

A COMPARATIVE STUDY OF VAMANA KARMA AND SHAMANA CHIKITSA IN THE MANAGEMENT OF YUVAN PIDIKA W.S.R. TO ACNE VULGARIS

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ABSTRACT

As an outcome of industrial development, environmental, professional hazards anxieties, worries, anger & depression etc. So many diseases are emerging out in modern life patterns. Due to these factors, now a day various types of skin diseases are on rampage. Acne vulgaris is one of the most common dermatosis, which develop at puberty and young age. *Acharya Sushruta* has mentioned such a disease as 'YuvanPidika'. The disease *YauvanPidika* has shown great resemblance with Acne vulgaris in modern medicine. Vitiating of *Vata* and *Kaphadosha* along with *Raktadhatu* is seen in this disease. Because *Vamana Karma* is the best treatment for the elimination of *Kaphadosha* and for the management of *YuvanPidika*, *Vamana Karma* was selected for present study. In the present study, total 20 patients of *YuvanPidika* were registered and divided into 2 groups. Patients of Group-A were given *Vamanapoorvak Shamana* therapy and in Group-B only *Shamana* therapy was administered. Most of the patients responded statistically significant to the treatment in both groups but better relief was observed in Group-A.

Keywords: *YuvanPidika*, Acne vulgaris, *Vamana Karma*, *Tarunyapidikahara yoga*.

INTRODUCTION

Yuvan Pidika is the disease which occurs at puberty and adolescent and affects the face mostly, when beauty consciousness is at peak level. Therefore it is very much embarrassing and frustrating to the patient. Modern medicine has failed at some or more extent to complete eradication of this disease. This

disease is described under the heading of *Kshudra roga*¹ in *Ayurveda* and many remedies are described to cure this disease. *Vamana Karma*² is the best treatment for this disease, which is repeatedly recommended by the *Acharyas*. Hence, in this disease *Vamana Karma* was selected for present study.

AIMS AND OBJECTIVES:

- To assess the role of *Vamana karma* & *Shamana Chikitsa* in the management of *YuvanPidika* w.s.r. to Acne Vulgaris.
- To compare the efficacy of both the therapies in management of *YuvanPidika*.

MATERIALS AND METHODS:

- Literary** – It was compiled from ancient texts of *Ayurveda* and the modern parallels along with latest research papers.
- Clinical** – by analyzing the data from results obtained from the above clinical study.

CRITERIA FOR SELECTION OF PATIENTS:

INCLUSION CRITERIA:

1. For clinical study, patients having classical symptoms of *YuvanPidika* were selected from the O.P.D. and I.P.D. of Govt. Akhandan and Ayurved Hospital and Maniben Ayurvedic Hospital Ahmedabad.
2. Uncomplicated cases with classical pictures of *YuvanPidika* were selected irrespective of cast, religion and profession.
3. Patients were selected between the ages of 16 to 30years.

EXCLUSION CRITERIA:

1. Diseases like Diabetes, hypertension, Asthma, Acne conglobate, Chloracne. Acne fulminas, tropical acne and other systemic

disorders which lead fetal conditions for patients were excluded.

2. *Vamana Ayogya*³ as per classical texts was excluded from the study.

PLAN OF STUDY:

20 patients with classical sign and symptoms of *YuvanPidika* according to *Ayurvedic* classics after subjection of modern parameters were randomly divided into two groups.

Group A: Vamana Karma Poorvaka Shamana Chikitsa.

1. *Dipana-pachana– Trikatuchurna* (3 gm t.d.s. for at least 3 days).
2. *Snehapana– Lodhradighruta* in *vardhamanmatra* according to *Koshtha* and *Agni*.
3. *Anupana- Koshnajala*
4. *Vamaka Yoga – Madanphaladiyoga*⁴ (*matraas* per individual *koshtha* etc.).
5. *Shamana yoga- LodhradiVati* (9 tabs/day) - *TarunyapidikaharaLepa*⁵ (2 times/day with rose water)

Duration: 6 weeks

Group B: Shamana Chikitsa.

