WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 16, 832-839. Research Article ISSN 2277–7105

AN OBSERVATIONAL STUDY TO ESTABLISH THE PRAKRUTI AND INVOLVEMENT OF DOOSHITA DOSHA-DOOSHYA IN THE YAVUNA PIDIKA WITH SPECIAL REFERENCE TO ACNE VULGARIS

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Article Received on 15 July 2026,
Article Revised on 04 August 2026,
Article Published on 16 August 2026,

https://doi.org/10.5281/zenodo.21915972

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How to cite this Article: Ashwini I. Honagannavar*. (2026). An Observational Study To Establish The Prakruti and Involvement of Dooshita Dosha-Dooshya In The Yavuna Pidika With Special Reference To Acne Vulgaris. World Journal of Pharmaceutical Research, 15(16), 832–839.

ABSTRACT

Ayurveda being an independent health science, it also has its methodology in understanding and managing health and disease. Beauty raised its different definitions since the onset of mankind but has always remained very much connected with the good looks. According to Acharyas, among 56 upangas, face is considered the most important. In today's era as well, face is thought to be the site of wholesome beauty. YuvanPidika is such disease which is affecting the facial beauty from minor ailments to major scars and that to in the most crucial period of life, adolescence where they ouths are highly concerned about How they look? Acharya Sushruta has described YuvanPidika as eruption resembling Shalmali thorn on the face of young men and women called yuva and its pidika is YuvanPidika. **Aim:** To Establish the role of dooshita dosha in the yauvana pidika and developing treatment protocol based on dosha principle. **Objectives:** To establish pathophysiology and Etiopathogenesis of yauvana pidika on the basis of Dooshita dosha.

KEYWORDS: Yavuna pidika, Dosha, Dhatu, Acne vulgaris.

INTRODUCTION

In modern society healthy and glowing skin is assessed by the complexion and texture of the

skin. "Face is the index of mind". The clean and clear face plays an important role in the individual, personal, emotional and social well-being. Yuvan Pidika is well correlated with Acne Vulgaris in modern medicine. According to the 2010 Global Burden of Illness Study, acne vulgaris is the eighth most common skin illness, with an estimated global prevalence for all ages of 9.38%.[1] Previous reviews have reported that the prevalence of acne is higher in females than[2,3] Males encounter the onset during Puberty. Males encounter the onset during Puberty. Similarly, The Global Burden of Disease Studyconducted in 2010 estimated that the prevalence of acne was 8.96% in males, lower than the estimated prevalence of 9.18% in females.[4] The treatment of acne itself is a tiresome journey, both psychologically and financially. According to the Global Burden of Disease (GBD) study, acne vulgaris affects-85% of young adults with age group ranging from 12-25 years. Acne consistently represents the top three most prevalent skin conditions in the general population, as found in large studies within the developed & developing countries.[5] Acharya Sushruta has described Yuvan Pidika as eruption resembling Shalmali thorn on the face of young men and women called yuva and its pidika is Yuvan Pidika. Beacause of its minimum causative factors, signs and symptoms and which need minimal treatment to get cured, hence Yauvana Pidika is mentioned under Kshudra Rogas.[6] Acharya Sushruta has described Yuvan Pidika as eruption resembling Shalmali thorn on the face of young men and women called yuva and its pidika is Yuvan Pidika.[7] Yuvan Pidika is characterized by Ruja (mild pain), Ghan sparsh (hard and firm to touch), Medogarbha (sebum filled inside it) and shape like Shalmali kantak (thorn).[8] It is also known as Mukhdushika and Tarunyapitika. Yuvan Pidika is well correlated with Acne Vulgaris in modern medicine. Approximately 80% of people affected by acne range between the onset of puberty and thirty years of age.[9]

METHODOLOGY

It is an Analytical study, where in of either Gender, diagnosed as Yauvana pidika. A case perform will be specially designed and duly filled with all points pertaining to history, signs, symptoms and examinations as mentioned in Ayurvedic classics and allied sciences to confirm the diagnosis. All patients will be requested to provide a written informed consent approved by IRB/IEC for participation in the study. All patients will be assessed for demographics including age, gender, marital status, geographical location. All the patients will be examined by a standard case sheet having involvement of dooshita Dosha and dooshya.

LITERARY SOURCES: Literary aspect of the study pertaining to Yauvanapidika its complications, existing practice on Yauvanapidika from Ayurvedic text as well as modern text books and recent peer reviewed indexed medical journals and relevant websites.

PATIENT SOURCES: Patients suffering with the signs and symptoms of Yauvanapidika will be selected from O.P.D and I.P.D of D.G.M. Ayurvedic Medical College and Hospital Gadag.

