

A CASE STUDY ON MUKHADUSHIKA MANAGED THROUGH AYURVEDIC INTERVENTION

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ABSTRACT

Background: *Mukhadushika* is an Ayurvedic skin disorder characterized by the appearance of eruptions over the face, commonly correlated with acne vulgaris in contemporary medicine. It is frequently observed in young adults and may affect both physical appearance and quality of life. Ayurveda describes *Mukhadushika* in relation to vitiation of *Kapha*, *Vata* and *Rakta*, with involvement of the skin and associated tissues.

Case Presentation: A 29-year-old patient presented with complaints of recurrent *Mukhadushika* (pimples) over the face for 2 years. There was no significant history of any major systemic illness. The patient was assessed clinically according to Ayurvedic principles and diagnosed as a case of *Mukhadushika*. **Intervention:** An Ayurvedic treatment protocol was administered for 8 weeks, consisting of *Arogyavardhini Vati*, *Gandhaka Rasayana*, *Laghumanjishthadi Churna*, *Sariva-Manjishtha Phanta* and *Amlapittahara Yoga*. The

treatment was planned with the objective of reducing the manifestations of *Mukhadushika*, correcting the involved *Dosha-Dushya* factors and improving the condition of the skin.

Outcome: Clinical assessment was carried out before and after the 8-week treatment period. The patient was evaluated for changes in the number and severity of facial eruptions, inflammatory lesions and overall skin condition. **Conclusion:** The present case highlights the potential role of a comprehensive Ayurvedic approach in the management of *Mukhadushika*.

The observed clinical changes following 8 weeks of treatment provide a basis for further systematic studies evaluating Ayurvedic interventions in acne vulgaris.

KEYWORDS: *Mukhadushika, Acne vulgaris, Ayurveda, Arogyavardhini Vati, Gandhaka Rasayana, Manjishtha, Sariva.*

INTRODUCTION

Ayurveda gives considerable importance to the health and appearance of the skin (*Twak*) and describes several disorders affecting the face under the broad classification of *Kshudra Roga*. *Mukhadushika*, also referred to as *Yuvanapidika Tarunypidika*, is described in the classical Ayurvedic literature as a condition occurring predominantly during youth. Acharya Sushruta describes facial eruptions resembling the thorns of the *Shalmali* tree, hence the characteristic description *Shalmali-kantaka-sadrusha pidika*. The eruptions are described in relation to the vitiation of *Vata*, *Kapha* and *Rakta*, with the lesions having a relationship with *Meda*.

The term *Mukhadushika* itself conveys an important clinical aspect of the disease. *Mukha* denotes the face, while *Dushika* indicates that which affects or mars the appearance. Thus, the disorder is not merely a localized skin manifestation but one that may have a considerable effect on facial appearance. This is particularly relevant during *Yauvana* (young age), a period in which physical appearance, social interaction and self-image have considerable importance.

From an Ayurvedic standpoint, the development of *Mukhadushika* may be understood through the interaction of *Dosha*, *Dushya*, *Agni*, *Srotas* and *Nidana*. The predominant involvement of *Kapha* can be understood in relation to *Snigdha*, *Guru* and *Picchila* qualities and the tendency towards obstruction, while *Vata* may contribute to the development and variation of the lesions. *Rakta* and *Twak* are important components in the manifestation of inflammatory skin disorders. The involvement of *Meda* described in the classical context can also provide an interesting conceptual parallel with the role of sebum in contemporary acne pathogenesis.

Although the classical texts do not provide a single, universally stated list of specific causative factors exclusively for *Mukhadushika*, Ayurvedic principles allow the condition to be understood in relation to inappropriate *Ahara*, *Vihara*, *Manasika* factors and age-related changes. Dietary factors such as excessive intake of *Guru*, *Snigdha*, *Madhura*, *Amla* and

Abhishyandi foods have been discussed in Ayurvedic literature and subsequent Ayurvedic interpretations of *Mukhadushika*. Irregular sleep, inadequate sleep, sedentary habits, stress and other lifestyle disturbances may also contribute to *Dosha* imbalance. Therefore, *Nidana Parivarjana*—identification and avoidance of relevant causative factors—is an important component of the Ayurvedic approach.

