Ayurvedic Management of Acne Vulgaris: A Case Report

Rupali Kakade¹, Jayant Gulhane¹

¹Department of Kayachikitsa, Government Ayurvedic college Nagpur

Corresponding author:

Rupali Kakade

Email: rupalikakade50@gmail.com

OPEN ACCESS

Abstract:

Irregular eating habbits, junk and fried food, excessive use of cosmetic without any consultation about 70-80% of young generation is suffering from severe skin disease and early aging. Improper diet and modern lifestyle is second reason to youth suffer from skin problems. Aim and Objective: To see the effect of Jaloukavcharan along with Ayurvedic intervention in Mukhdushika with special reference to Acne Vulgaris Diagnosis: It is confirm case study of Acne vulgaris. Significant Clinical finding: Active acne on bilateral cheek, epigastric burn along with constipation Intervention: Treatment protocol for this case, siravedha ,jalokavcharna with internal medicine Mahamanjisthadi kwath, Gandhak Rasayana, Arogya vardhini vati ,Kaishor guggul with Local application of raktachandan+Jatifala+maricha powder daily 20 min . Proper diet was plan during treatment Result/Outcome: During a period of treatment after 30 days of treatment plan all the pigmentation scar reduced and remarkable effect seen in reduction of active acne and hyperpigmentation. Epigastric burn and constipation reduced Conclusion: Raktamokshan And Ayurvedic intervention is effective in management of acne vulgaris.

Keywords: Mukhadushika, Kshudra roga, Lepa, Acne Vulgaris, Jalukavcharan, Siravedha

Introduction: Hormonal changes,pollution,change in diet and lifestyle many teen age young generation is suffering from skin disease which is very common in Nowadays Acne vulgaris. In this condition skin pores become clogged and generally covers the area where dense sebaceous gland are present mostly on face,upper part of chest and back. Not known the actual cause of acne but due to activation of androgen hormone leading more production sebum which make skin look more oily. In ayurveda its correlated with vitiation of Vata, Kapha and Rakta which leads the formation of small and medium size eruption which resembles with Shalmali thorns. In Ayurveda it is termed as *Mukhdushika* or *Tarunyapitika*. Management of acne vulgaris the treatment

protocol planned is Shaman(Conservative treatment) and Shodhan chikitsa(purification of body). External application of lepa chikitsa is specifically explained in the treatment of kshudra-roga, Lepa procedure is described in various Samhita, it increases the Mukhakanti, play important role along with Raktamokshan and ayurvedic intervention. (5)

Case report: 21-years-old female presented with complaint of active acne on Bilateral cheek ,Todavat pida, constipation,epigastric burn, hyperpigmentation on acne site patient treated with *jalukavcharan* along with siravedha , followed by *maricha* + *jatifala+raktchandan* lepa for external application, internally with shaman aushadhis.Patient was more expose to dust, intake of more junk food and fast food.

Table 1: Timeline of Intervention

Medication Dose	Timing/Frequency	Duration
1. Sarivasava	20ml After food 2 time	For 7 days
2. Kaishor guggul 250mg	After food 2 BD	For 7 days
3. Jatifala churna+Maricha churna+Raktachandan Lepa	HS daily for 20 min	For 15 days
4. Avipattikar churna	5gm HS	For 1 month
5 Raktamokshan siravedh Hold with above and start with	One setting 20min	80ml blood letting
6. Arogyavardhini vati 250mg	BD	For 15 days
7. Gandhak Rasayana 250mg	BD	
8. Jalukavacharan	1 setting (Repeated after 15 days)	For 10min 40-50 ml blood letting on
9. Mahamanjistadi kwath	20ml BD after food	For 15 days

Case Report

Disscusion:

Vitiation of vata causes pain and pricking sensation, Pitta involment cause Paka kapha leads the formation of puya, Kleda, oily skin. However, the fundamental is kshudra roga chikitsa. According to the Doshik analysis of the state, and Lakshana(symptoms) Treatment protocol mentioned.Sarivaasava started 20ml BD.Kaishor guggul^[6] 250mg BD, Avipattikar churna 5gm HS, Jatifala+maricha churna+Raktachandan churna external application daily 20min HS,Raktamokshan setting done with interval of 15days.After 15 days hold with above medication[Table 1] Start with Arogyavardhini vati 250mg BD and Gandhak Rasayana⁽⁷⁾ 250mg BD, along with Mahamanjisthadi kwatha[Table 1].In all Kṣudra roga Rakta dusti is seen so that shodhan chikitsa Raktamokshan is first line of treatment [Table 1]. *Manjistha*⁽⁸⁾ has Deepan property which stimulates Dhatvagni leads the formation of pure blood .Due to Deepan property it prevent the vitiation of Medagni resulting reduction of Pitika and frequency of acne eruption become minimum. Kaphahara properties improves the Vaktra Mukha Snigdhata. Manjistha has Tikta rasa and ushna Virya which

