



Beauty without Blade - In Cosmetology a Case Study

¹Dr. Shivakumara. Aladakatti, ²Dr. Bachewar. Madhumita. Mahesh, ³Dr. Pallavi. A. Hegde

¹Assistant Professor, ²Final year PG Scholar, ³Professor.
Dept of PG Studies in Shalyatantra, B.V.V.S Ayurved Medical College Bagalkot.

ABSTRACT –

Human skin reflects health and personality of person, any skin disease affects the person's psychological status and may disturb social life. The commonest encountered skin disease is Acne vulgaris which affect about 70-80% of adolescent. In Ayurveda *Acharya Sushruta* has mentioned *Yuvan Pidika* or *Mukhadushika* in *Kshudra Rogas* which has similar resemblance with Acne vulgaris. The eruptions are similar as like *Shalmali Kantaka* (thorn) and results due to vitiation of *Kapha, Vata, and Rakta*. They hinder once appearance hence called as *Mukhadushika*. The purpose of the study is to evaluate the effect of *Jaloukvacharana* and *Shamanaoshadhi* in *Yuvan Pidika*. A 21-year-old male visited OPD with complaints of acne all over the face associated with pain, redness, itching and mild discharge since 2 months and aggravated since 6 days. The results were highly encouraging.

Keywords – Acne vulgaris, *Mukhadushika*, *Kshudrarogas*, *YuvanPidika*, *Jaloukaavcharna*.

Introduction –

Everyone is concern about their appearance to public, our first outlook is through face. Even a small spot on face especially in younger generation may cause stress. Human skin reflects health and personality of a person, any skin disease affects the person psychological status and may disturb social life. Acne is the most prevalent skin condition about 80% of individual are affected by the disease. *Acharya Sushruta* has mentioned skin disease under *Kshudrarogas* and *Yuvan Pidika* is one among them, they primarily affect young adult or *Yuva* and resemble like boil or *Pidika* hence called as *Yuvan Pidika*. This condition hinders once appearance so known as *Mukhadushika*, the eruptions appears like *Shalmali Kantaka* (thorn) and are caused due to vitiation of *kapha, Pitta* and *Rakta*.

Acne vulgaris is a chronic inflammatory disorder consists of pilosebaceous follicles characterised by comedones, pustules, papules, cyst, nodules and scars over face, neck, chest and back region. It occurs due to clogging of sebaceous gland sebum which normally lubricate the skin when gets trapped in the blocked sebaceous gland. Affects the areas like face, upper part of chest and back region. The prevalence of acne is increasing day-by-day factors include continuous and long-term use of oil based cosmetic product, excessive mental stress, irregular eating and sleeping patterns, irregular menstrual cycle (in female), etc.

In Ayurveda namely two types of treatment modalities are used to treat *Yuvan Pidika* which includes *Shodhana* and *Shamana Chikitsa*. *Shodhana Chikitsa* includes *Vamana, Virechana, Basti, Nasya, Raktamokshana* whereas *Shamana Chikitsa* includes internal medicine and local application of *Lepa*. In this case study management of *Yuvan Pidika* is done with the help of *Jaloukavacharan* and *Shamana Aushadhis*.

Aims and objective

To evaluate the efficacy of *Jaloukavacharan* along with *Shamana Aushadhis* in management of *Yuvan Pidika* W.S.R to Acne vulgaris.

Materials and methods

Case report

21year old male patient presented with c/o of *Pidaka* all over the face, *Peeda* (throbbing pain), *Kandu* (itching), redness, *Srava* (pus discharge) since 2 months and aggravated since 6 days.

Associated complaint – Constipation

Aggravating factor- Aggravated on eating fried and oily food.

Past history- Not any relevant history found.

Allergic history – No any allergic history.

Medical history – N/K/C/O – DM, HTN, COPD, IDH.

Family history – No any relevant family history.