The age factor is particularly significant. *Mukhadushika* is traditionally associated with *Yauvana*, when physiological and hormonal changes are prominent. In Ayurvedic interpretation, this period may provide a favourable background for manifestation of *Dosha*-related disorders when inappropriate dietary, behavioural or psychological factors are superimposed. Thus, the disease may be considered the result of an interaction between constitutional factors, age, lifestyle and environmental influences rather than a purely local facial disorder.

Modern perspective of acne in young adults From the modern dermatological perspective, acne vulgaris is a chronic inflammatory disease of the pilosebaceous unit. Its pathogenesis is multifactorial and involves four closely interrelated processes: increased sebum production, abnormal follicular keratinization, alteration/colonization of the follicular microbiome involving *Cutibacterium acnes*, and inflammation.

Hormonal influences have a major role, particularly the effect of androgens on sebaceous glands. During puberty and early adulthood, androgenic stimulation increases sebaceous gland activity and sebum production. Increased or altered sebum, together with abnormal shedding of follicular keratinocytes, promotes formation of a microcomedone and subsequent follicular obstruction. Once the follicular canal becomes obstructed, accumulation of sebum and keratinous material results in open and closed comedones. Changes in the follicular environment can favour the involvement of *Cutibacterium acnes*, which is a normal component of the skin microbiome but can participate in inflammatory processes under acne-associated conditions. Activation of innate immune pathways and release of inflammatory mediators contribute to formation of papules, pustules and, in more severe cases, nodules and cystic lesions.

Why acne persists at 20–30 years of age

Although acne commonly begins during adolescence, it does not necessarily disappear after the teenage years. Acne can persist into the 20s and 30s, and adult-onset acne can also develop during this period. The first three decades of life therefore represent an important period for understanding the continuing burden of acne.

In individuals aged approximately 20–30 years, several factors may contribute to persistence or recurrence. Continued androgen-mediated sebaceous gland activity, genetic predisposition, individual sensitivity of sebaceous glands to hormones, abnormal follicular keratinization and inflammatory responses can maintain the disease process. In addition, contemporary lifestyle factors such as psychological stress, inadequate sleep, dietary patterns, cosmetic products and environmental exposures may influence acne in susceptible individuals, although the strength of evidence varies among individual factors.

The modern understanding therefore supports the concept that acne is multifactorial rather than caused by a single organism or a single dietary factor. Sebum production, follicular obstruction, microbial interactions and inflammation operate together to produce the clinical manifestations.

Ayurvedic–modern correlation.

Mukhadushika and acne vulgaris can be clinically correlated because both describe recurrent facial eruptions occurring predominantly during youth. However, the two systems explain the disease through different conceptual frameworks. Ayurveda interprets *Mukhadushika* through *Dosha-Dushya* involvement, particularly *Vata*, *Kapha*, *Rakta* and *Meda*, together with dietary, behavioural and age-related factors, whereas modern dermatology explains acne through the physiology and inflammation of the pilosebaceous unit.

This conceptual correlation is particularly relevant for the present case of a 29-year-old patient presenting with facial *Mukhadushika* for two years. The age of the patient represents the young-adult period in which acne may persist despite completion of adolescence. A case study evaluating an Ayurvedic therapeutic approach can therefore provide an opportunity to document the clinical manifestations, Ayurvedic assessment, treatment protocol and changes observed over the treatment period.

The present case focuses on *Mukhadushika* in a 29-year-old individual, managed through an Ayurvedic therapeutic approach over eight weeks. The treatment included *Arogyavardhini*

Vati, Gandhaka Rasayana, Laghumanjishthadi Churna, Sariva-Manjishtha Phanta and Amlapittahara Yoga. Documentation of the patient's clinical features before and after treatment, along with appropriate assessment parameters, may contribute to the growing clinical literature on the Ayurvedic management of *Mukhadushika*.

