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## When religion gets involved in the treatment of scabies: About a case in the university clinic of dermatology-venereology of the national university hospital center Hubert Koutoukou Maga of Cotonou in Benin

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### Abstract

Scabies is a current and highly pruritic ectoparasitic infection caused by *Sarcoptes scabiei* var. *Hominis*. It is a highly contagious parasitic infection with specific lesions, like burrows, and non-specific lesions like papules, vesicles and excoriations [1, 2]. The typical regions touched are the palms, wrists, axillary folds, abdomen, buttocks, breast folds and, in men, the genitals [3-5]. This disease is characterized by an intense nightly pruritus. Scabies is transmitted by close personal contact (parents, sexual partners, pupils, chronic diseases and over populated communities). We report a case where a patient was opposed to the scabies treatment due to religious barrier. It was about a 33-year-old patient, police officer and animist who consulted for a generalized pruritus with lesions evolving continuously since a week. The pruritus was more intense at night and a colleague was reported to have similar symptoms. As treatment he drank herbal tea. No particular medical background was noted. Physical examination revealed an association of lesions made up of: scratch marks, vesicles, nodules, erosions and crusts, sparsely disposed on the anterior face of the wrist, interdigital spaces, periumbilical region, buttocks and genitals. Before this clinical presentation, scabies was diagnosed. The patient was treated with topical benzyl benzoate, permethrine for his surrounding and ivermectine. Note should be taken that the patient categorically refused the topical treatment for religious purpose. This observation made us notice a limit in the cure of scabies that necessitates the use of a topical treatment of the patient and his surrounding, when faced with the common forms of the disease. Luckily for this illness, the alternative oral worm treatment has helped us go about this anthropologic limit.

**Keywords:** Religion, scabies, dermatology, CNHU, Cotonou

### Introduction

Scabies is a current and highly pruritic ectoparasitic infection caused by *Sarcoptes scabiei* var. *Hominis*. It is a highly contagious parasitic infection with specific lesions, like burrows, and non-specific lesions like papules, vesicles and excoriations [1, 2]. The typical regions touched are the palms, wrists, axillary folds, abdomen, buttocks, breast folds and, in men, the genitals [3-5]. This disease is characterized by an intense nightly pruritus. Scabies is transmitted by close personal contact (parents, sexual partners, pupils, chronic diseases and over populated communities). The final diagnosis is made when the the scabies' parasites or their eggs or fecal matter are identified in the optical microscope. New diagnostic approaches include the use of epiluminescence [6-8].

We report a case where a patient was opposed to the scabies treatment due to religious barrier.

### Observation

It was about a 33-year-old patient, police officer and animist who consulted for a generalized pruritus with lesions evolving continuously since a week.

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The pruritus was more intense at night and a colleague was reported to have similar symptoms. As treatment he drank herbal tea. No particular medical background was noted.

Physical examination revealed an association of lesions made up of: scratch marks, vesicles, nodules, erosions and crusts, sparsely disposed on the anterior face of the wrist, interdigital spaces, periumbilical region, buttocks and genitals.



**Fig 1:** Scabies lesions on the hypogastric region, male genitalia and interior face of thighs



**Fig 2:** Scabies lesions in interdigital spaces, hypogastric region

Before this clinical presentation, scabies was diagnosed. The HIV test was negative. No parasitology test was run. The patient was treated with topical benzyl benzoate, permethrine for his surrounding and ivermectine. Note should be taken that the patient categorically refused the topical treatment for religious purposes. We finally prescribed ivermectine for him and permethrine for his surrounding. Seen two weeks later, the evolution was favorable.

### Discussion

This observation made us notice a limit in the cure of scabies that necessitates the use of a topical treatment of the patient and his surrounding, when faced with the common forms of the disease. Luckily for this illness, the alternative oral worm treatment has helped us go about this anthropologic limit<sup>[1, 9]</sup>. The patient is whole, his spiritual dimension is very important for his equilibrium and it is important for us to know that and see him through. Let us remember that as concerns this patient, neglecting this aspect is synonym to losing track of him and lengthening

the disease's transmission chain (think of his other colleagues, his family, and especially the "patients" he cures with herbal medicine).

### Conclusion

Scabies is a cosmopolitan ectoparasitic illness that requires a holistic care.

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