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EFFECT OF YASHTIMADHU TAILA PRATHIMARSHA NASYA IN MUKHADUSHIKA- A CLINICAL STUDY

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ABSTRACT

Skin is regarded as the largest organ in human body among all, and serves as the primary interface between the body and the external environment. It not only covers but also protects the body from various external factors. Diseases affecting the skin can lead to significant physical discomfort as well as psychological distress, including feelings of isolation, low self-esteem, and social insecurity, along with economic burden. In recent times, there has been a growing demand for Ayurvedic approaches in cosmetology due to their unique perspective on beauty and their effectiveness. Ayurveda offers cost-effective, long-lasting therapies with minimal side effects, making it a preferred choice for many. *Mukhadushika* is classified as one among the *Kshudra Rogas* in ayurveda classics that mainly affects the face, especially during adolescence. It is caused by aggravation of *Kapha* and *Vata Dosha* and *Rakta* as *Dushya*, manifests symptoms like *Saruja, Ghana, Medogarbha* and *Shalmalikanta-Sadrushya Pidakas* on the face. *Vagbhata* has mentioned *Nasya* as one of the treatment modalities for *Mukhadushika*. *Vangasena* has highlighted the efficacy of *Pratimarsha Nasya* in the management of *Mukhadushika*. Considering the modern lifestyle, where individuals are unable to dedicate time for lengthy treatment procedures and taking into account both effectiveness and patient convenience, *Pratimarsha Nasya* has been selected for the present study. *Yashtimadhu* is found in nearly 85% of the formulations mentioned in classical texts for the management of *Mukhadushika*. Considering its properties and its potential action on

the key *Samprapti Ghatakas, Yashtimadhu Taila Pratimarsha Nasya* has been chosen for the management of *Mukhadushika* in the present study.

KEYWORDS: *Mukhadushika, Pratimarsha Nasya, Yashtimadhu Taila.*

INTRODUCTION

Beauty is defined as having the quality of being pleasing especially through visual appeal. As mentioned in the definition of *Swastha* a person must be free from physical illness in addition to being joyful mental health.[1]

Across the globe, Acne affects 80% of Individuals between pubescence and 30 years of age. Many research studies have reported acne in 79%-95% in age group of 16-18 years.[2] Since it affects predominantly during teenage it is also called as *Youvana pidaka.*[3]

Although *Mukhadushika* duly is not life threatening, it causes severe distress to human psychology. In Mahabharata there is a shloka which says the relation between body and mind i.e, *Aya Pinda Taptena Kumbha Samstha Iva Udakam* which means the cold water in the pot becomes warm due to its contact with the heated iron ball. In the same way physical illness also have an impact on mind. Those suffering from this disorder are usually scorned and criticised on daily basis which can lead to low self-esteem, depression, anger, frustration, social impairment etc.

Mukhadushika (Youvana Pidaka) is one among the *Kshudra Roga*[4] *Mukha Dushika* is described as a condition characterized by *Saruja,*[5] *Ghana*[6] *Shotha*[7] *Medogarbha*[8] and *Shalmalikanta*[9]*-Sadrushya Pidakas* (thorn-like eruptions resembling the thorns of *Salmalia malabarica*) occurring over the *Mukha Pradesha.* Detailed explanations regarding its *Nidana Panchaka* and *Chikitsa* are not extensively available in the classical texts. According to *Sushruta*[10] the main causative factors are aggravated *Kapha* and *Vata Doshas* with *Rakta* as the *Dushya*. In classics, following therapies are indicated for *Mukhadushika* i.e, *Siravyadha, Lepa, Abhyanga*[11] *Vamana*[12] and *Nasya*. *Vagbhata* mentions *Nasya*[13] as one among the treatments for *Mukhadushika*. *Nasya* is considered as a pathway for the diseases related to head and neck[14] *Vangasena* appreciated the efficacy of *Prathimarsha Nasya*[15] under *Mukhadushika*. As public are unable to invest much time for lengthy treatment in their busy schedule and with consideration of efficacy and convenience of patient, *Prathimarsha Nasya* is selected for the present study.