Personal history –

Occupation- student

Diet- Excess eating of fried and oily food, *Mamsala* (chicken, egg). *Aharaja-Katu, Amla Rasa Pradhan*

Appetite – Irregular

Bowel – Constipation since 5 days

Micturition – Prakrut (4-5 times/day)

Sleep – Disturbed (*Ratri Jagran*)

Habit – Tea (3-4 times/day)

On examination

Site – All over the face

Large size – 1. Over forehead - 1

2. Root of nose - 1

3. On left cheek -1

Types of lesions – Macules – present

Postules – present

Postular nodules – present

Size- size ranging from 0.5- 1 cm approximately

Ashtavidha pariksha

Nadi – 80/min

Mutra – 4-5 times/day

Mala – Constipated

Jivha – Saama

Shabdha – Prakrit

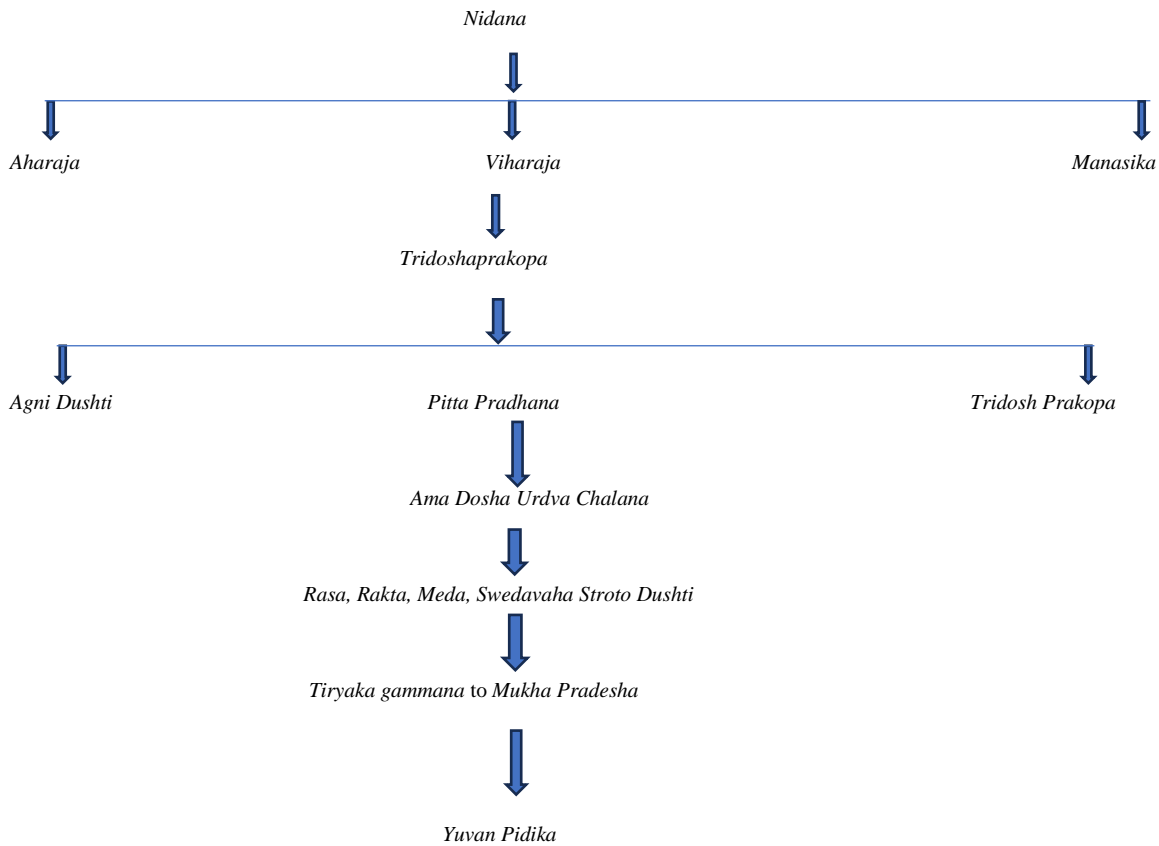
Sparsha – Snighdha

Drik – Prakrit

Akriti – Madhyam

Table no 2 – Nidana

<i>Aharaja</i>	<i>Viharaja</i>	<i>Manasika</i>
<ul style="list-style-type: none"> • <i>Viruddhaahara</i> – Milk shake • <i>Vishamashana</i> – Late night intake of food • Excess eating of oily and fried food 	<ul style="list-style-type: none"> • <i>Raatrijagaran</i> • Use of different cosmetic product 	<ul style="list-style-type: none"> • <i>Santap</i> • <i>Chintaa</i>

