



Ayurvedic approach to the clinical treatment of Yauvana Pidika (Acne Vulgaris)

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The human face plays a pivotal role in conveying emotions and establishing personal identity. The visibility of acne often leads to heightened self-consciousness, making social interactions more challenging. In Ayurvedic literature, Yauvana Pidika, as described by various Acharyas, exhibit features similar to acne vulgaris. Yauvanapidika, due to its minimum causative factors, signs and symptoms and less severity is mentioned as one of the Kshudrarogas in Ayurveda Samhitas. A 19-year-old female patient who was apparently normal before eight months developed multiple pus-filled acne on her both cheeks associated with pain and redness had consulted virtually. She was having regular tea consumption more than twice a day, a mixed diet, and excess consumption of fried, oily, and junk food. She used variety of cream, ointments and home remedies other but didn't find any changes. She was under Ayurvedic management for one month, and observed satisfactory changes. This paper highlights the Ayurvedic management of Yauvana Pidika.

Keywords: Yauvanapidika, Tarunya Pidika, Kshudra Rogas, Acne vulgaris, Manjistha Vati, Thikthakam Kashaya, Triphala Churna, Mukhadooshikahara Lepa

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Introduction

Acne vulgaris is a long-term inflammatory condition affecting the skin's pilosebaceous units, which include hair follicles and their associated sebaceous glands. This condition commonly emerges during adolescence, typically between the ages of 13 and 15, and can persist into adulthood. As of 2021, acne vulgaris affected approximately 9.4% of the global population, making it one of the most common skin conditions worldwide.[1] The highest prevalence is observed among adolescents aged 15–19 years. Notably, the 10–14 age group experienced the most significant increase in cases from 1990 to 2021. The age-standardized prevalence rate was approximately 25% higher in females than in males (10,911.8 vs. 8,727.8 per 100,000 population).[2] The treatment of acne itself is a tiresome journey, both psychologically and financially. According to a plethora of studies, 40–50% of Indian youths have acne vulgaris.[3]

Acne vulgaris is a chronic inflammatory condition that originates within the pilosebaceous units - structures comprising hair follicles and their associated sebaceous (oil) glands. This disorder arises due to a complex interplay of multiple factors, including Excess Sebum Production, Follicular Hyper-keratinization, Bacterial Colonization, Inflammatory Response etc.[4] Acne is defined in *Ayurveda* using the terms *Mukhadushika*, *Yauvanapidika* and *Tarunypidika*. *Yuvan*, *Yauvana*, and *Tarunya* are related to age factors, i.e., adolescence, and physical changes that occur during a young age. *Ayurveda* mentioned *Yauvana Pidika* as one of the *Kshudra Rogas* and manifests at the *Yuva* or *Tarunavastha* (adolescent) hence, the name *Yauvana Pidika* and *Tarunya Pidika*. *Kshudra Roga* are group of diseases which causes inferiority complex among the subject.[5] *Ayurvedic* management of *Yauvana Pidika* emphasizes the restoration of *Doshic* balance through dietary and lifestyle modifications, along with specific therapeutic interventions.

Case Report

The present case study is successful *Ayurvedic* management of case of *Yauvan Pidika* (Acne vulgaris). A 19 year old female approached us with chief complaints of multiple acne covered both cheeks & are associated with pain, redness, filled with pus.

Patient had above complaints for last eight months. According to patient, she was asymptomatic eight months ago, then gradually started developing acne filled with pus associated with pain & redness on left cheek. Later, after few weeks, acne started to spread towards both cheeks, & increased in number around surrounding cheek area. The patient had tried several ointments (clindamycin, benzoyl peroxide;) & other remedies but found no changes.

Clinical Findings

No family history noted. The presence of acne made the patient feel insecure and less presentable. On examination there were multiple pus-filled acne covered both cheek.

Ashta Sthana Pariksha

1. *Nadi* (pulse) - 92/min, regular
2. *Shabda* (speech) - clear
3. *Jihwa* (tongue) - *Niramayukta* (not coated)
4. *Mala* (stool) - *Vibandha*(constipated)
5. *Mutra* (urine) - *Samyak* (normal)
6. *Druk* (eyes) - *Prakruta*
7. *Sparsha* (touch) - *Anushna Sheeta*
8. *Akruthi* (build) - *Madhyama*

Materials and Methods

Method

Consultation: Virtually.

