

Role of Unani Medicine in Dumbal (Furuncles) Management: An Evidence-Based Case Report

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ABSTRACT:

Boils or furuncles are painful, pus-filled infections of hair follicles caused by the bacterium *Staphylococcus aureus*. These lesions begin as tender, red nodules that gradually enlarge and develop a central core of pus. Contributing factors include poor hygiene, compromised immunity, diabetes, and skin conditions leading to increased friction. In Unani medicine, boils are known as *Dumbal* attributed to an imbalance of *Akhlāt* (humours), particularly an excess of hot and moist humours. This imbalance causes harmful substances to accumulate in the blood, leading to skin inflammation. Unani treatment focuses on restoring humoural balance through dietary changes, herbal remedies, and blood purification. Key treatments include the use of *Mufradāt* with anti-inflammatory and blood-purifying properties, such as *Shāhtra*, *Mundi*, *Amla*, *Burg-i-Nīm*, *Burg-i-Hinā*, *Brahmdandī*, *Chāksū*, *Rasawt*, *Sarphūka*, *Gul-i-Surkeb*. Compound drugs *Itrīphal Shāhtra*, *Ma'jūn Ushba*, *Sharbat Unnāb*, *Ḥabb-i-Muṣaffī-i-Khūn*, *Arq-i-Mundi*, *Marham Safed Kāfūrī* etc. are also used. Additionally regiminal therapies, like *Hijama*, *Dalk*, *Abzan*, *Pashoya*, *Irsāl-i-Alaq* etc. are employed. This case report demonstrates that these Unani formulations are effective in managing furunculosis.

KEYWORDS: Blood purifiers, Boils, *Dumbal*, Furunculosis, *Musaffiyat-i-Dam*, Unani Medicine.

Received: 16.07.2024

Revised: 06.09.2024

Accepted: 14.09.2024

Published: 21.09.2024



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INTRODUCTION:

A boil is a bacterial infection of tissue around a hair follicle, often originating from

folliculitis.^[1] It appears as a painful, reddened lump near the follicle and may develop into a pus-filled abscess. Carbuncles, larger and

more painful, have multiple pus-discharge openings and can cause fever and malaise. They penetrate deeper into tissue and may lead to scarring. If untreated, boils can progress to severe skin infections like cellulitis or lymphadenitis, presenting systemic symptoms such as fever, fatigue, and chills [2]. While some boils can be managed with moist heat, those with cellulitis or fever may require systemic antibiotics until the lesion resolves completely [3].

Boils are widespread bacterial infections, though their exact prevalence is unclear. One study found a 1.3% prevalence among school children [4], while 27% of immunosuppressed organ transplant recipients had persistent folliculitis. [5] In 2010, the UK reported over 280,000 boil episodes, with hospital admissions for related conditions nearly doubling from 123 to 236 per 100,000 between 1998-1999 and 2010-2011 [6]. *Staphylococcus aureus* is the main cause of boils, but gram-negative bacteria like *Klebsiella*, *Enterobacter*, and *Proteus* can also cause infections [7]. Recurrent furunculosis, where boils reappear and spread within families, can significantly impact quality of life. *Staphylococcus aureus* colonization in the anterior nares is a key factor in chronic or recurrent furunculosis [8]. In the Unani system of medicine, boils are believed to arise from *Mādda Sadidiyya* (infected matter), expelled through the skin as vapors [9]. These eruptions occur when *Tab'iyat* (natural healing force) expels humors, with different names based on eruption sites [10]. Boils, or Dumbal, vary in type and are categorized by the humors involved (*Dam*, *Balgham*, *Safra*, *Sawdā*) or *riḥ* [11,12]. They can exhibit hot or cold temperaments. Hot swellings, caused by *Hār Khilt* or an imbalance in other *Khilt*, are classified by the nature of the morbid material. Hot swellings from blood humor disturbances are termed *Falghamūni*, while

those from bilious humor are called *Ḥumra* (erythema). Combinations are referred to as phlegmonous erythema (*Falghamūni Ḥumra*) and erythematous phlegmon (*Ḥumra Falghamūni*). Non-hot swellings are attributed to *Sawdā* (black bile), *balgham* (phlegm), fluid, or *riḥ* [13]. In Unani Tibb, an imbalance in the four humors can disrupt blood balance and lead to disease. Blood purification is recommended to remove toxins, enhance heart health, strengthen immunity, prevent illness, lower cholesterol, reduce cancer risk, and alleviate inflammation from toxins [14].

