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# A CASE STUDY OF SIRAVYADHAN IN THE MANAGEMENT OF YAVANPIDIKA (ACNE VULGARIS)

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#### **ABSTRACT**

Accordt. ng to Ayurveda, among the 56 Upangas face is at the top, so everyone and mostly youngsters are most cautious and careful about the beauty of face. Face is index of mind and mirror of the body. Unfortunately, skin of the face is a.lfected by certain anomalies in adolescence age which is the golden period of life. Acne Vulgaris is a chronic. inflammatory disease of the pilo-sebaceous folk. cLes characterized by comedones, papules, pustules and often scars, chiefly on cheeks, chin, nose, forehead and upper trunk. As per Ayurveda classics this condition can be correlated wt.th Yavanapt~daka which is the result of vitiated Kapha, Vela and Shonita. Hence the present study was conducted to observe the eacy of siravyadhan in the management

of Yavanapidaka. The diagnostic parameters were assessed on the basis of Ayurvedaas well as modem aspects like Pidaka on face including Medogarbhatva, Ruja, Doha, Srava etc. A special proforma was prepared and patients were examined on the basis of available sign and symptoms. Patients were treated according to principles of Yavanapidaka Chikitsa with Str~avyadhan. Remarkable results were observed in the form of improvement in the chief complaints of the patient.

**KEYWORDS:** Yavanapidaka, Acne vulgaris, Siravyadhan.

#### INTRODUCTION

Beauty is a matter for joy forever~ Everybody wants to remain not only healthy but beautiful too. Face is index of mind and mirror of the body, it is considered among the top while thinking about look and beauty. According to Ayurveda, among the 56 Upangas [parts] face is at the top so everyone and mostly youngsters are most cautious and careful about the beauty of face. Unfortunately skin of the face is affected by certain anomaly in adolescence age which is the golden period of life. Acne is the scourge of mankind and the travesty of youth. Acne Vulgaris is a chronic inflammatory disease of the pilosebaceous follicles characterized by comedones, papules, pustules and often scars, chiefly on cheeks, chin, nose, forehead and upper trunk. Acne tends to appear earlier in females, due to later onset of puberty in males. According to the Global Burden of disease (GBD) study, acne vulgaris affects 85% of young adults aged 12-25 years. Acne consistently represents the top three most prevalent skin conditions in the general population, as found in large studies within the UK, France and the USA. The production of androgens during puberty explains in part, why acne vulgaris is so prevalent in this population. Yavanapidaka (acne vulgaris) is described in Kshudraroga [minor skin diseases [Due to aggravation of Kapha, Vela and Shonita [blood], Pidaka [papules] resembling the sprouts on the bark of Shalmali tree (Salmalia malabarica) appearing on the face of adolescents is known as Yavanapidaka, which make the face ugly. Modern medications for acne include topical therapies; antimicrobials, hormones, surgery, U-V Irradiations; Intra lesions injections etc. But those have their own limitations. All these modern treatment modalities burn a hole in the pocket without curing the disease and are only effective until used, with a very high rate of relapse on leaving medicine. Looking into the above mentioned facts there is a need for a treatment which can treat effectively as well as reduces the recurrence of acne 'vulgrais. Panchakarma can be used in the disease for expelling out the Vin.ated *Dosha* [causative factor] causing the disease. In *Ayurvedic* texts, Vamana Karma [therapeutic emesis] and Raktamokshana [blood-letting] are chief treatment mentioned for Yuvanal>idaka along with certain topical applications and oral medications.

#### METHODOLOGY

Procedure of Raktamokshan Chikitsa(Str~ avyadhan).

#### Poorva Karma

Proper counseling & written consent of the patient was taken. The site chosenfor Raktamokshan was cleaned with antiseptic solution.

#### Pradhana Karma

The most prominent vein at right hand cubital fossa was choosen for siravyadhan karma, After that small incision was performed on the marked region. The blood came out automatically, around 300ml blood was let out and stopped on itself.

Pashchat Karma: Application of Goghrita and Madhu over vrana was done.

#### **RESULTS**



Table 1.

