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YUVANPIDIKA: A COMPREHENSIVE LITERARY REVIEW FROM CLASSICAL TEXTS TO CONTEMPORARY UNDERSTANDING

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ABSTRACT

The idea of beauty has existed since the beginning of human history, and everyone wants to look beautiful even today. Ayurveda is like a vast ocean of ancient wisdom that explains not only big illnesses but also small skin problems in great detail, along with their natural treatment. One such common skin issue is Yuvanpidika (also called Mukhadushika). In simple words, beauty is something that makes our eyes happy when we see it. Unfortunately, acne is the most common skin problem that spoils the beauty of the face, especially in teenagers. It is rightly called “the enemy of youth” because it affects almost ruins the teenage years for many. In modern medicine, acne vulgaris is a long-lasting inflammatory problem of the oil glands and hair follicles, mostly on the face, chest, and back. In Ayurveda, the great ancient surgeon Acharya Sushruta has described Yuvanpidika exactly like today’s acne. He says it appears as small, hard, thorn-like pimples (similar to the thorns of the Shalmali/silk-cotton tree) on the face of young people during teenage years. That is why it is named “Yuvanpidika” (the pimples of youth).

KEYWORD: Yuvanpidika, *Kshudraroga*, Mukhdushika, Acne, Acne vulgaris, Jalaukavcharna.

INTRODUCTION

The concept of "beauty" is universally recognized by every living person. It refers to a quality or set of qualities that provide intense delight to the senses—particularly vision—or that captivate the intellectual and moral faculties. Thus, beauty encompasses physical, mental, and spiritual dimensions. One condition that significantly impairs physical beauty, especially of the face, is known in Ayurvedic texts as Yuvanpidika (commonly called acne or mukhadushika). In the classics of Ayurveda, it is classified under Kshudraroga. According to Sushruta Samhita (Nidana Sthana), Yuvanpidika or Mukhadushika manifests as thorn-like, Shalmali (silk cotton tree) spike-resembling eruptions that appear on the face during adolescence. These lesions are associated with excessive Meda (fat tissue). The primary pathogenic factors (Samprapti Ghataka) involved in the development of Mukhadushika are vitiated Kapha dosha, Vata dosha, and Rakta dhatu (blood). In Ayurveda, acne arises when aggravated doshas and impaired dhatus block the lomakupa (hair follicles and sebaceous glands) of the skin. When these lesions rupture, they lead to scar formation. Additionally, the vitiation of Vata and Rakta is responsible for post-inflammatory hyperpigmentation. The traditional Ayurvedic management of acne primarily involves two approaches: Shodhana (detoxifying and purifying therapies) and Shamana (palliative treatment with internal medicines and external applications). Shodhana therapy includes procedures such as Vamana (therapeutic emesis) and Nasya (nasal administration of medicines), while Shamana therapy employs Lepa (herbal pastes), Upanaha, and Kshara (alkaline caustic applications).

Acne or Acne vulgaris is a widespread chronic inflammatory skin disorder that imposes considerable physical and psychological impact on affected individuals. It occurs in both genders, though it tends to be more prevalent and severe in males, particularly from the onset of puberty. Worldwide, the condition affects approximately four out of five people between puberty and the age of thirty, with the highest incidence reported among adolescents aged sixteen to eighteen. In India, studies indicate that roughly half of boys and over a third of girls in the twelve-to-seventeen age group experience acne. Although acne itself is not life-threatening, its complications-especially permanent scarring-can profoundly impair quality of life, self-esteem, and emotional well-being. The condition primarily involves the pilosebaceous units and is classically regarded as a disorder of adolescence. It manifests as open and closed comedones, papules, pustules, nodules, and cysts. The underlying mechanisms involve hormonal imbalances (particularly excess androgens), overproduction of sebum, abnormal keratinization of the follicular lining, and follicular occlusion. When

sebum, dead skin cells, and keratin accumulate, they form a plug that distends the follicle beneath the skin surface, giving rise to visible acne lesions. Resident skin bacteria, notably Propionibacterium acnes (now known as Cutibacterium acnes), can proliferate within these blocked follicles, triggering intense inflammation that often results in scarring and significant facial disfigurement. Conventional modern treatment relies on prolonged courses of topical or systemic antibiotics, comedolytics, and anti-inflammatory drugs tailored to lesion type and severity. While these approaches are generally effective, their long-term use is frequently limited by adverse effects such as marked skin dryness, scaling, redness, burning, stinging, pruritus, and the growing problem of antibiotic resistance.

