

Scabies in paediatric patients and its homoeopathic management

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Abstract

Scabies usually transmitted by close physical contact, hand holding, sharing bed using cloths of infected person. Once the skin fertilized female burrow eggs into the stratum corneum. The scabies mite sexually matures in the 2-3 weeks and lay eggs. The no. of mites normally present in an individual patient less than 7-8. Infected person showing symptoms of itching rash, pruritus some times oozing.

Keywords: Scabies, homoeopathy, communicable disease, skin disease, itch, hygiene, mites, rash

Introduction

The sarcoptes scabiei mite is the infection agent that causes scabies skin infection. Intense itching particularly at night, a rash, and tiny red lumps are its defining features [1]. Scabies is a communicable disease that can spread between members of the same house family members, childcare centre, hostel, school, nursing home [2]. Since scabies spread so easily medical professionals frequently advise treating every member of the house as well as well as close contact person. The degree of infestation determines the risk of transmission, with contact with those who have crusted scabies posing the largest danger [3]. The itching & skin irritation are caused by an allergic reaction that is triggered by the mites burrowing into the skin and laying eggs [4].

Pathogenesis

Sarcoptes scabiei is a mite that lives only on humans. Transfer is by close personal contact, such as mother-child, siblings, or sexual partners. Female mites burrow in the epidermis just below the stratum corneum, depositing eggs and faeces as they move along. The first infestation remains asymptomatic for a period of weeks, until an immune response develops and pruritus results.

Upon re-infestation, the symptoms appear in a matter of days.

The life cycle scabies-

Scabies, Sarcoptes scabiei, undergoes four stages in its life cycle this are as egg, larva, nymph and adult.

1. Females deposit 2-3 eggs /day as they burrow under the skin Eggs are oval shaped and 0.10 -0.15 mm in length and hatch in 3 - 4 days [5].
2. After the eggs hatch, the larvae migrate to the skin surface and burrow into the intact stratum corneum the superficial layer of the skin to construct, short burrows called molting pouches [5].
3. The larval stage, which emerges from the eggs, has only 3 pairs of legs and lasts about 3 - 4 days. After the larvae molt, the resulting nymphs have 4 pairs of legs [5].
4. This form molts into larger nymphs before molting into adults. Larvae and nymphs may find in molting pouches or in hair follicles and look similar to adults, only smaller. Adults are round, sac-like. Females are

0.35 to 0.45 mm long and 0.25 to 0.35 mm wide, and males are slightly more than half of the size [5].

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6. This form molts into larger nymphs before molting into adults. Larvae and nymphs may find in molting pouches or in hair follicles and look similar to adults, only smaller. Adults are round, sac-like.
7. Females are 0.35 to 0.45 mm long and 0.25 to 0.35 mm wide, and males are slightly more than half of the size [5].
8. Mating occurs after the active male penetrates the molting pouch of the adult female. Mating takes place only once and leaves the female fertile for the rest of her life. Impregnated females leave their molting pouches and wander on the surface of the skin until they find suitable site for a permanent burrow. While on the skin's surface, mites hold onto the skin sucker like attached to the two most anterior pairs of legs. When the impregnated female mite finds a suitable location, it begins to make its characteristic burrow, laying eggs in the process. After the impregnated female burrows into the skin, she remains there and continues to increase her size, burrow and lay eggs for the rest of her life (1-2 months). Under the most favorable of conditions, about 10% of her eggs eventually give rise to adult mites. Males are rarely seen, In the skin to feed until they locate a female's burrow and mate [5].

Clinical features

Pruritus (often most intense at night) may be severe and may be present before clinical lesions are apparent [6].

- Papules, burrows (white-gray threadlike lines), vesiculopustules common
- Nodules, which are seen primarily in infants, may persist for months and represent a vigorous host immune response [6].
- Common locations include interdigital spaces, wrists, ankles, axillae, waist, groin, palms, and soles between the toes and finger.
- Scalp involvement may be seen in infants.
- Secondary superinfection (usually Staphylococcus aureus or Streptococcus pyogenes) may occur [6].

- Secondary infections common secondary streptococcal infection may result in acute glomerulonephritis^[8].

Itching worse at night^[7].

Wavy, thin tunnels made up of tiny blisters or bumps on the skin

In adults and older children scabies is most often found

In infants and young children, common sites of scabies usually include

Fingers Face, scalp and neck Palms of the hands Soles of the feet^[7].

Management

1. Avoid direct skin to skin contact with infected person.
2. Treat all members of house who having scabies.
3. Wash and dry bedding & clothing that contact with infected person.
4. Clean the room by vacuum after infected person has been treated.

Homoeopathic management

Homoeopathy, a system of medicine based on the principle of "like cures like," offers a more individualized approach to treating scabies. Homeopathic remedies aim to treat the person as a whole, taking into account not just the physical symptoms but also the emotional and psychological factors contributing to the disease.

1. **Arsenicum album:** Itching that worsens with cold and scratching. The skin may appear dry, rough, and scaly with a tendency to ulcerate. Associated with anxiety and restless with burning skin.
2. **Carbo vegetalis:** Fine moist rash with itching. Burning in various places.
3. **Causticum:** Persistent itching with a tendency to develop dry, cracked skin, burning and sore skin. The patient may feel in damp weather.
4. **Croton tiglium:** Pustular eruptions violent itching and burning red skin amelioration by gentle rubbing.
5. **Hepar Sulphur:** Painful, sensitive skin with suppurating eruptions. Itching worse in cold weather.
6. **Graphites:** Thick dry skin with honey like discharge itching is worse at night and from warmth.
7. **Lycopodium clavatum:** dry and rawness in folds aggravation by warmth. Skin symptoms associated with urinary, gastric or hepatic disorder.
8. **Mercurius:** Intense itching with tendency for skin to sweat easily skin may be moist and offensive.
9. **Psorinum:** Severe itching worse at night and with the warmth of bed. Skin appears dirty and unhealthy.
10. **Sepia officinalis:** Thick crusts on elbow, spots on skin, blotched raw, rough, hard or cracked agg. Flexures.
11. **Sulphur:** Intense itching, especially at night with burning sensation. The skin may be dry scaly or moist with pustules. Itching worse by warmth and washing.
12. **Selenium metallicum:** Eruption on fold of skin, and between the fingers.
13. **Sulphuric acid:** Red, itching blotches. itching all over body.
14. **Anthracokali:** Scabies eruptions especially on scrotum, hand tibia, shoulder and dorsum of feet^[9,10,11,12,13,14]

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