Introduction

Acne is the scourge of mankind and the travesty of youth. Acne is the most common skin disease facing mankind, it afflicts 89% of seventeen year olds to some degree. In modern dermatology, a similar type of skin disorder or precisely sebaceous gland disorder named Acne vulgaris or Acne is found to have parity with the disease Youvan pidika mentioned in Ayurvedic text.

The word acne is from the Greek word akne meaning a point, or acne meaning chaff (seed covering meaning a point, or acne meaning chaff (seed covering) which may resolve to leave pitted scars. (1)

The condition usually starts in adolescence and resolves by the mid-twenties, but in some patients it may persists up to the age of 35 years and more. It develops earlier in females than males. A peak incidence and severity occurs between 14-17 years in females and 16-19 years in males when affected.

Two types of etiologies are prevailing for acne. (2) (1) Basic or primary causes & (2) Predisposing or aggravating factors.

1. Basic or Primary Causes :

   The basic seborrhoeic state & the tendency to acne itself may be familiar. Androgenic stimulation of pilosebaceous follicles & thicking of horny layer take place at puberty. These causes directly affect the skin or the pilosebaceous unit so as to produces excess amount of sebum. The main causes are

   a) Hormone: The main hormones associated with the acne are is as follows –

   (i) Androgens (ii) Estrogens (iii) Steroids

   b) Bacillary Interference : Although acne is not primarily a bacterial disease but the exude squeezed out from the comedone may show the presence bacilli. The comedone contains an acne bacillus, cornyebacterium acne or propionibactrium acne.

   C) Allergic Manifestation : Allergy also plays a role in the formation of acne lesion up to some extent. The persons working in the manufacturing industries, catering works and those dealing with oils may have some acne, type of lesions.

2. Predisposing Factors:

There are some factors, which do not produce the acne but prepare a floor to the acne production. These factors create some conditions in the body, favoring to the acne occurrence. These factors can be enlisted as -

a) Diet – Dietmay play an important role in aggravation of acne. Certain foods especially butter, cream, ice-cream, chocolates, fried foods, fats, excess starches, sweets, delicious greasy dishes, overeating, chilies, alcohol, aerated drinks, tea etc. aggravate the conditions.

b) Climate – The climatic factors influence the course and extent of lesions. The disease is commonest in moist temperate climate. Exposure to sun and wind, increasing desquamation of the exposed skin, diminishes the hyperkeratosis of the hair follicles and reduces comedone formation.

c) Use of cosmetics - excess use of greasy cosmetics as the cause of acne form lesions; as it blocks the pores of

Abstract

Human faces express and represent their personality and wisdom. According to Ayurveda among the 56 Upangas face is at the top so everyone and mostly youngsters are most cautious and careful about the beauty of face. Unfortunately skin of the face is affected by certain anomaly in adolescence age which is the golden and wonder period of life. If they find any spot or any minor ailment on face, they spend too much money for beauty purpose. In the present scenario of the people are very much conscious about their health as well as beauty and good looking. Face reflects the personality of person. It is saying that “Face is the index of mind”. In Ayurvedic texts Acne is termed as Youvan pidika, was very first described by Acharya Sushruta. Youvan pidika means that the disease almost takes place in young age. A great demand from Ayurveda in the field of cosmetology has been established due to its unique concept about beauty and effective, cheaper and long lasting beauty therapy without any side effect. In the present case study Virechan therapy is given to the patient after Sanshamn karm followed by Sanshamn karm. Assessment was done after Virechan karm and after Sanshamn karm. A remarkable changes were found in various symptoms after assessment.

Key words: Yauvan pidika, Upangas, Snehan karm, Virechan Karm, Sanshamn karm

Case Report

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sebaceous glands preventing the outcome of the sweat as well as fresh open air essential for the healthy skin is obstructed.

d) Occupation - The persons working in the industries of heavy metals and oil industry have little tendency of having the pimples. The inherited dust of these metals may lodge in the circulatory system and under the skin. Moreover a sedentary life may be one of the stimulating factor to acne.

c) Constipation - A common predisposing cause to produce acne is intestinal stasis, especially the constipation.

d) Mental stress - There is no evidence that sebaceous glands are under nervous control but there is no doubt that mental stress can aggravate acne. Severe acne may be related to increased anger and anxiety. The stresses causes excess secretion of androgens and subsequently lead to acne.