The drug *Yashtimadhu* is present approximately in 85% of *Yogas* compiled from famous classics for *Mukhadushika*. In the *Samprapti* (pathogenesis) of *Mukhadushika* and *Pidaka*[16] *Kapha*, *Vata* and *Pitta* are primarily involved. *Yashtimadhu*[17] possesses *Madhura Rasa* as the predominant *Rasa*, along with *Guru Guna* and *Madhura Vipaka* and *Tikta Rasa* does *Pachana* of *Samavata*, thereby it helps in pacifying *Vata*. It does *Pitta Shamana* by its *Madhura, Tikta Rasa, Sheeta Virya* and *Madhura Vipaka*. Additionally, its *Tikta Anurasa* contributes to the alleviation of *Kapha* along with *Tila Taila* which helps in subsiding *Vata* and *Kapha Doshas*. To act in this *Samprapti Ghataka* and to know the individual action of the drug *Yashtimadhu* is taken for the study.

AIMS AND OBJECTIVES OF THE STUDY

1. To know the individual effect of *Yashtimadhu Taila* in *Mukhadushika*.

2. To study the comprehensive action of *Yashtimadhu Taila Prathimarsha Nasya* with consideration of following conditions,

- Related to chronicity of disease (*Nava/Anava/Atikala/Deerghakala*).
- Effect on specific conditions with respect to *Ama and Pakwa/ Niramavastha*.
- Related to severity of disease (*Vyadhibala*).
- Related to dominance of dosha (*Vatapitta /Vatakapha/ Pittakapha/ Kaphavata*)

MATERIALS AND METHODS

- **Literary Source**

All the classical texts, modern literatures, contemporary texts, journals, internet and previous research works about the disease and drug was reviewed and documented for the intended study.

- **Sample Source**

Patients will be diagnosed and selected from the OPD, IPD and Camp programs of KVG Ayurveda Medical College and Hospital, Sullia.

- **Drug Source**

Raw drugs will be collected from K.V.G Ayurveda Pharmacy and will be prepared in K.V.G. Ayurveda Medical College and Pharmacy, Sullia.

METHODOLOGY AND COLLECTION OF DATA

1. **Study design:** An open clinical study

2. **Sample size:** Minimum number of 30 patients fulfilling diagnostic and inclusion criteria of either gender were selected.

3. **Selection criteria**

a) Diagnostic criteria

- Diagnosis is purely based on clinical signs and symptoms (*Lakshana*) of *Mukhadushika* according to ayurveda classics.

b) Inclusion criteria

- Patients between age group of 16 to 50 years irrespective of gender.
- Patient suffering from classical signs and symptoms of *Mukhadushika*.

c) Exclusion criteria

- Patient below 16 years and above 50 years of age.
- If the condition that is associated with other skin diseases over the face.

Method of assessment of clinical response

In Ayurveda, assessment is done purely based on *Rogalakshana* (symptomatology). Even though for (academic point of view) convenience it is divided into two parameters, namely subjective parameter and objective parameter.

Assessment criteria

As per ayurveda there is no subjective and objective parameters for assessment. For the sake of convenience, while assessing the result subjective and objective criteria are assessed.

a) Subjective criteria

- *Ruja* (Pain)
- *Shotha*-Swelling (H/o swelling before occurrence of lesion)
- *Ghana*-Thickness of lesion.

b) Objective criteria

- *Vaivarnya-Number of Post Acne Pigmentation lesions.*
- *Medogarbha*-Number of *Pidakas* filled with sebum.
- *Pidaka*- Number of lesions.
- *Nimnatha*- Number of Scar lesions.

- Global Acne Grading System (GAGS) Scale

DRUG REVIEW

Rasapanchaka of *Yashtimadhu*

- *Rasa - Madhura, Tikta*
- *Guna - Snigdha, Guru*
- *Veerya- Sheeta*
- *Vipaka - Madhura*
- *Doshagnata- Vata Pitta Shamaka*

Rasapanchaka of *Tila Taila*

- *Rasa - Madhura, Tikta, Kashaya*
- *Guna -Tikshna*
- *Veerya- Ushna*
- *Vipaka - Madhura*
- *Doshagnata- VataKaphahara*

Table No. 1: Proportions of drugs.

