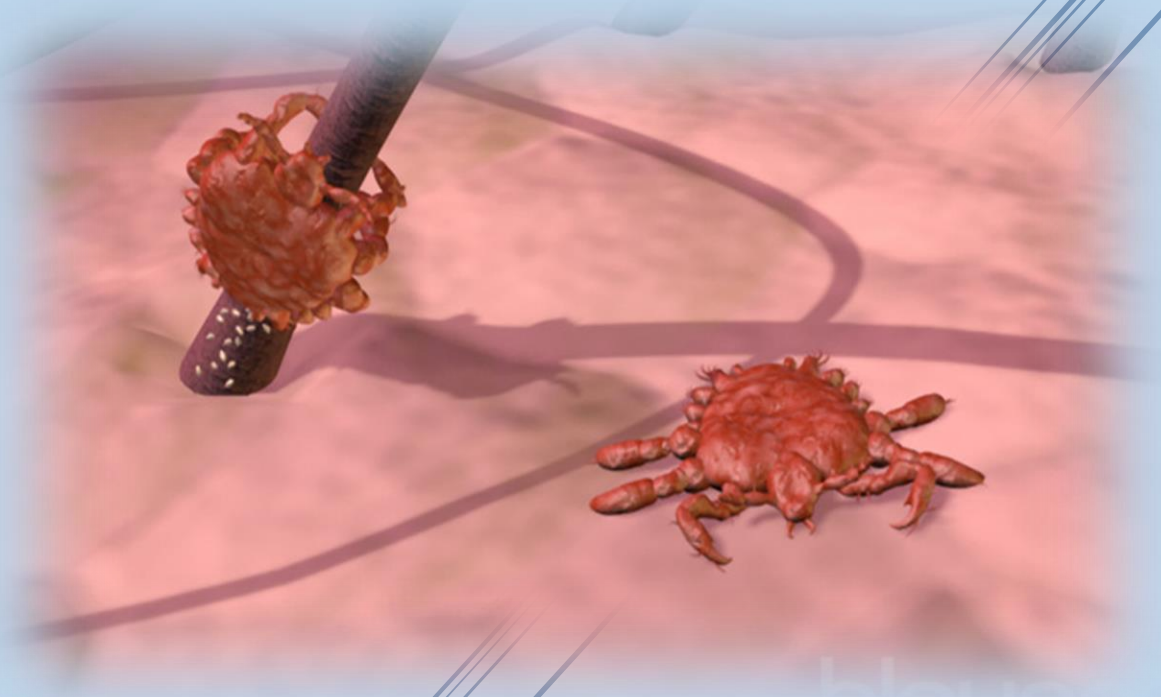


Lice (Pediculosis) and Homoeopathy



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Definition

Pediculosis means louse infestation partially or on whole body as ectoparasite (Psora).

History

Lice are prehistorical with evidence of 10,000 years old fossils of louse eggs or nits.

Pathophysiology

The ectoparasite lice feed on human blood after piercing the skin and injecting saliva, which may cause pruritus due to allergic reaction (Psora). Lice crawl but cannot fly or hop.

Body louse infestation is also known as vagabond disease, and individuals who have an infestation for many years can develop a condition termed vagabond skin. The skin becomes thickened and darkened after years of bites and subsequent rubbing and excoriations (Psora/ Syphilis/ Sycosis).

Taxonomy

Phylum	Arthropoda		
Class	Insecta		
Order	Phthiraptera		
Suborder	Anoplura		
Genus	Pediculus		Pthirus
Species	humanus		pubis
Subspecies	corporis	capitis	

Life cycle

The female head louse lays as many as 10 eggs, called nits, per 24 hours, usually at night. Egg and glue extrusion onto the hair shaft takes 16 seconds. Nits are typically located at the posterior hairline and postauricular areas. Nits are white and less than 1 mm long. Lice glue them at the base of the hair shaft. Nits are placed within 1-2 mm of the scalp, where the temperature is optimal for incubation. The immature lice, called nymphs hatch from the nits after 8-9 days, mature in 9-12 days, and become adults, living for about 30 days.

