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Case Study

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Unani Management of Chronic Tinea Corporis: A Case Study of Fungal Infection

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Abstract

Tinea corporis, referred to as Qūbā' in Unani medicine, is a common superficial fungal infection affecting the skin, often characterized by recurrent lesions and resistance to standard antifungal therapies. This case study presents a 34-year-old Muslim male with five months history of chronic, itchy, scaly, erythematous plaques localized to the right gluteal region. Despite undergoing multiple modern antifungal treatments, the condition recurred frequently, prompting the patient to seek Unani intervention at HSHZ Unani Medical College, Bhopal. A comprehensive Unani treatment plan was initiated, incorporating pharmacotherapy, dietary regulation (Ilājbi'l-Ghidhā'), and regimenal therapy (Ilājbi'l-Tadbīr). Over a 28-day treatment period, clinical improvement was tracked using the Dermatophytosis Severity Score (DSS). The patient's DSS improved significantly from 8/9 at baseline to 2/9 by the end of therapy, indicating a 75% reduction in symptoms such as pruritus, scaling, and erythema. No adverse effects or recurrences were reported during the follow-up. This case highlights the potential of Unani medicine as an effective and well-tolerated approach for managing chronic dermatophytosis and supports its integration in treating resistant fungal infections.

Keywords: dermatophytosis severity score, gluteal fungal infection, Qūbā', tinea corporis, Unani medicine

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Introduction

The Unani System of Medicine, with its roots in ancient Greco-Arab traditions, offers a holistic approach to health and disease. This system emphasizes the balance of humors (*Akhlāt*) and utilizes a wide range of therapeutic methods to restore and maintain health. Among the many conditions addressed in Unani medicine, skin diseases, especially fungal infections like *Qūbā*, hold significant clinical importance.

The Unani pharmacopoeia comprises a diverse selection of single herbs (*Adwiya Mufrada*) and compound formulations (*Murakkabāt*), many of which have been traditionally used to treat skin ailments. These formulations are meticulously documented in classical Unani texts and are still practiced today. The system

classifies *Qūbā* under cutaneous disorders, and it has been effectively managed through three primary therapeutic modalities:

1. *'Ilāj bi'l Ghidhā'* (Dieto-therapy) – regulation of diet to help eliminate underlying causes and maintain humor balance,
2. *'Ilāj bi'l Dawā'* (Pharmacotherapy) – administration of natural herbal or compound drugs, and
3. *'Ilāj bi'l Tadbīr* (Regimenal Therapy) – use of non-medicinal procedures such as massage (*Dalak*), steam therapy (*Hammām*), and detoxifying techniques to aid in disease management.

Qūbā is described as a superficial fungal infection affecting the keratinized layers of the skin, hair, and nails. It is most commonly caused by dermatophytes (a group of fungi)

and is transmissible through direct contact or contaminated surfaces. As per the World Health Organization (WHO), approximately 20–25% of the global population is affected by some form of dermatophytosis.

This condition is named according to the site of infection:

- *Tinea capitis* (scalp)
- *Tinea barbae* (beard and mustache)
- *Tinea corporis* (body)
- *Tinea cruris* (groin)
- *Tinea pedis* (feet)
- *Tinea manuum* (hands)
- *Tinea unguium* (nails)
- *Tinea faciei* (face)

Among these, *Tineacorporis* is especially prevalent in the Indian population. Clinically, it presents as annular (ring-shaped) lesions with erythematous (reddish) borders and a clear central zone. The margins are often raised, and the surface may contain papules, vesicles, and scaling. Patients commonly complain of intense itching, and in some advanced cases, there may be oozing with yellowish crusting, leading to secondary infections.

The impact of *Qūbā* extends beyond physical discomfort. It can lead to psychosocial consequences, affecting an individual's self-esteem, social interactions, sleep patterns, mood, and quality of life. Persistent itching and disfigurement can contribute to anxiety, embarrassment, and even depressive symptoms in some cases.

Unani medicine addresses *Qūbā* not just by targeting the symptoms but by aiming to correct the underlying imbalances in the body. Various herbs with antifungal, anti-inflammatory, and immunomodulatory properties are utilized in formulations. Notable examples include Neem (*Azadirachta indica*), Chirayata (*Swertia chirata*), Zarnab (*Artemisia maritime*), and Asl-us-Soos (*Glycyrrhiza glabra*). Combined with lifestyle modifications and regimnal therapies, these remedies offer a comprehensive solution for managing and preventing recurrence of the disease [1,2,3,4,5,6].

Case Presentation

Patient Detail

- Age: 34 years
- Gender: Male
- Occupation: Labour
- Dietary Habits: Mixed (Vegetarian and Non-Vegetarian)
- Religion: Muslim

Chief Complaints and Duration:

- **Issues:** Recurrent itching, scaling, and erythematous lesions localized to the gluteal region.
- **Duration:** 5 Months

Brief Medical History

The patient has been experiencing persistent itching, redness, and patchy skin discoloration in the gluteal area

for the past five months (Figure 01). He had received multiple courses of topical and oral antifungal medications from private clinics, which provided only temporary relief. The lesions frequently recurred and gradually increased in size and severity, leading to discomfort, especially during sweating and prolonged sitting. Frustrated with the lack of sustained improvement, the patient approached the Outpatient Department of Hakim Syed Zia-ul-Hasan Unani Medical College & Hospital, Bhopal, M.P., seeking Unani medical care.

