

International Research Journal of Ayurveda & Yoga

An International Peer Reviewed Journal for Ayurveda & Yoga



A Clinico-Pathological Study On *Mukhadushika* And Its Management By *Lodhradi Lepa* And *Arogyavardhani Vati* With Special Reference To Acne Vulgaris

Dr. Bishnupriya Lenka¹, Prof. (Dr.) Pradip Kumar Panda², Dr. Manoranjan sahu³

ICV-70.44- ISRA-1.318

VOLUME 4 ISSUE 5

1. PG Scholar, P.G. Department of Roga Nidana Evum Vikriti Vgyana, Govt. Ayurvedic College & Hospital, Balangir
2. Guide P.G. Department of Roga Nidana Evum Vikriti Vgyana, Govt. Ayurvedic College & Hospital, Balangir
3. Co guide P.G. Department of Roga Nidana Evum Vikriti Vgyana, Govt. Ayurvedic College & Hospital, Balangir

Corresponding Author:- Dr. Bishnupriya Lenka P.G Deptt. of Roga Nidan Evum Vikriti Vigyana Govt. Ayurvedic College and Hospital, Balangir E-mail- bishnupriyalenka2264@gmail.com Mob No- 9938938964

Article revised on 27th April 2021

Article Accepted 25th May 2021

Article published 31st May 2021

ABSTRACT: -

Introduction:- Today's lifestyle changes like irregular diet, pollution, Stress, hormonal changes are directly affect the skin. It may cause many skin diseases and most common among them is Acne vulgaris which can be correlated with *Mukhadushika* in Ayurved, which is about 80% of population in the age of of 12-30 years. In *Shusruta samhita* it is described in *Kshudra Rogadhikar*.

Materials and methods:- A total no. of 30 patients fulfilling the diagnostic criteria of *Mukhadushika* (*Acne vulgaris*) were divided into two groups A and B (N=15). Group A patient were treated with *Lodhradi Lepa* (as required) applied externally for 30 days and Group B with *Lodhradi lepa* (as required) applied externally along with *Arogyavardhani Vati* 250mg twice daily for 30 days both respectively.

Observation and results:- There were 53% and 62.2% of improvement in signs and symptoms in the patients of Group-A and Group-B were observed in this study respectively. The Statistically significant (P<0.05) result was revealed in both Group-A and Group-B but improvement was noticed more in Group-B. Regarding Hormonal (Testosterone and Estrogen) findings, significant (P<0.05) result was noticed in Group B and insignificant result in Group A (P>0.05).

Conclusion:- The study revealed that out of 30 cases taken for study, group B showed better result as compared to group A in overall effect. No side effect was noticed during clinical study.

Key words:- *Mukhadushika*, Acne vulgaris, *Lodhradi Lepa*, *Arogyavardhani Vati*



This work is licensed under a creative attribution -Non-commercial-No derivatives 4.0 International License commons

How to cite this article: Bishnupriya Lenka, Prof. (Dr.) Pradip Kumar Panda, Dr. Manoranjan sahu "A Clinico-Pathological Study On *Mukhadushika* And Its Management By *Lodhradi Lepa* And *Arogyavardhani Vati* With Special Reference To Acne Vulgaris" IRJAY, May: 2021, Vol-4, Issue-5;66-79 ;
DOI:<https://doi.org/10.47223/IRJAY.2021.4512>

INTRODUCTION

The face is one of the most important part of the body which is called as Organ of the emotion, that plays a critical role in physical attractiveness and distinguish from one person to others, allows us to communicate with the world around us. Today's life style and pollution are directly affecting the skin causing many skin diseases and most common in them is acne vulgaris. Acne manifests because of physiological disturbances during puberty and is found commonest in the youths. Acne develops earlier in females than in the males. Acne vulgaris or Acne is found to have parity with the disease '*Mukhadushika*' mentioned in *Ayurvedic* texts¹.

Acharya Sushruta has explained about *Mukhadushika* in the *Kshudra Rogadhikar*. *Sushruta Samhita* is the first *Ayurveda* text which explains *Mukhadushika* caused by vitiation of *Vata*², *Kapha* and *Rakta dosha*. *Acharya Vagbhata*, *Madhav kara*, *Bhaba prakash*, *Yogaratanakara* also described it in *Kshudra rogaadhikar*. *Acharya Vagbhata* has mentioned it as *medogarbh*³. The vitiation of *meda* (fats) should be involved in it⁴. It resembles the modern theory of sebum involvement in the pathogenesis of acne. In *Bhavaprakas*, *Swabhaba* (nature) is mentioned as the cause of *Mukhadushika*⁵. *Acharya Sharangadhar* has quoted that *vaktra snigdhat* (unctuousness of mouth) and *yuvan pidaka* (acne) are *mala* (waste) of *Shukra dhatu* (semen)⁶.

This disease affects the face like *Shamali* thorn

on face of youth so the disease can be correlated with acne vulgaris explained in modern medical science.

