

A CASE OF ACNE VULGARIS IN MANAGEMENT OF AYURVEDA

Dr. Sanjeev Yadav^{*1}, Dr. Prafulla², Dr. Sheetal Choudhari³, Dr. Jitendra Pandagre⁴

¹PG Scholar, Department of Agadtantra Evam Vidhivaidyak, Rani Dullaiya Smriti PG Ayurveda Mahavidyalaya and Chikitsalaya, Bhopal, MP.

²Professor and HOD, Department of Agadtantra Evam Vidhivaidyak, Rani Dullaiya Smriti PG Ayurveda Mahavidyalaya and Chikitsalaya, Bhopal, MP.

³Reader, Department of Agadtantra Evam Vidhivaidyak, Rani Dullaiya Smriti PG Ayurveda Mahavidyalaya and Chikitsalaya, Bhopal, MP.

⁴Reader, Department of Dravya Guna Rani Dullaiya Smriti PG Ayurveda Mahavidyalaya and Chikitsalaya, Bhopal, MP.



***Corresponding Author: Dr. Sanjeev Yadav**

PG Scholar, Department of Agadtantra Evam Vidhivaidyak, Rani Dullaiya Smriti PG Ayurveda Mahavidyalaya and Chikitsalaya, Bhopal, MP.

Article Received on 25/07/2025

Article Revised on 14/08/2025

Article Accepted on 03/09/2025

ABSTRACT

Introduction: Acne vulgaris has always been one of the most burning problems of the young population. Acne vulgaris like presentation in Ayurveda has been described as Shalmali thorn like eruptions on the face due to vitiation of Kapha, Vata, and Rakta under the heading of Mukhadushika. Very less scientific data is available depicting the effect of Ayurvedic intervention in such cases. **Main Clinical Finding:** Present case reports a 30years male having multiple acne for the past 6 months. She had papules and pustule with itching, pain, and blackish spots on cheeks. **Diagnosis:** Condition was diagnosed as Acne vulgaris (Ayurvedic diagnosis Pitta-Kapha dominant Tridoshika Mukhadushika). **Interventions:** The patient was treated with panchnibhaadi vati, arogyavardhani vati mahamajisthaadi khada, and the local application of evensade ointment for 1 month. **Outcome:** The patient had relief in all the symptoms after 15 days of treatment with no new eruptions. Complete remission of the disease was observed after 1 month of treatment with the improved skin condition. **Conclusion:** This case study demonstrates the potential and usefulness of ayurveda in the management of acne vulgaris

KEYWORD: Ayurveda, panchnibhaadi vati, arogyavardini vati, evansade ointment.

INTRODUCTION

Acne vulgaris is a common cutaneous disorder characterized by chronic or recurrent development of papules, pustules, or nodules on the face, neck, trunk, or proximal upper extremities with the peak of severity in the late teenage and may persist up to the 3rd decade and beyond, particularly in females.^[1] In different countries and among different age groups, the prevalence of acne varies, with estimates ranging from 35% to over 90% of adolescents having acne at some stage.^[2] The primary factor for the appearance of the disease is the increase in sebum production by sebaceous glands.^[3] The condition mainly affects the face (99%) and to a lesser extent the back (60%) and chest (15%).^[4] Noninflamed lesions (comedones) develop earlier than inflamed lesions in younger patients. The superficial lesions are usually papules and pustules, and the deep lesions are deep pustules and nodules.^[5]

Acne in Ayurveda has been described as Mukhadushika or Yuvanapidika under the heading of Kshudraroga.^[6] Shalmali thorn like eruptions on the face due to vitiation of Kapha, Vata, and Rakta are known as Yuvanapidika

or Mukhadushika or Tarunaya Pidika. Sa-ruja (painful), Ghana (thick, hard, or indurate), and sebum (Meda) filled Pidika (eruptions) are hallmarks of Mukhadushika.^[7] Vitiated dosha get accumulated and obstruct the Lomakupa (pilosebaceous unit) causing local swelling and micro comedone formation. Paka (inflammation) of these elements lead to papule, pustule, and cyst formation which on rupture cause Vrana vastu (scar) formation.^[8] Allopathic treatment includes the use of topical retinoid, benzoyl peroxide, oral antibiotics, steroids, and oral isotretinoin although its use is limited by teratogenicity and other side effects.^[9] Ayurveda has a great potential in the management of various skin disorders and in this article, a success story of the management of acne vulgaris is being reported.^[10]

CASE REPORT

A 30-year-, non-smoking, non- alcoholic Hindu male, registered agadtantra outpatient department R D memorial ayurvedic P.G college and hospital bhopal number 2420270 presented with complaints of multiple eruptions on cheeks for 6 months. Eruptions were distributed all over the face but maximum on the cheeks

