



Case Study

MANAGEMENT OF YAUVANAPIDIKA THROUGH SHAMANAUSHADHI

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ABSTRACT

The face is universally recognized as an essential element of emotional expression and personal identification. The presence of acne can notably impact an individual's self-esteem, especially in social interactions. In Ayurvedic literature, *Yauvana Pidika*, as described by various *Acharyas*, exhibit features similar to acne vulgaris. *Yauvanapidika*, due to its minimum causative factors, signs and symptoms and less severity is mentioned as one of the *Kshudrarogas* in *Ayurveda Samhitas*. A 23-year-old female patient who was apparently normal before six months developed multiple pus-filled acne on her forehead and both cheeks associated with pain and redness had consulted the outpatient department. She was having regular tea consumption twice a day, a mixed diet, and excess consumption of sugars, oily, and junk food. She consulted other contemporary medical systems as well, but didn't find any relief. She was under Ayurvedic management for one month and felt very satisfied with the results. In this paper, successful management of this case with *Shamana* modalities is highlighted, which will be documented evidence for future case studies.

INTRODUCTION

Acne vulgaris is a chronic inflammatory disease of the pilosebaceous follicle that frequently develops among adolescents aging from 13 to 15 years and above, as a result of a number of predisposing factors that either directly or indirectly affect the skin condition. 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. Similarly, The Global Burden of Disease Study conducted in 2010 estimated that the prevalence of acne was 8.96% in males, lower than the estimated prevalence of 9.18% in females^[4]. It takes a lot of patience from the individual to treat the acne as well as the scarring post-healing. The treatment of acne itself is a tiresome journey, both psychologically and financially.

Acne vulgaris originates from pilosebaceous follicle caused by multiple factors. Acne is defined in Ayurveda using the terms *Mukhadushika*, *Yauvanapidika* and *Tarunypadika*. *Yuvan*, *Yauvana*, and *Tarunya* are related to age factors, i.e., adolescence, and physical changes that occur during a young age. Ayurveda mentioned *Yauvana Pidika* as one of the *Kshudra Rogas* and manifests at the *Yuva* or *Tarunavastha* (adolescent) hence, the name *Yauvana Pidika* and *Tarunya pidika*. Because of its minimum causative factors, signs and symptoms and which need minimal treatment to get cured. Hence, it is mentioned under *Kshudra Rogas*^[5]. In Ayurvedic texts, *Yauvana Pidika*, mentioned by various *Acharyas*, has characteristics similar to those of acne vulgaris. It can be managed with the right diet and routine.

Patient Information

A 23-year-old female Reg no.: 936, came to the hospital OPD with the chief complaint of multiple acne covered the forehead, both cheeks and are associated with pain, redness, filled with pus. Patient had the above complaints for last six months.

According to the patient, she was asymptomatic six months ago, then gradually started developing acne filled with pus associated with pain and redness on the forehead. Later, after a few weeks, the acne started to spread towards both cheeks, and

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increased in number around the surrounding forehead area. The patient had tried several treatments and remedies but found no relief.

MATERIALS AND METHODS

Review of literature and concepts related to *Yauvana Pidika* and acne vulgaris, interpretation of the symptoms and along with successful Ayurvedic management of a patient.

Nidana

In Ayurveda, a brief description of the *Nidana* (causative factors) of *Yauvanapidika* (acne vulgaris) is provided. The primary *Doshas* implicated in the development of acne are *Kapha*, *Vata*, and *Rakta*. According to Sushruta, *Raktadhatu Dushti* (impurity of the blood) is one of the main pathogenic factors responsible for acne formation. Sushruta also

highlighted the role of various other local and systemic factors, including hormonal and sexual changes during adolescence, which contribute to the development of acne. Additionally, other classical texts such as the *Sharangdhara Samhita* mention the conditions *Vakrasnigdhit* and *Pitika*, which are believed to arise due to *Shukradhatumala*^[6] (impurities in the reproductive tissue). In the *Bhavaprakasha*, acne is attributed to *Swabhava*^[7] (natural constitution or inherent tendencies), suggesting that the individual's inherent *Prakriti* plays a role in susceptibility to acne. These descriptions collectively point to a multi-factorial causes of acne, involving both internal imbalances such as disturbances due to *Doshas* and external factors related to lifestyle, hormonal fluctuations, and constitutional predisposition.

