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## Scabies and Methods of its Treatment

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**Annotation:** This article is about measles, treatment, prevention, ways of transmission of the disease, its symptoms, and the clinical picture of the disease. The main thing is to explain the correct diagnosis of the disease and its treatment.

**Keywords:** Common scabies, fatty vitopressure, dermatoscopy, specific, prophylactic.

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Scabies is a parasitic skin disease caused by the scabies mite *Sarcoptes scabiei*.

This parasite has infected about 130 million people worldwide. As population migration increased, scabies became one of the most common diseases in Western Europe. Doctors face this disease in clinics, hospitals, traumatology departments and emergency departments.

The life cycle of the scabies mite in the human epidermis is 1-1.5 months. Outside the human body, the scabies mite dies within three days. He cannot absorb water by swallowing water from the air, so the cause of his death is not hunger, but lack of moisture.

Children often get scabies because their skin is thin and soft. The average scabies mite takes 30 minutes to gnaw through the skin.

How is scabies spread?

The source of scabies is a person infected with it, and it is transmitted through close contact with a sick person (sexual contact or joint pastime). The activity of the parasite is high in the evening and at night; it is at this time that it is highly contagious (direct transmission). There are frequent cases of infection through contact with household items, clothes of a patient with scabies, shaking hands and other similar ways.

All contact groups are at risk - people who live together, have a common bedroom and are in close contact at home (especially in the evening and at night). Such persons include those who are in the "control" units of orphanages, boarding schools, hostels, nursing homes, barracks, neuropsychiatric hospitals and prisons.

Spontaneous (that is, indirect) transmission of scabies is less common in places such as bathrooms and hotels. In this case, infection is possible through sequential contact of several people with things that the infected person had previously used (beds, toilets, etc.).

### Symptoms of scabies

The main subjective sign of scabies is severe itching, which often occurs in the evening and at night. If a person has contracted scabies for the first time, itching will appear after 1-2 weeks, and if re-infected, symptoms will appear the next day.

Due to the activity of the scabies mite, rashes appear on the skin (scabies, papules and blisters). Later, an allergy to the products of his vital activity appears, as a result of which other symptoms are added: small itchy sores and hemorrhagic (bloody) crusts.

The main clinical symptom is scabies. They look like convex straight or curved lines of light gray or dirty gray, 5-7 mm long. Most often they are found on the wrists, legs and genitals in men. Scabies in the legs usually occurs in people who have been suffering from scabies for a long time, as well as in people who have previously visited the bath and shower, when a female scabies mite penetrates into the epidermis.

The clinical picture of scabies is dominated by papules (nodules) and vesicles. Young female and male parasites (immature forms of the parasite) are found in papules and wheals in 1/3 of cases. Papules infested by mites are usually small (up to 2 mm) and are located in the area of hair follicles. Vesicles are often small (up to 3 mm) and isolated, and may not cause an inflammatory response. They are found mainly between the fingers, sometimes on the wrists and shins.

The life cycle of the scabies mite can be divided into two stages - superficial (short) and subcutaneous (long).

The male and female scabies mite mate on the surface of the skin, after which the male dies, and the female mite bites through the epidermis and gnaws out the scabies. It takes the female tick 15 minutes to an hour to produce it.

The female scabies mite lays about 1-2 eggs per day and about 40-50 eggs in her entire life (and the most prolific time is autumn-winter). After two weeks, young ticks come out of them, which gnaw through new paths. In the evening and at night they come to the surface and the breeding process continues again.

Young scabies mites penetrate some areas of the skin. They are mainly located in the hands, wrists, legs and male genital organs. In addition, the elbows are a mirror of the disease, as they are a favorite place for female scabies. It is in the itchy places of the hands that the bulk of the larvae are laid, which are then transferred through the hands to other areas of the skin.

### Classification of scabies and stages of development

There is no generally accepted classification of the disease, but the following types of scabies are distinguished according to the clinical picture:

- Common scabies is the most common type of scabies and has all of the clinical features listed above.
- "Incognito" or "Tosamatolar" scabies - occurs in people who often conduct water procedures in the evening and at night. This condition is characterized by minimal clinical manifestations, a small number of papules and vesicles, and the absence of itchy lines and bloody crusts.
- Norwegian scabies is a rare form that often occurs in immunocompromised patients who take long-term hormonal and cytotoxic drugs, as well as in people with impaired peripheral sensitivity, Down's disease, senile dementia or AIDS. Against the background

of red skin, massive gray-yellow or brown-black crusts (sometimes up to 3 cm thick) restrict movement. There are many mites between and under the layers of bark. Most often, patients with scabies in Norway have damaged nails, swollen lymph nodes, hair loss and fever. Such people smell bad and are highly contagious in an epidemic sense.

