

A Literary Review of Pama W.S.R to Scabies

Suman¹, Gaurav², Sumeshwar Singh³

¹Md scholar Rasa Shastra and Bhaishajya Kalpana Department G.A.C.H. Patna- 800003 Bihar, India.

²Assistant Professor, Department of Rasa Shastra and Bhaishajya Kalpana, G.A.C.H. Patna- 800003 Bihar, India.

³Professor & HOD, Department of Rasa Shastra and Bhaishajya Kalpana, G.A.C.H. Patna- 800003 Bihar, India.

ABSTRACT

Skin is a mirror that reflects external and internal health of the body. Skin diseases are a major health problem affecting a high proportion of the population in India. Scabies is a skin infestation of the mite, *Sarcoptes scabiei*, which manifests as a pruritic skin eruption and can be transmitted directly through person-to-person contact and indirectly through bedsheets, clothing, or other fabric material. Scabies infection is particularly prevalent in overcrowded environment such as orphanages and public boarding schools. In Ayurveda, almost all the skin disorders are explained under the broad term “Kushtha”. In Charak samhita, under viman sthana, two types of kushtha are described – 1. Mahakushtha, 2. Kshudra kushtha. In 11 types of Kshudra kushtha, Pama is one of the types having doshik predominance of pitta and kapha. Pama is characterized by having features like many small Pidikas, Raga, Kandu, Strava and Daha. Due to these analogous symptoms, Pama is often correlated with scabies.^[134]

Keywords: Pama, Scabies, Kshudra kushtha, pitta-kapha

INTRODUCTION

SCABIES

Human scabies (from Latin word: scabere, “to scratch”) is a common highly contagious skin condition, caused by the ectoparasite “*Sarcoptes scabiei* var. *hominis*”. The mite is tiny, and usually not directly visible, parasite which burrows under the host’s skin which in most people causes an intense itching sensation caused by an allergic response. It is estimated that globally more than 200 million people are affected at any one time by the disease. Although the direct effects of scabies are estimated to account for 0.21% of disability adjusted life years (DALYs) caused by all conditions, the overall impact, due to complications of bacterial skin infection, invasive bacterial disease and auto-immune kidney and heart disease is likely to be substantially greater.^[1]

INCUBATION PERIOD^[2]: -

Usually between 2 to 6 weeks can be as 1 to 4 days in people that have been sensitized by prior exposure.

TRANSMISSION OF INFECTION^[3]

Contact with an infected host is generally considered to be the primary means by which an individual becomes infected with scabies. Transmission is by close personal contact, sexual or otherwise or, less

frequently indirectly, via fomite transmission such as clothing or bed sheets. Main predisposing factors of infestation are: Poor hygiene, Over-crowding, Lower socioeconomic status, Sex with multiple partners.

CLINICAL FEATURES

Itching: -

Itching is usually the most obvious and intractable manifestation of scabies, and in some cases at some stages may be the only one. It is generally worst at night and may be intensely severe. The onset is usually first noticed 2 weeks or longer after infestation, but earlier in subsequent infestations.

Burrow: -

Burrow is the pathognomonic lesion of scabies. Of the skin lesions of scabies, only the burrows and vesicles are directly associated with the presence of the mite. Other lesions are the result of allergic sensitivity, scratching or secondary infection.

Table No. 2.30 Distribution of burrows in scabies in male, according to Johnson and Mellandly

Hands and wrist	63 %
Elbow	11 %
Feet	09 %
Genitalia	09 %
Buttocks	04 %
Axillae	02 %
Elsewhere	02 %

In children burrows are often found on the palms and in infants on the palms and soles.

Lesions: -

The so-called secondary lesions of scabies often dominate the clinical picture. Large numbers of small, urticarial papules often develop on the abdomen, thighs and buttocks, and occasionally elsewhere. Scratch marks, often with pin-point blood crusts at the apices of follicles, may be numerous.

DIAGNOSIS^[4]

Scabies is one of the most difficult or one of the easiest diseases to diagnose. Scabies should be considered in patient with an unexplained itch of recent onset especially if it is a school going child. The diagnosis of scabies is generally clinical. The characteristic pruritis and the characteristic distribution of clinical lesions should suggest the diagnosis.

