EFFECT OF KARELA (MOMORDICA CHARANTIA) POWDER IN JARAH (SCABIES)

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ABSTRACT: Jarab (Scabies) is an itchy dermatosis caused by human mite Sarcotes scabiei. It usually involves inter digital spaces of hands and the flexor surface of the wrists. In severe infection, the dorsal surface of the elbows, anterior axillary folds, female breasts, periumblical area, genital area and buttocks are involved. Night itching in particular and secondary infection with postulation and lichenification in general are the main clinical features.

According to Greeco-Arabian concept, conversion of Khilt-e Dam (Blood) into Khilt-e-Sauda, or increased ratio of Khilt-e-Safra in blood or when blood combined with Balgham-e-Saree called Fasad-e Dam and this Fasad-e-Dam (Abnormal blood) acts as a culture media for Ajsam-e-Khabeesa (Pathogenic organisms). Fasad-e Dam along with bacterial invasion, is collectively called Maddah-al – Jarab by Unani philosophers, later which was identified as sarcopes scabiei and its infection is termed as scabies. The unani treatment of Jarab include Musaffiat-e-Dam (Blood purifiers) and Munzijat Wa Mukhrijat-e-Khilt (Cocitive and expulsive of abnormal humour) drugs system cally and Maan-e-Ufoomat (Antiseptics) and Daaf-e-Jaraseem (Antimicrobials) drugs locally. Among useful unani drugs, karela powder showed relief in symptoms upto and average 53% of cases as our stud include 30 cases including control group of ten cases of 15 days treatment.

Key words: Jarab, Scabies, Sarcoptes scabiei, Karela Momordica charantia

INTRODUCTION

Jarab (Scabies) is a cosmopolitan skin infection referred to as the “Seven –ear- Itch”. It usually involves inter digital spaces of the hands and the flexor surface of the wrists. In severe infections, the dorsal surface of the elbows, anterior axillary folds, female breasts, periumblical area, genital area, buttock, knees and feet are also involve. Night itching in particular, and secondary infection with postulation and licheification in general are the main clinical features of Jarab.

According to Greco-Arabian concept Akhlat-e-fasidah (Abnormal Humours) of the body causes jarab and fasad-e-Khilt-e-Dam (Abnormal Blood) means when Khilt-e-dam starts converting into Khilt-e-sauda (Yellow Bile) in blood of when blood combined with Balgham-e-safra (Yellow bile n blood or when blood combined with Balgham-e-shore (Abnormal Phlegm) predisposes jarb. Unani philosophers belived that the above mentioned abnormal humours not only act as culture media for Ajsam-e Khabeesa (Pathogenic organisms) but also changes their temperament and
viscosity, these abnormal metabolites accumulate beneath the epidermis and cause skin diseases. According to them hot and thin Humours cause harab. In ancient booked a term maaddah-al Maraz is used to denote the causative factor but dose not elaborate in a very lucid manner. Invention of Microscope paved the way for the same and Maddah-jarb was identified as sarcoptes scabiei and its infection was referred as scabies.

The Unani treatment of jarab is grouped into systemic and local treatment. The systemic treatment include Musaffi-e-Dam or Munnaqqi-e-Dam (Blood purifiers) like shahatra (fumaric parviflora), Unnab (Zizyphus vulgaris), Chiraita (Swertia chirata) Sarphoka (Tephrosia purpurea) Ushaba maghrabi (Smilex ornate), Karela (Momordica charantia) and Munzij wa Mukhrij (coctive and expulsives) for correcting the abnormal humour. The local treatment include Maan-e-Ufoonat (antiseptics) and Daaf-e-Jaraseem (Antibiotics) like murdaar sang (Plumbi oxidum), Karela (Mamordica charantia), Kaphoor (Cinnamomum camphora) suhaga (Borex) and Gandhak (sulphur).

Modern dermatologists recommend local use of lindane, sulphur, Melathion crotamiton, Monosulfiran, Benzyl benzoate, and permethrin.

MATHERIALS AND METHODS

To evaluate the efficacy of Karela powder as local application in Jarab, 30 cases between the age group of 11-70 years of both sexes were selected from Ajmal Khan Tibbiya college Hospital, Aligarh Muslim University, aligarh. Patients below the age of 11 years mentally retarded persons cases of other skin diseases and of allergic and metabolic diseases were excluded from the study.

