



EFFECT OF GANDHAKA TAILA ON PAMA (SCABIES)

Kottanavar SS	KAHER's Shree BMK Ayurveda Mahavidyalaya and Research Centre Belagavi, Karnataka.
Vaidya SS	KAHER's Shree BMK Ayurveda Mahavidyalaya and Research Centre Belagavi, Karnataka.
Arbaz M	KAHER's Shree BMK Ayurveda Mahavidyalaya and Research Centre Belagavi, Karnataka.
Skandhan KP*	KAHER's Shree BMK Ayurveda Mahavidyalaya and Research Centre Belagavi, Karnataka. *Corresponding Author
Prasad BS	KAHER's Shree BMK Ayurveda Mahavidyalaya and Research Centre Belagavi, Karnataka.

ABSTRACT

In the present clinical study we observed in majority (75%) of patients where use of Gandhaka taila as external application in Pama markedly reduced itching, lesions, oozing and burning sensation.

KEYWORDS : Sulphur, Gandhaka Taila, Scabies, Pama, Kandu

INTRODUCTION

Sulphur is one of the most important mineral which has been in use since very long time for internal and external therapeutic purposes. As a single drug this is widely needed for various pharmaceutical purposes. It is included under uparasa group standing next to Rasa (Parada) in importance. The aim of the present study is to assess the scabicide effect of Gandhaka Taila (Sulphur oil).

Ayurveda has given due importance to skin diseases since the era of the Vedas. During the samhita kala study on skin diseases were done elaborately and a separate chapter on kushtha found the place, which is different than given in modern medicine (Uday 2019). The subject of dermatology was introduced in the 9th century, before this period skin diseases were external disease and which were within the purview of surgeon or of the quack.

The world wide prevalence of scabies is estimated to be present in 100 million people, with wide variation in prevalence among individual geographic region. The prevalence of scabies in many populations rises and falls cyclically, peaking every 15-25 years, for reasons unknown. The treatment of Pama (Scabies) is still a challenge to dermatologists. Except symptomatic relief, permanent cure is not assured in all cases by modern medicine.

Sulphur preparation are commonly used in Ayurveda as Kitaghana- Insecticide and Antibacterial; Kushtari- cures dermal disorders and Pamari- cures scabies.

Sulphur preparation are commonly used in Ayurveda for treatment of Pama. One of such preparation is Gandhaka Taila.

The aim of the present study is to assess the effect of Gandhaka Taila (Sulphur oil) in case of Pama.

MATERIALS AND METHODS

The diagnosis of Scabies was done as per symptoms mentioned in classics, Itching (Kandu), Lesions (Pidakas), Oozing (Sarva), Burning sensation (Daha), were selected. (Shukla, Triphati 2007)

Twenty Patients of either sex diagnosed with Scabies (Pama) from out patient department and in patient department of

KLE 'S' Shri B M K Ayurved Mahavidyalaya and Hospital, Belgaum were selected, for this study. Those who were allergic to sulphur were excluded from this study.

As a treatment patients were advised to apply externally Gandhaka Taila at bed time for a period of 10 days.

Detailed history showed maximum number of patients were from low socio-economic society. In winter season they experienced the disease and examination of patients were done and their severity of symptoms were graded as shown in Table 1. Maximum number of patients were school going children, family history of pama was seen in 12 patients. Daha is reported as present or absent.

Table 1. Grading of severity of symptoms of patients

	Kandu	Pidakas	Srava
0	No kandu	Complete clearance of pidakas	No srava
'+'	Mild kandu	Modearte clearance of pidakas	Mild srava
'++'	Moderate kandu	Mild clearance of pidakas	Moderate srava
'+++'	Severe kandu	No clearance of pidakas	Severe srava

RESULTS

The age wise distribution of patients who attended the treatment given below.

Age in years	%
11-20	30
21-30	35
31-40	15
41-50	5
51-60	15

Improvement in symptoms after the treatment is given in Table 2.

Table 2. Results of the treatment on different symptoms

Number	Symptoms	Improvement after treatment (%)
1.	Kandu (Itching)	90
2.	Pidakas (Lesions)	95
3.	Srava (Oozing)	90
4.	Daha (Burning sensation)	100

The duration of the study was for ten days. During this period all patients were relieved from all symptoms (Table 3)

In ten days period total of five patients were not relieved from kandu (2), Pidaka (1), Srava (2).

Table 3. Duration taken to relieve symptoms

Symptoms	Days during treatment									
	1	2	3	4	5	6	7	8	9	10
Kandu			2	3	5	4	4			
Pidakas				4	6	2	5	2		
Srava				5	2	2				
Daha		2	5	3	2					

DISCUSSION

Sulphur (Gandhaka) is a good blood purifier and cures various conditions of dermatoses when ingested orally (Akhavan, Breshad 2003). Gandhaka is a potent catalyst and specific detoxicating agent for mercury and other metals in general, gandhaka is invariably added in all such preparations where mercury entries as an astringent, which accounts for the huge number of compounds containing sulphur as a component ingredient. More than 20 Ayurvedic formulations contain sulphur.

Sulphur is available in two forms 1) native form (muktavastha) and 2) compound form (samyuktavastha or Khnjarupa). Sulphur is available from some of vegetables and food materials like, garlic, beetroot, raddish, onion, cabbage, milk, and meat. It is also present in crude petroleum. Free sulphur (Gandhaka) is available from, Japan, Iran, Europe, Spain and New Zealand.

