

Case Report

Scabies treated with individualised homoeopathic medicine - a case study

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ABSTRACT

The microscopic mite *Sarcoptes scabiei* is the source of the contagious skin condition known as scabies. The mites cause severe itching by burrowing into the skin's outermost layer, where they deposit their eggs and cause an allergic reaction. Red, elevated rashes and tiny, thread-like burrow lines are typical signs. Scabies is contagious through close personal contact and is frequently linked to living in cramped quarters. To eradicate the mites and their eggs, treatment usually entails applying topical treatments and thoroughly cleaning one's living area and personal possessions to avoid reinfestation. To effectively manage and limit the spread of scabies, early detection and immediate management are essential. By targeting the patient's general health and immune system, homeopathy provides a comprehensive approach to treating scabies with the goal of symptom relief and long-term wellbeing. Homeopathy treats the person as a whole. Some of the well proven homoeopathic remedies which work wonders against scabies are Sulphur, Merc sol, Kali sulphuricum, Causticum, Psorinum, and Arsenicum album.

Keywords: Scabies, Skin, Itch mite, Homoeopathy, Homoeopathic remedies

INTRODUCTION

The *Sarcoptes scabiei* mite is the infectious agent that causes scabies, a skin infestation.¹ Intense itching, particularly at night, a rash, microscopic burrow tracks, and tiny red lumps are its defining features. Scabies is a communicable disease that can spread swiftly between members of the same household, childcare centre, school, nursing home, or prison. Since scabies spreads so easily, medical professionals frequently advise treating every member of the household as well as any close contacts.² The degree of infestation determines the risk of transmission, with contact with those who have crusted scabies posing the largest danger.³ The itching and skin irritation are caused by an allergic reaction that is triggered by the mites burrowing into the skin and laying eggs. In order to eradicate the mites and treat the symptoms, topical

creams or oral drugs are usually used. Permethrin and ivermectin are some of the topical lotions used.⁴ Avoiding direct contact with an infected person or the things they may have used, like clothing, bedding, and towels, is the only effective strategy to prevent scabies.⁵ The keys to prevention include maintaining good cleanliness and avoiding close contact with those who are infected. Scabies can cause difficulties and secondary infections if it is not addressed.

CASE REPORT

Ms. K, an 11-year-old Hindu girl residing in Sangareddy, presented with a chief complaint of vesicular eruptions, and itching on her left hand persisting for the past month. The issue began four months ago on her right inner thigh, accompanied by clear watery discharge from vesicles and

occasional itching, worsened by cold water and warmth. Allopathic treatment, including the use of permethrin ointment, provided temporary relief. However, a month ago, she developed similar vesicles on her left hand after contact with classmates experiencing a similar condition. The vesicles exhibited clear watery discharge initially, turning yellowish and purulent without odor. Intense itching and a burning sensation, aggravated by warmth, night, and bed warmth, were noted. Washing with water exacerbated the burning sensation. Bloody discharge was occasionally observed. Previous allopathic medication yielded no relief. Ms. K's history included a bout of chickenpox at age 10, treated with herbal remedies. She had a healthy family, with daily-wage-working parents, and one elder brother, and she exhibited increased appetite, aversion to sweets, normal bowels, and disturbed sleep due to severe itching. Life space investigation revealed homesickness, frequent weeping, and heightened fright for trivial matters since her admission to a residential school. Despite these challenges, she remained an active and cheerful participant in school activities.

Examination

Inspection

Red-coloured vesicular eruption on the flexor surface of the left hand in between thumb and index. Bloody discharge along with the yellowish purulent discharge observed.

Provisional diagnosis

Scabies

Eruptions on the hand in between fingers, itching and burning sensation, itching more especially at night, soreness around the vesicles, and contagious

Differential diagnosis

Dermatitis

Red vesicles, discharge from the vesicles, blisters occasionally, hyperkeratosis, hyperpigmentation, and excoriation of skin at affected site.⁶

Papular urticaria

Papular itchy red eruption, eruptions are usually caused after insect bites, appear in small groups all over the body, fluid-filled blisters, each papule has a central punctum, and new lesions develop just as old ones start to clear.⁷

Prurigo

Symmetrically distributed, small, hard, dome-shaped eruptions, tiny blisters, intense itching, and disturbed sleep due to itching.⁸

Repertory chart

It is given in Figure 1.

Prescription

The prescription was dated 14 September 2023. Medicines prescribed were Merc Sol 200C 1 dose (4-0-0), and rubrum – for 15 days (4-0-4). Criteria for follow-up included vesicular eruption on the flexor surface of the hand, purulent discharge associated with bloody discharge, itching and burning sensation, ravenous hunger, and disturbed sleep.

Table 1: Follow-up and prescription.

Date	Follow up	Prescription
29/09/2023	Vesicular eruptions are persistent.	Rx Nihilinum for 15 days (4-0-4)
	Purulent discharge is present while the bloody discharge has slightly reduced.	
	The itching and burning sensation have slightly reduced.	
	Ravenous hunger still present.	
14/10/2023	Sleep is still disturbed.	Rx Sac Lac for 15 days (4-0-4)
	Vesicular eruptions are persistent.	
	Purulent discharge is present while bloody discharge has reduced.	
	The itching and burning sensation has reduced its intensity than before.	
30/10/2023	Ravenous hunger has slightly reduced as she started having snacks in between meals for every 2 hours)	Rx Merc sol 200 1 dose (4-0-0) SL for 15 days (4-0-4)
	Sleep disturbed	
	Vesicular eruptions persistent	
	No change in discharge	
30/10/2023	No change in itching and burning sensation.	
	No further change in her appetite	
	No improvement in her sleep	

Continued.

