



E-ISSN: 2278-4136

P-ISSN: 2349-8234

<https://www.phytojournal.com>

JPP 2024; 13(2): 233-236

Received: 05-02-2024

Accepted: 16-03-2024

Dr. Nitin Madhukar Walture

PG Scholar, Department of
Kaumarbhritya, Chhatrapati
Shahu Maharaj Shikshan
Sanstha's Ayurved
Mahavidyalaya, Chhatrapati
Sambhaji Nagar, Maharashtra,
India

Dr. Kavita Kishor Fadanavis

Associate Professor,
Department of Kaumarbhritya,
Chhatrapati Shahu Maharaj
Shikshan Sanstha's Ayurved
Mahavidyalaya, Chhatrapati
Sambhaji Nagar, Maharashtra,
India

Dr. Karuna Ratnaparkhi

HOD, Department of
Kaumarbhritya, Chhatrapati
Shahu Maharaj Shikshan
Sanstha's Ayurved
Mahavidyalaya, Chhatrapati
Sambhaji Nagar, Maharashtra,
India

Corresponding Author:**Dr. Nitin Madhukar Walture**

PG Scholar, Department of
Kaumarbhritya, Chhatrapati
Shahu Maharaj Shikshan
Sanstha's Ayurved
Mahavidyalaya, Chhatrapati
Sambhaji Nagar, Maharashtra,
India

Ayurvedic management of Pama in Kaumarbhritya

Dr. Nitin Madhukar Walture, Dr. Kavita Kishor Fadanavis and Dr. Karuna Ratnaparkhi

DOI: <https://doi.org/10.22271/phyto.2024.v13.i2c.14884>

Abstract

Skin disease has a high prevalence throughout the world. Scabies is one of the commonest dermatological conditions in the world. It is a parasitic skin infestation caused by a mite called *Sarcoptes scabiei* var *hominis*. It is a highly contagious, neglected cutaneous parasitic disease, associated with poor individual, community, environmental circumstances and health. It Can be correlated to "Pama" as described in Ayurveda Classics. Pama Is one of the eighteen types of Kushta which is caused by Kapha Pitta Dosh. Scabies was added to the World Health Organization's (WHO) list of neglected tropical diseases In 2013. The present case shows the effect of Ayurvedic Formulation on scabies in 8yr old child.

Keywords: Scabies, Pama, Kushta, Aarogyavardhini Vati

Introduction

Scabies is a highly contagious, pruritic, parasitic infestation of the skin caused by the mite *Sarcoptes scabiei* var *hominis*. Scabies can affect all age groups but is found to be more prevalent in children ^[1]. An epidemiological survey for scabies was conducted in a rural community of 2771 persons among 404 households living in 238 houses. Prevalence rates were 13% by population and 30.9% by household. Each index case was responsible, on average, for the spread of infection to 1.9 persons in affected households ^[2]. required prompt identification and early treatment to prevent community transmission and reduce complications for the individual child and their contacts. Post-scabetic itch and psychosocial stigma are typical sequelae of the scabies mite infestation. The early identification of patients with scabies and treatment of their contacts reduces community transmission. Secondary bacterial infection is common following traumatic excoriation and more common in resource-poor settings ^[3]. Pama is one of the Eighteen types of Kuṣṭha ("Skin Disease"), according to the Charaka Samhita (Chikitsa Sthana) ^[4] which is caused by vitiation of Kapha and Pitta Dosh. Pama-kuṣṭha is characterized by extreme itchy eruptions of white, Reddish or black color seen over Sphika (Buttocks), Pani- Pada (Hands & Foot), Kar pada (Forearm or elbow Region). Diagnosis was based upon signs and symptoms of Pama Kushta such as Toda (Pain), Kandu (Itching), Daha (Burning sensation), Pitika (Burrows), Srava (Discharge) ^[5]. The most common presentation of scabies in children includes burrows, erythematous papules and inflammatory nodules, often with secondary excoriation. Burrows and inflammatory papules have a typical distribution, affecting the flexural limbs, including the anterior axillary folds, elbows, volar wrists and dorsal ankles; acral surfaces especially the interdigital web spaces and feet; anogenital area; and truncal areas, particularly the nipples and periumbilical areas ^[6, 7]. The main aim of treatment was to purify the blood and bring out the toxins from the bloodstream and locally to pacify the symptoms like itching and lesions. Also Personal hygiene and pathya-apathya i.e. dietary modifications were a very necessary part of the treatment. Treating scabies in infants and children is challenging. Many drugs used in adults cannot be used in children because of diverse safety profiles. This narrative review will address the management of scabies in the paediatric population as per ayurveda point of view.

