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Acne Vulgaris (Busoor-e-Labaniya): Historical Insights, Unani Concepts, and Advances in Modern Treatment

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ABSTRACT

Acne vulgaris, known in Unani medicine as Busoor-e-Labaniya, is a common chronic inflammatory disorder of the pilosebaceous unit, particularly affecting adolescents and young adults characterized by comedones, papules, pustules, and sometimes nodules. The condition has both physical and psychological impacts. In the Unani system, its pathology is understood through the lens of humoral imbalance, particularly the accumulation of *Madda-e-Sadidiya* (viscous morbid material) and is often linked to dietary, hormonal, and lifestyle factors.

Classical Unani physicians such as *Ibn Sina*, *Zakariya Razi* and *Azam Khan* provided detailed descriptions of its etiology and treatment. Their approach includes systemic detoxification (*Tanqiya-e-Badan*), correction of temperament and the use of specific pharmacological agents like *Mujaffif* (Desiccants), *Muhallil* (Anti-inflammatory), *Jali* (Detergents), and *Musaffi-e-Dam* (Blood purifiers). Local applications in the form of *Ubtan*, *Zimad*, and *Tila* are commonly used to soothe inflammation, cleanse the skin, and lighten scars.

In contrast to modern pharmacological treatments which can have adverse effects Unani therapies are traditionally considered safe, holistic, and cost-effective. The integration of historical insights and traditional practices with contemporary research offers promising directions for safe and sustainable acne management, though further scientific validation is essential.

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Introduction

The Unani system of medicine is a unique and comprehensive healing tradition that addresses not only the treatment of diseases but also the promotion and maintenance of overall health. With its holistic approach, it considers the individual in relation to their environment and emphasizes the preservation of health and prevention of illness [1].

Dermatological disorders are among the most common health conditions affecting humans. As inherently social beings, individuals frequently engage in face-to-face interactions, making facial appearance a central aspect of personal and social identity. The face being the most exposed part of the body requires meticulous care and hygiene to maintain skin health and aesthetic appeal [2].

Among the various dermatological conditions that affects the face *Acne Vulgaris*, known in Unani medicine as *Busoor-e-Labaniya* is one of the most prevalent particularly during adolescence and early adulthood. It is characterized by the inflammation of pilosebaceous units and presents with comedones, papules, pustules, and sometimes nodules, often impacting the individual's physical appearance and psychological well-being [2].

Acne Vulgaris is one of the most frequently encountered skin disorders in clinical dermatology. It is a self-limiting follicular condition that primarily affects adolescents and young adults. Although defining Acne Vulgaris with absolute precision can be challenging due to its variable presentation, it is broadly described as a chronic inflammatory disorder of the pilosebaceous units. Clinically, it is characterized by the presence of open and closed comedones, papules, pustules, nodules, and cysts. In more severe or prolonged cases, it may result in post-inflammatory hyperpigmentation, scarring, or even keloid formation [3,4].

In the Unani system of medicine, the term *Busoor* denotes boils or eruptions, while *Laban* refers to milk thus, *Busoor-e-Labaniya* literally means 'boils filled with milky secretions [5]. This nomenclature reflects the clinical appearance of acne lesions, which often contain a whitish purulent or sebaceous material, aligning with both traditional observations and modern descriptions.

The term 'acne' is believed to be derived from the Greek word *acme*, meaning 'prime of life.' However, some authors suggest it originates from *akme*, which means 'spot' or 'point.' The earliest recorded use of the term 'acne' dates back to the 6th century AD, when it was used by the physician of Emperor Justinian [2]. The word was later translated into Latin from the Greek *acme*, signifying 'peak' or 'height.' In 1840, Fuchs classified acne into three types: *Acne Vulgaris*, *Acne Megentagra*, and *Acne Rosacea*. This was the first formal use of the term 'Acne Vulgaris,' which continues to be used in contemporary dermatology. Subsequently, in 1842, Erasmus Wilson further distinguished *Acne Simplex* (now Acne Vulgaris) from *Acne* Rosacea [6,7].