A minimum of 30 patients of Yauvana pidika patients will be taken for the study. Diagnostic criteria:

1. All male and female patients (12-25 years) diagnosed with Yauvana pidika
2. Subjective and Objective Parameters examination will be included in the present study.
3. Observe for Area involved : Cheeks only, Both Cheek and Chin, Whole face and Trunk
4. Patients exhibits symptoms of Yauvana pidika like Ruja (mild pain), Ghan sparsh (hard and firm to touch), Medogarbha (sebum filled inside it) and shape like Shalmali kantak (thorn).

Inclusion Criteria

1. Patient presenting with the signs and symptoms of *Yauvana Pidika* will be selected.
2. Patients of age group 12 to 25 years willbe selected.
3. Patients irrespective of caste, religion, gender, economical status will be selected.
4. Chronicity less than 1-3 years will be selected

Exclusion Criteria

1. Patients with secondary systemic involvement such as Addison'sdisease, Cushing syndrome and systemic lupus erythematosus, hyper pigmentation
2. Patients taking Oral Contraceptive Pills, pregnant women, lactating mothers.
3. Immune compromised patients will be excluded from the study Duration of Study 45days

CRITERIA FOR ASSESSMENT OF YUVANA PIDIKA

Sr.n	Subjective Parameters	Grade0	Grade1	Grade2	Grade3
1.	*Sotha*	No*sotha*	Mild *sotha*	Moderate*sotha*	Severe*sotha*
2.	*Shula*	No*shula*	Mild*shula*	Moderate*shula*	Severe*shula*
3.	*Srava*	No*Srava*	*Lasika*	*Puya*	Both
4.	*Kandu*	No*Kandu*	Mild*Kandu*	Moderate*Kandu*	Severe*Kandu*
5.	*Vivarnata*	No*Vivarnata*	Mild*Vivarnata*	Moderate*Vivarnata*	Severe

					Vivarnata
6.	*Daha*	No*Daha*	Mild*Daha*	Moderate*Daha*	Severe *Daha*
7.	Area involved	Noany involved	Cheeks only	Both Cheek and Chi	Whole face and Trunk

Objective criteria

8.	No.of *Pidik*	No*pidika*	Lessthan5ononesi	In between 6to10 on side	More than 10 on one si
9.	Size of *Pidi*	No*pidika*	Lessthan5mm	In between 6 to 10mm	More than 10mm

Investigator global Assessment(IGA)of acne severity

Sr. no.	Modern paramet	Grade0	Grade1	Grade2	Grade3	Grade4
10.	Sympto	Residual hyperpigmentation d erythema ma present	A few scatt comedonesa fews papules	Easily recognisable;less than half the fac involved. Somecomedones some papules pustules	Morethanhalf face is involve Many comedo papules pustules. One nodulemaybe present	Entirefaceis involved, coveredwith comedones, numerous fewnodules cysts

OBSERVATION AND RESULT

Table No. 1: Prakruti and Yauvana pidika.

Prakruti	Frequency	%
2(Pitta)	1	3%
3(kapha)	1	3%
4(pitta-Vata)	17	57%
5(Pitta-kapha)	11	37%
Total	30	100%

Prakruti wise distribution of subjects showed that majority(57%) of them belongs to 4(pitta- Vata), (37%) of them belongs to 5(Pitta-kapha).

Table No. 2: Vikrutidosha and Yauvana pidika.

Vikrutidosha	Frequency	%
2(pitta)	11	37%
4(Vata-pitta)	10	33%
5(pitta-kapha)	7	23%
6(Kapha-vata)	2	7%
Total	30	100%

In the present study, Vikruti Dosha-wise distribution showed that the majority of subjects belonged to PittaVikruti(37%), followed by Vata-PittaVikruti(33%). This finding suggests a

significant involvement of Pitta Dosha in the pathogenesis of acne vulgaris. According to Ayurvedic principles, Pitta Dosha is responsible for heat, metabolism and transformation within the body. Aggravation of Pitta leads to increased heat and inflammationin the skin, resulting in manifestations such as redness, burning sensation, tenderness, suppuration, and inflammatory lesions, which are commonly observed in acne vulgaris. The substantial proportion of subjects withVata-PittaVikruti indicates the combined role of both Doshas. While Pitta contributes to inflammation and discoloration, Vata may promote dryness, roughness, pain, and irregular progressionof lesions. This combination can lead to recurrent and variable presentations of acne.

Table No. 3: Vikrutidushya and Yauvana pidika.

