Individualized Homoeopathic Management of Scabies in a Paediatric Patient: A Case Report

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Abstract—**Background & Objectives: Scabies is a common contagious dermatosis in children, often presenting with intense nocturnal pruritus, disturbed sleep, and excoriations. Although conventional topical applications are effective in many cases, symptoms may persist or recur, particularly in young children. This case report aims to demonstrate the role of individualized constitutional homoeopathic treatment in the management of paediatric scabies.**

Methods: A 3½-year-old male child presented with severe itching aggravated at night, disturbed sleep, and persistent eruptions despite prior conventional treatment. Detailed case taking revealed profuse perspiration of the scalp, dry skin, white spots on the nails, and a calm, obedient temperament with fear of noise. Repertorisation was performed using the Synthesis Repertory, and the remedy was selected based on the totality of mental, general, and physical symptoms.

Results: Silicea was prescribed in 30C potency, followed by placebo. Significant reduction in itching and improvement in sleep were noted from the first follow-up. Subsequent visits showed progressive resolution of eruptions and complete relief from pruritus, with no adverse effects or recurrence.

Conclusion: This case highlights the potential role of individualized homoeopathic management in paediatric scabies. Constitutional prescribing based on symptom totality was associated with favourable clinical outcomes. Further systematic and controlled studies are warranted to evaluate the effectiveness and reproducibility of homoeopathic interventions in scabies.

Index Terms—**Case report, Constitutional treatment, Homoeopathy, Nocturnal pruritus, Paediatric scabies, Silicea**

I. INTRODUCTION

Scabies is a contagious parasitic skin disorder caused by the mite Sarcoptes scabiei var. hominis, which infests the superficial layers of the skin and leads to intense pruritus and inflammatory cutaneous lesions. It remains a major public health concern worldwide, with an estimated global prevalence affecting more than 200 million individuals annually, particularly in low- and middle-income countries. The disease contributes substantially to disability-adjusted life years (DALYs), reflecting its impact on quality of life, healthcare utilization, and socioeconomic productivity.[1,2]Beyond its cutaneous manifestations, scabies is associated with significant sleep disturbance due to persistent itching and secondary bacterial infections resulting from disruption of the skin barrier. The condition may also lead to psychosocial distress and economic burden due to stigmatization and reduced daily functioning. Owing to its widespread prevalence and public health significance, the World Health Organization recognized scabies as a neglected tropical disease in 2017.[2,3]

Clinical manifestations of scabies typically appear 4–6 weeks after infestation, although visible lesions may occasionally precede symptom onset. The most prominent symptom is intense pruritus, which characteristically worsens at night. Common cutaneous findings include linear burrows and papular eruptions, most frequently observed on the fingers, wrists, arms, legs, and around the waistline. In adults, inflammatory nodules may occur on the male genitalia and female breasts, while infants and young children often present with a more extensive rash involving the palms, soles, ankles, and scalp. In classical scabies, the mite burden is usually limited to 10–15 mites per individual. Individuals with compromised immunity, including those living with HIV, may develop crusted (Norwegian) scabies, a severe form characterized by extensive hyperkeratotic, dry, and scaly lesions containing thousands to millions of mites. Pruritus may be minimal or absent in such cases, and crusted

scabies is highly contagious, frequently associated with secondary infections, and potentially life-threatening if untreated.[4–7]

Scabies mites penetrate the superficial layers of the skin, where adult females deposit eggs that hatch within 3–4 days and mature into adult mites over 1–2 weeks. After several weeks, the host develops a delayed hypersensitivity reaction to mite antigens and fecal material, resulting in intense itching and rash. Altered immune responses and repeated scratching compromise the skin barrier, facilitating secondary bacterial infections such as impetigo, particularly in tropical regions. These infections may progress to deeper skin involvement, abscess formation, or invasive diseases including septicaemia. In endemic areas, scabies-associated skin infections are recognized risk factors for acute post-streptococcal glomerulonephritis and possibly rheumatic heart disease. Evidence of renal involvement has been reported in up to 10% of affected children in resource-limited settings, with some developing long-term kidney damage.[4–7]

Early identification and prompt treatment are essential to prevent scabies transmission and outbreaks, as mites typically survive no longer than 2–3 days away from human skin. Scabies is primarily transmitted through prolonged skin-to-skin contact, such as among household members, with the risk of transmission increasing with the intensity of infestation, particularly in cases of crusted scabies. Diagnosis is largely clinical, based on recognition of characteristic signs and symptoms, while supportive tools such as dermoscopy or microscopic examination may be used when required. Management of scabies includes topical scabicides and, in severe cases, oral therapy. Since scabicidal agents do not destroy eggs, repeat treatment is often necessary, and all household contacts should be treated simultaneously to prevent reinfestation. Secondary bacterial infections require appropriate antiseptic or antibiotic therapy, while crusted scabies necessitates intensive combined topical and systemic management.[4–7]

Despite the availability of standard therapeutic measures, recurrence, persistent pruritus, and individual susceptibility continue to pose challenges in clinical practice, particularly in paediatric populations. Homoeopathy, with its individualized and holistic approach, aims to address not only the cutaneous manifestations but also the underlying susceptibility of the patient. In this context, the present case report highlights the role of individualized homoeopathic management in a paediatric patient with scabies, thereby contributing to the existing clinical evidence and emphasizing the need for further documentation and research in homoeopathy for common communicable skin diseases.

