

AN AETIOPATHOLOGICAL STUDY OF YUVAN PIDAKA W. S. R. TO RAKTA AND SHUKRA DUSHTI AND THERAPEUTIC TRIAL OF RESPECTIVE SHODHAK DRUGS

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ABSTRACT

Acharya Sushruta was the first and foremost to mention a whole group of skin diseases which have an adverse effect on the appearance and personality of an individual and having surgical or para surgical measures as its cure. He named these ailments as “*kshudra roga*”. *Yuvan pidaka* is one of them. Modern science believes that it is due to infection of certain organ, but the disease is no more a simple reaction to bacterial infection. It is complex nature of underlying stress, influencing of endocrine glands of the body, particularly the ovary and testis, race, age, nutritional status, temperature, excessive use of cosmetics also influence the aetiology to a greater extent. Present study for this subject has been carried out on 60 patients in two groups. Result in group B was satisfactory than group A. During the trial period no side effect was seen in any patient.

Keywords: *Yuvan pidaka*, acne, *shukra*, *rakta*, *Babula churna*, *Manjistha churna*

INTRODUCTION

Since the creation of the Universe, the Mother Nature, with the gradual development of mind, slowly taught the various dimensions of beauty to man. Face is the most important and beautiful organ. Face reflects the personality of person. This most important and beautiful organ is affected by certain anomalies of the adolescent age i.e. 16 – 30 years. Any minor ailment may effect from unattractive look to a permanent disfigurement which may result in inferiority complex and sometimes isolation in the social life. Such a big effect is caused by disease *Yuvan pidaka*. *Yuvan pidaka* means that the disease almost takes place in young age. Among the *Ayurvedic* amenities, *Acharya Sushruta* was the first and foremost to mention a

whole group of such disease of the skin which have an adverse effect on the appearance and personality of an individual and having surgical or parasurgical measures as its cure. He named three ailments as “*kshudra roga*”. *Yuvan pidaka* is one of them, which affects the beauty as well as personality and it has a cosmetic importance.

The features of the disease *Yuvan pidaka* are similar to those of acne. It has been considered as one of the common skin disorders as well as the disease of adolescent and occurs to be a valuable degree almost in every individual. Vitiation of *kapha*, *vata*, *pitta dosha* along with *dushya rakta* gives rise to symptoms like swelling, pain, redness, itching in *Yuvan pidaka*.

Modern science believes that it is due to infection of certain organ, but the disease is no more a simple reaction to bacterial infection. It is complex nature of underlying stress, influencing of endocrine glands of the body, particularly the ovary and testis, race, age, nutritional status, temperature, excessive use of cosmetics also influence the aetiology to a greater extent. Now-a-days due to faulty dietary habits cosmetic problems are more observed in the society. *Yuvan pidaka* is one of that and it is mostly observed in the case of adolescence. If it is not treated properly, it may leave permanent scars on the face. The disease has a tendency to flare up during certain periods of life too. All these facts necessitate searching for a better remedy from the natural resources like herbs and minerals and other measures of *Ayurveda*.

AIMS AND OBJECTIVES

To evaluate the role of *shukra* and *rakta dhatu* and its *dushti* in the pathogenesis of *Yuvan pidaka* and to evaluate the role of *shukra sodhak* and *rakta sodhak* drugs in the management of *Yuvan pidaka*.

MATERIALS AND METHODS

Selection of Patients:

Uncomplicated patient's with classical symptomatology of *Yuvan pidaka* were selected for the study in between the age of 18yrs to 30 yrs

Selection of drug: For the treatment of *Yuvan pidaka* *sukra sodhak churna*, i.e. *Babula churna* (*phalli* + *gond* + leaf) and *rakta sodhak churna*, i.e. *Manjistha churna* is used.

Group-A-(*Shukra sodhan* treatment) - 30 patients were treated with *Babula churna*.

Group-B-(*Rakta sodhan* Treatment) – 30 Patients treated with *Manjistha Churna*.

Administration of medicine:

The selected patients were given the medicine for one month duration. For the *rakta sodhak* group the drug was given in a dose of 5g twice daily with plain water. Again for the *sukra sodhak* group the drug was given in a dose of 3 g twice daily with one glass of milk and little amount of *mishri*.

Selection of Patients:

Uncomplicated patient's with classical symptomatology of *Yuvan pidaka* were selected for the study from the O.P.D. of NIA, Jaipur. This disease is mostly viewed at the age of 15-30 years, i.e. at the stage of age young life. So the patients were selected in between the age of 18yrs to 30 yrs. Patients suffering from severe *pidaka* and specially in the face area are selected.