So for a better and a safe treatment, *Ayurvedic* formulation *Lodhradi Lepa* and *Arogyavardhani Vati* are selected for present comparative study in *Mukhadushika* (Acne vulgaris)⁷.

As *chikitsa* (treatment) has two ways *Shamana* (Pacification) and *Sodhana* (Purification), *Lodhradi Lepa*⁸ is included in *Shamana Chikitsa* (Pacification) and *Arogyavardhani vati*⁹ is included in *Sodhana chikitsa* (Purification) as it contains 50% of *Kutki* (*Picrorhiza kurroa*) which act as purgative. In this disease there is vitiation of *Rakta dosha*, so purgation is the best choice of treatment.

AIMS AND OBJECTIVES

1. Detail study on *Mukhadushika* (Acne vulgaris).
2. To evaluate the effect of *Lodhradi Lepa* as external application and *Arogyavardhani vati* as internally in *Mukhadushika*.

MATERIALS AND METHODS

CTRI Number- Pending

IEC Number- 1246/G.A.C & H of dated 14/05/2019

Selection of Patients- Total 30 patients (Group A- 15 and Group B- 15) were selected from OPD and IPD of Govt. Ayurvedic College, Balangir and Sardeswari Govt. Ayurvedic Hospital, Balangir and they have been assessed

and developed a scoring pattern after including all the subjective parameters like *sotha* (Inflammation), *Vedana* (pain), *Srava* (Discharge) along with objective criteria's like *No. pidaka, Size of pidaka, Paka in the pidaka, Vivarnata in the pidaka*. They were randomly selected and divided into two groups without considering their age, sex, caste and religion who fulfilled the inclusion criteria.

Inclusion Criteria:-

1. Patients having classical sign and symptoms of *Mukhadushika* i.e *Shalmali Kantaka Sadrusa Pidaka, Saruja, Medogarbha, Ghana Sotha*, polymorphic eruption of papules, pustules, nodules and cysts.
2. Patients of both sexes.
3. Age group between 12-30 years.

Exclusion Criteria:-

1. Bellow 12 yrs and above 30 yrs.
2. Pregnant woman.
3. Chronic diseases like Diabetes, Hypertension, Asthma .

Table No.-1; Showing the pharmacodynamics of drugs of *Lodhradi Lepa* and *Arogyavardhani Vati*

Name	Rasa	Guna	Veerya	Vipaka	Doshakarmat a	Quantity Taken
LODHRADI LEPA						
<i>Lodhra</i>	<i>Kashaya</i>	<i>Laghu, Rukshya</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapita shamak</i>	<i>1part</i>
<i>Dhanyak</i>	<i>Kashaya, Tik ta, Madhura,</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosha Shamak</i>	<i>1part</i>
<i>Vacha</i>	<i>Katu, Tikta</i>	<i>Laghu, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha-vata Shamak</i>	<i>1part</i>

4. Other skin diseases like Vitiligo, Psoriasis, Urticaria .

Criteria For Investigation

DC, TLC, Hb gm% and Hormonal test (Testosterone and Estrogen) were investigated initially and for the follow up periods.

Selection Of Drugs

Two medicines *Lodhradi lepa* and *Arogyavardhani Vati* had been taken for clinical trial. The drugs of both medicines were identified by the experts of Dept. of *Dravyaguna and Rasashastra and Bhisajya Kalpana* which were approved by DRC and IEC of College and Sambalpur University. Medicines were prepared as per GMP certified method in Mini Pharmacy of College under the supervision of expert of *Rasashastra and Bhisajya Kalpana*. The sample of research medicines were sent to Quality control Laboratories of ALN Rao Memorial Ayurvedic Medical College and PG centre Koppa, Distt. Chikmagalur, Karnatka for Analytical study.

AROGYAVARDHANI VATI						
<i>Su. Parada</i>	<i>Sadrasa</i>	<i>Yogabahi Sara Guru</i>			<i>Tridosah shamak</i>	1part
<i>Su. Gandhaka</i>	<i>Katu</i>	<i>Sara</i>	<i>Ushna</i>	<i>Katu</i>	<i>Vatakapha shamak</i>	1part
<i>Louha Bhasma</i>	<i>Tikta Madhura Kashaya</i>	<i>Snigdha Guru Rukshya</i>	<i>Sheeta</i>		<i>Tridosah shamak</i>	1part
<i>Abhraka Bhasma</i>	<i>Madhura</i>	<i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridosah shamak</i>	1part
<i>Tamra Bhasma</i>	<i>Tikta Kashaya</i>	<i>Laghu</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Pitakapha shamak</i>	1part
<i>Haritaki</i>	<i>Lavana barjita Pancha rasa</i>	<i>Laghu Rukshya</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosah shamak</i>	2part
<i>Vibhitaki</i>	<i>Kashaya</i>	<i>Laghu Rukshya</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosah shamak</i>	2part
<i>Amalaki</i>	<i>Lavana barjita Pancha rasa</i>	<i>Laghu Rukshya</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridosah shamak</i>	2part
<i>Suddha Shilajit</i>	<i>Tikta ,Lavana Kashaya,Katu</i>	<i>Guru Shita Mrudu</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Tridosah shamak</i>	3part
<i>Suddha Guggula</i>	<i>Tikta ,Kashaya Katu ,Madhura</i>	<i>Vishad Sukshma Pichhila</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridosah shamak</i>	4part
<i>Chitrakamu la churna</i>	<i>Katu</i>	<i>Laghu,Rukshya,Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Vatakapha shamak</i>	4part
<i>Kutaki churna</i>	<i>Madhura</i>	<i>Laghu, Rukshya</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapita shamaka</i>	18part

