

Available online on 15.02.2025 at <http://jddtonline.info>

Journal of Drug Delivery and Therapeutics

Open Access to Pharmaceutical and Medical Research

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Review Article

Unani and Modern Perspective to Understanding and Managing *Bahaq* (Pityriasis Versicolor): A Comprehensive Review

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Article Info:

Abstract



Article History:

Received 19 Nov 2024
Reviewed 04 Jan 2025
Accepted 28 Jan 2025
Published 15 Feb 2025

Cite this article as:

Qureshi Z, Husain MA, Shah AH, Khalid A, Unani and Modern Perspective to Understanding and Managing *Bahaq* (Pityriasis Versicolor): A Comprehensive Review, Journal of Drug Delivery and Therapeutics. 2025; 15(2):143-148
DOI: <http://dx.doi.org/10.22270/jddt.v15i2.7001>

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Pityriasis versicolor (*Bahaq*) is a chronic, superficial fungal skin infection caused by *Malassezia furfur*, characterized by hypopigmented or hyperpigmented macules or patches on the upper trunk, neck and shoulders. It predominantly affects adolescents and young adults, particularly in warm and humid climates. Unani medicine identifies *Bahaq* as a humoral disorder caused by imbalances in phlegm or black bile, which disrupt pigmentation and skin integrity. Esteemed Unani scholars, including *Rabban Tabari*, *Zakariya Razi*, *Ibn Sina* and *Ajmal Khan*, have detailed its etiology, pathogenesis and treatments, emphasizing holistic approaches through herbal remedies, dietary modifications and therapeutic regimens. This review integrates Unani and modern perspectives, highlighting the therapeutic efficacy of antifungal treatments in modern medicine, complemented by Unani principles, such as *Munzij* (concoctive) and *Mushil* (purgative) therapies, alongside topical applications and dietotherapy. Unani formulations, including plant-based compounds and traditional regimens, show promise in managing resistant cases, offering a safer alternative to conventional antifungals, which may cause adverse effects. The paper underscores the need for rigorous scientific validation of Unani treatments through clinical trials to bridge traditional and modern dermatological practices. By aligning ancient wisdom with contemporary research, a more comprehensive and patient-centered approach to managing pityriasis versicolor can be achieved. This integration could improve therapeutic outcomes, minimize recurrences, and enhance patient quality of life while preserving the cultural heritage of Unani medicine.

Keywords: *Bahaq*, Fungal Infection, *Malassezia furfur*, *Pityriasis versicolor*, Tinea Versicolor, Unani medicine

INTRODUCTION

Pityriasis versicolor (PV), also known as *Tinea versicolor*, is a common, mild, chronic, superficial and recurrent fungal infection of the stratum corneum caused by the lipophilic yeast *Malassezia furfur*^{1,2,3}. Patients with *Pityriasis versicolor* often have asymptomatic hypopigmented or hyperpigmented, finely scaled, round or oval macules or patches on the upper trunk, chest, back and shoulders that can spread to the neck, face and upper arms^{4,5}. The colour of skin lesions ranges from basically white to pink, fawn, to reddish brown¹. Patients occasionally complains itching, particularly when the disease is more extensive^{4,5}. The disease occurs throughout the world, but it is more common in humid and warm tropical areas. PV is more active during the summer season³. Skin discoloration that is

related to the yeast's enzymatic activity and the bacterial colonization is temporary. However, in many cases, recurrence of the disease may occur despite adequate treatment, which adds to the effect on the quality of life of PV patients⁶. As a result, long-term maintenance treatments are frequently required³.

The diagnosis of *pityriasis versicolor* usually is simple. It is purely based on clinical presentation and barely requires a biopsy. However, in clinically unclear cases, extra noninvasive work-up (e.g., dermatoscopy, ultraviolet-induced fluorescence dermatoscopy, Wood's light examination or direct microscopy) can simplify the diagnostic process⁴.

