



A Comparative Clinical Study Of Efficacy Of External Application Of Durvaadi Taila And Tuvaraka Taila In The Management Of Pama Kushta W.S.R To Scabies

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ABSTRACT

Pama Kushta (scabies) is a highly contagious dermatological condition caused by *Sarcoptes scabiei*. Despite the availability of modern treatments providing symptomatic relief, challenges like recurrence and side effects persist, necessitating alternative approaches. This study evaluates the comparative efficacy of two Ayurvedic formulations, Durvaadi Taila and Tuvaraka Taila, in managing Pama Kushta through external application.

A clinical trial was conducted with 40 participants, divided into two groups (Group A and Group B), treated with Durvaadi Taila and Tuvaraka Taila, respectively. Outcomes were assessed based on key symptoms, including Kandu (itching), Toda (pain), Daha (burning sensation), Pidaka (eruptions), and Srava (discharge). Statistical analysis revealed significant improvements in both groups across all parameters, with Group A demonstrating slightly higher average improvement (48.22%) compared to Group B (45.15%).

The study concludes that while both treatments are effective and safe, Durvaadi Taila exhibited marginally superior efficacy. These findings highlight the potential of Ayurvedic interventions as viable alternatives for managing scabies, particularly in cases resistant to conventional therapies.

Key words: Durvaadi Taila, Tuvaraka Taila, Pama Kushta

INTRODUCTION

Pama (scabies) is an acute communicable disease, caused by *Sarcoptes scabiei* an Antropode, of the order Acarina. Although a long recognized disorder of skin but is a common problem in India. Its incidence is about 30% of all the dermatoses and 2-3% of all medical problems seen in practice. Despite all the modern advances in medical science in general and in the sphere of skin in particular, scabies is far from being fully understood. The treatment of Pama is still a challenge to dermatologists. Except symptomatic relief for time being, permanent cure cannot be assured in all cases with any modern drug known today for its treatment.

Pama is one of the types of *Kshudra Kushtha*¹ as the "*Kshudra*" word itself means not having more importance. The one reason behind this may be at the time when it is described the spreading or incidence of disease may not be more, so they haven't paid more attention towards this disease. In the ancient Indian books such diseases are termed as highly contagious diseases known as *Aoupasargik Vyadhi*. *Pama* can be compared with scabies which is caused by parasite *sarcoptes scabei* having similar Clinical features.

Scabies (also known as the seven-year itch) is a contagious skin infestation by the mite *Sarcoptes scabiei*. The most common symptoms are severe itchiness and a pimple-like rash. Occasionally, tiny burrows may appear on the skin. In a first-ever infection, the infected person usually develops symptoms within two to six weeks. During a second infection, symptoms may begin within 24 hours. These symptoms can be present across most of the body or just certain areas such as the wrists, between fingers, or along the waistline. The head may be affected, but this is typically only in young children. The itch is often worse at night. Scratching may cause skin breakdown and an additional bacterial infection in the skin.²

As the modern drugs are more useful in *pama* (scabies) providing relief within short period but the recurrence of disease with such drug is more common. So, there is a need to evaluate the efficacy of *Ayurvedic* drug which will have best anti-scabietic action, within a short period, with negligible side-effect& decreasing the incidence of recurrence of disease. So, this study was intended to conducted to evaluate the efficacy of Durvaadi Taila and Tuvaraka Taila in the management of Pama.

According to Bhaisajya Ratnavali³, Durvaadi Taila is very effective in *pama* a type of *kshudra kushtha*. Tuvaraka Taila is also advised in the treatment of the *Pama*, by Sushruta⁴.

For the skin disorders external medicaments are mostly useful for the treatment. Hence the present study "Comparative Clinical Study of Effect of Durvaadi Taila and Tuvaraka Taila in Pama (Scabies)" was intended by applying both the medication externally.

OBJECTIVES

- ☐ To evaluate the efficacy of Tuvaraka taila in pama kushta.
- ☐ To evaluate the efficacy of Durvaadi taila in pama kushta
- ☐ To compare the efficacy of Tuvaraka taila and Durvaadi taila in pama kushta.