Vikrutidushya	Frequency	%
1(Rasa, Rakta)	4	13%
2(Rasa,Rakta,Mamsa)	8	27%
3(Rasa,Rakta,Meda)	18	60%
Total	30	100%

The present study showed that the majority of subjects(60%) belonged to the Rasa-Rakta-Meda Dushya category, followed byRasa-Rakta-Mamsa (27%) and Rasa-Rakta (13%). This suggests that Rasa, Rakta, and Meda Dhatus play a major role in the pathogenesis of Acne Vulgaris (Yuvanapidaka). Rakta Dushti contributes to inflammation and redness, while Meda Dushti is associated with excessive sebum production and follicular blockage, which are key features of acne. The predominance of Rasa-Rakta-Meda involvement supports the Ayurvedic concept that Yuvanapidaka is mainly a disorder of these Dushyas, with Meda playing a significant role in disease manifestation.

DISCUSSION

The concept of Yauvana Pidika is burning issue in the practice of skin diseases, it is categarized under Kshudra roga they will be explored here for the clinical practices. The Acne Vulgaris is most devastating issue in the present cosmetically aware population because of its demoralizing effect on the face. Hence, it needs to be approached classically with clinical evidence based practices.

Establish the role of dooshita dosha in the yauvana pidika and developing treatment protocol based on dosha principle.

To evaluate the relationship between Prakruti and yauvanapidika

Pittaja pradhana prakruti individuals are more prone to Yauvanapidika as compared to kaphaja and vataja pradhana prakruti. It is may be because of During yauvana there will be dominenence of pitta(Hormonal imbalance) and Kapha pradhana prakruti individuals are found to have mild yauvana pidika compared to Vatapradhana, May be due the Mandaguna, sthaimitya guna of kaphadosha. Manda guna produces manda chesta(slow in action) & sthaimithya guna produces ashigraaarambha(slow in initiation of action).pitta pradhana prakruti individuals are found to have mild to severe Yauvanapidika due to usna, tikshna guna of pitta dosha. Pitta is basically responsible for the decay and degenerative changes due to its specific properties like ushna (hot), tikshna(sharp). Pitta prakruti individuals are susceptible to have mild to severe yauvana pidika because of similar guna of piita and during yauvana agepitta dominance so it may have an early influence on individuals with Pitta predominant Prakruthi. *Pitta prakruti* individuals are susceptible to have mild to severe yauvana pidika because of similar guna of piita and during yauvana agepitta dominance so it may have an early influence on individuals with Pitta predominant Prakruthi.

To establish pathophysiology and Etiopathogenesis of yauvana pidika on the basis of Dooshita dosha

In this concept Twacha predominantly having involvement of rasadhatu, raktadhatu, Meda dhatu and vyana vata and prana vata, Bhrajaka pitta and Tarpaka kapha. Vyanavata–Which circulate all over body, Circulate even in skin. Pranavata–Indriadruka. Twak is also one of Indriya, pranavata Stimulate the Twakindriya for proper functioning. Bhrajaka pitta–as it locates in twak, maintain the lusterness and complexion of skin and regulate the body temperature. Tarpaka kapha –Tarpana of Aksha (all sense organs) Nourishment of Twak indriya. Rasa dhatu–Rasa sara or twak sara purusha lakshana are explained mainly on excellence of Skin and hair. Rakta Dhtu–Varna Prasad (give colour to skin). blood supplies the skin with essential nutrients and oxygen required for cell regeneration, while the skin relies on complex blood vessel networks to regulate the body's temperature. Meda dhatu – Sneha swedau, Provide unctuousness to the skin and production of sweat. Dietary fats and body fat play a direct role in acne severity through hormonal and inflammatory pathways.While unhealthy saturated and transfats trigger inflammation and excess sebum(oil), healthy omega-3s act as anti-inflammatories.

TheYauvanapidika occurs in twacha. There will be theVikruti of rasadhatu, raktadhatu, Meda

dhatu and vyana vayu, prana vayu, Bhrajaka pittaand Tarpaka kapha. Hence shamana chikista practices helps to eradicate the involved dosha and dooshya fromthe twacha which is a proper and evidence base practice. All the skin specialtypractitioners would get into the practice of involving the dosha dooshya sammurchan and sampraptivighatanatmak Chikitsa pattern with a vision of anshansha kalpana for their specific diagnosis of a disease and can plan aProper classical line oftreatment protocol. The societywillrelieved fromthe embarrassing situation of their cosmetic beauty, which is deeply disturbed due to theYauvana Pidika. Easy, safe and nonspurious medical management Will bring abroad smile on the faces of community people.

CONCLUSION

Yauvana pidika is utmost important study to bring the clinical evidences for the achievement in evidence based clinical practice. Management of yauvanapidika is totally depend on understanding of pathophysiology and Etiopathogenesis of yauvana pidika on the basis of Dooshita dosha. These clinical evidences will be pooled from the dosha dooshya sammurchan effect on particular layer of skin to treat the yauvana pidika. Acne consistently represents the top three most prevalent skin conditions in the general population.

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