Inclusion criteria:

- Patients between 18 to 30 years of age.
- Patients were randomly selected of their sex, religion, and occupation, economic and educational status.
- The diagnosis was made on the basis of sign and symptom of *Yuvan pidaka* as per *Ayurvedic* and modern text.

Exclusion Criteria:

- Patients suffering from any major systemic disorders like diabetes mellitus, tuberculosis, HIV or malignancy
- Age below 18 years and above 30 years.
- Complicated acne associated with infection.

Grouping and sampling:

All patients were divided into two groups through random sampling method.

Group-A: *Shukra shodhana* group with *pathya ahara*

Group-B: *Rakta shodhan* group with *pathya ahara*

Laboratorial investigations: The laboratorial blood tests done to the patients were

CBC, ESR, SGOT, SGPT, Serum Creatinine and Serum Testosterone.

OBSERVATION AND RESULTS

The clinical study carried out in the present series of patients revealed that the majority of these cases belonged to age group of 21-25, followed by 35% patients to 18-20 yrs age group, 61.66% were male and 38.33% were female, that maximum i.e. 81.66% persons were student, 65% patients were addicted to tea/coffee, 68.33% were observed as vegetarian and that maximum i.e. 40% patients had *vata-pitta prakrti*, 35% had *vata-kapha prakrti* and the remaining 25% patients had *pitta-kapha prakrti*, . 61.66% belonged to rural

areas while remaining patients, 38.33% belonged to urban area. Maximum no. of the patients i.e. 41.66% tends to take *madhur rasa*, Maximum no. of patients i.e. 76.66% were belonging to middle class and 11.66% patients were belonging to rich upper middle class and lower class. Most of the female patients i.e. 52.17% were found with irregular menstrual cycle.

• **Subjective improvement:** After completion of the trial it was observed that there was considerable improvement in the Group-B - *Rakta sodhan* Treatment (R.S) than Group-A- *Shukra sodhan* treatment (S.S).

• **Clinical recovery**

Objective parameters:

Table 1: Effect of therapy on pidaka in both groups

Group N=30	BT	AT	%	SD	SE	t	p
A(S.S.)	2.13	1.03	51.56	0.31	0.06	19.75	<0.001
B(R.S)	2.27	1.07	52.94	0.41	0.07	16.16	<0.001

Table 2: Effect of therapy on vaktra mukha snigdhatta in both groups

Group N=30	BT	AT	%	SD	SE	t	p
A(S.S.)	2.23	1.20	46.27	0.18	0.03	31	<0.001
B(R.S)	2.27	1.17	48.53	0.31	0.06	19.75	<0.001

Table 3: Effect of therapy on pidaka vedana in both groups

Group N=30	BT	AT	%	SD	SE	t	p
A(S.S.)	1.93	1.03	46.55	0.40	0.07	12.24	<0.001
B(R.S)	2.07	1.03	50.00	0.32	0.06	17.70	<0.001

Table 4: Effect of therapy on pidaka shotha in both groups

Group N=30	BT	AT	%	SD	SE	t	p
A(S.S.)	2.13	1.27	40.63	0.35	0.06	13.73	<0.001
B(R.S)	2.10	1.17	44.44	0.25	0.05	20.15	<0.001

Table 5: Effect of therapy on pidaka raktima in both groups

Group N=30	BT	AT	%	SD	SE	t	p
A(S.S.)	2.07	1.23	40.32	0.38	0.07	12.04	<0.001
B(R.S)	2.13	1.03	51.56	0.31	0.06	19.75	<0.001

Table 6: Effect of therapy on kandu in both groups

Group N=30	BT	AT	%	SD	SE	t	p
A(S.S.)	2.40	1.53	36.11	0.35	0.06	13.73	<0.001
B(R.S)	2.33	1.23	47.14	0.31	0.06	19.75	<0.001

Table 7: Effect of therapy on pidaka daha in both groups

Group N=30	BT	AT	%	SD	SE	t	p
A(S.S.)	2.13	1.27	40.63	0.43	0.08	10.93	<0.001
B(R.S)	2.37	1.20	49.30	0.38	0.07	16.86	<0.001

Table 8: Effect of therapy on modern signs of pimples in both groups

Group N=30	BT	AT	%	SD	SE	t	p
A(S.S.)	1.57	0.90	42.55	0.48	0.09	7.62	<0.001
B(R.S)	1.53	0.80	47.83	0.45	0.08	8.93	<0.001

DISCUSSION

The study of Yuwan pidaka according to age wise distribution of 60 patients is as follows: Maximum no. of patients i.e. 48.48% were from the age group of 19-21 years. This is also the age of predominance of pitta in the body i.e. pitta kala.