SR.NO.	*SANSKRIT NAME*	BOTANICAL NAME	PROPORTION
01	*Yashtimadhu Kalka*	Glycyrrhiza glabra	1 part
02	*Tila Taila*	Sesamum indicum	4 parts
03	*Yashtimadhu Kashaya*	Glycyrrhiza glabra	16 parts

STEPS OF PREPARATION

PREPARATION OF *KASHAYA*

- Raw drug *Yashtimadhu* was collected from K.V.G Ayurveda Pharmacy.
- *Yashtimadhu* was cut into small pieces and pounded into *Yavakuta churna* (coarse powder) form.
- A large vessel was taken, 24L of water was added and 1.5L of *Yavakuta Churna* of *Yashtimadhu* was added and boiled at moderate temperature (*Mandagni*) to prepare *Kashaya*.
- The *Kashaya* was reduced to 6L(1/4th) and then filtered.

PREPARATION OF *TAILA*

- A wide-open steel vessel was selected for *Taila* preparation.

- 1.5L *Tila Taila* purchased from our own pharmacy (cold pressed) was added along with prepared 6L *Yashtimadhu Kashaya*.
- The *Kalka* should be one-fourth of *Tila Taila*, so the approximate weight of *Yashtimadhu Kalka* is accordingly calculated i.e., 375mL.
- *Taila* was boiled in mild flame (*Mandagni*) and waited till the attainment of *Sneha Sidhi Lakshana*.

***SNEHA SIDDHI LAKSHANAS*:** *Kalka* when rolled between the thumb and index finger, it forms a perfect, non sticky wick shape (*Vartivat*). *Shabda Pariksha*-when drops of *Taila* is thrown into fire, It makes no crackling sound, indicating complete absence of water content. *Phenodgama*- during *Taila Paka*, froth appears on the surface. The final preparation attains desired colour, odour and taste of the ingredients. After attainment of these *Lakshanas*, boiling was stopped.

FILTRATION OF *TAILA*

- To gain maximum benefits, as per the classics, the *Taila* was filtered after 5 days.[18]
- *Taila* was squeezed and filtered with clean white cotton cloth. 1.4L of *Yashtimadhu Taila* was obtained.
- Then it was properly stored in a dry air tight container with label.

ASSESSMENT CRITERIA

Statistical assessment of results: The symptoms observed for the study among trial were carefully recorded for all the 30 patients. The signs and symptoms before and after treatment are also recorded. The mean standard deviation before treatment of each symptom was compared with after treatment. The paired t-test was used for the purpose of test of significance. The effectiveness of the trial drug to different symptoms were assessed through p-value**.**

Clinical parameters

1. *Ruja*

Absent	Grade 0
Mild *Ruja* in *Pidaka* (but not troublesome)	Grade 1
Moderate *Ruja* in *Pidaka* (troublesome but not interfering with normal daily routine)	Grade 2
Severe *Ruja* in *Pidaka* (troublesome and normal activities will be severely hampered	Grade 3

2. *Shotha*

Absent	Grade 0
Present	Grade 1

3. *Ghana*

Absent	Grade 0
Mild (feels very slight thickness when touching the lesion)	Grade 1
Moderate (feels moderate thickness when touching the lesion)	Grade 2
Severe (feels very hard when touching the lesion)	Grade 3

4. *Vivarnata*

Absent	Grade 0
1-5 *Pidaka*	Grade 1
5-10 *Pidaka*	Grade 2
>10 *Pidaka*	Grade 3

5. *Medogarba*

Absent	Grade 0
Mild (1-5 *Pidaka* with sebum)	Grade 1
Moderate (5-10 *Pidaka* with sebum)	Grade 2
Severe (> 10 *Pidaka* with sebum)	Grade 3

6. *Pidaka*

Absent	Grade 0
Mild (1- 5 *Pidaka* on the face)	Grade 1
Moderate (5- 10 *Pidaka* on the face)	Grade 2
Severe (>10 *Pidaka* on the face)	Grade 3

7. *Nimnatha*

Absent	Grade 0
1-5 Scar lesions	Grade 1
5-10 Scar lesions	Grade 2
>10 Scar lesions	Grade 3

