

**JARB (SCABIES) AND ITS MANAGEMENT: A COMPREHENSIVE OVERVIEW IN THE
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ABSTRACT

Jarb (Scabies) is a contagious skin disease caused by a burrowing mite. Intense itching is induced by the mite burrowing into the skin to lay eggs, generally in the area of the wrist, fingers, genitals or feet. The disease is spread by close contact with infected person or from contaminated clothes. It affects hands and wrist (63%), extensor aspect of elbow (10%) and other sites (27%). It is commonly found in densely populated areas and especially in low socioeconomic groups. A comprehensive description of *jarb* (scabies) is mentioned in classical Unani literature. According to Unani concept, conversion of *Khilt-e Dam* (Blood) into *Khilt-e-Sauda*, or increased *Khilt-e-Safra* in blood or when blood combined with *Balgham-e-Shore* called *Fasad-e Dam* and this *Fasad-e-Dam* (Abnormal blood) acts as a culture media for *Ajsam-e- Khabeesa* (Pathogenic organisms). There are a lot of Unani drugs (single as well as compound drugs) which is categorized as *Musaffiat-e-Dam* (Blood purifiers) and *Munzijat Wa Mukhrijat-e-Khilt* (Coctive and expulsive of abnormal humour) drugs systemically and *Maan-e-Ufoomat* (Anti-septics) and *Daaf-e-Jaraseem* (Antimicrobials) drugs locally used in the management of *Jarb* (Scabies). The present paper describes the detailed concept and management of *Jarb* (Scabies) in the light of Unani Medicine.

KEYWORDS: Scabies, *Jarb*, *Khilt-e Dam*, *Khilt-e-Sauda*, *Khilt-e-Safra*.**INTRODUCTION**

(*Jarb/Kharish/Tar Khujli*):- *Jarab* (Scabies) is an infestation by the highly host-specific mite, *Sarcoptes scabiei* var. *homini*. The mite is pearl-like, translucent, white, eyeless, and oval in shape with 4 pairs of short stubby legs.^[1,3] It is commonly found in web of fingers, flexures of wrist, axillary folds, abdomen, back, groins, testicles and sometime over the whole body.^[2,4]

Skin disorders have been extensively known since the Greco-Arabic era. In addition to describing the natural structure and functions of skin, Unani physicians also clarified the causes, clinical manifestations, and management of many dermatological conditions. One of them is *jarb* (scabies) caused by the female mite infestation *Sarcoptes scabiei* which penetrates into the skin and produces excruciating irritation and itching. Skin-to-skin contact spreads the infectious organism, this itch is relentless, especially at night. Scabies was declared as a neglected skin disease by the World Health Organization (WHO) in 2009 and is a significant health concern in many developing countries. Infested individuals require identification and prompt treatment because a misdiagnosis can lead to outbreaks, morbidity, and an increased economic burden.^[5] The Arabic term for

“itch” (*jarb*) has been employed in a variety of contexts, including *Jaraba* and *Jaraban*. *Al Jaraba* and *Jarabal-Qaum* (which connotes the spread of itching among camels) stands for evil, bad habits, crafted swords, parched soil, and starry skies.^[6] Eminent Unani scholars like *Ismail Jurjani* and *Akbar Arzani* have given a comprehensive definition of *Jarb* also referred as “*Kar*” in Persian and “*kharish*” in Urdu or *Jarb* means eruption of minute vesicles on skin, associated with intense pruritus with or without pus. Commonly found on hands, finger webs, buttocks and sometimes over whole body.^[7]

According to *Ibn-e-Hubal Baghdadi* (1091–1162 AD), *mayiyat* (fluidity) or salty *balgham* (phlegm) are the two main causes of *Jarb-e-ratab*.^[8]

Ibn-e-Zohar (1094-1162AD) has clearly explained that the aetiology of *Jarb* is *khilt- e-fasid*, (deranged humours) and clinical presentation is according to the *khilt* (humour) involved.^[9]

Ibn-e-Rushd (1126-1198) has stated that heavy rainfall in summer season lead to manifestation of intense type of itching in the resident of that area.^[10] However, since the mites could survive outside of human skin, they can be

found in clothing, bedding, and linens. Topical treatments, like sulphur that is still used today, could provide a cure.

