

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL







Research Article ISSN: 2320-5091 Impact Factor: 6.719

A COMPARATIVE STUDY OF SHALMALYADILEPA AND GUDUCHYADIVATI IN THE MANAGEMENT OF YAUVANAPIDIKA W.S.R.TO ACNE VULGARIS – A RESEARCH ARTICLE

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https://doi.org/10.46607/iamj.1308112020

(Published online: December 2020)

Open Access

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Article Received: 08/12/2020 - Peer Reviewed: 09/12/2020 - Accepted for Publication: 10/12/2020



ABSTRACT

Acne vulgaris is a chronic inflammatory condition of skin in youth. In *Ayurveda*, acne has been elaborated as one of the *KshudraRogas* (minor ailments). It is manifested in adolescence thus called as *Yuvanpidika* or *Tarunyapitika*. Symptoms of *Mukhadushika* show close resemblance with bacterial infection and inflammatory factors of acne. According to *Ayurveda*, vitiation of *Kaphadosha*, *VataDosha* and *RaktaDhatu* lead to acne development. *Kapha* vitiation may resemble with excess sebum production, *Vata* vitiation may resemble with hyperkeratinization and *Rakta* vitiation may resemble with inflammatory mediators in blood, play an important role in pathogenesis of acne. Both modern and *Ayurvedic* sciences have considered the use of topical as well as oral medications and their combinations for the treatment of acne. Modern medications provide relief from acne vulgaris but cause noticeable side effects. In this study, 50 patients with symptoms of *Yauvanapidika* were treated in two groups. In Group A, patients were given local application of *Shalmalyadilepa* twice a day with milk, while in Group B patients were given 2 gm of *Guduchyadivati* thrice along with local application of *Shalmalyadilepa*. At the end of treatment, Group B showed better improvement in comparison to Group A.

Keywords: Acne, Ayurveda, Guduchyadivati, Shalmalyadilepa, Yauvanapidika, Tarunyapitika, KshudraRogas

INTRODUCTION

Acne with significant cutaneous and psychological disease burden is a common chronic inflammatory condition of skin. Acne affects both males and females, although males tend to have more with onset of puberty. Across the globe, acne affects 80% of individuals between Pubescence and 30 years of age. Many research studies have reported acne in 79-95% in the age group of 16-18 years. In India, research studies have reported acne in 50.6% of boys and 38.13% of girls in the age group of 12-17 years. ² Acne vulgaris, a chronic inflammatory disorder in adolescents consists of the pilosebaceous follicles, characterized by comedones, papules, pustules, cysts, nodules and often scars, chiefly on face, necketc.³ It is a skin condition that occurs due to the clogging of oil glands of the skin.⁴ The oil that normally lubricates the skin gets trapped in blocked oil ducts and results in what we know as Pimples, Blackheads and Whiteheads. Sometimes it also includes deeper skin lesions that are called Cysts.⁵

It is more common during teenage years but is known to happen across all age. Adult acne is becoming increasingly popular. It is a disease of the skin which can be painful for those suffering from moderate to severe acne. Acne vulgaris mostly affects the areas of skin with the densest population of sebaceous follicles these areas include the face, the upper part of the chest, and the back. The cause of acne is unknown. It is presumed to be activated by androgens in genetically predisposed individuals.8

The earliest abnormalities in acne are:

- Seborrhea:-Increased sebum production due to which the skin looks greasy.
- Comedone:-Formation of horny plugs.

According to Ayurveda the Shalmali thorn like eruptions on the face of adolescents, due to vitiation of Kapha, Vata and Rakta are known as "YuvanaPidika" or "TarunyaPitika" or Mukhadushika.9 These Pidikas destroy the beauty of the face and cause disfigurement of the face therefore they are also called as "Mukhadushika". 10 In Ayurveda, mainly two types of Chikitsa have been used to treat acne i.e. Shodhana and Shamana. Shodhana includes Vaman and Nasya, whereas

Shamana includes Lepa, Upanah and Kshara application. Taking into consideration of the above facts, present study was planned to evaluate the effect of Shalmalyadilepa and Guduchyadivati in Yauvanapidika as Shamana therapy

Materials and Methods

Total 50 patients with symptoms of Yauvanapidika, fulfilling the inclusion criteria were selected from O.P.D. of Jammu Institute of Ayurveda and Research Nardani, Jammu, grouped into two groups.

Inclusion and Exclusion Criteria

Patients between 15 to 30 years of age with signs and symptoms of Yauvanapidika were included in the study. Yauvanapidika due to other systemic diseases like Prameha, Masurika etc., were excluded.

