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Complete Repigmentation in a Case of Localized *Baras Halqa-e-Chashm* (Periorbital Vitiligo) Following Unani Therapy: A Case Report

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ABSTRACT:

Baras/Bars (Vitiligo/Leucoderma) is an acquired depigmentary disorder characterized by milky-white macules and patches resulting from the dysfunction, destruction, or inhibition of melanocytes. In Unani medicine, it is attributed to weakness of *Quwwat-e-Mughayyirah* (the transformative faculty), governed by the liver, together with a derangement of the temperament of the affected part of the skin towards *Barudat* (coldness). Unani management therefore aims to correct the underlying *Mizaj* (temperament), strengthen hepatic function, and eliminate or modify morbid humoral matter. The present case is an excellent example of effective Unani therapeutics in the management of Vitiligo. A 14-year-old female presented with a four-year history of localized periorbital depigmentation. She had previously received conventional treatment without satisfactory improvement. There was no family history of vitiligo or similar pigmentary disorders. Apart from recurrent chilblains during winter, she was otherwise healthy. Dermatological examination revealed a milky-white patch confined to the periorbital region. An individualized Unani regimen, along with supervised sunlight exposure, was prescribed. The patient was followed-up monthly for three months. Gradual repigmentation was observed during follow-up, with complete repigmentation at three months. No adverse effects were reported during treatment. This case report suggests that individualized Unani management may be beneficial in localized periorbital vitiligo and may achieve complete repigmentation within a short follow-up period. Further controlled studies are warranted to establish its efficacy, safety, and reproducibility.

KEYWORDS: *Baras*; *Bars,* Leucoderma, Periorbital Vitiligo, Unani Medicine, Vitiligo.

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INTRODUCTION:

The Unani system of medicine provides promotive, preventive, curative, and rehabilitative healthcare based on a holistic understanding of health and disease. Assessment of *Mizaj* (temperament), identification of underlying pathological processes, and individualized treatment are central to the Unani approach. Accordingly, therapeutic interventions are tailored to the patient's clinical presentation and the presumed derangement of temperament and humoral balance. [1–3]

Vitiligo, known as *Bars* or *Baras* in Unani medicine, is an acquired, chronic depigmentary disorder characterized by milky-white macules and patches caused by the loss or functional impairment of melanocytes. Although it may occur at any age, its course is variable and unpredictable. Facial involvement is common and is associated with a substantial psychosocial burden, particularly in adolescents and young adults, because the lesions are highly visible and may affect self-esteem, social interaction, and quality of life. [4,5]

From the Unani perspective, *Baras* is described as a disorder of skin colour resulting from impaired pigmentogenesis. Classical Unani literature attributes the condition to weakness of *Quwwat-e-Mughayyirah* (the transformative faculty), which is controlled by the liver, leading in turn to weakness of *Quwwat-e-Mushabbihah* (the faculty responsible for imparting similarity of structure and colour) in the skin. This impairment may arise from *Fasād al-Dam* (derangement of blood) and *Barudat-e-A'zā'-e-Mutassira Jildiya* (coldness of the affected skin), often associated with the predominance of *Khilt-e-Balgham* (phlegmatic humour). [6] Accordingly, the principal objectives of Unani management are correction of the deranged *Mizaj* (temperament), evacuation or modification of morbid humours, and strengthening of hepatic and transformative functions. Liver-strengthening drugs of hot temperament, together with controlled exposure to sunlight, are commonly employed in this approach. [7–8]

In modern dermatology, Vitiligo is considered a multifactorial disorder involving genetic susceptibility, oxidative stress, and autoimmune mechanisms. Histopathologically, depigmented skin shows partial or complete loss of melanocytes. Available treatments include topical corticosteroids, topical calcineurin inhibitors, phototherapy, and surgical procedures in some cases. Topical calcineurin inhibitors are often preferred for facial and periorbital lesions because of their favourable safety profile in thin skin, while narrowband ultraviolet B (NB-UVB) phototherapy promotes repigmentation through immunomodulation and stimulation of melanocyte proliferation and migration. [9-10] Nevertheless, therapeutic response varies according to disease duration, site, and activity. In many cases, even prolonged conventional treatment do not produce required efficacy and the patients turned to the physicians of Unani medicine.