Akbar Arzani (1722 AD) defined scabies using a traditional clinical picture under the Persian moniker KAR. In addition, he mentioned that a pathogenic organism called *Heeban* resembles with the eggs of ant and which can be seen in chronic cases of *Jarb*.^[11]

Azam Khan (1831-1902) has mentioned the causes, clinical picture, and detail description of *usool-e-ilaj wa ilaj* in the chapter of *Jarb*.^[12]

Epidemiology: It is more prevalent in the homeless than in the general population. It is also highly prevalent in children, most commonly younger than 2 years of age and in tropical countries where scabies is endemic. Scabies is most common in young children, possibly reflecting both increased exposure and, in endemic situations, lack of immunity. Both sexes are affected equally. Ethnic differences in scabies epidemiology are most likely to be related to differences in overcrowding, housing, socioeconomic, and behavioral factors, rather than racial origin.^[13] The worldwide prevalence is estimated to be 200 million people, with wide variation in prevalence among individual geographic regions. In India, its incidence is about 30% of all the dermatoses.^[14]

Historical Aspect of Jarab (Scabies): The history of scabies is a long one and was reviewed elegantly in several writings by the late Dr. Reuben Friedman, Temple University in Philadelphia, during the first half of the 20th century. He divided the history in three epochs:- “Ancient, Medieval and Modern, or, Pre-Acarian, Acarian, and Post Acarian.” The ancient period included biblical mention of the term *zaraath*, which refers to scabies, and Hebra, a 19th century dermatologist, found that the term “*elephantiasis graecorum*” (leprosy) was likely scabies in many cases, as bathing Greek and Roman investigators, including Aristotle and Galen, appreciated the “contagious” quality of the condition. Reuben notes that Aristotle was the “first to have used the term *acarus* to designate an animalcule so minute as to be indivisible.” The Roman, Celsus, described sheep scabies and its treatment the same as for humans at that time-with a mixture of sulfur and tar. The work of Avenzoar, then in Spain, closes out this era with his description of the mites, “The little flesh worms which crawl under the skin of the hands, legs and feet, and there arise pustules full of water, are called *syrones*, *asoabat* and *asoab*: so small are these animals, that they can hardly be seen by the keenest of vision.” But unfortunately, Avenzoar did not specifically associate the mite with the diseased condition.

During the Medical Renaissance, several important physicians helped to prove this theory wrong. The first was a Persian physician called *Abū Bakr Muḥammad ibn Zakariyyā' al-Rāzī* (865-925; he was also called Rhazes).

In his book *Doubts about Galen*, he described doing an experiment to test Galen’s theory about what controls body temperature. He inserted a liquid with a different temperature into the body. This would result in an increase or decrease of bodily heat, which resembled the temperature of that particular fluid. Rhazes noted that a warm drink would heat up the body to a degree much higher than its own natural temperature. The drink would therefore trigger a response from the body, rather than transferring only its own warmth or coldness to it.

Later, Avenzoar (1091–1161) did an experimental dissection and autopsy to prove that the skin disease scabies was caused by a parasite. This discovery upset the theory of humors. Removing the parasite from the patient's body did not require purging, bloodletting, or any other traditional treatments associated with the four humors.^[15,17]

Celsus a Greek physician is credited with naming the disease “scabies” and describing its characteristic features. The parasitic etiology of scabies was later documented by the Italian physician Giovanni Cosimo Bonomo (1663-99 AD) in his famous 1687 letter, “Observations concerning the flesh worms of the human body”. With this discovery, scabies became one of the first diseases with a known cause. He discovered a small, barely visible white speck within the blister secretions. A creature with 6 legs, a sharp head, and “two little horns at the end of a snout” could be visualized. He found that most persons with chronic itch were infected by these creatures. He evaluated that these creatures used their mouths to burrow into the skin. He further observed a mite laying eggs, and concluded that these creatures must undergo sexual reproduction.^[18]