LITERATURE REVIEW

- ***Charaka samhita***: In Charaka Samhita Acharya Charaka has not described Yuvanpidika but he has described Pidikaas disease of Bahya Roga Marg. In the same way he has also mentioned brief pathophysiology of Pidika*[1,2]
- ***Sushruta Samhita*:** Acharya Sushruta was the firstly described Yuvanpidika, he included yuvanpidika under the heading of Kshudrarogas He has described brief pathophysiology as well as internal medicines and local applications too.Acharya Sushruta has also used word Mukhdushika for this condition.[3,4]
- ***Ashtang Samgraha & Ashtang Hridaya*:** In Ashtangsamgraha as well as in Ashtanghriday Acharya Vagbhatta has followed Acharya Sushruta. In Ayurveda text it has been mentioned under the caption of disease Kshudraroga. Yuvanpidika or Mukhdushika is included under the kshudhra roga in the Ayurveda. Presentation of this disease Yuvanpidika is compared with "Shalmali Kantak", where Shalmali Kantak means small thorns found on the bark of Shalmali tree (Salmalia indica).[5]

KSHUDRA ROGA

Kshudra Rogas, are extensively discussed in classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Madhava Nidana, Yogaratnakara, Bhavaprakasha, and Chakradatta. The term “Kshudra” literally means small or minimal, indicating disorders that involve relatively few causative factors (Hetu), limited clinical features (Lakshana), and require only simple or minimal therapeutic intervention for complete cure. These conditions primarily involve vitiation of Rakta dhatu (blood tissue) and Mamsa dhatu (muscle tissue), with manifestations predominantly appearing on the Twak (skin). Different authors have enumerated varying numbers of such disorders: Sushruta

describes 44, Vagbhata lists 36, and Madhava mentions 43 Kshudra Rogas. Ayurveda views healthy skin as a reflection of the body's overall well-being. During fetal development, skin (Twak) is formed through the metabolic transformation (Paka) of Rakta dhatu by its respective Dhatvagni. Sushruta beautifully illustrates this process by comparing the formation of skin to the layer of cream (Santanika) that solidifies on the surface of boiling milk after exposure to Vata (which causes drying). This analogy highlights that Rakta dhatu is the fundamental nutrient precursor of skin throughout life. Therefore, any impurity or inflammatory disturbance in the blood tends to manifest externally on the skin in the form of various Kshudra Rogas, including Yuvanpidika (acne). Since the skin serves as the primary seat (Moola Sthana) of these lesions, acne is classified as a Twagdosha (disorder of the skin).[4]

VYUTPATTI AND NIRUKTI OF YUVANPIDIKA

- Yuvanpidika is made up of two words. i.e. Yauvan + Pidika
- Vyutapatti of yauvan:-"Yauvan" wordis derived from the root word 'Yu' with the suffix'Ann.'
- Vyutpatti of Pidika: "Pidika" wordis derived from root word -"Pinda". According to pidika word derivation it is clear that the circular swelling like Pinda (papule, pustule, nodule etc.) is known as Pidika.[5]

VERNACULAR NAMES

- Sanskrit -Yauvan Pitika, Mukh-Dushika, Tarunya Pidika
- Hindi- keel, Muhanse
- English -Pimples.
- Latin -Acne, Acne Vulgaris.
- Gujarati-Khila
- Punjabi- Keel
- Tibetan- Aruha, Kitibh.

NIDAN- PANCHAK OF YUVANPIDIKA

In Ayurveda, the description of causative factors for acne (Yuvanika or Mukhadushika) is concise. Classical texts explain that nearly all diseases arise from disturbances in the three doshas and seven dhatus (bodily tissues). Any factor that vitiates these doshas or dhatus is regarded as a causative agent of acne. The primary pathophysiological elements involved are Kapha dosha (which is unctuous and correlates with excess sebum), Vata dosha (dry in

nature), and Rakta dhatu (blood tissue). According to Acharya Sushruta, impurity or vitiation of Rakta dhatu plays a central role in the pathogenesis of acne. He further states that various local and systemic factors linked to hormonal and sexual changes during puberty also contribute significantly to its development. The causative factors of acne are broadly classified into four categories.

