup>1</sup> The Greeks called the medical condition Acne “ACME,” which stands for “Prime of Life”. Lesions that are both inflammatory and non-inflammatory define it.<sup>3</sup> For both sexes, acne poses a substantial risk factor for psychological illness in both younger and older people. Reduced self-esteem, confidence, and appearance-related pleasure are linked to acne, as well elevated levels of anxiety, sadness, and suicidal thoughts.

Unani physicians have described *Busoore labaniya* in their treatise as *muhase* these are the white in colour that usually occur on nose and forehead and appear as drops of milk and it is said to be common in men and occur mainly in adolescence.<sup>4</sup> *Busoore labaniya* usually occurs between 16-24 yrs of age they are either red or white in colour and vary in size from the size of *kashkash* to that of pea.<sup>5</sup>

## Prevalence

One of the more prevalent diseases, acne vulgaris affects approximately eighty percent of the population, the majority of whom are in their adolescent or teenage years.<sup>1</sup> It is one of the most widespread illnesses in the world, impacting people of all racial and cultural backgrounds. Psychosocial morbidity is frequently the outcome of acne's combined effects. For all ethnic groups, peak prevalence happened between the ages of 15 to 20. Numerous researches demonstrating that men experience more severe acne in late adolescence than do women were found during a historical review.<sup>3</sup> With a rate of 9.4%, acne ranks eighth out of all the diseases that are now prevalent worldwide.<sup>6</sup> Acne is most common in the first and third decades of life worldwide and almost surely results in low self-esteem, humiliation, guilt, embarrassment, and stigma.<sup>6,7</sup>

In Acne vulgaris small white eruptions appears on the nose and cheeks, which look a lot like a drop of milk. These small lesions contain a yellowish-white substance that generally causes inflammation of the skin. These basoor affects 80-90% of young individuals with sequela

of different diseases as well as injuries. Additionally, men reaching puberty are experiencing this kind of problem more as compared to women.<sup>8,9</sup>

## Pathogenesis

Skin pathophysiology is complex and complicated, but four fundamental phases have been identified: 1) Increased follicular epidermal proliferation Overproduction of sebum 3. Inflammation 4) Propionibacterium acnes activity and presence; these processes are interconnected and influenced by the immune system and hormones.<sup>10</sup> Skin of color can develop any of the typical lesions of acne vulgaris; however, the lesions typically present with less noticeable redness and more post inflammatory hyperpigmentation (pigmented macules), which lasts long after the acne lesion has disappeared.

The primary cause of acne vulgaris (*Busoor-e-Labaniya*), according to the Unani system, is sebaceous gland hyperactivity (*Ghudud-e-Dohniya*), which primarily leads to an increase in the production of oily material. These glands become inflamed and swollen, filled with pus, as a result of this greasy substance becoming lodged in their openings.<sup>11,12</sup>

The yellow pus (*Mada-e-Sadidiya*) comes into contact with the skin because of the increased abnormal heat (*ifraat-e- hararat*) of the pores. The yellow pus does not come out of the pores easily. In other words, yellow pus (*Mada-e- Sadidiya*) comes out of the pores as a result of *bukharat-e-badan* and then gets transferred to the skin.<sup>12</sup>

Mada-e-Sadidiya is transformed from the body vapors (*bukharat-e-badan*) and generally accumulated in the skin. Due to the effect of air and thick materials, *Mada-e-Sadidiya* gets converted into a viscous fluid, and hence the pores get blocked.<sup>11</sup>

## Causes

The cause of *busoor* is the *jaraseem* (bacteria) i.e *Acne bicili* and apart from this obstruction of the oil producing glands. Basoor-e-Labaniya is considered to be *Mada-e-Sadidiya*. This *Madda-e-sadidiya* (Infected matter or Suppurative matter) which is said to be produced as

a result of *fuzlaat* (morbid matter) of the body in the form of *buqaraat* (vapours) that move towards the skin and get accumulated in the form of droplets that resemble milk droplets. The most commonly affected sites are cheek and nose.<sup>5</sup> Some Unani researchers disclose that the matter came out from Busoor is thick viscid morbid in nature that enters the pores of the skin (facial skin) in the form of vapor and is not resolved in the skin due to its thickness. Apart from these irregularities of diet, Environmental factors, Depression, Emotional stress, some medications and cosmetics, Hormonal changes, Pregnancy, menstrual irregularities as well as STDs, excessive Sweating also caused.<sup>8,9</sup>

## Symptoms

Most common types of acne are Blackheads, Whiteheads, Large, solid, as well as painful lumps or nodules under the skin, Red-colored small and tender papules, Pustules that are papules with pus at their tip under the surface of the skin, which are painful.<sup>10</sup>



## Principles of treatment<sup>11</sup>

- Removal of the underlying cause (Asbab or unka azala)
- Improvement of digestion (islah-e- maida)
- Correction of hepatic insufficiency (islah-e- Jigar)
- Use of blood purifiers (Musaffiyat ka istemal)

## Treatment

Treatment for acne depends on the patient's age and sex, the extent and the severity of the acne, how long it has been present and response to previous treatments.