Bonomo also documented that the disease was easily spread, not only through mere contact of an infected person but because of mite infestation in overcrowded places.^[19]

Etiopathogenesis

The foundation of the Unani system is the four humour theory, which was developed by Hippocrates (460–377 BC). The fundamental cause of *Jarb* is a disturbance in the quantity or quality of one of the four humors *dam* (blood), *Safra* (yellow bile), *Balgham* (phlegm) or *Sāwda* (black bile) which might result in the following causes.

1) *Fasād -e-Akhlat*

It may be in various forms which result due to abnormality in normal *akhlat*, These are.

Fasād -e-dam due to ihtiraq (derangement of blood because of burning): Nearly all Unani physicians, including *Tabri*, *Majoosi*, *Maseehi*, *Razi*, and *Ibn e Sina*, have proposed that *faṣād-e-khoon* (deranged blood) is the cause of *Jarb*. Some Unani scholars believe that severe itching will result if *faṣād-e-khoon* is caused by *Ratoobat-e-galeeza* (thick consistency of blood) and also

contains some *Hiddat* (heat). If *ufoonat-e-dam* (putrefaction of blood) causes *fasad-e-khoon*, it will result in *Jarb-e-ratab*, and if it is combined with *Balgham-e-maaleh galeez*, (thick salty phlegm) it will create intense itching and a burning sensation. According to *Razi*, *fāasid ghiza* (impure diet) which includes *namkeen* (salty), *tursh* (sour), hot and spicy dishes, and old wine is the main contributor to *Jarb*.

2) Unhygienic conditions: Almost every Unani physician somewhere agreed that unhygienic condition can be considered as one of the commonest cause for any dermatological disease. *Mohd Ayyub Israeli* has very efficiently described the pathological picture of *Jarb*. He further says that *madda-e-Jarb* gets purified when it gets accumulates beneath the skin for prolonged time and when body impurities mixes with *madda-e-Jarb*, microbes are produced, and result in itchy eruptions which appear on the body.^[20]

3) Microbes: As far as the microbial theory and microbe of *Jarb* is concerned, the disease was keenly observed and delineated by the Arab physician *Ahmad bin Mohd Tabri* (980 AD) in his book *Moalajat-e-Buqratiya*. He described that *Jarb* is produced by an insect similar to lice.^[10]

Environmental Factor

According to *Ibn Sina*, the favourable season for spread of *Jarb* is *khareef* season (autumn season). *Ibn e Rushd* has described *Jarb* with reference to Hippocrates in his glorious book *Kitabul kulliyat* that heavy rain fall in the summer season leads to manifestation of intense type of itching.

Clinical presentation

The clinical picture of *Jarb* manifests with itching which usually start after two weeks of infestation. The itching becomes worst at night, due to which the patient scratches repeatedly and leads to burning sensation and oozing of the lesions. The presence of scaling, oozing, excoriations, erosions, crusts are seen due to secondary infection. If it is due to *Safra* (yellow bile) the clinical picture is presented with rashes, intensive pain and itching, In case of *Sāwda* (black bile) there is mild pain with blackish rashes and the duration is prolonged, while *Balghami madda* (phlegmatic matter) produces whitish flat rashes filled with fluid or pus.^[21] *Jarb -e-ratab* is demonstrated as intense itching and yellowish fluid oozes out from eruptions and occasionally blood also comes out. The commonest sites of lesion are webs of finger and thigh at times it may be generalized. The main presenting symptom of scabies is pruritus which results from a delayed type-IV hypersensitivity reaction to the mite, its saliva, eggs, or excrements (scybala) about a month after the onset of infestation. Symptoms may be worse at night and after a hot bath or shower. The main pathognomonic feature of scabies is presence of burrows which are short wavy dirty appearing serpinginious

whitish lines in the upper epidermis of several millimeters in length.^[22]

