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ESTABLISHING THE CONCEPT OF DOSHA AS TREATMENT PROTOCOL WITH SPECIAL REFERENCE TO DOOSHITA DOSHA IN THE MANAGEMENT OF YAVUNA PIDIKA VIS-C-VIS ACNE VULGARIS – AN INTERVENTIONAL CLINICAL STUDY

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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. Objective - To evaluate the effect of Arjuna Twak Lepa, Manjista GhanVati and avipattikara churna on Yavuna pidika w.r.s to Acne vulgaris, Method and Result - It is an Interventional clinical study, All the inclusion patients will be examined by a standard case sheet, and treatment is given. Observe clinically for elimination of Yavuna pidika and to check patient satisfactory survey.

KEYWORDS: Yavuna pidika, Arjuna Twak Lepa, Manjista GhanVati and avipattikara churna.

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 Interventional clinical study, wherein of either Gender, diagnosed as Yauvana pidika will be assigned for clinical trial. 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.

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 and free medical camps will be conducted after fulfilling the inclusion and exclusion criteria. A minimum of 30 patients of Yauvana pidika patients will be taken for the study.

Therapeutic focus and assessment Procedure

Step 1: Nidana Parivarjana

Step 2: Nitya Mrudu virechana – Avipattikara Churna 8gms with warm water

Step 3: Shamanoushadi

a) Bahirparimarjana chikista : Arjuna twak Lepa

b) Internal Administration : Manjista ghan vati

Posology

1) Arjuna twak Lepa - for cleaning the face after drying. . The Lepa is to be applied with a uniform thickness of 1/4th of own angula (approx. 1.92/4 cm). Arjuna twak lepa apply with godugdha (cow milk) as per requirement for making paste like consistency and suggested normal water .Once it starts to dry then it has to be cleaned. This has to be done twice a day preferably in the morning and evening time. Duration- Treatment was carried out for 45 days.
2) Manjista ghan vati - *Manjistha Ghan Vati* (concentrated tablet of *Rubia cordifolia*) *500mg (2*250mg)* twice daily after meal was prescribed with water for 45 days.
3) Avipattikara Churna – 8gms with warm water as Nitya mrudu virechana

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 Treatment 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 are involved	Cheeks only	Both Cheek and Chi	Whole face and Trunk

Objective criteria

8.	No.of *Pidik*	No*pidika*	Lessthan 5ononesi e	In between 6to10 on on side	Morethan10 on on side
9.	Size o *Pidika*	No*pidika*	Lessthan 5mm	In between 6 to 10mm	More than 10mm

Investigator global Assessment(IGA)of acne severity

Sr. no.	Modern parametrs	Grade0	Grade1	Grade2	Grade3	Grade4
10.	Symptom	Residual hyperpigmentatio and erythema ma be present	A fe scattered comedonesan da few sma papules	Easily recognisable;less than half the face involved. Somecomedones and some papule and pustules	Morethanhalf the face involved. Many comedones, papules	Entirefaceis involved, coveredwith comedones, numerous papule and pustules,and fewnodules

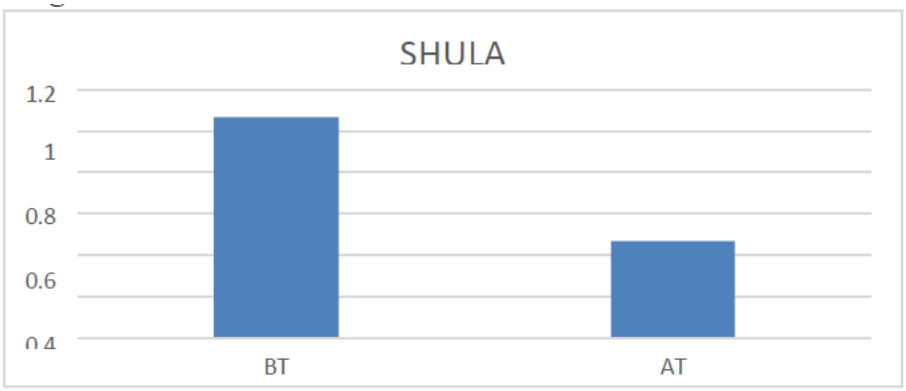
Assessment days- 0thday, 15thday and 30thday, 45thday Followup:once in 15days

STATISTICALANALYSIS

Table No. 26.