Case description

A 8 years old female patient brought by his father in OPD of Kaumarbhritya department with complaints of itching in between the fingers of both hands, wrists and forearms along with occasional burning since 4-5 months. On local examination, Vesiculopustular lesions were present along with dry scaly patches over both the hands, wrists and forearms.

Case study**Place of study****Presenting complaints**

1. Reddish brown discoloration fingers of both the hands forearm wrist.
2. Itching and mild pain between fingers of both the hands forearm wrist.
3. Occasional burning sensation at affected site.
4. After itching Secretion from affected site.
5. Increased frequency of itching in night.
6. Patient had symptoms since last 4-5 months

History of present illness

A 8 years old female patient brought by his father in OPD of Kaumarbhritya department with complaints of itching in between the fingers of both The hands, wrists and forearms along with occasional burning since 2 months. Reddish brown discoloration fingers of both the hands forearm wrist. Occasional burning sensation at affected site. After itching there is secretion from affected site Patient had also gave history of Increased frequency of itching in night. Patient took allopathic medicine along with local application for 2-3 months but after discontinuing the treatment the relapse was there.

Past history: Patient did not give any significant past history

Family history: Patients father gave history of similar skin itching episode to patients brother 6-7 months ago.

On examination

1. Papulo-vesicular lesions distributed bilaterally over hands, wrists & forearms.
2. Multiple erythematous papules.
3. Multiple spherical vesicles with erosion that has already healed and crusted.

Systemic examination

1. CVS: S1 & S2 normal
2. CNS: Conscious and oriented
3. RS: bilateral clear
4. PA: soft and non-tender

Personal history

Name: XYZ

Age: 8yrs female

Occupation: student

Area of residence: rural

Prakriti: Kapha pitta

Ashtavidha pariksha

1. Nadi: 80/ min
2. Mala: baddhataie. constipation
3. Mutra: Prakrit
4. Jivha: Ishat Sam
5. Shabda: Prakrit
6. Sparsha: Samshitoshna
7. Druk: Prakrit
8. Aakriti: Madhyam

Table 1: Treatment

Sr. No.	Name of medicine	Dose	Route	Kala twice / day	Anupana
Internal Medicine					
1.	Gandhak Rasayana	60 mg	Oral	Adhobhakta	Koshnajala
2.	Arogyavardhini Vati	60 mg	Oral	Rasayan once /day	Koshnajala
3.	Patoladi Kwath	10 ml	Oral	Adhobhakta	Koshnajala
4.	Mahamanjsthadi Kashaya	10 ml	Oral	Adhobhakta	Koshnajala
5.	Krumikuthar rasa	60 mg	Oral	Adhobhakta	Koshnajala
External application					
6.	Sidharthak snan lepa		Local application	Twice daily	
7.	Karanj taila		Local application	Twice daily After sidharthak snan lepa	