The diagnosis of the disease was made on the basis of clinical examination of skin routine and special investigations, like Haemogram and skin scraping respectively. The karela powder 1 gm mixed with 3 gm of mustard oil was applied on the lesions in 20 case of test group, while sufficient quantity of mustard oil of same quality was applied on the lesions in 10 cases of control group two times per day for 15 days. The clinical assessment was made every 5th day and at the end of the study, recorded data was analysed and efficacy of Karela Powder was evaluated.

RESULTS AND DISCUSSION

The test group comprising 20 cases, between 11-40 years of age group has highest incidence (80%) where as patients of 40-70 years of age group had the incidence of 20% and the same percentage was found in males as well as females respectively in the test group. In control group out of 10 cases between 11-40 years of age the group had incidence of 30% and the same percentage was found in male and female cases respectively. These observations show that Jarab (Scabies) is more common in earl age: our findings correspond with the findings of Harrison’s and Crosland research laboratories. According to them it is common in children upto the age of 15 years and young adults. As far as the age of the patients is concerned incident-wise our results do not correspond with the results of Crosland research laboratories. According to their observation jarab is equally distributed among men and women.

In test group 45 cases were married and 55% cases were unmarried 80% cases were no-vegetarian and 20% cases were vegetarian.
and 60% cases has good whereas 40% cases had poor personal hygienic status. While in control group 60% cases were unmarried and 40% cases married, 70% cases were non-Vegetarian and 30% cases were vegetarian and 60% cases had good whereas 40% cases had poor personal hygienic status. According to economical status, 60% of cases were students, 20% were labourers, 15% of cases were of service class and 10% of cases were house wives in test group while according to economical status out of 10 cases treated with mustard oil 70% cases had poor and 30% of cases had moderate economical status and according to occupation 50% of cases were students, 20% of cases were students, 20% of cases were of labour class, 20% cases were of service class and 10% cases were house wives. Likewise according to age and sex incidence our results also tall with the results of Harrison’s Crosland research laboratories and Nafis bin Lvaz Kirmani. Regarding the marital status, Diet habits, economic status and occupation our results shows highest incidence among students and according to Harrison its prevalence is common among children and young adults so our results also corresponds with kirmani’s Harrison’s observation.1,16

According to site of involvement, inter-digitally involved cases were of 80% groin and genitally region involved case were of 75% anterior surface of knee involved cases were of 75%, anterior surface of knee involved cases were of 55%, elbow, axilla, thigh, lower abdomen, umbilical region an ankle involved case were of 50%, 40%, 35%, 30% and 10% respectively. In respect of sits of involvement our stud revealed highest site involved was interdigital spaces ad then groin or genital region, and according to Harrison the highest site involved is interdigital spaces and wrist area, so our results are very similar.

According to symptoms and signs, itching, discharge and burrows were present in all (100%) cases before treatment in both groups. After 15 days of treatment 60% of cases showed disappearance of all symptoms and signs in test group. While in 10 cases of Jarab treated with mustard oil only, no change in symptoms and signs were observed. 90% of cases had papules, 60% of cases had papulovesicles, 100% of cases had vesicles, 30% had papulopustules, 50% cases had excoriations in test group at the start of treatment. At the end of the study 61.14% cases having papules, 66.4% cases having papulovesicles, 60% cases having vesicles, 33.3% cases having papulopustules, 40% cases having vesiculopustules, 42.8% cases having pustules and 60% cases having excoriations got relief respectively in the form of disappearance of the sign. Out of 10 cases of control group 90% had papules, 70% had papulovesicles, 100% had vesicles 20% had papulopustules, 40% had vesiculopustules, 30% had pustules and 100% had excoriations at the start of treatment and all above mentioned sings were present with the same percentage after 15 days treatment. In respect to the effect of karela (Momordica charantia) on different clinical features, the drug showed remarkable effect and this effect is probably due to its jail (cleanising), Mohallil (Antiinflammator), Mujaffif-e-erratubat ((Desiceating) and Mana-e-uffoonat, Dafe Jarasin (antiseptic and antimicrobial) activities of used drug10,19-24.

CONCLUSION
On the basis of above results and observations it is concluded that Karela (Momordica charantia) had the capability to cure on an average Jarab (scabies) in 53% while in control group, the mustard oil showed no effect on Jarab. Our study included only 30 cases including control group, so along term stud on larger number of cases ma give better results statistically.

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