Clinical types of acne (3)
There are 6 types of acne found commonly. These types are as follows:

(1) Acne punctata
(2) Acne papulosa
(3) Acne Pustulosa
(4) Acne indurata
(5) Acne cystica
(6) Acne keloida

Symptoms:
- Skin rash or lesion on the face, truck (chest) neck, back, or other area
- Comedones (whiteheads or blackheads)
- Pustules
- Cysts
- Papules
- Nodules
- Redness (erythema) of the skin lesions or skin around a lesion
- Inflammation around the skin eruptions
- Crusting of skin eruptions
- Scarring of the skin

Acne Grade : (4)
The four grades of acne which are based on the types of and number of lesions present.

Grade-I Acne : Acne is comedonal acne with less than 30 comedones present.
Grade-II Acne : Acne consists of comedones and some pustules.
Grade-III Acne : Acne consists of comedones, inflamed pustules and an occasional inflamed cyst.
Grade-IV Acne : Acne consists of large pustules, cysts connecting sinuses, inflamed nodules and scarring this is called acne conglobata.

Complications:
Acne is considered as a personality killing disease. It harasses the youngsters physically as well as mentally. The disease as a result causes many complications. Scarring usually pitted, is a common sequel of acne being most marked when the lesions are nodular and suppurrative. Sometimes the pits are closely aggregated giving a worm- eaten appearance of face.

In short main Complications are:-
- Cysts
- Skin abscess
- Permanent facial scars
- Keloids
- Changes in skin color
- Psychological damage to self-esteem, confidence, personality, social life
- Side effects of other medications

Ayurvedic View
The term 'Yuvan Pidika' is composed with two Sanskrit words Yuvan And Pidika
(1) Yuvan : The word Yuvan is derived from the root of 'Yu dhatu' by using 'Kanin Pratayya' with it. The word Yuvan is used in the sense of adult or young.
(2) Pidika : The word is derived from the root of 'Peed Dhatu' by using. "Peed" Dhatu is used in the sense of pain. The meaning of Pidika is a painful eruption.
‘Yuvan Pidika is like “Salmali kantaka”. The face of a young is called Yuvan Anana and its pidika is Yuvan Pidika
The eruptions like Salmali thorn, on the face during adulthood, caused by Kapha, Vata and Rakta are known as 'Yuvan Pidika'.(5)

Synonyms
Yuvan Pidika, Mukhadusika, Anana dusika, Tarunya Pidika.

Nidan(6)
Kapha, Vata, Rakta, is the causative factors of the disease. While Svabhava as well as Vaktrasnigdha and Pidika have also been mentioned as due to Sukradhatumala.

The causes are summarized as follows:

<table>
<thead>
<tr>
<th>Aharaj</th>
<th>Katu, Guru Madhura, Atisnigdha, Dadhi Amla, Usna Vidahi, Tikna Lavana, Madya Masa, Ajirne bhojanam Adhyasana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viharaj</td>
<td>Vegavidharana. Jagarana ,Nidra Viparyaya Upavasa Atapa Sevan</td>
</tr>
<tr>
<td>Manasika</td>
<td>Atisoka Ksobha Krodha Santap</td>
</tr>
<tr>
<td>Kalaja</td>
<td>Sharad kal Svabhava (avasthik kal)</td>
</tr>
</tbody>
</table>
Roopa
1. Salmali Kantaka akara
2. Pidika
3. Ruja
4. Medogarbi

Types of disease
1. Vatika
2. Paittika
3. Kapaj
4. Raktaj

Materials and methods
Patient name Anjali age – 21 years female Reg No.-3791/32287 came to this hospital with complain of acne on face from 3 years. According to the patient she was asymptomatic before 3 years. Then she gradually develop acne on face. Initially there was macular rashes then after some time it developed into pustular form. Meanwhile she was taking allopathic as well as homeopathic treatment, but did not get relief at all. So patient came to this hospital for proper management. On local examination papulo-pustular lesions were seen on both cheeks and chin of the patient. There was polymorphic eruptions with comedones, papules, pustules and nodular cysts.