Pathya (Regimen to follow)	Apathya (Regimen to be restricted)
Ahara	Ahara
Green gram, Rice, Wheat, Green vegetables, Fruits, Lukewarm water, Ginger water etc.	Ice cream, Cold drinks, Curd, Bread, Toast, Jam, Sauce, Non-Veg, Egg, Oily substances like chips etc, Fast food, Fermented foods, Sweet and sour taste foods, Milk, Yoghurt, Pickles etc.
Vihara	Vihara
Adequate sleep at night (8 hours), Maintain the personal hygiene, Clothes, bed linen, towels should be washed in boiled water and dried, changed frequently, While bathing put few leaves of neem in the hot water.	Avoid night sleeping (<i>ratri jagran</i>) Day sleeping (<i>Diwaswapa</i>)

Table 2: Assessment parameters

Parameters	Grades
Toda (Pain)	Grade
Severe <i>Toda</i> with disturbed sleep	03
Moderate <i>Toda</i> without disturbed sleep	02
Mild or occasional <i>Toda</i>	01
No <i>Toda</i>	00
Kandu (Itching)	Grade
Continuous itching which interferes daily work or sleep	03
Continuous itching without disturbed daily work or sleep	02
Mild or occasionally itching	01
No itching	00
Pitika (Burrows)	Grade
Many or uncountable <i>Pitikas</i> in the whole affected area	03
5-10 <i>Pitikas</i> in one square cm	02

<i>Pitika</i> almost disappear but discoloration persists	01
No <i>Pitika</i>	00
<i>Daha</i> (Burning sensation)	Grade
Continuous <i>Daha</i> with disturbed sleep	03
Continuous <i>Daha</i> without disturbed sleep	02
Occasional <i>Daha</i>	01
No <i>Daha</i>	00
<i>Srawa</i> (Discharge)	Grade
Srawa without itching	02
Srawa with itching	01
Srawa with or without itching	00

Table 3: Observation and results

Parameters	Day 7	Day 21	Day 35	Day 45	Day 60
Toda (Pain)	02	01	00	00	00
Kandu (Itching)	03	02	02	01	01
Pitika (Burrows)	03	02	01	01	01
Srawa (discharge)	02	01	00	00	00
Daha (Burning sensation)	03	03	02	01	00

Assessment of disease was done by observing the signs and symptoms during each follow up visit. Significant decrease in the sign and symptoms was observed. This shows given regimen to patient is effective in pama.

Discussion

Pama is a Kapha-Pitta predominant Kushta with severe kandu, daha, srawa causing high Morbidity in health care workers and in low Socio-economic sectors of the society. Involvements of Kaphaja Lakshanas are found to be more prevalent in disease. Poor personal hygiene, poor eating Habits and living standards, unawareness about health with contact history are the important etiological factors for infestation of the disease. This treatment protocol was based on the principle of Kustaghna, Kandugna, and Krimighna. The main aim of treatment was to purify the blood and bring out the toxins from the bloodstream and locally to pacify the symptoms like itching and lesions. Also Personal hygiene and pathya-apathya i.e. dietary modifications were a very necessary part of the treatment. Arogyavardhini Vati is indicated in Kustha, Medo-Dosha (obesity), yakritvikara (liver disorders) and Jirna Jwara (chronic fever) [8]. Gandhak Rasayani is a well-known, commonly used formulation mainly indicated in Kushtha Roga. It acts as a blood purifier. It reduces Kandu and Daha [9]. Mahamanjishthadi Kwatha was used for the improvement and maintains the quality of blood Because Shothahar, Kushtaghna, Vranropak, Raktashodhak, Vedanashamak, kandughna, Dahaprashaman. As it is indicated in Kushtharoga [10]. Patoladi Kashaya is a combination of 9 drugs. All the key ingredients of this Kashaya are having Tridoshahara properties. All the drugs in combination are having Kushtaghana, Kandughana, Krimighna, Rasayana, Raktashodhaka, Raktaprashadaka and also Varnya properties [11]. Krimikuthar Ras is an important herbo-mineral formulation which contains Karpura, Kutaja, Trayamana, Ajamoda, Vidanga, Hingula Bhasma, Vatsanabha, Palasha Beeja, It is Specially indicated in Krimi Janya Tvak Vikara. Sankramika or Aupasargika Roga Nidana of Kustha are explained by Achaya Susrutha [12]. Siddhartaka snana churna is a mixture of herbal Ingredients used for lepana which acts as Tridosha-Hara, Twacha, and Varnaprasadana [13]. Karanjabeeja (seed of Pongamia pinnata) which is a potent Vishashamana (anti-toxic) and Kushtagna [14] has been taken for the study to analyze the efficacy of Its taila (oil) applied externally. Along with above medications, Pathya-apathya and hygiene Maintenance were also advised