Date	Follow up	Prescription
15/11/2023	Vesicular eruptions have started to reduce.	Rx Sac Lac for 15 days (4-0-4)
	Discharge has reduced.	
	The intensity of itching and burning has been reduced by 75%	
	Appetite 4 times/day	
30/11/2023	Sleep 6-7 hours/day	Rx Rubrum for 15 days (4-0-4)
	No eruptions or no scar mark at the affected site	
	No discharge	
	No sensation	
	Appetite 4-5 times/day	
	Sleep 6-7 hours/day	

Repertorisation							
Filters Applied: Sort by Totality							
Symptoms: 19							
Remedies: 22							
Remedy Name	Merc	Sulph	Phos	Caust	Sep	Lyc	Ars
Totality / Symptoms Covered	37 / 19	32 / 14	17 / 8	15 / 8	15 / 8	15 / 7	15 / 6
[Kent] [Generalities]Rubbing :Amel: (82)	2	2	3	1			2
[Kent] [Skin]Eruptions:Itching: (109)	2	3	2	3	3	2	3
[Kent] [Skin]Eruptions:Burning:Washing:When: (1)	2						
[Kent] [Skin]Eruptions:Itching:Warmth :Agg: (12)	3	2		2		2	
[Kent] [Skin]Eruptions:Itching:Warmth :Of bed agg: (20)	1	3		1			
[Kent] [Extremities]Eruption:Hand:Bleeding: (4)	2					2	
[Kent] [Extremities]Eruption:Hand:Dry: (5)	1					1	
[Kent] [Extremities]Eruption:Hand:Pustules: (21)	2	3	1		2		
[Kent] [Skin]Eruptions:Scabies:Bleeding: (4)	2	1					
[Kent] [Extremities]Eruption:Hand:Back of hand: (16)	2	3	1		2		
[Kent] [Extremities]Eruption:Hand:Back of hand:Itching: (5)	2	3					
[Kent] [Extremities]Eruption:Hand:Back of hand:Itching:Night: (1)	2						
[Kent] [Mind]Home sickness: (34)	2			2	1		
[Kent] [Mind]Frightened easily (see Starting): (76)	2	2	2	2	3	3	3
[Kent] [Stomach]Desires:Cold drinks: (95)	3	1	3	2	2	2	3
[Kent] [Stomach]Aversion:Sweets: (12)	2	2	2	2			2
[Kent] [Stomach]Appetite:Ravenous,canine,exces...	2	2	3			3	
[Kent] [Sleep]Disturbed: (42)	1	3			1		2
[Kent] [Sleep]Dreams:Falling :Of: (48)	2	2			1		

Figure 1: Repertory chart.



Figure 2: Distinguishing images illustrating a hand affected by scabies before and after homeopathic treatment (a) before, and (b) after.

DISCUSSION

Our study was conducted in a girls' residential school at Pothireddypally near Sangareddy. The study concluded that most of the students were suffering from skin diseases, with scabies being more prevalent among them. In a study conducted by Gurram et al in prevalence of skin disease among adolescent girls and their impact on quality of life and the results were 82% of the total cases (2,783) had skin diseases, with 19% (651) experiencing two or more conditions. The highest prevalence was found in Pediculosis (52%), followed by scabies (25%), Pityriasis alba (6.6%), Seborrheic dermatitis (5%), Pyoderma (3.3%), acne (2.6%), and Tinea (2%). Pediculosis and

scabies together constituted 77% of all observed skin diseases.⁹

In another study conducted by Hay in Public Health Issues, Scabies Surveillance and Awareness concluded that Scabies has significant implications for both communities and specific settings. It impacts the quality of life for those affected and imposes logistical and economic burdens on communities. Environments like care homes, residential schools, prisons, and refugee camps are particularly susceptible, where scabies can significantly affect the health and well-being of others. This includes challenges in recognizing the condition, leading to increased risk for others, and economic repercussions due to outbreaks.¹⁰

Homoeopathy has an effective role in treating scabies when compared to other systems of medicine. In a study conducted by Goda et al on the role of homoeopathic treatment in scabies infection in Adivasi children attending ashram shalas (residential schools) demonstrated that there was statistically significant improvement in the constitutional group when compared to acute and the placebo group and it concludes that constitutional approach holds a promising role in control and cure of skin diseases.¹¹

This case has been chosen to present as she has presented with most of the symptoms.

CONCLUSION

Scabies is the most concerning skin infection in residential schools due to overcrowding, lack of personal hygiene, and humid living conditions. While allopathic treatment can provide temporary relief for scabies, completely eradicating the infection poses significant difficulties. Homoeopathic treatment has proven to be effective in such cases. Merc sol has been chosen for this case as the totality of the medicine matches with the totality of the case. It has shown the necessary improvement.

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Ethical approval: Not required

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