



MANAGEMENT OF PEDICULOSIS CAPITIS (QUML/SUBIYAN) THROUGH CLASSICAL UNANI THERAPEUTICS: A CASE REPORT

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Case Study

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ABSTRACT

Background: Pediculosis capitis, an ectoparasitic infestation caused by *Pediculus humanus capitis*, is prevalent worldwide and particularly affects children, though adults may also be afflicted. It commonly presents with pruritus, scalp irritation, excoriations, and may predispose to secondary bacterial infections. In Unani medicine, the condition is described as *Quml* or *Subiyan*, attributed to predominance of *Sauda* (black bile), inadequate hygiene, and humoral imbalance that favour parasitic proliferation.

Case Presentation: A 64-year-old female reported persistent lice infestation with severe scalp itching for one year, unresponsive to conventional anti-lice shampoos.

Management & Outcome: The patient was managed with topical application of vinegar diluted 1:1 with water, followed by fine-toothed combing for nit removal, and scalp cleansing with alum potash solution. After 1.5 months, both clinical and dermoscopic evaluation demonstrated complete clearance of infestation with significant symptomatic relief and no adverse reactions.

Conclusion: This case highlights the potential of Unani therapeutic measures—particularly vinegar and alum as safe, effective, and culturally acceptable alternatives for pediculosis capitis. Well-designed controlled studies are warranted to validate their efficacy and facilitate standardization.

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Keywords: Pediculosis capitis, Parasitic, Quml, Subiyan, Unani medicine, Vinegar, Traditional therapy.

INTRODUCTION

Pediculosis capitis (head lice infestation) is one of the most common ectoparasitic infestations worldwide, caused by *Pediculus humanus capitis* [1]. It predominantly affects school-aged children and adolescents and is strongly associated with poor hygiene, overcrowding, and low socio-economic conditions [2]. Though often perceived as a minor nuisance, infestation can lead to severe pruritus, excoriations, secondary bacterial infections, sleep

disturbance, and psychosocial stress, thus constituting a significant public health concern [3,4]. The human struggle against lice dates back to ancient times. Archaeological discoveries of bone combs and nit remain provide evidence of lice infestations since prehistoric eras [5]. In the modern era, scientific advances, especially the 19th-century contributions of Louis Pasteur, enhanced the understanding of parasitic life cycles and their prevention [6]. Contemporary medicine recognizes pediculosis

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capitis as a blood-feeding ectoparasitic condition wherein lice bites introduce saliva, leading to itching and inflammatory reactions [7].

In Unani medicine, pediculosis capitis is described under the terms *Quml* and *Subiyan* [8]. Classical Unani physicians including Ibn Sina (*Al-Qanun fi al-Tibb*) and Zakariya Razi (*Kitab al-Hawi*) attributed the development of lice to humoral imbalance, particularly the predominance of *Sauda* (black bile), compounded by uncleanliness and deranged bodily states [9,10]. The condition is considered both a local manifestation and a systemic reflection of humoral derangement [11]. Treatment approaches in Unani emphasize *tanqiya* (elimination of morbid matter), external applications such as *sirka* (vinegar), *fitkari* (alum), herbal remedies, and strict personal hygiene [12].

With increasing resistance to conventional pediculicides and growing global demand for safe, natural, and culturally acceptable alternatives, Unani interventions offer promising management strategies [5]. This case report presents the successful treatment of pediculosis capitis with classical Unani therapeutics, highlighting their contemporary clinical relevance.

Case Presentation

A 64-year-old female patient was brought to the outpatient department with a one-year history of persistent scalp lice infestation and severe itching. She had previously used multiple allopathic anti-lice shampoos, but these provided no relief. The patient was managed with a topical application of vinegar diluted in water (50:50 ratio), followed by fine-toothed combing for nit removal. Additionally, scalp washing with alum potash solution was advised. After 1.5 months of treatment, both clinical and dermoscopic evaluations revealed marked improvement, with complete relief from infestation and no reported adverse effects. Dermatological examination showed multiple nits firmly attached to the scalp hair shafts, along with excoriation due to scratching. The patient reported continuous itching. No cervical lymphadenopathy or other systemic abnormalities were detected.

Diagnostic Assessment

The diagnosis of pediculosis capitis was established based on clinical examination and dermoscopy. Multiple live lice (adult and nymph stages) and viable nits were observed, firmly attached to hair shafts, predominantly in the occipital and parietal regions of

the scalp. The patient presented with persistent pruritus and scalp irritation. No cervical lymphadenopathy or systemic abnormalities were noted. Dermoscopic evaluation confirmed the presence of lice and nits, providing a definitive diagnostic assessment.(13)

Therapeutic Intervention

The patient was managed using classical Unani therapeutics combined with topical measures:

Oral Medications (14,15,16)

- **Qurs Kafoor** – 2 tablets twice daily, for blood purification and antiparasitic effect.
- **Habbe Musaffi Khoon** – 2 tablets twice daily, for systemic detoxification and humoral balance.