- Kalaja (related to age, especially adolescence)
- Aaharaja (dietary factors)
- Viharaja (lifestyle and physical activities)
- Manasika (psychological or mental factors)[6]

One of the characteristic symptoms of Yuvanapidika is the filling of Meda (fatty tissue) within the pidika (pustule), which indicates that factors capable of vitiating Meda dhatu should also be regarded as causative agents of the condition. Bhavaprakasha mentions Swabhava (natural physiological changes) as a contributing factor. In this context, Acharya Charaka's description of age-related stages is relevant: during early childhood, the dhatus remain immature (aparipakva), whereas in the later phase of childhood, which marks the onset of adolescence (tarunya), the dhatus begin to grow and strengthen (vivardhamana), accompanied by mental instability (anavasthita chitta). Thus, the transitional period between childhood and youth naturally brings fluctuations in dhatu status, and this inherent physiological shift (swabhava) can trigger the appearance of facial boils. During this phase, certain hormones such as androgens and testosterone begin to be secreted in greater amounts, further influencing these changes on the face. Acharya Sharangdhara describes a sticky or oily complexion (vaktre snaigdhata) and the eruption of pidikas as a mala (waste by-product) of emerging Shukra dhatu, reinforcing that the formation of Shukra dhatu becomes active during adolescence. Therefore, the pathogenesis of Yuvanapidika involves the combined vitiation of all three doshas—Vata, Pitta, and Kapha—along with Rakta (blood) and Meda (fat) tissues. From the modern perspective, although the exact mechanism of acne remains incompletely understood, four primary factors are widely accepted: increased or altered sebum production influenced by androgens (or heightened sensitivity to them), abnormal keratinization of the hair follicle leading to comedone formation, colonization and proliferation of bacteria such as Propionibacterium acnes and Staphylococcus epidermidis, and the subsequent release of inflammatory mediators and cytokines.[7]

Aetiopathogenesis of Acne Vulgaris

The fundamental lesion in acne vulgaris arises from obstruction of the pilosebaceous unit, followed by persistent inflammation. Although the precise cause remains incompletely understood, four major interrelated factors are well established.

1. **Excessive sebum production**: Acne typically begins at puberty when rising levels of androgens (produced by the gonads and adrenal glands) stimulate sebaceous gland enlargement and markedly increase sebum output. Patients often have visibly oily skin and scalp along with the characteristic varied (polymorphic) acne lesions.
2. **Alterations in the cutaneous microbiome**: Cutibacterium acnes (formerly Propionibacterium acnes), a normal resident anaerobic bacterium of the skin, plays a key pathogenic role. It proliferates within the sebaceous follicles, hydrolyses sebum triglycerides into free fatty acids (which are irritant), and triggers the follicular epithelium to release proinflammatory cytokines.[8]
3. **Follicular hyperkeratinisation**: Abnormal proliferation and retention of keratinocytes in the upper part of the pilosebaceous duct (the infundibulum) lead to formation of a keratinous plug (microcomedo), which physically blocks sebum outflow.
4. **Inflammatory response**: The combination of sebum stasis, irritant fatty acids, and bacterial products induces an inflammatory cascade within and around the pilosebaceous unit, progressing from non-inflammatory comedones to papules, pustules, nodules, and cysts.[9]
5. **Genetic predisposition**: Acne frequently runs in families, with evidence supporting a polygenic pattern of inheritance that influences sebum production, keratinisation patterns, and inflammatory reactivity.

2. PURVAROOPA

The phase known as Purvaroopa refers to the stage when the vitiated doshas begin to combine with the dushyas. At the location where this aggravated complex settles, the normal functions of that area become disturbed, giving rise to certain early indicative signs. During this period, the full clinical picture of the disease has not yet emerged, and the typical features of the involved doshas are not prominently visible. Nevertheless, the person experiences vague discomfort or uneasiness at the affected site, serving as a warning that a disorder is about to manifest. This preliminary stage is called the Purvaroopa avastha. In the case of Yuvanapidika, the classical Acharyas have not specifically described any premonitory symptoms, primarily because the condition is minor in nature and its causative factors and

signs are subtle (Alpattvatahetu evam Lakshana).However, based on the pattern of disease development, slight oiliness or stickiness of the facial skin along with mild irritation may be regarded as early warning signs of the impending disorder.

