

## A CLINICAL STUDY TO EVALUATE THE EFFICACY OF *MANJISHTA LEPA* AND *MAHAMANJISHTADI KASHAYA* IN THE MANAGEMENT OF *YUVANA PIDAKA (ACNE VULGARIS)*

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### ABSTRACT

*Yuvana pidika* is a common disorder affecting a particular age group. It is a disease of the adolescent. It affects both the Sex invariably. It is not limited to any particular class of the society. It correlates to Acne vulgaris. Acne is considered as the prevalent dermatological disorder. It manifests mainly on the face. But when it becomes chronic & severe it leads to severe scarring of the face. *Yuvana pidika* is explained as *kshudra roga* by *acharya Sushruta*.<sup>1</sup>It is characterized by *shalmali kantaka sadrusha pidakas* on face. Though, *Shamana* and *shodhana chikitsa* are mentioned for it by various acharyas but *acharya Vagbhata* states *lepa* as the *prathama chikitsa*. *Manjishta lepa* is explained by *yoga ratnakara* as an effective *chikitsa*.<sup>2</sup>*Mahamanjistadi Kashaya* is a proven formulation for *twak vikaras*. It has ingredients which act on *twacha vikaras*. Hence both the formulations are worth tested for their efficacy in the management of *yuvana pidika*. They are safe and economical and suitable for the fast life where people have no time for *shodhana chikitsa*. Present work was undertaken to study the effect of *manjishta lepa* and *mahamanjistadi kashaya*, i.e, *shamana* therapy in the management of *yuvana pidika* with special reference to Acne vulgaris.

**Keywords:** *Yuvana pidika, Kshudra roga, MahamanjistadiKashaya.*

### INTRODUCTION

Skin is involved in socio sexual communication at close quarters and at a distance and in the case of facial skin, can signal emotional states by means of muscular and vascular responses. It provides individual identification and awareness of personal identity and self-image. Here in lies the concept of “mind and skin” in the interpretation and treatment of many dermatological disorders which can be cosmetic disasters. *Yuvana pidika* is one such disease which affects the facial skin, at such a particular age i.e, teenage, when the

person is developing his individuality & recognition. There is a fantasy for everyone to look good and impress others, during this age.

It is a very common skin problem affecting 80-90% of teenage population. Though its manifestation is routine, those which becomes severe and disfigure the face due to scars are the cause of concern. Hence beauty products and creams are the most profitable business today. But these do not give satisfying results and sometimes ends up with

severe side effects. Modern life style with fast food, aerated soft drinks, and lots of chocolates are the priority of teenagers, which aggravates acne.

*Yuvana pidika* is explained by Sushruta under *kshudra roga*.<sup>3</sup> It is characterized by *shalmali kantaka sadrusha pidikas* on face. It correlates to Acne vulgaris explained in modern science.<sup>4</sup> This acne when not treated in the earlier stage leads to severity and hence leaves permanent scars, which mentally depresses the patients and feels insecure. Hence there is a need to counter this condition effectively and prevent its progress to severity and thereby preventing the eruption of new lesions.

Acne manifests as a result of plugging of pilosebaceous unit of the skin. The stages involved in the manifestation of the *pidika* are.

- Increased sebum secretion<sup>6</sup>
- Microbial colonization
- Occlusion of pilosebaceous ducts.

Increased sebum secretion leads to the oiliness of the skin.

In the treatment of *yuvana pidaka*, Yogaratnakara has mentioned *manjishta Churna* with *madhu* as lepa to be effective<sup>5</sup>. On the other hand, *mahamanjishtadi kashaya* is one of the proven formulations in all types of *twak vikaras*. These treatments are simple, effective, safe and convenient to patients in the busy schedule of modern era.

Present work was undertaken to study the action of shamana therapy with *manjishta lepa* and *mahamanjishtadi kashaya*. Hence it is a sincere effort made by conceptual study

of *yuvana pidaka* to present the Ayurvedic concepts in an updated view, which is supported by clinical study on the effect of two formulations.

## MATERIALS AND METHODS

The present study is a clinical trial to assess the efficacy of *Manjishta lepa* in group A and *Mahamanjishtadi Kashaya* in group B.