8. ASSESSMENT CHART – GLOBAL ACNE GRADING SYSTEM.

LOCATION	FACTOR(F)	SEVERITY(S)	LOCAL SCORE(FXS)
Forehead	2	0-Nil	Mild:1-18
Right cheek	2	1-Comedone	Moderate:19-30
Left cheek	2	2-Papules	Severe:31-38
Nose	1	3-Pustules	Very severe:>39
Chin	1	4-Nodules	
Chest and upper back	3		

OBSERVATION AND RESULTS

In the present study, 30 patients fulfilling the inclusion criteria were randomly selected and studied. Each patient was observed thoroughly and the observations are recorded with necessary charts and graphs.

In the sample taken for the study of 30 patients,100% females were registered. Thus the study shows that *Mukhadushika* is seen highly in females than in males. This does not imply that *Mukhadushika* occurs exclusively in females. The study sample was selected from KVG Ayurveda Institution, where the number of female participants was higher. Maximum number of the patients were obtained in the age group of 21 to 25 years i.e; 63.33% are obtained. Charaka has described the age of 16-30 as *Vivardhamana Dhatu Kala (C.S.Vi* 8/122), which is the starting period of functional state of *Shukra Dhatu*. Modern medical science considered hormonal imbalance, specifically of androgens as one of the important causative factors, which in turn stimulates the sebaceous glands to produced excess sebum. Here as per study maximum number of patients i.e. 70% were students, belonged to a particular age group, likely due to hormonal changes occurring during this period.

This study showed more incidence of *Mukhadushika* in patients of Upper Middle class i.e. 22 (73.33%), followed by the middle class where n=3 i.e. 10% and Lower middle class where n= 5 patients (16.67%). In the present study, out of 30 patients, 20 % patients with less than 3 months of duration, 16.67% with 3 months to 6 months of duration and 6 months to 12 months of duration and 46.67% of patients with more than 12 months of duration. *Yashtimadhu Taila Prathimarsha Nasya* was more effective in patients with recent origin i.e; <3 months of duration with mean percentage of 52.08%. Out of 30 patients, 23.33% of patients with *Pittakapha Prakruthi* and 16.67% of patients with *Vatapitta, Vatakapha*, 20% of patients with *Pittavata Prakruthi*,10 % of patients with *Kaphavata* and 13.33% of patients with *Kaphapitta Prakruthi.* Majority of the patients were *Pitta-Kapha Prakruthi. Snigdha Guna* is common to both *Kapha* and *Pitta*. Since oily skin *(Twak Snigdhata)* is a contributory factor in the manifestation of *Mukhadushika,* it can be inferred that individuals with *Pitta–Kapha Prakriti* are more prone to this condition. Out of 30 patients, 63.33% of cases were having *Avara Vyadhibala*, 36.67% cases with *Madhyama Vyadhibala* and 0% cases with *Pravara Vyadhibala*. The patient with *Avara Vyadhibala* got better results than *Madhyama Vyadhibala* with mean percentage of 44.71%. 73.33% of patients were in *Aamavastha* and 26.67% of patients were in *Niraamavastha*. The patient with *Aamavastha* with mean

percentage of 43.42% showed Slightly better results than those with *Niraamavastha i.e;*41.52%. Out of 30 patients, 36.67% of patients had dominance of *Vatakapha* and 49.57% of patients had dominance of *Vatapitta* and 6.67% of patients had dominance of *Pittakapha* and 10% of patients had dominance of *Kaphavata.* The patient with dominance of *Vatapitta* got better results with mean percentage of 49.45% compared to other three in which the mean percentages are 37.87%,25% and 42.85% respectively. Out of 30 patients, 0 of patients were in *Nava,* 20% of patients were in *Anava*,33.33% of patients were in *Atikala* and 46.67% of patients were in *Deerghakala*. In The patient of *Anava* stage got better results with mean percentage of 52.08%.

The treatment was given for 21 days with *Yashtimadhu Tila Prathimarsha Nasya* which had a significant result. The treatment modalities are safe and are of therapeutic value. *Yashtimadhu Taila Prathimarsha Nasya* had remarkable improvement in *Ruja* (72.41%), *Shotha* (66.25%), *Ghana* (55.56%), *Vaivarnyata* (35.63%), *Pidaka* (28.14%) and GAGS Scale (44.95%). Hence it can be concluded that treatment is effective in *Mukhadhushika*.

