



# A COMPARATIVE OPEN RANDOMIZED CLINICAL STUDY ON THE EFFICACY OF ARKA TAILAM IN THE MANAGEMENT OF PAMA (VIS- À-VIS) SCABIES

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## ABSTRACT

**Background-** All across the world, skin conditions are quite common. Scabies is an acute communicable illness because it can spread fast via close physical contact and is contagious. Little children are particularly prone to it. The symptoms of scabies include nocturnal scratching, vesicular or pustule eruptions, and tiny red lumps and blisters. Ayurveda claims that Pama and scabies are connected. Pama is one of the 18 forms of Kushtha (Skin Illness) listed in the Charak Samhita (Chikitsa Sthana), which is brought on by the vitiation of the Kapha and Pitta Dosha. **Aim & Objectives-** Evaluate the effectiveness of Arka Tailam in the management of PAMA (Scabies) **Methodology** -The study was carried out at OPD of Desh Bhagat Ayurvedic college Hospital Mandi Gobindgarh. **Discussion-** it is discussed that, statistically significant effect ( $P < 0.01$ ) from the clinical study that Arka Tailam local application is effective in reducing the signs and symptoms of scabies (PAMA). Hence, the said drug is useful in management of scabies (PAMA). But complete effect of Permethrin 5% lotion is seen even before 10th day of treatment in most of the patients, and the complete effect of Arka Tailam is seen very late in treatment. **Conclusion-** Arka Tailam takes longer time to cure the patient and quantity of Arka Tailam is also larger as percentage of active material present in Tailam is less. So, it is clear from the study that disease progress irrespective of sex, religion or creed and is mainly affected low socio-economic group patients which live in densely populated and polluted areas that's why it spreads fastly from one person to another.

**KEYWORDS** – Pama, Scabies, Arka Tailam, Skin Diseases, etc.

**INTRODUCTION: -**

Today the medical world is posed with complex challenges. Thus, time demands an integrated and pluralistic approach towards health care to cope up effectively with this situation. There has been a growing interest in Ayurveda in the past few years. To initiate fruitful dialogues between Ayurveda and Modern science, an in-depth understanding of both the systems prerequisite. Such an exercise should emerge from a stand point accepting that there are different world views existing in the world, Ayurveda being one among them.<sup>1</sup>

Ayurveda is the knowledge of life and longevity being started from Aadidev Brahma. Ayurveda is the oldest and best effective science of humanity. This system of medicine is bound to have a powerful imprint in the field of medicine of this coming century, which offer safe and proven remedies as an alternative to the allopathic medicine which has limitations. In the recent past, Ayurveda's position has gained confidence of being the major remedial source in many countries.<sup>2</sup> It is now widely accepted in and out of India, which establishes its worthiness for treating diseases and advocating specific diets and regimens. Prevalence of science like in the universe is considered to be the pride possession, which only take care of the human beings. Ayurveda is best open system i.e. built into the oldest layer of culture, which evident as it reflects the language of the Vedas, the oldest literature of mankind and is rooted in the entire culture and life of common people of country.<sup>3</sup>

Unfortunately, Ayurveda and other Vedic system in India was being preserved in family tradition and as a rule did not share their secrets openly. This picture is gradually changing since last few decades as extensive research is being carried out in the literary aspect, drug pharmacology and standardization of Ayurveda. This will help to recognize the potential it carries and will broaden the scope of natural healing throughout the world with a strong clinical model and a vast clinical experience.<sup>4</sup>

Ayurveda is a branch of medicine which originated and practiced in India for more than 5000 years. It is as fresh and useful to human today as it was in the ancient times, yet more relevant and applicable in these modern times. Its use provides a holistic approach to our daily lives. Founders of this holistic science learnt that the people who live in dense areas and polluted environment away from the nature are at major risk of having an array of health ailments. Even modern medical practitioners believe that vast majority of illnesses prevalent in the society are because of polluted environment, dense population, bad food habits and lack of physical activities. Skin diseases are one of the examples of this. It is said that skin is a mirror of human being. It reflects mental, physical and psychological status of an individual. Skin is the barrier between body's internal and external environment.<sup>5</sup> When the skin infects automatically the status of human being seems to look through.

According to Ayurveda most of the diseases are due to 'Pitta-Prakopa'. PAMA is one of them. PAMA is described in Ayurveda as Kshudrakushtha. Charaka, Sushruta and Vagbhatta, three authors of main text books of Ayurveda i.e. Charaka Samhita, Sushruta Samhita and Ashtang Hridaya described PAMA as Kshudrakushtha. PAMA is described in Charaka Samhita in chikitsa sthaan saptam adhyaya i.e. kushtha chikitsa adhyaya . PAMA is caused due to aggravation of kapha in association with pitta.<sup>6</sup>

The parallel in western medicine to this disorder i.e. Scabies calls the attention of medical world due to its property of spreading from one person to other. Scabies is severe itchy and contagious skin disease. Both male

and female are equally affected. Its predominant feature is severe and continuous itching. It is a parasitic infestation of the skin, caused by female itch mite-sarcoptes scabiei, variety hominis order Acarina. It is caused by skin contact for a longer period of time (more than a few seconds).<sup>7</sup> Mere handshake may not spread this disease. Sexual contacts, hugging for a few moments etc. can spread the disease from a patient to the other. The long contact causes the spread of 10 – 15 mites.

Scabies commonly affects: Finger webs, Buttock folds, Axillary area and Genitalia. It is specially located in Inter digital clefts of the hands, wrists, elbows, thigh, ankles, axillary area, shaft of the penis and scrotum in males and breast in females.<sup>8</sup> This mite is a parasite that lives off the host (human) that means it gives no benefit to the host. The symptoms of the scabies are mostly due to the response of the immune system to the mites or to their eggs or saliva or feces. The skin rash and itching, mostly occur due to the allergic like reaction of the body to the mites. The common symptoms of scabies are intense itching, especially at the night (nocturnal itching) and the skin rash.<sup>9</sup> Continuous scratching of itchy areas leads to worsening of skin patches. This further exposes the skin to other infections and diseases (called secondary infections). It spreads by body contact. Polluted and contaminated environment worsen this condition. Predominant character is itching and is worsened by self-itching. Itching worsens at night.<sup>10</sup>

#### **MATERIAL AND METHOD: -**

The study was carried out at OPD of Desh Bhagat Ayurvedic college Hospital Mandi Gobindgarh. A total number of 100 patients were taken for the clinical trial i.e.50 patients each for Arka Tailam and Permethrin lotion for a period of 30 days and a follow up was carried out on 10<sup>th</sup>, 20<sup>th</sup> and 30<sup>th</sup> day. The study was carried out on the basis of selection criteria, and the patients were selected by conducting camps in and around Desh Bhagat Ayurvedic College with consent.

#### **SELECTION CRITERIA: -**

##### **INCLUSION CRITERIA**

- Age –patients between 10 to 60 year were selected irrespective of social and economic status.
- Both sexes, irrespective of caste and creed.
- Presence of signs and symptoms of PAMA(Scabies)

##### **EXCLUSION CRITERIA**

- Patients aged below 10 and above 60 years
- Patients with metabolic disorders such as Diabetes
- Patients with immunocompromised status such as HIV infection, Drug addiction, carcinoma etc.
- Patients with chronic infections like Jaundice, Tuberculosis etc.
- Patients with other sexually transmitted diseases.
- Patients on steroids
- Patients with superadded infection at the lesions
- Pregnant women

- Patients with any other conditions for which they are on medications

**DRUG:** -Arka Tailam and Permethrin lotion for local application.

**DRUG REVIEW:** - Pharmacognostic study of ARKA was conducted, phytochemical study was done, GCMS was done, herbarium sheet was prepared and authenticated by concerned authority of PG department of Dravyaguna, Desh Bhagat Ayurvedic college Hospital Mandi Gobindgarh. Photographs of Arka plant were also taken.

### PLAN OF WORK

**PROFORMA:** A special Proforma was prepared to maintain the records of all findings of patients and disease.

### INSTRUCTIONS TO THE PATIENTS

- To take Bath with scrubbing the infected part with soft bristled brush and to dry out the body with clean and dry towel.
- The previously used cloths and bedding should be boiled for about half an hour and washed before using again.
- The prepared Arka Tailam or Permethrin Lotion was asked to apply thoroughly on affected area at night.
- Then next day again proper bath should be taken thoroughly as stated earlier.
- Same procedure was followed for next 30 days or till the signs and symptoms disappear. Drug should remain at least for 12 hours on the affected area.
- Patients were advised to take normal diet

### ASSESSMENT CRITERIA

#### SUBJECTIVE CRITERIA:

Symptoms were assessed, converted in to numerical forms with the help of following grading method:

#### CRITERIA FOR ASSESSMENT OF SYMPTOMS

##### ITCHING: -

- Mild-Itching during night only but will not disturb the sleep
- Moderate-Intense itching at night which disturb the sleep
- Severe-Intense itch during day and night which disturb daily activities and sleep.

##### CRUSTS/SHEDDING <sup>(A)</sup>

- Mild-<5mm of crusts, minimal skin shedding.
- Moderate-5-10mm crusting, moderate skin shedding
- Severe->10mm crusts, profuse skin shedding.

##### REDNESS/ERYTHEMA: -

- Mild- Redness over < 10% of affected body surface area.
- Moderate-Redness over 10-30 % of ABSA.
- Severe-Redness over >30 % of ABSA

##### INTENSITY OF LESIONS <sup>(A)</sup>:-

- Mild- Wrist, web spaces and feet only (<10% of the total Body surface area)

- Moderate-Above plus forearm, lower legs, buttocks, trunk Or 10-30 % TBSA

- Severe- Above plus scalp or >30% TBSA

#### **PUSTULES: -**

- Mild-Pustules over <10 % of affected body surface area.

- Moderate-Pustules over 10-30 % of ABSA.

- Severe-Pustules Over >30 of ABSA.

#### **OOZING: -**

- Mild-Oozing from < 10% of pustules.

- Moderate-Oozing from 10-30 % of pustules.

- Severe-oozing from >30% of pustules.

#### **DIMENSIONS OF BURROW <sup>(A)</sup>:-**

- Mild-Less than 0.5 cm

- Moderate-0.5 to 1 cm

- Severe-More than 1 cm

Impact on daily life <sup>(A)</sup>:-

- Mild-little impact on daily life.

- Moderate-leave activity many of times.

- Severe-Unable to do his/her daily activities.

#### **ITCHING: -**

- Severe itching worsens at night -3 (+++)

- Mild itching at night-2(++).

- Very little itching -1 (+).

- No itching – 0

#### **CRUSTS / SHEDDING <sup>(A)</sup>:-**

- Severe crusts-3(+++).

- Moderate crusts-2(++).

- Mild crusts-1(+).

- No crusts-0

#### **REDNESS / ERYTHEMA: -**

- Severe redness -3(+++)

- Moderate redness -2(++)

- Mild redness 1(+)

- No redness 0

#### **INTENSITY OF LESION <sup>(A)</sup>**

- Severe distribution and extent of lesion 3(+++)

- Moderate distribution and extent of lesion 2(++)

- Mild distribution and extent of lesion 1(+)



- Absence of lesion 0

**PUSTULES: -**

- Severe pustules-3(+++).
- Moderate pustules 2 (++)
- Mild pustules 1(+)
- No pustule 0

**OOZING: -**

- Severe oozing -3(+++).
- Moderate oozing -2(++).
- Mild oozing -1(+).
- No oozing -0.