to patient. Child has followed the treatment protocol and Pathya-apathya properly and responded very well with treatment.

Conclusion

The basic approach to skin diseases is to understand the doshas and dushya involved in the same and thereby treatment has to be planned. Treatment included purification therapies followed by local applications, internal medications with Kusthagna, Raktashodhana, and Raktaprasadana properties. Here it can be concluded that above internal medicine Gandhak Rasayana, Arogyavardhini Vati, Mahamanjishthadi Kashaya, Krumikuthar Ras along with external application of Siddharthak Snan and Karanj Taila has been found to be significantly effective in relieving the symptoms of pamakushta of the child. To have better Efficacy treatment of Pama should be carried out with both external application of along with internal medicine.

References

- Hogan DJ, Schachner L, Tanglertsampan C. Diagnosis and treatment of childhood scabies and pediculosis. *Pediatric Clinics of North America*. 1991;38(4):941-957. DOI: 10.1016/s0031-3955(16)38161-5.
- Sharma RS, et al. An epidemiological study of scabies in a rural community in India. *Annals of Tropical Medicine and Parasitology*; c1984 Apr.
- Sharma AR. Sushrutavimarshini Hindi commentary, Sushruta Samhiata of Sushruta, Chaukhambha Surbharati Prakashan, Varanasi, 2010, 1. Nidanasthan, Chapter 5 Verse 14, P. 497.
- Agnivesha. Charakasamhita. English translation by Sharma RK, Dash BV. Chikitsa Sthan (7/46), Chaukhambha Sanskrit series office, Varanasi, 2010, 12.
- Gupta A, Upadhyaya Y. Vidyotini Hindi Commentary, Ashtangahridayama of Vagbhata, Chaukhambha Prakashan, Varanasi; c2016. Nidanasthan chapter 14, Verse 28, P. 371.
- Johnston G, Sladden M. Scabies: diagnosis and treatment. *BMJ*. 2005;331(7517):619-622. DOI: 10.1136/bmj.331.7517.619.
- Ayurvedic formulary of India. Part 1. 2nd ed. Ministry of Health and Family Welfare, Department of ISM & H; New Delhi; c2003. p. 258.
- Pani Grahi DP. Pharmaceutico Therapeutics of Sulphur (Gandhak) an Ayurvedic Review. *Journal of Biomedical and Pharmaceutical Research*. 2018;7(2):57. ISSN2279-0594.
- Dhalpe SJ. Role of Jalukavcharan and Mahamanjishthadi kwatha in the Management of Mukdushika w.s.r to Acne Vulgaris-A Case Study. *International Journal of Research-Granthalaya*. 2018;6(8):30.
- Patil A, Daberao SB, Kale AB. Scabies in children: Ayurved perspective.

11. Ayurveda sarsangraha. Rasa rasayana prakaran. Krumikuthar rasa. Baidnyanath ayurveda bhavan.
12. Kumar S. A study on the efficacy of Patoladi Kashaya and Karanjadi Lepa in Vicharchika. Central Council for Research in Ayurvedic Sciences; c2016 Apr.
13. Agnivesha. Charakasamhita. English translation by Sharma RK, Dash B. Vol-12, chikitsa Sthan (8/46), Chaukhambha Sanskrit series office, Varanasi; c2010.
14. Pandey G, Srikantamurthy KR. Curing skin disease. Ayurvedic Pharmacopoeia of India; c1999.