II. CASE SUMMARY

A 3½-year-old male child was brought to the Outpatient Department of Government Homoeopathic Medical College, Trivandrum (GHMCT) with complaints of intense itching that significantly disturbed his sleep. The child had been diagnosed with scabies two months prior and had received conventional medicated topical applications, including medicated topical lotions, for about one month. Although the treatment provided temporary relief lasting a few hours, the itching would subsequently worsen, particularly during the night. The child frequently woke from sleep and scratched vigorously.

The child had been attending playschool for the past 3–4 months. There was no reported history of scabies among classmates. However, following the onset of symptoms in the child, other family members developed itching, which subsided after conventional medicated topical treatment. They experienced marked relief with the use of medicated lotions, especially when applied before bathing.

On detailed case taking, the child was observed to scratch violently, particularly over the hands, knees, and feet. The itching was markedly aggravated at night. Profuse perspiration over the scalp was noted. The child was described as obedient, calm in nature, and easily frightened by noise.

On physical examination, eruptions were prominent over the dorsum of the hands. White spots were observed on the nails, and the skin appeared dry.

Based on the totality of symptoms, repertorisation was carried out using the Synthesis Repertory. Silicea was selected as the indicated remedy and prescribed in 30C potency, along with Rubrum pills.

At the first follow-up after one week, there was a notable reduction in itching, and the child was able to sleep peacefully at night. Further improvement was observed during the subsequent follow-up, with continued relief from pruritus. By the fourth visit, the

eruptions had significantly faded, and the child was reported to be almost completely better. No other medications were used during the homoeopathic treatment period. No evidence of secondary bacterial infection was noted.

III. CASE ANALYSIS AND EVALUATION

This case was evaluated based on the totality of symptoms, giving importance to the characteristic mental, general, and physical symptoms. The predominant complaint was intense itching that markedly disturbed sleep, with clear aggravation at night. The itching was violent in nature, compelling the child to scratch vigorously during sleep.

Among the general symptoms, profuse perspiration on the scalp was a prominent feature. The child's mental and emotional state revealed a calm and obedient disposition, with a tendency to be easily frightened by noise, which contributed significantly to remedy selection. The physical examination revealed eruptions predominantly over the dorsum of the hands, dry skin, and white spots on the nails, further individualizing the case.

Repertorisation was performed using the Synthesis Repertory, considering key rubrics such as itching aggravated at night, perspiration of the head, fear from noise and disturbed sleep due to itching. The analysis of repertorial results indicated Silicea as the most appropriate remedy, closely matching the totality of symptoms.

Silicea is well indicated in paediatric cases characterized by chronic skin complaints, nocturnal aggravation of itching, profuse head perspiration, dry skin, and a gentle, yielding temperament. In view of the chronicity of the complaint and the child's constitutional features, Silicea was prescribed in 30C potency, followed by placebo (Rubrum pills).

The subsequent follow-ups demonstrated steady improvement, with marked reduction in pruritus, restoration of normal sleep, and gradual resolution of eruptions. The favourable clinical response supports the appropriateness of the remedy selection and highlights the role of individualized homoeopathic management in paediatric scabies.

HOMOEOPATHIC MANAGEMENT

SILICEA 30 /1 Dose

BASIS OF SELECTION

Silicea was selected based on the child's totality of symptoms and confirmed with repertorial analysis. Silicea corresponded to all seven rubrics in the repertory, with a cumulative grade of 17, highlighting its appropriateness for this case .Key guiding features included nocturnal aggravation of itching, profuse scalp sweating, dry skin with white nail spots, and a calm, sensitive temperament. These mental, general, and physical characteristics align with Silicea's indications in paediatric chronic skin complaints, supporting its constitutional prescription in this case.[8,9]

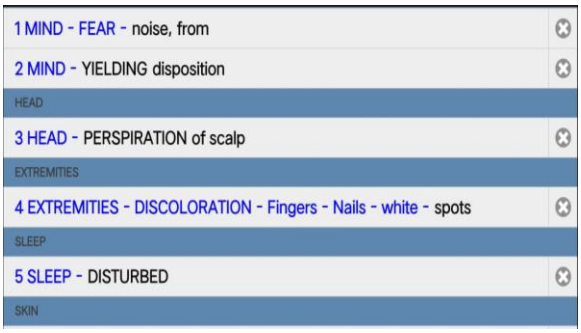

Figure 1 a

Figure 1 b – REPERTORIAL CHART

FOLLOW UP

At the first follow-up after one week, the child showed significant reduction in itching and was able to sleep peacefully at night. During the second follow-up, further improvement was noted with minimal scratching and absence of sleep disturbance. By the fourth week, the eruptions had markedly faded, pruritus had resolved, and the child was comfortable and active, indicating sustained clinical improvement.