Parameter: Shula										
Parameter	**Time Point**	**Mean**	**MD**	**% Change**	**Sumof Ranks**	**Meanof Ranks**	**SD**	**Z Value**	**P Value**	**Remarks**
BTvs AT	BT	1.067	0.600	59.80%	153	9.000	21.120	3.6214	**<0.001**	**S**
	AT	0.467								

Diagram No. 26.



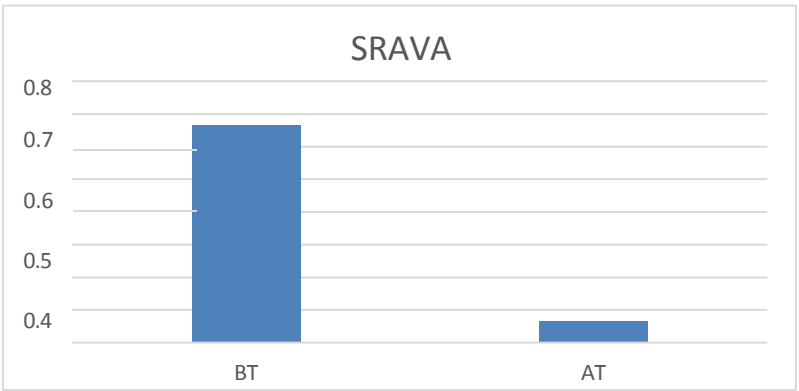
Wilcoxon Signed rank test was performed to see the Shula before and after treatment, it was found that there is a significant difference at p value <0.001.

Table No. 27.

Parameter: Srava

Parameter	**Time Point**	**Mean**	**MD**	**% Change**	**Sumof Ranks**	**Meanof Ranks**	**SD**	**Z Value**	**P Value**	**Remarks**
BTvsAT	BT	0.667	0.600	90.00%	55	5.500	9.810	2.8031	**0.0030**	**S**
	AT	0.067								

Diagram No. 27

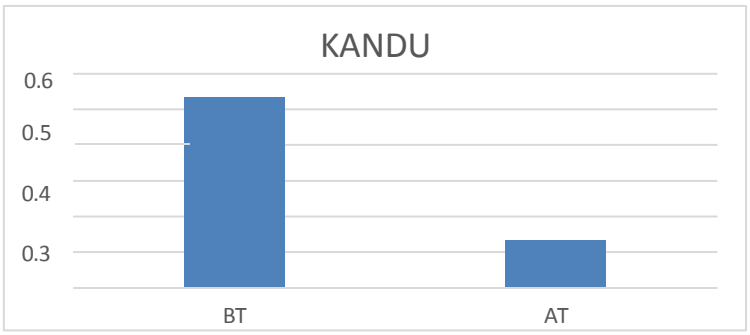


Wilcoxon Signed rank test was performed to see the Srava before and after treatment, it was found that there is a significant difference at p value <0.001.

Table No. 28.

Parameter: Kandu										
Parameter	**Time Point**	**Mean**	**MD**	**% Change**	**Sumof Ranks**	**Meanof Ranks**	**SD**	**Z Value**	**P Value**	**Remarks**
BTvsAT	BT	0.533	0.400	80.56%	66	6.000	11.250	2.9341	**0.0013**	**S**
	AT	0.133								

Diagram No. 28

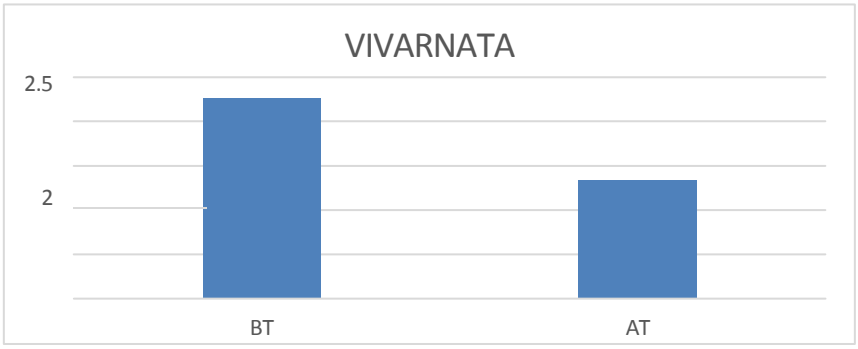


Wilcoxon Signed rank test was performed to see the Kandu before and after treatment,it swas found that there is a significant difference at p value <0.001.