1. Effect on *Ruja*

Statistical analysis showed that the mean score of 0.87 was reduced to 0.33 after the treatment and further reduced to 0.23 on follow up with an improvement 72.41% and has statistically significant change at $p<0.001$.

2. Effect on *Shotha*

Statistical analysis showed that the mean score of 0.8 was reduced to 0.3 after the treatment and further reduced to 0.27 on follow up with an improvement of 66.25% and has statistically significant change at $p< 0.0001$.

3. Effect on *Ghana*

Statistical analysis showed that the mean score of 0.9 was reduced to 0.43 after the treatment and further reduced to 0.4 on follow up with an improvement of 55.56% and has statistically significant change at $p<0.01$.

4. Effect on *Vaivarnya*

Statistical analysis showed that the mean score 1.6 was reduced to 1.07 after the treatment and further reduced to 1.03 on follow up with an improvement of 35.63% and has statistically significant change at $p<0.05$.

5. Effect on *Pidaka*

Statistical analysis showed that the mean score of 1.67 was reduced to 1.27 after the treatment and further reduced to 1.20 on follow up with an improvement of 28.14% and has statistically significant change at p<0.01.

6. Effect on *Medogarbha*

The symptom of *Medogarbha* was observed in only 3 out of 30 patients. Statistical analysis showed that the mean score of 0.10 before treatment was reduced to 0.03 after treatment and follow-up, showing a 70% improvement. However, the change was not statistically significant (p > 0.05). Therefore, no statistically significant improvement in *Medogarbha* could be established, possibly due to the small number of patients presenting with this symptom.

7. Effect on *Nimnata*

Statistical analysis showed that the mean score of 0.40 before treatment remained unchanged at 0.40 after treatment and at follow-up, indicating 0% improvement. The result was found to be statistically insignificant with p>0.05.

8. Effect on GAGS Scale

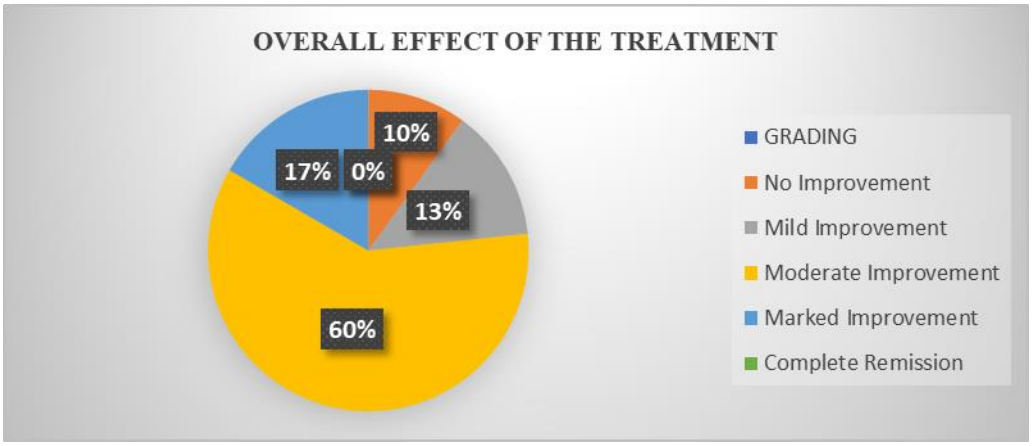
Statistical analysis showed that the mean score of 12.17 before the treatment was reduced to 7.20 after the treatment and was further decreased to 6.70 after follow up with 44.95% improvement on follow up and the result is considered to be extremely statistically significant at P <0.0001.

The treatment was given for 21 days with *Yashtimadhu Tila Prathimarsha Nasya* which had a significant result. The treatment modalities are safe and are of therapeutic value. *Yashtimadhu Taila Prathimarsha Nasya* had remarkable improvement in *Ruja* (72.41%), *Shotha* (66.25%), *Ghana* (55.56%), *Vaivarnyata* (35.63%), *Pidaka* (28.14%) and GAGS Scale (44.95%). Hence it can be concluded that treatment is effective in *Mukhadhushika*.

