



ACNE VULGARIS: AN INSIGHT THROUGH AYURVEDA

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ABSTRACT

Acne Vulgaris is a polymorphic chronic inflammatory disease of pilo-sebaceous units characterized by comedones, papules, pustules, nodules, cysts, abscesses, and even widespread scarring sometimes. It occurs predominantly on the face and to a lesser extent on the back and chest. Non-inflamed lesions, the comedones, are either open comedones (black heads) or closed comedones (white heads). Inflammatory lesions may be superficial or deep and include papules, pustules and nodules. Mukhaduṣhika, having a symptomatic correlation with Acne vulgaris, is one of the most challenging and stubborn skin disorders prevailing since Vaidika era. It affects approximately 80% of the adolescents around the world. Ayurvedic texts have mentioned vitiation of Kapha, Vata and Rakta responsible for disease. As the disease is having a chronic nature, modern medicines only subsides the disease for short time period along with various side-effects and relapse also occur on withdrawing the medicines. Ayurveda can provide better cure for the disease and treat the root cause of the disease. The sequential administration of Shodhana therapy and certain Shamana yogas are quite beneficial. Ayurvedic medicines are cost effective, easily available and safe for long term use.

KEYWORDS: Acne Vulgaris, Mukhadushika, Yuvanpiḍika.

INTRODUCTION

Face is the reflection of body and mind. Although Acne itself is not life threatening; but it causes a severe distress to the human psyche. This disease causes a severe psychosocial burden in the patients, displaying the stigma on their skin for the world to see and criticize on a daily basis. Between 30% and 50% of adolescents experience psychological difficulties associated with acne, including concern about their body image, embarrassment, social impairment, anxiety, frustration, anger, depression, and poor self-esteem.

Acne vulgaris is a chronic inflammatory disease of pilosebaceous unit in adolescence characterized by comedones, papules, nodules, cysts and often scars. Acne vulgaris, one of the most commonly seen diseases in adolescence, is a chronic inflammatory disease of pilosebaceous units, characterized by the development of comedones in forms of papules, pustules and less commonly nodules.

Acne Vulgaris is a disease that affects almost 80% of individuals. It is the most common skin disease seen around the world. Approximately 95% to 100% of adolescent boys and 83% to 85% of adolescent girls aged 16 to 17 years are afflicted with this disease. Although acne tends to resolve in many cases following adolescence, 42.5% of men and 50.9% of women continue to suffer from this disease even in their twenties. Even at 40 years of age, 1% of men and 5% of women suffers from acne lesions. Mean age of onset is 18.9 years in Asians.

Acne is probably a genetic disease representing an exaggerated response of the pilosebaceous unit to normal levels of circulating androgens. Acne severity risk increased with the number of family members with acne history. 80% of patients with acne gave a history of acne in at least one sibling and in 60% a history of acne was obtained from one or both parents (*Cunliffe and Williams, 1974*). *Schleicher (1960)* found that patients with severe acne gave a strong family history. *Hetch (1960)* also demonstrated a strong genetic relationship in

acne vulgaris. Twins with acne showed that 98% of identical twin pairs were affected compared with only 46% of dizygotic twin pairs. Acne vulgaris was found to be more common in urban boys than their rural counterparts. Increased chances of exposure to the pollutants of industrialization may be a factor.

Acne Vulgaris is regarded as a normal phenomenon by the common mass, especially parents, so much so that most people do not seek treatment for acne. Unfortunately this leads to progression of acne into inflammatory lesions which heal only after leaving behind cosmetically troublesome Scars (Vranavastu). Most teenagers tend to spend a huge sum of money in buying OTC ointments/lotions making condition more troublesome.

Modern medications for acne include topical therapies; antimicrobials, hormones, surgery, U-V Irradiations; Intra lesions injections etc. But these have own limitations. The topical treatment includes Benzoyl peroxide (2.5-10%), Topical retinoids (tretinoin, isotretinoin, adapalene, tazarotene etc.), Topical antibiotics (erythromycin, clindamycin etc.), and other topical agents like (salicylic acid, azelaic acid etc.). Systemic therapy includes systemic antibiotics, hormonal therapy and oral Isotretinoin. However, long term daily use of this drug results in frequent side effects, some of which may lead to disastrous complications resulting in difficulties in complying with the treatment. While Antibiotic resistance in acne patients to doxycycline, azithromycin, clindamycin, tetracycline is also an emerging problem. Nowadays, Acne Surgery involving Comedone expression, Cryosurgery and Incision/drainage is advocated in moderate to severe cases. The modern treatment modalities are not permanently curing the disease and are only effective until used, with a very high rate of relapse on leaving medicine.

