

AYURVEDIC MANAGEMENT OF MUKHADUSHIKA (ACNE VULGARIS) THROUGH VAMANA KARMA AND SHAMANA CHIKITSA: A CASE STUDY

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ABSTRACT

Acne vulgaris is a chronic inflammatory disorder of the pilosebaceous unit, most common in adolescents and young adults, and is characterised by comedones, papules, pustules, nodules and post-inflammatory scarring. In Ayurveda it is correlated with Mukhadushika (Yuvanpidika), a Kshudra Roga described by Acharya Sushruta, in which Shalmali-kantaka-sadrusha Pidaka (thorn-like eruptions) appear on the face due to vitiation of Kapha, Vata and Rakta. Modern management with topical and oral agents provides relief but is often limited by recurrence, side effects and scarring. The present case study describes a 23-year-old female student with a 9–10-month history of painful, itchy, pus-forming facial pimples, associated with faulty dietary and lifestyle habits and Jatharagni mandya. She was managed on Ayurvedic principles: Deepana–Pachana and Rakta-prasadana Shamana Chikitsa (Arogyavardhini Vati,

Mahamanjishtadi Ghan Vati, Avipattikar Churna and Mukha Lepa), followed by Abhyantara Snehapana with Panchatikta Ghrita, Sarvanga Abhyanga–Swedana with Tila Taila, and Vamana Karma with Yashtimadhu Kwatha, Madanaphala Phanta and milk, with Samsarjana Krama. Shamana therapy with Ananta–Manjishtha Phanta and Avipattikar Churna was continued for 30 days. Comparison of clinical photographs before and after treatment showed

a reduction in inflammatory lesions and redness. The case suggests that a sequential approach of Shamana, Shodhana and Pashchat Shamana may be an effective and safe option in Mukhadushika.

KEYWORDS: Mukhadushika, Acne vulgaris, Yuvanpidika, Vamana Karma, Panchakarma, Arogyavardhini Vati, Mahamanjishtadi Ghan Vati.

INTRODUCTION

Acne vulgaris is one of the commonest dermatological conditions worldwide, affecting a large majority of adolescents and a considerable proportion of adults, particularly women.^[1,2] It is an inflammatory disease of the pilosebaceous follicles, presenting as comedones, papules, pustules, cysts and nodules that may heal with scarring and pigmentary change. Its pathogenesis is multifactorial, involving increased sebum secretion, abnormal follicular keratinisation, proliferation of *Cutibacterium acnes* and inflammation, with hormonal changes, stress, drugs, environmental factors and genetics as contributory factors.^[1] Beyond its physical burden, acne can cause significant psychological distress affecting self-esteem, confidence and social life.

Conventional treatment includes topical retinoids, benzoyl peroxide and antibiotics, oral antibiotics, hormonal therapy in women and oral isotretinoin in severe disease.^[3] These are effective but are limited by adverse effects, antibiotic resistance and frequent relapse after stopping treatment, which makes a safe and holistic alternative desirable.

In Ayurveda, acne is correlated with Mukhadushika, also called Yuvanpidika, Tarunyapitika or Yuvanakantaka. Acharya Sushruta describes it under Kshudra Roga as Pidakas resembling the thorns of Shalmali (*Bombax ceiba*) that occur on the face of young people due to vitiation of Kapha, Vata and Rakta.^[4] Sharangadhara used the terms Yuvankantaka and Yuvaganda. Acharya Vagbhata additionally mentions pain (Ruja), a dense swelling (Ghana Shotha) and Meda in the core of the lesion.^[5] Treatment is directed towards Nidana Parivarjana, Agni correction, Ama pachana, Shodhana and Shamana of the involved Doshas and Dushyas.^[6] Vamana Karma is the Shodhana of choice for Kapha-predominant disorders and, because it eliminates Kapha from the Urdhva Bhaga, it is particularly relevant for facial conditions. This case study reports the outcome of a Shamana–Shodhana–Shamana protocol in a patient of Mukhadushika.

AIM AND OBJECTIVES

To study the effect of Ayurvedic management comprising Shamana Chikitsa, Vamana Karma and Pashchat Shamana in a case of Mukhadushika (acne vulgaris).

MATERIALS AND METHODS

Study design and setting

Single-case study conducted in the Outpatient Departments of [Y,M,T ayurvedik college], [kharghar], from 22 February 2025.

Consent and ethics

[Written informed consent was obtained from the patient for treatment and for publication of the case details and clinical photographs, with her identity concealed. – confirm before submission.]

CASE REPORT

Patient information

A 23-year-old female student presented to the OPD on 22 February 2025 with facial pimples and associated discomfort for the past 9–10 months, along with itching, pain and pus formation in the lesions. She had no history of any major illness and no surgical history. Her diet was mixed.

Nidana (causative factors)

Aharaja: Frequent intake of bread and bakery products, fermented food items, fast food, sugary food and milk products (Ati Madhura, Guru, Abhishyandi and Dugdha Varga Ahara).

Viharaja and Manasika: Frequent travelling, use of cosmetics (makeup), Ratri Jagarana (night awakening) and stress.

Clinical findings

General and systemic examination were within normal limits, except for a bloated abdomen. Her Prakriti was Pitta-pradhana Vata. Bowels were clear.

Table 1: General and systemic examination.

Parameter	Finding
Blood pressure	120/80 mm Hg
Pulse	78/min
Temperature	Afebrile
Prakriti	Pitta-pradhana Vata

Respiratory system	Chest clear
Cardiovascular system	No abnormality detected
Central nervous system	Conscious, oriented
Per abdomen	Bloated
Bowels	Clear, passed

Local examination revealed multiple erythematous papules and pustules, with some tender inflammatory lesions, distributed predominantly over both cheeks, with a few lesions on the forehead. Considering the morphology, painful inflammatory lesions with pus and scarring tendency, the case was assessed as moderate inflammatory (papulopustular) acne.



Figure 1: Clinical photographs before treatment (22/02/2025).

Diagnosis

On the basis of Shalmali-kantaka-sadrusha Pidaka on the face in Yauvana avastha, associated with Ruja, Srava (pus) and Kandu, and Kapha–Vata–Rakta involvement, the case was diagnosed as Mukhadushika (Yuvanpidika).

Samprapti Ghataka

Table 2: Samprapti Ghataka of the case.

Ghataka	Description
Dosha	Kapha, Vata (Pitta as associated Dosha)
Dushya	Rasa, Rakta, Meda; Upadhatu – Twacha
Agni	Jatharagni mandya
Srotas	Svedavaha, Raktavaha
Srotodushti	Sanga
Udbhava sthana	Amapakvashaya
Sanchara sthana	Sarva Shareera

Vyakta sthana	Mukha
Adhishthana	Twak (Lomakupa – pilosebaceous unit)
Rogamarga	Bahya

Therapeutic intervention

Treatment was carried out in three stages, as shown in Table 3.

Table 3: Treatment protocol.

Date	Treatment
22/02/2025 (15 days)	1. Arogyavardhini Vati 250 mg, twice daily (morning and evening) 2. Mahamanjishtadi Ghan Vati 250 mg, twice daily 3. Avipattikar Churna 1 tsp at bedtime 4. Mukha Lepa (local application)
07/03/2025 (8 days)	Abhyantara Snehapana with Panchatikta Ghrita, along with Aampachak Vati 2 tablets three times daily before food, in increasing dose: Day 1 – 30 ml, Day 2 – 60 ml, Day 3 – 90 ml, Day 4 – 120 ml, Day 5 – 150 ml, Day 6 – 180 ml, Day 7 – 210 ml. Day 8 – Sarvanga Snehana (Abhyanga) with Tila Taila followed by Swedana.
16/03/2025	Vamana Karma with Yashtimadhu Kwatha, Madanaphala Phanta and Dugdha. Vaigiki: 8 Vegas; Antiki: Pittanta; Laingiki: Indriyaprasada and Doshanirharana (Pravara Shuddhi). Followed by Samsarjana Krama for 7 days.
25/03/2025 (30 days)	1. Ananta–Manjishtha Phanta ½ tsp twice daily 2. Avipattikar Churna 1 tsp at bedtime

Pathya–Apathya: The patient was advised to avoid oily and fried food, junk and fast food, bakery products, excess sugar and soft drinks, and excess dairy, and to avoid squeezing pimples, touching the face frequently, heavy cosmetics and unprotected sun exposure. She was advised to include fresh fruits, vegetables and whole grains, to drink adequate water, to include probiotic foods such as curd and buttermilk, to wash the face twice daily, to sleep for 7–8 hours at night and to manage stress through yoga and meditation.

OBSERVATIONS AND RESULTS

The patient was assessed by comparing clinical photographs and symptoms (pain, itching and pus formation) before treatment and after completion of the protocol. Vamana Karma was completed with 8 Vegas and Pittanta, indicating Pravara Shuddhi. Photographic comparison after completion of the protocol showed a reduction in the number and redness of the papules and pustules, particularly over the cheeks. Some residual post-inflammatory marks remained on the cheeks.



Figure 2: Clinical photographs after treatment.

DISCUSSION

Mukhadushika is a Kapha–Vata–Rakta predominant disorder, and in the present case Pitta–Rakta involvement was evident from the redness, pain and pus formation, so the line of treatment was planned to correct Agni, remove Ama, purify Rakta and expel the vitiated Kapha.

Nidana Parivarjana and Shamana Chikitsa

Avoidance of the causative factors, namely Kapha-aggravating and Abhishyandi foods, night awakening and stress, is the first step in management. Arogyavardhini Vati acts as Deepana and Pachana through ingredients such as Triphala, Chitraka and Shilajatu, thereby reducing Ama, and as Yakrit-uttejaka and Rakta-shodhaka through Katuki (*Picrorhiza kurroa*). Its Lekhana and Medohara properties help reduce excess Meda and oily secretions that block the follicles. Mahamanjishtadi Ghan Vati, with Manjishtha (*Rubia cordifolia*) as the chief ingredient, is Rakta-shodhaka and Pitta-shamaka, and Haridra and Daruharidra add anti-inflammatory action, which may explain the observed reduction in redness and pustules. Avipattikar Churna is Pitta-anulomaka and Mridu Virechaka, and helps in Agni correction and clearing bowel; it also prepares the body for Shodhana. Mukha Lepa provides local Shamana.

Snehapana and Vamana Karma

Abhyantara Snehapana with Panchatikta Ghrita is Tikta–Kashaya in Rasa and is suited to

Rakta and Twak disorders; the Sneha lubricates the Srotas and helps the Doshas migrate from the Shakha to the Koshtha, a process that is further aided by Sarvanga Abhyanga and Swedana. In Vamana, the Ushna, Tikshna, Sukshma, Vyavayi and Vikasi properties of the Vamaka drugs act through their Virya, reach the Hridaya and then, via the Dhamanis, reach the macro- and micro-channels, liquefy the vitiated Doshas and carry them to the Amashaya, from where they are expelled through the mouth by the action of Udana Vayu.^[7]

Because the face is a Kapha-dominant site and Vamana expels Urdhva-sthita Kapha, its removal may reduce sebum excess, comedone formation and inflammatory swelling. By clearing the Kapha obstruction, Vamana may normalise Pitta and clear Ama, thereby reducing redness, pain and pustules. Srotoshodhana in the Rasavaha and Raktavaha Srotas may improve skin microcirculation and nourishment of Twak. Correction of Agni and Meda dhatu may also indirectly support hormonal and metabolic balance. Being a Shodhana therapy that removes the root Doshas, Vamana may help prevent recurrence and reduce the tendency for scarring. These are proposed modes of action and have not been tested in this study.

Pashchat Shamana

After Shodhana, Ananta–Manjishtha Phanta was given as Rakta-prasadana and Twak-prasadana to maintain the benefit, and Avipattikar Churna was continued for Agni and Koshtha correction. Both are considered safe for a prolonged period.

Limitations

This is a single case, and no standardised acne grading scale or laboratory investigations were recorded; the improvement was assessed clinically and photographically, and it cannot be attributed to any single component of the multi-modal treatment. Larger controlled studies with validated scoring, such as the Global Acne Grading System, are needed.

CONCLUSION

In this case of Mukhadushika, a sequential protocol of Deepana–Pachana and Rakta-prasadana Shamana, Snehapana, Vamana Karma with Samsarjana Krama and Pashchat Shamana was associated with a reduction in inflammatory lesions and redness on photographic comparison. Alongside diet and lifestyle modification, Vamana Karma may be a useful option in Kapha–Rakta predominant acne. Further studies on larger samples are recommended to validate these observations.

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