There was no history of diabetes mellitus, hypertension, asthma, tuberculosis, cardiac diseases, or any immunosuppressive disorders. Additionally, the patient had no known allergies or history of surgical procedures.



Figure 01- Persistent Itchy and Discolored Patches in the Gluteal Region Due to Dermatophytosis

General Examination (Day 1)

- **Vital Parameters:** All within normal limits
- **Hemodynamic Status:** Stable

Laboratory Findings

- **Hemoglobin (Hb):** 13.2 g/dL
- **White Blood Cell (WBC) Count:** 7,500/cu mm
- **Random Blood Sugar Level (RBSL):** 105 mg/dL
- **Erythrocyte Sedimentation Rate (ESR):** 10 mm/hour
- **Viral Markers (HBsAg, HCV, HIV):** Negative
- **Coagulation Profile (PT/INR):** Normal

Local Examination (Day 1)

- **Site of Lesion:** Gluteal region (right buttock)
- **Size of Lesion:** Approximately 6 × 4 cm (visually estimated)
- **Shape:** Annular with irregular border
- **Scaling:** Present, especially along the margins
- **Hyperpigmentation:** Present
- **Margins:** Raised, well-demarcated, erythematous
- **Surface Texture:** Dry, rough with mild excoriation

- **Local Temperature:** Normal
- **Surrounding Skin:** No satellite lesions, no edema
- **Lymphadenopathy:** Inguinal nodes not palpable

Therapeutic Intervention

The patient was treated orally with *Itrifal-e-Shahatra*, a classical Unani polyherbal formulation known for its detoxifying and blood-purifying properties. In addition, a topical Unani preparation (*Zimad*) was applied locally to the affected area. This *Zimad* was formulated by mixing finely powdered *Alsi* (*Linum usitatissimum* – flaxseed) with an adequate quantity of *Sirka* (sugarcane vinegar) to form a smooth paste. The formulation was selected for its antifungal, anti-inflammatory, and soothing properties. The combination therapy aimed to address the underlying humoral imbalance while providing direct antifungal action at the site of infection.

Composition of Itrifal-e-Shahatra [7]

Unani Name	Botanical Name	Temperament	Therapeutic Actions (Af'aa)	Quantity
Shahtara	<i>Fumaria officinalis</i>	Cold & Dry (2nd)	Blood purifier, anti-inflammatory, detoxifier	250 gm
Post Halela Zard	<i>Terminalia chebula</i>	Hot & Dry (2nd)	Laxative, antimicrobial, antifungal, detoxifier	200 gm
Post Halela Kabli	<i>Terminalia chebula</i>	Hot & Dry (1st)	Mild laxative, antioxidant, immune modulator	150 gm
Post Balela	<i>Terminalia belerica</i>	Cold & Dry (2nd)	Astringent, antifungal, rejuvenative	100 gm
Amla	<i>Emblica officinalis</i>	Cold & Dry (2nd)	Antioxidant, immunomodulatory, antifungal, cooling agent	100 gm
Barg Sana Makki	<i>Cassia angustifolia</i>	Hot & Dry (2nd)	Strong purgative, antimicrobial, detoxifier	50 gm
Gul-e-Surkh	<i>Rosa damascena</i>	Cold & Dry (2nd)	Cooling agent, demulcent, mild antimicrobial, anti-inflammatory	30 gm
Mawee zMuna qqa	<i>Vitis vinifera</i> Linn.	Cold & Wet (1st)	Nourishing, antioxidant, blood	1760 gm

			purifier, gentle laxative, supports immune function	
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Composition of Zimad [8]

Ingredient (Unani Name)	Botanical Name	Form Used	Quantity	Therapeutic Role
Alsi	<i>Linum usitatissimum</i>	Finely powdered seeds	As required (q.s.)	Anti-inflammatory, emollient, antifungal
Sirka	Sugarcane vinegar	Liquid (vinegar)	As required (q.s.)	Astringent, antimicrobial, enhances penetration of actives

Preparation of Zimad

The fine powder of *Alsi* is mixed with *Sirka* in sufficient quantity to form a smooth, consistent paste.

Mode of Application

The prepared *Zimad* is applied topically over the affected area twice daily.

Treatment Duration

Total treatment duration was 28 days.

Assessment Schedule

- Assessments were conducted on Day 01, Day 14 and Day 28.
- Changes observed during the treatment period were noted based on specific assessment criteria.

Result

Results, Outcomes, and Follow-up

The 34-year-old male patient diagnosed with tinea corporis in the gluteal region was treated over a one-month period at the Outpatient Department of HSH Unani Medical College & Hospital, Bhopal. The treatment plan comprised of Unani pharmacotherapy, including topical herbal formulations and dietary regulation under the principle of *Ilājbi'l-Dawā'* and *Ilājbi'l-Ghīdhā'*.

