

A Case study of Acne Vulgaris (*Youvan Pidika*)

Case Report

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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 *Snehan karmn* 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: *Youvan pidika*, *Upangas*, *Snehan karm*, *Virechan Karm*, *Sanshamn karm*

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 *Youvanpidika* mentioned in Ayurvedic text.

The word acne is from the Greek word akne meaning a point, or acne meaning chaff (seed covering-very itchy when contacted) A chronic inflammatory condition of the pilosebaceous follicles on the face and upper trunk. It is characterized by the development of comedones (Black heads), papules, pustules and cysts 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 seborrheic state & the tendency to acne itself may be familiar. Androgenic stimulation of

pilosebaceous follicles & thickening 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, *Corynebacterium* acne or *propionibacterium* 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 – Diet may 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, chillies, 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

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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.

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

f) 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 suppurative. 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 'Youvan 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 Pratyaya*' 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 *Yuva 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 *Vaktrasnigdhatta* and *Pidika* have also been mentioned as due to *Sukradhatumala*.

The causes are summarized as follows:

Aharaj	<i>Katu, Guru Madhura, Atisnigdha, Dadhi Amla, Usna Vidahi, Tikсна Lavana, Madya Masa, Ajirne bhojanam Adhyasana</i>
Viharaj	<i>Vegavidharana. Jagarana ,Nidra Viparyaya Upavasa Atapa Sevan</i>
Manasika	<i>Atisoka Ksobha Krodha Santap</i>
Kalaja	<i>Sharad kal Svabhava (avasthik kal)</i>

Roopa

1. *Salmali Kantaka akara*
2. *Pidika*
3. *Ruja*
4. *Medogarbhi*

Types of disease

1. *Vatika*
2. *Paittika*
3. *Kapaj*
4. *Raktaj*

Materials and methods

Patient name Anjali age – 21years 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.

Criteria for assessment of yuvana pidika

Sotha	Less	0
	Moderate	1
	Severe	2
Sula	No pain	0
	Mild	1
	Severe	2
Srava	No <i>Srava</i>	0
	<i>Lasika</i>	1
	<i>Puya</i>	2
	No <i>Kandu</i>	0
Kandu	Mild	1
	Moderate	2
	Severe	3
	No <i>Vivarnata</i>	0
Vivarnata	Mild	1
	Moderate	2
	Severe	3
	No <i>Daha</i>	0
Daha	Mild	1
	Moderate	2
	Severe	3
	Area involved	Cheeks only
Both cheeks and chin		2
Whole face + trunk		3

Table No 1

DATE	<i>Sneha Matra</i>	<i>Sneha pan kal</i>	<i>Udgar shuddhi kal</i>	<i>Kshudha Kal</i>	Symptoms	Vitals
21/11/14 Day -1	25ml	8:00AM	9:00AM	11:00AM	No specific complain	Pulse-72/min; BP-110/70 Temp-96 ⁰ F
22/11/14 Day-2	50ml	8:00AM	9:00AM	11:00AM	No specific complain	Pulse-72/min; BP-112/70 Temp-98 ⁰ F
23/11/14 Day-3	75ml	8:00AM	9:00AM	11:30AM	No specific complain	Pulse-76/min; BP-110/70 Temp-98.4 ⁰ F
24/11/14 Day-4	100ml	8:00AM	9:30AM	12: 00PM	Nausea, heaviness in head	Pulse-68/min; BP-100/70 Temp-98.4 ⁰ F
25/11/14 Day-5	125ml	8:00AM	9:40AM	12:00PM	Nausea, heaviness in head	Pulse-84/min; BP-120/80 Temp-97.2 ⁰ F
26/11/14 Day-6	150ml	8:00AM	10:AM	12:30PM	Vomiting	Pulse-72/min; BP-110/70 Temp-98 ⁰ F
27/11/14 Day-7	175ml	8:00AM	10:AM	12:30PM	Nausea, loose stool, pain abdomen	Pulse-80/min; BP-110/70 Temp-98.4 ⁰ F

Treatment given

Snehapan-

Panchtikta 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 *Panchtikta 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 three days. 1st on the last day of *sneha pan*, 2nd on the gap day and 3rd 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 *snehan*, *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

	Morning	Evening
On the day of virechan	Diet not advised	Akrita moong dal
Next day	Krita moong dal	Moong dal, chapatti without ghrith
Next day	Moong dal, chapatti with ghritha	Balanced diet

Observation and result

Assessment of acne vulgaris after *virechan karm*

Table No 2

Symptoms	Before treatment	After virechan
<i>Shohta</i>	2	1
<i>Shula</i>	2	1
<i>Srava</i>	2	1
<i>Kandu</i>	2	0
<i>Vivarnata</i>	1	0
<i>Daha</i>	2	1
Area involved	2	1

Sanshaman Chikitsa

Combination of *Nimbadi churna* 3gm, *Ras manikya* 125mg, & *Satva giloya* 500mg is given per day in three divided dose. Clarina ointment is given for local application. *Mahamanjishathadi Kwath* 40ml BD is also given.

Assesment of acne vulgaris after *Sanshaman chikitsa*

Table No 3

Symptoms	After virechan	After sanshamn chikitsa
<i>Shohta</i>	1	0
<i>Shula</i>	1	0
<i>Srava</i>	1	0
<i>Kandu</i>	0	0
<i>Vivarnata</i>	1	0
<i>Daha</i>	0	0
Area involved	1	1



Fig No. 1. Before Treatment



Fig No. 2. After Treatment

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 Dosh* but it is also effective upon *Vata & Kapha Dosh* 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 case study *Shodhana karm* followed by *Sanshaman karm* was performed and found more effective than only *Sanshamn 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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