

BRIEF REVIEW OF QOOPA (DERMATOPHYTOSIS) & ITS MANAGEMENT IN UNANI PERSPECTIVE

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ABSTRACT

Qooba (Dermatophytosis) is a type of skin disease, according to Unani physician it as roughness which appears over skin surface which is associated with itching scaling & dryness, sometime fish like scale shed off from the skin, the rough area may appear black or red in colour usually the periphery is red and occasionally yellowish fluid discharge from it. 1 Fungal Disease have a globally distribution and are common, due to fungal infection approximately more than one billion people every year is affected. 2 As per the recommendation in the American Academy Of Family Physician (AAFP) antifungals should be continued for management of Ringworm, but some systemic antifungal drugs can cause hepatotoxicity. 3 In modern Medicine Various antifungal agent both topical and systemic have been introduce for effectively treating dermatophytic condition. The commonly used drug include azole like itraconazole, fluconazole, allylamines drugs like terbinafine and griseofulvin. The longterm drug of mainstream medicine is not advisable due to drug toxicity and their various side effect. In unani medicine the principle of management is focused at the alteration or removal of morbid material, which is the main culprit for pathology leading to development of *Qooba*. Through this paper an attempt has been made to highlight the strength of Unani medicine in *Qooba* (Dermatophytosis).

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INTRODUCTION

Qooba (Dermatophytosis) is a type of skin disease, according to unani physician it as roughness which appears over skin surface which is associated with itching scaling & dryness, sometime fish like scale shed off from the skin, the rough area may appear black or red in colour usually the periphery is red and occasionally yellowish fluid discharge from it. ¹ *Qooba* have many synonyms like Daad, Dadru. ⁴ Dermatophytosis, Ringworm, Superficial Dermatomyces, Tinea, Dermatomyces.

Literature Review

Qooba is a roughness which appears over the surface of

the skin in which the skin becomes peeled and scales shed off at the start it appears as a small spot over the skin surface which spread peripherally to develop a large surface area in a annulated pattern. ⁵ It resemble *sa'afa*, especially *sa'afa e yabis*. It may be *huzaz* but according to some *huzaz* is the *Qooba* of the scalp. (kerion in scalp) ⁶

Historical Background

Ismail jurjani stated in *Zakheera khwarjam shahi*, The Persian name of *Qooba* is *paryun* and in hindi it is named as *Daad*. He describe the two main cause for the existence of *Qooba*. One is *khilt-e-bad* (noxious humour) and second is *Quwat-e-tabiyat* (corrective faculty) ⁷ *Ahmad Tabri* said in *Moalejat-e-Buqratiya* as

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that *Qooba* is very similar to urticaria, affect the external surface of skin, usually it is round in shape and it affect large surface of the body.⁸ *Hasan Al Qamri* stated That *Qooba* is caused by sanguine humour which is burnt and converted into melancholic humour, when *Qooba* is reached to muscular part it is termed as *daadkagzi*. In *daadkagzi* infection will be superfiscial & If infection invasion is up to the subcutaneous tissue is called *Bhainsadaad*.⁹ *Zakariya Razi* stated in his book *Al-Havi-Fit-Tibb* *Qooba* its classification treatment. He classified *Qooba* into *Qooba ratab* and *Qooba Yabis*, in addition to this he explored that local application of oil is beneficial to treat the *Qooba*.¹⁰ *Ali Ibn Abbas Majoosi* stated in his well known book *Kamil-us-sana'a* that *Qooba* originate from *Ehtraq-e-Dam* (burnt blood), he also discussed its causes, clinical presentation and its treatment.¹¹ *Azam Khan* explained *Qooba* as roughness over skin associated with itching & scaling and red edges, he also discussed its prognosis & complication.⁴