Table No. 4: Showing Overall effect of treatment on *Mukhadushika*.

OVERALL EFFECT OF TREATMENT		
GRADING	**RELIEF IN PERCENTAGE**	**RELIEF IN PATIENTS**
No Improvement	0%	3
Mild Improvement	1-30%	4
Moderate Improvement	31-60%	18
Marked Improvement	61-99%	5
Complete Remission	100%	0

In overall effect of treatment in *Mukhadushika*, out of 30 patients in the study, 3(10%) patients had no improvement, 4(13%) patients had mild improvement, 18(60%) patients had moderate improvement, 5(17%) patients had marked improvement and 0 patients had Complete remission. Overall effect of the treatment is 42.92%.



Pic. No. 1: Showing overall effect of the treatment.

IMAGES OF PATIENTS BEFORE TREATMENT AND AFTER TREATMENT IN MUKHADUSHIKA

BEFORE TREATMENT **AFTER TREATMENT**



Pic No.2



Pic No.3



Pic No.4



Pic No.5



Pic No. 6



Pic No.7



Pic No.8



Pic No.9



Pic No.10



Pic No.11



Pic No.12



Pic No.13

DISCUSSION

In *Ayurveda*, the mode of action of a single drug can be explained on the basis of *Rasa*, *Guna*, *Veerya* and *Vipaka* etc.[19] However, explaining the action of a compound *Yoga* through these parameters alone is quite difficult. *Chakrapani* quoted that only sages (versatile scholar) can explain about the specific action of *Yogas.*[20] The ultimate aim of any treatment is to do the *Samprapti Vighatana* and restore the equilibrium of *Dosha* and *Dushya.*[21] Keeping these principles in view, an attempt is made to understand the probable mode of action of this *Yoga*. In the treatment of *Mukhadushika*, *Nasya* is also mentioned as one of the important therapeutic measures. Since *Mukhadushika* predominantly affects the face, i.e., the region above the *Urdhva Jatrugata* (above the shoulder), *Nasya* is considered an appropriate therapy for *Urdhvajatrugata Vyadhis*. *Vangasena* has highlighted the efficacy of *Pratimarsha Nasya* in the management of *Mukhadushika*. In the present era, where individuals are often unable to follow lengthy treatment schedules, *Pratimarsha Nasya* can be conveniently adopted as a practical and effective approach to alleviate the disease.

Due to *Nidana Sevana*, there will be aggravation of *Vata* and *Kapha*. In general *Samprapti* of *Pidaka*, the of aggravation *Pitta Dosha* is also mentioned. These aggravation *Tridosha* takes *Sthanasamshraya* in these *Dhatus* such as *Twak*, *Rakta* and *Mamsa*. *Yashtimadhu* possesses *Tikta* as *Anurasa*. *Tikta Rasa* facilitates *Amapachana* and promotes the *Pakwata* of *Doshas*, thereby reducing *Ruja*(pain). Hence, *Yashtimadhu* significantly alleviates *Shoola* after the *Pachana* of *Samavata* and helps reduce *Samavata Lakshanas* in the initial stage of the disease. *Tila Taila* inherently possesses *Ushna Guna*, which aids in reducing the *Shoola* of *Mukhadushika*. *Rakta/Lohita Varna* of *Pidaka* is attributed to *Pitta Dosha*, while *Shyava/Krishna Varna* is due to *Vata Dosha*. *Yashtimadhu* pacifies *Pitta Dosha* due to its *Madhura* and *Tikta Rasa*, *Sheeta Veerya* and *Madhura Vipaka*, and alleviates *Vata Dosha* through its *Madhura Rasa*, *Snigdha* and *Guru Guna*, and *Madhura Vipaka.* Its *Snigdha Guna* also acts as *Bala Varnakara*, thereby helping in the gradual reduction of *Vivarnata*. Furthermore, it aids in *Kapha Shamana* through its *Tikta Rasa*, thereby alleviating *Shotha*, *Ghana*, and *Medogarbhayukta Pidaka*. Thus, it helps in relieving the symptoms of *Mukhadushika*. In *Chandranandana* Nighantu.[22] the author mentions that *Yashtimadhu* possesses *Vrana Shodhana* and *Ropana* properties. Hence, it helps in the subsidence of *Pidaka*. In addition to the above explanation, *Tila Taila* is appreciated by *Acharyas* as *Vata Kaphaharanam Shreshta* in *Yajja Purusheeya Adhyaya*. Hence, in conditions involving two *Doshas*, *Tila Taila* is considered one of the best therapeutic agents. It is also known for its

