



Scabies In Children -Ayurvedic Perspective.

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Abstract

Skin disease has a high prevalence throughout the world. Scabies is one of the commonest dermatological conditions in the world. It is a parasitic skin infestation caused by a mite called Sarcoptes scabiei var hominis. It is a highly contagious, neglected cutaneous parasitic disease, associated with poor individual, community, environmental circumstances and health. It Can be correlated to “Pama” as described in Ayurveda Classics. Pama Is one of the eighteen types of Kushta which is caused by Kapha Pitta Dosha. Scabies was added to the World Health Organization’s (WHO) list of neglected tropical diseases In 2013. The present case shows the effect of Ayurvedic Formulation on scabies in 11yr old child.

Keywords: Scabies, Pama, Kushta, Aarogyavardhini Vati

Introduction

Scabies is a highly contagious, pruritic, parasitic infestation of the skin caused by the mite Sarcoptes scabiei var hominis. Scabies can affect all age groups but is found to be more prevalent in children ^[1]. An epidemiological survey for scabies was conducted in a rural community of 2771 persons among 404 households living in 238 houses. Prevalence rates were 13% by population and 30.9% by household. Each index case was responsible, on average, for the spread of infection to 1.9 persons in affected households ^[2]. required prompt identification and early treatment to prevent community transmission and reduce complications for the individual child and their contacts. Post-scabetic itch and psychosocial stigma are typical sequelae of the scabies mite infestation. The early identification of patients with scabies and treatment of their contacts reduces community transmission. Secondary bacterial infection is common following traumatic excoriation and more common in resourcepoor settings ^[3] . Pama is one of the Eighteen types of Kuṣṭha (“Skin Disease”), according to the Charaka Samhita (Chikitsa Sthana) ^[4] which is caused by vitiation of Kapha and Pitta Dosha. Pama-kuṣṭha is characterized by extreme itchy eruptions of white, Reddish or black color seen over Sphika (Buttocks), Pani- Pada (Hands & Foot), Kar pada (Forearm or elbow Region). Diagnosis was based upon signs and symptoms of Pama Kushta such as Toda (Pain), Kandu (Itching), Daha (Burning sensation), Pitika (Burrows), Srava (Discharge) ^[5] . The most common presentation of scabies in children includes burrows, erythematous papules and inflammatory nodules, often with secondary excoriation. Burrows and inflammatory papules have a typical distribution, affecting the flexural limbs, including the anterior axillary folds, elbows, volar wrists and dorsal ankles; acral surfaces especially the interdigital web spaces and feet; anogenital area; and truncal areas, particularly the

nipples and periumbilical areas^[6, 7]. The main aim of treatment was to purify the blood and bring out the toxins from the bloodstream and locally to pacify the symptoms like itching and lesions. Also Personal hygiene and pathya-apathyā i.e. dietary modifications were a very necessary part of the treatment. Treating scabies in infants and children is challenging. Many drugs used in adults cannot be used in children because of diverse safety profiles. This narrative review will address the management of scabies in the paediatric population as per ayurveda point of view.

Case description

A 11 years old female patient brought by his father in OPD of Kaumarbhritya department with complaints of itching in between the fingers of both hands, wrists and forearms along with occasional burning since 4-5 months. On local examination, Vesiculopustular lesions were present along with dry scaly patches over both the hands, wrists and forearms.

Case study

Presenting complaints

1. Reddish brown discoloration fingers of both the hands forearm wrist.
2. Itching and mild pain between fingers of both the hands forearm wrist.
3. Occasional burning sensation at affected site.
4. After itching Secretion from affected site.
5. Increased frequency of itching in night.
6. Patient had symptoms since last 4-5 months

History of present illness

A 11 years old female patient brought by his father in OPD of Kaumarbhritya department with complaints of itching in between the fingers of both The hands, wrists and forearms along with occasional burning since 4 months. Reddish brown discoloration fingers of both the hands forearm wrist. Occasional burning sensation at affected site. After itching there is secretion from affected site Patient had also gave history of Increased frequency of itching in night. Patient took allopathic medicine along with local application for 2-3 months but after discontinuing the treatment the relapse was there.

Past history:

Patient did not give any significant past history

Family history: no any

On examination

1. Papulo-vesicular lesions distributed bilaterally over hands, wrists & forearms.
2. Multiple erythematous papules.
3. Multiple spherical vesicles with erosion that has already healed and crusted.

Systemic examination-

1. CVS: S1 & S2 normal
2. CNS: Conscious and oriented
3. RS bilateral clear
4. PA: soft and non-tender

Personal history

Name: Miss. XYZ

Age: 11 yrs female

Occupation: Student

Area of residence: Rural

Prakriti: Kapha pitta

Ashtavidha pariksha

1. Nadi: 70/ min
2. Mala: baddhataie. constipation
3. Mutra: Prakrit
4. Jivha-Sam
5. Shabda: Prakrit
6. Sparsha: Samshitoshna
7. Druk: Prakrit
8. Aakriti: Madhyam

Table 1: Treatment

Sr. No.	Name of medicine	Dose	Route	Kala twice / day	Anupana
	Internal Medicine				
1	Gandhak Rasayana	60 mg	Oral	Adhobhakta	Koshnajala
2	Arogyavardhini Vati	60 mg	Oral	Rasayan once /day	Koshnajala
3	Patoladi Kwath	10 ml	Oral	Adhobhakta	Koshnajala
4	.. Mahamanjisthadi Kashaya	10 ml	Oral	Adhobhakta	Koshnajala
5	Krumikuthar rasa	10 ml	Oral	Adhobhakta	Koshnajala
	External application				
6	Sidharthak snan lepa		Local application	Twice daily	
7	Karanj taila		Local application	Twice daily 7 After sidharthak snan lepa	