<table>
<thead>
<tr>
<th>DATE</th>
<th>Sneha Matra</th>
<th>Sneha pan kal</th>
<th>Udgar shuddhi kal</th>
<th>Kshudha Kal</th>
<th>Symptoms</th>
<th>Vitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>21/11/14</td>
<td>25ml</td>
<td>8:00AM</td>
<td>9:00AM</td>
<td>11:00AM</td>
<td>No specific complain</td>
<td>Pulse-72/min; BP-110/70</td>
</tr>
<tr>
<td>Day -1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Temp-96°F</td>
</tr>
<tr>
<td>22/11/14</td>
<td>50ml</td>
<td>8:00AM</td>
<td>9:00AM</td>
<td>11:00AM</td>
<td>No specific complain</td>
<td>Pulse-72/min; BP-112/70</td>
</tr>
<tr>
<td>Day -2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Temp-98°F</td>
</tr>
<tr>
<td>23/11/14</td>
<td>75ml</td>
<td>8:00AM</td>
<td>9:00AM</td>
<td>11:30AM</td>
<td>No specific complain</td>
<td>Pulse-76/min; BP-110/70</td>
</tr>
<tr>
<td>Day -3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Temp-98.4°F</td>
</tr>
<tr>
<td>24/11/14</td>
<td>100ml</td>
<td>8:00AM</td>
<td>9:30AM</td>
<td>12: 00PM</td>
<td>Nausea, heaviness in head</td>
<td>Pulse-68/min; BP-100/70</td>
</tr>
<tr>
<td>Day -4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Temp-98.4°F</td>
</tr>
<tr>
<td>25/11/14</td>
<td>125ml</td>
<td>8:00AM</td>
<td>9:40AM</td>
<td>12:00PM</td>
<td>Nausea, heaviness in head</td>
<td>Pulse-84/min; BP-120/80</td>
</tr>
<tr>
<td>Day -5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Temp-97.2°F</td>
</tr>
<tr>
<td>26/11/14</td>
<td>150ml</td>
<td>8:00AM</td>
<td>10:AM</td>
<td>12:30PM</td>
<td>Vomiting</td>
<td>Pulse-72/min; BP-110/70</td>
</tr>
<tr>
<td>Day -6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Temp-98°F</td>
</tr>
<tr>
<td>27/11/14</td>
<td>175ml</td>
<td>8:00AM</td>
<td>10:AM</td>
<td>12:30PM</td>
<td>Nausea, loose stool, pain abdomen</td>
<td>Pulse-80/min; BP-110/70</td>
</tr>
<tr>
<td>Day -7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Temp-98.4°F</td>
</tr>
</tbody>
</table>
Treatment given

Snehapan-

_Panchikta Ghrita_ was administered to the patient empty stomach every morning at 8:00AM. Starting dose was 25 ml with same amount of lukewarm water. Then symptoms presenting in the individual, the duration taken to digest the given dose of _Ghrita_, the time taken by the patient to feel hunger, was recorded. Individual was advised to avoid excessive wind, sunlight, emotional exacerbations, exercise, heavy work, talking-laughing-standing & journey. The patient was advised not to take any type of diet till she got the strong sensation of hunger. One was just allowed to have lukewarm water till then. Dose was gradually increased by 25 ml everyday for 7 days in the following manner,

**Gap Day**

On the achievement of _Samyaka Snigdha_ symptoms, intake of _Panchikta Ghrit_ was stopped after 7 days. There was gap of one day. Patient was advised to have complete rest on that day and not to wander outside.