Cooler temperatures retard both hatching and maturation. Different species of lice have particular affinity for certain locations on the body of the host.

Spread

Lice move from person to person via close physical contact either directly or fomites like combs, brushes, clothes, hats, scarves, coats, linens etc. Overcrowding facilitates spread of lice (Causa occasionalis).

Types

Species of louse may be-

Pediculus capitis or head lice

The head louse, *Pediculus humanus capitis*, has an elongated body and narrow anterior mouthparts.



Head Louse and its nits

Pediculus corporis or body lice

Body lice look similar but lay their eggs on clothing fibers instead of hair fibers. The body louse is larger than the head louse. Unlike the head louse and the pubic louse, the body louse does not live on the human body. *Pediculus humanus corporis* prefers cooler temperatures; it lives in human clothing, crawling onto the body only to feed, predominantly at night. Adult body lice can live up to 30 days but die within 1-2 days when away from the host and without blood meals.



Body louse

Pthirus pubis or pubic lice

The pubic louse, *Pthirus pubis*, is identified by its wide crablike body, hence, sometimes called “crabs”. Pubic lice live for approximately 2 weeks, during which time the females lay 1-2 eggs per day.

Their large claws enable pubic lice to grasp the coarser pubic hairs in the groin, perianal, and axillary areas. Heavy infestation with *P. pubis* can also involve the eyelashes, eyebrows, facial hair, axillary hair,

and, occasionally, the periphery of the scalp. Pubic lice are less mobile, mainly resting while attached to human hairs. They can crawl up to 10 cm/day. They cannot survive off the human host for more than 1 day.



Pubic or crab louse and its eggs

Symptoms

Pediculus capitis or head lice

- Pruritus
- Disturbed sleep because of intense pruritus at night
- Scalp, nape of neck, and postauricular areas most affected
- Secondary infection with bacteria or fungus in sores caused by scratching
- Sometimes lice infestation may be asymptomatic, particularly if it is the first infestation very light infestation

Pediculus corporis or body lice

- Nocturnal pruritus
- Axillary, truncal, and groin regions mainly involved
- Symptoms worse when the lice move from the clothing to the body to feed



Body Lice and their nits on clothing

Pthirus pubis or pubic lice

- Patients usually sexually active
- Groin and body hair involvement
- Involvement with pruritus of the groin, axillae, eyelashes, or eyebrows can help differentiate Pediculus pubis infestation from head or body louse infestation

- Associated features such as papules or wheals due to bite reactions

Prognosis

Treatments are highly effective in killing nymphs and mature lice, but less effective in killing eggs. The following are the factors which are responsible for failure in lice treatment-

- Failure to treat close contacts
- Insufficient application of pediculicide in amount and duration
- Lack of ovicidal activity of pediculicide and failure to re-treat within 7-10 days
- Misdiagnosis
- Noncompliance
- Re-infestation
- Resistance to pediculicide
- Sharing clothing, bedding and towels
- Shortage of removal of live nits
- Want of environmental eradication
- Wrong treatment

Physical Examination

Pediculus capitis or head lice

- Observation of eggs called nits, nymphs, or mature lice
- Definitive diagnosis by detection of live lice
- Nits are not diagnostic of an active infestation
- Occipital lymphadenopathy and impetigo
- Scalp excoriations
- Dark specks of louse feces, nits, and adult lice
- Excoriations due to pruritus
- Secondary bacterial infection
- Enlargement of the posterior auricular and cervical nodes
- Rarely a generalized pediculid exanthema similar to a viral exanthema or pityriasis rosea
- Bite reactions displaying as pruritic red papules and/or wheals



Papular urticaria (insect bite reactions) –multiple, erythematous, pruritic papules

- Hair tangled with exudates, predisposing the area to fungal infection. This results in a malodorous mass known as a plica polonica. Numerous lice and nits are found under the matted hair mass.

