



Scope of Homoeopathy in Scabies

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ABSTRACT

Scabies is sound worse than it actually and is common in children. Scabies is common dermatological problem managed by both pediatrician and dermatologist. It manifests itself in various forms in children and differs from that in adults in many ways. Scabies is caused by a mite (a tiny insect). The female mite tunnels into the skin and lays eggs. The eggs hatch into mites after a few days. Child may react to the mites causing itching and scratching. Scabies in orphanages is pretty common and unfortunately frequently harder to treat. There are lot of reasons for that, crowding, inadequate treatment before adoption, pre-treatment with steroid creams and malnutrition to name a few. Underlying conditions (eczema, allergies) and complications (bacterial infections) are making child's condition worse and treatment ever harder. Homoeopathy has very much effective role in the treatment of scabies. The treatment is based on totality of symptom which is obtained after individualizing case and finding out characteristics.

Keywords: Scabies, *Sarcoptes scabiei* var. *hominis*., Homoeopathy, itching

1. Introduction

Scabies is caused by burrowing and release of toxic or antigenic substances by the female mite *Sarcoptes scabiei* var *hominis*, family Sarcoptidae, class Arachnid. The most important factor that determines spread of scabies is the extent and duration of physical contact with an affected individual. The children and sexual partner of an affected individual are more at risk. Scabies is transmitted only rarely by fomites because the isolated mite dies within 2-3 days.

Homoeopathy is a method of treatment based on Nature's Law of Cure, namely "likes Cures Likes". A law of cure must represent some relation between the properties of the disease and the medicinal qualities of drugs. Homoeopathy establishes a definite relationship between these aspects necessary for cure.



Fig. 1. *Sarcoptes scabiei*, a mite causes this common skin condition. Called the human itch mite, this eight-legged bug is so small that you cannot see it on the skin. People get scabies when the mite burrows into the top layer of skin to live and feed. When the skin reacts to the mite, an extremely itchy rash develops.

2. Epidemiology

Scabies is a disease of worldwide distribution. A prevalence rate ranging from 9.44 – 31 % has been reported. Though it affects all ages. But it is common in children below 5 years of age. It is more prevalent in urban areas as compared to rural areas. Close physical contact as in overcrowded schools hugging and sleeping in crowded areas spread the disease. Scabies mite is a highly delicate organism adapted to the life style on human body and incapable of free existence.

3. Etiology:

Scabies is caused by the itch mite, *Sarcoptes scabiei* var *hominis*. The scabies itch mite is an obligate parasite which completes its entire lifecycle on the human body. Miasm are the fundamental cause of every disease. "Psora" is the real cause of all diseases that all diseases are only temporary outburst of latent "psora". Parasites are frequently stated to be an exciting cause of disease. This way it excites the latent psora and manifest itself as external itch. After once invade the system, they appear to destroy, for a time at least, the susceptibility of the organism to be acted on by the same miasms. Their intensity seems to depend, in some degree, on the length of the period of what is called their latent stage i.e. the period from their invasion of the organism till the development of their peculiar effects, which may be considered the period during which their peculiar irritation is at work.

4. Sign and Symptoms:

4.1 Severe itching, usually worse at night.

4.2 Thin, irregular burrow tracks made up of tiny blisters or bumps on skin. The burrows tracks typically appear in folds of skin.

4.3 In adults and older children scabies is most often found: between the fingers, in the armpits, around the waist, on the inner elbows, around the breasts, around the male genitalia, on the buttocks, on the knees.

4.4 In infants and young children, common sites of infestation usually include scalp, palms of the hand, soles.



5. Incubation period:

Usually two to six weeks before itching occurs in a person not previously infected. If a person is re-exposed, the incubation period is one to four days.

Mode of transmission:

5.1 Skin contact with an infected person.

5.2 Contact with infected towels, bedclothes and undergarments only if these have been contaminated by infested persons.

5.3 Uncleanliness.

5.4 Crowding.

6. Pathogenesis:

Itching and rash associated with scabies derive from a sensitization reaction directed against excreta that the mite deposits in its burrow. A more generalized eruption is sometimes seen in infants and young children. In addition to the burrows there is nearly always a secondary rash of small urticarial papules with no mites which may result from autosensitization. In about 7% of patient particularly children reddish-brown pruritic nodules develop with a predilection for the lower trunk, scrotum and thighs. Immediate hypersensitivity may result in the primary lesions and delayed hypersensitivity in the persistent nodular lesion. Elevated levels of IgE have been found in the serum of some patient with scabies. Scratching generally destroys the burrowing mite but symptoms remain even in its absence.

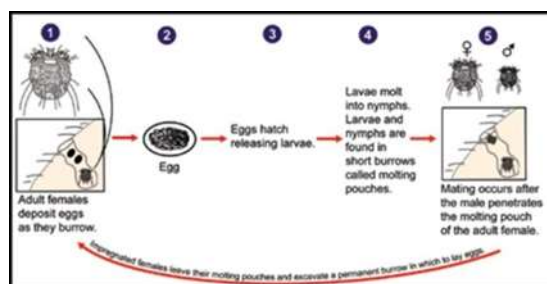


Fig. 2. Life cycle of scabies.

7. Types of scabies

Scabies can be classified as three types,



8. Complication

Complications in scabies are rare and usually occur due to vigorously rubbing and scratching.

- 8.1 Eczematization
- 8.2 Secondary infection
- 8.3 Contact dermatitis

9. Diagnosis

This can often be made clinically but is confirmed by microscopic identification of mites, ova, and scybala in epithelial debris. Scraping are the most often positive when obtained from burrow or fresh papules.