### MATERIALS:

#### Source of Materials:

All the raw materials were collected and prepared classically in the pharmacy of Rasashastra and Baishajya kalpana, at Dr BNM Rural Ayurvedic medical college, Bijapur.

The following materials were utilized for the clinical trial.

**Lepartha:** *Manjista churna, and madhu.*

**Abhyantara:** *Maha manjishtadi kashaya.*

#### Source of Data:

It is a clinical study on the management of *yuvana pidaka* and the patients attending the OPD and IPD of Kayachikitsa of Dr. BNMET'S Shri Mallikarjuna Swamiji's Post graduate and research centre, Bijapur, were taken for the study.

#### Methods of Data collection:

A clinical survey of patients attending OPD and IPD of Kayachikitsa, Dr BNM Rural Ayurvedic medical college, Bijapur was made and patients fulfilling the criteria of diagnosis as per the proforma were selected for the study. The data obtained by the clinical trial was statistically analyzed by applying student's 't' test.

#### Sample size:

Total 30 patients were subjected to the present clinical study.

### Study design:

### INCLUSION CRITERIA:

1. Patients presenting with classical signs and symptoms of *youvana pidaka* were selected.
2. Age groups between 16-30 years were selected.
3. Both the sex.
4. Patients fit for *pralepa*.

### EXCLUSION CRITERIA:

1. Patients unfit for *lepa*.
2. Patients with *Tilakalaka*, *Vyanga*, *nyacha*.
3. Patients with other Systemic disorders.

**DIAGNOSTIC CRITERIA:** Patients presenting with the signs and symptoms of *youvana pidaka*, i.e. *pidakas with ruja, daha, kandu and srava*.

**GRADING FOR THE SEVERITY:** Grading for the severity of individual symptom was framed as a (1-4) point scale.

### GRADING FOR THE OBJECTIVE VARIABLES

#### PIDAKA

##### A) Non inflammatory lesions

- G1- Normal (No comedones)
- G2- Mild (1to5 comedones)
- G3- Moderate (6to10 comedones)
- G4- Severe (More than 10 comedones)

##### B) Inflammatory lesions

- G1- Normal (No papules or pustules)
- G2- Mild (1to5 papules or pustules)

- G3- Moderate (6to10 papules or pustules)
- G4- Severe (More than 10 papules or pustules)

### C) Nodulo cystic lesions.

- G1- Normal (No nodules)
- G2- Mild (1to5 nodules)
- G3- Moderate (6to10 nodules)
- G4- Severe (More than 10 nodules)

### OBSERVATION VARIABLES

- 1) *Pidaka Varna* 2) *Ruja* 3) *Daha* 4) *Kandu* 5) *Srava*

### STATISTICAL ANALYSIS:

Data were collected before treatment, after treatment and at the end of follow up and statistically analyzed by using student 't' test with the conclusion of Biostatisticians.

### INTERVENTIONS:

The intervention of clinical study was carried according to the individual group as mentioned below.

#### GROUP A:

**Drug:** *Manjista churna* with *madhu*.

**Dose:** 1/4th *angula* (approx. 0.31 cm) thick *lepa* was applied ones daily.

**Duration:** 30 days.

Patients were asked to take *laghu, mrudu, ahara*. They were advised not to apply soap and cosmetics; instead gram floor application was advised to wash the face.

#### GROUP B:

**Drug:** *Mahamanjistadi kashaya*.

**Dose:** 15ml three times/ day.

**Anupana:** Madhu.

**Duration:** 30 days.

Patients were asked to take *laghu, mrudu*, ahara. They were advised not to apply soap

and cosmetics; instead gram floor application was advised to wash the face.