- Live nits are fluorescent white when illuminated with a Wood lamp while empty nits are fluorescent gray.
- Eggs depend on body warmth to incubate, so nits are attached to the hair shafts just above the level of the scalp. Since human scalp hair grows at a rate of approximately 10 mm/month or 0.37 mm/day, the distance of nits from the scalp can be used to estimate the duration of infestation.
- Nits found several millimeters from the scalp are nonviable empty egg cases. They indicate chronic infestation.

Pediculus corporis or body lice

- Multiple lesions from bites
- Erythematous papules due to uninfected bites, 2-4 mm in diameter, with an erythematous base
- Bites concentrated in the axillae, groin, and trunk
- Face, feet, and arms not commonly affected
- Body lice tend to avoid the scalp, except at the margins
- An allergic reaction to louse bites with intense itching
- Secondary infections due to excoriations
- Maculae cerulea is pathognomonic for lice infestation. Maculae cerulea are blue-gray macules, seen due to discoloration of the skin by insect's bite. Enzymes in the louse saliva induce the breakdown of bilirubin to biliverdin, causing this change in skin color.

Pthirus pubis or pubic lice

- Pruritus in the affected areas
- Maculae cerulea
- Crusts and pinpoint blood staining may also be noted on undergarments
- Pubic lice and nits visible throughout the pubic hair
- Because of the less-mobile nature of pubic lice, they are more likely to be found on affected areas clasping onto the hairs near the skin's surface
- The infestation may be seen on hair around the anus, abdomen, axillae, chest, upper arms, eyebrows, and eyelashes
- Rarely, facial hair i.e. beard, moustache, eyebrows, eyelashes may be involved
- Rarely scalp involvement, confined to the marginal areas
- In prepubertal children, the eyebrows and eyelashes are the typical sites of infestation. Eyelash nits are a manifestation of pubic louse infestation, not head louse infestation.



Crab louse eggs on the eyelashes

- Excoriations are common
- Inguinal lymphadenopathy and axillary lymphadenopathy may be present

Complications

Carrier

Lice are vector of *Rickettsia prowazeki* for typhus, *Bartonella quintana* for trench fever and *Borrelia recurrent* for relapsing fever.

Lice may carry *Staphylococcus aureus* and group A *Streptococcus pyogenes* on their surface and transmit these coagulase-positive pathogens to humans.

Differential Diagnostis

Pseudonits

These are also called hair casts and are ring like remnants of the inner root sheath of the hair follicle and are amorphous and freely moveable along the hair fiber.

Seborrheic dermatitis

It presents with erythema and scaling and affects the scalp, eyebrows, nasolabial folds, and central chest.

Acne necrotica

It presents with inflamed follicular papules and pustules, black crusts, and scarring. It is extremely pruritic.

Psocid lice

These free-living primitive lice feed on decaying matter in leaves, old books, and animal habitats and may cause scalp infestation in children.

Pediculus capitis or head lice

- Dandruff
- Delusions
- Dermatophyte infection
- Dried hairspray/gel
- Hair shaft abnormalities like, monilethrix and trichorrhesis nodosa
- Piedra- black piedra from *Piedraia hortae*, white piedra from *Trichosporon asahii* and other species of *Trichosporon*

Pediculus corporis or body lice

- Acne
- Delusions of parasitosis
- Folliculitis
- Impetigo
- Insect Bites
- Postinflammatory hyperpigmentation
- Scabies
- Xerosis with excoriations

Pthirus pubis or pubic lice

- Conjunctivitis in eyelash involvement
- Contact dermatitis
- Delusions of parasitosis
- Dermatophyte infection
- Folliculitis

Treatment

External medication

- Lavender oil application
- Staphysagria Q application

Homoeopathic management

Pediculosis in general

am-c. apis ars. bac. bell-p. bell. bov. bro-s-gau. caps. Carb-ac. chel. cocc. falco-pe. ferr-ma. gamb. graph. Hydrog. lach. lat-h. laur. led. lob. Lyc. m-ambo. m-arct. Merc. mez. mur-ac. NAT-M. nit-ac. Nux-v. Olnd. Oncor-t. ped. phos. Psor. rhod. ruta SABAD. saroth. STAPH. Sulph. tub. vinc.

