

Effect of an ayurvedic medication orally and lodhradi lepa locally in the management of yuvanpidika (acne vulgaris)– a single case study.**Shubham Santoshlal Jaiswal,**

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Author Correspondence: email- shubham.jaiswal.kap77@gmail.com; Mb. No.: 8805676945**ABSTRACT**

Face is a representation of any human personality and we know first impression is last impression. *Yuvanpidika* or *mukhadushika* in ayurveda describe under the heading of *kshudra roga*. It is mostly seen in teenagers and young adults 16 to 25 years group (*yuvan / youvan* group) so it is called *yuvan pidika* (*youvan pidika*) or *tarunyapidika* or *mukhdushika*. Due to vitiation of *kapha*, *vata*, *rakta* symptoms like *araktawarnata* (redness), *daha* (burning sensation), *vedana* (pain), after some days it show *puyotpatti* (pus formation). In modern it compared with acne vulgaris. It is common chronic skin disease involving blockage and or inflammation of pilosebaceous unit (hair follicle and their accompanying sebaceous gland).

Case report – A 21year female patient healthy before 6 months then she gradually started complaints with *araktawarnata* (redness) with a small *pidika* over bilateral cheeks along with inflammation and pain from six months so patient was treated with oral ayurvedic medication (*arogyavardhini vati*, *gandhak rasayana*, *dashmool kwath*)

and *lodhradi lepa* locally for 45 days and she got remarkable result in the symptoms of *araktawarnata*, *daha*, *Vedana* and also decreased in no. of *pidika*.

Keywords - *mukhdushika*, *yuvanpidika*, *tarunyapidika*, *youvan pidika*, *araktawarnata*, acne vulgaris, *lodhradi lepa*.

Introduction

The part of ourselves that we show the outside world is our skin. Thus, it is not surprising that skin care and the correspondingly large cosmetics sector are of such high interest. There is an old saying that 'Face is the index of mind'. A person's face is what makes them unique. *Tarunyapidika* is the most prevalent facial deformity. In comparison to other diseases, the conditions for which *Nidana*, *Lakshana*, and *Bheda* are prescribed are discussed in less detail, they are known as *Kshudraroga* and are relatively less dangerous than other illnesses. Several classical books by Acharyas describe *Tarunyapidika* as one of the *Kshudrarogas*. Acharya Susruta was the first and foremost to mention a group of

skin diseases under the one category as *Kshudraroga*¹, and described various treatment procedures separately.² Along with Acharya sushruta, different acharyas like Bhavprakash, Madhav, Vagbhata have explained that the eruptions like *shalmali* thorn (*shalmalikantak sadrush*) on face during adulthood caused by *Kapha*, *Vata* and *Rakta* are known as *Mukhdushika* or *Tarunapidika*. In Ayurvedic texts, *Vamana Karma* [therapeutic emesis] and *Raktamokshana* [blood- letting] are chief treatment mentioned for *Yuvanapidaka* along with certain topical applications and oral medications.³

Youvana Pidaka is discovered to be comparable to acne or acne vulgaris. According to the Global Burden of Disease (GBD) study, acne vulgaris affects ~85% of young adults aged 12-25 years⁴ and the project has estimated the prevalence of acne to be 9.4%, ranking it as the eighth most prevalent disease worldwide⁵. Acne Vulgaris is a chronic inflammatory disease of the pilo-sebaceous follicles characterized by comedones, papules, pustules and often scars, chiefly on cheeks, chin, nose, forehead and upper trunk.⁶ Acne tends to appear earlier in females, due to later onset of puberty in males. Patients having acne have an associated increased secretion of the sebaceous gland leading to increased oiliness of the skin. This is acted upon by the normal flora of the skin. Fatty

acids along with the other components of the sebaceous secretions and the bacteria are responsible for producing the acne lesion.⁶

In this study we used *lodhradi lepa*⁷ locally along with ayurvedic medicine orally in the treatment of *mukhdushika*.