In the unani system of medicine the term "*pityriasis*" is synonymous with "*Bahaq*" or "*cheep*"⁷. Renowned Unani

physician *Zakariyyā Rāzī* stated that *Bahaq* is a frequent skin condition marked by hyperpigmentation and hypopigmentation as well as the development of skin scales⁸. According to *Akbar Arzānī*, there are two types of *Bahaq*: *Bahaq Abyad*, also called *Cheep*, is a mild hypopigmentation that appears on the skin superficially as small, round patches that appear suddenly and depart away quickly after applying detergent drugs locally^{9,10}. *Bahaq Aswad* is a skin condition marked by black discolouration and the development of scaly formations resembling wheat shell¹⁰. *Hakeem Ajmal Khan* and *Ghulam Jilani*, two well-known Unani Scholars from India from the similarly characterized *Bahaq Abyad* as an infectious or contagious disease marked by white-yellow patches on the trunk and neck accompanied by skin scaling. It may or could not be associated with itching^{11,12,13,14}.

METHODOLOGY

The author studied through unani medicinal books to find information about *Bahaq*. Important literatures of unani medicine were reviewed. *Al-Qanoon fil Tib* of *Ibne Sina*, "*Moalijate Buqratiya*" of *Ahmad bin Rabban Mohd Tabri*, "*Al Hawi Al Kabeer*" of *Zakariyyā Rāzī*, "*Ghina Muna*" of *Abul M. H. Quamri*, "*Kitab al Taisir*" of *Ibn Zohar*, "*Kitabul Kulliyat*" of *Ibn Rushd*, *Tibbe Akbar* of *Hakim Akbar Arzani*, *Firdous al Hikmat*, of *Rabban Tabarī*, *Al Hawi* of *Zakariyyā Rāzī*, *Bayaz-e-Kabir* and *Zakhira Khawarizam Shahi* for information on *bahaq* and unani treatment. Major scientific databases, including Pubmed and Science Direct, were searched. "*Bahaq and Unani*," "*Pityriasis versicolor*" or "*Tinea versicolor and Bahaq*" and "*Unani Medicines and Bahaq*" were the search terms that were used. Searches for scientific evidence about the use of unani drugs in the treatment of *Bahaq* were conducted on the Internet using the same search engines and Google Scholar.

EPIDEMIOLOGY

Pityriasis versicolor occurs worldwide, but it is most typically encountered in tropical regions and has a greater incidence during the summer seasons^{4,15,16}. In tropical areas, the prevalence of PV may reach 50%, while in moderate and cold climates, it is considered to be between 1% and 4% (3). PV is most common in adolescents and young adults and is probably due to increased sebum production in these age groups. Although uncommon, the disease can affect both young children and the elderly (17-25). Rarely, newborns and infants have been reported to have *Pityriasis versicolor*⁴. PV is significantly more common in men than in women, likely due to higher sebaceous activity in men^{24,26,27}. About 17% of affected individuals have a positive family history of PV⁴. *Pityriasis versicolor* appears to be common in all races, but the change in skin pigmentation is more visible in dark-skinned people²⁶.

AETIOPATHOGENESIS

Modern Perspective:

Pityriasis versicolor is caused by dimorphic lipophilic and lipid-dependent yeasts in the genus *Malassezia* (previously known as *Pityrosporum*) which currently

