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Ayurvedic Approach in the Management of Scabies (*Pama Kushta)* in a 5-year-old child: A Case Report

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Abstract

Scabies is a highly contagious parasitic skin infestation caused by *Sarcoptes scabiei var. hominis*, commonly affecting children and associated with poor hygiene and overcrowding. In Ayurveda, this condition can be associated with *Pama*, a type of *Kushta* marked by symptoms *Kandu* (itching), *Pidika* (papules), *Srava* (discharge), and skin discoloration resulting from the vitiation of *Kapha* and *Pitta Dosha*. This case study presents a patient diagnosed as *Pama Kucmha* with clinical presentation of whitish and blackish papules with itching, nocturnal aggravation, and burrow-like lesions. This case report presents the successful management of scabies in a 5-year-old female child using Ayurvedic intervention.

Keywords: *Pama, Kushta*, Scabies, *Krimihara chikitsa*, *Sarcoptes scabiei var. hominis*,

Scabies is a contagious dermatological condition caused by infestation and hypersensitivity reaction to *Sarcoptes scabiei* var. *hominis* and its metabolic byproducts. Various predisposing factors such as poor hygiene, overcrowding, low socioeconomic status, close physical or sexual contact, and even misdiagnosis contribute to its spread. The disease is primarily transmitted through direct skin-to-skin contact, for example during handshaking or co-

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sleeping, although indirect transmission via fomites like clothing or bedding may also occur. The fertilized female mite plays a crucial role in propagation by burrowing into the skin and laying eggs, completing its life cycle within approximately 8–12 days[4].

According to the World Health Organization (WHO), scabies is recognized as one of the most neglected tropical diseases, affecting nearly 200 million individuals globally at any given time. Its prevalence ranges widely from 0.2% to 71% worldwide[12], while in India, it varies between 13% and 59% across rural and urban populations[5]. Clinically, scabies is characterized by intense pruritus along with lesions such as papules, pustules, burrows, nodules, and wheals. These are commonly distributed over the interdigital spaces, wrists, axillae, antecubital fossae, areolae, periumbilical region, lower abdomen, genitals, and buttocks. Diagnosis is based on detailed history, clinical examination, and confirmation by identification of mites, eggs, or fecal pellets (scybala) under microscopy. The incubation period generally ranges from four to six weeks[7].

In Ayurveda, the clinical presentation of scabies closely resembles "Pama," which is described under the eighteen types of *Kushta* (skin disorders) in classical texts. As per *Charaka Samhita* (*Chikitsa Sthana*), Pama arises due to vitiation of Kapha and Pitta dosha and manifests as intensely pruritic eruptions of varying colors (white, red, or black), typically observed over Sphika (buttocks), Pani-Pada (hands and feet), and Kurpara (elbow region) [6]. The condition is clinically identified by features such as Toda (pain), Kandu (itching), Daha (burning sensation), and Pitika (eruptions/ burrows).[1,9,10]

The present case report demonstrates the successful management of a 5-year-old female child diagnosed with Pama through exclusive Ayurvedic interventions. The treatment protocol included both internal and external therapies aimed at *Rakta Shodhana* (blood purification) and elimination of toxins, along with strict adherence to personal hygiene and *Pathya-Apathya* (dietary and lifestyle modifications), which played a vital role in achieving favorable outcomes.

Patient information :

Chief Complaints :

A 5-year-old female child was came to the outpatient department of Kaumarabhritya by her father for clinical evaluation from Karjan on 02/01/2026 with complaints of whitish papules in both hands, wrists and abdomen. Also complains about severe itching over the affected area, which increases at night, followed by watery discharge from the affected site, scaling of lesions since 3 months.

Case History :

The patient is a 5-year-old female child who reported to the outpatient department of *Kaumarbhritya* in Khemdas hospital with a chief complaint of whitish papular eruptions over the both hands associated with itching. After about one week, the lesions gradually spread

to the bilateral interdigital spaces, fingers, and wrists and abdomen. Initially, the lesions were associated with pus discharge due to scratching, which subsequently turned blackish in colour. The itching was persistent, with marked aggravation during the night, disturbing sleep. They had already taken allopathic medication for a month but did not experience relief from the symptoms. With this background, the patient was brought to the hospital for Ayurvedic consultation and treatment.