Samprapti –**Samprapti ghataka:-**

Dosha – Pitta Pradhana Tridosha

Dushya – Rasa, Rakta, Meda, Sweda

Agni – Agnimandya

Strotas – Rasavaha, Raktavaha, Medovaha

Rogamarga – Abhyantar

Udbhavastana – Amashaya

Vyaktasthana – Mukha

Treatment protocol

Date	Day	Treatment
15/3/24	1 st Day	1 st sitting of <i>Jalukavacharana</i> Tab <i>kaishora Guggul</i> 1 x BD (A/F) Syp <i>Shodhak</i> 20ml x BD (A/F)
22/3/24	8 th Day	2 nd sitting of <i>Jalukavacharana</i> Tab <i>kaishora Guggul</i> 1 x BD (A/F) Syp <i>Shodhak</i> 20ml x BD (A/F)

Sources of leech - A reputed biological product provider in Bangalore provided all leeches utilized in the study.

Procedure**Pre operative**

Preparation of leech – Fresh leech where utilized every time, activation of leech done by placing in *Shudha Jala*.

Preparation of patient – blood test such as CBC, BT, CT, HIV, HbsAg, Hep-B was performed. Face of patient was thoroughly washed and pat dry patient was made to lie in a comfortable position.

Operative

The leech was b nodular postules no need of lancet prick has been done as leech itself got attached to the desired site. A damp gauze piece was covered over the leech body to keep it wet. At a time 3 leeches where applied which sucked 8 – 10 ml of blood each.

Post operative

Leech management

When the leech left the site *Haridra Churna* was applied over the mouth of *Jaluka* following that *Haridra Churna* was applied to the anterior sucker in order to make it vomit. Gently the leech was squeezed to vomit all the blood it sucked. After the procedure leech was placed in fresh water and observed.

Patient management

After removing of leech from the site *Haridra Churna* was applied and pressure bandage was done. Patient was kept under observation for 4 hrs for any sign of secondary bleeding. Patient was told not to remove the bandage till next day to prevent bleeding.

Dietary (do's and dont's)

<i>Pathya</i>	<i>Apathya</i>
<ul style="list-style-type: none"> • Green grains, wheat, fruits, green vegetables • Enough sleep at night • Washing of face before going to bed and after coming from outdoors 	<ul style="list-style-type: none"> • Oily, fried and spicy food • <i>Ratrijagran</i> • Acne compression and extraction

Result –

Improvement in the patient signs and symptoms was visible within 7 days following the start of treatment during 2nd visit *Daha, Srava, Kandu*, redness was reduced. The details regarding the result showing changes in sign and symptoms before and after treatment can be found in table

Signs and symptoms	Before Treatment	1st sitting	2nd sitting
Macules	Present	Present	Reduced in number
Papules	Present	Present	Reduced in number
Nodules	Present	Reduced	Completely reduced
<i>Ruja</i>	Present	Mild	No <i>Ruja</i>
<i>Kandu</i>	Present	Mild	No <i>Kandu</i>
Redness	Present	Mild	No redness
Tenderness	Present	Reduced	No tenderness
<i>Srava</i>	Present	Mild	No discharge



