Application of Trisootra Chikitsa in the management of Mukhadooshika with special reference to Acne Vulgaris - A Case Report

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ABSTRACT

Mukhadushika, likewise referred to as acne vulgaris, is a prevalent skin condition with significant medical and psychological repercussions, particularly among adolescents. Acne is a widespread skin problem that affects over 85% of teenagers, primarily on the face as well as on the chest and upper back. Due to the changing lifestyle, incompatible food practices and sedentary lifestyle, these types of skin manifestations became more prevalent in the present scenario. In modern cosmetology the treatment of Acne includes topical retinoids, antibiotics etc. which all usually causes adverse effects like skin irritation, peeling, redness and associated with sun sensitivity. A 25-year-old female patient suffering from facial pimples, pain, and related discomfort visited the OPD. Despite prior allopathic treatment, no relief was observed. By the proper analysis of the patient history thereby adopting Trisootra Chikitsa protocol, a substantial improvement in the patient's symptoms, with the absence of reddish nodules and tenderness considerable change in the complexion over the face of patient was achieved. It is observed that adopting Trisootra Chikitsa principles along with suitable Oushadhis is beneficial in the management of Mukhadushika, thereby improving the complexion of the skin.

Key words: Mukhadushika, Acne Vulgaris, Yauvana Pidaka, Trisootra, Chikitsa, Ayurveda

INTRODUCTION

Beauty is the characteristic of a person that provides a perceptual experience of pleasure or satisfaction. Skin care can be adversely affected by poor lifestyle choices and behaviors as well as pollution. Classical Ayurvedic texts depict Mukhadushika as a kind of Kshudraroga, which is brought on by the vitiation of Kapha, Vata, and Rakta and manifests as an occurrence of Shalmalikantakavat Pidaka, or facial pimples, in along with Ruja (pain).1 Mukhadushika complies with modern scientific findings regarding acne vulgaris. The development of comedones, papules, pustules, nodules, and/or cysts as a result of inflammation and blockage of pseudo squamous units is referred to as acne vulgaris. It is exclusively seen in juvenile and adolescents.2 Acne vulgaris affects 80%-90% of teenagers, leaving psychological and physical scars that impair social lives and self-esteem. The disease’s prevalence rate is rising daily as a result of lifestyle choices, persistent cosmetic use, high stress levels, hormone imbalances, junk food consumption, and other factors.3

CASE REPORT

A 25-year-old female patient visited the clinic Shoranur, Kerala (At Residence), with the following
complaints: pimples and pus-filled pustules all over right side of the cheeks and sides of chin. After rupture of pimples, there leaves a black mark. The condition has become more painful in the last 2 months (Right cheek and sides of chin).

History of presenting complaints
The complaints started gradually in the last 1 year. Due to frequent intake of fast foods, milk shakes and nonveg food items, she felt that the pimples started appearing frequently starting 3 pimples in the right cheek, gradually that became pus filled and after rupture condition speeded. Since last 2 months, she felt that the puss filled pimples along with severe pain started appearing on her right cheeks around 8 to 10 pimples and slowly she felt that even left cheeks are also getting affected. She tried lots and lots of home remedies, cosmetic products available in the market and also modern medications. But she got only temporary relief for 1 or 2 weeks and then the condition repeated with more discomfort.

Personal History
- Occupation - Physiotherapist
- Diet - Mixed (Nonveg 2 times week, fast foods, milk shake weekly 3 to 4 times)
- Appetite - Irregular
- Bowel - Good
- Micturition - Normal
- Sleep - Sound
- Menstrual history - Regular Menstrual Cycles
- Family History - No significant family history

<table>
<thead>
<tr>
<th>Ahara</th>
<th>Vihara</th>
<th>Manasa</th>
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<tbody>
<tr>
<td>Viruddhaahara - Fruit Milk Shakes (Improperly ripened mango shake) Vishamashana - Untimely intake of food, late night intake of food Adhyashana Junk Foods</td>
<td>Divaswapna Exposure to Sunlight Sheeta Vata Sevana Irregular sleep wake cycle</td>
<td>Chinta, Krodha</td>
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Samprapti Ghataka
- Dosha - Pitta Pradhana Tridosha
- Dushya - Rasa, Rakta Meda Sweda
- Ama - Jataragni Mandya
- Agni - Jataragni, Dhatwagni
- Srotas - Rasavaha, Raktavaha, Medavaha
- Rogamarga - Abhyantara
- Udbhavastana - Amashaya
- Vyaktastana - Mukha

General and Local Examination
- Nadi - Vaata Pitta
- Mutra - Prakrita
- Mala - Samanya
- Jihva - Saama
- Shabdha - Prakrita
- Sparsha - Snigdha, Ushna
- Drik - Prakrita
- Akriti - Madhyama

Local examination
- Site - Face (both cheeks forehead and chin)
- Type of lesion:
  - Macule - Present
  - Papule - Present
  - Pustular nodule - Present
  - Comedones - open comedones
- Size - 2-3mm
- Discharge - Present on and off
- Tenderness - Present

Outcome & Follow Up
The patient was administered with the following Shamana Oushadhis and advised to follow proper diet and regimen during the course of treatment.
CASE REPORT
January 2024

Follow up | Clinical findings | Treatment/Advice
---|---|---
1st Follow up, 7 June 2023 (For 14 days) | Reddish colored pus-filled pustules and small pimples all over right side of the cheeks and sides of chin associated with severe pricking pain, burning sensation with itching and irritation. | ▪ **Patolakaturohinyadi Kashayam** 15ml Kashayam mixed with 60ml hot water morning and evening 7AM & 7PM on empty stomach.  
▪ **Chandraprabha Vati** 1 tablet morning and night after food  
▪ **Triphala Choornam** made into Kashayam and use for sponging/washing over the pimples.