10. Diagnostic criteria:

Scabies mimics many immunological mediated diseases like bullous pemphigoid, urticaria, chronic lymphocytic leukemia, B- cell lymphoma with monoclonal infiltrate, CD30+ lymphoid infiltrate, necrotizing vasculitis and erythematosus. The crusted scabies should be differentiated from psoriasis, eczema, contact dermatitis, ichthyosis, adverse drug reaction and darier's disease.

11. Prevention

- 11.1 A child who is having the symptoms of scabies should immediately consult a doctor.
- 11.2 Parents should be careful about the hygiene of the children.
- 11.3 They should take proper care of the child's treatment.
- 11.4 Towels, clothes and linens of the bed should be changed at regular intervals and should be washed properly.
- 11.5 Hand washing is permanent prevention of scabies.

12. Homoeopathic approach

Homoeopathy recognizes the individuality of each patient or case. By modifying susceptibility, the constitutional medicine has a capacity to correct the tendencies and abnormal behaviors and reactions to environment. A constitutional prescription should be based on the mental and physical reactions. It should be able to cover the level of susceptibility, tendencies, the behavioral pattern and underlying miasm. Even in scabies child the constitutional medicine plays a great role. Some homoeopathy remedies which help to cure the scabies is given bellow:

12.1 Hepar sulph

- 12.1.1 Hepar sulph is used when symptoms of crusty pustules develop on the hands, folds of the skin and the feet.
- 12.1.2 The skin becomes sensitive to cold weather and the pustules have a cheese like discharge.s
- 12.1.3 The eruptions that resemble scabies are present on folds of skin, hands and feet. The eruptions are pustular and crusty, oozing a foul, old cheese like discharge.
- 12.1.4 The skin is extremely sensitive to cold air.

12.1.5 The itching is worse at night and better by warm application.

12.2 *Lycopodium clavatum (Lyc):*

12.2.1 The symptom of scabies responds well to *Lycopodium clavatum*. [1]

12.2.2 Sites of old boils and pustules indurate and form nodules that remain long.

12.2.3 Abscesses beneath the skin.

12.3 *Causticum:* [1]

12.3.1 Soreness in folds of skin.

12.3.2 Warts; seedy, large, jugged, bleeding easily, ulcerating; on tip of fingers, nose, lids, brows.

12.3.3 Itching.

12.3.4 Old ulcers originating in a blister, with burning or itching. [4]

12.4 *Sepia officinalis:* [1]

12.4.1 Thick crusts on elbows.

12.4.2 Itching vesicles.

12.4.3 Ulcers, on small joints.

12.4.4 Thick crusts form upon the joints.

12.4.5 Itching; not relieved by scratching; scratching; worse in bends of elbows and knees. [2]

12.5 *Sulphur:* [2]

12.5.1 Sulphur is most commonly used medicine in cases of outburst of scabies. Dry, scaly, unhealthy; every little injury suppurates. Freckles. Itching, burning; worse scratching and washing. Pimple eruption, pustules, rhagades, hang-nails. Excoriation, especially in folds (Lyc). Feeling of a band around bones. Skin affections after local medication. Pruritus, especially from warmth, is evening, often recurs in spring-time, in damp weather.

12.5.2 Worse, at rest, when warmth in bed,

12.5.3 Skin; dry, rough; wrinkled, scaly. [1]

12.5.4 Itching; voluptuous; violent, agg. at night; in bed; scratching and washing.

12.5.5 Unhealthy; Breaks Out; festers and would not heal.

12.5.6 Burning when scratched; painfully sensitive to air, wind, washing etc.

12.5.7 Eruptions alternate with other complaints, asthma etc.

12.5.8 Crops of boils.

12.5.9 Itch.

12.5.10 Excoriations, on folds.

12.5.11 Suppuration, with air bubbles.

12.5.12 Varicose veins; ulcerate, rupture and bleed.

12.6 *carbo vegetabilis:* [1]

12.6.1 Ulcers; foul burning and bleeding.

12.6.2 Wounds heal and break out again.

12.6.3 Fine moist rash with burning.

12.6.4 Itching; worse on evening, when warm in bed. Moist skin; Ichorous offensive discharge. [2]

12.7 Psorinum

12.7.1 Psorinum is widely used in cases of scabies. Driven to despair with excessive itching. Skin: Abnormal tendency to receive skin diseases (Sulph.); eruptions easily suppurate (Hep.); dry, inactive, rarely sweats; dirty look, as if never washed; coarse, greasy, as if bathed in oil; bad effects from suppression by sulphur and zinc ointments.

12.7.2 Psorinum should not be given for psora or the psoric diathesis, but like every other remedy, upon a strict individualization— the totality of the symptoms and then we realize its wonderful work.[3]

12.7.3 Dirty; rough; scabby, greasy; breaks out in folds.[1]

12.7.4 Intolerable itching agg. heat of bed; he scratches raw or until it bleeds.

12.7.5 Dirty, dingy look. Dry, lusterless, rough hair. Intolerable itching. Herpetic eruptions, especially on scalp and bends of joints with itching; worse, from warmth of bed. Crusty eruptions all over. Urticaria after every exertion. Pustules near finger-nails. [3]

13. Conclusion:

Homoeopathy has very much effective role in the treatment of scabies. The treatment is based on totality of symptom which is obtained after individualizing case and finding out characteristics. It is possible to handle every case according to its individual presentation because of special nature of Materia Medica and its therapeutic application based on the law of similar. Homoeopathy is ideal for babies and children as it is gentle yet highly effective system of medicine.

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