TABLE I : FOLLOW UP TABLE

Follow-up Visit	Symptoms & Clinical Findings	Prescription	Outcome
01.11.2025	Intense itching, marked nocturnal aggravation, disturbed sleep, violent scratching of hands, knees and feet; eruptions on dorsum of hands; dry skin	Silicea 30C, single dose; Rubrum pills	—
08.11.2025	Itching significantly reduced; child slept peacefully at night; scratching reduced	Rubrum pills	Improvement noted
15.11.2025	Further reduction in itching; no sleep disturbance; scratching minimal	Rubrum pills	Continued improvement
22.11.2025	Eruptions faded; itching absent; child comfortable and active	Rubrum pills	Marked improvement

TABLE II MODIFIED NARANJO CRITERIA FOR HOMOEOPATHY [MONARCH]

S.No	DOMAINS	YES	NO	NOT SURE
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-	-
3.	Was there a homeopathic aggravation of symptoms?	-	0	-
4.	Did the effect encompass more than the main symptom or condition (i.e., where other symptoms, not related to the main presenting complaint, improved or changed?	+1	-	-
5.	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+2	-	-
6A.	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	-	0
6B.	Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms: -from organs of more importance to those of less importance? -from deeper to more superfcial aspects of the individual? -from the top downwards? Did “old symptoms” (defned as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	-	0
7.	Are there alternative causes (i.e., other than the medicine) that- with a high probability- could have produced the improvement? (Consider know course of disease, other forms of treatment and other clinically relevant interventions)	-	0	-
8.	Was the health improvement confrmed by objective evidence? (e.g., investigations, clinical examination, etc.)	-	0	-
9.	Did repeat dosing, if conducted, create similar clinical improvement?	+2	-	0
10.	Total: +10	+1	-	-

The total MONARCH score was +10, suggesting a probable causal relationship between the homoeopathic intervention and clinical outcome.

PHOTOGRAPHIC EVIDENCE
BEFORE TREATMENT

Figure 2

Figure 3

Figure 4

Figure 5

AFTER TREATMENT

Figure 6

Figure 7

Figure 8

IV. DISCUSSION

Scabies is a common contagious dermatosis in the paediatric population and is frequently associated with intense nocturnal pruritus, sleep disturbance, and excoriations. Standard management using topical scabicides is generally effective in achieving symptomatic control; however, in certain cases, symptoms may persist or recur intermittently, particularly in young children. Such situations highlight the need to explore complementary approaches that address individual susceptibility alongside cutaneous manifestations.

The homoeopathic approach emphasizes individualized treatment based on the totality of symptoms rather than the disease entity alone. In the present case, characteristic features such as violent nocturnal aggravation of itching, disturbed sleep, profuse perspiration of the scalp, dry skin, and a calm, obedient temperament with fear of noise guided the selection of the constitutional remedy. Silicea was selected following repertorial analysis, considering its documented suitability in paediatric patients presenting with chronic skin conditions and associated

constitutional traits. Notably, Silicea covered seven rubrics in the repertory with a total grade of 17, further supporting its relevance in this case.

Surekha et al. reported successful management of scabies using individualized homoeopathic treatment in the International Journal of Community Medicine and Public Health, with marked reduction in pruritus and complete resolution of vesicular eruptions without recurrence during follow-up.[10] The authors emphasized the significance of constitutional prescribing in addressing the patient's overall susceptibility rather than focusing solely on the cutaneous disease. The favourable outcome reported in their case supports the potential role of individualized homoeopathy in scabies and is consistent with the holistic approach adopted in the present case.

Following administration of Silicea 30C, the child in this case demonstrated progressive clinical improvement, evidenced by significant reduction in pruritus, restoration of normal sleep, and gradual resolution of eruptions, without any reported adverse effects or recurrence during the observation period. This case underscores the potential role of individualized homoeopathic management as a complementary approach in paediatric scabies. Nevertheless, larger, well-designed controlled studies are required to further substantiate these observations and to establish evidence-based homoeopathic treatment protocols.

V. CONCLUSION

This case highlights the role of individualized homoeopathic management in a paediatric patient with scabies. Constitutional prescribing based on the totality of symptoms was associated with reduction in pruritus, improvement in sleep, and gradual resolution of skin lesions without adverse effects. Homoeopathy may be explored as a supportive or complementary approach in selected cases of paediatric scabies. Further systematic studies with larger sample sizes are required to evaluate the effectiveness and reproducibility of homoeopathic interventions.

VI. DECLARATION OF PATIENT CONSENT

Written informed consent was obtained from the patient's parent for participation and publication of the clinical details. Consent included permission to publish clinical information with the assurance that the patient's identity, name, and initials would not be disclosed.

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CONFLICTS OF INTEREST: None declared.

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