Patient Information

1. A 29-year-old patient presented to the outpatient department with the chief complaint of recurrent *Mukhadushika* (facial pimples/acne) for the past 2 years.
2. The patient reported recurrent eruptions predominantly over the face. The condition had persisted despite the passage of the adolescent period and was therefore considered clinically relevant as adult acne/*Mukhadushika*.
3. There was no history of any major systemic illness reported by the patient.

MATERIAL AND METHODS

Complaint	Duration
<i>Mukhadushika/Pidika</i> over face	2 years
Recurrent facial eruptions	2 years
Pain/tenderness	[present]
Itching	[present]
Burning	[present]
Discoloration/marks	[present]

History of Present Illness

The patient was apparently healthy until approximately two years prior to consultation, when recurrent eruptions started appearing over the face. The lesions were intermittent/recurrent in nature and gradually became a persistent cosmetic concern.

The patient gave no history of any major systemic disease.

Relevant history regarding possible precipitating factors should be documented, including.

- Excessive oily/spicy food
- Frequent consumption of fast food
- Excessive Amla/Lavana/Katu food

- Irregular meal timings
- Constipation
- Acidity/amlapitta symptoms
- Inadequate sleep
- Mental stress
- Excessive sweating
- Use of oily cosmetics
- Frequent touching/picking of lesions
- Family history of acne.

Past History

There was no significant history of any major illness.

Personal History

Ahara

The patient's dietary history should be recorded with particular attention to foods potentially relevant to the Ayurvedic assessment.

- Appetite: [Moderate]
- Bowel: [Irregular]
- Diet: [Mixed]
- Meal timing: [Irregular]
- Water intake: [inadequate]
- Preference for spicy food: [Yes]
- Fast food/junk food: [Yes]
- Excessive sour food: [Yes/]
- Excessive salty food: [No]
- Excessive oily food: [Yes/]
- Milk/dairy intake: [Yes]
- Tea/coffee: [3-4 times in a day]

Vihara

- Sleep: [7-8hours/night *ratro jagaran*]
- Sleep quality: [disturbed]
- Exercise: [1 hr in day]

- Sedentary activity: present
- Occupational stress: [absent]
- Mental stress: [present]
- Screen exposure: [5-6 hours/day]
- Exposure to dust/pollution: [present]

Other Habits

- Tobacco: [No]
- Alcohol: [yes]
- Smoking: [No/Yes]
- **Ayurvedic assessment of lesions**
 - o *Pidika* – present
 - o *Saruja* – painful
 - o *Ghana* – firm/dense
 - o *Medogarbha* – containing sebaceous material
 - o *Kandu* – itching
 - o *Daha* – burning
 - o *Paka* – suppuration
 - o *Srava* – discharge
 - o *Vaivarnya* – discoloration all were present.

Dashavidha Pariksha

The following should be completed from the patient's actual examination.

Dashavidha Pariksha Observation

<i>Prakriti</i>	[<i>Pitta kapha</i>]
<i>Vikriti</i>	[<i>Pitta-Kapha</i>]
<i>Sara</i>	[<i>madhyam</i>]
<i>Samhanana</i>	[<i>madhyam</i>]
<i>Pramana</i>	[<i>madhyam</i>]
<i>Satmya</i>	[<i>pravar</i>]
<i>Satva</i>	[<i>madhyam</i>]

Dashavidha Pariksha Observation

Ahara Shakti [madhyam]

Vyayama Shakti [uttam]

Vaya 29 years

Ayurvedic Diagnosis

Mukhadushika / *Yuvanapidika* with probable involvement of:

- *Dosha*: Kapha–Vata with Pitta/Rakta involvement
- *Dushya*: Rasa, Rakta, Meda and Twak
- *Srotas*: Rasavaha/Raktavaha with local skin involvement
- *Srotodushti*: Sanga
- *Adhithana*: Mukha/Twak
- *Rogamarga*: Bahya
- *Vyadhi*: *Mukhadushika*.

