

**DEPENDENCE ON GUL: AN INDIGENOUS
COMPOUND CONTAINING TOBACCO**

Sir,

Gul is an indigenous dental powder available in the eastern states of India. It is made of tobacco leaves which are powdered and mixed with some hitherto unknown ingredients. It is used by rubbing it on to the teeth and gums with the fingertips or less commonly, with tooth brushes. It is widely abused in the towns and villages of the state of Bihar and some districts of West Bengal and Orissa.

Gul abuse is prevalent in all socioeconomic groups, but more so in the middle and lower classes. It is commoner in females, in the young and the middle aged. The usual brushing of the teeth in the mornings and before retiring to bed is replaced with 'gul rubbing' by the users. They also rub it when they feel anxious, depressed or overburdened with work. Many of them rub it several times, even up to 50 times a day. Although use of gul for cleaning the teeth is acceptable in society, overindulgence is perceived as an addictive behavior.

An eighteen year old female was admitted to our institute for the treatment of gul dependence. She was in the habit of using gul 40 to 50 times a day. The parents became worried with this excessive indulgence as all her activities centered around procuring gul. They were also worried that this would adversely affect her physical health. They tried to stop this behavior, but it only resulted in the patient becoming irritable and quarrelsome. In the hospital she developed withdrawal symptoms in the form of intense craving, restlessness, vomiting, sleeplessness and marked irritability. She had no other diagnosable psychiatric problem nor had any other psychoactive substance abuse. The withdrawal symptoms were managed with clonidine and tapering doses of diazepam. She was asymptomatic within a fortnight and was discharge after about a month. She did not report for follow up.

Smoking by females is looked down upon in our culture, but the use of tobacco in the form of gul is socially sanctioned and the user is able to indulge in this behavior in the guise of cleaning one's teeth. Only rarely it is recognized as a problem as in the case mentioned above. Though a large proportion of the population in the eastern states of India abuse this compound (which may contain other dependence producing substances also), no report has yet been published regarding the abuse of this product. This

CORRESPONDENCE

may be because cases of gul dependence are usually not brought for consultation to the psychiatrists. It has been our experience that there is usually an increase in the symptomatic abuse of this product in psychotic disorders and episodes of depressive illness. This report is an effort to bring to the notice of researchers in the field of psychiatry and related fields, the endemic abuse of this substance - a hitherto unrecognized but widely prevalent problem.

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