

## Autoimmune Disorder and Unani Medicine – A case study

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### ABSTRACT

Patient suffering from leukocytoclastic vasculitis of 2 years duration as investigated and treated at All India Institute of Medical Sciences, New Delhi during this period, attended the OPD of Regional Research Institute of Unani Medicine, Srinagar for alternative treatment as she had not responded to the earlier allopathic treatments. The patient was managed by Unani medicine on conservative lines for a period of 60 days and the results obtained were highly satisfactory.

Information regarding the investigations conducted at All India Institute of Medical Sciences, New Delhi before treatment and during and after the Unani treatment at Sheri Kashmir Institute of Medical Sciences, Srinagar, J & K have been discussed in detail in the paper.

Further studies in this direction can help us in managing other autoimmune disorders as well

**Keywords:** *Autoimmune disorder, leukocytoclastic vasculitis, Unani medicine, puerpura*

### INTRODUCTION

Leukocytoclastic vasculitis is a clinico-pathological process caused by the inflammation and damage of blood vessels, characterized by “Leukocytoclasia” giving rise to extravasation of erythrocytes from the involved vessels leading to palpable purpura most commonly in lower extremities.

Number of theories have been put forward as the causative factor for this disorder but still the cause remains unknown. It is strongly suggested that the disorder may be due to the defects in immunoregulatory system where the fundamental defect is probably in the regulatory mechanism that sustains self-tolerance or the defensive mechanism of the body. Apart from the cutaneous involvement there are systemic symptoms like, pyrexia, malaise, joint pain, and anorexia. With these symptoms a lady aged 40 years diagnosed as a case of Leukocytoclastic Vasculitis by All India Institute of Medical Sciences, New Delhi attended the Out Patient Department of Regional Research Institute of Unani Medicine, Srinagar on 22-09-1996 under the OPD register No. 1428/96-97. The case was treated on conservative lines by Unani medicine for a period of 60 days.

## MATERIAL AND METHODS

A 40 year old female, married with 2 issues in her fertile age, formed the subject of study, in the OPD of Regional Research Institute of Unani Medicine, Srinagar with chief complaints of:

1. Palpable Puerpura on lower extremities      2 years duration
2. Pain Joints      2 years duration
3. Fatigue      2 years duration
4. Obesity      2 years duration

There was also previous history of Raynaud's Syndrome. The patient had no history of pyrexia, oral ulcers, alopecia, photosensitivity, bleeding cathesis, abdominal pain or haematuria. The patient had no family history of any such disease.

Thorough clinical examination of the patient was done. The haematological and biochemical investigations conducted by All India Institute of Medical Sciences, New Delhi has been summed up in Table 1

**Table 1: Haematological and biochemical investigations at AIIMS, New Delhi**

Investigations	Value Obtained	Normal Range
Rheumatoid Factor	Positive (1:320 iu/ml)	Negative
ANA	Negative	Negative
Cryoglobulins	Negative	Negative
IgG	187 iu/ml	120-240 iu/ml
IgA	302 iu/ml	88-268 iu/ml
IgM	197 iu/ml	108-288 iu/ml
Hb%	15 gm%	up to 16 gm%
TLC	5100/cumm	4000-11000/cumm
Platelet count	125000/microlit.	$13 \times 10^4 - 4 \times 10^5$ /microlit.
Erythrocyte Sedimentation Rate (ESR)	35 mm/1 <sup>st</sup> hour	0-20 mm/1 <sup>st</sup> hour

### Histopathological Investigations

Skin biopsy conducted at All India Institute of Medical Sciences, New Delhi of the lower extremities showed hyperkeratosis and atrophic epidermis. The dermis shows extravasation of Red Blood Cells with the features suggestive of lymphocytic vasculitis. This picture may represent the healing stage of Leukocytoclastic Vasculitis.

