

A Case Report on Yuvanapidika - Acne Vulgaris

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ABSTRACT:- INTRODUCTION- *Yuvanapidika- Acne vulgaris* is the eighth most frequent disease in the world, affecting over 90% of teenagers worldwide. *Shamana* and *Shodhana* are the two main kinds of *Chikitsa* used to treat *Yuvanapidika*. There are also some patented Ayurvedic drugs available to treat *Yuvanapidika*. The existing sources are scattered, despite the paucity of published research on the etiology and Ayurvedic management of *Yuvanapidika*. **AIM AND OBJECTIVES-** To assess the efficacy of Ayurvedic Treatment protocol in management of *Yuvanapidika - Acne Vulgaris*. **MATERIAL AND METHODS-** This study was carried out in OPD of *Dravyaguna*, in Government Ayurveda college and hospital, Pratap Nagar, Jaipur, Rajasthan. **OBSERVATION AND RESULT-** Ayurvedic texts such as *Sushruta Samhita*, *Sharangadhara Samhita*, *Chakradatta* and others have been used to discuss the pathophysiology and treatment of *Yuvanapidika*. Dietary factors have a substantial impact on the aetiology of *Acne Vulgaris*. **DISCUSSION AND CONCLUSION-** This case study illustrates how Ayurvedic treatments significantly reduced *Acne Vulgaris* lesions, with certain amount of relief was observed in associated complains. During the course of treatment, no negative side effects were observed. There was no symptom recurrence throughout the follow-up.

Key words: Skin disease, Psoriasis, *Kushta*, *Yuvanapidika - Acne Vulgaris*.

I. INTRODUCTION

Almost everyone experiences *Yuvanapidika* at the beginning of puberty, which is a very serious issue for children. It particularly affects the face, which is the most vital part of the body, and harms a person's physical and mental health.^[1] Even if it is a self-limiting condition that goes away with age, it is nevertheless vital to treat and avoid facial deformity and discoloration because it has a severe impact on a person's appearance. *Acne vulgaris* is the eighth most frequent disease in the world, affecting over 90% of teenagers and expected to impact 660 million people worldwide.^[2]

Acharya Sushruta was the first to identify these illnesses in *Ayurveda* under the category of *Kshudra Rogas*, which are characterized by *Yuvanapidika* or *Shalmali* thorn-like sores on the face brought on by vitiated *Kapha*, *Vata* and *Rakta*.^[3] *Rakta pradoshaja Vikara* contains a description of *Pidika* by *Acharya Charaka*.^[4] It was stated by *Yogaratanakara* in the *Kshudra Roga* group.^[5] *Lepas* have been mentioned in all other *Ayurvedic* texts, and *Acharya Vagbhata* has suggested them as the initial treatment for *Yuvanapidika*.^[6] In *Shotha*, *Arunshika*,^[7] and particularly in *Kapha*, *Pitta* and *Raktaj Vikara*, *Krishna Mruttika Lepa* is mentioned.^[8]

Acne vulgaris is extremely similar to *Yuvanapidika*. The follicular condition known as *acne vulgaris* typically affects the face, neck and upper trunk's sensitive pilosebaceous follicles.^[9] The condition known as *acne vulgaris* affects the pilosebaceous glands. *Acne papules* are brought on by excessive sebum production, hyper-keratinization, *Propioni bacterium* acnes bacterial growth, and elevated sebaceous gland sensitivity to androgens.^[10-11] More adults with adult-onset acne are visiting doctors' offices than ever before. However, acne affects people of all ages due to a number of factors, including hormones, dietary allergies, digestive issues, toxic environments, stress, high-carb diets, and vitamin and mineral deficiencies.^[12]

Numerous treatment modalities have been discovered in the field of cosmetics by modern medical science, and new ones are constantly being launched to tackle issues like acne, acne scars, hyperpigmentation, and more. Although topical antibiotic therapy is advised for its treatment, the chemical compounds in these medications have negative effects on the body. Therefore, by treating issues like *Yuvanapidika*, natural, nontoxic therapies should be employed to restore the skin to its normal state.^[13]

Shamana and *Shodhana* are the two main kinds of *Chikitsa* used to treat *Yuvanapidika*. There are also some patented Ayurvedic drugs available to treat *Yuvanapidika*.^[14-15-16] Ayurvedic texts such as

Sushruta Samhita,^[17] *Sharangadhara Samhita*,^[8] *Chakradatta*^[16] and others have been used to discuss the pathophysiology and treatment of *Yuvanapidika*. The existing sources are scattered, despite the paucity of published research on the etiology and Ayurvedic management of *Yuvanapidika*.

AIM AND OBJECTIVES- To assess the efficacy of Ayurvedic Treatment protocol in management of *Yuvanapidika - Acne Vulgaris*.

MATERIAL AND METHODS- Centre of study: This study was carried out in OPD of *Dravyaguna*, in Government Ayurveda college and hospital, Pratap Nagar, Jaipur, Rajasthan.

II. OBSERVATION AND RESULT

Yuvanapidika is caused by the elements of *Kapha*, *Vata* and *Rakta*. However, *Sukra dhatu mala* has also been cited as the cause of *Svabhava*, *Vaktra Snigdhatta* and *Pidika*.^[18]

Predisposing Factors^[19]

The normal skin commensal *Propioni bacterium* plays a part in the pathophysiology of inflammatory acne. During puberty, which coincides with the development of the disease, the density of the *Propioni bacterium*, which causes acne, grows significantly. Numerous synthetic medications, such as benzoyl peroxide, antibiotics and antiandrogens, are used to treat this condition; however, these medications also have a number of adverse effects, including skin dryness, dermatitis, skin darkening, and recurrence following withdrawal. Certain things do not cause acne, but they do set the stage for its development. These elements cause certain bodily conditions that increase the likelihood of acne. One can enlist these factors.

A) Diet: Diet may be a major factor in acne flare-ups. Foods that exacerbate the condition include butter, cream, ice cream, chocolates, fried foods, fats, extra carbohydrates, sweets, delectable greasy dishes, alcohol, aerated drinks, tea, chillies, and more.

B) