

**EFFECT OF UNANI MEDICINE ON ULCER OF BASALCELL CARCINOMA: A CASE STUDY****Dr. Mohammad Ruman Khan<sup>\*1</sup> and Prof. Mohd. Zulkifle<sup>2</sup>**<sup>1</sup>Dept. of Amraze jild wa Tazeeniyat.<sup>2</sup>Dept of Kulliyat; National Institute of Unani Medicine (NIUM), Bangalore (India).**\*Corresponding Author: Dr. Mohammad Ruman Khan**

Dept. of Amraze jild wa Tazeeniyat.

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**ABSTRACT**

A malignant tumour that rarely metastasizes composed of cells similar to those in the basal area of the epidermis and its appendages. The histology of the tumour and the surrounding stroma is characteristic. Basal Cell carcinoma is the most common malignant tumour of the skin. Here we report a case study of 62 years male, working as a farmer having being diagnosed of chronic malignant ulcer of skin on fore head of left side above the orbit and above the frontal area ,deep seated, rolled edge, centrally depressed. Patient was given Unani treatment as local and was asked for follow up every 15<sup>th</sup> day. After 2 months of treatment patient had significant improvement with healed depressed area with mild erythema.

**INTRODUCTION**

A malignant tumour that rarely metastasizes composed of cells similar to those in the basal area of the epidermis and its appendages.<sup>[1]</sup> Basal cell carcinoma (BCC) is a malignant neoplasm derived from nonkeratinizing cells that originate in the basal layer of the epidermis. If left untreated, BCC can become invasive and may result in substantial tissue damage. Metastasis is a rare event. BCC is the most common malignant tumour of the skin.<sup>[2]</sup> BCC is more common in males than females.<sup>[3]</sup> It is slight high prevalence in males. Prevalence of this tumour increases within a population as exposure to sunlight increases.<sup>[1]</sup> In Unani classical literature this type of ulcer is put under the category of Quroohe khabeesa muzmina. The ulcer is formed due to a break in continuity of a waram or due to maturation of a wound or due to infection of a lesion moreover the material found in lesion is lazeh(Irritant) which causes pain, burning and oozing. These occur due to Lazeh (irritant maddah) then the treatment should be given with those medicine which is indry form of za'roor(dusting) which will absorbe the fluid and check the infection. To achieve the suitable result the following medicines having following actions are beneficial *Kundur* (*Boswellia serrata*), *Fitkari* (*Alum*), *Poste Anar* (*Punica granatum*), *Maazu* (*Quercus infectoria*), *Abhal* (*Juniperus communis*), *Murmaki* (*Commiphora myrrha*), *Bekhe Narghis* (*Narcissus tazetta*), *Damul akhwain* (*dracaena cinnabari*) are very effective in treatment of an oozing ulcer locally, as dusting form. Moreover these medicine having properties like dessicant, moderator, wound healer, meat grower and antiseptic when given in combined.<sup>[4-7]</sup> Clinical feature include that it occur the people who exposed

much to sun light with slight male preponderance. It is commonly found on upper face, lower face, inner canthi, nose fold and neck and limbs rarely involves.<sup>[3,8]</sup> BCC is extremely uncommon in dark-skinned races, and less common in Chinese, Japanese and other oriental populations than in white populations. Although it may occur at any age from childhood, more than three quarters of patients are over 40 years old.<sup>[1]</sup>

**CASE REPORT**

Here we reports a case of Age 62/Male working as a farmer presented in our NIUM opd with CR no 428094 having an ulcer with rolled edge with pearly papules and centre of ulcer was depressed lesion was erythematous in colour. There was an ulcer on forehead of the patient from past five years. The place and characteristics both were according to chronic and malignant ulcer. Previously patient was being treated a higher centre where a histopathology was done and this describe the lesion as a Basal cell carcinoma. At same place he was advised for skin grafting. After that patient came to NIUM hospital. The characteristic of ulcer were following.