An attempt was made to study the response of some hepatoprotective drugs in combination with WM3 tablets (A coded Unani formulation supplied by Central Council for Unani Medicine, New Delhi for Rheumatoid Arthritis) which was given orally 3 times a day of 500 mg tablets.

The prescription comprised of following medicine:

1. Majooni Dabeedul Ward      10 gm thrice daily orally

2. Arqi Kasni 25 ml with water twice daily orally
3. WM3 tablets 1 tablet of 500 mg thrice daily orally

The patient was advised to attend the OPD of Regional Research Institute of Unani Medicine, Srinagar for follow up of 15 days and the trial was completed in 60 days time.

### RESULTS AND DISCUSSION

The key features of the disease is palpable puerpura. On administering the unani medicine the response was recorded after every 15 days time. There was gradual improvement in the clinical picture i.e. diminishing of the puerpura on the lower extremities. The reduction in joint pain and fatigue. The total count, differential count, and ESR were done at each follow-up. After the 60 days of the treatment the ESR was 20 mm/1<sup>st</sup> hour. IgA level which was at the higher level of 302 iu/ml before the treatment came down to the normal and was recorded as 226 iu/ml after the completion of the treatment. The Rheumatoid Factor which was positive at 320 iu/ml became weakly positive at 120 iu/ml after the treatment. The changes in the biochemical and serological values from the beginning till end of the treatment are given in table 2

**Table 2: Changes in investigations after the treatment of 60 days (initial values and final values)**

Investigations	Initial Value	Final Value
Rheumatoid Factor	Positive (1:320 iu/ml)	Positive (1:120 iu/ml)
IgG	187 iu/ml	120-240 iu/ml
IgA	302 iu/ml	88-268 iu/ml
IgM	197 iu/ml	108-288 iu/ml
Hb%	15 gm%	up to 16 gm%
TLC	5100/cumm	4000-11000/cumm
Platelet count	125000/microlit.	13x10 <sup>4</sup> -4x10 <sup>5</sup> /microlit.
Erythrocyte Sedimentation Rate (ESR)	35 mm/1 <sup>st</sup> hour	0-20 mm/1 <sup>st</sup> hour

Since the cause of the disease in this case was idiopathic and not any infection or drug reaction as confirmed by All India Institute of Medical Sciences, New Delhi, the treatment prescribed for correction of the second and fourth stage of digestion (Hazmi Kabadi and Hazmi Azuwi) was performed by the medicine. According to Ibne Siena the liver is the main organ of the haemopoetic system. Quwat-e-Mugaira (Power of transformation) in the liver makes sure that all nutrients in the body are synthesised in a well controlled quantity and quality resulting in the formation of four humours which are main pre-requisite of the health.

From the highly significant results obtained after 60 days of treatment and significant reduction in the palpable puerpura, it can be hypothesized that the leukocytoclastic vasculitis was of hepatic origin in this case and Sue-Mizaj Kabid (Hepatic Distemperament) can be one of the causative factors for the development of this disease.

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## REFERENCES

- Siena Ibne 1903. *Alqanoon Fi Tibb, Urdu Translation by Ghulam Hassan Kantoori*. Nawal Kishore Publications, Lucknow, India.
- Fauci, A. S. *et al.* 1989. *Vasculitis in Arthritis and Allied Conditions: A Text Book of Rheumatology*, 11<sup>th</sup> edition (D.J. McCarty, ed.) Philadelphia, Lea and Fabiger p. 1166-1188.
- Fauci, A. S. *et al.* 1983. Wagenor's granulomatosis: Prospective clinical and therapeutic experience with 85 patients for 21 years. *Ann Intern Med* **98**:76
- Kadison, P. and Hayner, B. F. 1988. *Vasculitis: Mechanism of Vessel Damage, in Inflammation: Basic Principles and Clinical Ccorrelates*. GI Gallin, New York Raven.
- Theador N, Wolthard S *et al.* 1983. *Burgdorf Fundamentals of Dermatology*, 4<sup>th</sup> Edition, Berlin p.289-290