Table 1: Nidana for causing Yauvana Pidika^[8-13]

Aaharaja (Food)	<i>Ati Katu & Madhura</i> (excessive spicy and sweet foods) <i>Guru</i> (heavy to digest food) <i>Ati Snigdha, Dugdha Varga Ahara</i> (oily food, milk & milk products) <i>Mamsa</i> (meat) <i>Madya</i> (alcohol)
Viharaja (Regimen)	<i>Vegavarodha</i> (stoppage of natural urge) <i>Jagarana</i> (insomnia) <i>Nidra</i> (excess sleep) <i>Upavasa</i> (fasting) <i>Atapa Sevana</i> (excessive sun bath)
Manasika (Psychological)	<i>Kshobha</i> (agitation) <i>Ati Shoka</i> (stress) <i>Krodha</i> (anger) <i>Santapa</i> (irritation) <i>Svabhava</i> (behavioural changes)
Kalaja (Seasonal/Age)	<i>Vasanta Ritu</i> (spring) <i>Tarunya</i> (young age) <i>Madhyanha</i> (Afternoon) <i>Grishma Ritu</i> (summer) <i>Sharada Ritu</i> (Autumn)

Purvarupa

Purvarupas are not mentioned in any of the Ayurvedic texts.

Rupa:

Acharya Sushruta has mentioned^[14]

1. **Shalmali kantaka:** The eruptions on the face are similar to that of *Shalmali* thorns.
2. **Medo Garbha:** The eruption is filled with pus
3. **Saruja:** The eruptions are painful.
4. **Ghana:** The word "*Ghana*" means solid. The eruptions are hard and thick.
5. **Yuna Mukha:** This condition affects the face of adults.

Clinical Findings

No similar family history was found. Patient was feeling under confident and unrepresentable due to presence of acne. On examination there were multiple pus-filled acne covered on forehead between eyebrows and both the cheeks.

Ashta sthana Pariksha

Nadi (pulse)– 74/min, regular
Jihwa (tongue)–*Niramayukta* (not coated)
Mala (stool)–*Abaddha* (normal)
Mutra (urine)–*Samyak* (normal)
Shabda (speech) - clear
Sparsha (touch) - *Anushna sheeta* (normal)
Druk (eyes) - *Prakruta*

*Akruthi (build) - Madhyama****Samprapti Ghatakas****Dosha - Vata, Kapha**Dushya - Twak, Rakta**Agni - Manda**Srotodushti - Sanga**Udbhava sthana - Amashaya**Vyakthasthana - Mukha**Rogamarga - Bahya***Table 2: Parameters considered for diagnosing Yauvana Pidika based on the clinical findings**

S.No	Parameter	Grading	
1.	Redness	No Mild Moderate Severe	0 1 2 3
2.	Pain (<i>Ruja</i>)	No Mild Moderate Severe	0 1 2 3
3.	Area covered	Only on cheeks On cheeks and forehead Whole face and neck	1 2 3
4.	Itching (<i>Kandu</i>)	No Mild Moderate Severe	0 1 2 3
5.	Pus filled acne (<i>Medo Garbha</i>)	No Mild Moderate Severe	0 1 2 3

Therapeutic Focus and Assessment**Step 1: Nidana Parivarjana****Step 2: Nitya Mrudu Virechana****Step 3: Shamanushadhi**a) *Bahirparimarjana Chikitsa* (external use)

b) Internal administration

1. Nidana Parivarjana

Avoiding excess regular consumption of tea, sugar items, oily and junk foods.

2. Nitya Mrudu Virechana*Avipattikar churna* is given orally during night after food.**3. Shamanaushadha****a) Bahirparimarjana Chikitsa*****Lepa - Manjista churna****Sarivachurna**Yastimadhuchurna**Rakta Chandana churna*

All the above are mixed and applied in the form of paste for two times a day.

b) For internal usage*Avipattikar Churna*- 8 grams with warm water during night*Maha Manjistadikwatha*- 15ml two times a day after food.**Table 3: Treatment schedule**

Timeline	Date	Outcome
Onset of treatment	7/1/2023	Redness and pain caused by pus filled active acne.
1 st Follow up	14/1/2023	Decreased pain due to active acne and redness has decreased mildly.
2 nd Follow up	28/1/2023	Stopped formation of active acne and the area covered on cheeks, forehead has decreased significantly.
3 rd Follow up	4/2/2023	No active acne and decreased signs and symptoms.
4 th Follow up	11/2/2023	No recurrence of acne.