PREVENTION

Mass treatment programs that use topical permethrin or oral ivermectin have been effective in reducing the prevalence of scabies in a number of populations. No vaccine is available for scabies.

TREATMENT^[5]

Topical Antiscabietic Medicines

Topical antiscabietics such as Permethrin 5% cream, Crotamiton 10% cream, Gammabenzene hexachloride 1% (Lindane) and Benzyl benzoate 25% lotion are applied over the entire body below face at night after scrub bath with soap and water.

Oral Antiscabietic Treatment

Ivermectin: Single oral dose of 200 mcg/kg bodyweight on empty stomach; Ivermectin in combination with topical permethrin is used in crusted scabies.

AYURVEDIC REVIEW OF PAMA (SCABIES)

According to Ayurveda, a disease that tears or pulls out and destroy the beauty of the body and any type of skin disorders have been described under the heading of Kushtha. All Acharyas have described eighteen types of Kushtha, and among them, seven considered as Maha Kushtha and eleven as Kshudra Kushtha but the nomenclature is different. Pama Kushtha is described under Kshudra Kushtha with its involvement of Tridosha which can be evident by observing its sign and symptoms, on the basis of symptomatology of we can correlate this disease with Scabies.

Pama is being a Kshudra Kushtha has Pitta-Kapha dominance and it is characterized by extreme itchy eruptions of white, reddish or black in color. When the disease is left untreated, the Twacha, Mamsa, Rakta, Lasika will be putrefied and will starting dissolving and create complications and spreads all over the body. Separate nidanas, poorvaroopa and samprati, for Pama Kushtha or even any other kinds of Kushtha have not been enlisted. The Samanaya nidaan of Kushtha has to be taken as hetu for pama also.

NIDANA (ETIOLOGY)^[6]

These nidanas can be categorized into :-**Aharaja Nidana**—Diet and dietetic pattern which includes:- Intake of chilchim fish and milk, Intake of Mulaka & Lashuma with Ksheera, Continuous intake of Gramya, Audaka & Anupa Mamsa with Ksheera, Intake of articles having sour taste with milk, Excessive use of green vegetables with milk., Excessive use of Navanna, Dadhi, Matsya, amla & Lavana, Intake of food during indigestion.

Viharaja Nidana- Faulty lifestyle includes:- Suppression of natural urges, Excessive sun exposure, Exposure to air conditioned, Work place contradicting with hot and humid environment, Over exertion and over exercises, Day sleep and late-night sleep, Complications of panchakarma therapy.

PURVA ROOPA (PRODROMAL STAGE)^[7]

The pre-monitory symptoms that occur before the actual onset of the disease are known as poorvarupa. These are group of signs and symptoms appearing in milder forms and indicative of forthcoming disease. These are:- Atiswedanam, Lomaharsha, Kandu, Gauravam, Nistoda, Klama, Paridaha, Pariharsa, Unnata Kotha, Davathu, Swalpanam Api Vrananam Arohanam, Suptata etc.

SAMPRAPTI GHATAK (ETIOPATHOGENESIS)^[8]

Acharya Charaka & Acharya Shushruta describes Doshajas Hetus leads to aggravation of *Tridosha* basically *Pitta* and *Kapha* which reaches the obliquely moving channels further aggravates and scatters them all around towards the external passage, wherever scattered *Dosha* moves patches appear thus *Dosha* started in skin further increases and if not treated, goes inwards vitiating *Dhatus*.

Table No 2:- Samprapti Ghatakas of Pama Kushta^[9]

Dosha	Pitta Kapha
Dushya	Twaka, Rakta, Mansa, Ambu or Lasika
Srotas	Rasavaha, Raktavaha, Swedavaha

Srootodusti	Sanga
Udbhava Sthana	Amashaya and Pakwashaya
Vyakta Sthana	Twacha
Rogamarga	Bahya
Swabhava	Chirakari

ROOPA (CLINICAL SYMPTOMS)