Periorbital vitiligo presents a particular therapeutic challenge because of the thin and sensitive skin around the eyes, cosmetic visibility, and the potential psychosocial impact in a young patient. This case report describes complete repigmentation of localized periorbital *Baras* in a 14-year-old female, following individualized Unani treatment combined with controlled sunlight exposure over three months.

CASE REPORT:

A 14-year-old female visited to the OPD of Amraze Jild wa Tazeeniyat, Ajmal Khan Tibbiya College and Hospital, Aligarh, with a depigmented lesion involving the periorbital region for 4 years (Figure 1). The lesion remained confined to this area, with no involvement of other body sites or history suggestive of recent progression or development of new lesions. She reported mild, intermittent pruritus over the affected area. There was no history of fever, other constitutional or systemic symptoms, or family history of vitiligo. She also reported episodes of chilblains during cold weather, particularly in winter.

The patient had previously received conventional treatment from an allopathic hospital in the city but reported no appreciable improvement, particularly in the size of the lesion. Clinical examination revealed well-defined depigmented patch localized to the periorbital region. Wood's lamp examination of the affected area demonstrated accentuation of depigmentation, and a clinical diagnosis of *Baras Halqa-e-Chashm* (Periorbital Vitiligo) was made.

THERAPEUTIC INTERVENTION:

The patient was prescribed an individualized Unani therapeutic regimen comprising *Syrup Whitnil* (proprietary Unani formulation; composition detailed in Table 1) 10 mL twice daily, *Syrup Ikseer-e-Jigar* (proprietary Unani formulation; composition detailed in Table 2) 10 mL twice daily, *Ma'-ul-Laham Khas* 20 mL twice daily, and *Capsule Sat Turbud* (dried aqueous extract of *Operculina turpethum*; proprietary Unani formulation) 500 mg twice daily. *Habbe Amber Momyaee* was prescribed as one capsule of 360 mg at bedtime with a glass of milk. [11-12]

For local application, *Roghan-e-Loun* (proprietary Unani formulation; composition detailed in Table 3) was applied to the affected area, followed by sunlight exposure for 10-15 minutes. An antihistaminic agent was permitted as required in case of severe pruritus. The patient was advised to attend monthly follow-up visits for assessment of clinical response.

Table-1: Composition of Syrup Whitnil; each 10 ml contains decoction of:

Name of the Drug	Scientific Name	Part used	Quantity
Babchi	*Psoralea corylifolia*	Seed	100 mg
Chaksu	*Cassia absus* Linn.	Seed	100 mg
Tukhme Panwar	*Cleome icosandra* Linn.	Seed	100 mg

Ajmod	*Apium graveolens* Linn.	Leaf	100 mg
Sarphoka	*Tephrosia purpurea*	Plant	100 mg
Teene Ahmar	Red earth	Mineral	10 mg
Filfil Siyah	*Piper nigrum*	Seed	10 mg
Shoneez	*Nigella sativa* Jacq.	Seed	100 mg
Sugar syrup base			Q.S.
Excepients			Q.S.

Table-2: Composition of Syrup Ikseer-e-Jigar; each 10 ml contains decoction of:

Name of the Drug	Scientific Name	Part used	Quantity
Anabus Salab khushk	*Solanum miniatum*	Plant extract	250 mg
Tukhme Kasni	*Cichorium intybus* Linn.	Root extract	250 mg
Baranjasif	*Artemisia vulgaris* Linn.	Seed extract	250 mg
Badyaan	*Foeniculum vulgare* Mill.	Plant extract	250 mg
Bhumi Aamla	*Phyllanthus niruri*	Leaf powder	250 mg
Gule Surkh	*Rosa damascena* Mill.	Leaf powder	250 mg
Sugar syrup base			Q.S.
Excipients			Q.S.

