

## Impact Of Socio-Economic Status on Adolescent Health –a Critical Appraisal on Pityriasis Versicolor

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**Abstract:** This study was carried out on a population to examine the potential of skin diseases among adolescents. Adolescence is a period of life with its own unique characteristic. They are more prone to many dermatological conditions<sup>[1]</sup>. Among the study participants 80% Patients were unhygienic, socio-economically deprived. On clinical examination of these patients, 55% patients were diagnosed with Bahaq (Pityriasis versicolor). Patients were put on treatment with Unani single drug Nargis (*Narcissus tazetta L.*) and strict dietary advices for a period of two months. Administration of this drug reduced the signs and symptoms of this disease. This study revealed this Unani drug can be used for the treatment of dermatological disease Bahaq (Pityriasis versicolor).

**Keywords:** Adolescence, Bahaq (Pityriasis versicolor), Nargis (*Narcissus tazetta L.*), Socio-economic status

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### I. Introduction

Adolescence is a period of life with its unique characteristics. In this period of life, a feeling of autonomy is given by both rapid mental and physical maturation<sup>[2]</sup>. Dermatological disorders are described in detail in Unani system of Medicine. According to renowned Unani physicians Raban Tabri (810-895 A.D.) and Zakariya Razi (850-923), *Bahaq* occurs due to impairment in blood and its temperament towards coldness<sup>[3][4]</sup>. When the impairment occurs due to balgham (phlegm), then *Bahaq or Bars* is produced. Bahaq Aswad is produced due to temperamental change of humour sauda (black bile). Ibn Sina (980-1037 A.D) described that Bahaq is the hypopigmentation and hyperpigmentation of skin occurring superficially as a result of weakness of *Quwat-i-Mughaiyarah* of skin<sup>[5]</sup>. Ibn Rushd (12th century A.D) stated that Bahaq usually occurs due to weakness of *Quwat-i-Mummayaza* of liver or malabsorption of sauda in spleen or due to *su-i- mizaj* (derangement of temperament) of vessels that result in excess production of sauda inside the body<sup>[6]</sup>. Akbar Arzani (17th century A.D) described Bahaq Abyaz as a hypopigmentation occurring superficially on skin in the form of small round patches that appear suddenly and disappear quickly after the local application of Mujalli Advia. Bahaq Aswad is a black discolouration of skin characterized by the formation of scales with resemblance of wheat shell<sup>[7]</sup>. Ajmal khan (1868-1927 A.D) and Ghulam Jilani (19th century) two legendary Unani scholars, defined *Bahaq Abyaz* as an infectious or contagious disease characterized by white yellow patches on trunk and neck along with scaling of skin but may or may not be associated with pruritis<sup>[8,9,10]</sup>.

In western medicine, *Bahaq* is a type of superficial fungal infection. It is a common, benign, superficial cutaneous fungal infection usually characterised by hypopigmented or hyperpigmented macules and patches on the chest and the back. These lesions are scaly and their colour varies from red, pale yellow, brown to dark brown<sup>[11-13]</sup>.

**Epidemiology:** it is one of the most common pigmentary disorder worldwide. It is more common among adolescence and young adulthood than in older people. In this period hormonal changes or increase in sebum secretion occur<sup>[11,14]</sup>. In males it occurs at the age of 25-30 years and 20-25 years in females<sup>[12]</sup>. Predisposing factors for this disease are immunosuppression, use of oral contraceptives, poor hygiene etc<sup>[12][15,16]</sup>.

*Nargis* (*Narcissus tazetta L.*) is one of the most common drugs of Unani medicine. It belongs to family Amaryllidaceae. It is one of the most important drug in Unani medicine for the treatment of skin diseases. Its bulb and flower are commonly used for this purpose. Due to the detergent and cleanser action of bulb, it is helpful in treating *Bahaq*. Its oil is extracted and applied locally on Pityriasis for its treatment. Seeds are crushed and mixed with vinegar for local application on lesions<sup>[17-21]</sup>.

**Methodology:** Target area for the study was a village of Sumbal Sonawari of Jammu and Kashmir. Study population was 8000 (both male & female). Among them 80% population were socio-economically deprived. 55% adolescences were suffering from dermatological conditions. Patients with Pityriasis versicolor were advised to take foods of hot temperament and avoid cold temperament drugs and foods, maintain personal

hygiene etc. They were put on treatment with Unani drug Nargis to apply locally with vinegar daily for two months. Drug was procured from an authorized drug dealer.

