

A COMPARATIVE STUDY OF EFFECTS OF *SHODHANOTTAR-SHAMAN* & ONLY *SHAMAN CHIKITSA* ON *YOUVAN-PIDAKA* [ACNE VULGARIS]

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ABSTRACT

Background: *Youvana pidaka* [Acne vulgaris] is common ailment which is presently having costly modern medicinal treatment & high chances of recurrence. Study was intended to explore effective *Ayurvedic* remedy for the same which should be effective, free from side effects & having less chances of Remission. **Objectives:** To compare effect of *Vaman [shodhan] pashchaat lepa [shaman] chikitsa* with only *lepa [shaman] chikitsa* with reference to *Sushrut Samhita* in cases of *Youvan pidaka*. **Method:** Present study was done on 40 patients of *Youvan-pidaka* dividing them in two groups. In Group-A *shastrokta Vaman [shodhan-therapeutic vomiting]* was given along with *Lepa* as *shaman Chikitsa* & in Group-B only *shaman Chikitsa* by *lepa* was given. Reference for treatment protocol is derived from *Sushrut Samhita Kshudrarog Chikitsa Adhyaya*. Clinical assessment was done according to grades of *Swaroop of pidaka, Varna of Pidaka, Ruja, Nivrutti-paschat vaivaranya, Paka/shohta*. Statistical analysis was made by applying Wilcoxon Match Paired Test & Mann-Whitney Test on observations. **Result:** Wilcoxon Match Paired Test showed that treatments of both groups A & B were effective in relieving symptoms. So Mann-Whitney Test was applied for comparing which group is more effective. After statistical analysis, mean of Group-A [3.500] is much less than that of Group-B [5.500]. Hence it can be said that Result of Group-A *Vaman [shodhan] pashchaat lepa [shaman] chikitsa* are better than that of Group-B with only *lepa[shaman]chikitsa*. **Conclusion:** Results of *vaman Shodhanottar Shaman Chikitsa* are more encouraging than only *shaman Chikitsa* for patients of *Youvan-pidaka*.

Keywords: *Youvan-pidaka*, Acne vulgaris, *Vaman*, *Lepa*, remission.

INTRODUCTION

Ayurveda, the science of healthful living, is the most rational and scientific among the ancient systems of medicine. As Science is advancing people are becoming

more aware about their health as well as beauty. This has been said from past that, health and beauty are the two faces of single coin, & “Face is the index

of mind". Face is most important and beautiful organ but gets affected by certain anomalies of the adolescent age i.e. 16 – 30 years, which are most beauty conscious years of an individual's life. Any minor ailment may effect from unattractive look to a permanent disfigurement which may result in inferiority complex and sometimes isolation in the social life. Such a big effect is caused by disease *Youvan pidika*. The name of the disease itself is suggestive of its nature and occurrence, that the disease takes place in young age.

Among the *Ayurvedic Acharyas*, *Sushruta* was the first and foremost to mention a whole group of such disease which have an adverse effect on the appearance and personality of an individual and having surgical or Para surgical measures as its cure. He categorized them under "*Kshudra Roga*". *Youvan Pidika*¹ is one of them, which affects the beauty as well as personality and it has a cosmetic importance. Comparing Age of occurrence, signs & symptoms we come to conclusion that *Youvan pidika* is similar to Acne mentioned in Modern Medicine.

According to *Ayurveda*¹, vitiation of *Kapha, Vata, and Pitta Dosha* along with *dushya Rakta* gives rise to symptoms like swelling, pain, redness, itching in *Yuvana pidika*. Where as in Modern Medicine² Acne is caused due to Infection of Sebaceous glands which is complexly influenced by various factors such as stress, secretions of endocrine glands, particularly the ovary & testis, race, age, nutritional status, temperature, excessive use of cosmetics.

Modern Medicine tries to cure this disease but given various side effects, temporary relief & unable to control Remission. Considering all these facts, this study is an attempt to search better remedy from the natural resources with help of *Ayurveda* with aims that treatment should be effective, free from side effects, & should avoid Remission of disease.

Aim & Objectives -

- To study *Youvan pidika* as a *vyadhi*.
- To study properties of *Vachadi Lepa* with respect to *shaman chikitsa*.
- To study *Vamana karma* as *shodhan chikitsa*.

- To evaluate & compare the effect of *Vachadi Lep* with & without *shodhan [Vamana] karma* in treatment of *Yuvana pidika vyadhi chikitsa*.