In *Sushruta Samprapti* of *Mukhadushika*

A useful conceptual sequence for this case is:

Ahitakara Ahara + *Vishamashana* + *Katu/Amla Ahara* + *Snigdha/Junk Food* + *Alpajala*

Sevana



Irregular bowel habit + *disturbed sleep/Ratrojagarana* + *Manasika Stress* + *sedentary habits*



Jatharagni Vaishamya



Pitta-Kapha Prakopa with *Vata Anubandha*



Rasa–Rakta–Meda Dushti

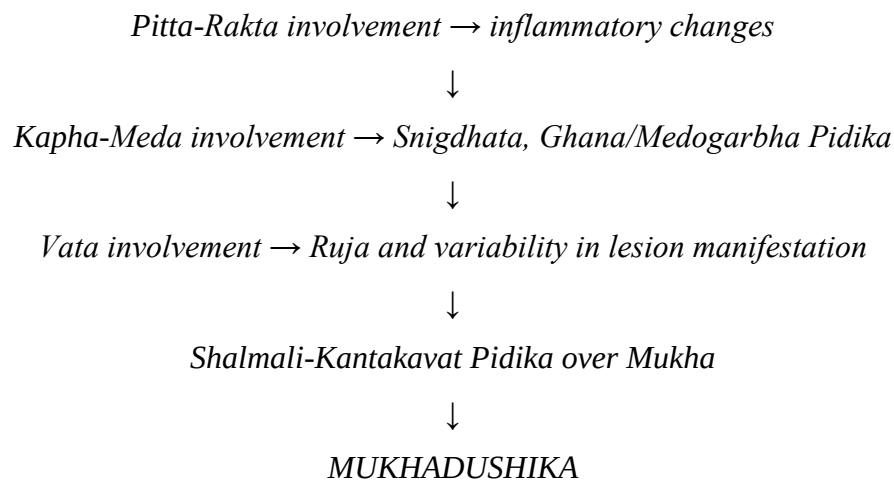


Dhatvagni Vaishamya / *Kleda-Meda accumulation*



Srotorodha/Sanga in *local Romakupa* of *Mukha*




**Samprapti
Ghataka**
finding

<i>Vyadhi</i>	<i>Mukhadushika / Yuvanapidika</i>
<i>Dosha</i>	<i>Pitta-Kapha predominant, Vata association</i>
<i>Dushya</i>	<i>Rasa, Rakta, Meda, Twak</i>
<i>Agni</i>	<i>Jatharagni Vaishamya; Dhatvagni involvement to be considered</i>
<i>Ama</i>	<i>To be recorded only if clinical features support it</i>
<i>Srotas</i>	<i>Rasavaha, Raktavaha, Medovaha</i>
<i>Srotodushti</i>	<i>Sanga</i>
<i>Udbhava Sthana</i>	<i>Amashaya/GIT conceptual origin</i>
<i>Sthana Samshraya</i>	<i>Twak/Romakupa of Mukha</i>
<i>Vyaktasthana</i>	<i>Mukha</i>
<i>Adhisthana</i>	<i>Twak of face</i>
<i>Rogamarga</i>	<i>Abhyantara–Bahya conceptual pathway</i>
<i>Swabhava</i>	<i>Chirakari/recurring tendency</i>
<i>Pratyatma Lakshana</i>	<i>Shalmali-kantakavat Pidika</i>

Classical Ayurvedic descriptions associate Mukhadushika with thorn-like facial eruptions and involvement of Kapha, Vata, Rakta and Meda. Contemporary Ayurvedic literature commonly interprets the condition as involving Dosha vitiation followed by local obstruction and lesion formation.