1. *LodhradiVati* (9 tabs of 500mg each/day)
2. *TarunyapidikaharaLepa* (2 times/day with rose water)

Duration: 6 weeks

CRITERIA FOR ASSESSMENT:

The detail of score given to each sign and symptom and clinical test carried out is described below:-

Table 1: Chief Complaints:

Comedone	Papules	Pustules	Nodules	Cysts	Abscess	Scars	Score
No comedone	No Papule	No Pustule	No Nodule	No Cyst	No Abscess	No Scar	0
Less spread	Less spread	Less spread	Less spread	Less spread	Less spread	Less spread	1
Moderately spread	Moderately spread	Moderately spread	Moderately spread	Moderately spread	Moderately spread	Moderately spread	2

Widely spread	Widely spread	Widely spread	Widely spread	Widely spread	Widely spread	Widely spread	3
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Table 2: Associated Complaints:

<i>Twaksnig dhata</i>	<i>Vedana</i>	<i>Srava</i>	<i>Kandu</i>	<i>Shotha</i>	<i>Vaivarnya</i>	<i>Daha</i>	<i>Paka</i>	Score
No snigdhata	No Pain	No Srava	No Kandu	No shotha	No vaivarnya	No Daha	No Paka	0
Mild <i>snigdhata</i>	Mild pain (Bearable pain)	<i>Lasika</i>	Mild (Bearable)	Mild <i>shotha</i>	Mild	Mild (Bearable)	Mild <i>paka</i>	1
Moderate <i>snigdhata</i>	Moderate pain (moderate and irregular pain)	<i>Puya</i>	Moderate (moderate and irregular)	Moderate <i>shotha</i>	Moderate	Moderate (moderate and irregular)	Moderate <i>paka</i>	2
Severe <i>snigdhata</i>	Severe pain (severe and continuous pain)	<i>Pinjar</i>	Severe (severe and continuous)	Severe <i>shotha</i>	Severe	Severe (severe and continuous)	Severe <i>paka</i>	3

CRITERIA FOR ASSESSING THE TOTAL EFFECT:

Considering the overall improvement had shown by the patient in sign and symptoms,

the total effect of the therapy has been assessed as below:-

Table 3:

Cured	100% relief in sign and symptoms
Marked relief	More than 75% relief in sign and symptoms
Moderate relief	50% - 75% relief in sign and symptoms
Mild relief	25% - 50% relief in sign and symptoms
Unchanged	Up to 25% relief in sign and symptoms

STATISTICAL ANALYSIS

The collected data was analyzed statistically in terms of mean score (x), Standard deviation (S.D.) and Standard error (S.E.). Paired ‘t’ test was carried out at the level of 0.05, 0.01 and 0.001 of P levels. The result was interpreted as:

- P > 0.05 Insignificant improvement
- P < 0.05 Significant improvement
- P < 0.01 and < 0.001 Highly significant improvement

OBSERVATIONS:

In the present study, majority of patients i.e. 35 % belonged to age group of 19-21years and 25 % belonged to age group of 16-18 and 22-24 years, which indicates the age of onset of the disease. Maximum numbers of patient i.e. 55% were male, 75% were Hindu, 90% were Unmarried, 55% were Students. Maximum patients prefer *Madhura Rasa* i.e. 60%, while 45% has *Katu rasa pradhana* which increase *Kaphadosha* and does

Raktadushti. 35% patients had habit of *Diwaswapa*, which aggravates *KaphaDosha* which is one of the main culprits causing *YauvanPidika*. 70% had irregular or constipated bowel, which causes the vitiation of the *Apana Vayu*.