MATERIALS AND METHODS

Study design: A Simple comparative clinical Prospective study and sampling technique is purposive or deliberate.

Sample size and grouping: 40 patients suffering from Pama Kushta were selected and divided into 2 groups, 20 patients in each group.

Group A- 20 patients were applied with Durvadi taila for 7 days

Group B- 20 patients were applied with Tuavaraka taila for 7 days

Source of Data:

Patient suffering from Pama Kushta were selected from Kayachikitsa **O.P.D** and **I.P.D.** of **R.G.E.S.A.M.C & Hospital Ron** after fulfilling the Inclusion and Exclusion criteria.

Selection Criteria:

The cases were selected strictly as per the pre-set inclusion and exclusion criteria.

Inclusion Criteria:

1. Recently diagnosed cases of pama kushta irrespective of caste, religion, sex or socioeconomic status.
2. Age group between 16 to 60 years
3. Patients who are willing for the clinical trial

Exclusion Criteria:

1. Age group below 16 yrs and above 60 yrs.
2. Patients suffering from chronic skin diseases, immune suppressed system disorders.
3. Patients who were not willing to participate in clinical trial. Kushta other than pama kushta.
4. Pama associated with immunodeficiency such as HIV. Nargewian scabies.
5. Pregnant women and lactating mother

Criteria for diagnosis:

Diagnosis was established by clinical examination of signs and Symptoms of Pama Kustha.

- Kandu(itching)
- Toda(pain)
- Daha(burning sensation)
- Pidaka(eruptions)
- Srava(discharge)

Investigations: For Diagnostic purpose

Hematological investigations wherever necessary

INTERVENTIONS

Consent was taken from the patient.

GROUP A

Yoga: Durvaadi taila

Mode of administration : Bahya lepana (external application on affected part)

Dose: As per requirement depends upon the extend of lesions)

Duration: 7 days

Kala: Apply twice a day

GROUP B

Yoga: Tuvaraka taila

Mode of administration : Bahya lepana(external application on affected part)

Dose: As per requirement depends upon the extend of lesions)

Duration: 7 days

Kala: Apply twice a day.

The Materials Used for the Study:

Durvaadi taila: Ingredients: Tila Taila, Durva Swarasa, Durva Kalka

Tuvaraka taila: Tuvaraka phala majja taila, khadira kwatha, Tuvaraka Kalka

ASSESSMENT OF THE RESULTS:

The subjective and objective parameters of base line data to post medication were compared for assessment of the results. All the result was analysed statistically for 'p' value using paired - t test and Anova

Subjective parameters:

Toda

Grading	Observation
0	Absent
1	Occasionally present
2	Tolerable pain
3	Intolerable pain

Kandu

Grading	Observation
0	Kandu Rahitha
1	Alpa Kandu
2	Madhyama Kandu
3	Teevra Kandu

Daaha

Grading	Observation
0	Absent
1	Occasionally present
2	Tolerable
3	Intolerable

Objective criteria**Pitika**

Grading	Observation
0	Nil
1	Mild
2	Moderate
3	Severe

Srava

Grading	Observation
0	Absent secretion
1	Mild occasional oozing
2	Moderate oozing after some pressure
3	Severe oozing without pressure