includes 19 species, including *Malassezia globosa* (*M. globose*), *M. furfur* and *M. sympodialis*. Other species included are *M. restricta*, *M. obtuse*, *M. slooffiae*, *M. pachydermatis* and *M. japonica*^{3,4}. These yeasts are common commensals on the skin surface^{28,29}. Skin colonisation increases with age, affecting 25% of children and nearly 100% of adults³⁰. When the saprophytic yeast or budding stage of the organism changes into the pathogenic hyphal or mycelial form, *pityriasis versicolor* develops. The fungal infection is limited to the stratum corneum. A hot and humid environment, hyperhidrosis, application of oily lotion or cream to the skin, mask wear, excessive lipid-containing sebaceous secretions, malnutrition, poor general health, use of oral contraceptives, pregnancy, diabetes mellitus, use of topical or systemic corticosteroids, Cushing disease, *Helicobacter pylori* infection, immune-deficiency and genetic predisposition are all risk factors for the conversion⁴. According to a recent study, the pathogenesis of *pityriasis versicolor* is unrelated to oxidative stress³¹. In *pityriasis versicolor*, hypopigmented lesions (more commonly seen in darker skin tones) are thought to be the result of melanocyte damage, lipid-like material accumulation in the stratum corneum that blocks ultraviolet light, small melanosomes and inhibition of tyrosinase by azelaic acid, a dicarboxylic acid produced by the *Malassezia* species involved. On the other hand, a thicker stratum corneum, more tonofilaments in the granulosum, large melanosomes and a hyperaemic inflammatory response triggered by *Malassezia* species can all lead to hyperpigmented lesions, which are more frequently observed in lighter skin tones⁴. The *Malassezia* species produces keratinase, which loosens the stratum corneum and leads to the formation of scales^{32,33}.

Unani Perspective

The aetiopathogenesis of *Bahaq* is described in classical literature of unani system of medicine such as "*Firdaus-ul Hikmat*," "*Al Hawi al Kabeer*," "*Moalijat-e-Buqratiya*" and "*Kitab al Taisir*." It is considered as a humoral disease⁷. The main cause is an imbalance in the quality and quantity of phlegmatic and melancholic humours^{7,34}. When morbid humour accumulates beneath the skin, that area of the skin becomes hypopigmented or hyperpigmented, depending on the type of humour (melancholic or phlegmatic)^{35,36,37,38}. The faculty *Quwwat Mughayyira* (transformative faculty) plays a role in the accumulation of morbid humour that lies beneath the skin surface^{10,39}. It is speculated that this clinical condition may arise when the affected skin's *Quwwat Mughayyira* weakens and *Quwwat Dafi'a* (expulsive faculty) becomes stronger^{7,10,39}.

The pathogenesis of this disease is explained in given schematic presentation below Fig. (1). *Quwwat Mughayyira* (transformative faculty) facilitates the conversion of nutrients into tissue. The affected part fails to get adequate tissue formation in clinical conditions due to the weakness of *Quwwat Mughayyira*^{10,37,39}. *Quwwat Mushabbiha* (power of resemblance) is another bodily faculty that is necessary for skin's natural colouration. Usually, excessive metabolic

products produced within the tissue are expelled out into the blood. This process is controlled by *Quwwat Dafī'a*. In this clinical state, these faculties do not perform normal functions, resulting in an imbalance in the quality and quantity of phlegmatic and melancholic humours. Several factors have also been

identified as being directly or indirectly associated with the causation of this disease, including weakness of the *Quwwat Mumayyiza* (augmentative faculty) of the liver, *Du'fal Tihal* (functional weakness of the spleen), *Du'fal-Mi'da* (weakness of the stomach), intake of flatulence foods and malabsorption^{40,41,42,43}.

