A RANDOMIZED COMPARATIVE CLINICAL STUDY ON LODHRADHI LEPA AND ARJUN TWAK LEPA WITH JALOUKAVACHARANA IN THE MANAGEMENT OF MUKHADUSHIKA (ACNE VULGARIS)

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https://doi.org/10.46607/iamj.0908102020
(Published online: October 2020)

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Article Received: 12/09/2020 - Peer Reviewed: 28/09/2020 - Accepted for Publication: 03/10/2020

ABSTRACT
Mukhadushika is the most troublesome and most common skin care problem. The symptoms of Mukhadushika resembles with Acne Vulgaris. **Objective:** The present study was to evaluate the comparative effect of Lodhradilepa and Arjuna twak lepa with Jaloukavacharana in the management of Mukhadushika. **Methods:** 40 patients were randomly selected and divided into 2 groups. **Results:** Both the groups showed statistically significant results on all assessment criteria. On comparison between 2 groups, there is no significant difference in assessment criteria except in the size in which Group-2 was more effective than Group-1 and Number of pidaka in both groups found to be insignificant. **Interpretation and conclusion:** Jaloukavacharana serve as a Shodhana karma here as there is involvement of Rakta dhatu in the Samprapti & Lepa is one of the treatment modalities for Mukhadushika mentioned in classics. Both Arjuna lepa and Lodhradi lepa along with application of Jalouka showed statistically highly significant on all the assessment criteria like vedana etc. GAGS Score and IGA criteria
except in the size in which Group-2 was more effective than Group-1 and Number of Pidaka in both groups found to be insignificant.

**Keywords:** Mukhadushika, Lodhradilepa, Arjuna Twak Lepa, Jaloukavacharana

**INTRODUCTION**

Mukhadushika is commonly called as Youvanapidaka as it affects to mainly adults. According to Sushruta, Shalmali Kantaka like eruptions on the face due to vitiation of kapha, vata & rakta and are characterized by Saruja, Ghana, Medogarba known as Mukhadushika or Youvanapidikaar Tarunya pidika. The explanation of Mukhadushika is similar with description of “Acne vulgaris” the surface areas of the skin that contains the most amounts of sebaceous glands will be the areas prone for acne vulgaris breakouts. This includes the back, face, and upper portion of the chest. The most common causes of acne vulgaris are hormone fluctuations; excess sebum production in the pelosebaceous units, in few cases genetics has been shown to play a role. In modern medicine the treatment mainly includes prolonged use of antibiotic, comedolytics and anti-inflammatory agents. Though, these medicines are better treatment options for acne management, the side effects of these medications such as increase in frequency and severity of skin dryness, scaling, erythema, and burning, stinging, itching and bacterial resistance limits their use. In Ayurveda Mukhadushika is treated mainly by Shodhana (purification of body) and Shamana (conservative treatment) or combination of both. As the involvement vitiation of Rakta in the Samprapti of Mukhadushika, Raktamokshana with Jaloukavacharana may benefit and the efficacy of local application of Lodhradi lepa and Arjuna Twaklepa has been proven previously on Mukhadhushika hence the combination of Shodhana and Shamana together may give synergetic effect in curing Mukhadushika. For Mukhadushika, Lepa as treatment modality acts quick and locally but not long-lasting leading to relapse of the disease. The administration of shodhana therapy may benefit by removing vitiated doshas from the site, it is also said that action of shamana aushadi will increase after shodhana, Hence an attempt is made in the present study by adopting Jaloukavacharana in both the groups then followed by Lodhradi lepa in one group & Arjuna twak lepa in other group for external application for 15 days, to rule out the synergetic action of both Shodhana & Shamana effect in Mukhadushika.

**Materials and Materials:** Totally 40 patients of Mukhadushika selected and divided into two groups, Group 1 -20 patients and Group 2 – 20 patients. Complete history and clinical evaluation of the patients of Mukhadhushika recorded in the specially designed case sheet. Subjective and objective parameters were used to assess the clinical response in both the groups. The patients were assessed on before treatment (1st day), after treatment (16th day), Follow up on 23rd day and 31st day.

Group 1- Jaloukavacharana followed by Lodradi lepa.

Group 2 – Jaloukavacharana followed by Arjuna twak lepa.

**Preparation of Lodhradilepa**

Drugs- Lodhra, Dhanyaka, Vacha

Each drug is pounded into fine powder and mixed in equal parts and made paste with lukewarm water.

**Preparation of Arjuna twaklepa**

Drug- Arjuna twak

Arjuna twak is pounded into fine powder and made paste with milk.

**Jaloukavacharana:** Activated Nirvishajaloukas are taken and applied to most affected part and temperature is maintained my putting wet gauze over it and sucking is observed until 40-45 min. Used Jaloukas are vomited by putting Haridra/Saindhabalavana over the face.

**Source of Data:**

**Sample Source:** 40 patients diagnosed with Mukhadushika are taken for the study from OPD/IPD of B.L.D.E.A’s AVS Ayurveda Mahavidyalaya Hospital and research center, Vijayapura.
Inclusion Criteria
1. Age group between 16 to 35 years irrespective of gender.
2. Patients diagnosed with the clinical symptoms of Mukhadushika i.e. Shalmali Kantaka, Saruja, Ghana, Medogarbha.

Exclusion Criteria:
1. Patients with systemic illness and hormonal disorders.
2. Patients who are Allergy to Lepas.
3. Pregnant women.
4. Patients of Krusha or underweight.
5. Patients with severe Anemia

Observation and Results
Effect on Vedana (Pain)
Group 1- Before treatment mean score and standard deviation of Vedana of Pidaka was 2.30 ± 0.801 which reduced to 0.80±0.768 after treatment, showing 65% reduction. It was statistically significant at the level of P<0.01. Group 2- Before treatment mean score and standard deviation of Vedana of Pidaka was 2.65±0.587 which reduced to 1.15±0.489 after treatment, showing 56.6% reduction. It was statistically significant at the level of P<0.001.