Among 9 female patients, 55.55% patients had irregular menstrual history. This observation favours the modern aetiology of hormonal imbalance in this disease. All the patients, under study, observed *DwandajaPrakruti*. Maximum no. of patients belong to *Vata-KaphaPrakruti* (45%), *MadhyamaSatva* (55%), *Madhyama Satamaya* (65%), *Madhyama Sara* (85%), *Madhayama Samhanana* (75%), *Madhyama Abhyavarana Shakti* (65%), *MadhamaJarana Shakti* (60%). Among *Aharajanidana*, 75% were taking *Abhishyandiahara*, 65% were taking *Guru* and 35% were taking *Viruddhaahara*. In *Viharajanidana*, *Atapasevan* (65%), *Nidraviparyaya* (50%) were found. In *Manasikanidana*, *Krodha* was found in maximum number of patients i.e. 70% and *chinta* was found in 55%.

In Chronicity, in the present study, maximum numbers of patients had chronic acne i.e. 55%, while 30% had sub acute and 15% had acute onset of the disease.

Among all the *Pidika*, all the patients had comedones and papules. This is because comedone is the pathognomic of Acne Vulgaris, while 90% had pustules, 30% had nodules. Scars were found in 70% of patients. Cysts and abscess were not found in any patient. (Chart 1)

Observation shows that all the patients had *Twaksnigdhatata*, 90% had *Paka*, 85% had *Vaivarnyata*, 80% had *Vedana* and *Shotha*, 70% had *Kandu*, 65% had *Srava* and only

35% had *Dahaas* associated symptoms of *YuvanPidika*. (Chart 2)

Observation reveals that most of patient i.e.90% patients had *Pidika* on cheeks, while 75% patients had on chin and forehead, 40% had on upper back, 35% had on upper arms, 25% had on nose and chest and only 15% patients had *Pidika* on shoulders. This is due to the larger number and size of sebaceous glands is found at those sites. (Chart 3)

Effect of therapies:-

Group A: Effect of *Vamanapoovak Shamana Chikitsa* in cardinal symptoms of *YuvanPidika* was 84.61% relief (P< 0.001) in comedones; 83.3 % relief (p<0.001) in Papules; 76% relief (P<0.001) in Pustules; 83% relief (P<0.05) in Nodules and 26.6% relief (P>0.05) in Scars. Results were statistically **highly significant in comedones, papules and Pustules, significant in Nodules and insignificant in Scars.**

In associated symptoms of *YuvanPidika* in group A, there was 83.3% relief (P< 0.001) in *Twaksnighdata*; 90.90 % relief (p<0.001) in *Vedana*; 83.33% relief (P<0.001) in *Srava*; 92.85% relief (P<0.001) in *Kandu*; 86.95% relief (P<0.001) in *Vaivarnyata*; 66.66% relief (P<0.01) in *Daha* and 76% relief (p<0.001) in *Paka*. Results were statistically **highly significant in all the associated symptoms.**

Group B: Effect of *ShamanaChikitsa* on cardinal symptoms of *YuvanPidika* was 75% relief (P< 0.001) in comedones; 69.56 % relief (p<0.001) in Papules; 45% relief (P<0.01) in Pustules; 66.66% relief (P>0.05) in Nodules and 25% relief (P>0.05) in Scars. Results were statistically **highly significant in comedones, papules and pustules, and insignificant in nodules and scars.**

In associated symptoms, the results are as follows: 80% relief (P< 0.001) in *Twaksnighdata*; 85 % relief (p<0.001) in *Vedana*; 68.5% relief (P<0.001) in *Srava*; 71% relief (P<0.001) in *Kandu*; 70% relief (P<0.001) in *Vaivarnyata*; 54.54% relief

(P<0.05) in *Daha* and 43% relief (p<0.05) in *Paka*. Results were statistically **highly significant in *Twaksnighdata*, *Vedana*, *Srava*, *Kandu*, *Vaivarnyata* and significant in *Daha* and *Paka*.**

Table 4: TOTAL EFFECT OF THERAPY IN BOTH GROUPS:

Results	GROUP A		GROUP B		TOTAL	
	No.	%	No.	%	No.	%
Complete remission (100%)	1	10%	1	10%	2	10%
Marked improvement (>75%)	7	70%	2	20%	9	45%
Moderate improvement (50– 75%)	2	20%	6	60%	8	40%
Mild improvement (25 – 50%)	0	0%	1	10%	1	5%
Unchanged (<25%)	0	0%	0	0%	0	0%

Probable mode of action of Vamana Karma:

Vamana is said as the best treatment for the *Kaphadosha* elimination. In *YuvanPidika*, the mainly vitiated *dosha* is *Kapha*⁶. Other *dosha* which are involved in this disease are *Vata* and *Rakta*. *Rakta* is *Pitta vargiyadravya* and *Vamana* purifies the *Pitta* also at some extent and thus it purifies the *Rakta*.

In this disease, *Srotorodha* is seen *Swedavahasrotasa*, *Vamana* drug with its *Ushna*, *Tikshana*, *Sookshma*, *Vyavyi*, & *Vikasi* properties enters the large & small *Srotas* of the body and clears the *Srotavarodha*, which helps in breaking the chain of *Samprapti*.

Dosha should be eliminated from the nearest path. *YuvanPidika* is *Urdhvajatrugatavyadhi* and *Vamana* expels the *dosha* from the *Mukhamarga*. Therefore, *Vamana karma* will give better results than any other *Shodhana karma*. In *YuvanPidika*, *Rasa*, *Rakta*, *Mamsa* and *Medadhatus* are vitiated, especially *Meda*. *Vamana karma* possesses the property of purifying vitiated *dhatu* and increases the *Dhatvagni*, which corrects the disturbed *dhatupakavyapar*.

Probable mode of action of Tarunya Pidikahara Yoga:

This *Yoga* is comprises of *Lodhra*⁷, *Dhanyaka*⁸, *Vacha*⁹, *Maricha*¹⁰ and *Siddharthaka*¹¹. This disease occurs mainly due to vitiation of *Kapha*, *Vata* and *Raktadoshas*, it is understood that the drugs should possess the *KaphaVatahara* and *Pitta (Rakta) shamaka* effect. *Lodhra* has *KaphaPittahara*, *Shothahara*, *Kushthaghna*, *Ropana*, *RaktaStambhaka* and *Srava Stambhaka* properties, which help in symptoms like *Shotha*, *Daha*, *Srava* etc. *Kaphavatashamaka* Property of *Vacha*, *Marich* and *Siddharthaka* acts directly on the causative *dosha* of *YuvanPidika*, which relieve *shoola* & *shotha*. *Tikshnaguna* of *Marich* and *vacha* clears the *srotavarodha*. *Shothahara*, *Sheetaprashamana* & *Shoolahara* properties of *Dhanyaka* relieve symptoms like *Shoola*, *Shotha*, *Pakotpatti*, *Daha* etc. and *Srotovishodhana* property helps in clearing the *Swedavahasrotasa*. *Lodhra* is a *Sheetavirya* drug, so it relieves the *Pittaj* symptoms like *Daha*, *Paka* etc. It is

Shothahar & Vranaropana, which relieves inflammation. *Vacha* and *Maricha* have **Swedajanana** property which increases sweating. In this manner it cleans the *swedavahasrotasa*. **Varnya** Property of *Siddharthaka* helps in clearing *Vaivarnyata*. Thus, different properties of drugs of *Tarunypidikahara Yoga* help in breaking the chain of *Samprapti* of *YuvanPidika*.

CONCLUSION

From the present study, it is concluded that *Vamanapoorvakshamana* therapy has given the better results in the amelioration of Cardinal and Associated symptoms in comparison to only *Shamana* (Internally *Vati* and Externally *Lepa*) therapy. But the present study was carried out on a smaller number of patients for a shorter duration, hence need to evaluate on a longer number of patients and should be carried out for a longer duration.

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