Dose – In group A *Lodhradi Lepa* (as required) applied externally once in the day time and in

group B *Lodhardi lepa* for external application with *Arogyavardhani Vati*1Vati (250mg) twice daily after food with *Ushna Jala* (hot water) was given.

ASSESSMENT CRITERIA

The Subjective parameters and Objective parameters as per Inclusion Criteria were assessed by the grading score from 0 to 3 according to the severity of diseases and favorable shift to back. Both parameter follow-up was taken on 10th, 20th and 30th day of medication. The overall assessments were done considering the percentage relief of both parameters and statistical evaluation

OBSERVATION AND RESULT

The clinical study period of 30 patients were from 11-05-2020 to 06-03-2021. Within the aforesaid period the demography (Table No.-02) based on Age-Sex-Religion etc. along with incidence of *Dasvidha Pariksha* (Table No.-03) were observed and assessed.

Table no. 02; Demography Incidence of Registered Patients. (n=30)

Criteria	Maximum%	Category
Age	50%	16-20
Sex	63.33%	Female
Religion	90%	Hindu
Occupation	73.33%	Student
Dietary habits	83.33%	Both
Addiction	83.33%	Tea
Marital Status	90%	Unmarried
Educational status	100%	Literate
Socioeconomic status	93.33%	Middle class

Table no. 03; Incidence of *Dashavidha- Pariksha Prakriti* of Registered Patients. (n=30)

Criteria	Maximum %	Category
<i>Prakruti</i>	63.33%	<i>Vataslaismika</i>
<i>Vikriti</i>	60%	<i>Madhyam Vikriti</i>
<i>Sara</i>	100%	<i>Madhyam Sara</i>
<i>Samhanana</i>	96.66%	<i>Madhyam Samhanan</i>
<i>Pramana</i>	96.66%	<i>Madhyam Pramana</i>
<i>Satwa</i>	46.66%	<i>Madhyam Satwa</i>
<i>Satmya</i>	80%	<i>Prabara Satmya</i>
<i>Ahara shakti</i>	76.66%	<i>Madhyam Ahara shakti</i>
<i>Vyayama shakti</i>	70%	<i>MadhyamVyayama shakti</i>
<i>Desha</i>	90%	<i>Jangala Desha</i>

The Subjective and Objective Parameters of both Group-A and Group-B were observed during clinical study. (Table No.-04 and 05)

The effect of *Lodhradi Lepawas* assessed on subjective parameters by before and after treatment study protocol and was calculated as per Statistical method (Table No.4 and Chart no 1)

Table No-4 :Showing effect of *Lodhradi Lopa*(Group A) on Subjective Parameter(n=15)

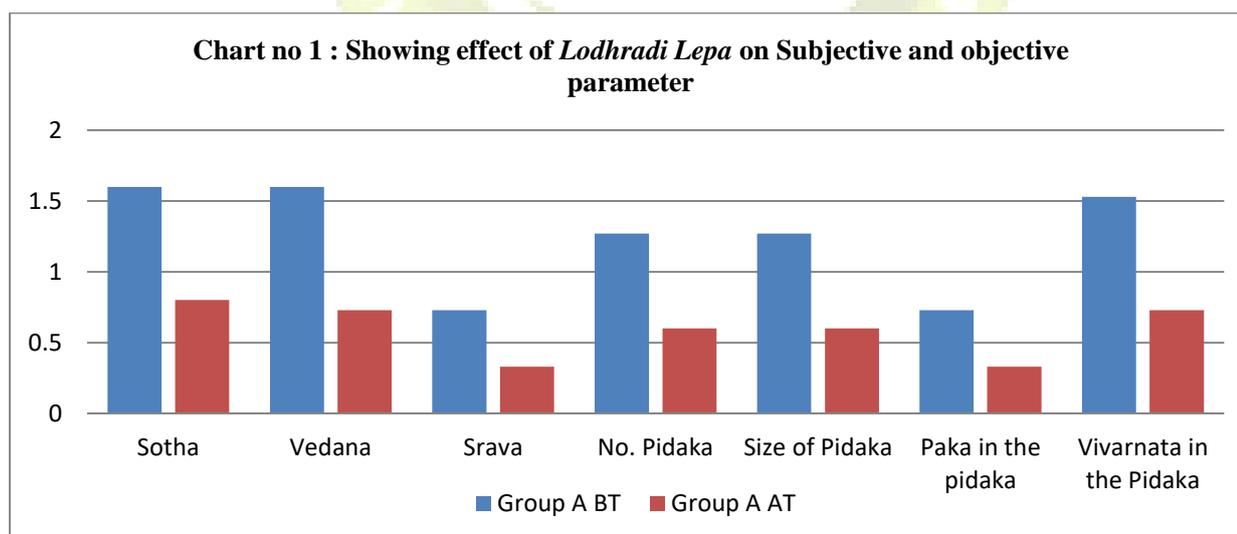
Subjective Parameter		Mean	Median	SD	Wilcoxon W	P-Value	% Effect	Result
<i>Sotha</i>	BT	1.60	2.00	0.51	-3.464 ^a	0.0005	50.00	<0.05 Sig
	AT	0.80	1.00	0.41				
<i>Vedana</i>	BT	1.60	2.00	0.74	-3.357 ^a	0.0008	54.17	<0.05 Sig
	AT	0.73	1.00	0.59				
<i>Srava</i>	BT	0.73	0.00	0.88	-2.449 ^a	0.0143	54.55	<0.05 Sig
	AT	0.33	0.00	0.49				