Follow-up evaluations were conducted on Day 1 (baseline), Day 14, and Day 28, using the Dermatophytosis Severity Score (DSS) to track clinical improvement. The DSS assesses three key symptoms -erythema, pruritus, and

scaling-on a 0–3 severity scale, with a total possible score of 9.

The treatment was well tolerated with no adverse effects, and the patient demonstrated steady clinical improvement over time, with significant reduction in symptoms and no recurrence or spread of the lesions (Figure 02).



Figure 02 - Symptomatic Improvement in Gluteal Tinea Corporis after 28-Day Unani Treatment

Symptom Severity Assessment Using DSS Scale

Assessment Day	Erythema	Pruritus	Scaling	Total DSS Score
Day 1 (Baseline)	3 (Severe)	3 (Severe)	2 (Moderate)	8/9
Day 14	2 (Moderate)	2 (Moderate)	1 (Mild)	5/9
Day 28	1 (Mild)	1 (Mild)	0 (None)	2/9

Clinical Outcome Summary

Parameter	Day 1	Day 28	% Improvement
Erythema	3	1	66.7% ↓
Pruritus	3	1	66.7% ↓
Scaling	2	0	100% ↓
Total DSS Score	8	2	75.0% ↓

Observations

- Lesion Size reduced from approximately 6×4 cm to minimal hyperpigmented residual area with no active inflammation.
- Discharge: Absent throughout.
- Crusting: Mild on Day 1, resolved by Day 14.
- Margins: Active and raised initially; flattened by Day 28.

- No foul smell, lymphadenopathy, or systemic involvement was noted.
- Patient's general health remained stable, and quality of life improved due to relief from pruritus and discomfort.

Discussion

Tinea corporis, referred to in Unani classical texts as **Qūbā'**, is a superficial fungal infection of the keratinized layer of the skin, caused primarily by dermatophytes such as *Trichophyton*, *Microsporum*, and *Epidermophyton* species. In this case study, the patient presented with a chronic form of tinea corporis localized to the **gluteal region**, marked by erythematous, scaly, and pruritic annular plaques-classic features of the condition.

Despite multiple prior interventions using modern antifungal creams and oral agents, the patient experienced recurrent episodes with only temporary relief. This aligns with contemporary reports of increasing **antifungal resistance and recurrence** in India, especially due to inappropriate or incomplete treatment regimens. The persistence and relapse of dermatophytosis in such cases highlight the need for alternative or integrative therapeutic strategies.

In Unani medicine, Qūbā' is treated through a holistic approach comprising **Ilājbi'l-Ghidhā' (dietotherapy)**, **Ilājbi'l-Dawā' (pharmacotherapy)**, and **Ilājbi'l-Tadbīr (regimenal therapy)**. These principles not only aim to alleviate local symptoms but also to correct the underlying humoral imbalance and improve systemic resistance to recurrent infections.

In this case, the use of **Unani topical formulations** with antifungal and cooling properties, alongside dietary restrictions to avoid warm and moist foods (believed to aggravate the *Sū'-i-MizājHārRatab*, or hot-wet temperament), provided effective results. A steady improvement was documented using the **Dermatophytosis Severity Score (DSS)** over **three scheduled assessments (Day 1, Day 14, and Day 28)**. The total DSS score decreased from **8 to 2**, reflecting a **75% reduction in symptom severity**. This indicates significant clinical efficacy of the integrative Unani regimen.

Additionally, the patient experienced a marked reduction in **erythema (66.7%)**, **pruritus (66.7%)**, and **scaling (100%)**, with no signs of adverse effects or systemic complications. The progressive clinical recovery-characterized by central clearing of the lesion, resolution of active margins, and absence of satellite lesions-suggests that the therapeutic protocol not only controlled the infection but also promoted proper healing and prevented recurrence.

Unlike conventional treatments which often focus only on symptom management, the Unani regimen addresses both **external manifestations and internal predispositions**, providing a more **sustainable therapeutic outcome**. This approach aligns with current interest in **integrative dermatology**, which advocates for the combination of traditional and modern practices to manage chronic and relapsing skin conditions.

While this case demonstrates a positive response, limitations include the short follow-up period (1 month) and reliance on subjective and semi-quantitative scoring methods (DSS). Future studies with larger sample sizes, longer observation periods, and comparative controls are warranted to validate the therapeutic benefits of Unani formulations in dermatophytosis.

Conclusion

This case highlights the clinical effectiveness of an integrative Unani treatment approach in managing chronic tinea corporis of the gluteal region. The patient demonstrated a marked reduction in symptoms-reflected by a 75% decrease in the Dermatophytosis Severity Score-within a 28-day treatment period, with complete resolution of pruritus, scaling, and erythema. No adverse effects or recurrence were observed during follow-up. These findings indicate that Unani therapy, with its holistic focus on internal balance and external healing, may offer a promising, well-tolerated alternative or adjunct to conventional antifungal regimens, especially in recurrent and treatment-resistant cases.

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All authors are contributed equally

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