3. ROOPA

In this stage, now body starts to manifest actual symptoms of the disease called Roopa. The clinical features of Yuvanapidika (acne vulgaris) as described in Ayurvedic texts are as follows.

- **Shalmali-kantaka-like appearance**: The lesions are raised, conical eruptions that resemble the thorns of the Shalmali (silk cotton) tree, with a wide base anchored in the facial skin and tapering to a point.
- **Pidika formation**: These are inflammatory boils or papules produced when aggravated Pitta combines with vitiated Rakta and affects the skin layers.
- **Painful nature (Sa-ruja)**: The eruptions are tender or painful; the intensity may vary from mild to severe depending on the degree of involvement of Vata and Pitta doshas. The presence of pain clearly points to the dominance of these two doshas.
- **Hard and thick consistency (Ghana)**: The lesions feel firm, dense, and indurated to the touch, reflecting the strong influence of Kapha dosha.
- **Filled with Meda (Medogarbhatva)**: The interior of the pidika contains accumulated Meda (adipose tissue), comparable to sebum trapped within the sebaceous glands. This feature further confirms predominant Kapha involvement, and other typical Kapha-related signs such as oiliness, heaviness, or a greasy feel may also be observed in these lesions.[10]

SYMPTOMS

Acne vulgaris is a polymorphic skin condition that presents with a variety of lesions, predominantly on the face, shoulders, upper chest, and back. It is characterised by both non-inflammatory and inflammatory lesions. Non-inflammatory lesions consist of open comedones (blackheads), which appear as dark plugs at the follicular opening due to the accumulation and oxidation of sebum and keratin, and closed comedones (whiteheads), which are whitish papules caused by the buildup of sebum and keratin beneath an intact skin surface. Inflammatory lesions include papules, pustules, nodules, and cysts, with one or more types often predominating in a given patient. Severe or persistent inflammation can lead to

permanent scarring and disfigurement. The distribution of lesions is typically limited to areas rich in sebaceous glands, namely the face, upper back, chest, and shoulders.[11]

4. SAMPRAPTI

According to Ayurvedic principles, the pathogenesis (Samprapti) of acne vulgaris (commonly correlated with Mukhadushika or Yuvanapidika) involves a sequential, multi-dosha disorder. The process begins when various etiological factors (improper diet, stress, hormonal changes, etc.) aggravate Kapha dosha, Vata dosha, and vitiate Rakta dhatu (blood tissue). These imbalanced doshas and dhatus then travel through the subtle channels and localize in the skin, particularly obstructing the romakupa (hair follicles with their associated sebaceous glands). This blockage of the romakupa gives rise to localized oedema and the formation of sukshma pidaka (microcomedones). Subsequent paka (suppurative transformation or inflammatory digestion) of the trapped doshas, dhatus, and sebum within these microcomedones results in the development of inflammatory lesions such as pidaka (papules), pustules, granthi (nodules), and ghanika (cysts).When these inflamed structures rupture or heal improperly, they produce vrana-vastu (scar tissue). Additionally, the combination of aggravated Vata and vitiated Rakta circulating in the facial skin provokes increased melanin deposition, leading to the formation of vyanga (dark spots or post-inflammatory hyperpigmentation). Thus, acne in Ayurveda manifests as a Kapha–Vata–Rakta predominant condition with both obstructive and inflammatory features, often culminating in scarring and pigmentation.[12]