- Scabies without itching - infection with scabies mite larvae. The disease is often detected when examining people in the focus of the epidemic. In its original form, no more than two weeks. Clinically observed only inflammatory blisters and small papules.

#### Complications of scabies

Complications hide the initial picture of scabies, so they often lead to treatment and diagnostic errors. They appear with untimely or incorrect diagnosis of the disease, as well as in advanced cases in people with weak immunity.

One of the frequent complications of itching are secondary pyoderma (purulent skin lesions) and dermatitis. Less common complications include microbial eczema and a red rash.

Among secondary purulent skin diseases, predominantly staphylococcal impetigo, ostiofolliculitis and deep folliculitis are found, boils and ecchymosis vulgaris are rare. Such patients may first see a surgeon rather than a dermatologist. Impetigo often occurs on the hands, wrists, and feet, while osteofolliculitis often occurs on the abdomen, buttocks, and thighs. With widespread pyoderma, lateral lymph nodes may increase and general health may worsen. Often there is pain in the foci of fever and pyoderma.

In the case of complications of allergic dermatitis, scabies is accompanied by reddening of the skin and itching in other areas of the skin where mites may be absent.

With microbial eczema, weeping ulcers, erosions, blisters and pus are formed. They are more often located in areas of lymphoplasia of the skin (mainly on the buttocks) against the background of bluish or dark red, dense, long-term nodules.

#### Diagnose scabies

When making a diagnosis, clinical and anamnestic data are taken into account, as well as studies aimed at identifying scabies and holes.

When scabies is detected using one of the following diagnostic methods, the diagnosis of scabies is confirmed:

- paint scabs with aniline dyes or 3-5% iodine solution;
- oil vitopressing - examine the surface of the skin after applying oil to places suspected of scabies and pressing on them with a glass slide;
- extraction of the tick with a needle and its microscopy - the closed end of the track (in the form of a brown dot) is opened with a needle, the female tick is attached to the needle with suction cups, then it is removed and placed in a drop of water or 40% lactic acid placed on a glass slide and subjected to microscopy;
- Skin scraping - 40% lactic acid is applied to the alleged scabies, after five minutes the loose epidermis is scraped off and examined under a microscope. A positive result is considered when a female, male, larva, nymph, egg, empty eggshell or molting mite skin is found in the test preparation;
- dermatoscopy - examination of the skin with an increase of up to 20 times or more. With simple scabies, dermatoscopy gives a 100% positive result.

Scabies should be distinguished from pseudosarcoptic mange, rash, allergic dermatitis, lice and tick-borne dermatitis.

## Scabies treatment

Treatment methods for scabies are divided into:

- specific - the diagnosis is made in patients, confirmed by clinical and laboratory studies;
- prophylactic - is carried out in persons who have close physical, domestic and sexual contact with a patient with scabies;
- Test - carried out in cases where the clinical symptoms of scabies are not confirmed by the detection of scabies mites.

## Prevent scabies

Proper and timely treatment of scabies gives a good result.

Prevention includes anti-epidemic and sanitary-hygienic measures, i.e. identification of patients with scabies. It is also necessary to conduct preventive examinations of adults and children.

To prevent the spread of the disease, you must:

- registration, treatment and dispensary observation of patients with scabies;
- checking all household and sexual relations;
- identification and elimination of scabies, disinfection in places of infection, - disinfection by washing and ironing bed and underwear at a temperature of 70-90 ° C;
- examination of all persons who complained of scabies and sought help in polyclinics, polyclinics and medical institutions of any profile;
- preventive examination of children in children's institutions, stopping visits to sick children for the entire period of treatment in order to avoid infection of other groups, checking children entering children's medical institutions;
- conducting monthly examinations of people in hospitals and nursing homes, the disabled, as well as persons who do not have a permanent place of residence;
- with a large number of cases of scabies in organized groups, after hospitalization of patients, disinfection of the epicenter and all premises in the presence of several infected;
- in large groups (army barracks, prisons, dormitories), in an epidemic situation, treatment of all those arriving in the quarantine zone with scabies.

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