

A Case Report: Management of *Mukhadushika* (Acne Vulgaris) with Ayurveda

Case Report

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Abstract

Background: Acne vulgaris is a chronic inflammatory condition of skin in youth. In Ayurveda, acne has been elaborated as one of the *Kshudra Rogas*. In this modern era, this is a burning problem in the adolescence. Symptoms of *Mukhadushika* show close resemblance with bacterial infection and inflammatory factors of acne. In Ayurveda, it can be correlated with *Mukhadushika*. Vitiating of *Kapha Dosha*, *Vata Dosha* and *Rakta Dhatu* lead to development of *Mukhadushika*. **Methods:** A 25-year-old patient presented with complaint of *Pidaka* (Papules and pustules) on face and neck including *Medogarbhavta* (filling material), *Todavat peeda* (Piercing pain), *Daha* (Burning sensation), *Srava* (Discharge) and *Kandu* (itching) associated with irregular bowel and recurrent comedones, since 1 year. Management done with OPD based treatment. Here in this case report treatment chosen was i.e. *Avipattikar churna* orally and *Lodhradi lepa* for external application along with *Baspa Sweda* (take a steam) for 1 month followed by *Kumkumadi Taila* for next 15 days. **Result:** There was marked improvement in symptoms *Pidaka* (Papules and pustules) on face and neck including *Medogarbhavta* (filling material or nodules), *Todavat peeda* (Piercing pain), *Daha* (Burning sensation), *Srava* (Discharge) and *Kandu* (itching) associated with irregular bowel and recurrent comedone with the treatment of 1.5 month. **Conclusion:** Significant result was observed with this treatment protocol in the management of *Mukhadushika* (Acne vulgaris).

Key Words: *Ayurveda, Acne vulgaris, Mukhadushika, Pimples.*

Introduction

Acne vulgaris, a chronic inflammatory disorder in adolescents consists of the pilosebaceous follicles, characterized by comedones, papules, pustules, cysts, nodules and often scars, chiefly on face, neck etc (1). It is a skin condition that occurs due to the clogging of oil glands (sebaceous glands) of the skin (2). The oil (sebum) that normally lubricates the skin gets trapped in blocked oil ducts. Hormone changes during the teenage cause the body to make more of this oily substance (sebum), thus are clogging the follicles. Bacteria can get inside the follicle or oil gland and cause redness, swelling, and pus. It is one of the most common dermatologic condition that affects nearly everyone at some point in their lifetime. Adult acne is becoming increasingly popular. It is a disease of the skin which can be painful for those suffering from moderate to severe acne (3). Acne vulgaris mostly affects the areas of skin with the densest population of sebaceous follicles these areas include the face, the upper part of the chest, and the back (4). The cause of acne is unknown. It is presumed to be activated by androgens

Once thought as a condition only affecting teenagers, prevalence in adulthood has been increasing, especially in women 25 years of age and older (5). The earliest abnormalities in acne are:

- Increased sebum production due to which the skin looks greasy (seborrhea)
- Formation of horny plugs (comedone)

In Ayurveda, it can be correlated with *Mukhadushika* which is explained by *Acharya Sushruta* under *Kshudra Rogas* (6) and is considered as *swatantra vyadhi* in the ayurvedic literature. It is characterized by *Shalmali Kantaka Sadrusha Pidikas* on face. These *Pidikas* destroy the beauty of the face and cause disfigurement of the face therefore they are also called as "*Mukhadushika*" (7). Face is the index of mind and a beauty. Cosmetic impact of deformities on the face is far reaching and in order to improve the complexion various *Soundarya Vardhak Dravyas* were used in older times as similar to today's scenario. This created an interest to study the various aspects of the disease. In *Ayurveda*, mainly two types of *Chikitsa* (treatments) have been used to treat acne i.e. *Shodhana* (purification of body) and *Shamana* (conservative treatment by oral and topical medicines). *Shodhana* includes *Vaman* and *Nasya*, whereas *Shamana* includes *Lepa*, *Upanah* and *Kshara* application. *Lepa* procedure is described in many *Samhita*, it harnesses the effect of *Mukhadushika* as well as increase the *Mukhakanti*. In this case study, management of *Mukhadushika* (Acne vulgaris) has been elaborated with *Shamana Chikitsa*.

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Case Report

A 25-years-old patient presented with complaint of *Pidaka* (Papules and putules) on face and neck including *Medogarbhavta* (filling material), *Todavat peeda* (Piercing pain), *Daha* (Burning sensation), *Srava* (Discharge), *Kandu* (itching) associated with irregular bowel and recurrent comedones, since 2 year at *Shalakya Tantra* (ENT) OPD of IPGT & RA hospital, GAU, Jamnagar on date 18/8/2020. Same problem was arising before three years. Patient have apparently good and healthy skin before 2 years. Gradually patient suffered with Comedones, Red papules (*Rakta Pidaka*), Pustules, Nodules around cheek and neck. For that patient approached contemporary medical sciences for treatment. But patient’s complaints did not get satisfactory result. So patient came to our hospital, and patient was treated with *Avipattikar churna* orally and *Lodhradi lepa* for external application along with *Baspa Sweda* (steam therapy) for 1 month followed by *Kumkumadi Tailm* for 15 days.