**DIMENSIONS OF BURROWS :-<sup>(A)</sup>**

- Severe 3(+++)
- Moderate 2(++)
- Mild 1 (+)
- No burrows 0

**IMPACT ON DAILY ACTIVITY :-<sup>(A)</sup>**

- Severe impact on daily activity 3(+++)
- Moderate impact on daily activity 2(++)
- Mild impact on daily activity 1(+)
- No impact on daily activity 0

**SIDE EFFECT: -**

- Present 1(+)
- Absent 0

Sarshapa Tailam used in the preparation of Arka Tailam was obtained from the local market. Fresh Arka Patra collected from herbal garden of Desh Bhagat Ayurvedic college were washed under running water to remove the adhering dust from the leaves.

**PREPARATION OF ARKA TAILAM: -**

- Swarasa was extracted from the fresh Arka Patras by crushing in a juicer.
- In a stainless-steel vessel, 2000 ml of Sarshapa Tailam was taken and subjected to moderate heat. 2 liters of Swarasa was added to it.
- The mixture was stirred continuously to avoid sticking of contents to the bottom of the vessel.
- Heating was carried out for 4 hours till the Sneh siddhi lakshanas appear i.e. Water content of Swarasa is not left and only oil content remain.

- Then the vessel was taken out from the stove and let it cool then the contents were filtered through a double layered clean muslin cloth.
- 1680 ml of Arka Tailam was obtained and it was stored in clean, dry, air tight bottle containers to be given to patients of scabies.

### ANALYTICAL STUDY: - ORGANOLEPTIC CHARACTERS: -

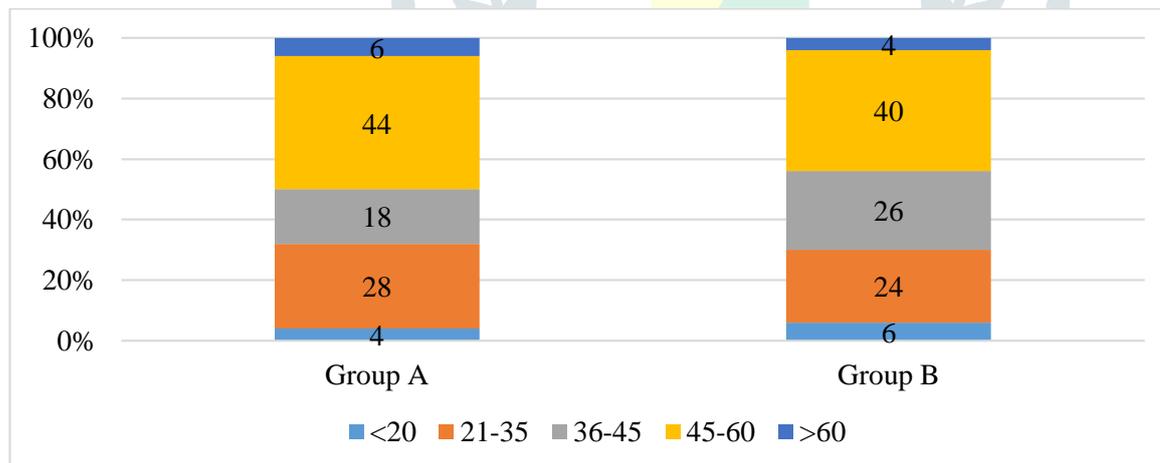
Arka Tailam was tested for the taste, odour, colour, appearance, touch and clarity.

### STATISTICS: -

**TABLE 1: DISTRIBUTION OF AGE OF THE PATIENTS**

Age	Group A		Group B	
	Frequency	Percent	Frequency	Percent
<20	2	4.0	3	6.0
21-35	14	28.0	12	24.0
36-45	9	18.0	13	26.0
45-60	22	44.0	20	40.0
>60	3	6.0	2	4.0
Total	50	100.0	50	100.0

**FIGURE 1: AGE DISTRIBUTION**



**TABLE 2: DISTRIBUTION OF GENDER OF THE PATIENTS**

Age	Group A		Group B	
	Frequency	Percent	Frequency	Percent
Male	32	64.0	28	56.0
Female	18	36.0	22	44.0
Total	50	100.0	50	100.0