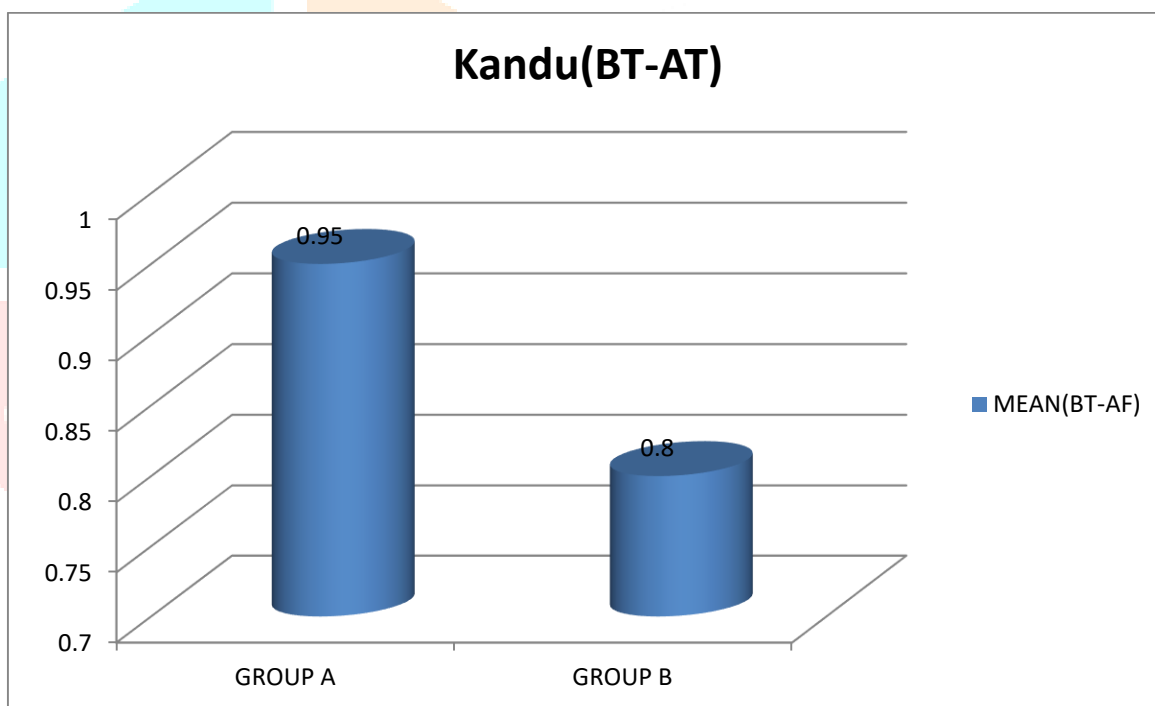
RESULTS**1. KANDU(ITCHING) -**

Table- Showing Comparison between two groups for Kandu(Itching).

PARAMETER	GROUP	Mean (BT-AT)	% of improvement	SD	T-Value	P-Value	Remarks
KANDU(ITCHING)	A	0.95	40.4	0.223	1.14	>0.05	NS
	B	0.8	35.5	0.523			

From the above analysis it is clear that p value is more than the t value, so it can be concluded that the effect of both groups are having equal effect in treating the Pama Kustha. But percentage improvement of Group A(40.4%) is more than of group B(35.5%)

Graph No. 1 Showing Comparison between two groups for Kandu(Itching).