Topical Measures

- **Vinegar and water solution (50:50):** Applied to the scalp, followed by fine-toothed combing to remove nits. Vinegar softens the cementing material attaching nits to hair shafts, facilitating mechanical clearance. Thus, it enhances the mechanical clearance of lice and nits, making the treatment more effective. (14,15,16)
- **Alum (Potash) solution:** Dissolved in water and used for scalp washing once every 10 days.
- Daily gentle rubbing of the scalp with a rough cotton cloth after vinegar application was advised. (5)

The patient followed up every 15 days for 6 weeks. The regimen was continued for 1.5 months, with regular monitoring for response and adverse effects.

Follow-up and Outcome

Follow-up assessments were conducted at **baseline** and **1.5 months**:

- **Baseline:** Multiple live lice and nits were present, with severe pruritus and scalp excoriation.
- **1.5 months:** Complete clearance of lice and nits was observed. Significant reduction in itching and scalp irritation was noted. No adverse effects were reported.

The patient reported improved psychological well-being, confidence, and social interactions, while

family members observed a positive change in mood and overall comfort.

This case demonstrates that the Unani regimen was



Before Treatment

safe, effective, and well-tolerated, achieving complete resolution of chronic pediculosis capitis within 1.5 months.



After Treatment

Discussion

Pediculosis capitis is a common parasitic infestation affecting children and adults, particularly in settings of poor hygiene and overcrowding (17). In Unani medicine, it is described under the terms Quml or Subiyan, attributed to an abnormal predominance of Sauda (black bile), humoral imbalance, and uncleanliness (9). The condition manifests as scalp pruritus, irritation, and excoriation, consistent with classical descriptions in Persian/Unani texts.

The current case highlights a chronic pediculosis capitis in a 64-year-old female who had failed multiple conventional anti-lice treatments. This emphasizes the persistence of lice infestations in resistant cases and the need for alternative therapeutic approaches. Classical Unani theory supports the use of both systemic and local interventions, aimed at purifying the blood, restoring humoral balance, and mechanically removing parasites from the scalp (9,10).

In this patient, oral Unani medications Qurs Kafoor and Habbe Musaffi Khoon were administered to correct humoral imbalance and enhance systemic detoxification. These medications, combined with topical applications such as vinegar-water solution and alum washing, facilitated the mechanical removal

of nits and created a scalp environment unfavorable for lice survival. Vinegar, in particular, softens the cementing substance attaching nits to hair shafts, a principle also supported in modern pediculosis management for aiding mechanical clearance. (14,15,16).

The patient's follow-up at 1.5 months demonstrated complete clearance of lice and nits, with significant improvement in pruritus and scalp irritation, and no reported adverse effects. This outcome reflects the efficacy and safety of a holistic Unani approach, integrating systemic and topical therapy with attention to hygiene and scalp care. Psychological benefits, including improved confidence and social comfort, further highlight the patient-centered advantages of this regimen.

Modern treatments, such as permethrin cream, malathion, and dimethicone, primarily act as pediculicides targeting the lice nervous system or causing asphyxiation of parasites (Fasulo & Weems, 2015). While effective, these treatments are sometimes limited by resistance, recurrent infestations, or chemical sensitivities. In contrast, Unani therapy provides a culturally acceptable and low-toxicity alternative, particularly valuable in chronic or resistant cases.(18)

Furthermore, this case supports historical accounts of pediculosis management in Unani literature, where combined systemic detoxifiers, topical herbal formulations, and hygiene measures were emphasized. The holistic principles—correcting humoral imbalance, purifying blood, and removing local infestations—align with the observed clinical outcomes and demonstrate the continuing relevance of traditional therapies in modern practice.

Limitations: This is a single case report; larger controlled studies are needed to validate efficacy, determine standardized dosages, and assess comparative outcomes with conventional therapies.

Conclusion:

The Unani approach, combining systemic blood purification and topical mechanical removal, proved effective in resolving chronic pediculosis capitis in this patient. This therapy is safe, well-tolerated, and culturally aligned, offering a promising alternative or complementary strategy for managing persistent head lice infestations.

Patients' Perspective

The patient reported that scalp infestation had affected her confidence and led her to avoid social situations. After 1.5 months of Unani therapy, she noticed visible improvement, clearance of nits, and was satisfied with progress. She expressed hope for continued recovery and maintenance of scalp health.

Informed Consent

Written informed consent was obtained from the patient (or guardians where applicable) for publication of this case report and any accompanying images.

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Nil.

Conflicts of Interest

None declared.

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