FIGURE 2: GENDER DISTRIBUTION

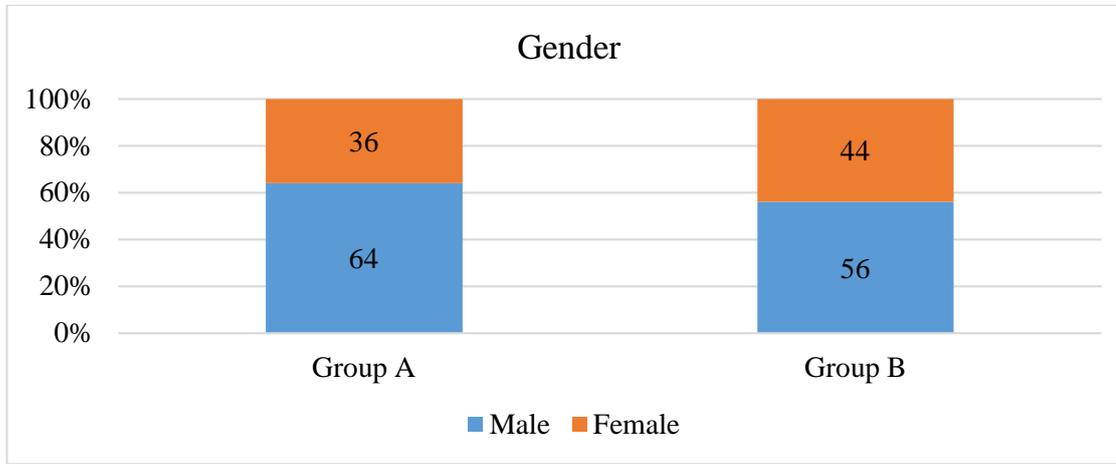


Table 3: Association of itching between Group A and Group B

Time	Symptom	Group A		Group B		Chi-square value	df	p-value
		Frequency	Percent	Frequency	Percent			
0 Day	No Sign	0	0	0	0	13.26	2	0.00**
	Mild	16	33.3	8	17.4			
	Moderate	24	50	14	30.4			
	Severe	8	16.7	24	52.2			
10 Day	No Sign	1	2.1	0	0	19.67	2	0.00**
	Mild	42	87.5	22	47.8			
	Moderate	5	10.4	24	52.2			
	Severe	0	0	0	0			
20 Day	No Sign	44	91.7	14	30.4	37.37	2	0.00**
	Mild	4	8.3	30	65.2			
	Moderate	0	0	2	4.3			
	Severe	0	0	0	0			
30 Day	No Sign	47	97.9	41	89.1	3.17	2	0.21
	Mild	1	2.1	4	8.7			
	Moderate	0	0	1	2.2			
	Severe	0	0	0	0			

\*\*Significant at 0.01 level

FIGURE 3: ITCHING

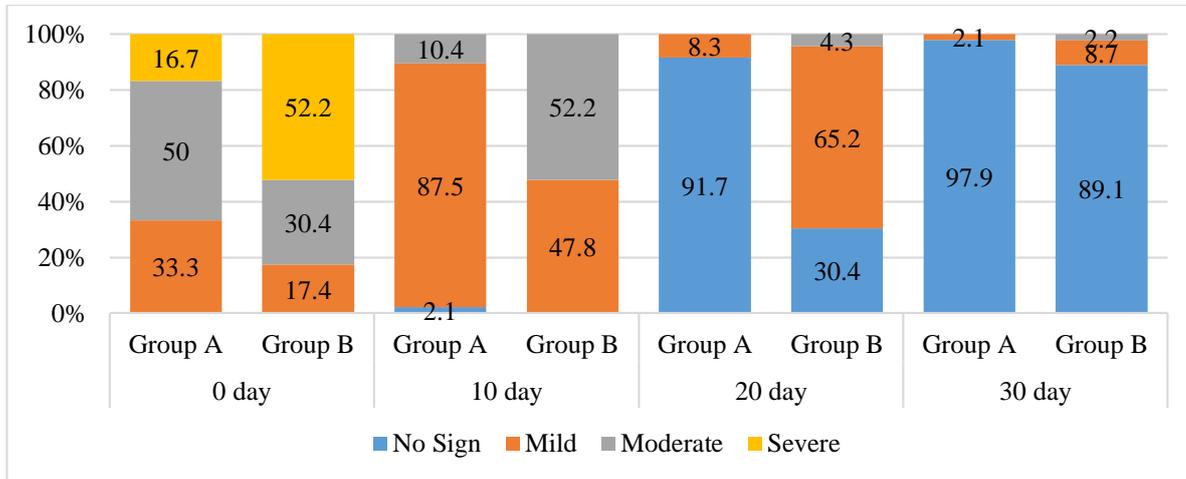
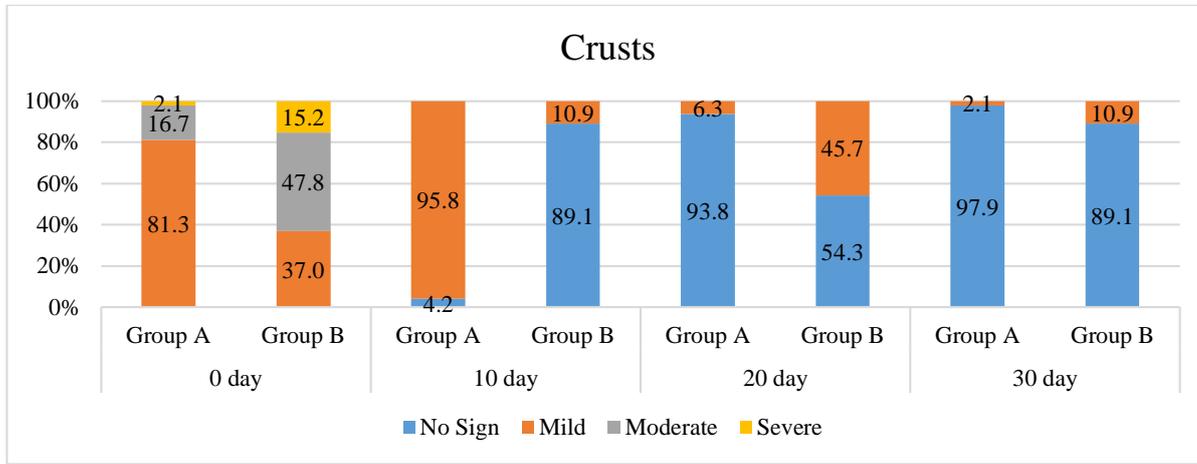


Table 4: Association of crust between Group A and Group B

Time	Symptom	Group A		Group B		Chi-square value	df	p-value
		Frequency	Percent	Frequency	Percent			
0 Day	No Sign	0	0	0	0.0	19.64	2	0.00**
	Mild	39	81.2	17	37.0			
	Moderate	8	16.7	22	47.8			
	Severe	1	2.10	7	15.2			
10 Day	No Sign	2	4.17	41	89.1	7.25	2	0.03*
	Mild	46	95.8	5	10.9			
	Moderate	0	0	0	0.0			
	Severe	0	0	0	0.0			
20 Day	No Sign	45	93.7	25	54.3	19.20	2	0.00**
	Mild	3	6.2	21	45.7			
	Moderate	0	0	0	0.0			
	Severe	0	0	0	0.0			
30 Day	No Sign	47	97.9	41	89.1	3.03	2	0.08
	Mild	1	2.1	5	10.9			
	Moderate	0	0.00	0	0.0			
	Severe	0	0.00	0	0.0			

