

## **“An Open-Label Study To Evaluate The Response Of Homoeopathic Treatment In Scabies”**

**Dr. Swapnil Soni<sup>1\*</sup>, Dr. Yogita Chattopadhyaya<sup>2</sup>, Dr. Sunil K. Soni<sup>3</sup>**

<sup>1\*</sup>Assistant Professor, R.N. Kapoor Homeopathic Medical College and Hospital Jhalaria, Indore M.P. 452001, MOB. 9454375278, Email: drswapnil0991@gmail.com

<sup>2</sup>Professor, Lord Mahavira Homoeopathic Medical College and Hospital Ludhiana, (Panjab)

<sup>3</sup>Assistant Professor, Department of Forensic Medicine M.G.M. Medical College, Indore (M.P.) 452001

### **Abstract:**

Homeopathic medicine on the basis of general symptoms alone, knowledge of the disease is essential for proper management and assessment of the scabies patient. This study done in O.P.D. of R.N. Kapoor homeopathic college and hospital Jhalaria, Indore for period of one year start from November 2021 to October 2023. The results of present study that most affected age group was between 1-10 years of both sexes, males with maximum sex differentiation in 1-10 years having total 24 cases (38%). In the present study males (n=63, 63.0%) outnumbered females (n=37, 37.0 %) significantly with male to female ratio of nearly 1.7:1. The conclusion of the study that constitutional homeopathic medicines to all scabies affected cases where susceptibility and cases having severe secondary infections do not respond to this mode of remedies.

**Keywords:-** Intense itch, ecto-parasite, homeopathic treatment, epidermis, mites, follow up etc.

### **Introduction:**

Scabies is a worldwide issue that affects all ages, races, and socioeconomic levels. Prevalence varies considerably with some underdeveloped countries having rates from 4% to 100% of the general population. In the developing world the populations affected include children, the elderly, and immunosuppressed individuals. An infested host usually harbors between 3 and 50 oviparous female mites, but the number may vary considerably among individuals. For example, patients with crusted, formerly “Norwegian,” scabies who have a defective immunologic or sensory response (ie, leprosy, paraplegic, or HIV-infected patients) harbor millions of mites on their skin surface, with minimal pruritus. Infants and the elderly may not be effective scratchers and harbor intermediate numbers between 50 and 250 mites. It is well established that close personal contact is a prime route of transmission. Although sometimes considered a sexually transmitted disease, the equally high prevalence in children attests that close nonsexual contact among children and other family members is also sufficient to transmit the infestation. Transmission via inanimate objects has been best demonstrated with crusted scabies but is much less likely to occur in normal hosts. Crusted scabies is notoriously contagious, and anyone roaming within the general vicinity of these patients risks acquiring the infestation. Indeed, 6000 mites/g of debris from sheets, floor, screening curtains, and nearby chairs have been detected. Mites are also prevalent in the personal environment of normal scabies patients. In one study, live mites were recovered from dust samples taken from bedroom floors, overstuffed chairs, and couches in every patient’s dwelling<sup>2</sup>. Scabies is an infestation by the highly host-specific mite, *Sarcoptes scabiei* var. *hominis*, family Sarcoptidae, class Arachnida<sup>2</sup>.