Etiology :-

Qooba is caused by morbid matter due to viscous matters. If the matter is hot and has less fluid that there will be Dry *Qooba*.¹² The Dry *Qooba* occur due to melancholic humour and the moist one due to melancholic humour mixed with blood . it may be due to the mixture of *lateef khoon* and *mirra sauda* (abnormal black bile) and sometimes due to the intermixture of *ghaleez ratubat* (viscous substance) with *balgam e shor* (abnormal phlegm).¹¹ *Ufunat* is also one of the causes of *Qooba* as written in *Akseer e Azam*.⁴ *Quwat e tabiya* is also responsible for *Qooba*. It deviate *khilt e bad* (nuxious humour) from vital organs towards the skin surface , rendering them safe hence any alteration in the *Quwat e tabiya* may predispose to *Qooba*.⁷ *Allama Hakeem Kabiruddin* expalined *Qooba* in *Tarjuma-e-kabir (shara-e-asbab)* He states that It is contagious in nature caused by a particular type of *madda (maddatul Qooba)*. If the humour develops the properties of *hiddat, borquait and saudaviut* due to prescence of *maaddatul Qooba*, it might produce *Qooba* and may complicate it.¹³ *Rabban Tabri* in his book *firdosul hikmat* he mentioned that improper functioning of *Quwat-e-hazma* results into *faasid* blood (viscous blood) which then circulate to the whole body as a result of which itching arises, it also result in *Qooba*. This *faasid* blood contains *ghilzat* and *baroodat* also the case is if *hiddat* comes into *faasid* blood and the amount of *ratoobat* declines then it may cause the formation of dry *Qooba*.¹⁴

Classification :-

As per Unani Classical Text also specified by eminent physician as well as writers of unani system of medicine. The clinical presentation and Classification of *Qooba* has been explained s per the causative substances.

Qooba Damvi: it shows something which appears to be a reddish discoloration followed by oozing on itching. It is produce by *dam* (blood), burnt and converted into *sauda* (black bile). it disappears easily on treatment.¹⁰ There will be oozing but it easily curable.⁵ it is also produce due to *fasad-e-ratubat* and *ufunat* (infection)⁸.

Qooba Saudavi: it shows a whitish discoloration this is produced by *balgam* that becomes hot and saline and converts into *sauda*.¹⁰ it is produce by *sauda*, which is caused by *ehtraq* (combustion) of *balgam maleh* (saline balgam)⁵ ***Mutaqashshir*** : scaling might be caused due to extreme dryness, sometimes it may be deep seated and resemble *bars-e-aswad*, it may appear like slough.⁵

Ghairmutaqashshir : it does not have scale.⁵

Saeekhabees: it is spreading in nature and its cure is not easy.⁵

Waqif: it is localized and non spreading in nature.⁵

Haad: it is acute in condition which persist for short duration and is easily curable.⁵