Ulcer with rolled edge with pearly papules and centre of ulcer was depressed. lesion was erythematous in colour. His ulcer was propagated on half of the forehead leftward (Supra orbital Region). There was oozing. No H/O DM, TB, HTN, bronchial asthma or any other chronic disease or other malignancy was present.

**Diagnosis**

After the Examination ulcer was diagnosed as Chronic Malignant Ulcer. It's probable cause was such type of *lazeḥ maddah* (Irritant matter) which disintegrated adjacent structures due to this ulcer was spread most of the forehead and moreover due to *luzah* patient's complaint about pain and burning.

**Principal of Treatment and Treatment<sup>[4-7]</sup>**

For completion of demand of the treatment it is kept in mind that *luzaz* (Irritation) and *sailan of rutoobat* (oozing of fluid) should be controlled and ulcer get started healed. For completion of this object one of the herbal formula was prescribed which encompasses features like *mojaffif* (dessicant), *moaddilat* (Moderator) and *munbate laham* (meat grower).

**Formula:** *Abhal*, *Fitkari*, *Bekhe Narghis*, *Kundur*, *Murmaki*

***Abhal* (*Juniperus communis*):** *Abhal* was included specially because it prevent to spread of the ulcer/wound

***Fitkari* (*Alum*):** It was included because it is antiseptic and desiccant.

***Bekhe Narghis* (*Narcissus tazata*):** It is a unique type of wound healer. Ancient Unani physician specially prescribed it for malignant ulcer.

***Kundur* (*Boswellia serrata*):** *Kundur* was included because it is meat grower and wound healer.

***Murmaki* (*Commiphora myrrha*):** It is included because it is a temperament moderator.

When patient started the formulae then the hopeful result started gradually. Patient was followed up every 15<sup>th</sup> day to observe the changes occur. The changes can be viewed in upcoming pics (pic no1-5 in form of pictures taken every follow up).



Pic. 1: At 1<sup>th</sup> day.



Pic. 2: After 15 days.



Pic. 3: After one month.



Pic. 4: After one and half month.



**Pic. 5; after two months.**

## CONCLUSION

From the above discussion it can be fulfilled that Unani medicine for Basal cell carcinoma is hopeful and with least side effects. Although by this case study it is proved that above Unani drugs are effective in this type of ulcer but case studies and clinical trials with large number of subjects should be carried out in order to evaluate efficacy and safety of drugs used. After the treatment process now the lesion was ready for accepting the skin Graft. So patient went to a higher centre where he is putted by auto graft surgery. This grafting become easy because lesion was healed by Unani Medicine (formulae) mentioned above.

## BIBLIOGRAPHY

1. Burns T, Breathnach S, Cox N, Griffiths C, editors, Rook's text book of dermatology. 7th edition. Blackwell science pvt. ltd, 2004; 3(36): 20-24.
2. Freedburg IM, Eiser Az, wolff k, Austen kf, A L, Smith G, et al., editors. Fitzpatrick.
3. Dermatology in general Medicine. 6th ed. New Delhi; vol 1: Mcgraw Hill, 2003; 81: 854.
4. Colledge NR WBS. Davidson's principles & practice of. 19th ed. London: Churchil Livingstone, 2004; 1072-75.
5. Sina I, alqanoon fit tibb (Urdu translation by Kantoori GHA); Idra kitabus shifa; YNM; New Delhi; vol. 1 and, 4(126): 1310-20.
6. Jurjani I. Zakheera Khawar zam Shahi (Urdu translation by Khan HH) New Delhi; vol 8: Idara kitab us Shifa, 2010.
7. AMH. Q. Ghina Muna (Urdu translation Minhajul Ilaj New Delhi: CCRUM; 2008: 492-93.
8. Tabri HABSR. Firdos-ul- Hikmat; Idara kitab-us-shifa; New Delhi, 2010; 301-02.
9. Behl P, Aggrawal A, Srivastava g. practice of Dermatology. 9th ed. New Delhi: CBS publisher and Distributer, 2004; 126-135.