Table-3: Composition of Roghan-e-Loun; each 110 ml contains aqueous extract of:

Name of the Drug	Scientific Name	Part used	Quantity
Tukhme Turb	*Raphanus sativus* Linn.	Seed	5.5 gm
Tukhme Gazar	*Daucus carota* Linn.	Seed	5.5 gm
Gule Surkh	*Rosa damascena* Mill.	Powder	5.5 gm
Tukhme Babchi	*Psoralea corylifolia* Linn.	Seed	5.5 gm
Barge Hina	*Lawsonia inermis* Linn.	Leaves	5.5 gm
Roghane Kunjad	*Sesamum indicum* Linn.	Oil	82.5 ml



Figure-1. At Baseline



Figure-2. After 1 month



Figure-3. After 3 months

RESULTS AND DISCUSSION:

After one month of treatment on the first follow-up, early clinical improvement was noted, with the appearance of pigmentation within the previously depigmented periorbital region. The patient also reported reduced intermittent itching. By the second follow-up, pigmentation had progressively increased, with a marked

reduction in depigmentation compared with baseline (Figure 2). At the third monthly assessment, near-complete restoration of pigmentation was evident. By the end of the 3-month follow-up, complete repigmentation was achieved, with no residual depigmentation or itching (Figure 3). No new lesions or extension to other body sites occurred during the observation period.

Capsule Sat Turbud (dried aqueous extract of *Operculina turpethum)* is a well-known Unani drug used for the *Istifragh wa Tanqiya-e-balgham* (Evacuation- purification of Phlegm humour), which corrected the humour's balance in the body. *Musakhkhin* (heat producer) ingredients of the formulations and exposure of sunlight helped correcting the cooler temperament of the skin. The other Unani regimen given to the patient includes the ingredients possessing the reported functions of *Muqawwi-e-jigar* (hepatoprotective), *Muqawwi-e-aam* (general tonic), *Mohallil-e-warm* (anti-inflammatory), *Muqawwi-e-mana'at* (immunomodulator), *Musakhkhin* (heat producer), and antioxidant properties, providing a possible rationale for their therapeutic use.

Muqawwi-e-jigar (hepatoprotective) constituents provided strength to the liver and helped alleviating the weakness of *Quwwat-e-Mughayyirah* (transformative faculty). *Muqawwi-e-aam* (general tonic) and *Muqawwi-e-mana'at* (immunomodulatory) ingredients corrected the immunological functions. The *Mohallil-e-warm* (anti-inflammatory) and antioxidants constituent drugs eliminated the acrid molecules responsible for disease causation.

CONCLUSION:

Complete repigmentation of the periorbital vitiligo within 03 months in this young female patient suggests that Unani approach based on *Usool-e-Ilaj* (basic principles of Unani treatment), *Istifragh wa Tanqiya-e-balgham* (evacuation and purification of phlegm humour) and *Ta'deel-e-Mizaj* (normalization of temperament) through the drugs of hot *Mizaj* (temperament) may have therapeutic potential in the management of vitiligo. [6–8]

The absence of adverse effects during the treatment and follow-up are encouraging; however, this observation is based on a single case with a short follow-up period. Properly designed controlled studies with larger sample sizes, standardized outcome parameters, longer follow-up, and safety monitoring are required to confirm the efficacy, safety, and reproducibility of Unani therapy in *Baras.*

Limitations of the Study:

This single case report has a short 3-month follow-up and no control or comparator group. Standardized objective measures of repigmentation were not employed, limiting assessment of treatment response and durability. Further controlled studies with standardized outcomes and longer follow-up are warranted.

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Declaration of Patient Consent:
Written informed consent was obtained from the patient's parent/legal guardian for the use and publication of baseline and follow-up clinical photographs. Consent was obtained for academic and scientific purposes, including publication and presentation at scientific forums. All reasonable efforts have been made to maintain confidentiality and protect the patient's identity.

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