Raddi : it has poor prognosis and is not easily curable.⁵

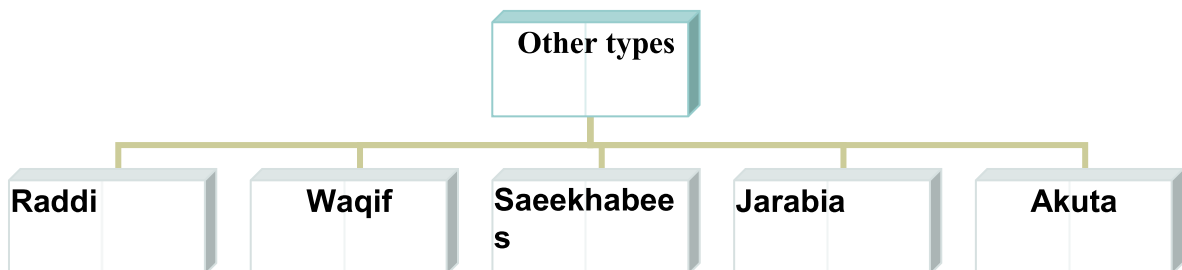
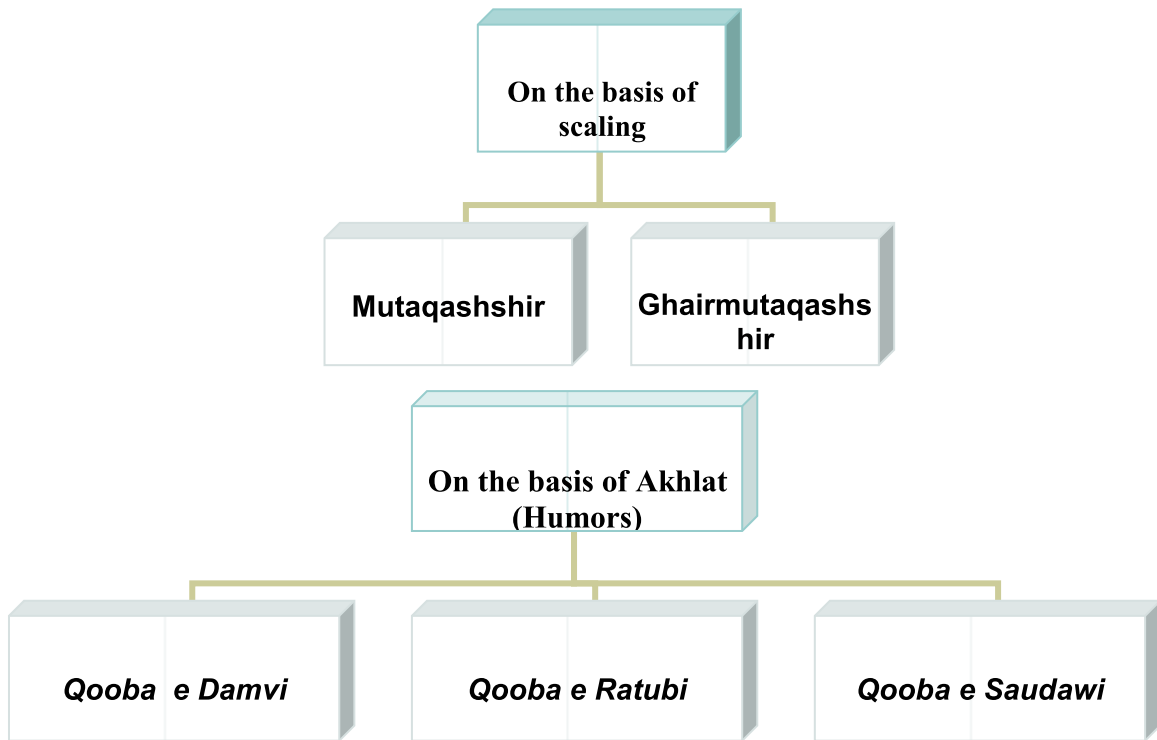
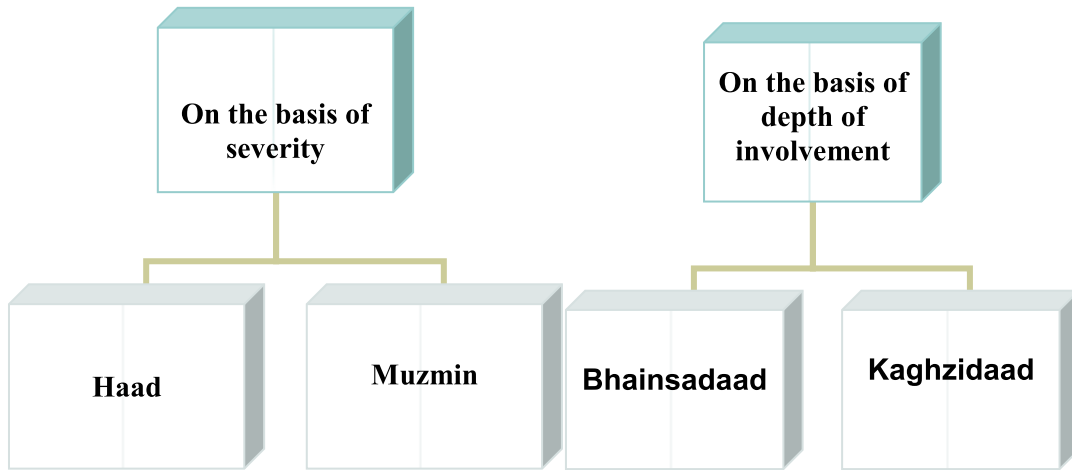
Kaghzidaad: when the disease is superficial.⁹