No.	Signs & Symptomes	Before Treatmwnt	After Treatment
1.	Tenderness (Toda)	+	•
2.	Itching (Kandu)	++	+
3.	Burning (Daha)	+	-
4.	Discharge (Srava)	-	-
5.	No. of <i>Pidaka</i>	++++	+
6.	Hardness(Ghnata)	++	+
7.	Swelling(Shotha)	++	+
8.	Scar	++++	+





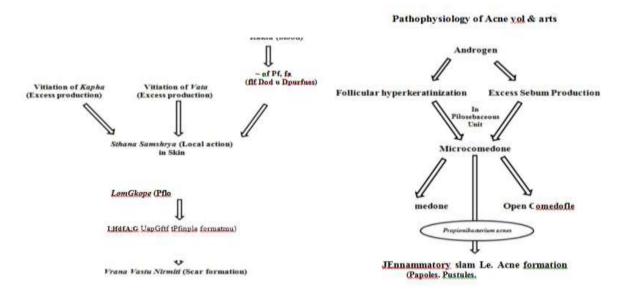
**Before Treatment** 

**After Treatment** 

#### **DISCUSSION**

Samprapti charaka(pathophysiology) of Yuvanpidika Samprapt! ckakra (pathophysiology) of Ymaapfdike

#### Kapha (Oily w Nature) Vata (dry w nature)



#### Modern Medicines for Acne, Their Mechanism of Action and Side Eff~Ects.

NO	MEDICIN	EFFECTS	SIDE EFFECTS
1	Antibiotics	Act on P. <i>acnes</i> and reduce inflammation	GI side effects, bacterial resistance.
2	OC Pills (Estrogen + Progestin)	Decrease circulating androgens	Stomach cramps or bloating, nausea, vomiting, etc.
3	Aldosterone antagonist	Spironolactone Anti- androgen effects	Hyperkalemia, teratogenicity, gynaecomastia (in men) & menstrual dysfunction. Flutamide Anti-androgen effects Hepatotoxicity
4	Corticosteroids	Reduce inflammation	Steroid acne
5	Retinoids (Isotretinoin)	Reduces sebaceous gland size and secretion,	comedone formation and follicular colonization of
6	Oral Combinations (Trimethoprime + Sulfamethoxazole 80/400)	Act on P. <i>acnes</i> and reduce inflammation	GI side effects, bacterial resistance.

In the definition of *Mukhadushika*, the word *Dushika* can resemble with inflammatory mediators and bacteria that cause acne vulgaris.

The word, *Paka*(metabolism) also may resemble with inflammatory pathophysiological factors of acne. In the *Samprapti* (pathophysiological) process of acne, factors stated by Ayu*rveda* such as vitiated *Kapha*, *Vata* and *Rakta* can resemble with modern

pathophysiological factors such as excess sebum production, hyperkeratinisation and blood impurities, respectively. *Vala* is known to have *Pravartaka* i.e. stimulant action (for hyperkeratinization), whereas *Kapha* is oily in nature, As far as the treatment of acne is concerned, both the sciences advise the use of topical as well as oral medications. Modern science describes the treatment as per the severity of the acne, sirml'arly Ayurveda has also advised *Raktamokshan* (bloodletting) for severe cases of acne. *Ayurveda* believes in expelling the root causes of acne by advising *Shodhana Chikitsa*. Modern science also aims at eliminating one of me main factors of acne i.e. P. *acnes* bacteria by advising oral as well as local antibiotic's. Effective treatment modalities are available in both the sciences, but sometimes adverse effects of modern *pittaja* medicines limit their use.

In the present review, an effort is made to complle scattered references of acne under one roof and also a comparison is made between Ayu*nveda* and modem in medicines with regards to understanding of acne.

#### **CONCLUSION**

The term Yavanpidika indicates the prevalence of the disease in the Yavana(young age) Stage of the madhyam vaya.

The cardinal feature of the disease, Shalmali kantakavat Pidika, Toda and Ghana pidika were observed in this patient.

Yavanpidika has clear-cut resemblance with modern disease Acne Vulgaris which is called to be a physically and psychologically scarring disease.

Although Vata, Kapha and Rakta are mentioned as Dosha-Dushya involved in the pathogenesis of the disease, Pittaja symptoms were also found in the disease like Daha and Paka.

Vataja symptoms were found to be very less. Most common Vataja symptom found in patients was Vedana.

Snigdhatal Kleda over face was the most common type of associated complaint seen in this patient followed by Paka and Daha. Shotha and Srava patient has Vata-Pitta dominancy followed by Kapha-Pitta dominancy in his Prakritt.'

Siravyadhan alone is very significant in relieving the associated complaints like Kandu, Daha and Vedana etc due to elimination of vitiated Rakta indirectly correcting Pitta Dasha, due to Srotoshodhana effect, due to improving local blood circulation.

The results were encouraging; hence further studies may be conducted including large population in this direction. It is not claimed that this study is the final answer to the agonizing problem but it throws a light on an easll~ y available cost effective modality for this ailment.

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