2nd Follow up, 24 June 2023 (For 14 days) | There were no pus filled pimples and the size of the pimples got reduced (.5mm - 1mm). Reduction in the severity of pricking pain and itching. There was slight burning sensation persists. | ▪ **Guduchyadi Kashayam** 15ml Kashayam mixed with 60ml hot water morning and evening 7AM & 7PM on empty stomach.  
▪ **Triphola Choornam** made into Kashayam and use for sponging/washing over the pimples.

3rd Follow up, 21st July 2023 | After the previous 14 days of medication patient had a history of food poisoning (taken food from restaurant) from which she had vomiting and loose motions. There was slight increase in the size of the pimples (1mm – 1.5mm), but the color of the pimples was slight red and there was no puss. | ▪ **Nimbadi Kashayam** 15ml Kashayam mixed with 60ml hot water morning and evening 7AM & 7PM on empty stomach.  
▪ **Sarivadhyasavam** 20ml three times after food.

4th Follow up, 30th July 2023 (Figure 2) | There were no elevated pimples, no pain, itching and irritation. Slight small scars of the pimples remained which are of pale gray color. Patient was satisfied with the treatment and informed that 90% of the complaints got reduced. | ▪ **Manjishta** (40gms) + **Raktachandana** (30gms) + **Sariva** (10gms) for Lepana over the face mixed with milk/hot water  
▪ **Sarivadhyasavam** 20ml three times after food.

**DISCUSSION**

In the management of Mukhadushika (Acne vulgaris), etiology-based treatment using Vishaghna medicines and other appropriate Shamana Yogas has shown promising outcomes. Based on the clinical
presentation and proper history, the case was diagnosed as Mukhadooshika which can be related with Acne vulgaris in modern since.

Patolakaturohinyadi Kashayam have ingredients such as Patola, Katuki, Chandana, Madhusrava, Guduchi and Pata. All the ingredients predominantly have Tikta, Katu Rasa, Laghu, Ruksha Guna, Usha Veerya and Katu Vipaka. It is indicated in reducing the Kapha Pitta Doshas, Kushta Hara, Jvara, Vishaghna, Chordi, Arochaka and Kamala. As in this condition as the clinical signs gradually started after being exposed to Apathya Ahara and Vihara, where Visha is also one among the factor which have increased the condition. Here the dosha vitiated is Pitta which resulted in developing the clinical signs and symptoms. As the Patolakaturohinyadi Kashaya can act as Kapha Pitta Shamana, Vishaghna and Pitta Rechana, it has helped in eliminating the Dushta Pitta and acted as Rakta Shodhana thereby minimizing the pus discharge associated with pain, itching and burning sensation.

Chandraprabha Vati being Srotoshodhana, Tridoshahara in nature, and indicated in several Tridoshaja Vyadhi like Granthi, Arbuda, Shoola, Kandu etc., it has helped in clearing the Srotodushthi which have caused due to the vitiated Pitta, Rakta and Mamsa Dhathu thereby maintaining the cell metabolism.

Triphala Choornam is advised for sponging and washing in the form of Kashaya over the affected area as it has the properties like Kapha Pittahara, Kushtahara, Lekhana and Vrana Shodhana. It has helped in drying up the puss filled pustules thereby reducing the size of the Pidakas. Triphala have Vrana Ropana property and it reduces the Kleda there by reducing the oozing of puss from the pustules.

Guduchyadi Kasahaya was replaced by the Patolakaturohinyadi Kashaya in the 2nd follow up as the severity of Dushtha Pitta was reduced during the first follow-up by Pitta Rechana. So, to maintain the Pitta Dosha and to reduce the burning sensation and improve the Agni of the patient, this has been prescribed. As the Guduchyadi Kashaya contains Pitta and Kapahara ingredients, it helped in reduction of body heat of the patient as well as itching and redness at the affected site.

Nimbadi Kashaya which is mentioned in Sahasrayoga, Vidradhi Chikitsa being Kushtahara, Vrana, Ropana, Krimihara, Lekhana, Shoshana, Raktaprasadakara specially Kapha Pitta Shamana, it has beneficial in drying up the Kleda in the Pidakas and also acting as Shoshana thereby reducing the elevated Pidakas. It has reduced the red colour of the Pidaka and has done Ropana of the Pidakas.

As the Sariva (Hemidesmus indicus) being indicated in Vyanga and Mukhadooshika and have properties like Kushta Hara, Kandu Hara, Jvara Hara, Vishahara and Agni Vardhana, Sarivadhayasava is given from the 3rd follow-up onwards to improve the complexion and to maintain the Bhrajaka Pitta at the affected site. This has acted as a Rasayana in the present case.

Manjista, Rakta Chandana and Sariva are advised for Lepana over the face at the final follow upto improve the complexion of the affected site. As these drugs being Varnya, Shothahara, Vishahara, Krimighna, Daha etc. application of paste of the same can help in removing the black spots and discoloration that has occurred due to the Mukhadooshika.

**CONCLUSION**

Mukhadhushika is a very prevalent occurrence, affecting nearly all individuals at some point in their lives which is mentioned in Ayurveda as a Pitta Kapha Pradana Rakta Dustijanya Vyadi which has similar attributes to acne vulgaris. This case highlights how crucial it is to comprehend the Trisootra principles viz, Hetu, Linga, Oushadha and adapt the treatment accordingly. The majority of the medications used to treat Mukhadhushika have the Rasas of Tikta, Kshaya, and Madhura, which are nourishing, Kaphapittashamaka, and purifying, respectively. These medications also have antibacterial, anti-inflammatory, and antioxidant properties that aid in modifying the etiology of Mukhadhushika. As a result, these medications not only help to prevent the condition but also improve complexion.
REFERENCES


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