.Symptoms started with a single eruption on her right cheek and within 15 days multiple eruptions spread all over the face. History of purulent discharge from pimples was present along with pain and itching. The pain was mild to moderate in nature and aggravated on manual rupturing of pimples. The itching was worse during evening and night hours and on exposure to dust and sunlight. Blackish spots on the face were present as leftover marks of pimples. According to the patient, she had used some allopathic medicines but did not get significant relief. The local use of soaps, face wash, and creams were worsening the symptoms sometimes. The patient had no history of associated fever, psoriasis, eczema, melasma, or any other chronic illness such as diabetes, hypertension, tuberculosis, thyroid disorder, polycystic ovaries, or surgical interventions. Her appetite was good with normal bladder and bowel movements. On examination of the eruptions, they were 2-4 mm wide erythematous papules and pustules on the face with both variety of comedones (black heads and white head) and scarring in a few of the lesions. Mild tenderness was present on palpation over the pimples. The rest of the skin was normal in texture with normal elasticity. Recorded blood pressure was 110/70 mm of Hg, pulse was 74/min, and other vital signs were within normal limits. No other significant abnormal clinical finding was detected during the systemic examination.

Therapeutic intervention

Vitiated Tridosha along with the vitiation of Rakta (blood) and Meda (Sebum) are the main pathognomic factors in Mukhadushika.^[11] In the present case,

symptoms such as Shula (pain) and Vrana Vastu (scar) were due to vitiated Vata whereas Paka (Inflammation) and Daha (burning sensation) were due to vitiated Pitta and Rakta. Vitiated Kapha is responsible for the development of Puya (pus), Sotha (swelling), Srava (discharge), and Kandu (itching) in the lesions. The patient was diagnosed with Pitta-Kapha dominant Tridoshic Mukhadushika. Hence Three oral drugs panchnibhaadi vati,^[12] and arogyavardhani vati mahamajisthaadi khada having Pitta-Kapha pacifying actions and Rakta shodhaka (blood purifier) properties were selected. For local application evansade ointment.

Oral intervention

The posology of oral intervention is mentioned.

Drug for external application

Evansade ointment local application at night one time.

Diet and Lifestyle advised during treatment

Pathya (Dos)

Green leafy vegetables, wheat, rice, moong dal, fruits, lukewarm water in sufficient quantity to drink, homemade food.^[13]

Apathya (Donts)

Junk food, curd, cold drinks, nonveg, tea, alcohol, excess sweets, excess spices, fried, and food articles having excess fat content. Ratrijagaran (night awakening), Divaswapna (daytime sleeping), manual rupturing of acne, excessive exposure to sunlight, and dust.^[14]

Ayurveda oral drugs intervention

NAME OF DRUGS	DOSE	FREQUENCY	ANUPANA	DURATION (MONTH)
Panchnibhaadi vati	2BD	Twins a day after meals	Luke worm water	1
Arogyavardhani vati	2BD	Twins a day after meals	Luke worm water	1
Mahamanjisthaadi khada	20 MI BD	Twins a day after meals	Same quantity of Luke water	1
Evensade ointment	At night	At night	One times	1

Grading of sign and symptoms

Sign and symptoms	None(0)	Mild(1)	Moderate (2)	Severe (3)
Number of lesion (acne)	0	1(1-4)	2(5-8)	3(more than 8)
Pain	0	1	2	3
Itching	0	1	2	3
Number of black heads	0	1	2	3

Change in sign and symptoms after ayurvedic intervention

Sign and symptoms	Before treatment	1st follow -up	2nd follow up
Acne	3	2	0
Pain	2	1	0
Itching	3	1	0
Number of black hads	3	3	1

Follow-up and outcome

The outcome was assessed based on the improvement in clinical signs and symptoms. Criteria on which improvement was observed were the number of lesions

(acne), pain, itching, and the number of black heads. The patient was assessed for 1 month with follow-up at the interval of 15 days. Photographs at fixed megapixel under the same intensity of light, posture, and distance

were obtained before intervention and at every follow-up visit to observe the improvement. Significant improvement in all signs and symptoms was observed after Ayurvedic interventions. The patient did not develop new eruption of papules after intervention and had relief in pain and other symptoms after 15 days of treatment whereas complete remission was achieved after 1 month of treatment.