\*\* Significant at 0.01 level and \* Significant at 0.05 level

FIGURE 4: CRUST

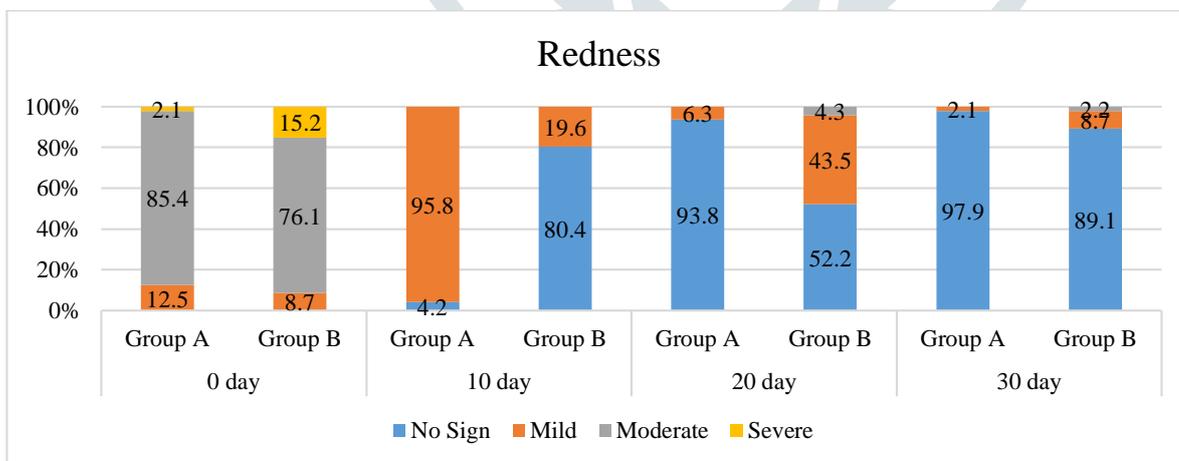


**Table 5: Association of Redness between Group A and Group B**

Time	Symptom	Group A		Group B		Chi-square value	df	p-value
		Frequency	Percent	Frequency	Percent			
0 Day	No Sign	0	0.0	0	0.0	5.33	2	0.07
	Mild	6	12.5	4	8.7			
	Moderate	41	85.4	35	76			
	Severe	1	2	7	15			
10 Day	No Sign	2	4.2	37	80.4	11.9	2	0.00**
	Mild	46	95.8	9	19.6			
	Moderate	0	0	0	0			
	Severe	0	0	0	0			
20 Day	No Sign	45	93.8	24	52.2	20.9	2	0.00**
	Mild	3	6.3	20	43.5			
	Moderate	0	0	2	4.3			
	Severe	0	0	0	0			
30 Day	No Sign	47	97.9	41	52.2	3.17	2	0.21
	Mild	1	2.1	4	43.5			
	Moderate	0	0	1	4.3			
	Severe	0	0	0	0			

\*\* Significant at 0.01 level

**FIGURE 5: REDNESS**

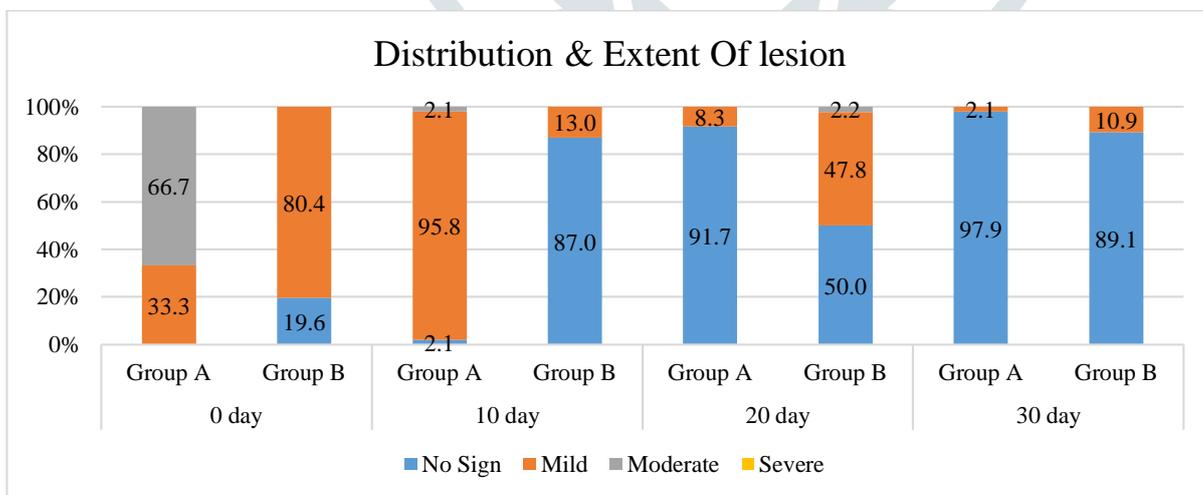


**Table 6: Association of Distribution & Extent Of lesion between Group A and Group B**

Time	Symptom	Group A		Group B		Chi-square value	df	p-value
		Frequency	Percent	Frequency	Percent			
0 Day	No Sign	0	0.0	9	19.6	2.28	2	0.13
	Mild	16	33.3	37	80.4			
	Moderate	32	66.7	0	0			
	Severe	0	0	0	0			
10 Day	No Sign	1	2.1	40	87.0	4.95	2	0.08
	Mild	46	95.8	6	13.0			
	Moderate	1	2	0	0			
	Severe	0	0	0	0			
20 Day	No Sign	44	91.7	23	50.0	20.0	2	0.00**
	Mild	4	8.3	22	47.8			
	Moderate	0	0	1	2.2			
	Severe	0	0	0	0			
30 Day	No Sign	47	97.9	41	89.1	3.03	2	0.08
	Mild	1	2.1	5	10.9			
	Moderate	0	0	0	0			
	Severe	0	0	0	0			