Some of Single unani drugs considered as blood purifiers are *Chirayita* (*Swertia chirata*), *Nīm* (*Azadirachta indica* A. Juss), *Zard-choba* (*Curcuma longa*), *Mundi* (*Sphaeranthus indicus* Linn.), *Kāsni* (*Cichorium intybus* L.), *Dar-i-Hald* (*Berberis aristata*), *Rehan/Tulsi* (*Ocimum sanctum*), *Gul-i-Ghafīs* (*Gentiana Olivieri* Griseb.), *Bābchī* (*Psoralea corylifolia*), *Shabtra* (*Fumaria indica* Pugsley), as well as compound drugs *Itriphal Shabtra*, *Mā'jun Ushba*, *Sharbat Unnāb*, *Ḥabb-i-Muṣaffi-i-Khūn*, *Arq-i-Mundi*, *Marham Safed Kafūri* etc.

CASE REPORT:

A 63 years old female patient visited the O.P.D. of the Regional Research Institute of Unani Medicine (RRIUM), Srinagar on 23/03/24 with chief complaints of red, swollen, and tender boils of varying size on left leg. She first noticed a small painful swelling that gradually increased in size, associated with fever. On clinical examination, multiple reddish nodules with pus points were seen, largest one measuring 4x3cm, associated with pain and itching over the left leg (**Fig. 1**). The patient had no history of diabetes, hypertension, alcohol consumption, smoking, or medication for systemic conditions, and reported no drug or environmental allergies. A comprehensive physical and systemic examination was

performed, documenting demographic data, chief complaints, personal and family history, and any animal contact. The patient received outpatient care and was alert, oriented, and in good health during the examination. Their physique was average with fair skin (Fitzpatrick 4), height of 160 cm, weight of 74.30 kg, and BMI of 29 kg/m². Vital signs were stable: pulse 78 bpm, temperature 97.8°F, respiratory rate 16 bpm, and blood pressure 120/80 mmHg. Cardiovascular, respiratory, and nervous systems were normal. Written informed consent was obtained, and leg photographs were taken before and after treatment. (**Fig. 1, 2, 3**).

INTERVENTION AND FOLLOW-UP

According to the classical Unani literature, a treatment regimen was prescribed as follows: *Itrifal Shābtra* (5gm), *Habb-i-Muṣaffī Khūn* (2 tablets), *Habb-i-Hiltīt* (2 tablets), and *Sharbat Khāksī* (10ml) were administered orally with lukewarm water after meal, twice daily for a duration of 8 weeks. The affected area was cleaned thoroughly with water and dried daily before applying a topical ointment. *Marham-i-Safeda Kafūri* was locally applied over the affected leg area twice daily for the same 8-week period. The amount of ointment used depended on the size of the lesion. The patient was instructed to avoid consuming chicken, beef, and excessively spicy foods. Additionally, she was advised to visit the institute every two weeks for monitoring the treatment's progress throughout the entire duration.

OBSERVATIONS AND RESULT:

The patient's progress was regularly monitored with follow-up visits at baseline, and at the 2nd, 4th, 6th, and 8th weeks. Signs and symptoms were recorded to assess the treatment's effectiveness (**Table-1**). The efficacy of the study drug was evaluated by

assessing the improvement in *Dumbal* (furuncles), using the Visual Analogue Scale (VAS). The nodules were assessed based on their number, size, and associated symptoms. Grading was conducted according to the following criteria: 0 = absent (no lesions); 1 = less than 10 nodules; 2 = 10 to 15 nodules; 3 = more than 15 nodules. The associated symptoms, such as *Waram* (inflammation), *Alam* (pain), *Hikka* (itching), and *Hamma* (fever) were assessed using a 10-point Visual Analogue Scale (VAS). The total VAS score was documented at baseline and at follow-up visits. DQLI (Dermatology Quality of Life Index) was assessed at baseline and after 8 weeks using a standardized questionnaire. Initially, the DQLI score was 16, indicating significant impairment. After treatment, the score dropped to 1, showing marked improvement. Baseline photographs of the leg were also taken before treatment began (**Fig. 1**) and after the completion of the 8-week study period (**Fig. 2**).