Materials

Table 1: Parameters considered for diagnosing Yauvana Pidika based on the clinical findings

Parameters	Grading	
Redness (Raga)	No	0
	Mild	1
	Moderate	2
	Severe	3
Pain (Ruja)	No	0
	Mild	1
	Moderate	2
	Severe	3
Itching (Kandu)	No	0
	Mild	1
	Moderate	2
	Severe	3
Pus filled (Medo Garba)	No	0
	Mild	1
	Moderate	2
	Severe	3
Area covered	No	0
	Mild	1
	Moderate	2
	Severe	3

Treatment and Assessment

1. *Nidana Parivarjana*

2. *Nitya Mrudu Virechana*

3. *Shamanushadhi*

A) *Bahirparimarjana Chikitsa* (external use)

B) Internal administration

1. *Nidana Parivarjana* - Avoiding excess regular consumption of tea, sugar items, oily and junk foods.

2. *Nitya Mrudu Virechana* - *Triphala Churna* 1 tsp with warm water once daily during bed-time.

3. *Shamanaushadha*

A) *Bahirparimarjana Chikitsa* -

Mukhadooshikahara Lepa (contents mentioned below table no 7)

Required quantity of powder is mixed with lukewarm water, made into paste, applied twice a day

B) Internal administration

Table 2: Internal medication and Dose

Manjistha Vati	500mg(1tablet)	Twice a day (after food)
Thikthakam Kashaya	10ml with water mixed with honey	Twice a day (before food)
Triphala Churna	1tsp with lukewarm water	Bed time (after food)

Table 3: Treatment schedule

Timeline	Date	Findings
Onset of treatment	12/05/2024	Pus filled active acne with redness and severe pain
1st follow up	22/05/2024	Active acne, mild pain and red, no pus seen
2nd follow up	02/06/2024	No active acne, area involved reduced, no pain redness
3rd follow up	13/06/2024	No active acne, no reoccurrence.

Results

Table 4: Clinical features before and after treatment

Parameters	Before treatment	After treatment
Redness	3	0
Pain	3	0
Itching	0	0
Pus filled	2	0
Area covered	2	0

Figure 1 & 2 Showing Before Treatment



Figure 1



Figure 2

Figure 3 & 4 Showing During Treatment



Figure 3



Figure 4

Figure 5 & 6 Showing After Treatment



Figure 5



Figure 6

Discussion

Ayurveda provides a brief description of the *Nidana* (causative factors) of *Yauvanapidika* (acne vulgaris). The *Kapha*, *Vata*, and *Rakta* are the primary *Doshas* involved in causing acne. According to *Sushruta*, *Raktadhatu Dushti* (impurity of the blood) is one of the main pathogenic factors responsible for acne formation. *Acharya Sushruta* identified multiple local and systemic factors contributing to the onset of *Mukhadushika* or *Yauvanapidika*, particularly emphasizing the hormonal and sexual transformations that occur during adolescence.

Additionally, other classical texts such as the *Sharangdhara Samhita* mention the conditions *Vakrasnigdhit* and *Pitika*, which are believed to arise due to *Shukradhatumala*[6] (impurities in the reproductive tissue). In the *Bhavaprakasha*, acne is attributed to *Swabhava*[7] (natural constitution or inherent tendencies), suggesting that the individual's inherent *Prakriti* plays a role in susceptibility to acne.

These descriptions collectively suggest that acne arises from multiple factors, including internal imbalances like disturbances in the *Doshas*, as well as external influences such as lifestyle habits, hormonal fluctuations, and individual constitutional tendencies.

Table 5: Showing *Nidana* for causing *Yauvana Pidika*[8,13]

Aaharaja (Food)	Viharaja (Regimen)	Manasika (Psychological)	Kalaja (Seasonal/ Age)
Ati Katu & Madhura (excessive spicy and sweet foods).	Vegavarodha (stoppage of natural urge).	Kshobha (agitation).	Vasanta Rutu (spring).
Guru (heavy to digest food).	Jagarana (insomnia) Nidra (excess sleep).	Ati Shoka (stress).	Tarunya (young age).
Ati Snigdha (oily food).	Upavasa (fasting).	Krodha (anger).	Madhyanha (Afternoon).
Dugdha Varga Ahara (milk & milk products).	Atapa Sevana (excessive sun bath).	Santapa (irritation).	Grishma Rutu (summer).
Mamsa (meat).		Svabhava (behavioral changes).	Sharada Rutu (Autumn)
Madya (alcohol).			

Acharya Sushruta has mentioned *Rupa of Yauvan Pidika* as[14]

1. Shalmali Kantaka: The eruptions on the face are similar to that of Shalmali thorns.

2. Medo Garbha: The eruption is filled with pus

3. Saruja: The eruptions are painful.

4. Ghana: The word “*Ghana*” means solid. The eruptions are hard and thick.

5. Yuna Mukha: This condition affects the face of adults.

Table 6: Showing drug used internally and mode of action.