According to contemporary medical understanding, acne vulgaris arises through a complex, multifactorial process, but the earliest event is always the blockage of the pilosebaceous unit. The condition typically emerges during adolescence when circulating androgen levels rise sharply. These hormones stimulate sebaceous glands to enlarge and produce excess sebum while also promoting increased proliferation and abnormal differentiation of keratinocytes within the follicular canal, leading to follicular hyperkeratinization and formation of the microcomedo, the precursor lesion of acne. The skin in acne-prone regions is normally inhabited by various microorganisms, including Cutibacterium acnes (previously known as Propionibacterium acnes) and Staphylococcus epidermidis. Although acne is fundamentally an inflammatory disorder, the exact trigger that initiates inflammation remains uncertain; it is not definitively established that bacteria or their byproducts are the primary instigators. Nevertheless, substantial evidence indicates that C. acnes plays a central role in disease progression. When follicular conditions become anaerobic due to obstruction, C. acnes

proliferates, breaks down sebum triglycerides into irritant free fatty acids, and stimulates the release of proinflammatory cytokines and chemokines from keratinocytes and sebocytes. These mediators attract neutrophils and other immune cells, transforming non-inflammatory comedones into inflammatory papules, pustules, nodules, and cysts.

KRIYA-KALA OF YUVANPIDIKA

1. Pathogenesis in the Sanchaya Phase

In the Sanchaya stage, triggered by exposure to causative factors (Nidana Sevana) and influenced by age-related changes, four key processes occur:

I. **Dosha Accumulation**: All three Doshas (Vata, Pitta, and Kapha) build up in their respective primary sites.

II. **Dhatu Impairment:** The qualities of certain Dhatus—namely Rasa, Rakta, Meda, and Shukra—become compromised, either directly or through secondary effects.

III. **Weakened Agni and Ama Generation**: Causative factors may weaken Jatharagni (digestive fire), while incomplete digestion (Aparipakva) or excessive growth (Vivardhman) of Dhatus, along with mental instability (Anavasthita Satva), can impair Dhatvagni, leading to Ama formation.

IV. **Khavaigunya Development**: Structural weaknesses (Khavaigunya) primarily affect the skin, particularly on the face, though they may also involve the skin of the upper chest and back.[13]

2. Prakopa Phase

Continued exposure to Nidana causes the buildup and intensification of Vata, Pitta, and Kapha. Vata is exacerbated by the dry (Ruksha) and cold (Shita) attributes of triggers; Pitta by hot (Ushna), sharp (Tikshna), and liquid (Drava) qualities; and Kapha by oily (Snigdha) and slimy (Picchila) properties.

3. Prasara Phase

The aggravated Doshas prepare for dissemination throughout the body. Disruptions in Dhatvagni result in the production of malformed Dhatus.

4. Sthanasamshraya Phase

Here, the vitiated Doshas circulate systemically and localize at sites of Khavaigunya, such as facial skin, where they combine with the already compromised Dhatus—this interaction is known as Dosh-Dushya Sammurchhana. This union produces initial warning signs,

including.

I. A sensation of heat on the face (Aanane Ushnapratiti).

II. Oiliness on the face (Aanane Snigdhata).

III. Roughness of the skin (Twak Parushya), and similar symptoms.

Depending on the predominant Dosha, these changes may cause channel constriction (Srotas Samkoch, due to Vata's actions), blockage (Srotorodh, from Kapha's qualities), or inflammation (Srotapaka, via Pitta's effects), resulting in obstructed pathways.

5. Vyaktavastha Phase

Within these blocked channels, the corrupted Pitta—through its heating (Ushna), penetrating (Tikshna), and fluid (Drava) traits—interacts with Rakta to form eruptions (Pidika). If Kapha predominates, the lesions appear broad-based, solid, cone-shaped (resembling a silk-cotton thorn, Shalmalikanthakavat), dense (Ghana), and filled with oily, adhesive content (Medogarbhita). Vata dominance results in small, pointed boils, while Pitta leads to rapid maturation (Paka), intense burning (Daha), and heightened warmth (Ushnata).

6. Bheda Phase

Without timely and appropriate intervention, the condition progresses to the final Kriyakala stage (Bhedavastha). This culminates in ulcer formation (Vranavastha), scarring, and pigmentation changes (arising from ongoing Rakta vitiation).

Key Elements of Samprapti (Samprapti Ghatak)

Based on the outlined pathogenesis, the core components can be outlined as.

