

Tila Dermatitis Clinical Profile in 90 Cases

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In Pakistan, Hakeems (Practitioners in herbal medicine) thought to be the sex specialist. They use different medicines both topical and systemic. Their famous topical medicine is known as TILA (meaning gold) which is applied topically on the penis daily at night. To document the contact (allergic/irritant) potential of Tila. During a period of 5 years, 90 patients were diagnosed with tila dermatitis on the basis of clinical data. Sixty percent patients got acute contact reaction on first application while 40% on repeated applications. Majority of the patients presented after few days with picture of acute dermatitis with erythema, swelling, oozing and crusting. About 20% patients also had fever and secondary infection with inguinal lymphadenopathy. 10% patients needed surgical debridement. Tila dermatitis should be considered in the differential diagnosis of inflammatory dermatoses affecting genitalia in adult males.

Key words: Tila dermatitis, contact dermatitis, hakeems.

Hikmat/Tibb is a type of alternative medicine using herbs or herbal extracts and physicians practicing in this system are known as Hakeems/Tabeebs. In Pakistan, hakeems are thought to be the sex specialist and every hakeem is dealing with all types of sex problems. They advertise through print media that there is no treatment in Allopathy (western or evidence-based medicine), hence they are quite popular among the masses. They use different medicines both topical and systemic. Their famous topical medicine is known as TILA - meaning gold, a medicine for increasing potency in males-which is applied topically on the penis daily at night. Tila induces acute contact dermatitis. Patients are anticipated that there will be pain and oozing of fluid from the skin. This fluid is a bad material and cause of your problem. Once it will be removed, you will become all right. When there is serious problem then these patients consult skin specialist for this acute dermatitis.

Herein we present the clinical profile of 90 cases presenting with contact dermatitis after using tila.

Patients and methods

Ninety patients with tila dermatitis presented at the dermatology out-patient clinic of Nishtar Hospital Multan from Jan. 1997 to May 2002 were included in the study. A detail history was taken including their basic problem for which they consulted hakeems. Their sexual history was also taken in detail including masturbation, sexual contact (homosexual or heterosexual), venereal disease and alcohol intake. Their knowledge about sex and its source was also inquired. A thorough local and systemic clinical examination was performed. The diagnosis of tila dermatitis was based on the specific history of use of tila and the characteristic distribution of lesions.

Results

Ninety patients presented with tila dermatitis in the last 5 years. Their age ranged from 18-45 years (mean 22 years).

Sixty patients were unmarried and 30 patients were married. Almost all patients were in habit of masturbation. 20% gave history of homosexuality while 60% were heterosexual relations. The reasons to consult hakeems were curved penis (30%), premature ejaculation (25%), loss of erection (25%), and prominent penile veins (20%).

Sixty percent patients got acute contact reaction on first application while 40% on repeated applications. The patients were advised to apply tila on the dorsum of penis only, not on the ventral surface and glans. After application the penis was wrapped with betel leaf for 8 hours. Majority of the patients presented after a few days with picture of acute dermatitis with erythema, swelling, oozing and crusting (Fig. 1&2)

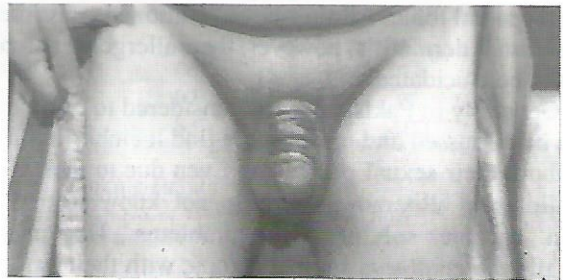


Fig.1. Erythema, crusting and necrosis of the penis after using tila in a 35-year old male.



Fig.2. Erythema and edema of penis even extending to the pubic area after using tila.

About 20% patients also had fever and secondary infection with inguinal lymphadenopathy. 10% patients needed surgical debridement. These all patients were managed accordingly and healing occurred with post inflammatory hyperpigmentation and scarring in few patients.

Discussion

Our study highlights the clinical features of tila dermatitis, an important differential of inflammatory dermatoses affecting sexually active males particularly of young age. Our results also refute the common claim made by hakeems that their medicines are virtually safe.

Tila is a medicine, which is used topically on the penis for sexual problems like loss of erection and loss of libido. The idea behind is that the tissue of penis has become weak and tila will strengthen the tissues and muscles of the penis. There are two formulations of tila, one that does not cause contact dermatitis (mixture of various oils like clove oil, olive oil, cinnamon oil). Other is known to cause blistering on the affected area. The main ingredients of the latter include croton oil, arsenic and shangarf (mercuric sulphide). They are used alone or in combination. Once blister appear, the tila application is stopped and butter is applied locally till improvement. Croton oil (locally known as jamal ghoti) is extracted from the seeds of croton Tiglium. This is always vesicant whenever applied to the skin. Shangarf (Verimilio) is a refined form of mercuric sulphide which occurs naturally and known as Cinnabar (Sindoor- used by Hindu women as cosmetics). The arsenic (Sankhya) is a popular medicine used by hakeems for various purposes, especially sexual as well as general tonic. All the above mentioned constituents cause irritant dermatitis; however, their allergenic potential needs to be elucidated.

Generally in Pakistan sex is considered to be an issue not to be discussed and most people find it embarrassing to talk about their sexual problems.¹ Even due to lack of sex education and illiteracy people do not know who is the person capable solving their problems. Doctors are generally reluctant to discuss this topic with their patients. This gives the patients an impression that medical science does not have a solution for sexual disabilities. Because of the lack of awareness and education many people consult quacks and hakeems for their sexual problems. They usually make the existing problem even worse than before by using various techniques and medications. In a study by Mohsin et al, 45% patients with erectile dysfunction consulted quacks, while 29% consulted doctors and 26% do not seek any medical advise.² Unlike western countries there is no concept of sex education in our society. Youth

have to find their own ways to know about sex, which may be non-realistic. At the onset of puberty there is dramatic change in sexual behavior due to various hormonal changes in body. Young generation often gets misled by quacks about sexual problems. Quacks also use all advertisement media, like wall chalking, newspaper, hand pamphlets and agents for the promotion of their business. In all leading newspaper, especially Sunday magazine, about 90% advertisement is by the quacks as being sex specialist and consultant for all problems of young generation. They also advertise that there is no treatment in modern medical science and only they can solve sexual problems. They also provide health advice in response to letters from patients (doubtfully) and advise medicine (prepared by them) even without a single look at the patients. They label masturbation -sole cause of all sexual problems causing curving of penis, prominence of veins on the penis, premature ejaculation, impotence and death of tissue of penis. As almost all youngsters are in habit of masturbation, they feel guilty and ultimately consult quacks, who make their existing problems even worse. When these patients consult quacks, they hypnotized these patients by their talks and uses different methods of examination. Some apply locally made vacuum devices, and perform prostatic massage routinely. Some quacks (Sanyasi babas with 100 years experience) use different tricks. They apply lion fat or some oil commonly known as SANDAY KA TAIL on the penis with claim to make these patients superman by lengthening the penis and making erection very strong. Many patients also improve with their treatment, which is most likely, a placebo effect.

The lack of awareness by the general public is due to lack of health education by doctor community and also whatever little effort made is overshadowed by quacks. The medical ethics does not allow advertisement by doctors in this regard³. Large scale advertisement by these quacks using all forms of print media should be stopped. The government and editors of newspaper must lay down ethics in this regard.

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