The effect of *Lodhradi Lopa* was assessed on Objective parameters by before and after treatment study protocol and was

calculated as per Statistical method (Table No.5 Chart no 1)

Table No-5 :Showing effect of *Lodhradi Lopa*(Group A) on Objective Parameter(n=15)

Objective Parameter		Mean	Median	SD	Wilcoxon W	P-Value	% Effect	Result
<i>No. of pidaka</i>	BT	1.27	1.00	0.46	-3.162 ^a	0.0016	52.63	<0.05 Sig
	AT	0.60	1.00	0.51				
<i>Size of Pidaka</i>	BT	1.27	1.00	0.46	-3.162 ^a	0.0016	52.63	<0.05 Sig
	AT	0.60	1.00	0.63				
<i>Paka in the pidaka</i>	BT	0.73	1.00	0.46	-2.449 ^a	0.0143	54.55	<0.05 Sig
	AT	0.33	0.00	0.49				
<i>Vivarnata In the Pidaka</i>	BT	1.53	1.00	1.13	-2.972 ^a	0.0030	52.17	<0.05 Sig
	AT	0.73	1.00	0.70				



The effect of *Lodhradi Lopa* and *Arogyavardhani Vatiwas* assessed on Subjective parameters by before and after

treatment study protocol and was calculated as per Statistical method (Table No.6 and Chart no 2)

Table No- 6 :Showing effect of *Lodhradi Lepa* and *Arogyavardhani Vati*(Group B) on Subjective Parameter (n=15)

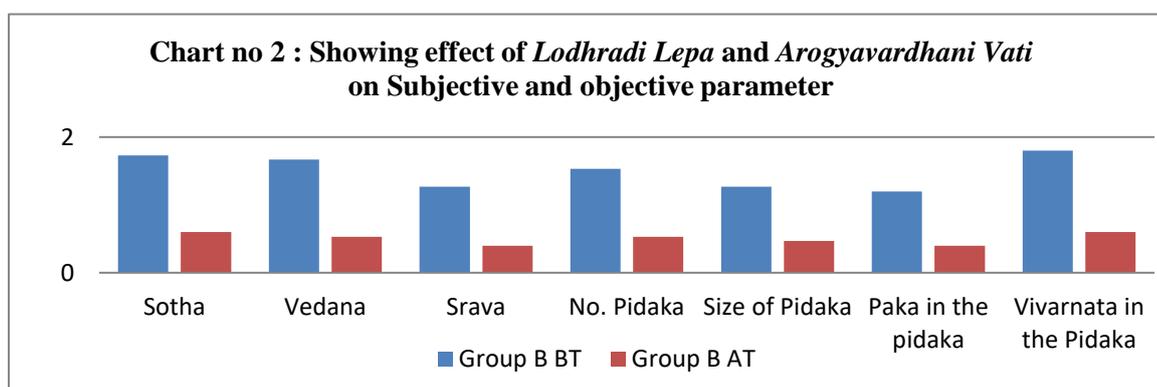
Subjective Parameter		Mean	Median	SD	Wilcoxon W	P-Value	% Effect	Result
<i>Sotha</i>	BT	1.73	2.00	0.46	-3.494 ^a	0.0005	65.38	<0.05 Sig
	AT	0.60	1.00	0.51				
<i>Vedana</i>	BT	1.67	1.00	0.82	-3.314 ^a	0.0009	68.00	<0.05 Sig
	AT	0.53	1.00	0.52				
<i>Srava</i>	BT	1.27	1.00	1.39	-2.598 ^a	0.0094	68.42	<0.05 Sig
	AT	0.40	0.00	0.51				