- **Dosha**: Kapha, Vata, Pitta.
- **Dushya**:
  - Dhatus: Rasa, Rakta, Meda.
  - Upadhatu: Twak (skin).
  - Mala: Sweda (sweat), Twak Sneha (skin lubrication).
- **Srotas**: Rasavaha, Raktavaha, Swedavaha.
- **Dushtiprakara**: Obstruction (Sanga).
- **Agni**: Jatharagni impairment, Dhatvagni instability (Anavasthitvam).
- **Samutthana**: From the Aamashaya (stomach region).
- **Adhisthana**: Entire body (Sharira).
- **Vyaktisthana**: Face (Aanana), skin of upper chest and back.
- **Rogamarga**: External pathway (Bahya Marga).

- **Sadhya-Asadhyata**: Chronic and manageable (Yapya).[14]

CHIKITSA

In Ayurveda, two primary approaches to treatment, known as Shodhana and Shamana therapies, are outlined. Shamana therapy works by calming elevated Doshas without forcing them out or aggravating them, thereby restoring their equilibrium in the body.

1. SHODHAN CHIKITSA

(a) Vamana Therapy (Therapeutic Vomiting)—This method is recommended by both Sushruta and Vagbhata to address Kapha-related issues. It disrupts the underlying disease process in conditions like Mukhdushika. Across various classical texts, Vamana stands out as the foremost intervention.

(b) Virechana Therapy (Purgation)—Primarily used to alleviate Pitta Dosha or Doshas combined with Pitta, this treatment employs purgative herbs to eliminate surplus Pitta-like elements. As a result, it proves beneficial for blood-related disorders (Raktaja Vikara). Classical works by Charaka highlight fasting (Upvasa), purgation (Virechana), and bloodletting (Raktastrava) as key strategies for managing Pitta- and blood-associated conditions.

(c) Nasya Therapy—Vagbhata specifically endorses this nasal administration technique for treating Mukhdushika.

(d) Shiravedha—This involves bloodletting through forehead venesection, a method noted for Mukhdushika management.[15]

2. SHAMANA CHIKITSA: Numerous herbal and mineral-based formulations are suggested for pacification, suitable for oral intake or topical use, whether as standalone remedies or in combinations. Below is a summary of recommended treatments from key classical sources:

- Sushruta Samhita: Lepa, Vamana.
- Ashtang Hridya: Lepa, Vamana, Nasya, Shiravedha.
- Bhavaprakasha: Lepa, Vamana, Abhyanga.
- Yoga Ratanakara: Shiravedha, Pralepa.
- *Sharangadhara Samhita*: Lepa.
- Bhaishajjya kalpana: Sirvedha, Pralepa, Abhyanga.

Ayurvedic Formulations for Yuvana Pidika (Acne)—Internal Remedies.

1. Kaishora Guggulu—Supports conditions tied to Vata and Pitta imbalances, such as joint inflammation, and aids in tissue repair.
2. Triphala Guggulu—Absorbs excess oils, unclogs pathways and follicles for clearer skin.
3. Arogyavardhini Vati—Enhances hepatic function while harmonizing Pitta.
4. Mahamanjishtadi Kashaya—A premier decoction for purifying and detoxifying the bloodstream.
5. Pancha Nimbadi Churna—Combats dermal infections effectively.
6. Triphala Di Kashaya—Promotes follicle detoxification and refinement.
7. Avipattikara Churna—Addresses Pitta excesses comprehensively.
8. Khadirarishta—A tonic renowned for its blood-cleansing properties.
9. Usheerasava—Another effective blood detoxifier.
10. Chandanasava—Particularly suited for greasy skin types, as it reduces oiliness.

Topical preparation for Yuvanpidika.

HERBAL LEPA.

1. Jatiphaladi lepa

Prepared using nutmeg (Myristica fragrans), sandalwood (Santalum album), and black pepper (Piper nigrum). This blend helps diminish acne spots while enhancing the skin's natural glow and radiance.

2. Lodhradi lepa

Made from lodhra bark (Symplocos racemosa), coriander seeds (Coriandrum sativum), sweet flag (Acorus calamus), mustard seeds (Brassica campestris), and rock salt (Saindhava Lavana). It effectively clears acne blemishes for smoother skin.

3. Manjishthadi lepa

Combines madder root (Rubia cordifolia) with honey. This simple mixture targets and alleviates acne-prone areas.

4. Arjunadi lepa

Involves grinding arjuna bark (Terminalia arjuna) and blending it with honey. Ideal for soothing and reducing acne inflammation.