DISCUSSION

Shamana chikitsa is the key factor in Ayurved management of skin disease. Shaman chikitsa also plays important role in achieving remaining vitiated doshas in samyak awastha.^[15] Local applicant coconut oil is a fantastic natural skin moisturizer and softner.^[16] It has antibacterial, antimicrobial, antifungal and anti-inflammatory properties.^[17]

CONCLUSION

Acne vulgaris is a common skin disorder which affects almost all individuals at least once during life.^[14] It is a chronic disease having relapsing nature and is difficult to manage if not dealt with appropriately at the right time with appropriate treatment strategies.^[18] The present case study clearly demonstrates that Ayurvedic principles and drugs are very effective in the management of acne vulgaris.^[18] However, a clear understanding of the Pancha Nidana (Ayurvedic diagnostic method) and appropriate selection of drugs are essential to get the desired results.^[19] Panchnibhaadi vati arogyavardhani vati mahamajisthaadi khada, and the local application of Evensade ointment effective in acne vulgaris in present case with no untoward side effects.



Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and

initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Thiboutot D, Zaenglein A, Levy ML, Dahl MV. In: Ofori A, editor. Pathogenesis, Clinical Manifestations, and Diagnosis of Acne Vulgaris. Waltham, Massachusetts: UpToDate, 2014.
2. Colledge NR, Walker BR, Ralston S, Davidson S. Davidson's Principles and Practice of Medicine. 21st ed. Edinburgh, New York: Churchill Livingstone Elsevier, 2010; 1276.
3. Stathakis V, Kilkenny M, Marks R. Descriptive epidemiology of acne vulgaris in the community. Aust J Dermatol, 1997; 38: 115-23.
4. Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J. Harrison's Principles of Internal Medicine. 19th ed., United States of America: McGraw Hill Education, 2015; 2: 319.
5. Archer CB, Cohen SN, Baron SE; British Association of Dermatologists and Royal College of General Practitioners. Guidance on the diagnosis and clinical management of acne. Clin Exp Dermatol, 2012; 37(1): 1-6.
6. Susruta Samhita, Nidana Sthana, Kshudraroganidanam, 13/39. Available from: <http://numh.nic.in/ebooks/esushruta/?mod=read>. [Last accessed on 2020 Dec 20].
7. Ashtanga Hridayam. Uttar Sthana, Kshudrarogavigyaniya, 31/5. Available from: <http://vedotpatti.in/samhita/Vag/chrudayam/?mod=read>. [Last accessed on 2021 Nov 19]
8. Rath SK. Acne vulgaris treatment: The current scenario. Indian J Dermatol, 2011; 56: 7.
9. Williams HC, Dellavalle RP, Garner S. Acne vulgaris. Lancet, 2012; 379: 361-72.
10. Mishra SN. Bhaisajya ratnavali. Reprint edition 2011., Ch. 27., Ver. 104113. Varanasi: Chaukhamba Surbharati Prakashan, 2007; 582.
11. Tripathi JP. Chakradatta. 7th ed., Ch. 55., Ver. 44. Varanasi: Chaukhamba Sanskrit Series Office; ???, 426.
12. Sharma PV. Dravyaguna Vijnana. Reprint edition, 2009; 2. Varanasi: Chaukhamba Bharati Academy, 2009; 195.
13. Sharangdhar Tripathi B. Sarngadhara Samhita. Reprint edition 2006., Madhyam Khanda, Ch. Varanasi: Chaukhamba Surbharti Prakashan, 2006; 165.
14. Jain A, Basal E. Inhibition of Propionibacterium acnes-induced mediators of inflammation by Indian herbs. Phytomedicine, 2003; 10: 34-8.

15. Meena V. Manjistha (*Rubia cordifolia*) A helping herb in cure of acne. *J Ayurveda Holist Med.*, 2015; 3: 11-7.
16. Lather A, Gupta V, Bansal P, Sahu M, Sachdeva K, Ghaiye P. An Ayurvedic polyherbal formulation Kaishore Guggulu: A review. *Int J Pharm Biol Arch*, 2011; 2: 497-503.
17. Mandal S, Patra A, Samanta A, Roy S, Mandal A, Mahapatra TD, et al. Analysis of phytochemical profile of *Terminalia arjuna* bark extract with antioxidative and antimicrobial properties. *Asian Pac J Trop Biomed*, 2013; 3: 960-6.
18. Nema R, Jain P, Khare S, Pradhan A, Gupta A, Singh D. Antibacterial and antifungal activity of *Terminalia arjuna* leaves extract with special reference to flavonoids. *Basic Res J Med Clin Sci.*, 2012; 1: 63-5.
19. Al-Warli N, Salom K, Al-Ghamdi AA. Honey for wound healing, 19ulcers, and burns, data supporting its use in clinical practice. *Scientific World Journal*, 2011; 11: 766-87.