The effect of *Lodhradi Lepa* and *Arogyavardhani Vati* was assessed on Objective parameters by before and after treatment study

protocol and was calculated as per Statistical method (Table No.7 and Chart no 2)

Table No- 07: Effect of *Lodhradi Lepa* and *Arogyavardhani Vati*(Group B) on Objective parameters (n-15)

Objective parameter			Mean	Median	SD	Wilcoxon W	P-Value	% Effect	Result
<i>No. of Pidaka</i>	Gr A	BT	1.27	1.00	0.46	-3.162 ^a	0.0016	52.63	<0.05 Sig
		AT	0.60	1.00	0.51				
	Gr B	BT	1.53	2.00	0.52	-3.419 ^a	0.0006	65.22	<0.05 Sig
		AT	0.53	1.00	0.52				
<i>Size of Pidaka</i>	Gr A	BT	1.27	1.00	0.46	-3.162 ^a	0.0016	52.63	<0.05 Sig
		AT	0.60	1.00	0.63				
	Gr B	BT	1.27	1.00	0.46	-3.464 ^a	0.0005	63.16	<0.05 Sig
		AT	0.47	0.00	0.52				
<i>Paka in the Pidaka</i>	Gr A	BT	0.73	1.00	0.46	-2.449 ^a	0.0143	54.55	<0.05 Sig
		AT	0.33	0.00	0.49				
	Gr B	BT	1.20	1.00	1.01	-2.972 ^a	0.0030	66.67	<0.05 Sig
		AT	0.40	0.00	0.51				
<i>Vivarnata in the Pidaka</i>	Gr A	BT	1.53	1.00	1.13	-2.972 ^a	0.0030	52.17	<0.05 Sig
		AT	0.73	1.00	0.70				
	Gr B	BT	1.80	1.00	1.08	-3.286 ^a	0.0010	66.67	<0.05 Sig
		AT	0.60	0.00	0.74				



The assessment of Subjective parameters of Group-A and Group-B were assessed in order to find out the significant or non-significant of

result. The calculated value is placed here with as per Table No.08

Table No- 08: Showing the assessment of Subjective parameters before and after treatment

Subjective Parameters	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value
<i>Sotha</i>	Group A	15	13.30	199.50	79.500	<0.05 Sig
	Group B	15	17.70	265.50		
	Total	30				
<i>Vedana</i>	Group A	15	13.83	207.50	87.500	<0.05 Sig
	Group B	15	17.17	257.50		
	Total	30				
<i>Srava</i>	Group A	15	13.50	202.50	82.500	<0.05 Sig
	Group B	15	17.50	262.50		
	Total	30				

The assessment of Objective parameters of Group-A and Group-B were assessed in order to find out the significant or non-significant of

result. The calculated value is placed here with as per Table No.09.

Table No- 09: Showing the assessment of Objective parameters before and after treatment

Subjective Parameters	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value
<i>No. of Pidaka</i>	Group A	15	13.33	200.00	80.000	<0.05 Sig
	Group B	15	17.67	265.00		
	Total	30				
<i>Size of Pidaka</i>	Group A	15	14.50	217.50	97.500	<0.05 Sig
	Group B	15	16.50	247.50		
	Total	30				
<i>Paka in Pidaka</i>	Group A	15	13.10	196.50	76.500	<0.05 Sig
	Group B	15	17.90	268.50		
	Total	30				
<i>Vivarnata in Pidaka</i>	Group A	15	13.20	198.00	78.000	<0.05 Sig
	Group B	15	17.80	267.00		
	Total	30				

It is observed that, mean rank for Group B is greater than Group A. Hence it can concluded

that, effect observed in Group B is more than Group A.

Table No- 10: Showing the effect of *Lodhradi Lepa*(Group A) and *Lodhradi Lepa*with *Arogyavardhani Vati*(Group B) on Dc

DC			Mean	N	SD	SE	t-Value	P-Value	% Change	Result
NEUTROPHIL	Gr A	BT	67.73	15	5.56	1.44	8.000	0.00	3.94	<0.05 Sig
		AT	65.07	15	4.88	1.26				
	Gr B	BT	70.47	15	2.39	0.62	8.566	0.00	5.01	<0.05 Sig
		AT	66.93	15	3.24	0.84				
EOSINOPHIL	Gr A	BT	4.40	15	1.30	0.34	1.468	0.164	12.12	<0.05 NS
		AT	4.93	15	0.46	0.12				
	Gr B	BT	4.40	15	1.06	0.27	0.845	0.413	6.06	<0.05 NS
		AT	4.67	15	1.18	0.30				
BASOPHIL	Gr A	BT	0.07	15	0.26	0.07	1.000	0.334	NA	>0.05 NS
		AT	0.00	15	0.00	0.00				
	Gr B	BT	0.00	15	0.00	0.00	0.000	1	NA	>0.05 NS
		AT	0.00	15	0.00	0.00				
LYMPHOCYTE	Gr A	BT	28.33	15	5.67	1.46	-2.71	0.017	5.88	<0.05 sig
		AT	30.00	15	5.03	1.30				
	Gr B	BT	24.60	15	1.84	0.48	-5.38	0.00	15.45	<0.05 Sig
		AT	28.40	15	3.33	0.86				
MONOCYTE	Gr A	BT	0.07	15	0.26	0.07	1	0.334	NA	>0.05 NS
		AT	0.00	15	0.00	0.00				
	Gr B	BT	0.27	15	0.46	0.12	0.857	0.406	NA	>0.05 NS
		AT	0.00	15	0.00	0.00				