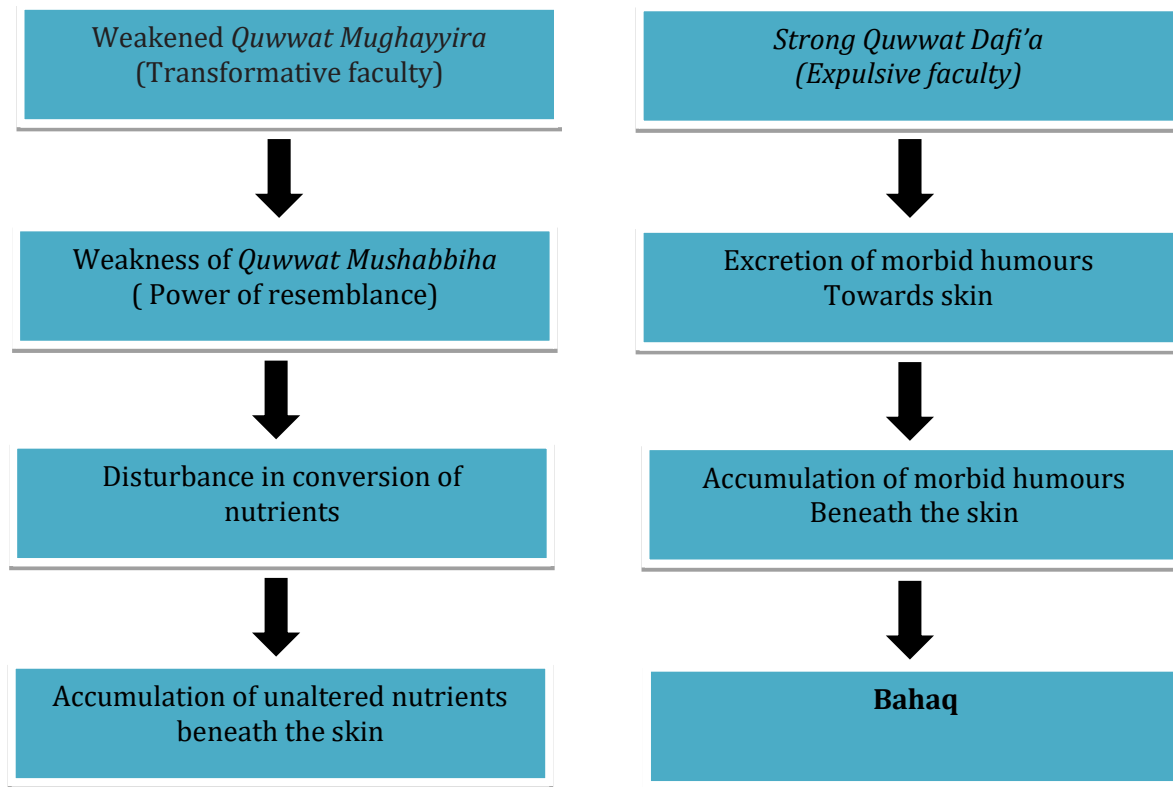


Figure 1: Schematic representation of the pathogenesis of *Bahaq* according to unani scholars.

DIAGNOSIS

The diagnosis is typically clinical, based on the characteristic skin lesions (multiple hypopigmented or hyperpigmented, erythematous, centrally merging, oval to circular, finely scaling macules or patches and the 'evoked scale sign')⁴⁴. However, the various manifestations of *Pityriasis versicolor* can be perplexing to an inexperienced clinician. In difficult atypical cases, Wood's light, dermatoscopy and direct KOH microscopic examination may be helpful.

1. Wood's lamp examination:

Examination of the lesion with a Woods lamp (filtered ultraviolet light with a 365 nm peak) may reveal golden-yellow, yellowish-green, or coppery-orange fluorescence, while other lesions do not fluoresce^{4,28}.

2. Dermatoscopy :

Dermoscopy is a valuable diagnostic technique for *pityriasis versicolor*. Typical dermoscopic findings include changes in background pigmentation, a 'contrast halo' sign (a ring of hypopigmentation surrounding a hyperpigmented lesion or a ring of increased pigmentation surrounding a hypopigmented lesion)⁴.

3. Direct KOH Microscopic Examination:

If necessary, a potassium hydroxide (KOH) preparation test can be done; scrapings from the lesion's borders soaked in 10-15% KOH reveal numerous short, stubby hyphae intermixed with clusters of spores (the so-called 'spaghetti and meatballs' appearance)²¹.

