

Classical Ayurvedic Management of Acne Vulgaris: A Case Report

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ABSTRACT:

Acne vulgaris is a chronic inflammatory disease of the pilo-sebaceous unit, characterized by papules, pustules and often scarring, mainly on the face, upper trunk and back. Acne vulgaris is a nearly universal skin disorder affecting 79 to 95% of youths. In today's era, stress, increasing pollution, changes in diet, lifestyle changes, hormonal changes, the number of youths suffering from acne vulgaris problem is increasing. In Ayurveda it can be called as *Mukhadushika*. It is otherwise called as *Yuvanpidika* (Acne vulgaris). In *Sushruta Samhita*, *Mukhadushika* is mentioned under the *kshudraroga*. Acharya Sushruta has described *Mukhadushika* as a particularly thorn-like eruption on the face of adolescents. According to ayurveda, *mukhadushika* occurs due to vitiation of *kapha dosha*, *vata dosha* and *raktadushti*. In present case study, there is *kapha-vata* dominancy with involvement of *raktadosha*. Patient was prescribed the Ayurvedic medicines *Lodhradi lepa*, *Mahatiktaka ghritam*, *Dashamoola kwath churna* on OPD basis. From this case study it can be concluded that ayurvedic formulations are effective in the *Mukhadushika* (Acne vulgaris).

KEY WORDS: Acne vulgaris, *Mukhadushika*, *Lodhradi lepa*.

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INTRODUCTION:

The skin is often referred to as the largest body organ and helps as the main protective fence against damage to internal tissues from trauma, ultraviolet light, temperature, toxins and bacteria. Everyone wants to look his/her face attractive, clean and good-looking. Even a small spot on the face especially of younger ones causes worry. This is one of the social stigmas. Acne is the scourge of mankind and the parody of youth. Acne vulgaris, one of the most commonly seen diseases in teenage

years, it is a chronic inflammatory disease of pilo-sebaceous units, categorized by the development of comedones in forms of papules, pustules and less commonly nodule.

According to the Global Burden of Disease (GBD) study, Acne vulgaris affects approximately 85% of young adults with age group ranging from 12-25 years. Many research studies have reported acne in 79-95% in the age group of 16-18 years. In India, research studies have reported acne in 50.6% of boys and 38.13% of girls in the

age group of 12-17 years. Acne affects skin of the face, the upper part of the chest and the back. According to ayurveda, *mukhadushika* occurs due to vitiation of *kapha dosha*, *vata dosha* and *raktadushti*. [1] *Acharya Charaka* said that, 'the skin is one of the important sense organs in all of five-sense organ'. It is called as *Sparshendriya* which occupies whole body and *Manas* (Mind) also. [2]

In Ayurveda texts there is a group of diseases called *Kshudra Roga*, [3] which include 44 diseases. According to *Sushruta*, 44 diseases have been described under this group. *Mukhadushika* (*Acne vulgaris*) is one of the diseases among them. *Mukhadushika* is a disease that occurs as papules resembling the sprout on the bark of the *shalmali* tree (*Bombax malabaricum*) appearing on the face and adolescents caused by vitiated *kapha*, *vata dosha* and *Rakta dushti* together which makes the face dreadful and also known as *Yuvanapidika*. Vitiation of *Kaphadosha*, *Vatadosha* and *Rakta dushti* lead to *Mukhadushika* according to Ayurveda. Two main kinds of *chikitsa* are described i.e., *Shodhana chikitsa* (purification) and *Shamana Chikitsa* (pacifying medicines) in Ayurveda treatment for *Mukhadushika*. *Shodhana* (purification) includes *Vaman* and *Nasya*, whereas *Shamana* (pacifying medicines) includes *Lepa* (*local application*), *Upanah* (*medicinal poultice*) and *Kshara* (*alkali*) application. [4] Also, several Ayurvedic proprietary medicines are available in the market for the treatment of acne. Still Acne is a treatable disease. Mild cases require just topical therapy. But mild to severe needs both oral and topical treatment.

Topical application with antibiotic agents such as (tetracycline, clindamycin) benzoyl peroxide and comedolytic drugs- tretinoin acid are usually indicated. These are irritant and drying preparations hence to be used at night. Oral low dose antibiotics e.g

Tetracyclines, doxycycline was prescribed. [5] Side effect of antibiotics loss of appetite, nausea and vomiting, rash, sensitivity to the sun, comparatively in ayurvedic treatment there is likely to fewer side effects.

In the present scenario, there are many treatment options available for the management of *acne vulgaris*. Previous data also revealed some Ayurved intervention having effective in *acne vulgaris*. [6-7] In this case report, we are going to discuss about a case study of *acne vulgaris* with its ayurvedic management.

CASE REPORT:

A 23-years old Indian female presented in the OPD of NIA, Jaipur in January 2022 with the complaints of Papules & pustules on face and back, itching over lesions, burning sensation also present after itching. Redness of face and neck with dull skin for one year, also appeared mentally stressed. She had taken treatment of allopathic medicine, but did not get relief. There was no significant past history of any type of systemic illness found. On Ayurvedic parlance, the present case was diagnosed as *Aukhadushika* based on the signs and symptoms described in classical texts.