Table no -11: Showing the effect of *Lodhradi Lepa*(Group A) and *Lodhradi Lepa*with *Arogyavardhani Vati*(Group B) on TLC

TLC		Mean	N	SD	SE	t-Value	P-Value	% Change	Result
Group A	BT	9153.33	15	1006.31	259.83	5.996	0.000	0.84	<0.05 Sig
	AT	9076.67	15	1012.93	261.54				
Group B	BT	9380.00	15	747.57	193.02	9.320	0.000	1.67	<0.05 Sig
	AT	9223.33	15	751.16	193.95				

Table no- 12: Showing the effect of *Lodhradi Lepa*(in Group A) and *Lodhradi Lepa*with *Arogyavardhani Vati*(in Group B) on Hb_{gm}%

Hb _{gm} %		Mean	N	SD	SE	t-Value	P-Value	% Change	Result
Group A	BT	11.50	15	0.87	0.22	-2.446	0.028	1.74	<0.05 Sig
	AT	11.70	15	0.92	0.24				
Group B	BT	11.15	15	0.80	0.21	-14.36	0.000	7.35	<0.05 Sig
	AT	11.97	15	0.93	0.24				

Table no-13:Showing the effect of *Lodhradi Lepa*(Group A) and *Lodhradi Lepa* with *Arogyavardhani Vati*(Group B) on Teststerone

Testosterone		Mean	N	SD	SE	t-Value	P-Value	% Change	Result
Group A	BT	515.14	7	8.45	3.20	2.121	0.078	0.08	>0.05 NS
	AT	514.71	7	8.79	3.32				
Group B	BT	526.06	4	10.75	5.37	10.264	0.002	0.53	<0.05 Sig
	AT	523.25	4	10.90	5.45				

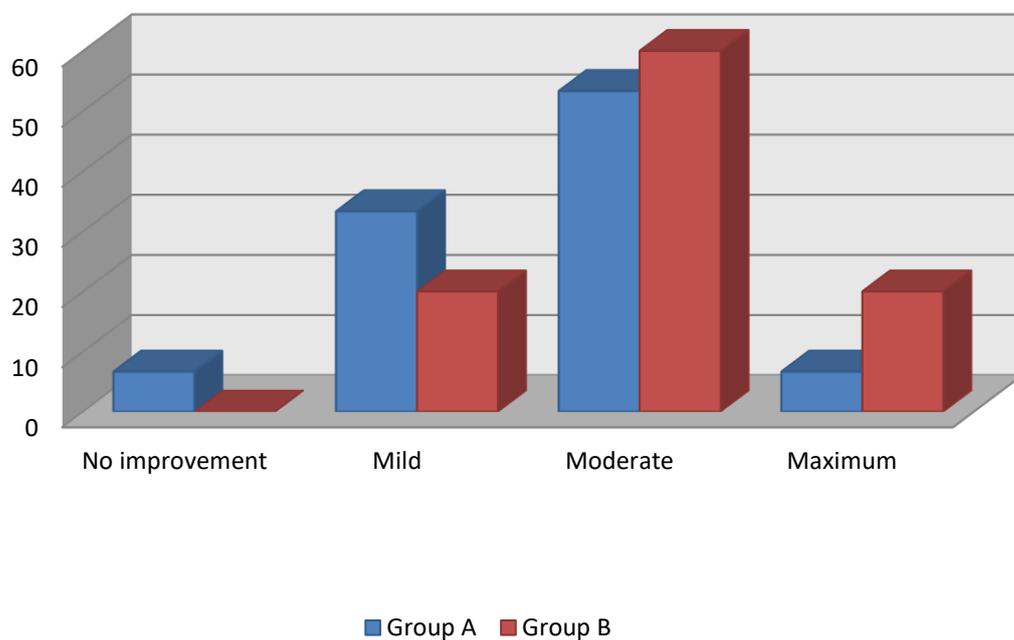
Table no-14:Showing the effect of *Lodhradi Lepa*(Group A) and *Lodhradi Lepa*with *Arogyavardhani Vati*(Group B) on Estrogen