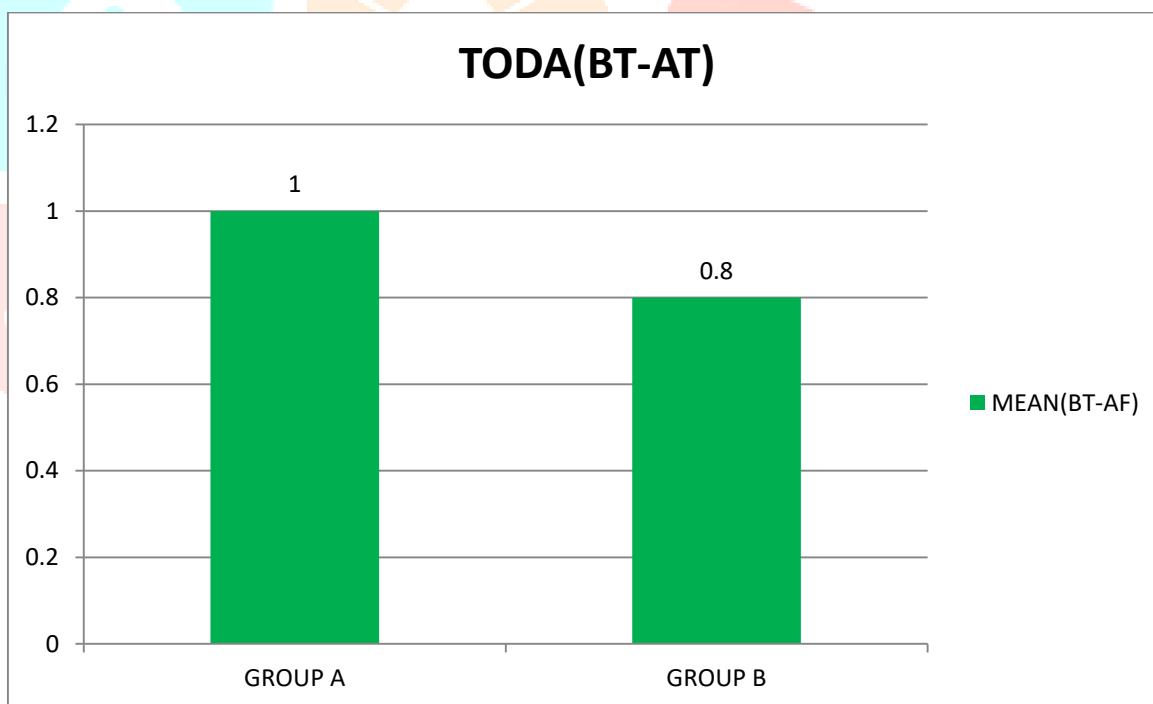
2. TODA(PAIN)

Table -Showing Comparison between two groups for Toda(Pain).

PARAMETER	GROUP	Mean	% of improvement	SD	T-Value	P-Value	Remarks
TODA(PAIN)	A	1	45.94	0.45	1.16	>0.05	NS
	B	0.8	45.71	0.52			

From the above analysis it is clear that p value is more than the t value, so it can be concluded that the effect of both groups are having equal effect in treating the Pama Kustha. But percentage improvement of Group A(45.94%) is more than of group B(45.71%)

Graph No. 2. Showing Comparison between two groups for Toda(Pain).



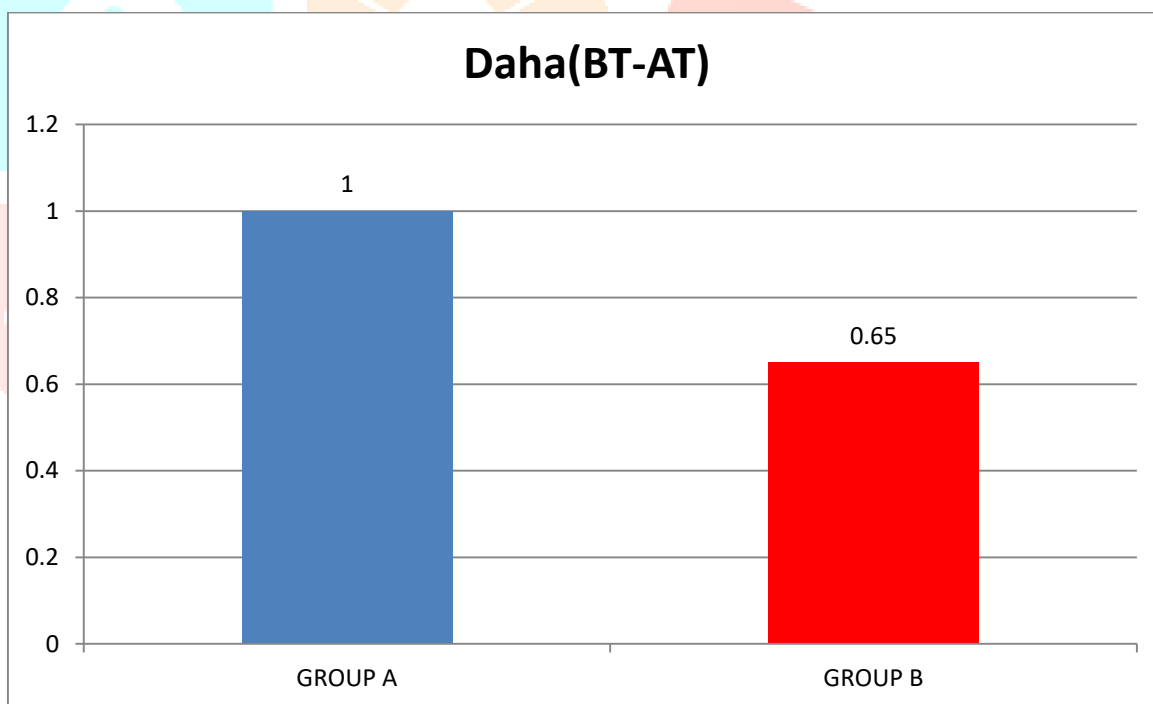
3. DAHA(BURNING SENSATION)