Material and methods

A 21years female patients came to our opd of our hospital having complaints of pimples (*mukhadushika*) over face associate with pain on touch (*ruja*), discoloration (*twaka-vaivaranya*) at site, sometimes itching (*kandu*) and burning sensation (*daha*) also present since 5 - 6 months. She had received allopathic treatment, there was significant relief on taking the medications, but symptoms recurred on cessation of medicines. Hence, she came to our hospital for management. There was no significant prior history of any kind of systemic disease discovered. Vitals are stable pulse – 80/min, temp – afebrile, B.P. – 120/80 mmHg, RR – 12/min, systemic examination was normal, local examination shows multiple black heads, white heads, exfoliations, pustules and discoloration (blackish and reddish). On Ayurvedic parlance, the present case was diagnosed as *mukhadushika* based on the signs and symptoms described in classical literature.

Assessment criteria

Table no. 1 shows Subjective parameter^{8,9}

Sr no.	Subjective parameter		Grade
1	<i>Vedana</i> of <i>Pidaka</i> / <i>Suruja</i> (Pain)	No tenderness	0
		Pain on deep pressure over the <i>Pidaka</i>	1
		Pain on touch over the <i>Pidaka</i>	2
		Pain without touch over the <i>Pidaka</i>	3

2	<i>Shotha</i> in the <i>Pidaka</i>	No <i>Shotha</i>	0
		Mild <i>Shotha</i>	1
		Moderate <i>Shotha</i>	2
		Severe <i>Shotha</i>	3
3	<i>Srava</i> in the <i>Pidaka</i>	No <i>srava</i>	0
		Lasika <i>srava</i>	1
		Puya <i>srava</i>	2
		Pinjara <i>srava</i>	3
4	<i>Kandu</i> (Itching)	No Itching	0
		Frequent itch but no need of scratches	1
		Continuous itch likes to scratch more and more	2
		Severe Itch leading to scratch and pus/blood discharge	3
5	<i>Daha</i> (Burning Sensation)	No Burning sensation	0
		Burning sensation only after Itching	1
		Burning sensation while having sun exposure	2
		Continuous Burning sensation	3

Sr no.	Objective parameter	Grade	
1	Number of <i>Pidaka</i>	No <i>Pidaka</i>	0
		1 - 5 <i>Pidakas</i>	1
		5 - 10 <i>Pidakas</i>	2
		More than 10 <i>Pidakas</i>	3
2	Size of <i>Pidaka</i>	No <i>Pidaka</i>	0
		0 to 2mm	1
		In between 2 to 4 mm	2
		More than 4 mm	3
Note: When <i>Pidakas</i> are multiple, the size of the largest <i>pidaka</i> is considered.			

Table no.2 shows Objective parameter^{8,9}

Intervention

Following ayurvedic treatment were given to a patient on opd basis. *Lodhradi lepa* preparation and application

Poorva karma – Before applying *Lepa*, the patient was instructed to wash their face with regular water.
Pradhan karma – The necessary amount of *lodhradi choorna* was taken, and enough regular water was added to turn the *choorna* into *lepa*

form. The patients were instructed to apply *Lepa* all over their faces in the opposite direction of their hair roots. The *Lepa* was applied uniformly thick, about 1/4 of an inch, or one fourth of one's own thumb width. Applying *Lepa* to the face should be done for at least 45 minutes to an hour, or until it dries out, and it was done in the morning (between 7 and 10 am).

Paschat karma - The patients were instructed to wash their faces with

regular water after the *Lepa* had dried.

local application of *lodhradi lepa* over affected area for 45 days. Oral medication also given i.e. *mahatikta ghrita* 10ml empty stomach daily for 30 days. Tab *gandhak rasayana* orally for 30 days with lukewarm water after taking food. Tab *arogyavardhini vati* orally with lukewarm water after food for 45 days. *Dashamool kwath* 30 ml twice a day for 45 days.