Twachya property and also has *Snigdata* which reduces the *Ghanatva/ Katinyata/* hardness. Hence it is able to subside the disease with association of other drugs. In this way, *Yashtimadhu Taila* does the *Samprapti Vighatana* and cures the disease.

CONCLUSION

1. Based on clinical features the *Mukhadhushika* can be co-related with Acne vulgaris.
2. In this study age group between 21-25 years was more affected with *Mukhadhushika*.
3. Based on *Doshapradhanyatha, Yashtimadhu Taila Prathimarsha Nasya* showed moderate result with mean percentage of 49.45% in patients having *Vata-Pitta Pradhana Lakshanas.*
4. Based on duration of *Mukhadhushika* effect of this *Yoga* was shown better results with patients <3 months of duration with mean percentage of 52.08%.
5. Based on Chronicity of *Mukhadhushika* effect of *Yashtimadhu Taila Prathimarsha Nasya* shown better results on *Anava Avastha* of *Mukhadushika* with mean percentage of 52.08%.
6. Based on specific condition, *Yashtimadhu Taila Prathimarsha Nasya* showed slightly better results in *Amavastha* with mean percentage of 43.42% than *Niramavastha*.
7. Effect of treatment based on severity of *Mukhadhushika*, shown better results in *Avara Vyadhibala* with mean percentage of 44.71%.
8. *Yashtimadhu Taila Prathimarsha Nasya* had remarkable improvement in *Ruja* (72.41%), *Shotha* (66.25%), *Ghana* (55.56%), *Vaivarnyata* (35.63%), *Pidaka* (28.14%) and GAGS Scale (44.95%). Hence it can be concluded that treatment is effective in *Mukhadhushika*.
9. Overall effect of *Yashtimadhu Taila Prathimarsha Nasya* is 42.92%. It is statistically significant.

LIMITATIONS OF THE STUDY

- The size of sample and time period (21 days) was small to draw a generalized condition.
- *Yashtimadhu Taila Prathimarsha Nasya* may be more effective when the duration and frequency of administration are increased.
- Since the duration of the study was short, *Varnaprapti* may require longer time to be regained.
- No fresh cases were available to obtain effective results.
- This Yoga may be more effective in preventing recurrence rather than a curative therapy.
- Since *Mukhadushika* is a *Bahya Rogamarga Vyadhi*, *Bahiparimarjana Chikitsa* is also necessary. Hence, this *Yoga* may show better efficacy when administered along with appropriate *Bahiparimarjana Chikitsa*.

SUGGESTIONS FOR THE FUTURE STUDY

- Study on a larger sample size, for a longer duration, and with increased frequency are required to observe the proper efficacy of the *Yoga*.
- Present study was conducted without any Diet restriction along with the routine lifestyle was followed. So further studies can be conducted by advising patient to avoid *Nidana Sevana* to know the more effectiveness.
- Studies on *Nava Avastha* cases (1^{st} -15^{th} day) may be conducted in future to evaluate the effectiveness of the *Yoga*.
- As *Mukhadushika* is a *Bahya Rogamarga Vyadhi*, Future studies may be conducted by combining this *Yoga* with appropriate *Bahiparimarjana Chikitsa* to evaluate its enhanced therapeutic efficacy.
- Further studies should be conducted based on individual *Dhatu* involvement along with *Dosha Vaishishtya* for better understanding of mode of action and efficacy of the *Yoga*.

DECLARATION OF PATIENT CONSENT

Authors certify that they have obtained patient consent form, where the patient/caretaker has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/caretaker understands that his/her name and initials will not be published and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.

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