Types of *Jarb* (Scabies)

Classification of *Jarb* according to Unani Medicine

Jarb has been classified into two types on the basis of *kaifiyat* (properties)

1-*Jarb-e-Ratab*: In this type, skin eruptions are filled with watery substances or pus, when patient scratch the lesion, a yellowish or blackish red fluid oozes out from the eruptions. In the classical book *Moalajat-e-Buqratiya*, *Ahmad bin Mohd Tabri* described that *Jarb-e-ratab* is similar to a type of small pox which takes a chronic course usually up to 1 year or more. In this type, itching occurs commonly at night time and is very painful leading to sleep disturbances, as well as trouble in daily routine work.^[23]

2-*Jarb-e-Yabis*: In this type, there occurs no oozing of fluid or pus on itching. However continuous itching may develop dry red macules and sometimes scab is formed.^[24]

Jarb has been classified into 3 types on the basis of *Akhlat* (humour)^[25]

1. *Jarb-e-Safravi*: It is produced due to surplus *Safra* (yellow bile) and skin eruptions are reddish in color with intense itching, pain and burning.

2. *Jarb-e-Balghami*: It is a type of *Jarb*, which is produced due to dominance of *Balgham-e- Shor* (salty phlegm) and skin eruptions are whitish in color and are filled with watery substances.

3. *Jarb-e-Sāwdawi*: In this type, skin eruptions are blackish in color due to dominance of *sawda* (black bile) in blood, itching and pain is also minimal but disease takes a long course.

On the basis of shape of *Jarab* (scabies) is classified into following types.^[23]

1. *Jarb-e-Doodi*: This type of *Jarb* is caused by an organism which resembles with *Sibyan* (head lice). In this type the skin lesions are large, the patient feel intense pain on itching these eruptions are very close to each other and sometimes these lesions coalesce to form a large eruption.

2. *Jarb-e-Nari*: In this type the skin eruptions are bright red in color, itching is not painful. On palpation it seems like hot vapors arising from the surface.

3. *Jarbul Kalb*: In this type, large eruptions appears on the skin and spread all over the body and coalesce with each other and looks like a *Daad* (ringworm). Some Unani physician stated that *Jarbul Kalb* arises in children

and adults and eruption appears behind the ears with oozing of fluid.

4. Jarb-e-Juzami: It is actually *Jarb-e-Sawdavi*, in which, large skin eruptions spreads all over the body with oozing of pus or blackish fluids.

5. Jarab Mutaqashuf: Lesions are deep and dry. It presents with itching and irritations. Mostly it resembles with *Khushk Khujli*.

6. Jarab Muqmah: In this type of Jarb, lesion are different shape and size but their roots are established in deep.

7. Jarab Mutadaquq: In this type of Jarb, lesion surfaces are rough with itching and pain.

8. Jarb-e-Masboot: In this type of Jarb, lesions are more larger established in deeper tissue with itching and exudation.

Types of Jarb (Scabies) in modern medicine^[1,3,26]

1. Papulovesicular Scabies: It is more common It appears as small erythematous papules or papulovesicle which may be excoriated due to hypersensitivity to the mite or itching.

2. Nodular Scabies: It is a type of scabies in which persistent nodular lesions are seen on the anterior axillary folds, groins and scrotal skin.

3. Norwegian or Crusted Scabies: It is a more severe and contagious type of scabies. This is characterized by presence of crusted and hyperkerotic lesions which contain thousands of mites and eggs. Crusted scabies can also appear as thick, gray, easy to crumble when touched. Norwegian or Crusted Scabies is mostly seen in immunocompromised patients (HIV infection, malignancies, rheumatoid arthritis etc.) and mentally challenged.