The treatment led to a notable improvement in the leg's condition, with swelling relief reported after the first follow-up. Furuncles improved within days, and by the 4th week, inflammation was completely gone. Erythema reduced, and normal skin appeared. By the 8th week, furunculosis was nearly cured without side effects (**Fig. 2**). While all four symptoms were severe at baseline, but disappear after the 8th week, as indicated in **Table-1**.

Laboratory investigations were conducted after the 8th week of treatment to monitor for any systemic adverse effects of the medication. Results for parameters including Hb%, TLC, DLC, ESR, blood sugar, LFT, KFT, urine, and stool tests were all within normal limits. The patient was observed for an additional 3 months after completing the treatment, during which no relapses or flare-ups of residual lesions were noted, indicating the sustained effectiveness of the treatment (**Fig. 3**).

Table 1: Ingredients of compound drugs for oral and topical use:

Name of compounds	Composition
Compound for oral use	
Itrifal Shāhtra (IS)	<i>Fumaria officinalis</i> L. 50g, <i>Terminalia chebula</i> , <i>Terminalia chebula</i> 50 g, <i>Cassia angustifolia</i> 10g, <i>Rosa damascena</i> Mill. 5 g, <i>Vitis vinifera</i> 350 g ^[15] .
Ḥabb-i-Muṣaffī Khūn (HMK)	<i>Melia azedarach</i> ; <i>Azadirachta indica</i> 5 g each; <i>Lawsonia inermis</i> 2 g; <i>Pterocarpus santalinus</i> , <i>Tricholepis glaberrima</i> , <i>Terminalia chebula</i> , <i>Cassia absus</i> , <i>Tephrosia purpurea</i> L, <i>Fumaria indica</i> Pugsley, <i>Coriander sativum</i> L, <i>Ajuga bracteosa</i> , <i>Santalum album</i> L, <i>Rosa damascena</i> Mill each 3 g, <i>Piper nigrum</i> L, <i>Cuminum cyminum</i> , <i>Baubinia racemosa</i> Lam each 1 g ^[15] .
Ḥabb-i-Ḥiltīt (HH)	<i>Ferula Foetida</i> Regel. 1 part, <i>Zingiber officinale</i> Rose. 1 part, <i>Borax</i> 1 part, rock salt 1 part ^[15] .
Sharbat-i-Khāksī (SK)	Each 10 ml. prepared from <i>Foeniculum vulgare</i> 500 mg, <i>Borago officinalis</i> 300 mg, <i>Sisymbrium irio</i> , <i>Zizyphus jujuba</i> each 500 mg, sugar 7.5 gm, and Honey (As required) ^[16] .
Compound for topical use	
Marham Safed Kāfūrī (MSK)	White wax 100 g, <i>Roghan-i-Gul</i> 300 ml, Stannum, <i>Plumbioxidum</i> , <i>Cinnamomum camphora</i> each 50gm ^[17] .

Table-2: Clinical assessment and improved features on subsequent follow-up

Clinical features	Baseline	2 nd week	4 th week	6 th weeks	8 th weeks
<i>Waram</i> (inflammation)	+++++	+++	++	+	-
Alam (pain)	+++++	+++	+	-	-
<i>Ḥikka</i> (itching)	+++++	++	+	+	-
<i>Ḥumma</i> (fever)	+++	+	-	-	-



Fig-1: Before treatment Zero day Fig-2: After treatment (8th week) Fig-3: After 3 month of treatment

[**Note:** These pictures are taken at the same place with similar light effects viewing the anterior aspect of leg (OPD of RRIUM, Srinagar)]

DISCUSSION

The Unani regimen, comprising IS, HMK, MSK, SK, and HH formulations, proved effective and safe for managing furunculosis. Its efficacy is due to the formulations' blood-purifying, anti-inflammatory, antibacterial, moisturizing, pain-relieving, and wound-healing properties. Initially, the affected area had multiple red, swollen, tender nodules. After 8 weeks of treatment, swelling had disappeared, and the leg looked nearly normal. There were no complaints of itching or irritation, and erythema had significantly reduced. This improvement highlights the regimen's ability to address inflammation, bacterial colonization, and discomfort, and its absence of adverse effects confirms its safety.