Effect on Srava of Pidaka:
Group 1- Before treatment mean score and standard deviation of Srava of Pidaka was 2.25±2.049 which reduced to 0.40±0.503 after treatment, showing 82% reduction. It was statistically significant at the level of P<0.01. Group 2- Before treatment mean score and standard deviation of Srava of Pidaka was 2.15±0.745 which reduced to 0.25±0.444 after treatment, showing 88.37% reduction. It was statistically significant at the level of P<0.01.

Effect on Number of Pidaka:
Group 1- Before treatment mean score and standard deviation of Number of Pidaka was 2.95±0.224 which reduced to 2.40±0.598 after treatment, showing 18.6% reduction. It was statistically not significant at the level of P<0.05. Group 2- Before treatment mean score and standard deviation of Number of Pidaka was 3.00±0.00 which reduced to 2.45±0.510 after treatment, showing 18.3% reduction. It was statistically not significant at the level of P<0.05.

Effect on Size of Pidaka:
Group 1- Before treatment mean score and standard deviation of Size of Pidaka was 3.00 ± 0.826 which reduced to 1.25±0.444 after treatment, showing 58.89% reduction. It was statistically not significant at the level of P<0.05. Group 2- Before treatment mean score and standard deviation of Size of Pidaka was 2.65±0.641 which reduced to 1.05±0.224 after treatment, showing 50% reduction. It was statistically significant at the level of P<0.001.

Effect on Vivarnata of Pidaka:
Group 1- Before treatment mean score and standard deviation of Vivarnata of Pidaka was 2.45±0.887 which reduced to 0.95±0.510 after treatment, showing 61.22% reduction. It was statistically significant at the level of P<0.01. Group 2- Before treatment mean score and standard deviation of Vivarnata of Pidaka was 2.25±0.786 which reduced to 0.70±0.657 after treatment, showing 88.8% reduction. It was statistically significant at the level of P<0.001.

Effect on Global acne Grading system:
Group 1- Before the treatment mean score and standard deviation of Global acne Grading system was 21.25±5.803 which reduced to 11.55±3.052 after the treatment, showing 45.64% reduction. It was statistically significant at the level of P<0.01. Group 2- Before the treatment mean score and standard deviation of Global acne Grading system was 22.70±3.686 which reduced to 10.75±3.307 after the treatment, showing 52.64% reduction. It was statistically significant at the level of P<0.001.

Effect on Investigators Global Assessment:
Group 1- Before the treatment mean score and standard deviation of Investigators Global assessment was 2.60±0.754 which reduced to 1.50±0.688 after the treatment, showing 42.30% reduction. It was statistically significant at the level of P<0.001. Group 2- Before the treatment mean score and standard deviation of Investigators Global Assessment was 2.45±0.759 which reduced to 1.45±0.605 after the treatment, showing 40.81% reduction. It was statistically significant at the level of P<0.001.
**Overall Effect:** The overall effect in Group 1 showed highly significant result with mean score & standard deviation before treatment was 11.90 ± 2.922 respectively and 5.80 ± 1.67 after treatment with overall reduction of 51.3%. The overall effect in Group 2 showed highly significant result with mean score & standard deviation before treatment was 12.15 ± 2.41 respectively and 5.60 ± 1.57 after treatment with overall reduction of 54.4%.

**DISCUSSION**

*Mukhadushika* in modern view has similarity with Acne Vulgaris which is called to be a Physically and Psychologically scarring disease. In this disease patients have greater impairment in mental health and associated with psychological disturbances like embracement, anxiety. In the study many of the patients had *Manasika lakshanas* like Krodha, Ayasa, Shoka, which aggravates *Vata Dosha*. Jaloukavacarana being a bio-purificatory method removes deeply seated toxins by letting out blood, clearing *Srotasa* and pacifying vitiated *Dosha*. As Jaloukavacarana removes vitiated *Pitta/Rakta*, which causes reduction in *Paka*, *Daha* and number of *Pidakas*. It also reduces the pooled blood and pus which results in purification of *Srotas*. Lodradi Lepa are having the predominance of *Tikta*, *Katu* and *Kashaya Rasa*, *Laghu Guna*, *KatuVipaka* and *UshnaVirya*. These properties alleviate *KaphaDosha*. It is capable of pacifying vitiated *Vata Dosha* by its *Madhura Rasa*, *Snigdha Guna*, *Ushna Veerya* and *Madhura Vipaka*. Due to the presence of *Madhura*, *Tikta*, *Kashaya Rasa*, *Snigdha Guna* and *Sheeta Virya* it alleviates *Pitta Dosha*. Arjuna which has *Kashaya rasa*, *Sheetaveerya* does *Shamana* of *Kapha* and *Pitta*. *Rak-tashodaka* property of *Arjuna* acts on the causative factor of *Mukhadushika*. Thus, *Ksheera* which has *Madhurarasa*, *Sheetaveerya* and *Vatapittashamaka* property provides an added effect to this *yoga*. Flavonoids exhibit Anti-Inflammatory activity. Tannins exhibit antibacterial property. Overall, both the groups have shown highly significant results in all the parameters except in number of *Pidakas* and size of *Pidaka*.

**CONCLUSION**

The Statistical analysis the study reveals there is no significant difference between Jaloukavacharana followed by Lodhradilepa and Jaloukavacharana followed by Arjuntwaklepa are having Qualitative Equanimity effect of the treatment on disease Mukhadushika.

**REFERENCES**


**Source of Support:** Nil

**Conflict of Interest:** None Declared