## **II. Results**

70% patients treated with Nargis showed improvement of symptoms. After doing clinical examination, the characteristic distribution of patches on the trunk, throat and proximal extremities got reduced significantly.

## **III. Discussion and conclusion**

The aim of this study was to assess skin disease prevalence among adolescents in rural population. We have documented the skin diseases found in rural population and made an assessment of the resulting impact on quality of life.

This study found a high prevalence of skin disease with Pityriasis versicolor, acne being the most common. The study was conducted in a short time period. There may be many reasons for this disease such as unhygienic conditions, overcrowding, low access to water and more possibly the hormonal change in their period of life. This study drug produced striking changes in lesions of Pityriasis versicolor. Therefore Nargis has been shown to possess significant blood purifying and detergent effect which is one of the basis of its therapeutic application in various dermatological conditions.

## **References:**

- [1]. Larson PA, Liden S: Prevalence of skin diseases among adolescents 12-16 years of age. *Acta Derm Venereol* 1980; 60: 415-423.
- [2]. Frisen A: Measuring health-related quality of life in adolescence *Acta Paediatr* 2007; 96: 963-968.
- [3]. Tabri AR. *Firdausul Hikmat*. 9Urdu translation by Hakeem MA Shah). New Delhi: Idara kitabul shifa; 2010: 294-296.
- [4]. Razi. *Alhavi fi al Tib*. Vol-23 (Urdu translation by Hakeem MY Siddiqui) AMU: Sabba publishers Aligarh; 1994: 17-27.
- [5]. Ibn Sina. *Al qanoon fi al tib*, Vol-4 (Urdu translation by Kantoori GH) New Delhi: Eijaz Publishing House; 2010: 1425-1428.
- [6]. Ibne Rushd. *Kitab al Kulliyat*. Ed. 2nd. (Urdu translation by CCRUM). New Delhi: Ministry of Health and Family Welfare; 1987: 109-110, 291-299, 305.
- [7]. Akbar Arzani. *Tibbe Akbar*. ( Urdu translation by Hussain M). New Delhi: Idara kitabul shifa; 2010: 731-733.
- [8]. Ajmal Khan. *Haziq*. Karachi: Madina Publishing company; 1983: 550-552.
- [9]. Jilani G. *makhzanul Hikmat*; Vol-2; New Delhi: Aijaz publishing house; 1996: 726-727.
- [10]. Jilani G. *Makhzanul Ilaj*; Vol-I; New Delhi: Idara kitabul shifa; 2005: 724-725.
- [11]. Rai MK, Wankhade S. *Tinea Versicolor-An Epidemiology*. *J Microbial Biochem Technol*. 2009; Vol-I: 51-56.
- [12]. Zenab MG, El Gothany. A review of Pityriasis versicolor. *J Egypt Wom Dermatol Soc*. 2004; Vol-I, NO. 2: 36-43.
- [13]. Burns T, Breathnach S, Cox N, Griffiths C. *Rooks Textbook of Dermatology*. Ed. 7th. Vol-II. USA: Blackwell Publishing Company; 2004; 31: 10-14.
- [14]. Schwatz RA. Superficial fungal infections. *Lancet* 2004; 364: 1173-82.
- [15]. Inamadar AC, Aparna Palit. The genus *Malassezia* and human disease. *Indian J Dermatol Venereol Leprol*. 2003; Vol-69. Issue 4: 265-270.
- [16]. Salah MA, Davoodian P, Jafari A, Nikoo MA. Evaluation of Pityriasis versicolor in psoriasis. A cross-sectional study. *Indian J Dermatol Venereol Leprol* 2009; 75: 379-82.
- [17]. Ibn Hubal. *Kitab al-Mukhtarat fi al-Tib*. Vol 2nd (Urdu translation by CCRUM). New Delhi: Dept. AYUSH, Ministry of H & F. W. Govt. of India; 2004: 201.
- [18]. Ghani N. *Khazain al-Advia*. New Delhi: Idarah Kitab al-Shifa. YNM: 1311.
- [19]. Ibn Ibrahim. *Kitab al-Fatah fi al-Altadawi* (Urdu translation by Bari A) Ed. 1<sup>st</sup>. Delhi: NCPC Printers; 2007: 159.
- [20]. Ibn Sina. *Al-Qanoon fi al-Tib*. Vol. II. (Urdu translation by Kantoori GH). New Delhi: Aijaz publishing house; 2010: 399.
- [21]. Ibn Betar. *Al-Jame al-Mufradat al-Advia al-Aghzia*. Vol. IV. (Urdu translation by CCRUM). New Delhi: Ministry of H & F. W; YNM: 393.

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