The patient has no significant past medical or family history as reported by the father. She was born full-term through normal vaginal delivery with a birth weight of 2.5 kg and cried immediately after birth. The child achieved all developmental milestones appropriate for her age and has been immunized according to the national immunization schedule to date. She follows a vegetarian diet with a higher intake of junk food and curd. Sleep is disturbed due to itching, while appetite is normal. Bowel movements occur 1–2 times daily and are satisfactory, and micturition is 4–5 times during the day and 1–2 times at night.

Clinical Findings :

General Examination

The general examination of the patient revealed a fair general appearance with poor build and nourishment. There was no evidence of pallor, cyanosis, icterus, clubbing, edema, or lymphad enopathy. Vital signs were within normal limits, with a pulse rate of 86/min, respiratory rate of 22/min, SpO_2 of 98%, and temperature of 98.4°F. Anthropometric measurements showed a height of 94 cm, weight of 13.5 kg, and BMI of 15.3 kg/m^2.

On *Ashtasthana Pariksha*, *Naadi* was indicative of *Vata-Pitta* predominance, while *Mootra* and *Mala* were *prakruta*. *Jihwa* was *lipta*, *Shabda* and *Drik* were *prakruta*, *Sparsha* was *ushna*, and *Aakriti* was *madhyama*. *Dashavidha Pariksha* revealed *Prakriti* as *Pittapradhana* with *Vatanubandha*, *Vikriti* as *Kapha-Pitta*, and *Sara* and *Samhanana* as *madhyama*. *Pramana* corresponded to the recorded anthropometric values. *Satmya* was *Sarvarasa*, *Satva* was *madhyama, Aahara Shakti* was *pravara, Vyayama Shakti* was *madhyama*, and the patient belonged to *Baala avastha*.

Systemic Examination :

Systemic examination showed the patient was fully conscious and well oriented. Cardiovascular system examination revealed heart sounds were normal, with S1 and S2 heard clearly and no extra sounds or murmurs. The lungs were clear bilaterally, exhibiting normal breath sounds. The abdomen was soft, without pain or swelling of any organs.

On local examination,

On inspection, vesiculopustular lesions were localized and symmetrically distributed. Lesions were present over the bilateral fingers, hands, wrists, and abdomen. Multiple lesions were observed, predominantly in the form of papules measuring 1 mm to 2mm in size. The lesions appeared dry in texture.

Timeline :

Table-1. Timeline of Symptoms, Intervention and Clinical Progress

Date	Assessment and Diagnosis
02/01/2026	A 5year-old female child, brought to the OPD by her parents with complains of whitish papules in both hands, wrists and abdomen. He also complains about severe itching over the affected area, which increases at night, followed by watery discharge from the affected site, and scaling of lesions since 3 months. Hence patient was admitted to Kaumarbhritya IPD.
02/01/2026 to 17/01/2026	Assess the severity of symptoms and improvement in symptoms. Doing regular *Panchkarma* Procedure along with internal medications as mentioned in Table-4 (Therapeutic intervention)
17/01/2026	The patient was discharged and advised to continue oral medications along with lifestyle guidelines such as avoiding fast food, fermented products, foods with sweet and sour flavors, milk, yogurt and walking up at night. A follow-up visit was scheduled after two weeks.
31/01/2026	The patient came for follow up, assess recurrence of symptoms during which the patient remained symptom-free with no recurrence no recurrence of lesions and itching.

Diagnostic Assessment :

Table-2. Assessment of the effect of treatment based on grading pattern of subjective and objective parameters[11]

Pain (*Toda)*	**Grade**
Severe Pain (*Toda)* associated with disturbed sleep	03
Moderate Pain (*Toda)* without disturbed sleep	02
Mild or occasional Pain (*Toda*)	01
No Pain (*Toda*)	00

Itching (*Kandu*)	**Grade**
Continuous Itching (*Kandu*) interferes with daily work or sleep	03
Continuous Itching (*Kandu*) which don't disturb daily work or sleep	02
Mild or occasionally itching (*Kandu*)	01
No Itching (*Kandu*)	00
Burrows (*Pitika*)	Grade
Many or uncountable Burrows (*Pitika*) in the whole affected area	03
5-10 Burrows (*Pitika*) in one square cm	02
Burrows (*Pitika*) almost disappear but discoloration persists	01