Modern Pathogenesis and Ayurvedic Correlation

Modern acne is understood as a chronic inflammatory disorder of the pilosebaceous unit. Four major interacting mechanisms are recognized.

1. Increased sebum production
2. Follicular hyperkeratinization
3. Alteration/proliferation of *Cutibacterium acnes*
4. Inflammatory and immune responses.

These mechanisms interact rather than acting independently. DOI

Androgenic stimulation increases sebaceous gland activity and sebum production. Follicular hyperkeratinization causes obstruction and formation of a microcomedone. The altered follicular environment facilitates inflammatory processes involving *C. acnes*, with inflammatory mediators contributing to papules and pustule.

Modern pathology	Ayurvedic conceptual correlation
Increased sebum	Kapha/Meda predominance
Follicular hyperkeratinization	Vata-related obstruction/Sanga
Follicular obstruction	<i>Srotorodha</i>
Inflammatory response	Pitta/Rakta involvement
Papules/pustules	<i>Pidika</i>
Recurrent lesions	Persistent Dosha-Dushya interaction
Facial cosmetic changes	<i>Mukha-Dushana</i>

Treatment

The patient was treated for 8 weeks with the following Ayurvedic formulations.

Medicine	Dose	Anupana	Duration
<i>Arogyavardhini Vati</i>	[2 tb bd]	Warm water	8 weeks
<i>Gandhaka Rasayana</i>	[2 b bd]	Warm water	8 weeks
<i>Laghumanjishthadi Churna</i>	[1/4 th tsf bd]	Warm water	8 weeks
<i>Sariva–Manjishtha Phanta</i>	[20 ml bd]	—	8 weeks
<i>Amlapittahara Yoga</i>	[1/4 th tsf bd]	b warm water	8 weeks

Probable Rationale of the Treatment

A. Arogyavardhini Vati

Arogyavardhini Vati is traditionally used in Ayurvedic practice in disorders involving Agni, metabolism and Pitta-related pathological processes, with a classical therapeutic rationale involving correction of metabolic and digestive disturbances.

For this case, its role can be discussed as part of the broader Ayurvedic strategy of addressing Agni and systemic *Dosha-Dushya* imbalance, rather than claiming that it directly eliminates acne bacteria.

A clinical study involving *Arogyavardhini Vati* with *Lodhradi Lepa* reported improvement in *Mukhadushika* and concluded that the combined group showed greater improvement than *Lepa* alone; however, that study used a different treatment protocol and therefore should not be presented as direct evidence for this patient's exact regimen.

B. Gandhaka Rasayana

Gandhaka Rasayana is traditionally used in Ayurvedic practice in skin disorders and is considered a *Rasayana* formulation with relevance to skin health.

In the present treatment protocol, it can be discussed as supporting the management of *Twak/Rakta-related* pathology and inflammatory skin manifestations.

C. Laghumanjishthadi Churna

The inclusion of *Manjishtha* (*Rubia cordifolia*) provides an Ayurvedic rationale centred on *Rakta Prasadana*, *Raktashodhana* and *Twak-related* therapeutic actions traditionally attributed to the drug.

Thus, in *Mukhadushika*, it may be discussed as addressing the *Rakta/Twak* component and inflammatory-discoloration component of the disease.

D. Sariva–Manjishtha Phanta

Sariva and *Manjishtha* are traditionally used for disorders involving *Rakta* and *Twak*. Their inclusion can therefore be interpreted as supportive of the management of the inflammatory and discoloration components associated with *Mukhadushika*.