Materials & Methods –

The Clinical study was conducted to compare & evaluate the efficacy of two different types of treatments in *Yuvan-Pidaka*.

Type of Study: Open Randomized Comparative study.

Grouping Of Selected Patients-

Group A – Number of Patient: 20

*Shodhan [Vamana]*⁸ with *sthanik shaman chikitsa [Lep]*

*[Shastrokta vaman followed by lep chikitsa]*³

Group B –Number of Patient: 20

Only *sthanik shaman Lep chikitsa*³

Criteria of Inclusion

Age –: 16 TO 30 years

Sex -: Either.

Race -: No Barrier.

Religion-: No Barrier.

Economic status-: No Barrier.

Avastha -: *Kapha pradhan lakshan grasta Yuvāna-Pidākā* patients.

Criteria of Exclusion

- *Vata pradhan lakshan grasta Yuvāna-Pidākā* patients.
- Occupation induced Acne
- Patients having Hormonal imbalance like PCOD.
- Patients which are contraindicated for *Vaman Karma* in *Samhita*.

Criteria For withdrawal

1. Discontinuation of treatment during trial.
2. Development of any complication at any point of time when treatment is continuing.

Period of Study -: 4 Weeks (For *lep Chikitsa* which may [Group A] or may not be [Group B] proceeding after *Vamana Karma*)

Follow Up -: Weekly follow up for 4 weeks.

Reference: *Sushrut-Samhita Chikitsasthana, Kshudra-Rog Chikitsa Adhyaya*³ Sutra No. 36-37.

DRUG PREPARATION:

Table 1: Showing constitution of lep³

Sr. No.	Drug ⁹	Upayukta Anga ⁹	Pramaan/ dose
1.	Vacha	Moola / Rhizome	3 Approx. Gram
2.	Saindhav	-	3 Approx. Gram
3.	Sarshap	Beeja	3 Approx. Gram
4.	Lodhra	Moola/ Root	3 Approx. Gram

Preparation of Lepa:

Fine *choorna* of each *Dravya* was mixed thoroughly. Paste was made by adding some warm water in it so that its consistency becomes like applicable for local application. This paste was kept up to the time when it dries up then asked patient to wash face with luke-warm water. For first application, it was observed whether any signs of hyper-sensitivity like redness, itching, and burning sensation occurs or not.

Gradation & Criteria for Clinical Assessment

The group of *Lakshanas*⁷ described below, being the cardinal manifestations were selected for assessment. The gradations given as per the severity serve as a quantitative data in the form of scores⁵ from 0 to 4. The shifting of gradation from higher to lower is considered as good prognosis. This data is further processed and analyzed using Parametric and non-parametric Statistical test to obtain result.

Table 2: Showing criteria & grades of assessment⁵

A] <i>Swaroop of pidaka</i> ⁴ - 0-No Pidaka 1-Na-atiutsanna Pitika 2-Na-atiutsanna Pitika+Sapuya Pidaka 3-Sapuya Pidaka+Granthivat Pidaka 4-Granthee	B] <i>Varna of pitika</i> - 0-No Pitika 1-Twak-sama varna (Apaki) 2-Aarakta varna (Sa-sanrambha) 3-Raktabh krushna (Sphutanottar) 4-Raktabh shweta (Pakva-avastha)
C] <i>Varna of pitika</i> 0-No Pitika 1-Twak-sama varna (Apaki) 2-Aarakta varna (Sa-sanrambha) 3-Raktabh krushna (Sphutanottar) 4-Raktabh shweta (Pakva-avastha)	D] <i>Ruja</i> – 0-Aruja yukta 1-Alpa-ruja (Alpa pidan-asahatwa) 2-Madhyam (Pidan-asahatwa) 3-Tivra (Sparsha-asahatwa)

Analysis –

Data was treated with first Wilcoxon Match Paired Test⁶ for every symptom of each group to check whether given treatment makes any changes in disease or not. Further, Mann-Whitney Test⁶ instead of unpaired t test was used for calculation to find out which modality is showing better results.