5. Shalmali Kalkadi lepa

Crush the pointed thorns from the silk cotton tree (Salmalia malabarica), mix with fresh milk, and incorporate oil. Application results in petal-soft, lotus-like complexion.

6. Vatankuradi lepa

Features red sandalwood (Santalum album), madder root (Rubia cordifolia), costus root (Saussurea lappa), lodhra bark (Symplocos racemosa), priyangu seeds (Callicarpa macrophylla), tender banyan leaves (Ficus bengalensis), and ground lentils. It eliminates acne lesions, prevents scarring, and promotes a luminous facial appearance.

7. Siddharthadi lepa

Includes mustard seeds (Brassica campestris), sweet flag (Acorus calamus), lodhra bark (Symplocos racemosa), and rock salt (Saindhava Lavana). This formula tackles acne while minimizing the risk of lasting scars.

8. Varunadi lepa

Blends caper bark (Crataeva nurvala) with goat's milk. It delivers positive outcomes for managing acne conditions.

9. Marichadi lepa

Black pepper (Piper nigrum) combined with suitable bases to eradicate acne effectively.[16]

HERBAL OIL

1. Kumkumadi Oil

Crafted with saffron (Crocus sativus), sandalwood (Santalum album), lac resin (Laccifer lacca), madder root (Rubia cordifolia), licorice (Glycyrrhiza glabra), and other elements. It enhances skin brightness, eases acne breakouts, and fades away marks from scars.

2. Manjishthadi Oil

Formulated from madder root (Rubia cordifolia), mahua flowers (Madhuca indica), lac resin (Laccifer lacca), citron (Citrus medica), and licorice (Glycyrrhiza glabra). This oil banishes pimples, smooths out facial lines, and boosts overall skin radiance.

3. Haridradi Oil

Blends turmeric (Curcuma longa), Indian barberry (Berberis aristata), mahua flowers, madder root, saffron, ebony wood (Diospyros melanoxylon), and additional components. It effectively treats pimples and diminishes scarring for clearer skin.

4. Kanaka Taila

Incorporates mahua flowers, priyangu berries (Callicarpa macrophylla), madder root, sandalwood, and more. Known for healing acne lesions and reducing the appearance of scars.

5. Sarshapa Oil

Derived purely from mustard seeds (Brassica campestris). It purifies the complexion and helps eliminate acne for a refreshed look.[17]

Jalaukawacharana as a Treatment Strategy for Mukhadushika (Acne)

In Ayurvedic literature, bloodletting, known as Raktamokshana, stands out as the primary therapeutic option for conditions originating from blood imbalances, particularly those affecting the skin. The corruption of the blood tissue, or Rakta Dhatu Dushti, plays a central role in the development of Mukhadushika, commonly recognized as acne. Traditional scholars like Acharya Vagbhata and Chakradatta advocate for venesection, or Siravedha, as the ideal form of bloodletting in cases of acne. However, given that acne predominantly affects young individuals in their teenage years—who fall into the category of Sukumara, or those with a delicate constitution—Siravedha, being an invasive surgical technique, often meets with resistance. Similarly, the process of therapeutic emesis, or Vamana Karma, proves demanding and lengthy due to the extensive preparatory and follow-up measures it requires. Ancient texts by Acharya Susruta highlight leech application, or Jalaukawacharana, as the most appropriate bloodletting approach for individuals with a sensitive disposition. Consequently, in the context of acne management, Jalaukawacharana emerges as a more fitting purification therapy compared to emesis or venesection, offering greater safety, simplicity, and minimal discomfort.[18]

Ayurveda emphasizes addressing the underlying causes through purification therapies, or Shodhanachikitsa. By extracting impure blood, Raktamokshana alleviates obstructions in the bodily channels, or Strotovarodha, thereby disrupting the disease's progression, or Samprapti. As a natural purification technique, Jalaukawacharana effectively eliminates deeply embedded impurities by drawing out contaminated blood, restoring the flow in the channels, or Srotasa, and balancing the aggravated energies, or Dosha.

This method excels in both detoxification and tissue repair, delivering substantial benefits without any harmful side effects. It is also economical and straightforward to administer. As such, it presents a viable alternative for controlling acne. Overall, due to its gentle and virtually pain-free nature, Jalaukawacharana can serve as the go-to option for bloodletting in acne treatment.