Table No. 29.

Parameter:Vivarnata										
Parameter	**Time Point**	**Mean**	**MD**	**% Change**	**Sumof Ranks**	**Mean of Ranks**	**SD**	**Z Value**	**P Value**	**Remarks**
BTvsAT	BT	2.267	0.933	42.59%	378	14.000	41.620	4.5407	**<0.001**	**S**
	AT	1.333								

Diagram No. 29.

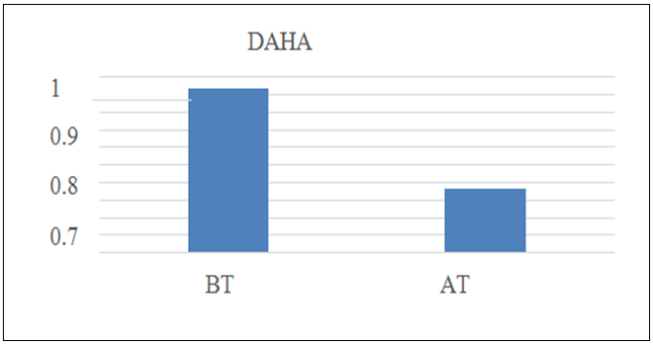


Wilcoxon Signed rank test was performed to see the Vivarnata before and after treatment,it was found that there is a significant difference at p value <0.001.

Table No. 30.

Parameter: Daha										
Parameter	**Time Point**	**Mean**	**MD**	**% Change**	**Sumof Ranks**	**Meanof Ranks**	**SD**	**Z Value**	**P Value**	**Remarks**
BTvsAT	BT	0.933	0.567	69.79%	136	8.500	19.340	3.5162	**<0.001**	**S**
	AT	0.367								

Diagram No. 30.

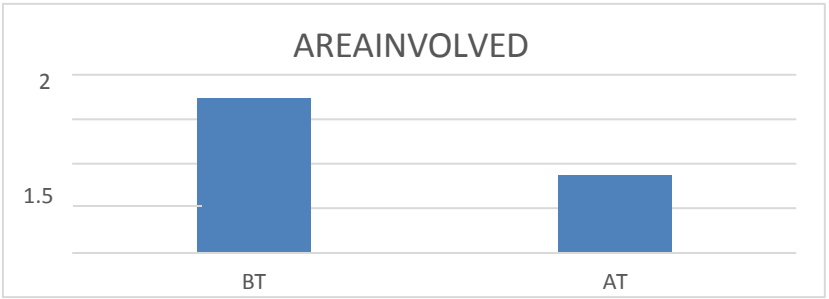


Wilcoxon Signed rank test was performed to see the Daha before and after treatment,It was found that there is a significant difference at p value <0.001.

Table No. 31.

Parameter:Areainvolved										
Parameter	**Time Point**	**Mean**	**MD**	**% Change**	**Sumof Ranks**	**Meanof Ranks**	**SD**	**Z Value**	**P Value**	**Remarks**
BTvsAT	BT	1.733	0.867	51.11%	351	13.500	39.370	4.4573	**<0.001**	**S**
	AT	0.867								

Diagram No. 31.

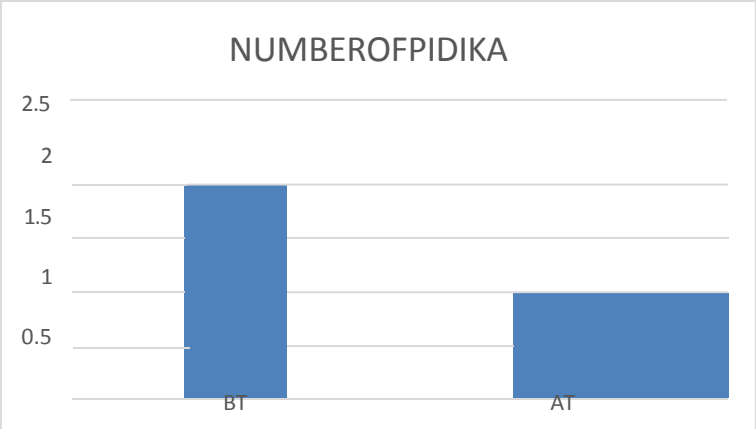


Wilcoxon Signed rank test was performed to see the Area involved before and after treatment, it was found that there is a significant difference at p value <0.001.

