

**COMPARATIVE STUDY  
OF  
ASAL (BEE HONEY) AND ITRIFAL-E-SHAHATRA  
IN THE TREATMENT  
OF  
NAR-E-FARSI (ECZEMA)**



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## Abstract

**Nar-e-farsi** (Eczema) is a lifelong skin disorder affecting several millions of infants and adults worldwide. There is no permanent cure. It is necessary to discover new medicines for a change in the current practice.

The study was designed to compare the efficacy of Asal (honey) with Itrifal-e-Shahatra (a compound pharmaceutical dosage form of Unani medical system) in the treatment of *Nar-e-farsi* and to define *Nar-e-farsi* prone population as well as to define the word *Nar-e-farsi*.

The Ayurvedic teaching hospital Colombo was used to conduct the clinical study, experimental design. Sixty volunteers were selected as purpose sampling and divided into two groups. Atopic eczema was diagnosed, by using J Hanifin G Rajka diagnostic criteria. Nine variables from atopic eczema patients were taken according to the SCORAD European task force on atopic dermatitis and calculated the severity. The observed variables are; Area involved calculated by rule of nine charts. Intensity; redness, oozing, swelling, scratch mark, thickening, dryness of unaffected part were measured by 0-3 scale. Itching and sleep loss were measured by 0-10 scale. When the volunteers satisfied the inclusion and exclusion criteria, photograph of the lesion was taken. Mizaj criteria (temperament criteria) were used to calculate the temperament of the volunteers attended to the clinic and through the literature research, the word *Nar-e-farsi* was defined.

Honey was given internally and externally for one group and the Itrifal-e-Shahatra as internally to the other group for a week. As such six-week treatment and follow up for the six weeks was done. Hypothesis; there is no significant difference between Asal and Ithrifal-e-shahatra in the treatment of *Nar-e-farsi* at 0.05, used student t test.

Researcher found the significant positive response in the Asal group within a weeks treatment, the gradual positive response was noted in the shahatra group. **Conclusion;** There was a significant difference at 0.05.

The word *Nar-e-farsi* was defined as functional abnormality of the Bile (*saфра*) and safravi people were found to be more prone population. Needs replication of the research by changing the variables to generalize the conclusion.

## Chapter 6

### Conclusion and suggestion

#### (1) Safravi people are more prone to Nar-E-Farsi

(2) Nar-e-farsi is a amraz caused by the functional abnormality of the safra, It may be due to genes factors. Safra acts according to it is soorat-e-nawiya(original property) which causes varm, Long standing altered safra continually irritate the jild and also under go combustion and leads to increase production of sawda.(lichenification).

(3) There is a significant difference between Asal and Ithrifal-e-Shahatra in the treatment of Nar-e-Farsi at 0.05 confidence level.

(4) In the treatment of eczema honey is better than Ithrifal-e-Shahatra.

(5) According to the calculation relapsing in Asal group; one week after the treatment score 483.9, after the 12<sup>th</sup> week 572.8 so the score difference between 1<sup>st</sup> week and 12<sup>th</sup> week is -88.9 that is equal to 18.37 %. Hence 18.37% relapsing was observed.

(6) According to the calculation Shahatra group; one week after the treatment score 778.8, after the 12 week 543.1 so the score difference between 1<sup>st</sup> week and the 12<sup>th</sup> week 235.7 that is equal to 30.26% in this case curative rate has increased by 30.26%