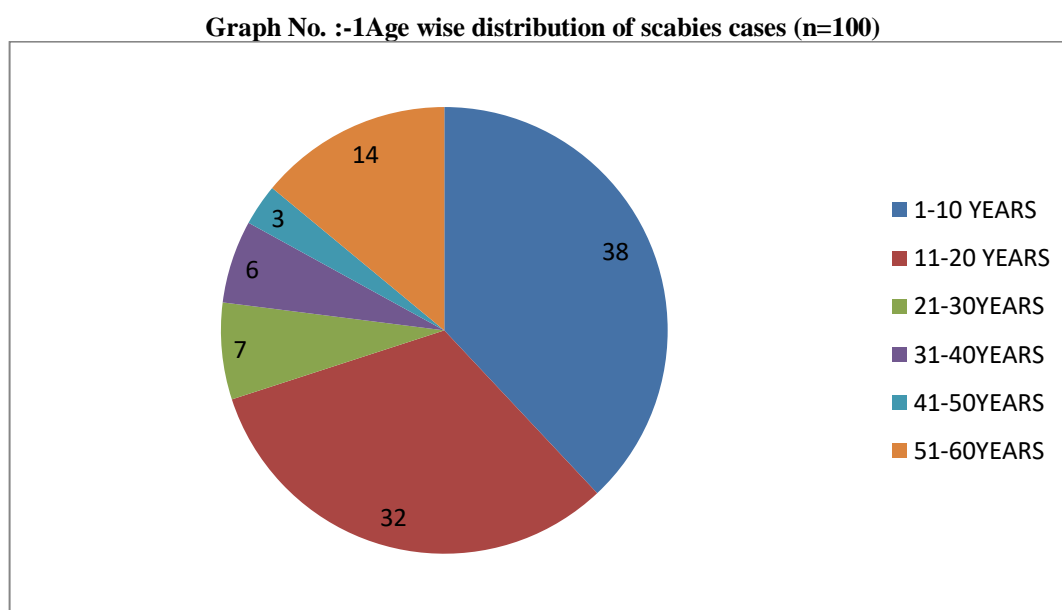
The mite is pearl-like, translucent, white, eyeless, and oval in shape with 4 pairs of short stubby legs. The adult female mite is 0.4 × 0.3 mm with the male being slightly smaller—just slightly too small to be seen by the naked eye. The scabies mite is able to live for 3 days away from the host in a sterile test tube, and for 7 days if placed in mineral oil mounts.<sup>4,6</sup> Mites cannot fly or jump. The life cycle of mites is completed entirely on human skin. The female mite, by a combination of chewing and body motions, is able to excavate a sloping burrow of 0.5 to 5 mm/day in the stratum corneum to the boundary of the stratum granulosum.<sup>7,8</sup> Along this path, which can be 1 cm long, she lays any where from 0 to 4 eggs a day, or up to 50 eggs during her life span of 30 days. Eggs hatch in 10 to 12 days and larvae leave the burrow to mature on the skin surface. After the larvae molt, they become nymphs which can only survive 2 to 5 days off host. The male mite lives on the surface of the skin and enters burrows to procreate<sup>1</sup>. Complete information about the symptoms and diagnosis helps the physician to eradicate the disease from the family, preventing recurrences and in avoiding giving such drugs where spontaneous remission are common. It also helps in determining the action of Homeopathic drugs by differentiating the Homeopathic aggravation from the disease aggravation which is necessary for second prescription. Diagnosis of scabies would lead to examining and treating all members of the family rather than the single individual to avoid recurrences as scabies is infectious and the infested patient(s) may be initially asymptomatic<sup>2</sup>. Human infestation caused by the *Sarcoptes scabiei* var. *hominis* mite that lives its entire life cycle within the epidermis. Scabies causes a diffuse, pruritic eruption after an incubation period of 4 to 6 weeks. Scabies is transmitted by close physical contact or by fomites.

## Material and method:

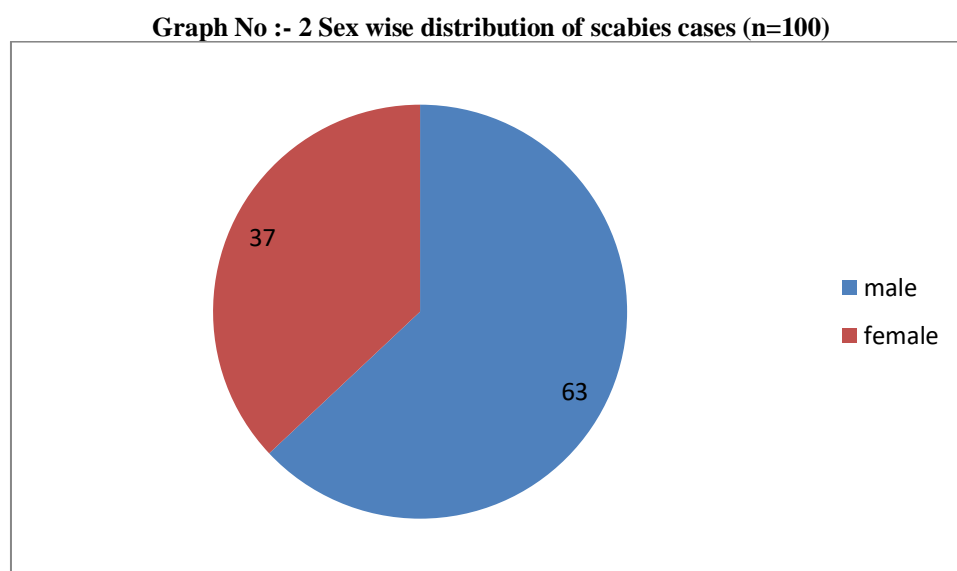
This study include an open level, observational prospective study. This study done in O.P.D. of R.N. kapoor homeopathic college and hospital Jhalaria, Indore for period of one year start from November 2021 to October 2023.