Estrogen		Mean	N	SD	SE	t-Value	P-Value	% Change	Result
Group A	BT	231.88	8	8.10	2.86	1.667	0.140	0.27	>0.05 NS
	AT	231.25	8	8.33	2.94				
Group B	BT	230.03	9	5.97	1.99	3.796	0.005	0.59	<0.05 Sig
	AT	228.67	9	5.87	1.96				

TABLE NO -15 : SHOWING OVERALL EFFECTS OF THERAPY :-

Percentage of relief (%)	Improvement	Group A		Group B	
		No. of patients	%age	No. of patients	%age
≤20	No	1	6.66	0	00
21-40	Mild	5	33.33	3	20
41-60	Moderate	8	53.33	9	60
61-80	Maximum	1	6.66	3	20
≥81	Cured	0	00	0	00

Chart no -3: Showing over all effects of therapy



This Image showing the effect of *Lodhradi Lepa and Arogyavardhani Vati*



BEFORE TREATMENT

AFTER TREATMENT

This image showing effect of *Lodhradi Lepa*



BEFORE TREATMENT



AFTER TREATMENT

DISCUSSION

Day by day, people are becoming more conscious of their beauty. *Mukhadushika* (Acne vulgaris) is a disease in which *Vata*, *Kapha* and *Rakta doshas* get vitiated and takes *Sthanasansraya* in *mukha pradesha* (face) causes *Shalmali kantak*

sadrusa pidaka ((thorns of Bombax tree) over face. As *Shalmali kantaka* suggests a *pidaka* (pustules) with semisolid/solid consistency which correlates it with acne lesion—papule or nodule. As *Ayurveda* advocates the use of *yukti* in undescribed conditions, all these symptoms are obvious due to the involvement of *Vata*, *Pitta* and *Kapha* in the disease. Due to vitiation of *Vata* pain (*Vedana*) is possible while due to involvement can cause *paka*. Vitiation of *kapha* can lead to formation of *puya* (*pus*), *sotha* (inflammation) and *kandu* (itching). In this study *Mukhadushika* (Acne vulgaris) were taken into consideration. If the clinical features of *Mukhadushika* (Acne vulgaris) are minimized by the local treatment like *Lodhradi lepa* and administration of drugs *Arogyavardhani Vati* which are easy adoptability, cost effective and

curative results, the disease may not be aggravated and patient will not be suffer a lot.

The literary reviews were discussed with *Nidana* (aetiology), *Samprapti* (Pathogenesis), Classifications and its probable modern correlated diseases narrated in modern classics. The *samprapti* of *mukhadushika* (Pathogenesis) can be understood as ,because of various etiological factors vitiation of *Vata* and *Kapha dosha* takes place. These vitiated *doshas* further vitiates *rakta dhatu*, which in turns to vitiate *meda dhatu* (fatty tissue). Because of *Medo Dhatu Dusti* excessive *sweda* is formed, which gets deposited in *romakupa* (hair loop) and produces *swedabaha srotadusti* (lack of sweating) and produces *Mukhadushika* (Acne vulgaris).

Regarding demographic incidence it has been observed that (Table No.-02) female of adolescence age group(16-20), literate, middle class, unmarried, mixed diet and addiction of taking tea were more prone to *Mukhadushika*(Acne vulgaris).

Individual *Dashavidha- Pariksha* (10 fold examination) was covered and observed that (Table No.-03) *the Vata-slaismika prakriti*

patients having *Madhyama – Sara- Samhanan-Pramana- Satwa- Ahara Shakti - Vyayam Shakti and pravara satmya* were manifested in this study.

Patients treated with *Lodhradi Lepa* and *Arogyavardhani Vati* (Group-B), was observed more statically significant ($P < 0.05$) and improvement in subjective parameters like *Sotha* 65.4%, *Vedana* 68%, *Srava* 68.4% and objective parameters like *No. of pidaka* 65.2%, *Size of pidaka* 63.2%, *Paka in the pidaka* 66.7%, and *Vivarnata in the pidaka* 66.7% than Group A treated with only *Lodhradi Lepa* ($P < 0.05$).

Regarding Hematological findings, more Percentage of improvement was revealed in Group B than Group A.

Regarding Hormonal (Testosterone and Estrogen) findings, significant ($P < 0.05$) result was noticed in Group B and insignificant result in Group A ($P > 0.05$).

In *Mukhadushika* (Acne vulgaris) prominently vitiated *dosha* is *Kapha, Vata* and *Rakta*. In *Lodhradi Lepa*, *Dhanyak* (*Coriandrum Sativum*) and *vacha* (*Acorus calamus*) have *Shoolahara* (analgesic) property which immediately relieve the local pain (*Vedana*). *Lodhra* (*Symplocos racemosa*) has *varnya* property which clears the scars and *Raktapitta shamak* property which acts against *Daha* and *Paka*. *Raktasodhak* (blood purifier) property of *Lodhra* increases superficial blood circulation and regeneration of cells locally. *Dhanyak* has *Tridoshashamak* and *Ushna veerya* (hot) properties. This relieves the symptom like *Sotha* (inflammation). It has *Srotovishodhan* (clearing of channels) property which clears the *Swedabahasrota*. Therefore it helps in removal of dead cell debris and excessive collected sebum. *Vacha* has *Tikshna* (sharp) and *Lekhana* (scrapping) properties by which it helps in reducing *Medogarbhata*. It has antibacterial, analgesic and antisecretory property by which it reduce *Srava* (discharge).