E. Amlapittahara Yoga

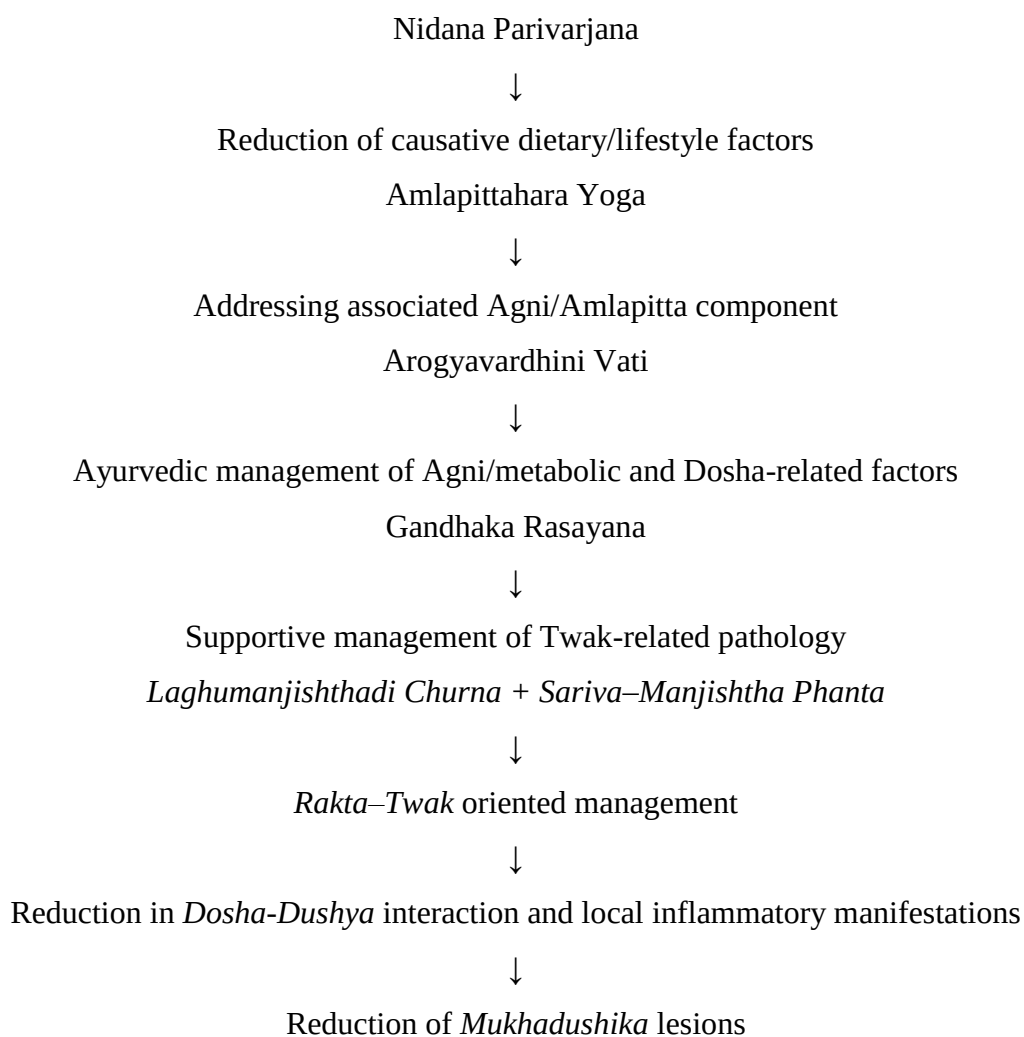
The use of Amlapittahara Yoga is particularly relevant if the patient had associated symptoms of *Amlapitta*, such as hyperacidity, sour eructation, burning or digestive disturbance.

The rationale can therefore be expressed as.

Agnidushti/Amlapitta correction → improved digestion → reduction of Ama/Dosha aggravating factors → supportive systemic management.

Pathogenesis-Based “Drug Action” — Discussion

The treatment can be represented as a multilevel Ayurvedic approach:





Mukhadushika is described in Ayurveda among *Kshudra Rogas* and is particularly associated with youth. The classical description of facial eruptions resembling *Shalmali-kantaka* provides a clinically useful correlation with acne vulgaris. Ayurvedic literature and contemporary case reports commonly discuss the involvement of Kapha, Vata, Rakta and Meda in its pathogenesis.