"In the Unani system of medicine, several classical scholars have described acne under various terminologies. The renowned Unani physician Ibn Sina (Avicenna, AD 980-1037), in his seminal work *Al-Qanun fi al-Tibb* (*The Canon of Medicine*) referred to small white eruptions on the nose and cheeks as *Muhasa*, likening them to *Nuqte Laban* meaning condensed drops of milk [8,9]. Similarly, Zakariya Razi in his encyclopedic

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work *Kitab al-Hawi* mentioned a condition termed *Atiasoos*, characterized by small, dry, and chronic eruptions (*Busoor*) [9]. Other notable Unani scholars such as Tabri (AD 985) and Azam Khan (AD 1870) described acne as a condition primarily associated with puberty, presenting on the face and cheeks as whitish eruptions resembling *Nuqte Sheer* (points or drops of milk), which, when expressed, release an oily secretion similar to *Roghan Zard* (ghee or clarified butter) [9-11]. Another classical reference describes the condition as a *Muta'addi* (infectious) disease, characterized by small white eruptions on the face and cheeks, from which a cheesy material is discharged upon squeezing [12-14].

Historical Review of Busoor-e-Labaniya *(Acne Vulgaris)*

Introduction and Definition

Busoor-e-Labaniya, widely recognized in Unani medicine corresponds to the modern dermatological condition known as acne vulgaris. The term "busoor" in Arabic means "boils," and "laban" translates to "milk." The disease earned its name due to the resemblance of its characteristic lesions-small, whitish eruptions on the face and nose to droplets of milk or frozen ghee (roghan zard). Classical Unani scholars have described Busoor-e-Labaniya as a form of *Waram* (inflammation) that differs from other inflammations primarily in size and appearance [15,16].

Classical Unani Perspectives

Many prominent Unani physicians such as Ibn Sina (Avicenna), Zakariya Razi (Rhazes), Rabban Tabri, Akbar Arzani, Ibn Hubl, and Dau'd Antaki discussed the etiopathogenesis and clinical features of Busoor-e-Labaniya in their classical treatises. According to Ibn Sina, the main cause of this condition is *Ma'da Sadeediya* (suppurative or viscous material) which is formed when the latent vapors (*Latif Bukharat*) of the body move towards the skin's surface under favorable conditions. Upon reaching the skin, these vapours condense and transform into this viscous, suppurative material that cannot be resolved or expelled efficiently, leading to eruptions [5,17]. Hakeem Azam Khan (1315 A.D.) and other scholars also emphasized *Maa'da Sadeediya* as the primary pathological factor [17,18].

Unani texts mention additional contributing factors such as impurity of the blood, consumption of hot and spicy foods, menstrual disturbances, and pregnancy. The imbalance of body humors, especially the phlegmatic humor (*Khilt-e-Balgham*), is believed to lead to the formation of viscous pus causing these eruptions [19-21]. Rabban Tabri vividly described the formation and rupture of pustules, explaining how pus and other morbid materials are expelled through the skin, and Kabeeruddin noted that recurrent pustules might leave scars, sometimes resulting in permanent hair loss in affected areas [10,11].

Acne in Ancient Civilizations

The history of acne extends far beyond Unani medicine, with references dating back to ancient civilizations:

- **Ancient Egypt:** Around the 3rd century, Egyptians believed acne was linked to moral behavior, such as telling lies. Archaeological evidence including remedies found in the tomb of Pharaoh Tutankhamun of the 18th dynasty, shows the use of specific treatments for acne-like conditions [22,23].
- **Ancient Greece:** The term "acne" is derived from the Greek word *Acme*, meaning "point" or "peak." Some ancient writers suggested it meant "anything that comes out of the surface." The Greeks associated acne with puberty using terms like *ionthoi* and *vari* to describe eruptions appearing during adolescent development. Renowned physicians like Hippocrates and Aristotle studied acne extensively. The Byzantine physician Paulus Aegineta, in the 7th century AD, recommended honey for soft lesions and soaps for harder ones, following Galen's teachings [8,24].
- **Ancient Rome:** The Romans introduced treatments involving mineral baths often with sulphur, believed to cleanse pores. Aulus Cornelius Celsus (25 BC–50 AD) documented acne treatment in his medical encyclopedia *De Medicina*. Roman terminology included "Varus" for acne vulgaris and "Akmus" around the 3rd Century AD. The court physician to Emperor Theodosius suggested rituals involving "falling stars" for acne treatment, reflecting the era's blend of medical and mystical beliefs [22,23,25].