**Participants:-**Total 100 participants of age group 1–60 years of any gender presenting with at least one symptoms of scabies were invited to participate in the study. Participants must have had the symptoms for a minimum period of 01 months and a maximum period of 03 months.Follow up observations were done at 01 weekly, 01 month and 03 months intervals.

**Observation :-** It was observed in the study that most affected age group was between 1-10 years having total 38 cases (38%), followed by 11-20 years (32.0 %). (**Graph No.01**)



All age groups are dominated by males with maximum sex differentiation in 1-10 years having total 24 cases (38%). Males were least affected in age group of 31-40 then 41-50 years i.e. 03 cases and 02 cases, whereas females were affected maximum in 1-10 years age group, females were least affected in age group of 41-50 years i.e. 01 cases. In the present study males (n=63, 63.0%) outnumbered females (n=37, 37.0 %) significantly with male to female ratio of nearly 1.7:1. (**Graph No.02 &Table No.01**)

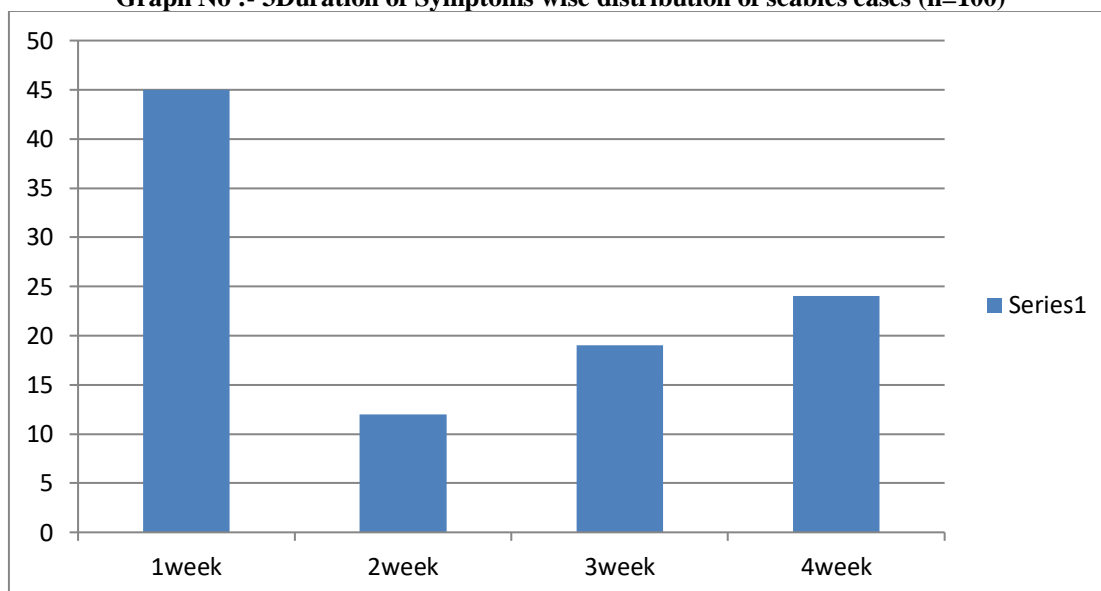


**Table No. :- 1Age and Sex wise distribution of scabies cases (n=100)**

Sr. no.	Age (In years)	No. of cases	No. of female cases	No. of male cases	Total percent of cases
1.	1-10	38	14	24	38%
2.	11-20	32	10	22	32%
3.	21-30	7	3	4	7%
4.	31-40	6	3	3	6%
5.	41-50	3	1	2	3%
6.	51-60	14	6	8	14%
Total		100	37	63	100%