help in Shakha and Kostha dosha pachan ,helps in dhatvaagni Deepti and result in formation of quality of blood which breaks the pathophysiology of mukhadushika and improve skin texture⁽¹⁰⁾ [Table 1] Gandhak Rasayana is blood purifier, used in skin infection.(11) While in many Kṣudra Rogas, Jalaukavacarana⁽⁹⁾ [Figure 2]and advised Siravedha⁽¹³⁾ (veinpucture)[Figure 3] is mentioned as the preferred method of Raktamoksana in Mukhadusika, Primarily Jalukavacharan was done [Table 1]. Pharmacologically all the drugs used in shaman chikitsa has direct action on blood (12) Leech saliva contain hirudin and calin which proves analgesic acts as anticoagulant, preventing inflammation, and show healing properties and cleaning the wound. Leech does the Srotosodhana which sucks the impure blood and result in Srotosodhana Which reduces the active acne and pain, reduces hyperpigmentation (13)

Result: Significant result was obtained after application of jaluka and siravedha. Overall effect in active acne reduced with pigmentation and Todavat peeda ,constipation relived, epigastric burn reduced before and after treatment.



Figure 1:Before treatment



Figure 3: Jalukavacharan

Global acne assessment score (15) before treatment it was 35 after siravedha it was 30 after jalukavcharan accompaning with Shaman drugs score become 12. Acne grading scale (14) before treatment score 3 after siravedha 3, after jalukavacharan score 2 after shaman chikitsa score was 1. Patient assessment constipation PAC (16) before treatment score was 18 after siravedh and jalukavcharan no significant effect was found in patient after shaman drug significant score improved in PAC score [Graph 1]. Amla pitta assessment questionnare score improved after treatment [17] before treatment area involved as shown in [figure 1]. after



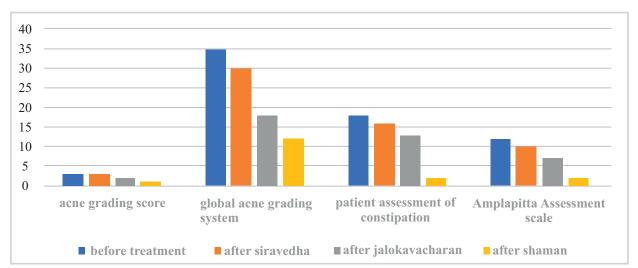
Figure 2:Siravedha



Figure 4: After treatment

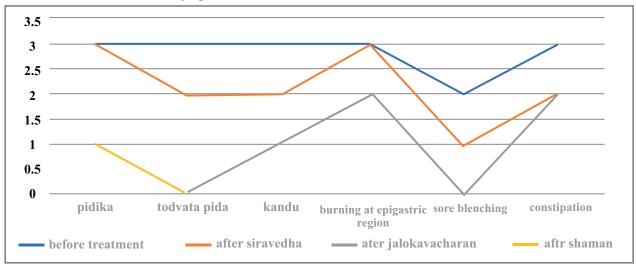
siravedha and Jalukavacharan [Figure 2, Figure 3]. Significant effect was noticed after treatment [Figure 4] Before treatment total symptom score is 3.5 to 0 as per acne grading scale After siravedha score was in between 3 to 1, pidika was very much reduced, Todavat vedana, Kandu, epigastric burn, blenching was reduced with shaman chikitsa [Table 1] constipation was relieved, same with application of Jalukavacharan score 2 to 0 there is reduction symptoms like pidika, todavata vedana, kandu but constipation score was reduced only with shaman chikitsa. [Graph 2]

Acne Assessment scale Showing before And After Effect



Graph 1: Acne grading score⁽¹⁴⁾, Global acne grading system⁽¹⁵⁾, Patient Assement of constipation(PAC)⁽¹⁶⁾, Amplapitta Assessment scale(17).

Symptoms score after Siravedh And Jalukavacharan



and score after siravedha, improvement score after Graph 2: showing symptoms before treatment jalokavacharan, improvement score after shaman.