Arogyavardhani vati contains ingredients having *Tikta*(bitter), *Kashaya* (astringent), *Madhura rasa* (sweet) with dominancy of *Laghu*(light), *Rukshya guna* (rough) and combination of *Sita* and *Ushna guna* (hot). It has the ability of balancing *tridosha*, destroying all types of skin disorders, analgesic, wound healing and antipruritic properties, which helps in reducing symptoms of *Mukhadushika*. Pungent drugs are beneficial for reducing burning sensation and itching. Bitter taste is believed to be useful in destroying all skin disorders. Its *Laghu*(light) and *Rukshya guna* (rough) help to exude secretions formed in large quantity and pus in *Mukhadushika*. Dominance of *ushna guna* of drugs helps to pacify aggravated *Vata* and relieves symptoms such as pain and improves digestive power. *Kashaya rasa* promotes wound healing and reduces secretions. Thus helps in reducing symptoms of *Mukhadushika*.

CONCLUSION

The over all assessment was revealed both the group (A & B) were provided significant result in improving the subjective and objective criteria in patients. **But Group B (*Lodhradi Lepa* and *Arogyavardhani Vati*) showed better response than Group A.** Both the drugs were effective in controlling the sign and symptoms of *Mukhadushika*. Hence, these drugs were proved to be efficient in the treatment of Acne. Present study was carried out with certain limitations like fewer samples. Forth coming researchers may pursue further study in a large sample size over a period of longer duration. No side effect was noticed during clinical trial.

ACKNOWLEDGEMENT

I am very much grateful and thankful to Principal Prof. (Dr.) Arun Kumar Das, Dr. G.B. Acharya, H.O.D Dravyaguna, Dr. S.B. Behera, H.O.D Rasashastra & Bhaisajya Kalpana, Dr.

Utkalini Nayak ,Reader , P.G. Dept. RNVV., Dr.Vinod Ch. Singh, Lecturer, P.G Dept. of RNVV for their grateful blessings. I am also thankful toDr. Madhusmitar ani Sethi, Dr. Dusmanta Kumar Majhi, Dr. Esha Dhiman, Dr. Mohammed Faisal Quazi, Dr. Saumyaleena Baral andDr. Neetu Jha all my P.G. Scholars friends, Hospital Staff and other Staff of RNVV dept. for their constant helping attitude to complete the research work with a full satisfaction and belief.

Financial Support: Nil.

Conflict of Interest: Nil

REFERENCES

1. Kaviraj Ambikadatta Sastri Sushruta Samhita , “Ayurveda Tatwa Sandeepika” , vol-1, Edition-Reprint 2014, Chapter-13, Nidana sthana, Choukhamaba Sanskrit Sansthan page No.- 372.
2. Ayurvedacharya SriSudarsanSastri Madhava Nidanam, “Vidyotinihindi Tika”, Vol-2, Edition –Reprint- 2012, Chapter – 55,Chaukhamba prakashan , page 246.
3. Dr. Brahmanand Tripathi Astanga Hridaya, “Nirmala Tika” Edition- reprint - 2015, Chapter -31, Uttar tantra,Chaukhamba Sanskrit pratisthan, page 113.
4. BhisagrataPanditshri Brahma Shankar Mishra Bhavaprakash, “Vidyotini Tika” 6th Chapter-61, Madhyam khanda Edition 1997, Chaukhamba Sanskrit samsthan 61/31 page 587.
5. Acharya Sharangadhar Sharangadhar Samhita, Jivanprada Hindi commentary, Edition- reprint-2013, Chapter-5, Purva khanda , Choukhamba orientatalia page no 38
6. Dr. Brahmanand Tripathy Astanga Hridayam, Vidyotini tika, Edition-reprint- 2015, Chapter-1, Sutra sthana, Choukhamba Sanskrit pratisthan page no. 19
7. Dr. Smt. ShailajaS Srivastava Sharangadhar Samhita, Jiwanprada Hindi commentary, Chapter -11, Uttar Khanda, Edition-reprint-2017, Chaukhamba orientalis page no. 428.
8. Abhilasha, S., & O.P., V. D. (2020). Understanding Of Yuvana Pidika (Mukhadushika) W.S.R. To Acne Vulgaris And Their Management – A Review. *International Research Journal of Ayurveda & Yoga*, 3(10), 244-253.
9. Kabiraj sri Ambikadutta Sastri Rasa ratna sammuchaya, Suratanojjvala Hindi commentary, Chapter -20, Edition-9th, Choukhamba Amarbharati prakashan, page no. 400.