CONCEPT OF ACNE VULGARIS IN AYURVEDA

In Ayurveda, a very similar description is given by the name of Mukhadushika, due to its nature of deteriorating the beauty of one's face. And as the disease is seen in adolescent age group, Yuvanpiḍika term is also given by the Acharyas. Sushruta Samhita is the first Ayurveda text to explain Mukhadushika. This disease is mentioned in most of the texts as Kshudra-roga. Acharya Sushruta has mentioned the vitiation of Vayu, Kapha and Rakta in the pathology of the disease. Acharya Vaghbata has mentioned the role of Meda in the pathology of Mukhadushika which resembles the modern theory of sebum involvement in the pathogenesis of acne.

Nirukti - Yuvanpiḍika, Yuvan refers to the incidence of the condition typically during adolescence and Piḍika refers to the formation of eruptions. So, it can be taken as the condition which typically observed during puberty in the form of eruptions over the face. The word Mukhadushika means - Mukha refers to face and Duṣika

refers to spoiler. So, it can be taken as the condition which disfigures or spoils the face. The eruptions like Shalmali thorn, on the face during adolescence caused by vitiated Kapha, Vata and Rakta are known as Mukhadushika.

Synonyms

- **Sanskrita** - Yuvan Piḍika, Mukhadusika, Anana dusika, Tarunya Piḍika.
- **Hindi** - Yuvanpiḍika, Kila, Muhanse.
- **English** – Pimples.
- **Latin** - Acne, Acne adolescentium, Acne Vulgaris.

Nidana - There are no specific etiological factors mentioned regarding the disease in the texts. Only Kapha, Vata and Rakta are said to be involved in the pathology. Acharya Charaka has stated involvement of vitiated Pitta along with Rakta in pathophysiology of Piḍika. So involvement of Pitta can also be considered here.

As Medogarbhata (filling Meda inside the Piḍika) is one of the symptoms of the disease, the causative factors which vitiate Meda can also be incorporated as Nidana of Mukhadushika.

In Bhavaprakasha, Svabhava is mentioned as the cause of the disease. In support of this context, it should be noted that Acharya Charaka has told that during the first half of childhood stage Dhatu are in Aparipakvavastha (immature phase), while in second half of childhood stage where adolescent (Tarunya) phase is started, Dhatu gradually increases (Vivardhamana), which may cause an instability and can give rise to certain ailments which occurs due to Svabhava of Dhatu variation.

Acharya Sharagadhara has quoted that Vakra Snigdhata and Yuvanpiḍika are Shukra Dhatu's waste product (mala), which also supports the Svabhava theory because during above said age Shukra Dhatu starts to appear.

Thus all the etiological factors which vitiate Vata, Pitta and Kapha Doṣha along with the vitiation of Rasa, Rakta and Meda Dhatu can be considered as the culprit for causing the disease.

Purvarupa

Mukhadushika is a Kṣudra-roga, a very small description is given about its symptomatology in the Ayurveda classics, without any description of the Purvarupa. But on asking history from the patient, most of them had increased Snigdhata on face as a prodromal symptom, with few of them had itching along with.

Rupa

This explains the site of the disease and the age in which it occurs. Disease occurs in the face i.e. cheeks, chin, nose and forehead. It is seen in the youth i.e. adolescent age group. Shalmali Kantaka has a conical shape. In most of the patients, shape of the Piḍika is found to be

conical. This indicates that Piḍika of Mukhadushika is painful in nature. But in patients it varies from mild tenderness to unbearable pain. Ghana - This explains the consistency of Piḍika. The Piḍika are thick, hard and indurated. This can be due to the Kapha Dosha involvement in the disease. Medogarbha - This is specifically said by Acharya Vaghata which correlates with modern description of acne. It says that the Piḍika are filled with meda and modern pathology also explains blockage of ducts due to sebum. Other than these symptoms, Doṣhika symptoms like Kandu, Daha, Paka, Shotha, Srava, Vaivarnyata are also seen in the disease.

Samprapti Ghataka

Dosha	-	Kapha, Vata, Rakta
Dushya	-	Rasa, Rakta, Meda, Shukra
Srotasa	-	Svedavaha, Rasavaha, Raktavaha
Mala	-	Sveda, Tsvaka Sneha
Srotodusti	-	Sanga, Atipravritti
Agni	-	Jatharangimandy, Dhatvagni, Anavasthitvama
Udbhavasthana	-	Amashaya samuttha
Roga Marga	-	Bahya
Vyakti sthana	-	Mukha

Upadraya - If the condition is not treated within time it may leads to Vranavastu i.e. Scar formation as well as hyperpigmentation (due to further vitiation of Rakta).