Table-Showing Comparison between two groups for Daha(Burning Sensation)

PARAMETER	GROUP	Mean	% of improvement	SD	T-Value	P-Value	Remarks
Daha	A	1	52.63	0.56	1.92	>0.05	NS
	B	0.65	44.82	0.48			

From the above analysis it is clear that p value is more than the t value, so it can be concluded that the effect of both groups are having equal effect in treating the Pama Kustha. But percentage improvement of Group A(52.63%) is more than of group B(44.82%)

Graph No.3. Showing Comparison between two groups for Daha(Burning Sensation)



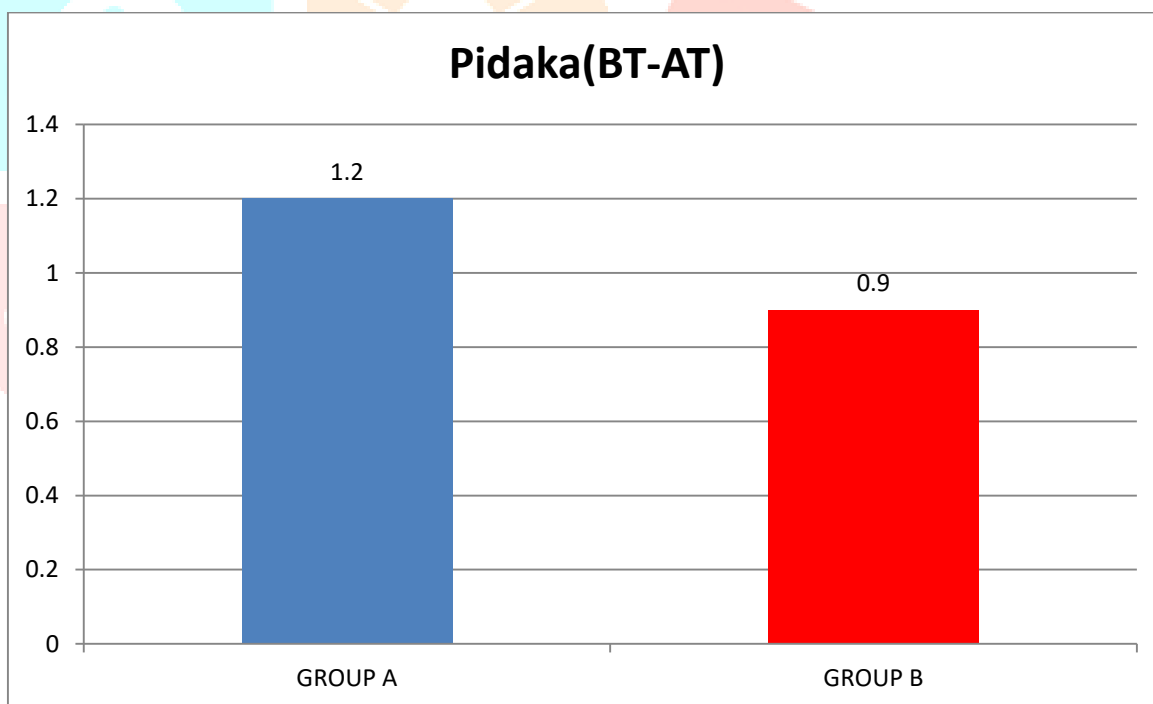
4. PIDAKA(ERUPTIONS)