\*\* Significant at 0.01 level

**FIGURE 6: DISTRIBUTION & EXTENT OF LESION**

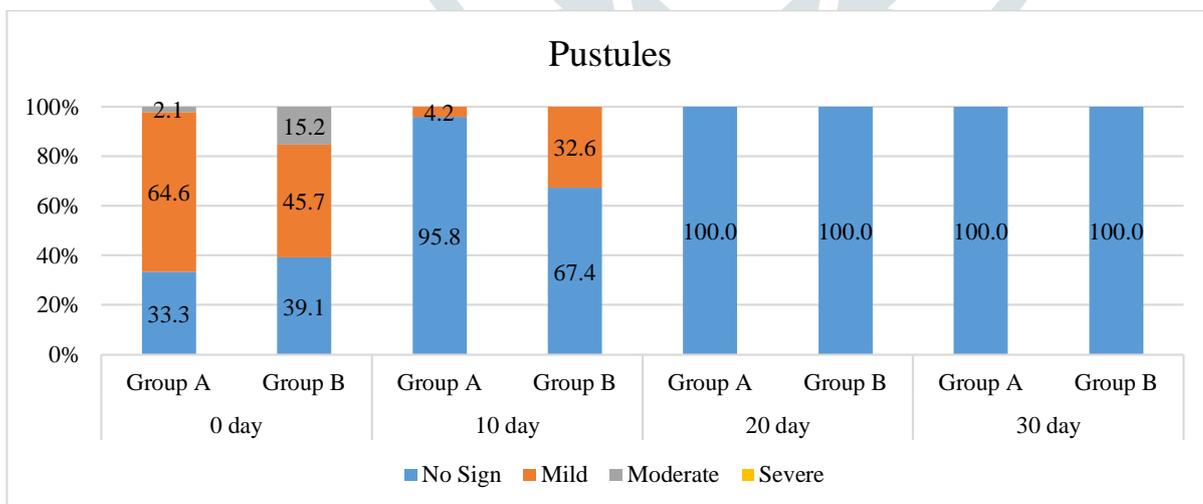


**Table 7: Association of Pustules between Group A and Group B**

Time	Symptom	Group A		Group B		Chi-square value	df	p-value
		Frequency	Percent	Frequency	Percent			
0 Day	No Sign	16	33.3	18	39.1	6.50	2	0.04*
	Mild	31	64.6	21	45.7			
	Moderate	1	2.1	7	15			
	Severe	0	0	0	0			
10 Day	No Sign	46	95.8	31	67.4	12.8	2	0.00**
	Mild	2	4.2	15	32.6			
	Moderate	0	0	0	0			
	Severe	0	0	0	0			
20 Day	No Sign	48	100.0	46	100.0	-	-	-
	Mild	0	0.0	0	0.0			
	Moderate	0	0	0	0.0			
	Severe	0	0	0	0			
30 Day	No Sign	48	100.0	46	100.0	-	-	-
	Mild	0	0.0	0	0.0			
	Moderate	0	0	0	0			
	Severe	0	0	0	0			

\*\* Significant at 0.01 level and \* Significant at 0.05 level

**FIGURE 7: PUSTULES**

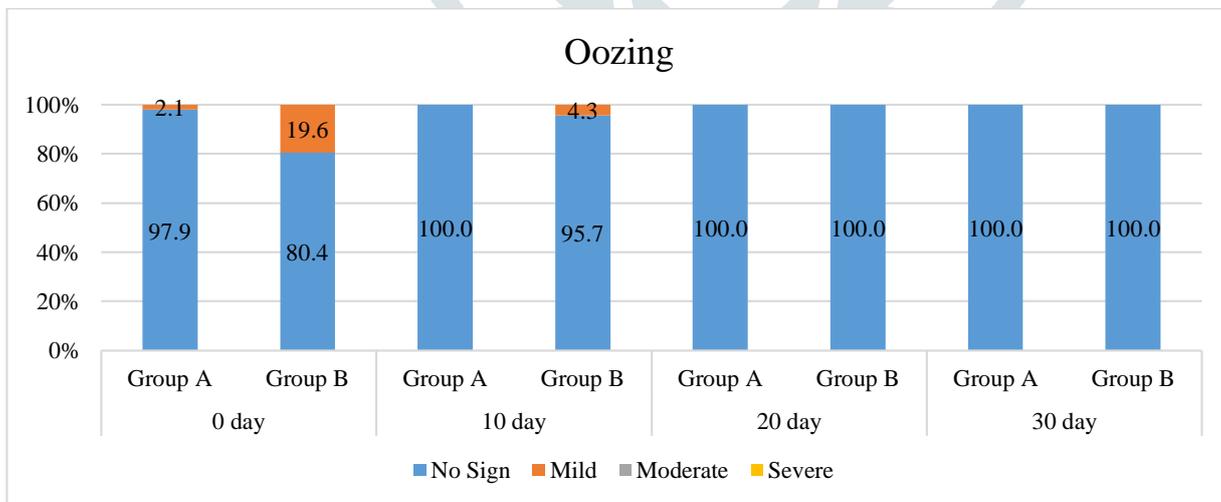


**Table 8: Association of Oozing between Group A and Group B**

Time	Symptom	Group A		Group B		Chi-square value	df	p-value
		Frequency	Percent	Frequency	Percent			
0 Day	No Sign	47	97.9	37	80.4	5.20	1	0.02*
	Mild	1	2.1	9	19.6			
	Moderate	0	0.0	0	0			
	Severe	0	0	0	0			
10 Day	No Sign	48	100.0	44	96.0	2.13	1	0.14
	Mild	0	0.0	2	4.0			
	Moderate	0	0	0	0			
	Severe	0	0	0	0			
20 Day	No Sign	48	100.0	46	100.0	-	-	-
	Mild	0	0.0	0	0.0			
	Moderate	0	0	0	0.0			
	Severe	0	0	0	0			
30 Day	No Sign	48	100.0	46	100.0	-	-	-
	Mild	0	0.0	0	0.0			
	Moderate	0	0	0	0			
	Severe	0	0	0	0			