Acne vulgaris can be treated with a variety of treatments, including topical agents, systemic antibiotics, hormonal therapy, and anti-inflammatory drugs. Topical treatments include benzoyl peroxide, retinoid treatments, azelaic acids, and clindamicin. Systemic treatments include antibiotics, retinoids (such as isotretinoin), hormones, and surgical intervention that include incision and curetage of cysts.<sup>14</sup> The long-term use of these treatments is often accompanied by certain side effects, such as skin, eye, nose, and hair irritation, itching, burning, drying, and bleaching. Tetracycline and isotretinoin are both teratogenic drugs, and can cause gastrointestinal discomfort such as nausea and diarrhea. Additionally, long-term antibiotics can lead to antibiotic resistance, which is a major issue.<sup>10,15</sup>

Herbal medicines have gained great attention in the treatment of Acne vulgaris due to their lesser side effects compared to synthetic drugs.

## Single herbs (oral and local use)

Neem (Azadirachta indica Linn), Manjistha (rubia cordifolia), Tea tree (melaleuca alternifolia), Darchini (Cinnamomam Zeylanicum), White oak's bark (Quercus alba), walnut's leaf (Juglans regia), Būra Armani (Bole Armenia), Noushadar (Ammonium chloride),

Kalonji (Nigella sativa Linn), Sirka, Irsa (Iris florentina), Barghe Neem (Azadirachta indica leaves), Poste Saras (Acacia speciosa bark), Ghungchi Safaid (Abrus precatorious) and Namake Sambhar (Lake salt), Gul Ashrafi (Calendula officinalis), Babuna (Matricaria chamomilla), Ustukhuddus (Lavandula stoechas), Rosemary (Salvia rosmarinus), *Maghz-e-Tukhm-Beri* (*Ziziphus mauritiana* Linn), *Aslussoos* (*Glycyrrhiza glabra* Linn), *Qust Talkh* (Saussurea Lappa Linn) etc.<sup>16-19</sup>

## How these drugs are effective in skin disorders especially Busoor Labaniya (Acne vulgaris).

In Unani system of medicine *Busoore labaniya* are considered as small *waram* and *waram* is nothing but big *busoor* and the *advia* used in treatment of *waram* is used to cure *busoor* too.<sup>17</sup> When the treatment of *busoore labaniya* is considered the Unani physicians have mentioned *Tanqiya* (Evacuation) of *balghami* matter from brain and the whole body, to improve the digestion and the use *Musaffiyat* (Blood purifiers), *Jali* (Detergent), *Mujaffif* (Siccative), *Qabiz* (Astringent) and *Mohallil* (Anti-inflammatory) *advia* is mentioned.<sup>11,17</sup> Single drugs which are documented to have *Musaffi* (Blood purifier), Anti-inflammatory, Anti-bacterial properties and beneficial in *busoore labaniya*.<sup>19-21</sup> and topical use of Pharmacological actions of the drugs are *Qabiz* (Astringent), *Mujaffif* (Siccative), *Mohallil* (Anti-inflammatory), *Jali* (Detergent) presents with antioxidant, anti-inflammatory and antimicrobial properties. Moreover these drugs are beneficial in *amraz-e-jild* and is considered anti-inflammatory and to resolve *waram*.<sup>19,20-24</sup>

## Compound formulations

Qurs Musaffi Murakkab, Majun Musaffi Azam, Majun Chobchini Banuskha Kalan, Arq Murakkab Musaffi Khoon, Musaffi Ajmali, Habbe Rasaut Khas, Arq Mundi Itrifal Shahtara, Arq Shahtara, Majun Ushba, Sharbat Unnab, Majun Dabeed-ul-Ward etc. These preparations are useful, effective and well tolerated. Ibne Sina recommended drugs with desiccant and resolving properties in treatment of acne vulgaris centuries ago. These drugs are easily available, economic and have no side effects.<sup>25</sup>

## Conclusion

Globally, acne has the greatest burden between the first and third decades of life and almost certainly causes embarrassment, embarrassment, shame, guilt and low self-esteem, which are likely to cause psychosocial problems. Available synthetic drugs and its side effects, an alternative treatment like herbal unani medicines have a long history of use and have been shown to possess low side effects. These unani drugs seem to be a viable approach to explore for newer, safer and effective anti-acne vulgaris drugs.

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## Conflicts of interests

Author declares that there is no conflicts of interest.

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