Pathya (Regimen to follow)	Apathya (Regimen to be restricted)
Ahara Green gram, Rice, Wheat, Green vegetables, Fruits, Lukewarm water, Ginger water etc.	Ahara Ice cream, Cold drinks, Curd, Bread, Toast, Jam, Sauce, NonVeg, Egg, Oily substances like chips etc, Fast food, Fermented foods, Sweet and sour taste foods, Milk, Yoghurt, Pickles etc
Vihara Adequate sleep at night (8 hours), Maintain the personal hygiene, Clothes, bed linen, towels should be washed in boiled water and dried, changed frequently, While bathing put few leaves of neem in the hot water.	Vihara Avoid night sleeping (ratri jagran) Day sleeping (Diwaswapa)

Table 2: Assessment parameters

Parameters	Grades
Toda (Pain)	Grade
Severe Toda with disturbed sleep	03
Moderate Toda without disturbed sleep	02
Mild or occasional Toda	01
No Toda	00
Kandu (Itching)	
Continuous itching which interferes daily work or sleep	03
Continuous itching without disturbed daily work or sleep	02
Mild or occasionally itching	01
No itching	00
Pitika (Burrows)	
Many or uncountable Pitikas in the whole affected area	03
5-10 Pitikas in one square cm	02
Pitika almost disappear but discoloration persists	01
No Pitika	00
Daha (Burning sensation)	
Continuous Daha with disturbed sleep	03
Continuous Daha without disturbed sleep	02
Occasional Daha	01
No Daha	00
Srava (Discharge)	
Srava without itching	02
Srava with itching	01
Srava with or without itching	00

Table 3: Observation and results

Parameters	Day 7	Day 21	Day 35	Day 40	Day 60
Toda (Pain)	2	1	1	0	0
Kandu (Itching)	3	2	2	1	0
Pitika (Burrows)	3	2	2	1	1
Srawa (discharge)	2	1	1	0	0
Daha (Burning sensation)	3	2	2	1	0

Assessment of disease was done by observing the signs and symptoms during each follow up visit. Significant decrease in the sign and symptoms was observed. This shows given regimen to patient is effective in pama.

Discussion

Pama is a Kapha-Pitta predominant Kushta with severe kandu, daha, srava causing high Morbidity in health care workers and in low Socio-economic sectors of the society. Involvements of Kaphaja Lakshanans are found to be more prevalent in disease. Poor personal hygiene, poor eating Habits and living standards, unawareness about health with contact history are the important etiological factors for infestation of the disease. This treatment protocol was based on the principle of Kustaghna, Kandugna, and Krimighna. The main aim of treatment was to purify the blood and bring out the toxins from the bloodstream and locally to pacify the symptoms like itching and lesions. Also Personal hygiene and pathya-apathyā i.e. dietary modifications were a very necessary part of the treatment. Arogyavardhini Vati is indicated in Kustha, Medo-Dosha (obesity), yakritvikara (liver disorders) and Jirna Jwara (chronic fever)^[8]. Gandhak Rasayanis a well-known, commonly used formulation mainly indicated in Kushta Roga. It acts as a blood purifier. It reduces Kandu and Daha^[9]. Mahamanjishthadi Kwatha was used for the improvement and maintains the quality of blood Because Shothahar, Kushtagha, Vranropak, Raktashodhak, Vedanashamak, kandughna, Dahaprashtaman. As it is indicated in Kushtharoga^[10]. Patoladi Kashaya is a combination of 9 drugs. All the key ingredients of this Kashaya are having Tridoshahara properties. All the drugs in combination are having Kushtaghana, Kandughana, Krimighna, Rasayana, Raktashodhaka, Raktaaprashadaka and also Varnya properties^[11]. Krimikuthar Ras is an important herbo-mineral formulation which contains Karpura, Kutaja, Trayamana, Ajamoda, Vidanga, Hingula Bhasma, Vatsanabha, Palasha Beeja, It is Specially indicated in Krimi Janya Tvak Vikara. Sankramika or Aupasargika Roga Nidana of Kustha are explained by Achaya Susrutha^[12]. Siddhartaka snana churna is a mixture of herbal Ingredients used for lepana which acts as Tridosha-Hara, Twacha, and Varnaprasadana^[13]. Karanjabeeja (seed of Pongamia pinnata) which is a potent Vishashamana (anti-toxic) and Kushtagna^[14] has been taken for the study to analyze the efficacy of Its taila (oil) applied externally. Along with above medications, Pathya-apathyā and hygiene Maintenance were also advised to patient. Child has followed the treatment protocol and Pathya-apathyā properly and responded very well with treatment.

Conclusion

The basic approach to skin diseases is to understand the doshas and dushya involved in the same and thereby treatment has to be planned. Treatment included puri-fication therapies followed by local applications, internal medications with Kusthagna, Raktashodhana, and Raktaprasadana properties. Here it can be concluded that above internal medicine Gandhak Rasayana, Arogyavardhini Vati, Mahamanjisthadi Kashaya, Krumikuthar Ras along with external application of Siddharthak Snan and Karanj Taila has been found to be significantly effective in relieving the symptoms of pamarushta of the child. To have better Efficacy treatment of Pama should be carried out with both external application of along with internal medicine.

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