4. Animal Scabies :-Other varieties of *Sarcoptes scabiei* are found in animals like dog, horse, cat, camel, goat, sheep etc. is called animal scabies. It's mites may cause a rash or itching in humans, but these animal mites are not thought to infest humans.

Differential Diagnosis^[1,3]

It can be differentiated from

- ❖ Atopic dermatitis
- ❖ Dyshidrotic eczema
- ❖ Pyoderma
- ❖ Contact dermatitis
- ❖ Insect bite reaction
- ❖ Id reaction
- ❖ Varicella
- ❖ Miliaria

Prevention of Jarab (Scabies)^[1,3]

Treating scabies as soon as possible is the best way to prevent outbreaks. The mites that cause scabies usually die after 2–3 days away from human skin. Prevent scabies from spreading with these following steps

- Avoid skin-to-skin contact with an infected person, especially if they have an itchy lesion.
- All family members and close contacts should be treated simultaneously because of the common occurrence of asymptomatic mite carriers in the household.
- Wash and dry, bedding and clothing that has been in contact with the infested person, using hot water and drying in direct sunlight, a hot dryer cycle or dry cleaning.
- Seal items that can't be washed in a plastic bag for a week to help eliminate the mites.
- Clean and vacuum or sweep rooms after an infected person has been treated, especially for people with crusted scabies.

Diagnosis of Jarab (Scabies)^[26]

Diagnosis of scabies is based on clinical recognition of the typical features of infestation. The diagnosis of scabies can be supported by visual imaging techniques such as dermatoscopy or microscopy of skin scrapings from burrows, but this is generally not necessary, especially in highly endemic areas. Patients typically present with severe itch, linear burrows and papules around the finger webs, wrists, upper and lower limbs, and belt area. Infants and small children may have a more widespread rash, including involvement of the palms, soles of the feet, ankles, and sometimes the scalp. Inflammatory scabies nodules may be seen, particularly on the penis and scrotum of adult males and around the breasts of females. Because of the delay between initial infection and development of symptoms, scabies lesions may be seen in close contacts that have not yet developed itch.

Complications^[2]

- Secondary infections with *Staphylococcus aureus* and *Streptococcus pyogenes*.
- Acute glomerulonephritis following streptococcal pyoderma in scabies (rare).
- Eczematization in infants.

Management of Jarab (Scabies)

➤ Management of Scabies in modern medicine^[1,2]

1. Wash and clean the clothes and bedding.
2. Treat all members of the family whether symptomatic or not.
3. Scabicides should be applied effectively to the whole body below the jaw line in adults, including soles of the feet and skin under the free edge of the nails, should be reapplied on hands, if washed. Scabicides used in the treatment of scabies are
 - ❖ Permethrin 5% local application.
 - ❖ Benzyl benzoate 25% applications at 12 hourly intervals.

- ❖ Gamma benzene hexachloride 1% local application.
- ❖ Crothamiton 10% local application daily × 14 days.
- ❖ Ivermectin single oral dose 200µg/kg body weight.

➤ **Management of Jarb (Scabies) in Unani medicine**
Usool-e-Ilaaj^[27,28]

- *Izala-e-Sabab* (Treat the cause)
- *Tanqiya-e-Khilt-e-Fasida* (for evacuation of morbid humours)
- *Musaffiyat wa Moadelat-e-Dam* (Blood purifier and modulator)
- *Mana-e-Ufoonat-e-Jild* (Anti-infective)
- *Musakkinat-e-Jild* (Sedative to the skin)
- Bathing and cleaning of lesions
- washing of clothing and cleaning of bedding
- Prevention of hot, salty, viscid and sweet thing
- Local application of sulphur compounds.

➤ *Ilaaj*^[23,27,29]

Izala-e-Sabab

Treat and remove the cause which is responsible for *Jarb* (scabies).