- **Aggravating Factors:** Exposure to dust and intake of spicy diet.
- **Past History:** No other past history was noted according to patient statement.
- **History of Allergy:** Not any allergic history.
- **Medical History:** Patient not suffering from any systemic disease i.e. HTN/DM/IHD.
- **Current Medication:** Patient was using Clindamycin cream with only temporary relief in blackheads.
- **Family History:** No any relevant family history.
- **Personal History:**
 - **Diet:** vegetarian, **Appetite:** moderate, **Bowel:** irregular (2 time/ day), **Micturition:** normal (5-6 time/day), **Sleep:** Disturbed, **Addiction:** tea (2 times/day)
- **Occupational History:**
 - Architecture designing **Hours of working:** Day: 6 hours, **Nature of work:** Sedentary
- **General Examination:**
 - **Vital Data:** Pulse: 78/min; R/R: 18/min; BP: 110/70; Temp: 98°F, **Pallor:** Absent, **Weight:** 50 kg, **Height:** 165 cm

O/E:

Table 1: Assessment Scale (comprehensive acne vulgaris severity scale - CASS)

Grade	Severity	Description
0	Clear skin	No lesions to barely noticeable ones, very few scattered comedones and papules
1	Almost clear skin	Hardly visible from 2.5 meters away, a few scattered comedones, small papules, very few pustules
2	Mild	Easily recognizable, less than half of the affected area is involved, many small comedones, papules and pustules

3	Moderate	More than half of the affected area is involved, numerous comedones, papules and pustules
4	Severe	Entire area is involved, covered with comedones, numerous papules and pustules, very few nodules and cysts
5	Very severe	Highly inflammatory acne covering the affected area, nodules and cysts present

O/E: Assessment was done on the base of comprehensive acne vulgaris severity scale – CASS before treatment. Patient was assessed and examined from that concluded that the patient was suffering from Grade 4 acne vulgaris with pustules, papules, comedones, very few nodules were observed over cheek, chin and neck region. (Image1, 2)



Image 1: Before treatment acne vulgaris Front view of face



Image 2: Before treatment acne vulgaris lateral view of face

Therapeutic Intervention: Table no. 2

Table 2: Treatment protocol

Drug	Dose	Root of administration	Duration
<i>Avipattikar churna</i>	3 gm 2 time per day with water before meal	Orally	1 month
<i>Lodhra Vacha Kushtha Chandana Masur Dala Churna Haridra</i>	8 gm for external application on on acne with water	External application	1 month
<i>Kumkumadi Tailam</i>	SOS	External application	After 1 month for 15 days



Image: 4 1st follow up lateral view of face Shows that there is papules left behind

On the second follow up i.e. on 30th day of treatment patient relief from symptoms. In all the remnant symptoms patient was feeling marked relief. Also relief in papules. There was only slight papules remain left and there was totally relief in pustules. There was not any pus discharge and pain, burning still she felt mild itching on cheek and neck. On examination can see comedones in place of pustules and papules. [Image: 5,6]

Pathya-Apathya: Table no. 3

Table 3: Pathya-Apathya

Do's	Don'ts
<ul style="list-style-type: none"> • Cover face with clean cloth while exposur to dust and smoky areas. • Take steam inhalation through mouth two times a day with plain water • Intake of lukewarm water for the whole day as a routine 	<ul style="list-style-type: none"> • Avoid spicy food, bread, bakery items, ice cream, cold drinks, chocolates, fast food, fermented food items, any color chemical containing items. • Avoid tea and coffee.

Results

On the first follow up i.e. on 15th day of treatment patient told mild relieved in the symptoms. She felt moderate relief in pustules on face and neck. Patient felt mild relief in pain, burning and itching. There was marked relief in pus discharge and she felt less in oily skin. Her digestion power was improved and relief in constipation. There was no relief in papules. [Image: 3,4]



Image: 3 1st follow up 15th day Relief in pustules



Image: 5 2nd follow up 30th day Relief in papules



Image: 6 2nd follow up lateral view shows comedones, black spots left behind

On the third follow up i.e. on 45st day of treatment patient's face was clean. There was not papules and comedones left behind. Completely relieved from pain, itching and discharge. Almost relief in dysphagia. Patient was quite satisfied since patient was completely relieved from disease. There was normal, glowing and shiny skin of face and neck. [Image: 7,8]



Image: 7 After treatment Relived all signs Symptoms Front view of face



Image: 8 after treatment relived all signs lateral view of face

After completion of 2 month skin was normal, glowing and shiny of Grade – 0 acne scale. And no any pain, burning, itching, discharge was present not any pustules, papules or comedones.

