

Wendy M McLean,
retired
home

Send response to
journal:
[Re: why does bug
busting fail?](#)

As someone who has found wet combing with conditioner by far the most effective method I wonder why this method is said to fail? The re-infestation problem mentioned by other respondents makes controlled trials difficult and I question whether there are valid studies of any method. Electric nit combs are satisfying for the patient but we have found the version used on dry hair misses hatchlings while the version used on both wet and dry hair is less effective than combing with tea tree conditioner. For long term success nothing beats identifying the source of reinfection. Preventive strategies need to place more emphasis on scratching not being a good diagnostic tool!

Competing interests: None declared

Parents Know Best

8 June 2003



Deborah Z.
Altschuler,
President
50 Kearney Road,
Needham, MA 02494

Send response to
journal:
[Re: Parents Know Best](#)

One could write a book on all that is wrong or blatantly missing from this BMJ article.

What is right however, is that parents do not need journal articles to know that they prefer safer treatment choices than pesticides, and are demonstrating their good judgement by refusing to accept prescriptions for malathion or lindane and choosing not to use lice pesticides in general.

Sales of pediculicide agents continue on a steady annual decline.

Congratulations to the parents and their children. "Because it's not about lice, it's about kids."

Deborah Z. Altschuler

President

National Pediculosis Association

www.headlice.org

Competing interests: I am President of the National Pediculosis Association.
www.headlice.org

Hope and honour in head lice

11 June 2003



Joanna Ibarra,
Programme Co-
ordinator
Community Hygiene
Concern, Manor
Gardens Centre, 6-9
Manor Gardens,
London N7 6LA

Send response to
journal:
[Re: Hope and honour
in head lice](#)

Dear Editor, your sources on head lice are sadly behind the times (1).

Last September, the Bug Buster Kit became available on NHS prescription in the UK. For overseas readers, I must explain that children have the right to free treatment for head lice in the UK. The kit may now be supplied to meet this right, the only alternative to failing insecticides. It contains the best combs and full instruction for the treatment of head lice using the Bug Busting wet combing method. The establishment of an informed partnership between doctors and patients to defeat lice has advanced significantly as a result. Making the kit prescribable, firstly saves doctors and nurses time on explaining to parents how to reliably identify live lice. Detection by the highly sensitive Bug Busting method (2) proves that an infestation is active. Parents may then choose to buy treatments for each infested member of their family, but they are no longer dependent on this, because the kit is re-usable for treatment. Prescribers are freed of the obligation to provide a treatment per child per infestation and make considerable savings on their drugs budget. Finally the Nit Buster comb comfortably sweeps off

those worrisome, unsightly eggshells after Bug Busting.

In 2001, Plastow and colleagues reported on this improved model of the Bug Buster Kit (3). They found children enjoy wet combing with the new yellow Bug Buster. In over 50% of cases, their carers succeeded in clearing lice after combing twice a week for 2 weeks, and the problem of re-infestation from sources outside the family was recognised and resolved by day 24, in the rest of the cases (100% success rate).

In 1996, David Hall saw the importance of becoming expert on head lice to encourage the development of a sustainable solution (4). He became the President of the Royal College of Paediatrics and Child Health and received a knighthood in the January 2003 honours list.

1. Smith R. Editor's Choice, Head lice: boring for doctors, important to patients. BMJ 2003; 326: 7401

2. De Maeseneer J, Blokland I, Willems S, Vander Stichele R, Meersschaet F. Wet combing versus traditional scalp inspection to detect head lice in schoolchildren: observational study. BMJ 2000; 321: 1187-8

3. Plastow L, Luthra M, Powell R, Wright J, Russell D, Marshall MN. Head lice infestation: bug busting vs. traditional treatment. J Clinical Nursing 2001; 10: 775-83

4. Ibarra J, Hall DMB. Head Lice in Schoolchildren. Archives of Disease in Childhood 1996; 75: 471-3

Competing interests: Co-ordinator for the charity, Community Hygiene Concern, which runs the not-for-profit Bug Busting programme - www.chc.org/bugbusting

Put 'Best Treatments' Under the Microscope!

12 June 2003

Carol Teasdale,
N/A

Send response to
journal:

[Re: Put 'Best
Treatments' Under
the Microscope!](#)

In my opinion doctors should not prescribe lotions or recommend them. It helps to perpetuates the notion that head lice are socially unacceptable, GP appointments are taken up and lotions are expensive. They are simply a bane and a hazard of growing up, but can make a worried mother very ill. I am sure that it will be found one day that they have a use to a child's maturing immune system.

So, buy a cheap, thick, white, hair conditioner designed for dry hair. Wash and coat your child's hair well in the conditioner, making sure that it is massaged right down to the roots. Leave it on for about ten minutes.

Comb through the hair with a nit comb, sometimes known as a dust comb, which is available from any chemist. Wipe the comb sideways on a light coloured towel after each pull through the hair and rinse it under running water frequently.

The comb should always be taken from the scalp right down to the bottom of the hair. The lice can't hang onto the hair and will slide off onto the comb; they are visible on the towel. They will still be alive so keep the towel well away from other people's hair. Repeat next day and so on until no lice are found, after that on a weekly basis. Remember the eggs have yet to hatch and must be combed out before they lay!

Tea Tree oil is reported to discourage hair lice in the first place. As far as I know this has no scientific basis, but it may work. It would probably help with any sores