From the contemporary dermatological perspective, acne is a chronic inflammatory disease of the pilosebaceous unit. Sebum overproduction, follicular hyperkeratinization, *C. acnes* and inflammation interact in producing the characteristic lesions. Acne may continue into adulthood and therefore a 29-year-old patient can clinically present with persistent or adult acne.

The Ayurvedic management in the present case was designed as a systemic, multifactorial intervention rather than as a treatment directed solely at the visible facial lesions. *Arogyavardhini Vati*, *Gandhaka Rasayana*, *Laghumanjishthadi Churna*, *Sariva–Manjishtha Phanta* and *Amlapittahara Yoga* were administered for eight weeks according to the recorded clinical protocol.

The therapeutic rationale may be understood through the principles of Agni correction, *Dosha* balancing, Rakta/Twak-oriented management and *Nidana Parivarjana*. *Manjishtha* and *Sariva*-containing preparations were included for their traditional relevance to Rakta and Twak disorders, while *Gandhaka Rasayana* was included as a traditional skin-oriented Rasayana formulation. *Arogyavardhini Vati* was incorporated as part of the systemic Ayurvedic approach.

The present case of a 29-year-old patient with a two-year history of *Mukhadushika* was managed with an eight-week Ayurvedic treatment protocol consisting of *Arogyavardhini Vati*, *Gandhaka Rasayana*, *Laghumanjishthadi Churna*, *Sariva–Manjishtha Phanta* and *Amlapittahara Yoga*.

The treatment approach was based on an Ayurvedic understanding of *Mukhadushika* involving Dosha-Dushya interaction, particularly *Kapha–Vata* with *Rakta/Twak* involvement, along with consideration of digestive and lifestyle factors.

Summary

Mukhadushika, also described as *Yuvanapidika/Tarunapidika*, is an Ayurvedic *Kshudra Roga* affecting the face, with clinical features that can be correlated with acne vulgaris. Classical descriptions emphasize facial *Pidika* resembling *Shalmali-kantaka*, while Ayurvedic interpretations commonly involve *Kapha*, *Vata* and *Rakta*, with *Meda/Twak* involvement.

In the present case, a 29-year-old patient with a 2-year history of recurrent *Mukhadushika* was evaluated from Ayurvedic and contemporary perspectives. The history revealed dietary and lifestyle factors including irregular meal timings, spicy/oily and fast-food intake, inadequate water intake, disturbed sleep/late-night wakefulness, mental stress, sedentary activity and environmental exposure. These factors were considered as possible contributors to *Agni Vaishamya* and subsequent *Dosha-Dushya* disturbance.

Based on the available history, the proposed pathogenesis was *Pitta-Kapha* predominant *Dosha* involvement with *Vata* association, followed by disturbance involving *Rasa*, *Rakta*, *Meda* and *Twak*, with *Sanga* at the local facial/follicular level. The treatment was continued for 8 weeks with *Arogyavardhini Vati*, *Gandhaka Rasayana*, *Laghumanjishthadi Churna*, *Sariva–Manjishtha Phanta* and *Amlapittahara Yoga*.

The therapeutic approach was directed toward systemic correction according to Ayurvedic principles rather than treatment of the facial lesions alone. The final outcome should be reported using the actual pre treatment and post-treatment clinical scores/lesion counts. Percentage improvement should be calculated objectively rather than reporting an estimated percentage of “cure.”

Modern dermatology describes acne as a chronic inflammatory disorder of the pilosebaceous unit involving sebum production, follicular hyperkeratinization, Cutibacterium acnes-associated processes and inflammation. Acne can persist into the third decade, making this 29-year-old presentation clinically relevant.

Overall, this case demonstrates an Ayurvedic approach to *Mukhadushika* incorporating Nidana Parivarjana, Agni-oriented management, *Dosha-Dushya* consideration and *Rakta/Twak*-oriented therapy. However, as this is a single case, the observed clinical response cannot establish efficacy of the regimen; further controlled clinical studies would be required.

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