Table No. 32.

Parameter: Numberofpidika										
Parameter	**Time Point**	**Mean**	**MD**	**% Change**	**Sumof Ranks**	**Meanof Ranks**	**SD**	**Z Value**	**P Value**	**Remarks**
BTvsAT	BT	2.000	1.033	55.00%	406	14.500	43.910	4.6226	**<0.001**	**S**
	AT	0.967								

Diagram No. 32.

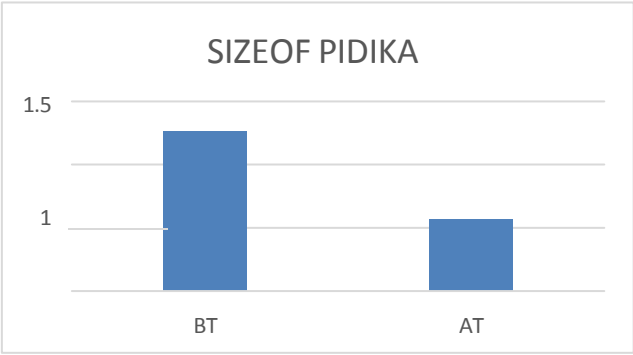


Wilcoxon Signed rank test was performed to see the Number of pidika before and after treatment, it was found that there is a significant difference at p value <0.001.

Table No. 33.

Parameter:Sizeofpidika										
Parameter	**Time Point**	**Mean**	**MD**	**% Change**	**Sumof Ranks**	**Meanof Ranks**	**SD**	**Z Value**	**P Value**	**Remarks**
BTvsAT	BT	1.267	0.700	56.67%	231	11.000	28.770	4.0145	**<0.001**	**S**
	AT	0.567								

Diagram No. 33.



Wilcoxon Signed rank test was performed to see the Size of pidika before and after treatment, it was found that there is a significant difference at p value <0.001.

Table No. 34.

Parameter:Symptoms										
Parameter	**Time Point**	**Mean**	**MD**	**% Change**	**Sumof Ranks**	**Meanof Ranks**	**SD**	**Z Value**	**P Value**	**Remarks**
BTvsAT	BT	2.133	1.367	67.78%	465	15.500	48.620	4.7821	**<0.001**	**S**
	AT	0.767								

Diagram No. 34.

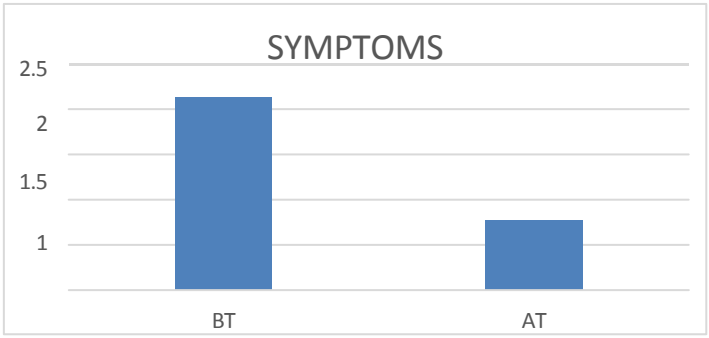
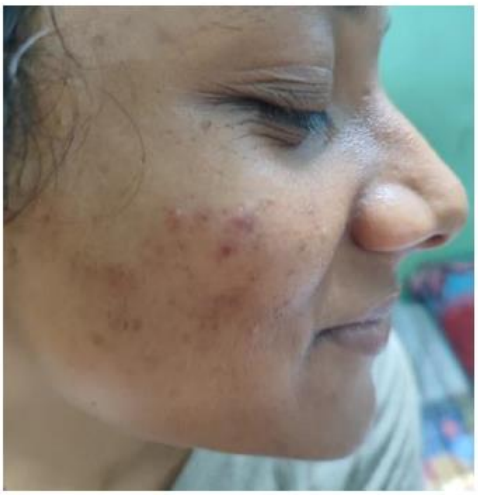


Table No. 35.