Table no. 3 shows given medications

Sr no.	medicine	Route	Dose	anupan	Duration
1	<i>Lodhradi lepa</i> (<i>lodhra, dhanyak, vacha</i> equal part mix <i>choorna</i>)	Local application	Required amount of <i>choorna</i> mix with lukewarm water	Lukewarm water	45 days
2	<i>Mahatikta ghrita</i>	Oral	10 ml Empty stomach	Lukewarm water	30 days
3	Tab <i>gandhak rasayana</i>	Oral	250 mg Twice a day after food	Lukewarm water	30 days
4	Tab <i>arogyavardhini vati</i>	Oral	250 mg twice a day After food	Lukewarm water	45 days
5	<i>Dashamool kwath</i>	Oral	30 ml twice a day		45 days

Follow up and outcome

First follow up was taken after 15 days and the finding was decrease in itching (*kandu*), *daha* (burning sensation), decrease in discoloration and redness so, the same treatment continued for next 15 days i.e. up to 30 days. Next follow up (second follow up) taken after 30 days. In second follow up we found that the

symptoms were reduced markedly so we stop *mahatikta ghrita*, tab *gandhak rasayan* and rest of the treatment was continued for next 15 days. The third follow up taken after 45 days and we found that significant relief in the symptoms of *mukhdushika*. Changes in the subjective and objective parameters are shown in the following table.

Table no. 4 shows follow up and outcome

Subjective parameter				
Sign and symptoms	Before treatment	Day 15	Day 30	Day 45
<i>Vedana / suruja</i>	2	1	0	0
<i>Shotha</i> in the <i>pidika</i>	2	1	1	0
<i>Srav</i> in the <i>pidika</i>	1	0	0	0
<i>Kandu</i> (itching)	2	1	1	0
<i>Daha</i> (burning sensation)	2	1	0	0
Objective parameter				
Objective parameter	Before treatment	Day 15	Day 30	Day 45
Number of <i>pidikas</i>	3	2	1	0
Size of <i>pidikas</i>	2	1	1	0

Observation and results

In the present case study, patient having complaints of *saruja/ Vedana* of *pidika* grade 2 and it shows the significant relief after 45 days of treatment and reduced to grade 0.

Shoth of the *pidikas* have been reduced from grade 2 to grade 0. Number of *pidikas* also reduced from grade 3 to grade 0.

Patient having complaints of *kandu*, which was grade 2 before the treatment and after 45 days intervention it was reduced to grade 0.

Daha or burning sensation was also present of grade 2 and it was reduced to grade 0 after treatment.

The no. of *pidikas* as well as size of *pidikas* also reduced to significantly.

Discussion

In this case study, patient got complete relief from symptoms of *Mukhadushika* and noticed the glow of the skin was also improved. In Ayurvedic treatment for *Mukhadushika*, two primary types of *chikitsa*—*Shodhana chikitsa* and *Shamana chikitsa*—are described. *Shodhana*

includes *Vaman* and *Nasya*, whereas *Shamana* includes *Lepa*, *Upanah* and *Kshara* application.

Tarunyapidika is described as the eruptions in the face of adolescents, which is similar to *shalmalikantaka* and is caused by the vitiation of *Kapha*, *Vata* and *Rakta*. Acharya *Vagbhata* describes *pralepa* as the primary treatment for its cure¹⁰.

In this case patient was having symptoms Vitiation of *Kapha dosha*, *Vata dosha* and *Rakta dosha* lead to *Mukhadushika*, that's why we used the drug which have *kaphashamak*, *vatanashak* and *raktashuddikar* properties. *Lodhradi lepa* prepared with *Lodhra*, *Dhanyaka* and *Vacha* and had been used in this case study. Along with *lodhradi lepa* oral medication also given that includes *arogyavardhini vati*, *gandhak rasayana*, *dashmool kwath*.

Mode of action

Lodhradi lepa – *Lodhradi Lepa* is a topical administration which is predominantly *Kapha-Vata Shamaka* which relieves *Vedana* and *Kapha* dominant symptoms like *Kandu*, *Medogarbhtva Shotha* etc. It has anti-inflammatory and *Rakta-*

Stambhaka properties. The contents of *lodhradi lepa* have following properties.

- A) *Lodhra* acts as Anti-inflammatory due to its *Kashay Rasa* and *sheet virya*.
- B) *Dhanyak* due to its *Tikta-Kashay Rasa* prevents excess sebum production and *Ushna Virya* prevents bacteria and cell fragment deposition.
- C) *Vacha*, due to its *Katu Rasa* and *Ushna Virya*, it sheds comedonal cap and reduce production of irritant fatty acids.