• **Tanqiya-e-Khilt-e-Fasida (for evacuation of morbid humours)**

□ For the purpose of evacuation of morbid blood humours Venesection is advised. After that decoction of Chiraita (*Swertia chirayita* Roxb.) Sarphoka (*Tephrosia purpurea* Linn.), Gul-e-mundi (*Sphaeranthus indicus* Linn.), Shahtra (*Fumaria indica* Pugsley) and Unnab (*Ziziphus jujuba* Mill.) along with Sharbat Unnab 25 ml BD is advised.

□ For the purpose of evacuation of morbid bilious humour decoction of Halela Zard 6gm, Sana Maki 6gm, Shahatra 6gm, and Afsanteen 6gm BD can be used.

□ For the purpose of evacuation of morbid phlegm humour capsule of (Sibr, Turbud, Gariqoon, Shahm-e-Hanzal) is advised.

□ For the purpose of evacuation of morbid black bile humour Joshanda Aftimoon is advised.

• **Musaffiyat-e-Dam (Blood purifier) and Mana-e-Ufoonat-e-Jild (Anti-infective)**

□ **Single drugs (Mufradat):** A lot of single drugs like Shahtra (*Fumaria indica* Pugsley), Chiraita (*Swertia chirayita* Roxb.) Sarphoka (*Tephrosia purpurea* Linn.), Gul-e-mundi (*Sphaeranthus indicus* Linn.), and Unnab (*Ziziphus jujuba* Mill.) etc are used.

□ **Compound drugs (Murakkabat):** There are some compound drugs like *Qurs Musaffi Khoon*, *Majoon Ushba*, *Sharbat Musaffi Murakkab*, *Sharbat Unnab*, *Sharbat Nilofer*, *Arq-e-Shahatra*, *Arq-e-Mundi* etc. are mostly used in the treatment of Jarb (scabies).

• **Musakkinat-e-Jild (Sedative to the skin) and Mana-e-Ufoonat-e-Jild (Anti-infective) as local application**

- Apply Roghan-e-Gul, Vineagar and Arq-e-Gulab each in equal quantity locally on effected sites.
- Apply Marham Safeda Kafoori for sedation.
- Apply Sandal, Murdarsang, Kafoor, leaves of henna, Shaham-e-Hanzal after mixing in Vineagar or Roghan locally.
- Apply Roghan-e-Gandum locally.
- Apply after mixing the powder of sulphur, Murdarsang, Tootia Sabz in the Roghan-e-Zard locally.
- It is advised to take bath with Neem water mixed with sulphur.

CONCLUSION

The skin infection known as scabies is highly contagious caused by *Sarcoptes scabiei* with characteristic features of burrow presentation. The scabies was well known to the ancient Unani physicians who wrote a detailed description, its etiological factor, types, pathology, and clinical aspects under the name *Jarb*. In this paper, we reviewed the concept of (*Jarb*) scabies in the light of unani medicine. In modern medicine, there is a wide range of drugs available for the treatment of scabies, but they have various adverse effects and relapse also occurs. While going through the Unani literature review, we came across various Unani formulations (both single and compound) mentioned for the treatment of *Jarb*. Many studies are conducted on clinical basis to explore the effectiveness of Unani drugs. But there is need of specific type of Unani herbal drugs in the treatment of scabies along with scientific validation.

REFERENCES

1. Fitzpatrick, Freedberg, Irwi et al .Dermatology in General Medicine 8th ed. Medical Publication division Mcgzaw Hill, 3274-3277.
2. D. A. Burns, Ch.33: Diseases caused by Arthropods and other Noxious Animals; scabies, in Rook's Textbook of Dermatology, seventh Edition, 1-4(33): 37-33.38.
3. Bologna JL, Jorizzo JL, Rapini RP. Dermatology. 4th ed. Vol-1. UK: MOSBY Elsevier, 2018; 1200-1205.
4. Schofield O.M.V, Rees J.L, Chapter 27, Skin Disease: Scabies, in Boon NA, College NR, Walker BR and Hunter JAA, Davidson's Principals and Practice of Medicine, 20th Edition, Churchill Livingstone, 2007; 1297-1298.
5. Swe PM, Christian LD, etal; "Complement inhibition by *Sarcoptes scabiei* protects *Streptococcus pyogenes*", 2017; 23-24.
6. Jarb Shafi MMM. "Al Munjad Arabi Urdu Lughat. Karachi: Darul Ashaat Publication". *PLoS Negl Trop Dis.*, 2017; 11(3): 0005437.
7. Jeelani HG. Makhzanul Jawahar. New Delhi: *Ejaz Publishing house*, 1998; 264-66.