Contributions of Geo-Arabic Medicine

During the Greco-Arabic period, influential scholars like Ibn Sina, Rabban Tabari, Zakariya Razi, Ibn Hubl, Sabit Bin Qurrah, Abu Al Hassan Al Jurjani, Dau'd Antaki, and Akbar Arzani further elaborated on the clinical presentation, causes, and treatment of Busoor-e-Labaniya. Their works consolidated humoral theory with careful clinical observation, emphasizing the movement of morbid humors towards the skin as a protective response by the *Tabiat* (nature) to expel harmful substances from vital organs.

Zakariya Razi in *Al Hawi*, specifically addressed the occurrence of acne on the face and nose, while Ibn Sina's *Al Qanoon Fil Tib* laid down a detailed explanation of the etiopathogenesis linked to *Madda-e-Sadeediya* and *Bukharat* (vapors). These scholars also highlighted environmental and dietary factors affecting the disease's progression [5,20,27,28].

Elizabethan and post-Elizabethan Era

In the Elizabethan era (1558-1603) physical appearance particularly fair and clear skin was associated with social status. Women often used thick white lead-based cosmetics such as Venetian Ceruse to maintain a pale complexion despite the risk of exacerbating skin problems. In the 17th century, physicians like Riolanus and Jonston connected acne with menstrual disturbances, describing facial eruptions as "hard tiny tumours" common in young people inclined to fertility but chaste behavior.

By the 18th century, the medical community began taking acne more seriously. Physicians like Daniel Turner noted the increasing popularity of treating what were once considered minor cosmetic issues. Willan and Bateman classified acne into three types-simplex, punctate, and indurate and distinguished acne rosacea as a separate entity. These classifications refined diagnosis and treatment [26].

19th and 20th Century Advances

The 19th century marked important milestones:

- Gustav Simon discovered *Demodex folliculorum*, a mite inhabiting hair follicles, hypothesized as a causative factor. However, this view was contested by Erasmus Wilson, who emphasized lifestyle and mental health.
- Early treatments included baths, sulphur compounds, and later benzoyl peroxide invented by Jack Breitbart in 1920, offering better efficacy and tolerability [26,29,30].

The 20th century brought antibiotics like penicillin and tetracycline, revolutionizing acne management by targeting bacterial infection. In the 1960s, topical retinoids such as Retin-A (vitamin A acid) were introduced, improving lesion healing and preventing new eruptions [31,32]. However, treatments like isotretinoin (Accutane), introduced in the 1980s, though highly effective, came with serious side effects, necessitating careful monitoring, especially in women of childbearing age [33].

Modern Therapies and Innovations

Since the 1990s, laser therapy has been widely adopted to treat active acne and residual scarring. Micro-needling techniques, such as dermal collagen induction therapy developed by Fernandes in 2006, offer novel options for scar management. More recently, red and blue light therapies have been introduced to reduce inflammation and bacterial load.

In 2007, research into vaccines targeting inflammatory acne showed promising results in animal models, although human trials are still pending [30,34].