Arogyavardhini Vati is a traditional Ayurvedic medicine primarily used for **female reproductive health** and **menstrual disorders**. It contains a blend of natural ingredients like *Ashoka*, *Lodhra*, and *Shatavari*, which are known for their beneficial effects on the female reproductive system. *Tarunyapidika* is a condition characterized by **delayed menstruation** or **amenorrhoea** in young girls. It can be caused by various factors, including hormonal imbalances, stress, or underlying health conditions. *Arogyavardhini Vati* is believed to help in **regulating menstrual cycles** and **promoting menstruation** by balancing hormones and improving overall reproductive health. *Arogyavardhini Vati* works through a combination of digestive stimulation, detoxification and balancing bodily functions. *Arogyavardhini vati* acts as Digestive Stimulant, Detoxification, Hormonal Balance, Anti-inflammatory, Liver Tonic, Blood Purifier.

Gandhak rasayana – *gandhak rasayana*'s main contain is *Shuddha gandhak* which acts as a detoxifying agent and helps in skin purification. Also have anti-bacterial, anti-

inflammatory, purification, digestive properties.

Dashamool kwath – dashamool kwath have an Anti-inflammatory, Analgesic, Detoxification, Rejuvenation properties.

Conclusion –

At the end of the study, it was found that *Lodhradi lepa* along with *Arogyavardhini vati*, *gandhak rasayana*, *dashamool kwath* was highly effective in the management of *Mukhadushika* and gives significant relief with no adverse reactions.

Limitation Of Study:

This study is a single case report and to know its exact mode of action and efficacy with statistical evaluation the trial drug should be studied in more numbers of cases.

Consent Of Patient:

The written consent has been taken form patient for treatment.

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References

1. Srikantha Murthy KR. *Susruta Samhita*, Nidanasthana, 13th chapter. Reprint edition, Chaukhambha Orientalia, Varanasi, 2010, pg. 544-554.

2. Srikantha Murthy KR. Susruta Samhita, Chikitsasthana, 20th chapter. Reprint edition, Chaukhamba Orientalia, Varanasi, 2010, pg. 192 – 200.
3. Sushruta, SushrutaSamhita,ChikitsaSthana 20/37, AyurvedatattvasandipikaHindi commentary by KavirajAmbikadattaShastri, Reprint edi. 2009, ChaukhambaSanskritaSansthana, Varanasi, p.118
4. Lynn D, Umari T, Dellavalle R. The epidemiology of adolescence. acne vulgaris in late Adolesc Health Med Ther.2016;7:13-25.doi:10.2147/AHMT.S55832
5. Tan JKL, Bhate K.A global perspective on the epidemiology of acne.Br J Dermatol.2015;172 Suppl 1:3-12.doi:10.1111/bjd.13462
6. Vipin Kumar, Sonu, Mansi Verma, Santosh K. Bhatted. Role of lodhradi lepa and varnya churna in the management of yuvanapidaka: A review. J Biol Sci Opin 2016;4(5):180-183 <http://dx.doi.org/10.7897/2321-6328.04542>
7. Dr. Brahmanand Tripathi, Ashtanga Hridayam of Srimad Vagbhata, reprint edition 2019 Chaukhamba Sanskrita Pratishthan, Delhi, Uttra Sthana Adhyaya 32, verse 3, p. 1119
8. Aayushi International Interdisciplinary Research Journal (AIIRJ) VOL- XI ISSUE- II FEBRUARY 2024 PEER REVIEW e-JOURNAL IMPACT FACTOR 8.02 ISSN 2349-638x A Clinical Study to Evaluate the Efficacy of Lodhradi Churna Lepa And Pathyapathya Ahara in Youvana Pidaka Dr. Prasad B. Kumawat*1, Dr Pragati Shantaram Kasat*2, Dr. Bhosale Ashwini R*3
9. Clinical study of lodhradi lepa on mukhadushika 1Vda. Archana Suhas Wadkar and 2*Vda. Gauri Deepak Fitwe; wjpmr, 2024, 10(6), 233-237 Gauri et al. WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH; Vol 10, Issue 6, 2024.; ISO 9001:2015 Certified Journal
10. Acharya Vagbhata. Astangahridaya with Sarvangasundariteeka Ayurveda rasayanateeka edited by Choukhamba Harisadashivashastri. Orientalia. Varanasi. Uttarasthana, Kshudraroga pratishedham,32(3-4).890.

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