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Case Report

Exploring the Therapeutic Potential of Marham Kharish Jadeed in Chronic Eczema: A Case Report

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Abstract

Trihexyphenidyl hydrochloride (TPH) is an anticholinergic drug commonly used to manage psychosis-associated extrapyramidal symptoms and Parkinsonian disorders. However, its oral administration is associated with limitations such as first-pass metabolism, fluctuating plasma drug levels, and frequent dosing requirements, which may reduce patient compliance. The present study aimed to develop and optimize TPH-loaded transdermal patches using a combination of natural and synthetic polymers for sustained drug delivery. Patches were prepared by the solvent-casting method employing varying concentrations of hydroxypropyl methylcellulose (HPMC), chitosan, xanthan gum, and gum tragacanth. A factorial design was utilized to optimize formulation variables and evaluate their effects on physicochemical and drug-release characteristics. The prepared patches were assessed for thickness, weight variation, folding endurance, moisture content, moisture uptake, tensile strength, surface pH, drug content uniformity, and in vitro drug release. The optimized formulation exhibited satisfactory physicochemical properties, uniform drug distribution, good mechanical strength, and excellent flexibility. In vitro studies demonstrated sustained and controlled drug release over an extended period. The combination of natural and synthetic polymers significantly influenced the mechanical properties and release behavior, resulting in an optimized matrix system with improved performance. The developed transdermal patch represents a promising alternative to conventional oral therapy by providing sustained drug delivery, potentially enhancing therapeutic efficacy, patient compliance, and overall quality of life in long-term psychopharmacological management.

Keywords: Trihexyphenidyl hydrochloride, Transdermal patch, Natural polymers, Synthetic polymers, Controlled drug delivery, Optimization, Psychosis management.

INTRODUCTION

In Unani literature, Eczema is referred to as *"NAR-E-FARSI,"* a Persian term that translates to "fire of Faras." This designation is used because the condition is prevalent in Faras, or it could be because the first individual to treat it hailed from that region.[1,2] Alternate terms for eczema in Unani medicine include *Chhajan or Akota*.[3] According to Jurjani, Nar-e-Farsi is a skin ailment characterized by intense burning and itching as well as the formation of liquid-filled vesicles.[4] Ibn Sina claims that the causes of eczema are *Akkāl* (corrosive), *Haar* (hot), and *Lazeh* (irritating), which might spread with *Dam* (sanguineous matter) or *Balgham* (Phlegmatic matter), and it is created when hot humors (sanguineous and bilious matter) are combined with dry *khilt,* which is *Saudavi madda* (Melancholic matter). He also mentioned that *haad Akhlat* combined with *khilt e raqeeq (Safra)* is the source of Nar-e-Farsi.[5] According to renowned Unani physician *Hakim Kabiruddin*, eczema is characterized by burning lesions on the skin that feel like they are on fire.[6]According to the ancient Unani scholar *M.H. Qumari, Nar-e-Farsi* is a pruritis caused by an increase in *Hiddat* (heat) in the *Khilt-i-Dam* (blood) that is marked by severe burning and itching.[7]

The Greek term ekzein, which means "to boil out," is where the word "eczema" originates. The word "ek" means "out," and zema means "boiling." [8] The exact etiology of eczema remains incompletely understood. Individuals with eczema often exhibit elevated immunoglobulin E (IgE) levels due to underlying allergic mechanisms are created by the immune system during allergic reactions in people with eczema. Eczema can be a challenging and annoying ailment. Patients with eczema often experience considerable psychological distress. An pruritic rash is made worse by people's innate impulse to scratch it.[12]

It affects up to 10% of adults and 20% of children, and it is linked to a high burden of morbidity and expenses for both individuals and healthcare systems. According to the Global Burden of Disease (GBD) 2017, eczema was rated 15th among non-fatal disorders and 59th among all diseases based on disability adjusted life years (DALYS).[10] According to a Global Asthma Network (GAN) Phase I study, the prevalence of severe eczema symptoms increased by 0.26% and 0.23% each decade worldwide, while the prevalence of current eczema symptoms increased by 0.98% and 1.21% per decade in adolescents and children, respectively.[8] It is prevalent not only in industrialized countries but also in urban areas of developing nation[9] Histologically, eczema is characterized by spongiosis.[8] Eczema is characterized by clinical pruritus, which can interfere with sleep and other aspects of quality of life.[11] During the chronic stage, the lesion exhibits acanthosis and hyperkeratosis. The predominant feature varies according to the stage; acute eczema is exudative, whereas chronic eczema is dry, scaly, and frequently lichenified.[8]