8. Ibn Hubal. *Kitabul Mukhtarat Fil Tib.* (1998) New Delhi: CCRUM, Ministry of H & FW, Govt. of India, 2007; 121-122.
9. Zohar I. *Kitabul, Taisir Fil Mudawat wat Tadbir.* 1sted. New Delhi: CCRUM, 1986; 193-94.
10. Ibn Rushid. *Kitab al Kulliyat.* 2nd ed. New Delhi: CCRUM, 1987; 296- 97, 299, 302.163, 311.
11. Arzani HMA. *Meezan ul Tib.* 1sted. New Delhi: Idara Kitabul Shifa, 2002; 248.
12. Azam M. *Akseer-e-Azam.* Kanpur: Matbe Nizami; YNM, 2: 397-399, 436.
13. Amro, A., & Hamarsheh, O. Epidemiology of scabies in the west bank, palestinian territories (occupied). *International Journal of Infectious Diseases*, 2012; 16(2): 117–120.
14. Shankar Rao K. “Clinical Evaluation of Gandhaka Druti and Gandhaka Taila in Scabies: a Comparative Clinical Study”. *UJAHM*, 2014; 2(1): 38-40.
15. Abate, G. *Etse Debdabe (Ethiopian Traditional Medicine).* Addis Ababa University, Addis Ababa (in Amharic), 1989; 34–40.
16. Abdel-Ghaffar, F., Sobhy, H., Al-Quraishy, S., & Semmler, M. Field, 2008.
17. Study on the efficacy of an extract of neem seed (mite-stop®) against the red mite *Dermanyssus gallinae* naturally infecting poultry in Egypt. *Parasitology Research*, 103(3): 481–485.
18. (Internet) cited on 15/09/2014 available from <http://16.Scabies.www.wikipedia>
19. Wisniewski BMA Brief History of Scabies. (Internet) cited on 15/09/2014 15. available from <http://a.brief.history.of.scabies-antmicrobe.org>
20. Kirmani NShareh *Asbab wa Alamat.* “(Urdu Translation by Israeeli ayyub H). lucknow: Munshi Nawal Kishor”; YNM410, 416.
21. Arzani A Tibbe Akbar “(Urdu Translation by Hussain HM)”. *Deoband: Faisal 2 Publication*; YNM, 718-20.
22. Chosidow O. “Scabies and Pediculosis”. *Lancet*, 2000; 355: 819-26.
23. Tabri AM. “Moalajat Buqratiya”. *New Delhi: CCRUM*, 1995; 161-177.
24. Razi Z. “Kitabul Mansoori. Delhi” *Seema Upset Press*, 1991; 201.
25. Nafis K. Shareh *Asbab wa Alamat* “(Urdu Translation by Kabeeruddin HM). Lahore Hikmat Book Dipot”; YNM, 309-12.
26. Khanna N, *Illustrated Synopsis of Dermatology*, 2nd Edition, 2008; 289-292.
27. Nafees A, *Share-e-Asbab*, Translated by Kabiruddin M, (Islamic Bazar Noor-ul- moor, Hyderabad), 1950; 3: 1211-1213.
28. Arshad jamal, *jild wa “tazeeniyat hidayat publishers and distributors new delhi*, 134-135.
29. Ibne Sina, *Al-Qanoon-Fit-Tibb*, (Tibbi-e-Islami ka Encyclo-pedia), (Translated by Syed Husain Kantoori, Lahore), 1912; II: 361-364.