Table-Showing Comparison between two groups for Pidaka(Eruptions)

PARAMETER	GROUP	Mean	% of improvement	SD	T-Value	P-Value	Remarks
PIDAKA(ERUPTIONS)	A	1.2	52.17	0.41	2.04	>0.05	NS
	B	0.9	54.5	0.64			

From the above analysis it is clear that p value is more than the t value, so it can be concluded that the effect of both groups are having equal effect in treating the Pama Kustha. But percentage improvement of Group B(52.17%) is more than of group A(54.5%)

Graph No. 4. Showing Comparison between two groups for Pidaka(Eruptions)



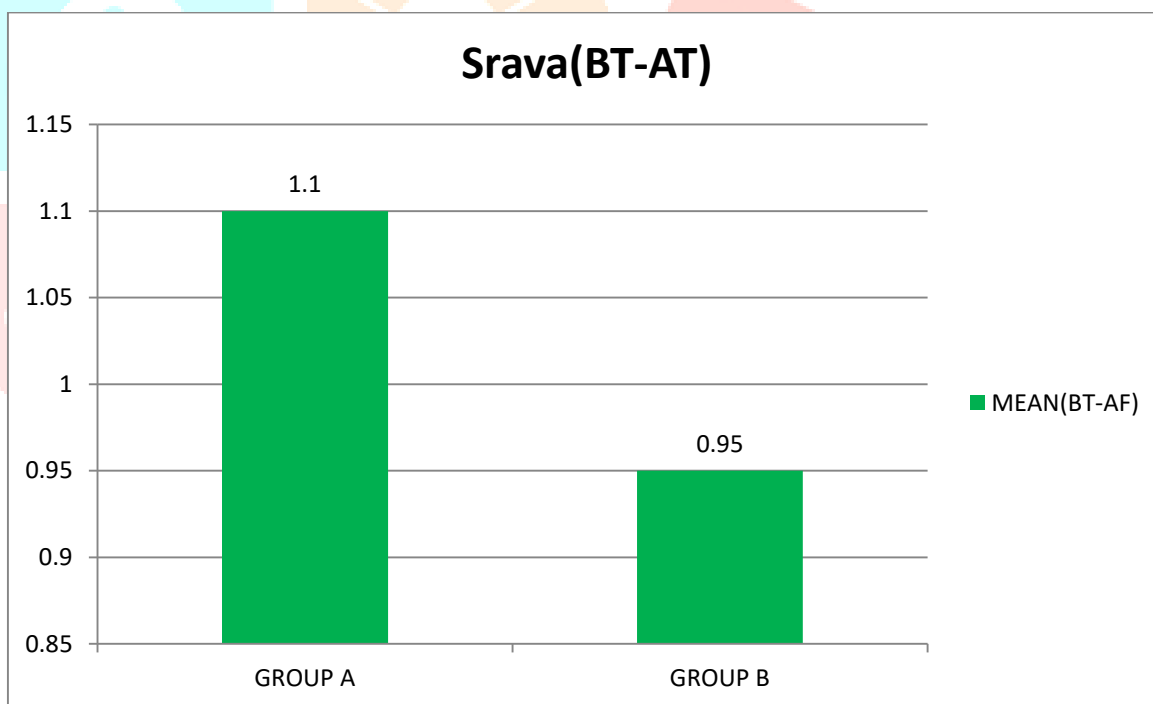
5. SRAVA(DISCHARGE)

Table-Showing Comparison between two groups for Srava(discharge).