Etiopathogenesis of Acne Vulgaris

Acne Vulgaris is a multifactorial inflammatory skin disorder, influenced by genetic, hormonal, immunological and environmental factors. Cytokines, particularly pro-inflammatory ones such as interleukins, play a central role in its pathogenesis. Four primary pathogenic mechanisms contribute to acne development:

1. Release of inflammatory mediators
2. Follicular hyperkeratinization and plug formation
3. Increased sebum production under androgen influence
4. Follicular colonization by *Cutibacterium acnes* (formerly *Propionibacterium acnes*)

These factors interact to initiate and propagate the acne process. Inflammation is a key driver, with elevated levels of cytokines like interleukins observed even before visible hyperproliferation of keratinocytes in uninvolved follicles.*Cutibacterium acnes*, a Gram-positive anaerobe,

contributes significantly by producing pro-inflammatory enzymes such as lipases, proteinases, hyaluronidases, and chemotactic factors [35].

Blockage of pilosebaceous units leads to microcomedo formation, which may progress into open comedones (blackheads) or closed comedones (whiteheads). These result from accumulation of sebum, dead keratinocytes, and oil. Androgen-induced sebaceous gland enlargement further increases sebum production, exacerbating the condition [35,36].

In adult females, the pathogenesis is often more complex. Androgens play a pivotal role, as seen in conditions like polycystic ovarian syndrome (PCOS). Even women with normal androgen levels may respond well to hormonal treatments, including oral contraceptives and anti-androgen medications, highlighting the significance of hormonal influence [37,38].

Unani Perspective on the Etiopathogenesis of Busoor-e-Labaniya

Classical Unani physicians have described *Busoor-e-Labaniya* in detail, explaining its pathogenesis based on the concept of *Madda-e-Sadidiya* (suppurative material). According to them, *Latif Bukharat* (subtle vapors) generated within the body ascend toward the surface of the skin under favorable conditions. These vapors condense into *Madda-e-Sadidiya*, a thick, viscous substance that cannot be resolved or eliminated easily due to its density and altered temperament [5].

In Unani pathology, *Acne Vulgaris* is considered a type of *Waram* (inflammation). It results from the presence of *Fasid Ma'da* (corrupted material), Dysfunction of *Aa'za* (organs), irregular dietary habits, environmental influences, and disturbances in the temperament (*Su'-e-Mizaj*), structural composition (*Su'-e-Tarkeeb*), and continuity (*Tafarruq-e-Ittisal*) of body tissues.

When an organ is unable to excrete waste or morbid matter, either from itself or another organ, this burden is diverted to a weaker organ. If the weak organ also fails to eliminate the waste, it leads to the formation of a swelling or elevation known as *Nutu*. If this elevation does not rupture the skin or mucous membrane, it remains as *Waram*; if it does, resulting in a superficial eruption, it is termed *Busoor* [39,40].

The body's inherent healing force, *Tabi'at*, attempts to expel this morbid matter through the skin in the form of swellings, papules, or eruptions to protect vital organs from damage. When the accumulated *Madda* is in small amounts and the disturbance is mild, especially if caused by an imbalance in *Quwwat-e-Tabi'iya* (natural faculties), the condition tends to be less severe and responds easily to treatment. However, if the eruption is due to the accumulation of corrupted or excessive morbid matter, the condition becomes more difficult to manage [19].

Usool-e-Ilaj (Principles of Treatment) of Busoor-e-Labaniya in Unani Medicine

General Principles of Treatment

1. **Addressing the Underlying Cause**

Treatment focuses on eliminating the main cause of the disease [41,42].

2. **Detoxification** (Tanqiya Badan)

Removal of morbid materials through various modes of elimination [5,41-43].

3. **Pharmacological Management**

- Use of specific drugs with the following properties [43-45]:
- Mujaffif (Desiccant)
- Muhallil (Anti-inflammatory)
- Jali (Detergent)
- Musaffi-e-Dam (Blood Purifiers)

4. **Treatment Based on Humoral Dominance**

- In **Hiddate Dam** (Hot temperament of blood), use of **Mulattifat** (Demulcents) is advised [42,46].
- In **Ghalba-e-Khoon** (Dominance of blood), **Fasd** (Venesection) is recommended [42].

