ORIGINAL RESEARCH PAPER

Ayurveda

A CASE STUDY ON EFFICACIOUS SIDDHA MANAGEMENT OF A CASE OF SCABIES (KILAITHASIRANGU)

KEY WORDS: Scabies, Sirangu, Siddha internal medicine *parangipattaichooranam,* External medicine *karbogipasai*.

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ABSTRACT

It is a Dermatologic condition caused by sarcoptesscabiei, It is highly contagious, being easily spread through close physical contact and by sharing bedding, clothing, and furniture infested with mites. Scabies is estimated to infect over 300 million humans worldwide each year. It is compared to *Sirangu* in *Siddha* literature. There are several types of *sirangu*, which mentioned in literature.We report the 53-year-old man with complaints of intense itchiness and redness. This results show *Siddha* internal medicine *parangipattaichooranam* and external medicine *Karbogipasai* is effective and control the occurrence of complication.

INTRODUCTION

Scabies is a disease caused by infestation with the itch mite, *Sarcoptesscabi* var. *hominis.* This organism is introduced into the new host primarily by close contact, but it has been reported to be transmitted by fomites or causal contact on rare occasions the scabies organism is barely visible. The adult female measures 0.4*0.3 mm, and the male is half thissize. After fertilization on the skin surface the male dies and the females start burrowing in the upper epidermis to lay her eggs the female burrows between 2 and 4mm per day and lays 2-3 eggs.[1]The most common symptoms of scabies, itching and a skin rash, are caused by sensitization (a type of "allergic" reaction) to the proteins and feces of the parasite. Severe itching (pruritus), especially at night, is the earliest and most common symptom of scabies. A pimple-like (papular) itchy (pruritic) "scabies rash" is also common. Itching and rash may affect much of the body or be limited to common sites such as Between the fingers, Wrist, Elbow, Armpit, Penis, Nipple, Waist, Buttocks and shoulder.[2] Scabies infestation may be complicated by bacterial infection, leading to the development of skin sores that, in turn, may lead to the development of more serious consequences such as septicaemia, heart disease and chronic kidney disease. In 2017, scabies and other ectoparasites were included as Neglected Tropical Diseases (NTDs),[4]A number of medications are available to treat those infected,including permethrin, crotamiton, and lindane creams and ivermectin pills.[3] Scabies is one of the commonest dermatological conditions, accounting for a substantial proportion of skin disease in developing countries. Globally, it is estimated to affect more than 200 million people at any time, although further efforts are needed to assess this burden. Prevalence estimates in the recent scabies-related literature range from 0.2% to 71%.[4]Transmission of Scabies is usually transmitted person-to-person through close skin contact (e.g. living in the same residence) with an infested individual. The risk of transmission increases with the level of infestations, with highest risk due to contact with individuals with crusted scabies. Transmission due to contact with infested personal items (e.g. clothes and bed linens) is unlikely with common scabies, but may be important for individuals with crusted scabies. [4]It may have compared to *Sirangu* in *Siddha* literature. There are several types of *sirangu* namely *ottusirangu, adarsirangu, thuttasirangu, sirusirangu,perunjsirangu, mega sirangu*,[5] It occurs in all stages of life. It occurs mostly in summer season. [5] We report the53-year-old man with complaints of intense itchiness and redness. This results show *Siddha* external medicine *Karbogipasai* is effective and reduce the occurrence of complication.

Case Report

A 53-year-old male with complains of intense itchiness and redness, pruritic, erythematous macules, papules, vesicles, and pustuleson the axillae since 3months. Constipation present. General examination vital signs are normal.

Investigation based on siddha system

- *Naa*(tongue)- Normal
- Niram(colour)- Affected
- *Mozhi*(speech)- Normal
- *Vizhi*(eyes)- Normal,
- *Malam*(fecal)- Normal,
- *Moothiram*(urine)- Normal
- *Sparisam*(skin)- Affected
- *Naadi*- Vathapitham.

Figure: 1

Discussion

Scabies is highly contagious, and person to person spread occurs via direct contact with the skin.[6]Common predisposing factors are overcrowding, immigration, poor hygiene, poor nutritional status, homelessness, dementia, and sexual contact. Direct skin-to-skin contact between 15 and 20 minutes is needed to transfer the mites from one person to another.[7] Transfer from clothes and bedding occurs rarely and only if contaminated by infested people immediately beforehand.The main symptoms of scabies are probably a result of the host immune reaction to the burrowed mites and their products. Scabies presents within two to six weeks of initial infestation, but reinfestation can provoke symptoms within 48 hours[6]. If it untreated it may lead to serious complication. Scabies is a common dermatosis that usually results in a mild-to-moderate rash with pruritus. However, significant morbidity occasionally is associated with scabies infestation. The

extensive lesions of crusted or bullous scabies can be debilitating, with pain occurring on movement and a significant breakdown in skin integrity developing. [8] The risk factors are malnurtion, personal hygiene, according to Siddha view, body is made up of uyirthathukalvatham, pitham, kabam. The imbalance of the uyirthathukal may leads to disease. In treatment aspect, line of treatment wants to neutralize the uyirthathukal. In Vatham,abaanan, viyanan,samananis affected, In Pitham, prasagapitham, sathagam is affected, In Kabam, kilatheam is affected rest are normal. From the signs and symptoms, it considersas kilaithasirangu. The line of treatment is murukkanvithaitablet for first day for purgative, because, Siddha literature imbalance of vatham is the main reason for skin disease, [11]treating with external medicine karbogipasai and administrating the internal medicine parangipattai chooranam with dietary changes. [10] The patient was advised to report at an interval of weekly once or report as when required for evaluation.The case was taken in OPD department of Sirappu maruthuvam. And the medicine was given by the dispensary of Government Siddha Medical College, Palayamkottai for one week.
Siddha intervention

Day 1
- Murukkanvithai pills 1 od at early morning

Day 2
- Parangipattaichoornam 2g bd adjuvant milk
- Karbogipasai mix with lime juice.

Conclusion
Scabies may have ended in pruritis, if it not treated properly. The Siddhamedicineparangipattaichooranam internal and karbogipasai externally given in this case. Which gives the satisfactory results within the week. This disease is strongly associated with poverty and congested people, and the associated disgrace can ostracise affected individuals. Treatment of scabies in poor countries needs to integrate drug treatment programmes with efforts to improve the socioeconomic conditions and education programmes to reduce disgrace. [8] TheSiddha medicine helps in treating the complaints of scabies effectively. This paper will helpful for clinical practitioners.

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