PARAMETER	GROUP	Mean	% of improvement	SD	T-Value	P-Value	Remarks
Srava(discharge)	A	1.1	50	0.55	0.718	>0.05	NS
	B	0.95	45.23	0.60			

From the above analysis it is clear that p value is more than the t value, so it can be concluded that the effect of both groups are having equal effect in treating the Pama Kustha. But percentage improvement of Group A(50%) is more than of group B(45.23%)

Graph No.5. Showing Comparison between two groups for Srava(discharge).



Comparison Between Group A and Group B

PARAMETER	GROUP	Mean	% of Improv.	T-Value	P-Value	Remarks
Kandu(itching)	A	0.95	40.4	1.14	>0.05	NS
	B	0.8	35.5			
Toda(pain)	A	1	45.94	1.16	>0.05	NS
	B	0.8	45.71			
Daha(burning sensation)	A	1	52.63	1.92	>0.05	NS
	B	0.65	44.82			
Pidaka(eruptions)	A	1.2	52.17	2.04	>0.05	NS
	B	0.9	54.5			
Srava(discharge)	A	1.1	50	0.71	>0.05	NS
	B	0.95	45.23			

For comparison between Group A and Group B, Un paired t test is used. From above table we can observe that P-Values for all parameters are more than 0.05. Hence we conclude that there is no significant difference between Group A and Group B in the management of Pama Kustha.

Further we can observe that Average percentage of improvement of Group A is 48.22% which is greater than Average percentage of improvement of Group B- 45.15%. Hence we conclude that effect observed in Group A is more than Group B.

DISCUSSION

MODE OF ACTION

The drug *Durvadya Taila* having properties such as, Anthelmintic, Antibacterial, Antiviral, Antifungal, Antipyretic, Antibiotic, Insecticidal, Antimicrobial, Hypoglycemic, Antiprotozoal. The ingredients of these drugs if individually analyzed, are having the same above said pharmacological activities, and so indicated in *Pama*. Acharya Charaka states that, certain drugs act through *Rasa*; some through *Veerya*; some through their *Gunas*; some through their *Vipaka* and some through their *Prabhava*. Here this drug may act due to their *Tikta Rasa* predominant. They also have *Laghu*, *Sheet Guna* and *Kapha- Pitta Shamaka* properties, which may help to cure the *Pama*. Because of its *Laghu*, *Ruksha Guna* and *Tikta*, *Katu Rasa* (dominant with *Agni*, *Vayu* and *Akasha Mahabhuta*) act as *Pitta* and *Kaphashamaka*. *Tikta Rasa* and *Laghu*, *Ruksha Guna* helps in destruction of *Pitika*, *Kandu*, *Daha* by going in to *Sukshama strotsa* of *Twacha*. Thus, the drug i.e. *Durvadya*

Taila acts on disease *Pama* and helps to overcome disease process and provides beneficial action. The present work contains clinical study on the efficacy of *Durvadya Taila* and *Tuvaraka Taila* in the management of *Pama* w.s.r. to scabies.

CONCLUSION

The following conclusions are drawn after logical interpretation of the results obtained in this clinical study, which are listed below:

- Group A (treated with *Durvaadi Taila*) showed higher percentage improvements across all parameters (Kandu, Toda, Daha, Pidaka, Srava) compared to Group B (treated with *Tuvaraka Taila*).
- Statistically, no significant difference was observed between the two groups ($p > 0.05$), although Group A demonstrated slightly better average improvement (48.22%) compared to Group B (45.15%).
- Significant improvement in symptoms such as itching (Kandu), pain (Toda), burning sensation (Daha), eruptions (Pidaka), and discharge (Srava) in both groups.
- Group A showed greater improvement in Kandu (40.4%) and Daha (52.63%), whereas Group B had slightly better outcomes in Pidaka (54.5%).
- Both *Durvaadi Taila* and *Tuvaraka Taila* are effective in managing *Pama Kustha*.
- Group A's results indicate marginally better efficacy, suggesting *Durvaadi Taila* may be slightly more advantageous in treatment.

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