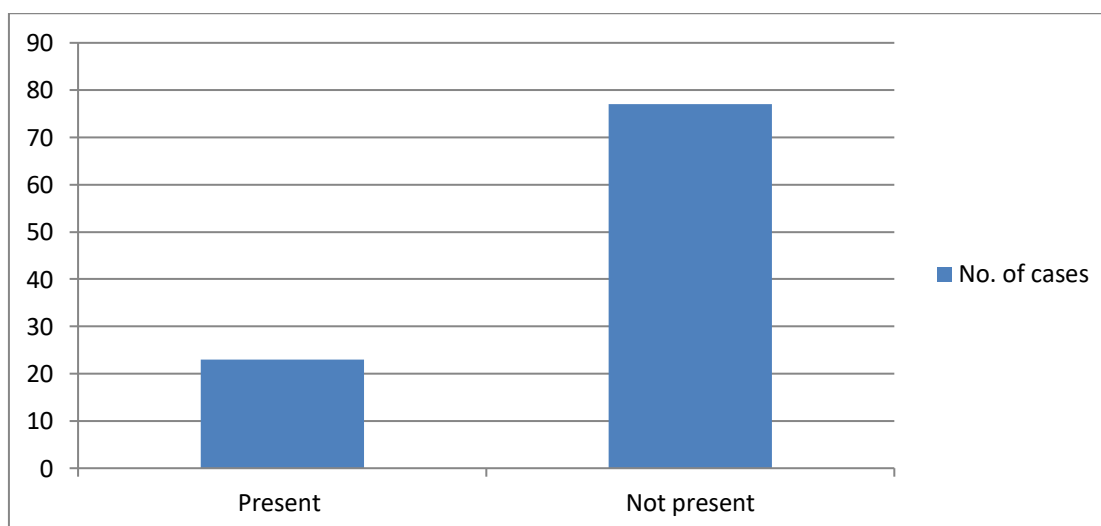
In the present study it was observed that in 100 cases, out of which in maximum 45 (45.0%) scabies cases have 01 week duration of symptoms and after that 24 cases have 04 week duration of symptoms and other having 3 & 2week duration of symptoms i.e 19 & 12 cases. (**Graph No.03**)

**Graph No :- 3Duration of Symptoms wise distribution of scabies cases (n=100)**



In the present study it was observed that in 100 cases, out of which in maximum 77 (77.0%) scabies cases not have any previous homoeopathic treatment and 23 (23.0%) cases having previous homoeopathic treatments. (**Graph No.04**)

**Graph No. :- 4 Previous treatments wise distribution of scabies cases (n=100)**



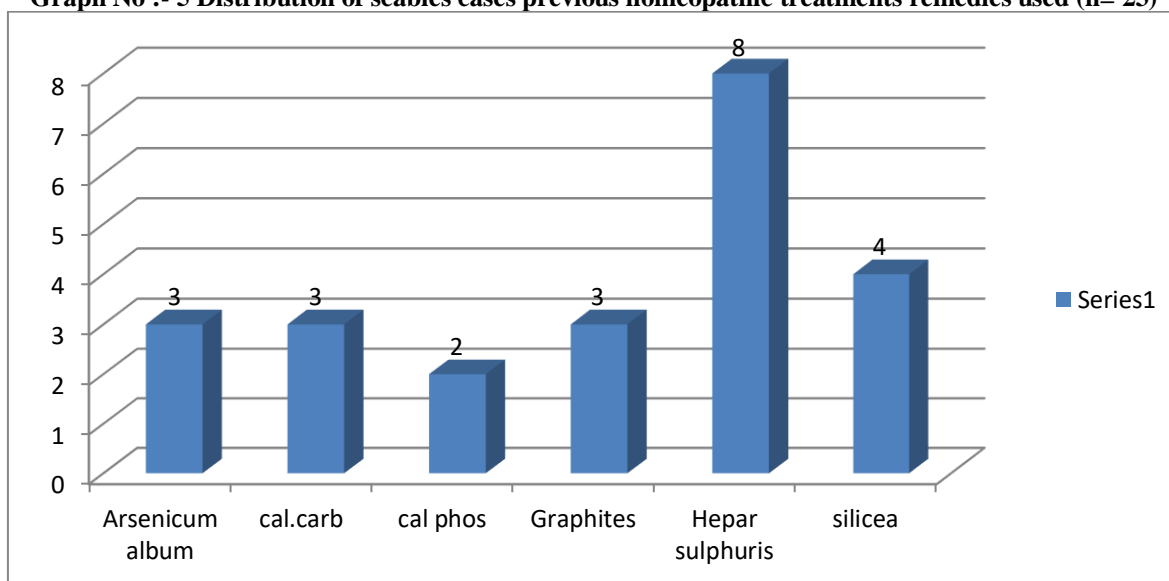
In the present study it was observed that in 23 cases having previous homoeopathic treatments out of which in maximum 08 (34.8.0%) scabies cases receive 3 weeks duration of homoeopathic medicine after that 07 (30.4%) cases have 02 weeks duration of homoeopathic medicine and other having 1 & 4 weeks duration of duration of homoeopathic medicine i.e 04 & 04 cases. (Table No.02)

