DEAR EDITOR

Pityriasis versicolor (P.V) is a common superficial fungal infection of the skin caused by the fungus Malassezia furfur and is characterized by hypopigmented or hyperpigmented plaques generally on the back, trunk, scalp and upper arms. It is frequently seen in tropical regions with a prevalence rate as high as 40%. The commonest affected age group is 25-30 years in males and 20-25 years in females. Despite the effective therapeutic regimes currently available for PV in contemporary medicine, it often poses a therapeutic challenge. In the Unani system of medicine, many herbal drugs are used empirically for its treatment since antiquity. Therefore, a randomized, single-blind, standard controlled trial was designed with the objective of evaluating the safety and efficacy of a topical Polyherbal formulation in PV using standardized outcome measures. The ingredients of formulation were Plumbago zeylanicum, Brassica nigra, Dregea volubis, Rubia cordifolia, Raphanus sativus 6 grams each and Vinegar 40 ml. The formulation was procured from the Dept. of Pharmacy at National Institute of Unani Medicine (NIUM), Bangalore.

The present study was conducted on 46 patients of P.V at the outpatient department of dermatology of NIUM, Bangalore, India, from 2009 to 2011. Clinically and mycologically diagnosed patients, belonging to the age group of 10-60 years of either sex, were registered as per protocol and randomly allocated to test and control groups through random allocation. In the test group, a Polyherbal formulation was advised for topical application twice daily while in the control group, the standard drug Sodium Thiosulphate Lotion (20 %) was advised locally for one month. The assessment of the severity of PV and efficacy of treatment in both groups was carried out on the basis of subjective and objective parameters on 0, 7th, 15th, 22nd and 30th days. The rating of severity was done on a 4-point scale (0: absent, 1: mild, 2: moderate, 3: severe). The overall response of the herbal formulation and the standard drug was evaluated by Total Sign and Symptom Score (TSSS) Scale. Data was analyzed with Instat Graph pad and difference in the treatment groups was considered significant at P<0.05.

Out of 46 patients, 2 patients from the test group and 4 patients from the control group were lost to follow-up, leaving behind 20 patients in each group who completed the trial. The mean age of the patients in test and control groups was 30.2 and 31.3 years, respectively. There were 16 and 18 males in test and control groups whereas the number of the female participants was 4 and 2 in test and control respectively. Both the herbal formulation and the standard drug exhibited a statistically significant (p<0.005) effect on hypopigmentation, hyperpigmentation, scaling and itching as well as on KOH (Potassium hydroxide) examination and TSSS. However, the herbal formulation showed precedence over the standard drug by exhibiting a comparatively quick response. When the overall efficacy of both groups was compared statistically, it was found that the efficacy of herbal formulation was comparatively more (p<0.05) as compared to the standard drug in the treatment of PV.

The effectiveness of the herbal formulation may be due to regression of various symptoms and signs by different pharmacological actions like calorific, detergent, rubeficient, anti-inflammatory and antiseptic of various herbs present in it. Furthermore, it has been pharmacologically proven that Plumbago zeylanicum, Brassica nigra, and Rubia cordifolia possess anti fungal and anti microbial properties which may serve as a strong piece of evidence for the negative mycological examination after the completion of treatment. No obnoxious adverse effects like erythema, dryness, burning and pruritus were observed during and after the study in the test group and the overall compliance...
to the treatment was excellent. Thus, it may be concluded that Polyherbal Unani formulation is safe and effective in the treatment of PV. The study also validated the claim of the Unani physicians in the treatment of PV.

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