MANAGEMENT OF PITYRIASIS VERSICOLOR (BAHAQ)

Treatment of *pityriasis versicolor*⁴

A. Topical antifungals

1. Azoles (including ketoconazole, econazole, eberconazole, efinaconazole, bifonazole, luliconazole, clotrimazole, miconazole, sertaconazole, sulconazole, oxiconazole, fenticonazole, tioconazole, fluconazole and dapaconazole)
2. Ciclopiroxolamine
3. Butenafine
4. Naftifine
5. Terbinafine
6. Non-specific topical antifungal medicines (such as selenium sulphide, zinc pyrithione, propylene glycol,

Whitfield ointment, sulphur with salicylic acid and benzoyl peroxide)

B. Oral antifungals

1. Fluconazole
2. Itraconazole

Oral antifungals

Oral antifungal medications are typically used to treat severe, extensive, stubborn or recurrent *pityriasis versicolor* cases. Oral antifungal therapy is associated with higher costs, more adverse effects and probable drug-drug interactions; hence it is not recommended as the first-line treatment for *pityriasis versicolor*, particularly in children.

Oral azole antifungals as itraconazole and fluconazole are the recommended systemic medications. Fatigue, malaise, headache, cutaneous eruption, pruritus, dyspepsia, nausea, vomiting, abdominal pain, diarrhoea, hypertension, congestive cardiac failure, thrombocytopenia, hypokalaemia, albuminuria, hypertriglyceridemia and abnormal liver function are side effects of using oral antifungals⁴.

Usoole 'Ilāj (Principles of Treatment) of Bahaq Abyaq:⁴⁷

- *Tanqiyah Balgham* (Evacuation of phlegm).
- Topical application of *Musakhkhin advia* (calorific), *Jālī* (detergent), *Muḥammir* (rubefacient) and *Muḥallil* (resolvent).
- *Ilāj bi'l Ghidhā* (Dieto-therapy).

Tanqiyah Balgham is performed in three steps;

- *Munzijāte Balgham* (phlegmatic concoctives)
- *Mushilāte Balgham* (phlegmatic purgatives)
- *Tabreed Badan* (body refrigeration)^{7,48}.

Munzijāte Balgham:

Asl-us-Soos muqashhar (Glycyrrhiza glabra Linn) 5gm, *Parsiyaoshan* (Adiantum capillusveneris) 7gm, *Anjeer zard* (Ficus hispida Linn) 2 No., *Gule Surkh* (Rosa damascena) 7gm and *Maweez munaqa* (Vitis vinifera Linn) 9 No. The medicines are boiled, filtered and mixed with 46 gm *Gulqand* or 23 gm *Sikanjabeen*⁴⁹.

Mushilāte Balgham:

Aftimoon (Cascuta epithimum Linn) 20gm, *Mastagi* (Pistacia lentiscus) 12gm, *Sana* (Cassia angustifolia Vahl) 12gm and *Haleela siyah* (Terminalia chebula Retz) 40gm. Each medicine is powdered, mixed with *shahad* (honey) and used with an empty stomach in a quantity of 8 gms⁴⁸.

Mixture of *Haleela kabuli* (Terminalia chebula Retz) 7gm, *Turbud* (Operculina turpethum) 10gm and *shahad* (Honey) 10.5 gm per day dose⁷.

Tabreed Badan (body refrigeration):

Uses *Mubarrid* (Refrigerant) medicines to counteract the negative effects of *Mushilāt* on the intestines.

Commonly used medicines are *Sheera Unnab* (Zizyphus jujube Linn), *Loab-e-bahidana* (Cydonia vulgaris), *Loab-e-Aspaghhol* (Plantago ovata), *Loab-e-resha khatmi* (Althaea officinalis Linn), *Arq Shahtara* (Fumaria parviflora) and *badiyan* (Foeniculum vulgare Mill)⁴⁸.

Topical application:

The following formulation is most commonly suggested for topical application in *Bahaq* in classical literature.