5. **Dietary Regulations [41,42]**

- Avoidance of Har (Hot) and Saqeel Ghiza (Heavy foods)
- Correction of digestion
- Adequate water intake (6-8 glasses per day)
- Consumption of a healthy and balanced diet
- Regular intake of fresh fruits and vegetables
- Avoidance of flatulent foods like peas, Bengal gram, black gram, and cauliflower

Topical Applications and Local Therapies

After systemic detoxification and correction, local treatment includes application of drugs with types of local preparations [16,47-49].

Types of Local Preparations

- Tila (Medicated Oil)
- Zimad (Ointment)
- Ubtan (Herbal Scrub)

Classical Formulations

- **Maghz-e-Ghonchi Safed** mixed with **Roghan Kunjad**: Applied at night, washed off in the morning.
- **Kharbaq** (2 parts) + **Bekhe Sosan** (1 part) with **Sirka**.
- **Shunez** with **Sirka**.
- **Saleekha** mixed with **Shahad** (honey).
- **Murdar Sang** + **Sibr Saqtoori**, with **Roghan Gul** and **Sirka**.

Systemic and Supportive Therapy

- **Evacuation** (Istifragh) and **Detoxification** (Tanqiya-e-Mawad) through systemic **Musaffi-e-Dam** (blood purifiers).
- Use of **Mujaffif**, **Muhallil**, and **Jali** drugs to manage inflammation, swelling, and excess oil.
- Treatment of associated conditions like menstrual irregularities and gut disturbances.

Single Drugs Commonly Used [50-55].

- Henna (Lawsonia inermis)
- Bitter Almond (Prunus amygdalus)
- Rose (Rosa damascena)
- Iris (Iris ensata)
- Fig (Ficus carica)
- Lemon (Citrus aurantifolia)
- Coriander (Coriandrum sativum)
- Indian Kamila (Mallotus philippinensis)
- Olive (Olea europaea)
- Screw Pine (Pandanus tectorius)
- Black Hellebore (Helleborus niger)
- Ginger (Zingiber officinalis)
- Pomegranate Flowers (Punica granatum)

Compound Formulations [56-58].

- Tila-e-Akbar
- Zimad Muhasa
- Dawa-e-Muhasa
- Zimad Majali
- Habbe Kalf
- Tiryaq-e-Muhasa
- Dawa-e-Busoor Labani
- Ubtan Ajeeb
- Dawa-e-Chuhara

Discussion

Acne vulgaris (Busoor-e-Labaniya) is a highly prevalent skin disorder, particularly affecting adolescents and young adults, with notable physical and psychological impacts. Modern medicine identifies its causes as follicular hyperkeratinization, excess sebum production, *Propionibacterium acnes* colonization, and inflammation. In contrast, the Unani system attributes the condition to humoral imbalance especially the predominance of *Safra* (yellow bile) or *Dam* (blood), leading to the accumulation of morbid material expelled through the skin.

Unani treatment emphasizes systemic detoxification (*Tanqiya-e-Mawad*), temperament correction (*Tadbeer-e-Mizaj*), and use of desiccants (*Mujaffif*), anti-inflammatory (*Muhallil*), detergents (*Jali*), and blood purifiers (*Musaffi-e-Dam*). Topical formulations like *Ubtan*, *Zimad*, and *Tila* offer soothing, anti-inflammatory, and scar-reducing effects. These natural therapies are traditionally considered safe, effective, and well-tolerated.

Although modern treatments such as retinoids and antibiotics offer rapid relief, they may cause side effects and resistance. This has led to increased interest in holistic systems like Unani medicine. However, lack of rigorous scientific validation limits broader clinical acceptance of these traditional approaches.

Conclusion

Unani medicine provides a time-tested, holistic framework for the management of acne vulgaris emphasizing internal detoxification, humoral balance, and natural topical care. Its minimal side effect profile and focus on underlying systemic health make it a promising alternative or adjunct to modern therapies. Scientific studies and clinical trials are needed to validate these traditional treatments and facilitate their integration into mainstream dermatological practice.

Conflict of Interest: Not Required

Ethical Consideration: None

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