No Burrows (Pitika)	00
Suppuration/discharge *(Srava)*	Grade
discharge without itching	02
discharge with itching	01
No discharge	00

Table-3. Assessment of patient done by Grading Criteria

Paramenter	Before Treatment	7th day	15th day	30th day
Toda	3	1	0	0
Kandu	3	1	0	0
Pitika	3	2	1	1
Srava	1	1	0	0

Diagnosis :

The child exhibits whitish papules on both hands, wrists, and abdomen, accompanied by intense itching in the affected areas, which is particularly severe at night. This has been ongoing for the past three months and is followed by watery discharge and scaling from the affected regions. Upon local examination, lesions were symmetrically distributed over affected area, along with persistent pruritus that increases at night and secondary changes resulting from scratching. Considering the clinical features, medical history, and dermatological assessment, the child was diagnosed with Scabies (infestation by *Sarcoptes scabiei*).

From an Ayurvedic view point, this condition can be associated with Pama, a form of Kushtha, primarily caused by the imbalance of Kapha and Pitta Dosha, along with the involvement of Rakta. This leads to symptoms such as Kandu (itching), Pidika (papules), Srava (discharge), and Twak Vaivarnyata (discoloration)[3].

Therapeutic Interventions :

Table-4. Therapeutic interventions

Date	Intervention
02/01/2026 to 17/01/2026	**External medication** *Sarvanga abhyanga* with *Marichyadi Taila* *Parisheka* with *Panchvalkala Kashaya* *Dashanga Choorna Lepa* over affected area twice daily **Internal medication** Krumikuthar Rasa 0-0-1 HS Arogyavardhini Vati 1-0-1 AF Chitrakadi Vati 1-0-1 BF
17/01/2026 to 31/01/2026 Treatment on discharge	Marichyadi Taila for LA Arogyavardhini Vati 1-0-1 AF Gandhaka Rasayana 1-0-0 AF
31/01/2026 Follow-up medication	Gandhaka Rasayana 1-0-0 AF Arogyavardhini Vati 1-0-1 AF

Fig. 1. Lesions over fingers &hands before treatment

Fig. 2. After treatment

Fig. 3. Papules over abdomen before treatment

Fig. 4. After Treatment

Pathya-Apathya :

The patient is recommended to consume light and easily digestible foods such as green gram, rice, wheat, green vegetables, fruits, and lukewarm water. Additionally, it is advised to maintain proper personal hygiene and ensure that clothing, bed linens, and towels are washed in boiled water, dried thoroughly, and changed regularly. Bathing with hot water infused with neem leaves is also suggested.

The patient should avoid ice cream, cold beverages, curd, bread, toast, jam, sauces, non-vegetarian dishes, eggs, oily items like chips, fast food, fermented products, foods with sweet and sour flavors, milk, yogurt, and pickles. Furthermore, the patient should avoid waking up at night (*Ratri Jagaran*) and sleeping during the day (*Diwaswapa*)[11].

Follow Up And Outcome :

The patient was closely monitored throughout the treatment period and advised to have regular follow-ups post-discharge. During the inpatient care, the child showed progressive improvement, with a noticeable reduction in itching by the seventh day and by fifteenth day, the child experienced almost 90% relief, with minimal residual symptoms and improved sleep, appetite, and daily activity. After

discharge, A follow-up visit was scheduled after two weeks, during which the patient remained symptom-free with no recurrence of lesions and itching. Overall, the outcome of treatment was highly satisfactory, with effective symptom resolution, no adverse reactions, and improved immunity.

Pama, described under *Kushta*, is predominantly a *Kapha–Pitta* vitiated condition, manifesting with intense *kandu* (itching), *daha* (burning sensation), and *srava* (discharge). This condition significantly contributes to morbidity, especially among individuals with poor socio-economic status and compromised hygiene. Clinically, *Kaphaja lakshanas* are observed more prominently. The causative factors include inadequate personal hygiene, improper dietary practices, substandard living conditions, lack of awareness regarding health, and positive contact history. The line of management is based on the principles of *Kustaghna*, *Kandughna*, and *Krimighna* therapies[11].