- Apply a mixture of *Tukhme Panwar* (Casiator Linn) 3 gm, *Babchi* (*Posorolia corylifolia* Linn) 3gm and *Tukhme Turb* (*Raphanus sativus* Linn) 3gm to the affected area after mixing it with water⁴⁹.
- Applying a mixture of *Nilofar* (Nymphaea alba Linn.) and its root to the affected area eradicate *Bahaq Abyaq*^{35,48}.
- Mixture of *Sirka* (vinegar) and *Haldi* (Curcuma longa Linn.) or only *Sirka* (vinegar)⁷.
- To make *Shiyaf, Usara unsul* (Urginea Scilla) is mixed with *Khardil* (Brassica nigra), *Safsiyah* and *Gandhak* (sulphur). *Shiyaf* should be mixed with *arq payaz* (Urgineascilla) and applied by massaging the affected area until it becomes red⁴⁸.

'Ilāj bi'l Ghidhā (Dietotherapy):

Patients are recommended to take soft diets or easily digested foods (*Latif Ghidhā*) and to restrict their intake of cold, moist foods in nature (*mizāj*), such as fish, fresh vegetables, fruits and fatty foods, as these may increase the production of phlegm. They are also advised to consume more hot, dry foods, such as goat and bird meat (*Chakor and teetar*), as well as spices like *Siyah mirch* (Piper nigrum), *Zeera* (Cuminum carvi Linn.) and *Darchini* (Cinnamomum zeyanicum)⁴⁷.

Usoole 'Ilāj (Principles of Treatment) of Bahaq Aswad:

- *Tanqiyah Sawdā* (Black Bile Evacuation).
- Topical application of *Qawī Muḥallil advia* (Resolvent) and *Jālī* (Detergent).
- *Ilāj bi'l Ghidhā* (Dieto-therapy).

Tanqiyah Sawdā has four steps. *Faṣd* (Venesection), the use of *Munzijāte Sawdā* (Melancholic Concoctives), *Mushilāte Sawdā* (Melancholic Purgatives) and *Tabreed Badan* (raising fluid flow in the body)^{7,36,48}.

Faṣd involves incising *Warīd-e-Akhal* (Median Cephalic Vein) to evacuate the morbid matter^{7,36,39,48}.

Munzijāte Sawdā:

Gaozaban (Borago officinalis Linn.) 7 gm, *Sapistan* (Cordia dichotoma) 9 No., *Unaab* (Zizyphus jujube Linn.) 5 No., *Asl-us-Soos muqashhar* (Glycyrrhiza glabra Linn.) 5gm, *Badranjboya* (Melissa parviflora) 7gm, *Badiyan* (Foeniculum vulgare Mill) 7gm, *Parsiyaoshan* (Adiantum capillus-veneris) 7gm, *Ustkhuddus* (Lavandula stoechas Linn) 7gm and *Shahtara* (Fumaria parviflora) 7gm.

All medications are soaked in water for the entire night, filtered and then mixed with *Gulqand* or *Qand Safaid* (sugar) in the morning⁴⁹.

Mushilāte Sawdā: The following formulations have been recommended for use:

- *Aftimoon* (*Cascuta epithymum* Linn.), *Ghariqoon* (*Agaricus alba* Linn.), *Haleela siyah* (*Terminalia chebula* Retz), *Bisfayej* (*Polypodium vulgare*), *Ustukhuddus* (*Lavandula stoechas* Linn.), *Maweez* (*Vitisvinifera* Linn.), *Anjeer* (*Ficus hispida* Linn.), *kharbaq* (*Helleborus niger*), *Hujr-ul-Armani magsool* (Boric powder) and *Hajr-ul-Lajward* (*Lapis lazuli*) are all drugs used in the form of decoction⁵⁰.
- *Haleela kabuli* (*Terminalia chebula* Retz), *Aftimoon* (*Cascuta epithymum* Linn.) and *Haleela siyah* (*Terminalia chebula* Retz) are all drugs taken in equal quantity, powdered and mixed with *maweez* (*Vitis vinifera* Linn.) to make *Majoon*⁵⁰.
- *Amla* (*Emblica officinalis* Gaertn), *Kalonji* (*Nigella Sativa*) and *Haleela siyah* (*Terminalia chebula* Retz) are all powdered in equal amounts and taken in a 12 gm dose in the morning and at night (39,48).
- *Joshande Haleela siyah* (Decoration of *Terminalia chebula* Retz), *Joshande Aftimoon* (Decoration of *Cascuta epithymum* Linn) and *Ma-ul jubn* (Whey)^{7,9,39,49}.