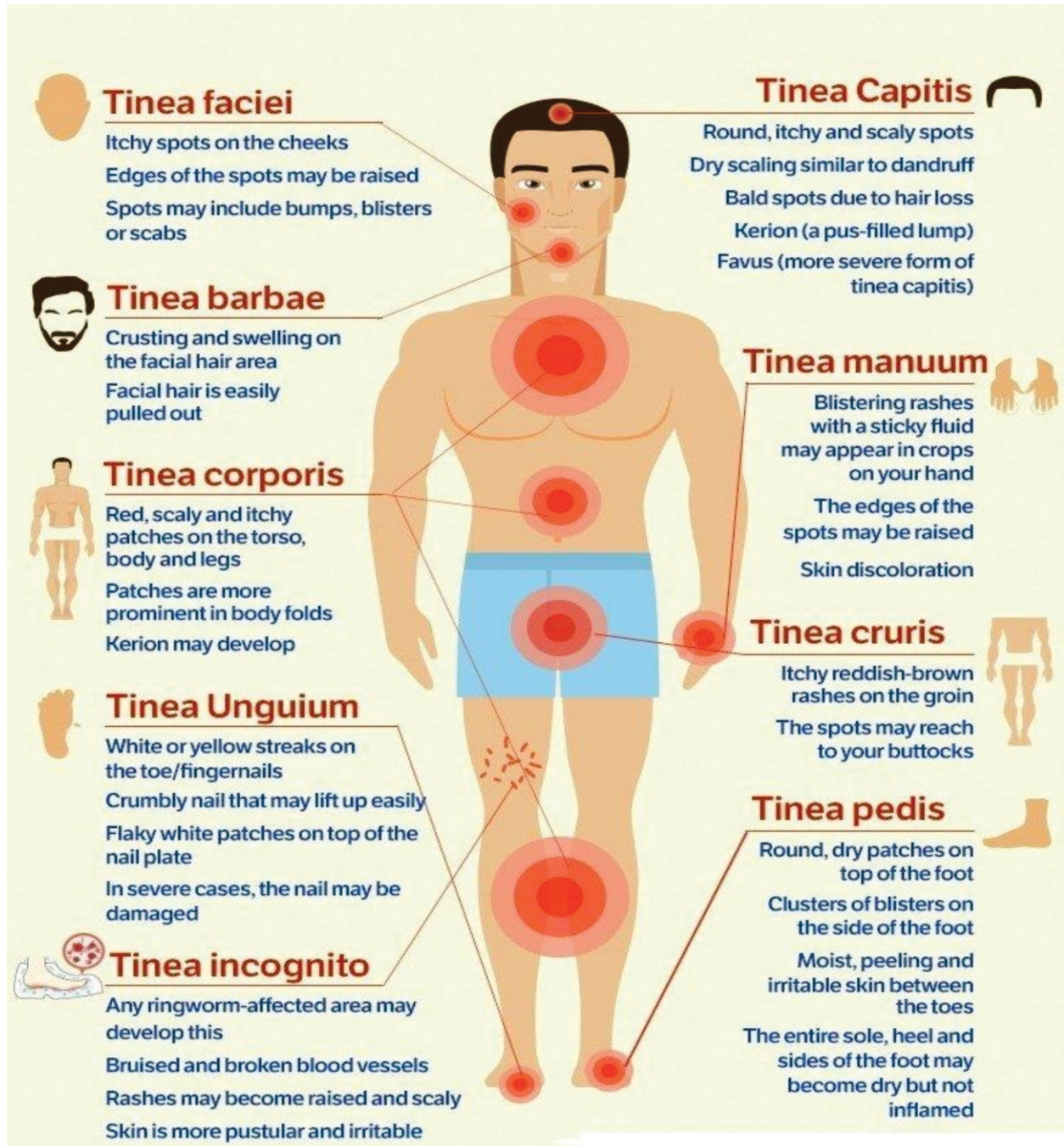
Bhainsadaad: when the invasion is up to the subcutaneous tissue.⁹

Qooba khabees (malignant) : that predisposes to *Juzam* (leprosy). This condition develop due to the *hiddat, khabasat & kasafat* of the causative organism.⁴

Jarabia : in which itching predominates and commonly involves the area of the skin over the scrotum.¹⁵

Akuta : it is a type of *Qooba* found on the back & dorsum of hand.¹⁶





Modern classification of Dermatophytosis¹⁷

Pathogenesis

Tabiyat (Natural power) is the dynamic force which pulls out the morbid matters from *Aaza e Raeesa* and throw out them towards the surface of the skin. This morbid matter is combined of *Akhlat e Harra wa lateefa* mixed with *Akhlat e Arzia wa ghaleeza*. Due to this Dissimulation in the quality of *Akhlat*, the disease spreads in both Direction. It spreads rapidly due to the

Hiddat and *latafat* of the *Madda*. The disease fluminates and improve faster if there is power of *Akhlat e Harra* in the causative material, while it develop and improve slowly if *Akhlat e Arzia* in excess.¹⁸ In most of the unani literature the cause of *Qooba* is describe to the humoural imbalance. If the humour develop the properties of *hiddat*, *borquait* and *saudaviut* to the prescence of *maaddatul Qooba*, it might produce *Qooba* and may

complicate it.¹³ Regarding etiopathogenesis *Ahmad Tbri* said that pathogenic irritating matter escape out from minute capillaries resulting in the formation of hyperpigmented papule which later spreads and takes large circular shape.⁸