Interpretation of ‘p’ value-

p>0.05 – Insignificant or not significant

p<0.05 – Significant

p<0.01 - Very significant

p<0.001 – Extremely significant

Observations –

Total 40 clinically diagnosed patients were registered for present study & randomly divided into two groups- A& B. It was found that maximum patients were male [60%], having mixed diet, mainly consisting *kapha-vaataj prakruti* [47.50%] & having oily skin texture [70%]. Also maximum patients were students [55%] of middle socio economic group [87.50%] & most of them were using cosmetics [57.50%]

Table 3: Showing application of Wilcoxon Matched Pair Sign Rank Test for each symptom of Group-A

Symptom	MEAN		S.D.		S.E.		'p' VAL-UE	'r' VALUE	RESULT
	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.			
<i>Swaroop</i>	2.850	0.7000	0.6708	0.4702	0.1500	0.1051	<0.0001	0.5272	E. S.
<i>Varna</i>	3.350	0.6000	0.7452	0.5026	0.1666	0.1124	<0.0001	0.5591	E.S.
<i>Rooja</i>	1.550	0.4500	0.6048	0.5104	0.1352	0.1141	<0.0001	0.5211	E.S.
<i>Niv.Pas. Vaivarnya</i>	2.600	1.150	0.5026	1.089	0.1124	0.2436	<0.0001	0.3095	E.S.
<i>Paka</i>	3.200	0.6000	0.8335	0.5026	0.1864	0.1124	<0.0001	0.4619	E.S.

[*Niv.Pas. Vaivarnya- Nivrutti pashchaat vaivarnya*, B.T. – Before treatment, A.T. – After treatment]

Table 4: Showing application of Wilcoxon Matched Pair Sign Rank Test for each symptom of Group-B

Symptom	MEAN		S.D.		S.E.		'p' VAL-UE	'r' VAL-UE	RESULT
	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.			
<i>Swaroop</i>	2.650	1.450	0.5871	0.8256	0.1313	0.1846	<0.0001	0.4953	E. S.
<i>Varna</i>	3.150	1.450	0.8127	0.2112	0.1817	0.2112	<0.0001	0.2014	E.S.
<i>Rooja</i>	2.000	0.6000	0.6489	0.6806	0.1451	0.1522	<0.0001	0.4260	E.S.
<i>Niv.Pas. Vaivarnya</i>	2.400	1.300	0.6806	0.9234	0.1522	0.2065	<0.0001	0.7308	E.S.
<i>Paka</i>	3.000	0.7000	0.8584	0.7327	0.1919	0.1638	<0.0001	0.2821	E.S.

[*Niv.Pas. Vaivarnya- Nivrutti pashchaat vaivarnya*, B.T. – Before treatment, A.T. – After treatment]

Statistical analysis to find result of which group are better

As seen in Wilcoxon Matched Pair Sign Rank test before, both Groups A [Treated with *Vaman & Lepa*] & B [Treated with only *Lepa*] are showing significant results in treatment of *Youvan-Pidaka*. Thus to find out which modality is showing better results only

summation of after treatment results of each symptom of each patient was calculated for both groups. These values were treated in Statistical software. Here also data was not following normal distribution; thus MANN-WHITNEY TEST instead of unpaired t test was used for calculation.

Table 5: Showing calculation details & Summary of Data after Mann-Whitney test

Parameter	A.T. of Group-A	A.T. of Group-B
Mean	3.500	5.500
Std. deviation	2.013	2.743
Std. error	0.4501	0.6134
Median	3.000	4.000

As mean of Group A [3.500] is much less than that of Group-B [5.500]. Hence it can be said that **Result of Group-A were better than that of Group-B**

Result -

Both groups A & B show extremely significant result in all 5 symptoms⁵ namely: *Swaroop, Rooja, varna, Nivrutti-pashchat-vaivarnya & Pakapravrutti*.

During statistical analysis of Data available, it was observed that Average percent relief obtained in Group-A was 73.09 % whereas that in Group-B was 58.84 %. Difference between both [14.25%] makes it

clear that clinical efficacy of Group-A [*Vaman with Lepa Chikitsa*] were remarkably better than that of Group-B.

DISCUSSION

Clinical study

Open Randomized Comparative study was done. Patients were enrolled randomly in two groups. Sample size for both the groups was fixed to be of 20 patients [considering Academic duration & minimum requirement of sample size to make data valid for Statistical Analysis]. After this duration of 4 weeks; patients were called after 1 month to assess recurrence of *Youvan-Pidaka*.

