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. Vitiation 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* in *Ayurveda* and many remedies are described to cure this disease. *Vamana Karma* 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:
a) Literary – It was compiled from ancient texts of Ayurveda and the modern parallels along with latest research papers.
b) 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 30 years.

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 Ayoga 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. Snehapanay – Lodhradighruta in vardhamanmatra according to Koshtha and Agni.
3. Anupana- Koshnajala
4. Vamaka Yoga – Madanphaladiyoga (matras per individual koshtha etc.).
5. Shamana yoga- LodhradiVati (9 tabs/day) - TarunyapidakaharaLepa (2 times/day with rose water)
Duration: 6 weeks

Group B: Shamana Chikitsa.
1. LodhradiVati (9 tabs of 500mg each/day)
2. TarunyapidakaharaLepa (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>
<thead>
<tr>
<th>Comedone</th>
<th>Papules</th>
<th>Pustules</th>
<th>Nodules</th>
<th>Cysts</th>
<th>Abscess</th>
<th>Scars</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No comedone</td>
<td>No Papule</td>
<td>No Pustule</td>
<td>No Nodule</td>
<td>No Cyst</td>
<td>No Abscess</td>
<td>No Scar</td>
<td>0</td>
</tr>
<tr>
<td>Less spread</td>
<td>Less spread</td>
<td>Less spread</td>
<td>Less spread</td>
<td>Less spread</td>
<td>Less spread</td>
<td>Less spread</td>
<td>1</td>
</tr>
<tr>
<td>Moderately spread</td>
<td>Moderately spread</td>
<td>Moderately spread</td>
<td>Moderately spread</td>
<td>Moderately spread</td>
<td>Moderately spread</td>
<td>Moderately spread</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 2: Associated Complaints:

<table>
<thead>
<tr>
<th>Twaksnigdhata</th>
<th>Vedana</th>
<th>Srava</th>
<th>Kandu</th>
<th>Shotha</th>
<th>Vaivarnya</th>
<th>Daha</th>
<th>Paka</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No snigdhata</td>
<td>No Pain</td>
<td>No Srava</td>
<td>No Kandu</td>
<td>No shotha</td>
<td>No vaivarnya</td>
<td>No Daha</td>
<td>No Paka</td>
<td>0</td>
</tr>
<tr>
<td>Mild snigdhata</td>
<td>Mild pain</td>
<td>Mild Lasika</td>
<td>Mild shotha</td>
<td>Mild</td>
<td>Mild paka</td>
<td>Mild</td>
<td>Mild</td>
<td>1</td>
</tr>
<tr>
<td>Moderate snigdhata</td>
<td>Moderate pain</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
<td>2</td>
</tr>
<tr>
<td>Severe snigdhata</td>
<td>Severe pain</td>
<td>Severe Pinjar</td>
<td>Severe shotha</td>
<td>Severe</td>
<td>Severe paka</td>
<td>Severe</td>
<td>Severe paka</td>
<td>3</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Relief Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured</td>
<td>100% relief in sign and symptoms</td>
</tr>
<tr>
<td>Marked relief</td>
<td>More than 75% relief in sign and symptoms</td>
</tr>
<tr>
<td>Moderate relief</td>
<td>50% - 75% relief in sign and symptoms</td>
</tr>
<tr>
<td>Mild relief</td>
<td>25% - 50% relief in sign and symptoms</td>
</tr>
<tr>
<td>Unchanged</td>
<td>Up to 25% relief in sign and symptoms</td>
</tr>
</tbody>
</table>

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 19-21 years 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 YuvanPidika. 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 Twaksnigdhata, 90% had Paka, 85% had Vaivarynata, 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 Vamanapoorvak 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 Twaksnigdhata, Vedana, Srava, Kandu, Vaivarnyata and significant in Daha and Paka.

### Table 4: TOTAL EFFECT OF THERAPY IN BOTH GROUPS:

<table>
<thead>
<tr>
<th>Results</th>
<th>GROUP A</th>
<th></th>
<th>GROUP B</th>
<th></th>
<th>TOTAL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete remission (100%)</td>
<td>1</td>
<td>10%</td>
<td>1</td>
<td>10%</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Marked improvement (&gt;75%)</td>
<td>7</td>
<td>70%</td>
<td>2</td>
<td>20%</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>Moderate improvement (50–75%)</td>
<td>2</td>
<td>20%</td>
<td>6</td>
<td>60%</td>
<td>8</td>
<td>40%</td>
</tr>
<tr>
<td>Mild improvement (25–50%)</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>10%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Unchanged (&lt;25%)</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

### 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. 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. 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 Urdhvaatrugatavyadhi 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, Dhanyaka, Vacha, Maricha and Siddharthaka. This disease occurs mainly due to vitiation of Kapha, Vata and Rakta. It is understood that the drugs should possess the KaphaVatahara and Pitta (Rakta) shamaka effect. Lodhra has KaphaPittahara, Shothahara, Kushthaghna, Ropana, RaktaStambhaka and Srotavishodhana properties, which help in symptoms like Shotha, Daha, Paka etc. 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 Tarunyapidikahara 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.

REFERENCES
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