Table No. 3 Rupa of Pama described in various Ayurvedic Texts ^[10]: -

S.N	LAKSHANAS	C.S	S.S	A.S	Sh.S	B.P	K.S	BaR	YR	HS	MN	AH
1.	Srava	-	+	-	+	+	+	-	+	+	+	-
2.	Kandu	+	+	+	+	+	+	+	+	+	+	+
3.	Daha	-	+	+	-	+	-	+	+	+	+	+
4.	Ruja	-	-	+	-	-	+	-	-	-	-	+
5.	Bahu Pidika	+	+	+	+	+	-	+	+	+	+	+
6.	Sookshna Anu Pidika	-	+	+	-	+	+	+	+	+	+	+
7.	Shweta Pidika	+	-	-	-	-	-	-	-	-	-	-
8.	Shyava Pidika	+	-	-	-	-	-	-	-	-	-	-
9.	Aruna Pidika	+	-	+	-	-	-	-	-	-	-	+
10.	Paka	-	-	-	-	-	+	-	-	-	-	-
11.	Kleda	-	-	+	-	-	-	-	-	-	-	+
12.	Sphik, Pani Kurpara	-	-	+	-	-	-	-	-	-	-	+

BHEDA OF PAMA KUSHTA

Only Gangadhara, the commentator of Charaka Samhita has mentioned two varieties of Pama.

- 1) Kapha Pittaja (Alpa Srava)
- 2) Pittaja (Bahu Srava)

CHIKITSA (MANAGEMENT)

Principles Of Treatment: Kushta Roga is one of the Santrapana Janya diseases. Hence in all types of Kushta Apatarpana Chikitsa is indicated which includes Langhana, Swedana and Rukshana. The main Chikitsa is Langhana Chikitsa. It includes Samshodhana Chikitsa and Samshamana Chikitsa.

All the Acharyas have given the stress for Shodana and also all the types of Panchkarma have been advised for Kushta.

A. Samshodhana Chikitsa

1. Vamana
2. Virechana
3. Sirovirechana

4. Niruha Basti

The various drugs are indicated for Vamana, Virechana and Snehana purpose in the texts, which can be used according to the vitiated Doshas.^[11]

B. Samshamana Chikitsa

The Deepana, Pachana, Rukshana and Swedana are the basis of Samshamana Chikitsa. The drugs which are used for this purpose can be applied locally or orally. The Tikta and Kasyaya Rasa containing drugs are the choice of treatment in Samshamana Chikitsa of Kushta. Several drugs and formulations are narrated for the treatment of Kushta in general and for Pama in particular. These are drugs comes under:- Arkadi Gana, Surasadi Gana, Eladi Gana and Aragvadhadi Gana.^[12]

Churna: Mustadi Churna, Kushitadi Churna, Triphaladi Churna. **Avaleha:** Maha Bhallataka, Maha Bhallatak Guda. **Ghrita:** Maha Tikthaka, Tikta Shatpala, Vajraka. **Kalka:** Haridra Kalka Prayoga, Kritamalakadi Kalka. **Khanda:** Haridra Khanda. **Kwatha:** Khadirashtaka Kwatha, Laghu Manjishtadi, Manjishtadi Kwatha, Patola Nagaradi Kwatha. **Vati:** Gandhakadi Yoga, Haridradi Yoga. Taila for Internal use: Bhallataka Taila, Gandhaka Taila.^[13]

The Lepas which can be used in Pama are following: Aragwada Patra Yoga, Aragwadadhi, Bhojapatradi, Darvadi, Gandhaka, Gandhaka Drava, Gandhavirojada, Grihadhimooladi, Mahagandhahasti, Agada Jathadi Lepa, Kushtadi Lepa, Maheshwar Ghrita Rasnadi Lepa, Manashiladi Lepa, Moolakabeejadi, Haridradi Lepa, Saindhavadi, Sindhooradi, Vachadi Lepa.^[14]

Abhyanga Chikitsa: Taila, which can be used for Abhyanga purpose: Gandhaka Taila, Durvadya Taila, Aditya Paka Taila, ArkaManahshila Tail, Arka Tail. Sweta Karavirad Tail, Kushtarakshasa Tail, Sweta Karavirapallavadi Tail, Kankachhiri Tail.

