

INTRODUCTION

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The head louse (Pediculus humanus capitis) is an obligatory ectoparasite of man that is found on the hair and scalp, it causes irritation, discomfort and blood loss, apart from psychological and social distress. Pediculosis remains a health problem in both developed and underdeveloped countries (Mohammed and Tosleem, 1988).

Published reports indicate that head lice infestation is increasing in prevalence. Although not a very serious health problem, infestation with head lice occupies considerable time and attention of public and private health communities. A large burden has been placed on the clinicians to evaluate the efficacy and the safety of a variety of agents available for topical therapy of pediculosis capitis. There are conflicting reports and perception of toxic reactions with some of these agents, and therapeutic efficacy is difficult to be estimated because of the lack of well controlled studies that address the issue of ovicidal as well as pediculicidal activity of each drug used (Branderburg, et al., 1986).

Pediculosis capitis, is common in children, more in girls, but adults can be affected. There is usually intense pruritis of the scalp and the affected skin become lusterless

and dry; secondary complications with impetigo and frunculosis are common. In addition, the louse may be a carrier of some diseases and through its bite or excretion may transmit an infectious diseases as epidemic typhus, epidemic relapsing fever and trench fever. Treatment of Pediculosis capitis aim at destruction of the lice and the ova (Arnold et al., 1998).