RESULTS

Table 4: Clinical features before and after treatment

Parameters	Before treatment	After treatment
Redness	3	1
Pain (<i>Saruja</i>)	2	0
Area covered	2	0
Itching (<i>Kandu</i>)	1	0
Pus filled acne (<i>Medogarbha</i>)	3	0



Figures 1, 2, 3: Before treatment; Figure 4, 5, 6: After treatment

DISCUSSION

Table 5: Drugs used in *Lepa* and their *Nidana Panchaka*¹⁵

S.No	Drug	Latin name	Rasa	Guna	Virya	Vipaka	Dosha ghnata	Karma
1.	<i>Manjista</i>	<i>Rubia cordifolia</i>	Madhura Kashaya	Guru	Ushna	Katu	Kapha Pitta	Varnya, Pitta hara
2.	<i>Yastimadhu</i>	<i>Glycyrrhiza glabra</i>	Madhura	Guru, Snidha	Sheeta	Madhura	Vata Pitta	Varnya
3.	<i>Sariva</i>	<i>Hemidesmus indicus</i>	Madhura Tikta	Guru Snidha	Sheeta	Madhura	Tridosahara	Daha prashamana
4.	<i>Rakta Chandana</i>	<i>Pterocarpus santalinus</i>	Madhura	Guru	Ushna	Madhura	Kapha Pitta	Sheetala

Table 6: Drugs used orally

S.No.	Drug used	Mode of Action
1.	<i>Maha Manjistadi Kwatha</i> ^[16]	It is effective in cleansing blood impurities, reducing inflammation, and improving skin tone through the use of <i>Manjista</i> root ^[17] . Additionally, it possesses cooling properties, provides protection against infections, and its antioxidant-rich decoction supports detoxification of the body. <i>Manjistha</i> property: <i>Rasayana</i> , <i>Rasayana</i> , <i>Kushtaghana</i> , <i>Raktaprasadana</i> , <i>Varya</i> , <i>Shothahara</i> , and <i>Shonitasthapana</i> . ^[18]
2.	<i>Avipatthikar Churna</i> ^[19]	It possesses antimicrobial, antiviral, and antibacterial properties, and is beneficial in treating indigestion, chronic gastritis, GERD (gastroesophageal reflux disease), kidney disorders, and is also used as a mild purgative. ^[20]

This case presents a student with *Yauvanapidika* (acne vulgaris) attributed to unhealthy and irregular food habits, including excessive consumption of junk food, regular intake of tea, and an erratic sleep schedule. The case underscores the effectiveness of *Shamanaushadhi* (palliative treatment) in managing the condition, alongside the critical importance of *Nidana Parivarjana* (elimination of causative factors), achieved through detailed history taking and identifying triggering factors. In the management of *Kshudra Rogas* (minor ailments) like acne, it is often possible to achieve significant improvement without resorting to *Panchakarma* therapies. This can be accomplished through the careful implementation of *Pathya-apathya* (proper and improper diet) principles, lifestyle modifications, and avoidance of known triggers. In this case, the treatment regimen focused on these interventions, resulting in a marked reduction in acne lesions. Follow-up assessments as shown in figures 1, 2, 3, before starting the treatment and 4, 5, 6 after treatment, conducted on a weekly basis demonstrated a significant decrease in both the severity and frequency of the patient's symptoms, with a 90% reduction in the formation of new active acne lesions.

CONCLUSION

This case study presents the successful management of *Yauvanapidika* (acne vulgaris) through the application of *Shamanaushadhi* (palliative treatment). Acne vulgaris is a condition with a high

potential for relapse, necessitating a comprehensive, long-term management strategy. The patient was advised to adopt a regimen of *Pathya-Apathya* (appropriate and inappropriate dietary and lifestyle practices), emphasizing *Ahara* (diet), *Vihara* (lifestyle), to mitigate the recurrence of symptoms.

In addition to pharmacological interventions, the use of *Lepa* (topical applications) and the principle of *Nidana Parivarjana* (elimination of causative factors) played crucial roles in the management strategy. These interventions, when combined with lifestyle modifications, contributed to significant improvement in the patient's condition.

This case underscores the potential for substantial clinical benefits from a holistic, integrative approach to the management of acne vulgaris. Addressing both internal and external factors, and emphasizing lifestyle changes, offers a promising avenue for reducing the frequency and severity of acne outbreaks. The outcomes of this case emphasize the importance of individualized treatment plans that incorporate dietary, behavioural, and mental health factors in the effective management of chronic dermatological conditions.

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