**FOLLOW-UP-** A follow up was done after 30 days in both the groups.

**TABLE 1: STATISTICAL ANALYSIS OF GROUP A RESULTS**

**I Non-Inflammatory Lesions**

	MEAN	SD	T	P	REMARK
BT	2.8667	0.7432	3.2845	0.0027	S
AT	1.8667	0.9115			
BT	2.8667	0.7432			
A F U	2.0000	0.6547	3.3890	0.021	S

**No II. Inflammatory Lesions**

	MEAN	SD	T	P	REMARK
BT	2.1333	0.9904	2.5525	0.0164	NS
AT	1.4000	0.5071			
BT	2.1333	0.9904			
A F U	1.6000	0.6325	1.7577	0.0897	NS

**No III. Nodulocystic Lesions**

	MEAN	SD	T	P	Remark
B.T	1.3333	0.7237	0.2558	0.8000	NS
A.T	1.2667	0.7037			
B.T	1.3333	0.7237			
A.F.U	1.2667	0.7037	0.2558	0.8000	NS

**TABLE.2: STATISTICAL ANALYSIS OF GROUP B RESULTS**

**I Non-Inflammatory Lesions**

	Mean	S.D	T	P	Remark
B.T	2.8667	0.7432	3.2845	0.0027	S
A.T	1.8667	0.9115			
B.T	2.8667	0.7432			
A.F.U	2.0000	0.6547	3.3890	0.021	S

**Table No II. Inflammatory Lesions**

Mean	S.D	T	P	Remark	
B.T	2.1333	0.9904	2.5525	0.0164	NS
A.T	1.4000	0.5071			
B.T	2.1333	0.9904			
A.F.U	1.6000	0.6325	1.7577	0.0897	NS

Table No III Nodulocystic Lesions

Mean	S.D	T	P	Remark	
B.T	1.3333	0.6172	0.6106	0.5407	NS
A.T	1.2000	0.5606			
B.T	1.3333	0.6172			
A.F.U	1.2667	0.3015	0.3015	0.7653	N

## DISCUSSION

*Yuvana pidika* is one of the major concerns of the youth which disfigures the face and hence influences the personality of the young generation.

In the present study it was observed that most of the patients were in the habit of consuming chocolates, sweets, bakery foods routinely which vitiate *kapha*. They also took spicy chats, fried food stuffs like chips, and aerated soft drinks which are *Vata* and *rakta prakopaka* nidanas. Petroleum wax products and tight fitting clothes and athletic gears have been identified to trigger acne. Cosmetics such as moisturizers foundation creams etc tend to have oil base. This adds oil to already oily skin as also clogging of pores. This in turn can lead to flare-up of acne.

Acne manifests as a result of plugging of pilosebaceous unit of the skin. Increased sebum secretion leads to the oiliness of the skin. As *madhu* and *manjishita* are rooksha they reduce the oiliness of the face and pre-

vent further manifestation of the *pidikas* as it is the cause.

## CONCLUSION

The Conclusions of the present study are as under.

1. The (*Vaya*) age is the *pradhana karana*. The other nidanas such as *aharaja*, *viharaja* are *nimitta karanas*.
2. Vitiated *vata* and *kapha* due to the mentioned nidanas vitiates *rasa*, *rakta* and *meda*, resulting in *sanga* of *rasavaha srotas* and manifest *pidakas* on facial skin.
3. *Pitta dosha pradhana prakruti* persons are more susceptible to *yuvana pidaka*. i.e, *pitta* associated with *kapha* or *pitta* associated with *vata*.
4. *Alpa sthanika kandu* before the manifestation of *pidika* is the *poorva roopa* of *yuvana pidaka*.
5. In comparison with the age of manifestation, and symptomatology, *yuvana pidaka* correlates to acne vulgaris.
6. *Medogharbha*, *ghanaswaroopa* and *paka awastha* are the stages of *yuvana pidika*.

*Medogarbha* and *ghanaswaroopa* are the non-inflammatory stage and *paka awastha* is the inflammatory stage. The severe and chronic forms of *pidikas* are nodulo cystic lesions.

7. *Manjishita lepa* is effective in non-inflammatory, and inflammatory lesions and has encouraging results in nodulo-cystic lesions.
8. *Mahamanjistadi kashaya* has encouraging effect on non – inflammatory, inflammatory and nodulo cystic lesions.
9. *Manjishita lepa* and *Mahamanjistadi kashaya* prevent the occurrence of new lesions.
10. *Manjishita lepa* and *mahamanjishtadi kashaya* enhance the complexion.

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