\* Significant at 0.05 level

**FIGURE 8: OOZING**

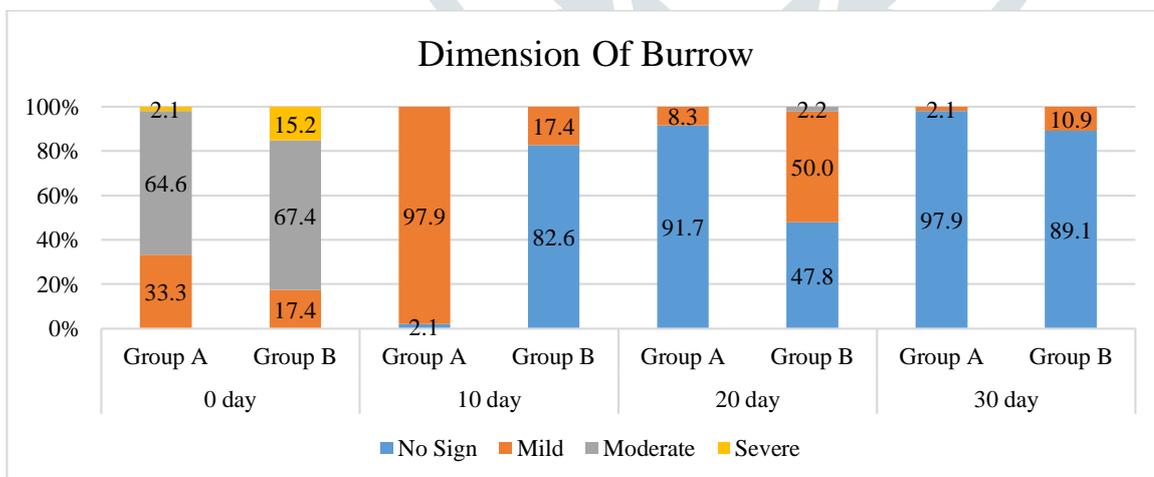


**Table 9: Association of Dimension of Burrow between Group A and Group B**

Time	Symptom	Group A		Group B		Chi-square value	df	p-value
		Frequency	Percent	Frequency	Percent			
0 Day	No Sign	0	0.0	0	0.0	7.13	2	0.03*
	Mild	16	33.3	8	17.4			
	Moderate	31	64.6	31	67			
	Severe	1	2	7	15			
10 Day	No Sign	1	2.1	38	82.6	9.91	2	0.00**
	Mild	47	97.9	8	17.4			
	Moderate	0	0	0	0			
	Severe	0	0	0	0			
20 Day	No Sign	44	91.7	22	47.8	20.7	2	0.00**
	Mild	4	8.3	23	50.0			
	Moderate	0	0	1	2.2			
	Severe	0	0	0	0			
30 Day	No Sign	47	97.9	41	89.1	3.03	2	0.08
	Mild	1	2.1	5	10.9			
	Moderate	0	0	0	0			
	Severe	0	0	0	0			