On the basis of aetiology, eczema is classified into endogenous, exogenous and combined eczema. In endogenous form, constitutional factors are the predisposing factors and lesions are symmetrically distributed and well-set patterns. Seborrhoeic dermatitis, Lichen simplex chronicus, Pityriasis alba etc. are some examples of endogenous eczema. In contrast to endogenous, external factors are triggers in exogenous eczema. Clinical features which suggest an exogenous eczema are asymmetric distribution, linear or rectilinear configuration, known contact with irritants and allergens. Examples includes irritant dermatitis, Allergic dermatitis, Photodermatitis etc. Both constitutional and external triggers are responsible for compound eczema. Examples are Pompholyx, Atopic dermatitis[8]

The hallmark of acute eczema is an ill-defined erythematous and edematous plaque that is covered in papules, vesicles, pustules, and exudate that dries to create crust. Lichenification (the trio of hyperpigmentation, skin thickening, and increased skin markings) and less exudative, more scaly lesions are the hallmarks of chronic eczema.[8,11]

CASE PRESENTATION

Patient Details

- **Gender:** Male
- **Age:** 55 years
- **Occupation:** Businessman
- **Dietary Habits:** Mixed (Vegetarian and Non-Vegetarian)
- **Religion:** Muslim

Chief Complaints

A 55-year-old male presented to the OPD of Hakim Syed Ziaul Hasan Government (Autonomous) Unani Medical College & Hospital, Bhopal, on 06 October 2025, The patient presented with a persistent pruritic rash involving the left foot for four years. On local examination, the left foot revealed diffuse hyper pigmented, thickened, and lichenified plaques over the dorsum extending towards the lateral malleolus and toes. The skin showed marked xerosis with scaling, areas of crusting, and healed excoriations. The lesion margins were ill-defined. Minimal active oozing was observed at the time of presentation, suggesting a predominantly chronic stage of the disease. Associated nail changes, including discoloration and dystrophy, were also noted. These findings were consistent with chronic lichenified eczema.

The patient reported significant psychological distress and social discomfort**,** especially due to occupational interactions.

Past Treatment History

The patient had previously used:

- Topical steroid ointments
- Anti-allergic medications
- Various lotions

However**,** no sustained improvement was observed.

Medical History

- No history of diabetes mellitus or hypertension
- No history of alcohol or tobacco use

Investigations

- Routine hematological parameters (Hb, TC, DC, ESR): Within normal limits
- Urine examination**:** Normal
- Culture and sensitivity of lesion: No microbial growth

Therapeutic Intervention

- **Drug Used:** Marham Kharish Jadeed
- **Application:** Topically, twice daily
- **Procedure:** Applied after cleansing the affected area
- **Contact Time:** Approximately 2 hours

The patient was advised to:

- Avoid other medications (topical/systemic) during the study
- Attend monthly follow-ups for 90 days.

Constituents of Marham Kharish Jadeed[13]

Table 1: Constituents of Marham Kharish Jadeed

S.no	Ingredients	Scientific names	Quantity
1	Barg e Henna	Lawsonia inermis	25 grams
2	Safeda Kashghari	Soap stone	25 grams
3	Sang-e-Jarahat	Magnesium silicate	25 grams
4	Kafoor	Cinnamomum camphora	25 grams
5	Kath Safed	Acacia catechu	25 grams
6	Kamela	Mallotus philipensis	25 grams
7	Gandhak	Sulphur	50 grams
8	Murdarsang	Plumbi oxidum	25 grams
9	Mom Safed	BEE wax	125 grams

Assessment Criteria

- **EASI (Eczema Area and Severity Index)** – Clinical severity
- **POEM (Patient-Oriented Eczema Measure)** – Patient-reported symptoms
- **VAS (Visual Analogue Scale)** – Itching severity

RESULTS

The patient demonstrated progressive and significant improvement over the 90-day treatment period. Reduction was observed in (Table 2):

- Itching intensity
- Lesion size
- Oozing and inflammation
- Skin thickening and discoloration

By the end of the study:

- Lesions had markedly reduced, with only minimal residual patches
- Skin texture improved with reduced lichenification
- Itching was almost absent
- No recurrence or adverse effects were reported

The therapeutic response indicates that *Marham Kharish Jadeed* is effective in managing chronic eczema with sustained improvement (Table 3).