Short repertory of Pediculosis

Children - LICE, general - head, of am-c. apis ars. bell-p. Carb-ac. lach. led. lyc. Merc. nit-ac. olnd. Psor. STAPH. sulph. tub. vinc.

Children - LICE, general am-c. ars. lach. Lyc. Merc. nit-ac. olnd. Psor. Sabad. staph. Sulph. vinc.

DREAMS - LICE - combing hair full of falco-pe.

Dreams - LICE, dreams am-c. chel. gamb. mur-ac. Nux-v. ped. phos. staph.

Dreams - VERMIN, dreams – lice am-c. chel. gamb. mur-ac. Nux-v. phos.

External chest - Lice on chest led.

Head external - scalp - lice - as if led.

Head external - scalp – lice carb-ac. merc. Psor. staph.

Head - FORMICATION, sensation - insects, or lice, as if Hydrog.

Head - Itching – from lice on scalp olnd.

HEAD - ITCHING of scalp - lice; as from bov. caps. laur. led. merc. mez. Olnd. rhod. ruta sabad. staph. sulph.

Head - Lice - on scalp, itching from olnd.

Head - Lice - were running over scalp caps. ped.

HEAD – LICE am-c. apis ars. bac. bell-p. Carb-ac. cocc. graph. lach. Lyc. m-ambo. Merc. nit-ac. olnd. Oncor-t. Psor. sabad. saroth. STAPH. sulph. tub. vinc.

Head - LICE, head am-c. apis ars. bac. bell-p. Carb-ac. cocc. graph. lach. Lyc. m-arct. Merc. nit-ac. olnd. Psor. Sabad. saroth. STAPH. sulph. tub. vinc.

HEAD - PAIN - lice, from bell. nat-m.

Head - Running - over scalp, lice were caps. ped.

Lice - itching of led.

Male - CRAB-lice, genitalia cocc. sabad. staph.

MIND - DREAMS - animals, of – li ceam-c. chel. falco-pe. gamb. mur-ac. NUX-V. ped. phos.

MIND - DREAMS - animals, of - lice - great, on her shoulder chel.

MIND - DREAMS - animals, of - lice - shame, exciting mur-ac.

MIND - DREAMS - animals, of – lice am-c. chel. gamb. mur-ac. Nux-v. ped. phos.

Skin - Crawling - on skin, lice were led.

SKIN - FORMICATION - lice; as if from lat-h. led.

SKIN - LICE - itching, of led.

SKIN – LICE am-c. ars. bac. cocc. ferr-ma. lach. led. lob. Lyc. m-ambo. Merc. Nat-m. nit-ac. olnd. Psor. Sabad. staph. Sulph. vinc.

Skin - Lice were crawling on skin led.

Skin - LICE, skin - head, of am-c. apis ars. bell-p. Carb-ac. lach. led. lyc. Merc. nit-ac. olnd. Psor. STAPH. sulph. tub. vinc.

Skin - LICE, skin - itching, of led.

Skin - LICE, skin am-c. ars. bac. cocc. ferr-ma. lach. led. lob. Lyc. m-ambo. Merc. Nat-m. nit-ac. olnd. Psor. Sabad. staph. Sulph. vinc.

SLEEP - DREAMS, - vermin – lice am-c. chel. gamb. mur-ac. Nux-v. phos.

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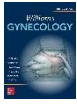
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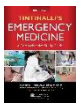
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