THERAPEUTIC INTERVENTION:

Patient was prescribed the following Ayurvedic medicines on OPD basis: Lodhrad ilepa mix with water for external use described in *Asthang hridaya*, *Chikitsa sthan*, *Mukhadushika* treatment. Internal medicines also prescribed as a combination of *Suddha Gandhak* and *Panchnimba churna* with honey twice a day before meals, *Dashmoola Kwatha churna* twice a day and *Mahatikta Ghritam* twice a day with food. Advised medicines and posology is shown in table no.1.

FOLLOW UP AND OUTCOME:

First follow up was taken after 15 days & same treatment was continued for next 15 days. Itching sensation, discoloration of back region and redness was relieved within 15 days. Second follow up was taken after next 15 days i.e. after 1 month. Third

follow up was taken after next 15 day i.e.,45 day and treatment continued, but combination of *Sudha gandhak* 250 mg and *Panchanimba choorna* 3gmBD was stopped and lodhradilepa along with all medicine was continued. Before and after treatment grading of symptoms is shown in table 2.

Table-1: Advised medicine and posology:

Drug	Anupan	Duration
Lodhradi lepa (AH-ut-)32-03 <i>Lodhra</i> <i>Dhanyaka</i> <i>Vacha along with Sarshapa</i> <i>Beej,Saindhava</i>	Once a day for local application with luke warm water	15 days
Sudha gandhak 250mg + Panch nimba churna 3 gm	With honey Twice a day	15 days
Dashamoola kwath	30 ml twice a day	15 days
Mahatikta ghritam	10 ml twice a day with food	15 days

Table- 2: Symptoms wise relief observed during follow up:

Follow up	Duration	Symptoms			
		Papule	Itching	discoloration	Redness
1	15 day	Mild	Moderate	Moderate	Moderate
2	30 day	Nil	Mild	Mild	Nil
3	45 day	Nil	Nil	Mild	Nil

Clinical images

Figure 1: Before treatment

Figure 2: After treatment

DISCUSSION:

In this case study, patient got complete relief from symptoms of *Mukhadushika* and noticed the glow of the skin was also improved. Two main kinds of *chikitsa* are described i.e., *Shodhana chikitsa* and *Shamana Chikitsa* in Ayurveda treatment for *Mukhadushika*. *Shodhana* includes *Vaman* and *Nasya*, whereas *Shamana* includes *Lepa*, *Upanah* and *Kshara* application.

In this case patient was having symptoms Vitiating of *Kapha dosha*, *Vata dosha* and *Rakta dosha* lead to *Mukhadushika* according to Acharya *Susruta*. Ayurvedic drug management to disintegrate the pathogenesis of *Mukhadushika* include the drugs with following properties. *Shamana Yoga* was given as a combination of *Sudha Gandhak* 250 mg and *Pancha nimba choorna* 3gm twice a day, *Mahatiktaka ghrita* 10 ml twice a day mix with food and *Dasha moola Kwatha* 20 ml along with local application of *Lodharadi lepa* described in *Asthang hridaya*, *Uttara tantra*, *Kshudra roga pratisheda adhyaya*, *Mukhadushika prakarana*. *Rasayana Chikitsa* was also given mix with honey 5 gm orally on empty stomach. Main ingredients of *Panchanimba choorna* are *Nimba*, *Aragwadha*, *Amalaki*, *Maricha* and *Haridra* and so on. [8] This *choorna* has *Pitta Shamaka*, *Kusthaghna* and *Kandughna* properties. This *Kalpa* is useful for pacify the vitiated *Kapha Dosha*, *Rakta Dushti* and *kandu(itching)*. This combination was given with *Anupana as dasha moola kwatha*. [9] Contents of *Dasha moola kwatha* are *Prishniparni*, *Bruhati*, *Kantakari*, *Gokshur*, *Bilva*, *Agnimanth*, *Shyonak*, *Gambhari*, *Patala*, *Shaliparni*. This *Kwatha* has *vataghna*, *Kaphaghna*, *shothaghna*(anti-inflammatory)and *shoolanasaka*(analgesic) property. *Mahatiktak Ghrita*(medicated ghee) was given orally mix with food twice a

day. [10] It acts to pacify *Vata* and *pitta Dosha*.

Patient was advised for local application of *lodharadi lepa* once a day at area of lesion. [11] Content of *Lodhradi lepa* are *lodhra*, *vacha* and *dhanyaka*. *Lodhradi Lepa* is a topical administration which is predominantly *Vata-kapha Shamaka* which relieves in *Vedana* and *Kapha* dominant symptoms like *Kandu* and *Shotha*. The main property of this *lepa* is reduce acne. In the concept of *Dhamani sharir Acharya Susruta* explain the effect of *lepa*, *abhyanga*, *parisheka* are carried through *tiryak gata dhamanis*. [12] *Tiryak gata dhamanis* are divided into hundred and thousand in branches. They open up on the layer of *twaka* and they are responsible for carrying *Sweda* and replenish *rasa* inside and outside; through only *viryas* of massage, bath and *lepa* enter into the body being transformed in skin.

CONCLUSION:

Lodhradi lepa effectively disintegrated the pathogenesis of *Mukhadushika*, provided good relief in papules, pustules, redness, discoloration on face, neck region and back and itching over papules. This case illustrates the effective management of *Mukhadushika* with classical Ayurvedic medicines 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 number of cases

CONSENT OF PATIENT:

The written consent has been taken from patient for treatment and publication of images without disclosing the identity of patient.

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