\*\* Significant at 0.01 level and \* Significant at 0.05 level

**FIGURE 9: DIMENSION OF BURROW**

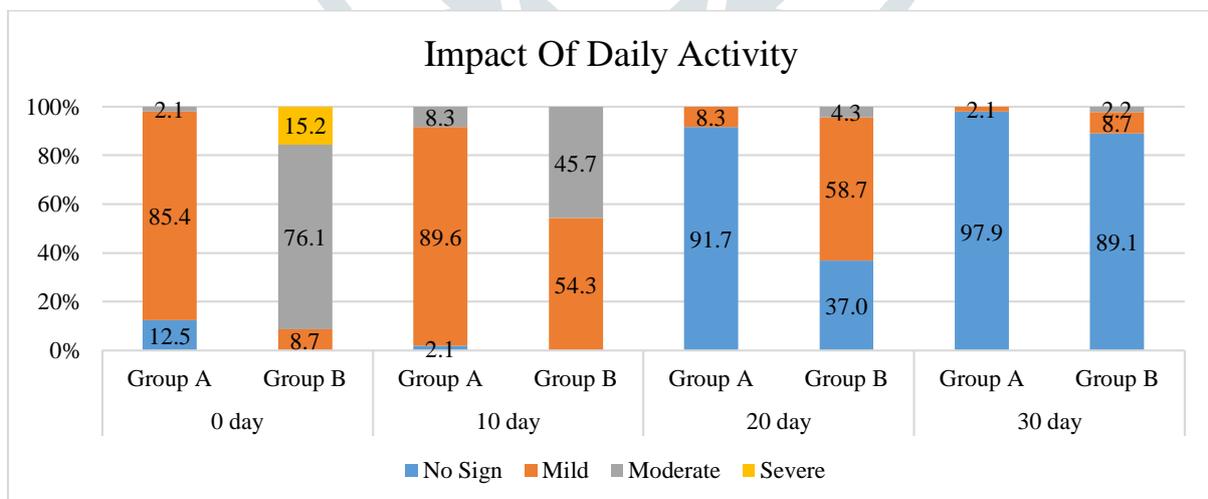


**Table 10: Association of Impact of Daily Activity between Group A and Group B**

Time	Symptom	Group A		Group B		Chi-square value	df	p-value
		Frequency	Percent	Frequency	Percent			
0 Day	No Sign	6	12.5	4	8.7	5.33	2	0.06
	Mild	41	85.4	35	76.1			
	Moderate	1	2.1	7	15			
	Severe	0	0	0	0			
10 Day	No Sign	1	2.1	31	67.4	17.3	2	0.00**
	Mild	43	89.6	25	54.3			
	Moderate	4	8	21	46			
	Severe	0	0	0	0			
20 Day	No Sign	44	91.7	17	37.0	30.8	2	0.00**
	Mild	4	8.3	27	58.7			
	Moderate	0	0	2	4.3			
	Severe	0	0	0	0			
30 Day	No Sign	47	97.9	41	89.1	3.17	2	0.20
	Mild	1	2.1	4	8.7			
	Moderate	0	0	1	2			
	Severe	0	0	0	0			

\*\* Significant at 0.01 level

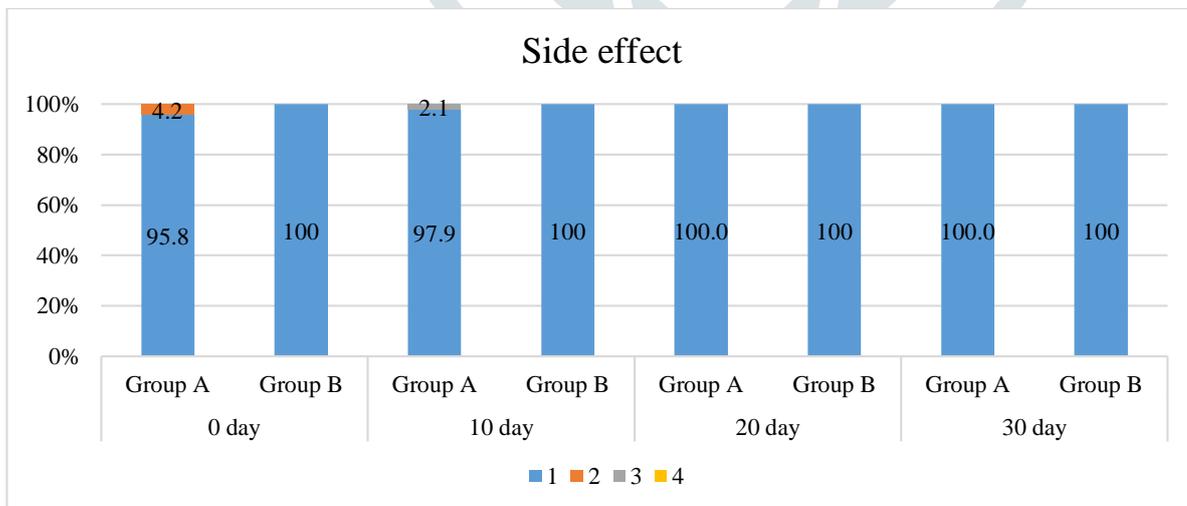
**FIGURE 10: IMPACT OF DAILY ACTIVITY**



**TABLE 11: ASSOCIATION OF SIDE EFFECT BETWEEN GROUP A AND GROUP B**

Time	Symptom	Group A		Group B		Chi-square value	df	p-value
		Frequency	Percent	Frequency	Percent			
1	No Sign	46	95.8	46	100.0	1.96	1	0.16
	Mild	2	4.2	0	0.0			
	Moderate	0	0.0	0	0			
	Severe	0	0	0	0			
2	No Sign	47	97.9	46	100.0	0.97	1	0.32
	Mild	1	2.1	0	0.0			
	Moderate	0	0	0	0			
	Severe	0	0	0	0			
3	No Sign	48	100.0	46	100.0	-	-	-
	Mild	0	0.0	0	0.0			
	Moderate	0	0	0	0.0			
	Severe	0	0	0	0			
4	No Sign	48	100.0	46	100.0	-	-	-
	Mild	0	0.0	0	0.0			
	Moderate	0	0	0	0			
	Severe	0	0	0	0			

**Figure 11: Side effect**



**DISCUSSION**

So, it is concluded statistically significant effect ( $P < 0.01$ ) from the clinical study that Arka Tailam local application is effective in reducing the signs and symptoms of scabies (PAMA). Hence, the said drug is useful in management of scabies (PAMA).<sup>11</sup> But complete effect of

Permethrin 5% lotion is seen even before 10<sup>th</sup> day of treatment in most of the patients, and the complete effect of Arka Tailam is seen very late in treatment.<sup>12</sup> Many of patients had complete relief even after 20 to 25 days of treatment. so, even if Arka Tailam is as effective as Permethrin 5% lotion after complete treatment for 30 days but there is a difference in efficacy of both the drugs in short period of treatment.<sup>13</sup> Arka Tailam takes longer time to cure the patient and quantity of Arka Tailam is also larger as percentage of active material present in Tailam is less.<sup>14</sup> But even if Permethrin 5% lotion is required in lesser quantity and has quick action it shows side effects in some patients like burning sensation over skin and even rashes over applied area.<sup>15</sup>

## CONCLUSION

It is also concluded from observations that both males and female patients were equally affected, most of the patients were from low socio-economic status and mainly were living or working in polluted, dusty or crowd environment. So, it is clear from the study that disease progress irrespective of sex, religion or creed and is mainly affected low socio-economic group patients which live in densely populated and polluted areas that's why it spreads fastly from one person to another which make this disease contagious in nature.

## CONFLICT OF INTEREST -NIL

## SOURCE OF SUPPORT -NONE

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