Pama is the most commonly seen skin disorder (one among kshudra kushta) and is characterised by kandu, srava, pidaka and daha all over body. It may be very well correlated with scabies of contemporary science.

The present study was conducted with an aim to understand the clinical efficacy of gandhaka taila in pama (scabies) and was also to understand if only external application is sufficient for kushta.

Chemical analysis and chromatographical study of GandhakaTaila shows that it contains, elements like Calcium, Magnesium, Iron, Sulphur as Sulphide, and also this oil was preferred in this study.

The clinical study suggests that, the use of gandhaka taila in Pama as external application markedly subsidized lesion and itching.

Pama is tridoshaja vyadhi with dominance of kapha and pitta dosha. Gandhaka taila is kushtagna dravya which is having tridosha hara property so holds good for kushta (pama). So ushna veerya and madhura vipaka of gandhaka acts on respective dosha and subsides the disease.

Gandhaka is katu,tikta, Kashaya rasayukta dravya, karmas of katu, tikta, Kashaya rasa is kushtagna, kandugna. So kandu lakshana will be relieved by these rasas.

As gandhaka taila is having ushna guna, is acts on kapha dosha and relieves kandu.

Arka ksheera and snuhi ksheera used in preparation of gandhaka taila is having kushtagna properties which helps in subsiding the disease.

Gandhaka having krimigna property by virtue of which krimis (sarcoptes scabiei mite) are removed. Therefore from observation and results during 10 days of treatment it is noted

that there was a significant scabicial effect of gandhaka taila.

CONCLUSION

In the present clinical study we observed in majority (75%) of patients where use of Gandhaka taila as external application in Pama markedly reduced itching, lesions, oozing and burning sensation.

REFERENCES

1. Bagel M.S. - Research in Ayurveda – A classified directory of All Indian PG & Ph.D thesis, Mridu Ayurvedic Publications, Jamanagar, 1997
2. Shastri R B (Editor): Bhaishajya Ratnavali. Varanasi, Govindadas Chowkhamba Sanskrit Series 2006, p
3. Mishra BS, Vaisyan R (Editors): hava Mishra. Varanasi, Chaukhamba Sanskrit Series 1969, p
4. Mishra BS, Vaisyan R (Editors): Bhava Prakash. Varanasi, Chaukhamba Sanskrit Series 1969, p
5. Bhela M, Bhela Samhita. Varanasi, Chowkhamba Vidya Bhavan, 1959, P
6. Sastri RD (Editor): Charak Samhita. Varanasi, Chowkhamba Vidya Bhavan, 1969, p
7. Acharya JT (Editor): Sushruta Samhita Nibandha Sanghara Sanskrit. Varanasi, Chowkhamba, Surabharati Prakashana, 1992, p
8. Shastri K (Editor): Govindadas, Bhaishajya Ratnavali, New Delhi, Motilal Banarasi Das Bharateeya Sanskriti Granthamala, 1996, edition 12, p
9. Pandeya D (Editor): Sharangadhara Samhita, Varanasi. Chowkhamba Sanskrit Series Office 1966, edition 4, p
10. Upadhyaya Y (Editor): Astanga Hrudayam, Varanasi. Chowkhamba Sanskrit Sansthan, 1992, edition 10, p
11. Herimath SG. A Text Book of Bhaishajya Kalpana 1st edn, Bangalore. Publication IBH Prakashan, 2000, p
12. Mellanby K. The development of symptoms, parasitic infection and immunity in human scabies, Parasitology, 1944, Vol. 35, p, 197–206
13. S. Davidson's Principle and Practice of Medicine, ELBS Publication . 2010, edition 17, p
14. Harrison's Principles of Internal Medicine. MC Graw Hill Inc. Health Profession Division. 1992, Vol 2, edition 13
15. Valia RG. Text Book and Atlas of Dermatology. Bombay, Bhalani Publishing House, 1994, p
16. Vogel AI. Text Book of Practical Organic Chemistry. 2005, edition 5, p
17. Laurence DR. Clinical Pharmacology. London and New Delhi, Churchill Livingstone, Edinburgh. 1973, edition 4, p
18. Tripathi KD. Essential of Medical Pharmacology. New York, Jay Pee Brothers, 1988, edition 2, p
19. Uday K. Skin Diseases and Sexually Transmitted Infections. CBS Publishers & Distributors Pvt Ltd, 2019, edition 7, p 35
20. Kotrannavar V S. Kotrannavar S S, Vaidya S S. Pharmaceutico Analytical Study of Gandhaka Taila, Indian Drug Manufactures Association. 5:42-46, 2013
21. Dole V A Rasaratnasammuccaya. Varanasi, Chowkhamba Sanskrit series office 2008, edition 2, p 97
22. Akhavan A and Bershad S. Topical acne drugs: review of clinical properties, systemic exposure and safety. Am J clin Dermatol 4 : 473-92, 2003 Detailed history showed maximum number of patients were from low socio-economic society. In winter season they experienced the disease and examination of patients were done and their severity of symptoms were graded as shown in Table 1. Maximum number of patients were school going children, family history of pama was seen in 12 patients. Daha is reported as present or absent.