Statistical analysis

The gradations of each symptom given as per the severity served as a quantitative data in the form of scores from 0 to 3 [or 4]. The shifting of gradation from higher to lower is considered as good prognosis. This data is further processed and analyzed using Statistical test to obtain result. As per *nirukti* of word '*Youvana*' this disease occurs mostly in young age. As per *Vayo-vibhajan* mentioned in *Charak Samhita (viman 8/22)*, *Bala avastha* is divided into two groups one of which is 16 to 30 years. So Age group was limited from 16 to 30 year. This age is supposed to be having maximum hormonal changes, which is also one of the factors of Acne as per Modern medicine.

Though Females are supposed to be more cautious about their cosmetic appearance; number of patients 24 [60%] were male in this Study. This could be because very few females were ready to take *Vaman* for *Youvan-Pidaka*. Out of 40 patients, Maximum i.e. 22 patients [55%] were students which is very predictable considering awareness of young College or School going crowd towards cosmetic appearance. 31[77.50%] patients were unmarried. Maximum patient i.e.35 [87.50%] was belonging to Middle class social background. Though belonging to middle class families maximum i.e.23 [57.50%] patients were using cosmetics which is aggravating factor for Acne as it helps dust accumulation & blocking of sebaceous duct further leading to pimple formation. Maximum patients 30 [75%] were having oily skin texture which also Aggravating factor for Acne.

During statistical analysis of Data available, it was observed that Average percent relief obtained in Group-A is 73.09 % whereas that in Group-B is

58.84 %. Difference between both [14.25%] makes it clear that clinical efficacy of Group-A [*Vaman with Lepa Chikitsa*] were remarkably better than that of Group-B. In Group-A Excellent [75-100%] results were found in symptoms like *Swaroop, Varna, Paka-pravrutti*; Good results [50-75%] were found in symptoms like *Rooja & Nivrutti-pashcht-vaivarnya*. Whereas in Group-B Excellent [75-100%] results was found in symptom *Paka-pravrutti*; Good results [50-75%] were found in symptoms like *Varna, Rooja*; & Average results [25-50%] were found in symptoms like *Swaroop, Nivrutti-pashchat-vaivarnya*.

Wilcoxon Matched Pair Sign Rank test showed that, both Groups-A [Treated with *Vaman & lepa*] & B [Treated with only *lepa*] is showing significant results in treatment of *Youvan-Pidaka*. Thus it was necessary to find out which modality is showing better results. For this purpose, only summation of after treatment results of each symptom of each patient was calculated for both groups. Hereafter these values were treated in Statistical software. Here also data was not following normal Distribution; thus MANN-WHITNEY TEST instead of unpaired t test was used for calculation⁶ [after discussion with Statistics Expert].

There seemed to be significant difference between results of two groups after application of Mann-Whitney Test. Also in this test mean of Group A [3.500] is much less than that of Group-B [5.500]. Hence it can be said that Result of Group-A is better than that of Group-B. Incidence of recurrence when seen after one month of completion of duration of Research work was found to be more in patients of Group-B i.e.15 patients [37.50%] than Group-A i.e.6 patients [15%]

CONCLUSION

Youvan-Pidaka is so common skin disorder that almost every human being suffers from this disease at least once in lifetime. Though being such a common disease, there is very brief description about it in *Ayurvedic* Literature. This could be because it has *Alpa-Hetu-Lakshan-Chikitsa*, so covered under topic

of *Kshudra-Roga*. *Yuvan-Pidaka* resembles with *Acne vulgaris* mentioned in Modern Medicine on account of its age-specific nature, symptoms, etc. In *Sushruta Samhita* though *Yuvan-Pidaka* is mentioned to occur by *Kapha-Vaat Dosha*, but *lakshan* of *Pitta-Rakta dushti* are also seen making this disease *Tridoshajanya*.

Hetu, samprapti, Dosha-vishesh-lakshan for *Yuvan-Pidaka* are not mentioned in Ayurvedic text but it can be postulated by observing pattern of disease. Group of patients in which *Lepa* was given after *Vaman Karma* [i.e. *Shaman* was given after *Shodhan Karma*] were showing better result than those patients treated with only *Lepa* [*shaman chikitsa*]. Recurrence was less in patients who were given *Vaman* prior to *Lepa Chikitsa*.

As per *Siddhant* mentioned in Ayurvedic text, *Shodhan Chikitsa* works by removing out vitiated *dosh* making treatment more effective than only *Shaman* seems to be true in case of *Yuvan-Pidaka* also. For more validity & confirmation of result study should be conducted in population with large population size.

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