Diagnostic Criteria

Patients having cardinal symptoms of the disease like Pidika on face, and/or chest-upper back including Medogarbhatva, Ruja, Daha, Paka, Srava, etc.

Investigations:

Routine hematological and urine routine and microscopic investigations were carried out before starting the treatment to exclude other systemic pathologies, if any.

Drugs and Posology

Shalmalyadilepa for external application Guduchyadivati for oral administration were selected in the present study. The *Lepa* was prepared from the herbs as mentioned in Chakradatta Kshudrarogadhikara and said to be useful in Yauvanapidika. This formulation includes Shalmali (Salmaliamalabarica DC.) thorn, Vata (Ficusbengalensis Linn.) buds, Jaatiphala (MyristicafragransHoutt.) fruits, Lodhra (Symplocosracemosa Roxb.) bark, Masoora (Lens culinaris Medic) seed, and Raktachandana (Pterocarpus santalinus Linn.) stem. As vitiation of Pitta, Kapha and Rakta is considered in the development of acne, a formulation that can purify blood and check aggravated Kapha and Pitta will be beneficial. Taking into consideration, Guduchyadivati containing powders of Guduchi (Tinospora cordifolia Willd.) stem, Manjistha (Rubia cordifolia Linn.) root, and Krishnasariva (Hemidesmus indicus) root in equal proportion was chosen for the present study.

Group A:

Patients were advised to apply Shalmalyadilepa twice a day with milk over affected area of the face. It was advised to remove the *lepa* immediately after getting dried.

Group B:

Patients were administered four tablets (500 mg each) of Guduchyadivati thrice a day with water along with local application of *Shalmalyadilepa*.

Duration of the study

Duration of the study was one month in both the groups.

Follow-up

Follow-up was done for one month.

Criteria for assessment

The result was assessed on the basis of specially prepared proforma and scoring pattern designed for each symptom.

Overall Effect of Therapy

Total affect of therapy was assessed considering overall improvement in signs and symptoms based on below criteria.

- Complete remission: 100% relief
- Marked improvement: Relief between 75% and 99%
- Moderate improvement: Relief between 50% and 74%
- Mild improvement: Relief between 25% and 49%
- Unchanged: < 25%

Statistical Analysis

Statistical analysis was carried out by Students "t" test and comparison of both the groups was carried out by paired "t" test. The result was interpreted at p<0.05, p<0.01, and p<0.001 as level of significance25% 0.05, p<0.01 and p<0.001 as level of significance.

Effect of Therapy

The data shows that after completion of therapy in Group A, patients got positive improvement on Medogarbhtva and Daha by 62.50% and 83.33% respectively. Pidika was relieved by 54.17%. Number of Pidika and Srava were relieved by 52.94% and 45.45% respectively. Shotha was reduced by 39.29%. 34.48% improvement was observed in Vranavastu

i.e., scar. Relief in all the symptoms found statistically highly significant (p<0.001) [Table 1].

In Group B, Kandu was relieved by 94.74%, Vedana and Shotha were reduced by 85.71% and 82.35% respectively. Srava was reduced by 80% where as Paka and Vaivarnya (discoloration) were reduced by 79.31% and 78.13% respectively. Medogarbhtva and area occupied by Pidika were reduced by 71.11% and 66% respectively. The improvement was highly significant (p<0.001) except *Vranavastu* which remain significant (p<0.05) [Table 2].

The effect on Rasavaha and Swedavaha srotodushti was found to be highly significant in Group A, while Group B showed highly significant effect on all the three srotodushti (Rasa, Rakta, and Swedavaha srotas).

DISCUSSION

The observations reveal that, no patient had complete cure in both the groups. Total 50% patients had marked improvement in Group B while in Group A it was 13.64%. Moderate improvement was observed in 40.91% in Group B while in Group A, it was 31.82%. Mild improvement was observed in 9.09% of patients in Group B while in Group A, it was 50%. No one patient remains unchanged in Group B while in Group A it was 4.55% [Table 3]. Probable mode of action Shalmalyadilepa Ingredients of Shalmalyadilepa are Laghu Guna brings about Lekhana and Vrana Ropana. Ruksha Guna has property of Kharata and Stambhana. Kharata is expected to relieve symptoms of Medogarbhatva. Madhura Rasa is Kshinakshata sandhanakara. Hence, it improves wound healing, and in this way, it reduces Vranavastu (scar). Kapha-Pitta Shamaka property of Shalmalyadilepa, relieves Daha and Kapha dominating symptoms like Kandu, Medogarbhatva, Shotha, etc. Gudoochyadivati possess Madhura, Tikta, Kashaya Rasa with dominancy of Guru, Snigdha Guna, and combination of Ushna and Sheeta Virya drugs exhibiting Tridoshashamaka property thereby exerts curative action on Daha and Vrana. Tikta Rasa has property of Deepana and Pachana, which potentiates Jatharagni and Dhatvagni, and in this way it reduces the formation of Ama resulting in