Chikitsa

Chikitsa protocol mentioned for Mukhadushika by different Acharyas is as follows:

Sushruta Samhita –	Vamana, Lepana
Astang Sangraha –	Lepana, Vamana, Siravedha
Astang Hridaya –	Lepana, Vamana, Nasya, Siravedha
Bhavprakash –	Lepa, Vamana, Abhyanga
Sharangdhara	
Samhita –	Lepa
Chakradatta –	Siravedha, Lepana, Vamana, Abhyanga
Yogratnakar –	Siravedha, Lepana, Abhyanga
Bhaishajya	
Ratnavali	Siravedha, Pralepa, Abhyanga

Shodhana Chikitsa

Acharyas have mentioned Vamana, Virechana, Nasya and Raktamokṣana as Shodhana therapy in the treatment of Mukhaduṣhika.

- a) **Vamana** - Both Acharya Sushruta and Vaghata have mentioned Vamana Karma to cure the disease. As Vamana is the main therapy for Kaphaja abnormalities, Kapha is one of the main Dosha involved the pathogenesis.
- b) **Nasya** – Vaghata has indicated Nasya Karma for the treatment of Mukhadushika. Acharya Charaka has also advocated the Nasya Karma in UrdhvajatrugataVikara.

- c) **Raktamokṣana** – Acharya Vaghata and Cakrapāṇi have mentioned Raktamokṣana as a treatment for Mukhadushika. Acharya Charaka has opined Raktamokṣana in all the Raktaja diseases, while Acharya Sushruta as mentioned it in some Kṣudra-Roga. Acharya Vaghata has indicated Siravedha of Lalata region, where frontal and temporal veins are found.

Shamana Chikitsa

- a) **Internal medication** - According to Doṣha and symptoms of Mukhadushika drugs having Kapha-Vatahara properties, Strotoshodhaka and which purifies the blood can be used internally. Some herbal drugs useful in the treatment of Mukhadushika are Shalmali, Haridra, Sariva, Vacha, Dhanyaka, Lodhra, Daruharidra, Manjistha, Nimba, Khadira, Guduchi, Methika, Jatiphala, Kakamachi.
- b) **External medication** - Ayurveda classical texts have mentioned numerous external medications for Mukhaduṣhika and other kṣudra-roga. Several lepas used are Yashtimadhvadi lepa, Kaliyakadi Lepa, Sharapunkhadi lepa, Masuradi lepa, Lodhradi lepa, Shalmali kantakadi lepa, Arjunadi lepa, Jatiphaladi lepa, Siddharthadi lepa, Marichyadi lepa.

DISCUSSION

Mukhaduṣhika or Yuvanpiḍika is one of the oldest skin ailments prevailing since Vaidika era in the society. Yuvanpiḍika was described under the heading of Kṣudra Roga by Acharya Sushruta for the first time, although this disease is not described in Charaka Samhita. This shows that disease was prevalent even during Samhita Kala and at that time too, people were conscious about their looks.

As the disease causes disfigurement of face, therefore it is called as Mukhadushika. Acharya Vaghata has stated that painful and nodular eruptions filled with Meda (sebum) inside are known as Mukhadushika. The Piḍika which occurs specifically in adolescent age group or Yuvavastha are known as Yuvanpiḍika. Nearly every teenager once in his/her life gets affected by the disease and once affected, he or she has to suffer for a long duration due to chronic nature of the disease.

Ancient Ayurveda texts have not given a detailed description about the pathogenesis and symptomatology of the disease. Modern medical science is also hypothetical about the etiology and pathogenesis of the disease.

Ayurveda texts have described the Vata, Kapha and Rakta as the chief culprit Dosha responsible for the disease, although Raktaja/Pittaja symptoms are found to be more pronounced in the patients. As Piḍika is the chief complaint found in the patients, which is a Rakta-Dusti Lakshana. On correlating this with modern description of acne lesion, this can be a closed comedone filled with sebum or a pustule. Acharya Sushruta has

described the Piñika like Shalmali Kantaka with semi-solid/solid consistency which correlates it with acne lesion- papule or nodule.

In the management of acne vulgaris topical therapies including Anticomedonal, Antimicrobial or Anti-Inflammatory lotions/ointments are advised. Oral Antibiotics, Hormonal Therapy, Oestrogen, Oral Contraceptives, Glucocorticoids, GnRH Agonists, Antiandrogens and Isotretinoins are also prescribed for the management.

CONCLUSION

It can be concluded that Kapha, Vata and Rakta are involved in the pathology of Mukhadushika hence oily, spicy foods, junk food, food highly rich in carbohydrate and fat, sedentary life style, less sleep, stress and some drugs are triggering factors of this disease. Thus the approach of Ayurveda in this field is essentially preventive and the medicines can be provided permanent and better cure for the disease.

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