Conclusion:

This case report conclude that Ayurvedic intervention like Avipattikar churna, external application of lepa with shaman drugs like Mahamanjisthadi kwath, Gandhak Rasayana, Arogyavardhini vati along with diet regimen can prove more beneficial for skin disease. Jaloukavcharan and siravedha is performed in Rakta Pradoshaj vikara mainly. This case reveal that jalukavacharan with Ayurvedic intervention is more effective to treat acne vulgaris. Shodhan and shaman chikitsa show significant result in time bound period.

Declaration of patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be

reported in the journal. The patient understands that their name and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Conflicts of interest

There are no conflicts of interest

Source of Support: Nil

Copyright © 2022 The Author. This is an open access article, it is free for all to read, download, copy, distribute, adapt and permitted to reuse under Creative Commons Attribution Non Commercial-ShareAlike: CC BY-NC-SA by 4.0 license.

Case Report

Referance:

- Lalla JK, Nandedkar SY, Paranjape MH, Talreja NB (2001) Clinical trials of Ayurvedic formulations in the treatement of acne vulgaris J Ethnopharmacol, 78: 99-102.
- Diane T, John S (2003), Fitzpatrick's dermatology in general medicine. Diseases of the sebaceous glands, 6: 34-56.
- 3. Cordain L, Lindeberg S, Hurtado M, Hill K, Eaton SB, et al. (2002) Acne vulgaris: a disease of Western civilization. Arch Dermatol, 135: 1584-1590.
- 4. Decker A, Graber EM. J Clin Aesthetic Dermatol. Overthe-counter acne treatments: a review, 2012; 5(5): 32-40.
- 5. Acharya Yadavji Trikamji, Sushrut Samhita, Nidansthan 13/39, Choukhamba publication 2005 Varanasi.
- Sharangdhar, sharanghdhar Samhita, Tatavdipika Hindi Commentary – Pd Durgadatt Shastri Choukhamba Sanskrit Prathisthan, Varanasi, Reprint 2002, Madhyam Khand 7(70-81):381, (97-102):385.
- Laxmipathi Shastri Rasayanadhikara, Yogaratnakara, Chaukhamba Sanskrit Sanstha Publication, Varanasi, reprint 1983, (1-4):5017. Sadananda Sharma, Rastarangini, Motilal Banarsidas.
- Prof. P.V. Sharma, Dravyaguna Vigyana, Chaukhamba Bharti Academy, Varanasi, Vol-II, Reprint 2012; 800-801, 149-150, 331-335, 752- 753, 359-360, 275-277, 463-465, 455-457.
- An Aetiopathological Study of Yuvan Pidaka With special reference To Rakta And Shukra Dushti And Therapeutic Trial of Respective Shodhak Drugs,

- Research Article by Baishya Mrinal, International Ayurvedic Medical Journal, ISSN:2320 5091 IAMJ: Volume 1; Issue 3; May June 2013.
- 10. Management of Acne Vulguris by Principles of Ayurveda: a case study, Pradip kinage etc, March-April 2016, DOI:10.7897/2277-4343.0728.
- 11. Singhal G.D, Sushruta Samhita part 1, Chaukhamba Sanskrita pratisthan, Varanasi, second Edition 2007.
- 12.Srikantha Murthy K.R. Sushruta Samhita, (English Translation) Vol I (Shareera Sthan, Chapter- 8/22); Chaukhambha Orientalia, Varanasi; (Second Edition), 2005. 6. Srikantha Murthy K.R. Sushruta Samhita, (English).
- 13. Acharya G.S. Panchakarma Illustrated, Chaukhamba Sanskrit Pratisthan, Delhi, Reprint Edition, 2006; 422. 5. Srikantha Murthy K.R. Sushruta Samhita.
- 14. Ramli, R., Malik, A.S., Hani, A.F.M. and Jamil, A. (2012), Acne analysis, grading and computational assessment methods: an overview. Skin Research and Technology, 18: 1-15. https://doi.org/10.1111/j.1600-0846.2011.00542.x.
- 15. Adityan B, Kumari R, Thappa DM. Scoring systems in acne vulgaris. Indian J Dermatol Venereol Leprol 2009;75:323-326.
- Coffin, B., & Caussé, C. (2011). Constipation assessment scales in adults: a literature review including the new Bowel Function Index. *Expert review of gastroenterology & hepatology*, 5(5), 601–613. https://doi.org/10.1586/egh.11.53.
- 17. https://www.researchgate.net_publication/51518271_Questionnaire_based_gastroesophageal_reflux_disease_GERD_assessment_scales.