Then after, on the gap day (just day before the process of _virechana_) patient was directed in following way,

**Abhyanga and Swedna**

_Abhyanga and Swedna_ was advised to the patient especially in _kati Pradesh_ below umbilical region for 3 days. 1<sup>st</sup> on the last day of _sneha pan_, 2<sup>nd</sup> on the gap day and 3<sup>rd</sup> on the day before administration of _virechan yog._

**Diet in the evening of gap day**:

Patient is advised to take light diet like, _Khichdi (Krsara)_ made up of rice (_tandul_) and _moong dal (_mudga_).

**Virechan**

On the third day after _snehpan_, _Virechan yoga_ was given to the patient which consist of following constitutes,

- _Triphala_ - 20gm
- _Kutki_ - 20gm
- _Nishoth_ – 20gm
- _Aragvadha_ – 20gm

_Yavkut_ of the above mentioned drug is taken _kwath_ preparation is made by boiling with 250 ml of water. Prepared _kwath_ is administered to the patient empty stomach early morning.

Now the number of _vega_ is recorded accordingly. There were 8 number of _vega_ till 5:00 PM.

**Sansarjankram**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Morning</th>
<th>Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the day of virechan</td>
<td>Diet not advised</td>
<td>Akrita moong dal</td>
</tr>
<tr>
<td>Next day</td>
<td>Krita moong dal</td>
<td>Moong dal, chapatti without ghrita</td>
</tr>
<tr>
<td>Next day</td>
<td>Moong dal, chapatti with ghrita</td>
<td>Balanced diet</td>
</tr>
</tbody>
</table>

**Observation and Result**

Assessment of acne vulgaris after _virechan karm_

**Table No 2**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Before treatment</th>
<th>After virechan</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Shotha</em></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><em>Shula</em></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><em>Srava</em></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><em>Kandu</em></td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><em>Vivarnata</em></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><em>Daha</em></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><em>Area involved</em></td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Sanshaman Chikitsa**

Combination of _Nimbadi churna_ 3gm, _Rasmanikya_125mg, _& Satva gilaya_ 500mg is given per day in three divided dose. Clarina ointment is given for local application. _Mahamanjishathadi Kwath_ 40ml BD is also given.

Assessment of acne vulgaris after _Sanshaman chikitsa_

**Table No 3**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>After virechan</th>
<th>After sanssham chikitsa</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Shotha</em></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><em>Shula</em></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><em>Srava</em></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><em>Kandu</em></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><em>Vivarnata</em></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><em>Daha</em></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><em>Area involved</em></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Discussion

The cause of the disease is the disturbance in the equilibrium in the state of Vata, Kapha and Rakta Doshas. Pitta has been excluded as Rakta itself is a Pitta Vargiya substance. These vitiated Doshas circulate in the body. Virechana is most important measure for skin disorder. It is a specific modality for the elimination of Pitta Dosha but it is also effective upon Vata & Kapha Dosha as well as Rakta. It is less stressful procedure than Vamana and has less possibility of complications. So the management preferred was shodhan therapy(Virechana karm) and Shamana therapy. After completing the Shodhana Karma, Shamana therapy is indicated to subside the remaining Doshas. Percentage relief after virechan karm was 61.5% and after sanshaman chikitsa it became 92.3%. As it is very well known that the treatment is nothing but breaking the chain of Samprapti of any disease, so the management preferred was Shodhan therapy (Virechana Karma) and Shamana therapy.

Conclusion

Yauvanpidika is one of the Kshudraroga which can be compared with Acne. It mostly affects the youngster skin and skin of face affected commonly in the most of the patients. Age of Yauvanpidika aggravation is generally in adolescent to younger hood. Kaphapitta Prakriti dominant person are more prone to the disease Yauvanpidika. The dominant Dosha and Dushya involved are Kapha, Pitta, Rasa and Rakta. In this study Shodhana karm followed by Sanshaman karm was performed and found more effective than only Sansham chikitsa. As the patient of Yuvanpidika become desperate after long ineffective treatment so it is hope that present line of treatment will definitely prove a milestone in the management of this worrisome disease.

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