Overalleffect	**Numberofpatients**	**Percentage**
Markedimprovement	4	13%
Moderateimprovement	20	67%
Mild improvement	6	20%
Noimprovement	0	0%
Total	**30**	**100%**

Before and After treatment



DISCUSSION

To evaluate the effect of Arjuna Twak Lepa, Manjishtha Ghan vati, Avipattikara churna on Yavuna pidika w.r.s to Acne vulgaris and The novice practice of arjuna twak lepa with godugda and Oral administration of Manjista Ghanvati and Avipattikara churna for routine practices will be explored for Yauvana Pidika. hence, the health care system will become more evidence based Health practices. Arjuna twak Lepa - for cleaning the face after drying. Arjuna possess Kashaya rasa(astringent taste), Laghu(lightness)& Ruksha guna(dryness property), SheetaVirya(cool potency) and KatuVipaka(pungent bio transforment). Arjuna has kapha-pitta shamaka(kapha-pitta pacifying), Hridya(beneficial for heart), Shothaghana (inflammation reducing substance), Vranaropaka(wound healing action), Rakta Stambhaka(check flow of blood), Kandughna(anti-pruritic), Shonita sthapana(normalizes blood)properties.[10] Due to these properties it reduces Shotha(inflammation or swelling), Daha(burning sensation), and Vivarnata (discolouration) and its local application of make significant effect on papules or eruptions.Cow milk also beneficial for skin.Arjuna possess tannins and flavonoids which also effective on acne due to anti-inflammatory and antibacterial activity of them.

Manjistaghanvati- Manjishtha possess Madhura(sweet), Tikta(bitter)&Kashaya rasa(astringent taste), Guru (heavy) and Ruksha(dry) guna(property), UshnaVirya(hot potency) and KatuVipaka (pungent bio transforment). Shamaka(Kapha–pitta pacifying), Shothahara (reducing inflammation or swelling), Vranaropana (wound healing action), Kushthaghna (Anti-dermatosis dravya), Deepana (digestion and metabolism enhancing

action), Pachana (enhancing digestion), Stambhana (check any flow through or out of the body), Raktashodhana (blood depurant), Kaphaghna, Varnya (complexion promoting/normal skin colour restoring), Vishaghna(anti-toxic). It has anti inflammatory, anti-bacterial pharmacological actions. Madhura Rasa is Shadhendriya Prasadaka (cleansing all cognitive organs), Twachya (beneficial for skin). Tikta Rasa has property of Kleda Meda Upashoshan (drying up of wet, moisten medodhatu). Usna veerya (hot potency) is Pachaka. Dueto itsKapha hara properties, it reduces the Vaktra Mukha Snigdhata. (External and internal unctuousness of face). Because of Kapha-Pitta hara (Kapha–pitta pacifying) properties of Manjishtha along with its Deepana (digestion and metabolism enhancing) action, it prevents the vitiation of Medoagni (metabolic factor located in Medodhatu)resulting ineruption of less number of Pidika (papules) So, it can be considered that Arjun tvak Lepa and Manjishtha ghanavati by the above-mentioned properties, breaks down the Samprapti (pathogenesis) of the disease Yuvanpidika and improves the disease condition.

AvipattikaraChurna –as Nitya mrudu virechana Avipattikara churna formulation that reduces Yauvanapidika (acne vulgaris) primarily by balancing thePitta dosha(heat and acidity in the body)and acting as a mild laxative to flush out metabolic toxins (ama). By neutralizing excess digestive heat, it prevents the internal causes of inflammation and breakouts. Its specific properties and mechanisms for reducing Yauvanapidika include: Pitta Shamaka(Balancing Pitta): Acne is often caused by an aggravation of internal Pitta. The cooling herbs in Avipattikara calm this heat, reducing redness, swelling, and pus formation. Rechana (Mild Laxative): It contains herbs like Trivrit that facilitate smooth bowel movements. Relieving constipation prevents the reabsorption of toxins into the blood stream, which is a major contributor to acne Anti-inflammatory &Anti-acidic: It contains Shunti(ginger)and Lavanga(clove)which soothe the gastric mucosa and control acid reflux.

CONCLUSION

Evaluate the effect of arjuna twak with godugdha and manjista ghan vatiand Avipattikara churnafor the Management of Skin diseases like yauvana pidika is utmost important studyto bring the clinical evidences for the achievement in evidence based clinical practice. 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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