APATHYA (NON - INDICATED FOOD AND MEASURES) IN PAMA KUSHTA^[15]

Meat of animal and birds of the wet regions, Milk and curd, Oil and Tila, Kulatha, Masha, Preparations of jaggery and sugar, Articles having sour taste, Pungent taste, Common salt or salty food article, Incompatible foods, over eating, anything taken before proper digestion of the foods, Food causing acidic eructation, Day time sleep, Excessive indulgence in sexual activity.

PATHYA (INDICATED FOODS AND MEASURES) IN PAMA KUSHTA^[16]

Old rice (Shali and Shastika), Mugda, Adhaki, Nimba, Bhallataka, Mandhukparni, Bakuchi, Vasa, Flowers of Arka, Chakramarda, Patola and Vartaka, Flesh of Jangala animals devoid of all fatty substances, Aragvadhadi group of drugs for rubbing purpose, Khadira decoction for drinks, Bath and washing are indicated.

REFERENCES:

1. Ghai OP, Gupta P, Paul VK, Ghai Essential Pediatrics 6th edition, Common skin disorders and leprosy, Chapter no. 25, Page no. 627.
2. Behrman, Kliegman, Jenson, Nelson Textbook of Pediatrics 17th Edition, Part XXX, Anthropods Bites & Infestations, Chapter no. 658, Page no. 2238.
3. Scabies symptoms and causes, 25 August 2020, Available from: www.mayoclinic.org
4. Orkin M (1977) Special forms of scabies. In Orkin M, Maibach H, Parish L, Schwartzman R, Editors. Scabies and Pediculosis. Philadelphia: J.B. Lippincot. 23–30.
5. Prendiville J (2011) Scabies and lice. In Irvine A, Hoeger P, Yan A, editors. Harper's Textbook of Pediatric Dermatology. Chichester: Wiley-Blackwell.

6. Gayadaas (commentator). Sushruta Samhita, chaukhambhaorientalia, Varanasi, 2009, 283.
7. Agnivesha, Charaka, Dridhabal. Charak Samhita, volume1, vol-2, Chaukambhabhaarti academy, Varanasi, 2005, C.S/ Ni. 5/7, C.S/ Chi. 7/12.
8. Agnivesha, Charaka, Dridhabal. Charak Samhita, volume1, Chaukambhabhaarti academy, Varanasi, 2005, C.S/ Chi/ 7/ 9
9. Agnivesha, Charaka, Dridhabal. Charak Samhita, volume1, Chaukambhabhaarti academy, Varanasi, 2005, C.S/ Ni. / 5/3.
10. 10.
 1. C.S./Chi./7/25
 2. S.S./Ni. /5/14
 3. A.S./Ni. /14/30
 4. Sh.S/ P. Kh/7/89
 5. B.P./ utararda/54/13
 6. Ba.R/13.
 7. K.S./ Chi./ Kushta chikitsa.
 8. Y.R./ uttarardha/ kushta/ Ni/29.
 9. H.S/ Kushta- Vataraktaadhikara/3.
 10. M.N. 49/21.
11. A.H./ Ni. /14/27-28
11. Agnivesha, Charaka, Dridhabal. Charak Samhita, volume2, Chaukambhabhaarti academy, Varanasi, 2005, C.S./Chi./7/40.
12. Agnivesha, Charaka, Dridhabal. Charak Samhita, volume2, Chaukambhabhaarti academy, Varanasi, 2005, C.S./Chi./7/58.
13. Agnivesha, Charaka, Dridhabal. Charak Samhita, volume2, Chaukambhabhaarti academy, Varanasi, 2005, C.S./Chi./7/67,68,148, 156.
14. Agnivesha, Charaka, Dridhabal. Charak Samhita, volume2, Chaukambhabhaarti academy, Varanasi, 2005, C.S./Chi./7/96-99.
15. Shukla V, Tripathi R D, Vaidyamanorama hindi commentary, Charaka Samhita of Agnivesha, Chaukhambha Sanskrit Pratishthan, Delhi,2009, Vol. II, Ch. Chi. 7/82, P. 262
16. Shukla V, Tripathi R D, Vaidyamanorama hindi commentary, Charaka Samhita of Agnivesha, Chaukhambha Sanskrit Pratishthan, Delhi,2009, Vol. II, Ch. Chi. 7/83, P. 262.