SN	Drug	Mode of Action
1.	Manjistha Vati	Doshakarma: Kapha-Pittashamak. Karma: Rakta-Prasadana, Raktashodhaka, Varnya, Rasayana, Shothaghna, Kushthaghna.[15]
2.	Thikthakam Kashaya	Doshakarma: Pittashamak. Helps in condition of skin diseases like herpes, psoriasis, infective skin disease, dermatitis, fistula tracks and non healing wound.[16]
3.	Triphala Churna	Doshakarma: Tridosahara Karma: Rasayana, Chakshusya, Dipana, Vranaropana, Anulomana, Krimihara.[17]

Table 7: Showing drugs used externally- Mukhadooshikahari Lepa[18,19]

Drug	Latin Name	Rasa	Guna	Virya	Vipaka	Doshgnata	Karma	Rogagnata
Lodra	Symplocos racemose Roxb	Kashaya, (Astringent), Tikta (bitter)	Laghu (light), Ruksha (dry)	Sheeta (cold)	Katu (pungent)	Kapha pittahara (alleviates Kapha and Pitta Dosha)	Chakshushya (beneficial to eyes), Grahi (binding)	Kushta (Diseases of skin), Shopha (oedema)
Vacha	Acorus calamus L	Tikta (bitter), Katu (pungent)	Laghu (light), Tikshna (sharp)	Ushna (hot)	Katu (pungent)	Vata, Kapha Hara (alleviates Vata and Kapha Dosha)	Deepana (appetiser), Vamaka (emetic), Twachya (beneficial to skin)	Jantughna (Worm infestation)
Dhanyaka	Coriandrum sativum L	Madhura (Sweet), Katu (Pungent), Tikta (Bitter), Kashaya (Astringent)	Laghu (light), Snighdha (unctuous)	Ushna (hot)	Madhura (sweet)	Tridosha Hara (alleviates all the three Dosha)	Deepana (appetising), Grahi (binding)	Daha (Burning Sensation), Jwara (Fever), Trshna (Thirst), Krimighna (worm Infestation)
Vata	Ficus benghalensis L	Madhura (Sweet), Kashaya (Astringent)	Guru (Heavy), Ruksha (Dry)	Sheeta (cold)	Madhura (sweet)	Pitta, Kapha Hara (alleviates Pitta and Kapha Dosha)	Vrana Shodhaka (wound cleansing), Ropana (wound healing), Varnya (increasing complexion)	Vrana (wound). Kushta (Skin Diseases)
Narikela Shuktya	Cocos nucifera L	Madhura (sweet)	Guru (heavy)	Sheeta (cold)	Madhura (sweet)	Pittahara (alleviates pitta)	Grahi (binding)	Krimighna (Worm infestation), Jwara (Fever)

The case represents a student, 19yr old with *Yauvanapidika*(acne vulgaris) attributed to unhealthy and irregular food habits including spicy, oily, junk foods and excessive tea intake. The case addresses the clinical effectiveness of *Shamanoushadi* in managing the condition by addressing importance to *Nidana Parivarjana*, *Pathyaapathya* and lifestyle modification.

The treatment regimen focused on these interventions, resulting marked reduction in acne lesions. Figure number 1&2 shows the condition before starting the treatment, 3&4 shows during the course of treatment and 4&5 shows after treatment. The severity and frequency of patient symptoms shows a significant decrease with 90% reduction in formation of new active acne lesions.

Conclusion

This case highlights the significant clinical benefits that can result from a holistic approach to managing acne vulgaris. By addressing both internal and external contributors and prioritizing lifestyle modifications, this method shows promise in reducing the frequency and severity of acne flare-ups. The results emphasize the value of personalized treatment plans that include dietary adjustments by strictly avoiding junk, oily foods, self hygien regimen.

Alongside pharmacological treatments, the application of Lepa (topical therapies) and the implementation of *Nidana Parivarjana* (elimination of causative factors) were key components of the management approach.

When integrated with lifestyle changes, these interventions significantly contributed to the patient's clinical improvement. This case study illustrates the effective management of *Yauvanapidika* (acne vulgaris) using *Shamanaushadhi*. Given the high likelihood of recurrence associated with acne vulgaris, a comprehensive and long-term management plan is essential. The patient was guided to follow a *Pathya-Apathya* regimen, focusing on appropriate dietary (*Ahara*) and lifestyle (*Vihara*) practices, aimed at reducing the risk of symptom recurrence.

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