Before T/T



Leech application



During T/T



Post operative

After 1st sittingAfter 2nd sitting

Discussion –

The skin is the largest organ of the body. *Tvak* according to Ayurveda is not only the outer covering but is a *Gyanendriya*. Any skin condition can leave an adverse impact on a person's psychological and social life. People are becoming more aware day by day about their skin and appearance. *Yuvan Pidika* is a major health issue in the adolescent. Adverse factors like stress, changing lifestyle, eating habits, pollution etc damage the skin. In Ayurveda *Acharya Sushruta* has described the *Pidika* like *Shalmali Kantaka* and caused due to *Vata*, *Kapha* and *Rakta Dosha*. The *Pidika* is the chief complaint found in the patient which is *Raktadushti Lakshana*. *Acharya Vagabhata* has given a term *Medogarbha Pidika* which can be assumed to be a lesion filled with *Meda* like substance i.e. sebum. In modern the acne lesion can be described as a closed comedone filled with sebum. A *Shalmali Kantaka* like *Pidika* is a suggestive of a lesion filled with *Puya* (pus) but in *Apakvaavastha* which shows the involvement of *kapha*. Due to vitiation of *Vata* pain, watery discharge and scar formation takes place *Pitta* vitiation causes *Paka*, *Srava*, *Kandu*. *Yuvan Pidika* is one among *Kshudra Roga* and *Raktadushti* is primary pathology. *Raktamokshana* is preferred method of *Shodhana* in *Raktadushti* condition. As *yuvan pidika* is one among the *Kshudra roga* hence above statement is not an exception to it. According to *Acharya Sushruta Jaloukavacharana* is best method of blood letting in *Nari*, *Durbala*, *Bala*, *Bhiru* and *Sukumara* hence *Jaloukavacharana* is more preferable option than *Siravyadha* since it is painless and the amount of blood drawn by Leech is very less when compared with *Siravedhana*. The saliva of leech contains many physiological and pharmacologically active chemicals found in Leech saliva like hirudin, bdellin, apyrase, hyaluranidase, calin, prostaglandin, proteinase inhibitor, vasodilator substance, anaesthetizing substance etc are some of them. The hirudin and calin have anticoagulant properties it controls inflammation and promote healing. Histamine is a vasodilator which dilates the blood vessel and make more blood to get the location of Leech applied hirudin induce secondary bleeding for a short period of time and promotes faster wound healing without development of scar Leech saliva has analgesic compound which reduces pain. All these physiologically active chemical have thrombolytic, anti-inflammatory effect collectively. *Jaloukavacharana* eliminates deeply ingrained poison by releasing blood, removes *Strotavarodha* and pacifies vitiated dosha. The *Kaishora Guggulu* is indicated in skin condition with secretion and *Vrana* (nonhealing ulcer). It has anti-bacterial, anti-inflammatory, antioxidant properties. It is an excellent blood purifier and has *Rasayana* properties hence it corrects *Raktadushti*. The total duration of the treatment was 15 days. The patient was given strong instruction to adhere to *Pathya* and *Apathya*. An interval of 7 days was done between 2 sittings. The pustular nodules, *Srava*, *Daha*, *Kandu* were totally reduced and no of macules were reduced. Hence it suggests that *Jaloukavacharana* is a choice of treatment in the management of *yuvan pidika*.

Conclusion

Now- a- days Leech therapy has gained great importance especially in skin disease. This study provides strong clinical evidence for the usefulness of the *Jaloukavacharana* in the manegment of *Yuvan Pidika* W.S.R to acne vulgaris.

References

1. Susruta, susruta Samhita.Ayurved Tatva Sandipika. Commentary,edited by Dr.Ambika Datta Shastri, Chaukhamba Sanskrit publication, Varanasi, reprint 2005 Nidanasthana, 13(39).
2. Ambikadattav Shastri 2005 Bhaishjaratnawali Revised edition. Chaukhamba Orientalia, Varanasi, India, 5/86-91
3. <https://doi.org/10.52403/ijhsr.20230822haukhambha>
4. Mishra B, Bhavaprakasha Vidyotini Tika, Madhya Khanda 61/31, Chaukhamba Sanskrit Sansthana, Varanasi, 11 edition, 2004