Itrifal Shāhtra is effective in normalizing elevated blood heat and treating wounds and boils. Ahmed et al. (2016) found that extracts of *C. angustifolia* have antioxidant, anticancer, and antimicrobial properties [18]. Hajhashemi et al. (2010) reported that *R. damascena* hydroalcoholic extract has potent analgesic and anti-inflammatory effects [19]. *Habb-i-*

Muṣaffi Khūn (ingredients in **Table 1**), known for its antibacterial, antifungal, antiulcer, antipyretic, anticancer, and wound-healing properties [20]. *Barg-i-Nim* is recognized in Unani medicine as a blood purifier with antibacterial qualities, effective in wound care and healing. *Terminalia chebula* extracts exhibit antibacterial, antioxidant, and anti-inflammatory effects, showcasing its potential as a natural remedy [21]. *Burg-i-Hinā* (*Henna*) has anti-inflammatory, antimicrobial, and immune-modulatory properties, proven more effective than hydrocortisone in treating infant diaper dermatitis [22]. *Tephrosia purpurea* possesses blood purifier, antipruritic, antiulcer, antioxidant, wound healing, anti-inflammatory, and antimicrobial activities [23]. *Piper nigrum* (black pepper) offers antibacterial, antifungal, analgesic, anti-inflammatory, and immunomodulatory benefits [24]. *Tricholepis glaberrima* root extracts effectively combat fungal infections and reduce inflammation [25]. *Bauhinia racemosa* exhibits antibacterial, antifungal, anti-inflammatory, antioxidant, and anticancer properties [26]. *Ajuga bracteosa* shows anti-

inflammatory, cytotoxic, and antibacterial effects [27]. Lastly, *Santalum album* (sandalwood) provides anti-inflammatory, antiviral, anticancer, anti-ulcer, and antimicrobial benefits [28].

Marham Safed Kāfūrī is an ointment with anti-inflammatory properties that aids wound healing. Beeswax provides anti-inflammatory, analgesic, and antipruritic effects. Rahman et al. (2015) found an 86.67% cure rate in scabies treatment using a Unani formulation with Murdar Sang, showing its efficacy. *Kushta Qala'ī* exhibits antimicrobial activity against *Streptococcus mutans* and *Corynebacterium xerosis*. *Cinnamomum camphora* has anti-inflammatory, antiseptic, and sedative properties. Najmul Ghani's *Khazainul Advia* highlights *Kāfūr*'s antipruritic, cooling, and anti-allergic benefits, useful for treating vesicular pruritus and burning sensations. [29, 30]

Sharbat Khāksī contains *Khāksī (Sisymbrium irio)*, known for its diverse therapeutic properties, including hepatoprotective, antimicrobial, antifungal, antipyretic, analgesic, antioxidant, and anticancer effects. It also offers broncho-protective, bronchodilator, gut modulator benefits, and is effective against multidrug-resistant bacteria [31].

Habb-i-Hiltīt (ingredients in **Table 1**), all known in Unani medicine for their therapeutic properties. These ingredients aid digestion, stimulate appetite, and are commonly used as spices and food enhancers [32].

CONCLUSION:

Unani treatments, particularly Muṣaffi-i-Dam (blood purifiers), effectively treat furunculosis by leveraging anti-inflammatory, hematopoietic, and tonic properties, often with fewer side effects than conventional

drugs. Recent studies support their safety and efficacy, but more randomized clinical trials are needed to validate these findings and explore new therapeutic options.

Declaration of patient consent:

The patient consented to publish her case, agreeing to report her clinical details without disclosing her name or initials. While efforts will be made to conceal her identity, complete anonymity is not guaranteed.

Acknowledgement:

All authors are thankful to the Deputy Director, Regional Research Institute of Unani Medicine (RRIUM), Srinagar for providing the necessary facilities.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Kalam MA, Sahiba, Ahtesham A. Role of Unani Medicine in Dumbal (Furuncles) Management: An Evidence-Based Case Report. *Int. J. AYUSH CaRe.* 2024; 8(3): 364-371.

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