**Table No. :-2 Previous treatments duration wise distribution of scabies cases (n= 23)**

Sr. no.	Duration of Previous treatments	No. of cases	Percent of cases
1.	1week	4	17.4%
2.	2week	7	30.4%
3.	3week	8	34.8%
4.	4week	4	17.4%
TOTAL		23	100%

In the present study it was observed that in 23 cases having previous homoeopathic remedies out of which in maximum 08 (34.8.0%) scabies cases receive heparsulphuris and least common use previous homoeopathic remedies is cal. Phos. in 02(8.8%) cases and other homoeopathic remedies used was silica in 04 cases, arsenic album in 03 cases, cal. Carb in 03 cases and graphitis in 03 cases. (Graph No 05)

**Graph No :- 5 Distribution of scabies cases previous homeopathic treatments remedies used (n= 23)**



In the present study it was observed that in 23 cases having previous homoeopathic treatment response out of which only 06 (26.1%) scabies cases have response to treatment and only 17 (73.9%) scabies cases have less response to treatment receive mention above.. (Table No.03)

**Table No. :- 3 Distribution of scabies cases previous homeopathic treatments response (n= 23)**

Sr. no.	No. of cases	Percent of cases	
1.	Response Present	6	26.1%
2.	Less response present	17	73.9%
Total		23	100%

In the present study it was observed that in 100 cases, taken current homoeopathic treatment out of which in maximum response to acute remedies i.e Morcsol was in 17 (17.0%) followed by Hepar sulphuris was in 08 (8.0%), Arsenicum album was in 07 (7.0%), Graphites was in 03 (3.0%), Pulsatilla was in 03 (3.0%), least common use Calcarea sulph was in 02 (2.0%) cases and maximum response to constitutional remedies i.e Sulphur was in 11 (11.0%) scabies cases and followed by other constitutional remedies use was silica was in 10 (11.0%), Natrum mur was in 08 (8.0%), Sepia was in 08 (8.0%), Cal.carb was in 07 (7.0%), Psosinum was in 04 (4.0%), Tecurium and Selenium was in 03 (3.0%), Kalicarb, Kaliphos and Natrum ars was in 02 (2.0%), least common use Petroleum and Lycopodium was in 01 (1.0%). (Table No.04)

**Table No. :- 4 Distribution of scabies cases current homeopathic treatment (n=100)**

Sr. no.	Current homeopathic treatment	No. of cases	Percent of cases
1.	Arsenicum album	7	7%
2.	Cal.carb	3	3%
3.	Cal phos	2	1%
4.	Graphites	3	3%
5.	Heparsulphuris	8	8%
6.	Silicea	10	10%
7.	Calcareasulph	2	2%
8.	Pulsatilla	3	3%
9.	Mercsol	17	17%
10.	Sulphur	11	11%
11.	Natrum mur	8	8%
12.	Sepia	8	8%
13.	Petroleum	1	1%
14.	Lycopodium	1	1%
15.	Kalicarb	2	2%
16.	Kaliphos	2	2%
17.	Tecurium	3	3%
18.	Natrum ars	2	2%
19.	Psosinum	4	4%
20.	Selenium	3	3%
TOTAL		100	100%

In the present study it was observed that in 100 cases treated with current homeopathic treatments and duration of treatment and follow up of patient carried out of which in maximum 66 (66.0%) scabies cases receive 01 month duration of homeopathic medicine after that 18 (18.0%) cases have 01 week duration of homeopathic medicine and others i.e. 16 (16.0%) cases having 03 months duration of homeopathic medicine follow up completed. (**Table No.05**)

**Table No. :- 5 Distribution of scabies cases on the basis of duration of current homeopathic treatment (n=100)**

Sr. no.	Duration of Current treatments	No. of cases	Percent of cases
1.	1 week	18	18%
2.	1 month	66	66%
3.	3 month	16	16%
TOTAL		100	100%