This predominance of shukra dhatu and pitta dosha, with natural functional state along with unbalanced dietary regimen and altered mode of life style, causes vitiation of dosha and dushya.

Modern medical science considered hormonal imbalance, specifically of androgens as one of the important causative factors Maximum no of patients (61.66%) were males who were registered under this study. According to modern research the males have more problems with scarring in the long term with acne because males have large more oily prone skin and certainly skin that is of a thicker in nature when an infected acne lesion occurs in the skin.

The dietary habit of this series of the patients showed that 68.33% patients were vegetarian. The maximum patients prefer madhura rasa, lavana and katu rasa in their diet. Excessive intake of madhura rasa vitiates kapha and produce ama, where as lavana and katu rasa vitate pitta and rakta, which in turn aggravate vata. Such aggravation held responsible for production of Yuwan pidaka.

Probable mode of action of Babula:

Due the pittasamak and daha nasak properties of Babula, it can pacify the action of pitta, which causes daha and vivarnata in this disease. Because of kapha, pitta and vatahara properties of Babula along with its amahara action, it prevents the vitiation of medagni resulting eruption of less no of pidaka. Due to the kaphahara properties, it reduces the vaktra mukha snigdghata in the patients. Due to the tikta rasa and usna virya of Babula there is dosa pacana, both in kostha and shakha. It also helps in the jatharagni dipti (sthula pachan in kostha) and dhatwagni dipti (sukma pacana in shakha) and as a result there is formation of good quality of rakta dhatu . This may leads to formation of shukra dhatu having excellent quality and there is no chance of formation of shukra mala resulting absence of Yuwan pidaka. So, we can consider that, by the above mentioned properties and actions, Babula can break down the pathogenesis of Yuwan pidaka and improve the symptoms of the disease. But its role in the improvement of shukra dhatu karma is remained as a matter of further research and study. There is some improvement in the shukra dhatu karmas of the patients in the trial. So, its action on shukra dhatu cannot be ignored.

Probable mode of action of Manjistha:

Manjistha, which acts directly on the *rakta dhatu* due to its *deepana* property, it stimulates the *dhatvagni* which results in to the formation of superior quality of *rakta dhatu*. *Manjistha* acts on *rasa dhatvagni* which imparts the normal colour to the skin. Due to the *kaphahara* properties, it reduces the *vaktra mukha snigdhatata* in the patients. Due the *pittasamak* properties of *Manjistha*, it can pacify the action of *pitta*, which causes *daha*. Because of *kapha*, *pitta* and *vatahara* properties of *Manjistha* along with its *deepan* action, it prevents the vitiation of *medagni* resulting eruption of less no of *pidaka*. *Manjistha* has got *tikta*, *rasa* and *usna virya* which helps in *dosa pacana* both in *kostha* and *sakha*. It also helps in the *dhatwagni dipti* (*suksma pacana*) there which results in the formation of good quality of *rakta Dhatu*. *Rakta dhatu* due to its *deepana* property stimulates the *dhatvagni* which results in to the formation of superior quality of *rakta dhatu*. There is improvement in the normal *karma* of *rakta dhatu*. So, we can consider that *Manjistha*, by the above mentioned properties, can break down the pathogenesis of the disease *Yuvan pidaka* and improve the diseased condition.

CONCLUSION

In this trial, total 60 patients of *Yuvan pidaka*, with classical symptoms were treated for 30 days. Total 30 patients were treated with *Babula churna* and another 30 patients were treated with *Manjistha churna*. *Babula churna* provided statistically highly significant relief in symptoms. So, we can consider that, *Babula* can break down the pathogenesis of *Yuvan pidaka* and improve the symptoms of the disease. But its role in the improvement of *shukra dhatu karma* is remained as a matter of further research and study. There is some improvement in the *shukra dhatu karmas* of the patients in the trial. So, its action on

shukra dhatu cannot be ignored. Perhaps due to the short period of time for trial or small size of sample, its action cannot be determined properly. To confirm the role of *Babula* on *shukra dhatu karma*, further research on large number of sample for a long period, comparing to this study is needed. In patients treated with *Manjistha churna*, results were found to be statistically highly significant in curing the symptoms. So there is significant improvement of the disease as well as of the *dhatu karma* of *rakta dhatu*, in turn helped in breaking down the pathogenesis of the disease *Yuvan pidaka* and improve the diseased condition.

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