Table 2: Assessment of Clinical Improvement

Parameter	Baseline (Day 0)	Day 30	Day 60	Day 90
EASI Score	18 (Moderate)	11	6	2 (Almost clear)
POEM Score	22 (Severe)	15	8	3 (Mild)
VAS (Itching)	9	6	3	1

Table 3 Timeline of Patient Assessment and Treatment

Time	Clinical Event	Outcome
September 2021	Onset of itching and rash over the left foot	Progressive pruritus and skin thickening
2021–2025	Received conventional treatment (topical corticosteroids, anti-allergic drugs, lotions)	Temporary relief; recurrent symptoms with no sustained improvement
06 July 2025	First visit to Unani OPD	Diagnosed with chronic lichenified eczema (Nar-e-Farsi)
06 July 2025	Baseline assessment	EASI: 18, POEM: 22, VAS: 9
7 July 2025	Started Marham Kharish Jadeed (8–10 g twice daily)	Patient instructed to avoid other topical/systemic medications
8 August 2025	First follow-up	Reduced itching and inflammation; EASI: 11, POEM: 15, VAS: 6
10 September 2025	Second follow-up	Marked reduction in lesion size and lichenification; EASI: 6, POEM: 8, VAS: 3
15 October 2025	Final follow-up	Lesions almost resolved; EASI: 2, POEM: 3, VAS: 1; no adverse effects or recurrence reported

DISCUSSION

The present case highlights the successful management of chronic eczema *(Nar-e-Farsi)* using a Unani topical formulation, *Marham Kharish Jadeed*. Chronic eczema is often characterized by relapsing inflammation, persistent pruritus, and progressive skin changes such as lichenification and hyperpigmentation. In this patient, the prolonged disease duration (4 years) along with resistance to conventional therapies indicates a chronic, treatment-refractory condition, which poses a therapeutic challenge in routine clinical practice.

From a Unani perspective, the clinical manifestations observed in this case—burning sensation, itching, oozing, and skin thickening—can be correlated with derangement of *Akhlat*, particularly an increase in *Hiddat* (heat) and the involvement of altered *Dam* and *Safra*. The chronicity and dryness seen in later stages may also suggest a contribution of *Saudavi* components. The therapeutic approach in Unani medicine focuses on restoration of humoral balance, resolution of morbid matter, and normalization of skin temperament.

The significant reduction in EASI, POEM, and VAS scores over the 90-day period reflects both objective clinical improvement and subjective symptom relief. The gradual decline in itching intensity is particularly noteworthy . The observed clinical response may be attributed to the multifactorial action of *Marham Kharish Jadeed*. Topically applied Unani formulations are traditionally known to exert Muhallil (resolvent), Musakkin (soothing), and Mudammil (wound-healing) effects. In this case, the reduction in oozing and inflammation suggests anti-inflammatory and drying actions, while improvement in skin texture and reduction in induration indicate enhanced tissue repair and regeneration.

Another important aspect of this case is the absence of adverse effects during the treatment period. Long-term use of conventional therapies, especially topical corticosteroids, is often associated with complications such as skin atrophy and rebound flares. In contrast, the present intervention demonstrated a favorable safety profile, which is particularly relevant for chronic conditions requiring prolonged management.

Additionally, the psychosocial improvement reported by the patient underscores the broader impact of effective eczema management. Chronic dermatological conditions frequently impair quality of life due to visible lesions and persistent discomfort. The noticeable improvement in symptoms likely contributed to enhanced confidence and social interaction in this patient.

Although the findings are encouraging, this is a single case study, and therefore, generalization is limited.

Further controlled clinical trials with larger sample sizes are necessary to validate the efficacy and mechanism of action of *Marham Kharish Jadeed*. Integration of objective biomarkers and long-term follow-up would further strengthen the evidence base.

In summary, this case provides preliminary evidence that a Unani topical formulation can offer holistic benefits in chronic eczema, addressing both symptomatic relief and underlying humoral imbalance, thereby supporting its potential role as an alternative or complementary therapeutic option.

CONCLUSION

This case study demonstrates that *Marham Kharish Jadeed* may serve as an effective and safe topical intervention in the management of chronic eczema *(Nar-e-Farsi).* The treatment resulted in marked improvement in clinical signs, including reduction in itching, inflammation, oozing, and skin thickening, along with significant enhancement in patient-reported outcomes. The findings also highlight the relevance of the Unani concept of humoral imbalance in understanding and managing chronic dermatological conditions. By addressing both symptomatic manifestations and underlying derangement of *Akhlat*, the intervention provided sustained relief without any observed adverse effects. However, as this observation is based on a single case, further well-designed clinical studies with larger sample sizes are required to substantiate these results and explore the broader applicability of this regimen in eczema management.

Patient Perspective: Before treatment, I had severe itching that disturbed my sleep and affected my work. After using Marham Kharish Jadeed, the itching gradually reduced, my skin improved, and I felt more confident during social interactions. I was satisfied with the treatment and did not experience any side effects.

Patient consent: Informed consent for publication of this case study has been obtained from the patient

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