In the present study it was observed that in 100 cases treated with current homeopathic treatments the patient condition after treatment was ameliorated in maximum cases i.e. 66 (66%) and the 34 (34%) cases were cure from scabies and there was no aggravation in any patient. (**Table No.06**)

**Table No.:- 6 Distribution of scabies cases on the basis of patient condition after current homeopathic treatment (n=100)**

Sr. no.	Patient condition	No. of cases	Percent of cases
1.	Aggravated	00	00%
2.	Ameliorated	66	66%
3.	Cure	34	34%
TOTAL		100	100%

## Results:

In the present study that most affected age group was between 1-10 years of both sexes, males with maximum sex differentiation in 1-10 years having total 24 cases (38%). In the present study males (n=63, 63.0%) outnumbered females (n=37, 37.0 %) significantly with male to female ratio of nearly 1.7:1. All age groups are dominated by males with

maximum sex differentiation in 1-10 years having total 24 cases (38%). Males were least affected in age group of 31-40 then 41-50 years i.e. 03 cases and 02 cases, whereas females were affected maximum in 1-10 years age group, females were least affected in age group of 41-50 years i.e. 01 cases. In the present study maximum 45 (45.0%) patient have 01 week duration of symptoms. In the present study maximum 77 (77.0%) patient not have any previous homoeopathic treatment. In the present study it was observed that in 23 cases having previous homoeopathic treatments out of which in maximum 08 (34.8.0%) patient receive 03 weeks duration of homoeopathic medicine. In the present study it was observed that in 23 cases having previous homoeopathic remedies out of which in maximum 08 (34.8.0%) scabies cases receive heparsulphuris and least common use previous homoeopathic remedies is cal. Phos. in 02 (8.8%) cases.

In the present study it was observed that in 23 cases having previous homoeopathic treatment response out of which only 06 (26.1%) scabies cases. In the present study it was observed that in 100 cases, taken current homoeopathic treatment out of which in maximum response to acute remedies i.e. Morcsol was in 17 (17.0%) and least common use Calcarea sulphur was in 02 (2.0%) cases. In the present study cases treated with current homoeopathic treatments and duration of treatment and follow up of patient carried out of which in maximum 66 (66.0%) scabies cases receive 01 month duration of homoeopathic medicine and 18 (18.0%) cases have 01 week duration and least cases i.e. 16 (16.0%) having 03 months duration of homoeopathic medicine follow up completed. In the present study cases treated with current homoeopathic treatments the patient condition after treatment was ameliorated in maximum cases i.e. 66 (66%).

### Discussion:

In the present study out of total cases maximum were males i.e. 63 (63.0%). Females were 37 (37.0%). Male to female ratio of nearly 1.7:1. Males outnumbered the females, this finding is consistent with other studies where most of the cases were from sex wise is males in **Katharina Riebenbauer et al**<sup>3</sup> study in which 62.4 % scabies cases were males.

In the present study that most affected age group was between 1-10 years of both sexes. In the present study maximum patient have 01 week duration of symptoms. In the this study maximum patient not have any previous homoeopathic treatment. In the study it was observed that in maximum cases having previous homoeopathic treatments. In the study it was observed that in maximum cases having previous homoeopathic remedies for scabies cases receive heparsulphuris.

It was observed that in maximum cases having previous homoeopathic treatment response for scabies cases. It was observed that in all cases, taken current homoeopathic treatment out of which in maximum response to acute remedies i.e. Morcsol. It was observed that cases treated with current homoeopathic treatments and duration of treatment and follow up of patient carried out of which in maximum scabies cases receive 01 month duration of homoeopathic medicine. It was observed that cases treated with current homoeopathic treatments the patient condition after treatment was ameliorated in maximum cases.

### Conclusion:<sup>4,5,6,7</sup>

The conclusion of this study that homoeopathic medicines are effective in the treatment and management of scabies. Homoeopathic medicines also prevent the recurrence of scabies. Constitutional approach is useful in curing scabies infections in the all age groups. It is also more effective in preventing recurrences in scabies then the acute remedies. Improvement starts within a week of the administration of the constitutional remedies. Repetition of acute medicine i.e. QID has been the most useful posology practice. Homoeopathic medicines act as a preventive medicines. There is possibly a greater role for homoeopathy as a community medicine and research studies need to be specially designed to delineate this role. Constitutional homeopathic medicines to all scabies affected cases where susceptibility and cases having severe secondary infections do not respond to this mode of remedies.

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