Treatment

In Unani management of *Qooba* is usually according to contributing substance, Like *akhlat* (Humors), clinical sign and symptoms. Unani medicine follows the principle *Nujz wa Istefrag*. Which aims is *tankiya Badan*. In most of the cases of *Qooba* occur due to deranged *sauda* therefore in most of the cases treatment is aimed to removal of *sauda* from the body. The drug having the properties of effect of *tahleel*, *taktee* and *taleef* are used to *ghaleez maadda* for *haar* and *rakeek maadda*, which drugs having the property of *taskeen* and *tarteef* are used. treatment is aimed to removal of *morbid matter* from the body. Apart from this several *Tadbeer* (Regimental therapies) is also stated in the management of this disease.⁵ *Fasad and Hijama bil shurt* (wet cupping) has also been said to be good by Unani physician.

Qooba E Damvi: *Fasad* is performed at a nearest possible site for the removal of morbid matters. *Ghassal* advia should be applied locally. For local application drug following drug can be used as a paste *Kharpaza*, *Nakhood*, *Ushna*, *Arad Baqla*, *Samag Arabi*, *samag Farsi*, *Ushq & Vinegar*, *Rogan Gandum*⁸

Qooba E Saudavi: This is the worst among all the type of *Qooba* and it does not respond easily. Therefore removal of morbid *saudavi* matter is essential. Use of *Matbookh aftimoon* and *laughazia* with *aab e halela siyah* and *zabeeb* is indicated for the same. *Fasad* (Venesection) of *Vareed e Basaleeq* is also indicated.⁸

Qooba E Ratubi: *Matbookh Aftimoon a & Ayaarij Fekra* for the removal of morbid fluid is used.⁸ For local application :- *Aqlimia Zahab & Hartal* should be ground in *gulnar and gul e surkh* mixed into vinegar. *Aspand*, *kandash*, *Turbud ground* and mixed with vinegar. Grounded *Asafetida* root mixed with vinegar can be massaged over the affected area, Also the saliva and the tartar of a fasting person may be applied locally.⁸

Treatment Depending On The Morphology Of The Disease:

If the disease is acute superficial and localized local application is usually enough for example *Roghan Gundum*, *Roghan Alsii*, *Roghan Badam Talkh*, *Roghan Narjil*, *Butter & Ghee*. Was mixed with *kateera* and *sibr*

can also be used as *Tila*.¹⁸ If the disease is at a stage where it has penetrated beyond the skin into the muscle then relatively more potent drug like *ushq* mixed with vinegar should be applied after leeching.⁷⁸ If the disease is chronic and situated in deeper tissue then the management is started with the removal of morbid *saudavi* matters from the body by *fasad* (Venesection) & *ishal* (Purgation). For local application very potent drugs which are *haad* and *Muhammir* such as *Hartal* and *Khardal* are used until fresh bleeding occurs, after this healing is facilitated by the use of appropriate drug.¹⁹ *Hijama bil shurt* (Wet Cupping) over the lesion and *Hammam* are also indicated in this stage.¹⁸

Some formulation for local application by eminent Unani scholars are

*Vinegar + Ushq / Rswat / Murmuki / Asafetida / Radish seed / Hummas / Zarawand Madharaj / Samag Arabi / Roghan Badam talkh.*²⁰ *Vinegar + Zarawand Zarnikh + Ushq + Roghan Gundum + Muqil + Waj+ Khardal*²⁰ *Vinegar + honey + Cinnamon*²⁰ *Honey + Gaarlic / Suddab / Chuqandar water*²⁰ *Ushq + Henna + Nakchikni*⁹ *Sulphur + Waj + Sibr + Kundur + Samag e Arabi*⁵

*Sulphur + Tukhm Shadnaj/ ilakul batam*²⁰ *Sulphur + Sugar + Opium + Kaat safed*²⁰ *Curd + Olive oil + Saboos Gundum*²⁰ *Mom Zard + Zuft Romi*²⁰

some compound drugs fo Qooba:

*Habb E Qooba*²⁰ *Habb E Daad*²⁰ *Marham E Daad*¹⁴ *Marham Zararih*⁹ *Marham E Qooba, Roghan E Qooba.*²¹

CONCLUSION

From this review article it is concluded that *Qooba* is very well documented in unani classical manuscript. Unani physicians described the etiological factor, types, pathology, clinical features, treatment in detail, they used many single, compound drug and also local application drugs in the management of *Qooba*. In most of the cases of *Qooba* occur due to deranged *sauda* therefore treatment is aimed to removal of *morbid matter* from the body.

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