arresting of progression in Dhatu shaithilya. Madhura Rasa by its Prasadana and Varnakara property improves fairness of the skin. Due to predominance of Ushna Virya in the composition of Guduchyadivati brings about pacification of Vata Dosha and relieves symptoms like Vedanaand also improves Dhatvagni. Guduchi and Sariva having properties of Tridoshahara while Manjishtha is Vata Kapha Shamaka. Hence, collectively all these drugs may act on Pitta and may have shown improvement in Raktavaha Sroto Dushti Lakshana.

CONCLUSION

Yauvanapidika is a common skin disease which affects the beauty of adolescence. These Pidika generally appear between 15 to 30 years. Male individuals, who are dominant with Kapha Pitta Prakriti are more prone to this condition. Kapha, Pitta, Rasa, and Rakta are the involved dosha and dushya in this condition. Hence, local along with internal medications is required to check the pathogenesis. In the current study, Shalmalyadilepa along with Guduchyadivati (Group B) has shown better effect than only external application of Shalmalyadilepa. As the condition is Yapya, and in order to obtain good results, the duration of the therapy and sample size may be increased.

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S.No	Symptoms	Mean score		Mean	%age	SD±	SE±	't'	'P'
		B.T	A.T						
1	No. of Pidika	2.32	1.09	1.23	52.94	0.42	0.09	13.42	< 0.001
2	Area occupied	2.18	1.00	1.18	54.17	0.39	0.84	14.04	< 0.001
3	Shotha	1.33	0.81	0.52	39.29	0.51	0.11	4.69	< 0.001
4	Vedana	1.20	0.55	0.65	54.17	0.58	0.13	4.95	< 0.001
5	Srava	1.22	0.67	0.56	45.45	0.52	0.17	3.16	< 0.001
6	Kandu	1.32	0.74	0.58	44.00	0.60	0.13	4.15	< 0.001
7	Daha	1.20	0.33	0.97	83.33	0.44	0.11	7.42	< 0.001
8	Paka	1.25	0.50	0.75	60.00	0.44	0.11	6.70	< 0.001
9	Medogarbhatva	1.82	0.68	1.14	62.50	0.77	0.16	6.88	< 0.001
10	Vaivarnya	1.40	0.87	0.60	42.86	0.63	0.16	3.67	< 0.001
11	Vranavastu	1.61	1.11	0.56	34.48	0.51	0.12	4.61	< 0.001

S.No	Symptoms	Mean score		Mean	%age	SD±	SE±	't'	'P'
		B.T	A.T						
1	No. of Pidika	2.27	0.95	1.32	58.00	0.47	0.10	12.96	< 0.001
2	Area occupied	2.27	0.73	1.50	66.00	0.59	0.12	11.77	< 0.001
3	Shotha	1.55	0.27	1.27	82.35	0.55	0.11	10.84	< 0.001
4	Vedana	1.27	0.18	1.09	85.71	0.42	0.09	12.00	< 0.001
5	Srava	1.19	0.24	0.95	80.00	0.49	0.10	8.71	< 0.001
6	Kandu	1.12	0.06	1.06	94.74	0.24	0.05	18.00	< 0.001
7	Daha	1.05	0.00	1.05	100.00	0.22	0.05	20.00	< 0.001
8	Paka	1.32	0.27	1.05	79.31	0.57	0.12	8.52	< 0.001
9	Medogarbhatva	2.05	0.59	1.45	71.11	0.73	0.15	9.23	< 0.001
10	Vaivarnya	1.52	0.33	1.19	78.13	0.51	0.11	4.58	< 0.001
11	Vranavastu	1.09	0.91	0.18	16.67	0.39	0.08	2.16	< 0.05

Table 3: Overall Effect of the Therapy Results	Group A		Group B		
	No. of pts	%age	No. of pts	%age	
Cured	0	0.00	0	0.00	
Marked Improvement	5	13.63	13	50.00	
Moderate Improvement	8	31.82	10	40.91	
Mild Improvement	11	50.00	2	9.09	
Unchanged	1	4.55	0	0.00	

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Gupta Poonam et al: A Comparative Study Of Shalmalyadilepa And Guduchyadivati In The Management Of Yauvanapidika W.S.R.To Acne Vul-garis - A Research Article. International Ayurvedic Medical Journal {online} 2020 {cited December, 2020} Available from: http://www.iamj.in/posts/images/upload/5286 5290.pdf