Hirudotherapy: Insights into Leech-Based Therapy

The practice of using medicinal leeches for healing various ailments, referred to as Jalaukawacharana in Ayurveda, is known globally as Hirudotherapy, derived from Latin roots. This therapeutic modality ranks among the earliest documented medical interventions. Regulatory bodies have recognized its value in specific surgical fields, such as reconstructive

procedures. In dermatological applications, Hirudotherapy proves beneficial for epidermal conditions like psoriasis, lichen planus, and scleroderma. It enhances localized oxygen supply in affected areas, leading to reduced swelling and fewer visible lesions, as observed in cases of lichen planus.[19]

Modern Perspectives on Acne Treatment

Acne ranks among the most responsive conditions to medical intervention. For mild forms, surface-level applications suffice, while moderate to intense cases typically benefit from a combination of oral medications and topical treatments.

Local Interventions

Gentle cleansing with soap helps eliminate surplus oil from the skin's surface.

Topical Treatments

Preparations such as antibiotic creams (including tetracycline and clindamycin), benzoyl peroxide, and agents that prevent pore clogging—like tretinoin—offer effective relief. These formulas can cause irritation and excessive drying, so application is best limited to bedtime.

Oral Therapies

Low-dose systemic antibiotics, such as tetracyclines taken at 250 mg every six hours or doxycycline at 200 mg daily, provide broader control.

Isotretinoin Therapy

This medication has transformed outcomes for stubborn or severe acne by significantly lowering oil gland activity. Administered over a four-month period at 1 mg per kg of body weight, it carries risks like skin and mucosal dryness, as well as potential liver irregularities. A critical concern is its strong potential to cause birth defects, requiring women to confirm no pregnancy via testing prior to starting, and to use reliable birth control from at least one month before treatment through three months afterward.

Hormonal Approaches

Formulations combining estrogen with cyproterone acetate, often delivered as oral contraceptives with mild anti-androgen properties, can curb oil production and alleviate ongoing acne unresponsive to antibiotics. In men with treatment-resistant cases, anti-androgens such as cyproterone acetate might also be considered.

Emerging Options

Techniques like pulse-dye laser have shown promise for managing mild to moderate acne effectively.

Procedural Methods

For cystic lesions, surgical drainage under local numbing can be performed. Freezing treatments, or cryotherapy, may offer additional benefits. Direct injections of triamcinolone (0.1-0.2 ml of a 10 mg/ml solution) into persistent nodules or cysts can accelerate their healing.[20]

DISCUSSION

Yuvanpidika represents a condition that diminishes facial aesthetics. Its prevalence is rising globally, driven by improper eating habits, overuse of synthetic skincare items, and shifts in hormone levels. Implementing a well-balanced nutritional regimen alongside adherence to daily routines, or Dinacharya, can significantly contribute to both preventing and treating this issue. Ayurvedic scriptures outline beneficial practices under Pathya Aahar-Vihara, including diverse forms of Yoga, topical applications like lepa, daily regimens such as Dinacharya, and seasonal adjustments via Ritucharya, all of which aid in averting and addressing Yuvanpidika. By embracing an Ayurvedic-inspired dietary approach and lifestyle habits, individuals may effectively lower the occurrence of this disorder. Furthermore, Ayurvedic literature details a variety of remedies and preparations—such as facial pastes, tablets, and powders—that demonstrate strong efficacy in managing Yuvanpidika, as elaborated in the relevant sources.

CONCLUSION

In the modern era, Yuvanpidika stands out as a significant and widespread issue. Studies reveal that teenagers are especially vulnerable to this condition. To effectively avoid and control Yuvanpidika, it appears crucial to reevaluate our overall way of living. Ayurvedic principles outline elements such as nutrition (Ahara), daily conduct (Vihara), routine practices (Dinacharya), seasonal adaptations (Ritucharya), and topical facial treatments (mukhlepa), which all contribute effectively to its prevention and resolution. Ayurveda provides dependable strategies for successfully addressing and mitigating Yuvanpidika. Furthermore, these therapies are both secure and economically viable for people from all walks of life.

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