The primary aim of treatment is *rakta shodhana* (blood purification), elimination of *ama* and toxins from the systemic circulation, and alleviation of local symptoms like itching and lesions. Emphasis is also given to strict maintenance of hygiene along with adherence to *pathya–apathya* (wholesome and unwhole some dietary regimen), which plays a crucial role in preventing recurrence.

A holistic Ayurvedic management protocol was implemented, incorporating internal medications, external applications, and lifestyle modifications. *Sarvanga abhyanga* with *Marichyadi Taila*, indicated in *Pama Kushta*, was performed. Owing to its pharmacological properties, it acts as *Kapha shamaka*, *Kandughna*, and *Kushtaghna*. This was followed by *Parisheka* using *Panchavalkala kashaya*, which possesses antimicrobial action and aids in cleansing and removal of *bahya krimi*[8]. External application of *Dashanga choorna lepa*, traditionally indicated in *visha*, was employed here for its *Visha shamana*, *Kleda nashana*, and *Krimihara* effects. Ingredients like *Shirisha*, *Haridra*, and *Rakta Chandana* are predominantly *Tikta-Kashaya rasa* drugs, which facilitate *deepana*, *pachana*, *krimihara*, and *visha shamana* actions. *Yashti* contributes *varnya* and *balya* effects, promoting restoration of skin integrity, while *Jatamansi* exhibits *shamana* properties[7].

For internal management, *Krumikuthara Rasa* containing *Parada* (purified mercury), *Gandhaka* (purified sulphur), and *Kutaja* (*Holarrhena antidysenterica*) was administered due to its potent antibacterial, antifungal, and anthelmintic actions, particularly useful in parasitic infestations[3]. *Gandhaka Rasayana*, a well-known formulation, exhibits *rakta shodhaka*, *kushthaghna*, and *kandughna* properties. Its *ushna veerya* along with *katu–kashaya rasa* enhances *deepana* and *pachana*, while reducing *kapha* and *kleda*. Its antimicrobial activity helps in relieving *kandu* and *pidika*[3]. Moreover, it has been reported to downregulate inflammatory mediators such as tumor necrosis factor-α and interleukin-6, thereby reducing inflammation[5].

Arogyavardhini Vati was also administered due to its indication in *Kustha*, *medo dosha*, *yakrit vikara*, and *jirna jwara*[11]. Its *tikta rasa*, along with *laghu* and *ruksha guna*, aids in alleviating skin disorders. The *madhura vipaka* supports improvement in

complexion and skin texture, while its *kashaya guna* promotes wound healing and reduces exudation[8]. Alongside these therapeutic interventions, strict advice regarding *pathya–apathya* and personal hygiene was given to ensure better outcomes and prevent recurrence.

Patient Perspective :

The patient and her caregivers expressed satisfaction with the treatment outcomes. They reported significant relief from symptoms within a few days of starting Ayurvedic therapy and appreciated that the treatment was non-invasive and free from side effects. The family was particularly experienced in improved sleep, and overall well-being. They expressed confidence in continuing Ayurvedic care for future seasonal concerns.

Informed Consent :

Written informed consent was obtained from the patient's parents for the publication and use of clinical details and treatment outcomes for academic and publication purposes. The identity of the patient has been kept confidential, and the family was assured that all information would be used solely for educational and research activities.

Management of skin disorders in Ayurveda primarily depends on a thorough assessment of the involved *dosha* and *dushya*, which guides the selection of appropriate therapeutic measures. The line of treatment generally includes *shodhana chikitsa* (purificatory therapies), followed by the use of external applications and internal medications having *kushthaghna*, *rakta shodhana*, and *rakta prasadana* properties. In the present case, a combined therapeutic approach was adopted. Internal administration of formulations such as *Gandhaka Rasayana*, *Arogyavardhini Vati*, and *Krumikuthara Rasa*, along with external therapies including *Dashanga lepa*, *Pancha-valkala kashaya parisheka*, and *Marichyadi Taila*, showed marked improvement in the symptoms of *Pama Kushta* in the child. This case highlights the effectiveness of classical Ayurvedic principles and interventions in the successful management of *Pama* (scabies) in a pediatric patient.

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