Tabreed Badan will be done to replenish the body's fluid, as *Bahaq Aswad* produces excess *yabusat* (dryness) in the body. Therefore, patients are recommended to take in plenty of fluids, especially water and fresh fruit. Some unani physicians recommended frequent *Hammām* (turkish bath) along with use of medications such as *Loab-e-bahidana* (*Cydonia vulgaris*), *Loab-e Aspaghol* (*Plantago ovata*), *Loab-e-resha khatmi* (*Althaea officinalis* Linn.) and *Sheera Unnab* (*Zizyphus jujube* Linn.) for *tabreed*⁴⁸.

Topical application:

The following single and compound formulations in the form of *Tila* have been recommended for use, including;

- *Aaqar qarha* (*Anacyclus pyrethrum* DC) 4gm, *Shitraj* (*Plumbago zeylanica* Linn.) 4gm, *Kharbaq* (*Helleborus niger*) 4gm and *Gandhak* (sulphur) 4gm, each drug is mixed with *Sirka* (vinegar) and apply to the affected area⁴⁸.
- *Mix Post Bekh Kibr* (*Capparis spinosa*) 12gm, *Shitraj* (*Plumbagozeylanica* Linn.) 20gm and *Majeeth* (*Rubiocordifolia* Linn.) 8gm in *Sirka* (Vinegar), apply it to the affected area and then wash it next day⁴⁸.
- Application of a mixture of *Tukhme turb* (*Raphanus sativus* Linn.) and *Kundush* (*Centipeda minima*) or *Ma-ul Kibreet* (Sulphur) to the affected area helps to remove *Bahaq aswad* completely^{9,39,48}.
- Wash the affected area with *Booraq* (Borax), then apply the mixture of *Zareeq* (Arsenic), *Natron* (Potassium carbonate) and *Gandhak* (Sulphur) under the sun^{9,48}.

Ilāj bi'l Ghidhā (Dietotherapy):

Patients are recommended to take foods that are easy to digest (*Latif Ghidhā*). People should increase their intake of cold and moist foods and avoid from eating foods that cause the formation of black bile, which is the actual cause of disease^{7,9,36,37,39,48,50}.

CONCLUSION:

Pityriasis versicolor is a frequent, chronic, relapsing dermatosis with a variety of clinical manifestations. Although the clinical presentation is typically used to make the diagnosis of PV. *Bahaq* (PV) has been extensively discussed in the unani system of medicine, regarding its concept, types, causes and treatments. The treatment methods are effective with little to no side effects. The treatment is based on the holistic approach of *Munzīj wa Mushil* therapy, as well as topical application of *Jali*, *Muhammir*, *Muhallil*, *Musaffi* and *Murakhi* drugs such as *Tila*, *zimid* and *roghan* form. Contemporary medicines have been associated with adverse effects during the treatment of *pityriasis versicolor*, thus alternative and herbal treatments with favourable safety profiles are the best options for treating PV. Furthermore, the unani treatment is inexpensive, accessible and widely accepted and also unani medicine is preferred over contemporary medication in the treatment of resistant skin conditions. Hence, the efficacy and outcomes of the various therapeutic approaches discussed in the literature should be further evaluated and confirmed by randomized clinical trials.

Funding: There is no funding involve

Conflict of Interest: None

Acknowledgements: None

Ethical Statement: Not Applicable

Inform Consent: Not Applicable

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