Discussion

Mukhadushika (Acne Vulgaris) is mostly seen in adolescence age group i.e. in *Dhatuvivardhamana Awastha* 16-30yrs, specially the starting period of functional state of *Shukradhatu (Abhivyakti and Vridhi)*. This is also the age of predominance of *Pitta* and *Shukra Dhatu*, along with consumption of unbalanced food, alternate mode of lifestyle, which causes the vitiation of *Dosha* and *Doshya* (8). So, the patient was

advised for *Nidanaparivarjana*. Most of the *Acharya* has mentioned in *Vaman, Virechan, Nasya, Raktamokshan* for *Mukhadushika* along with *Samana Chikitsa* and local application.

Steam therapy can help minor pore blockages and blackheads be extracted. Steam therapy soften blemishes and make them easier to extract but steaming alone won't clear up acne (9).

Avipattikar Churna was prescribed to the patient for 1 month. *Avipattikar Churna* contains, *Zingiber officinalis* Roscoe. (*Shunthi*), *Piper longum* Linn. (*Pippali*), *Piper nigrum* Linn. (*Maricha*), *Terminalia chebula* Retz. (*Haritaki*), *Terminalia belarica* Retz. (*Vibhitaki*), *Emblica officinalis* Gaertn. (*Amlaki*), *Elettaria cardamomum* Maton. (*Ela*), *Cinnamomum tamala* Nees&Eburm. (*Tejpatra*), *Cyperus rotundus* R.br. (*Nagarmotha*), salt (*Vidlavana*), *Embilia ribes* Linn. (*Vayvidanga*) all in equal parts with eleven parts of *Syzygium aromaticum* Linn. (*Lavanga*), forty four parts of *Trivrit* root and sixty six parts of *Sita* (10). Among that *Sunthi, Maricha* and *Pipali* Due to its katu rasa it also reduces *Medo Dhatu Ashrit Kapha* and *Kleda* in the body and it is also *Srotoshodhaka* thus helps in pacifying *Vatakapha Vikara*. Due to *Madhur, Tikta, Kashaya Rasa* it is vitiated *Pitta Shamaka*, due to *Katu, Tikta Kashaya Rasa* it is vitiated *Kapha Shamaka* and due to *Amla, Madhura Rasa* it is vitiated *Vata Shamaka*. Mainly it is act on vitiated *Vata* and it is *Vata Anulomaka*. *Bibhitaki* is *Chedaniya (Shleshmhara)* in *Prabhava*. It is act on vitiated *Kapha* and *Vata Dosha*. Due to *Ruksha, Laghu, Kashaya Rasa* properties it pacifies vitiated *Kapha*, due to *Madhura Rasa* pacifies vitiated *Pitta*, and its *Ushna* property helps in pacifying vitiated *Vata* (11). *Amalaki* is *Dahprashamaka* and *Anulomaka* (12). *Ela* is also *Dahaprashamaka* in nature. *Vayvidanga* is *Ushna* in potency thus it is *Kapha Vata Shamaka*. It is *Jantughna* in nature thus mentioned as best *Krimighna* drug (13). *Nishotha* is *Sukhvirechhiniye* in *Prabhava, Bhedana* and *Rechana* in properties. It reduces swelling as mentioned as *Shothahara* in texts. *Vidlavana* is *Vatanulomaniya*. *Lvanga* is *Chedniya* in *Prabhava*, thus play a beneficial role in *Chedan* of *Kapha* from the body. *Snigdha* guna in it makes it *Vatanulomaka* and *Shoola Prashmana*. *Sita* is rich in *Madhur Rasa* thus pacifies vitiated *Pitta-Rakta Dosha* and it is *Dahprasamaka*. Thus, most of the *Dravyas* of *Avipattikar churna* are *Kapha-Vatahara* and *Anulomaka* in nature.

Lepas (pastes) act as *Astringent, Anti-inflammatory* and *Antibacterial* agents. *Lepas* not only treat the acne but also increase the skin complexion.

In *Ayurveda*, *Lepas* have been especially advised for application on oily skin whereas *Tailas* (oils) have been advised for dry type of skin. *Lodhradi Lepa* was selected for external application.

All the drugs except *Lodhra* are *Ushna Veerya* so they are *Vata Kapha Shamaka* and *Sheeta Veerya* of *Lodhra* pacifies the *Dushita Rakta*. *Vacha* has *Lekhana* property so it helps in Subsiding *Medogarbha Pidika*. Thus, the combination of drugs helps in reversing the pathogenesis of *Mukhadushika (Acne Vulgaris)*.

Conclusion

This single case report concludes that *Ayurvedic* management with *Avipattikar churna* orally and *Lodhradi lepa* for external application along with *Baspa Sweda* (take a steam) for 1 month followed by *Kumkumadi Taila* for next 15 days offers excellent result in the treatment *Mukhadushika* (Acne vulgaris). This protocol should be evaluated in more number of patients for its scientific validation.

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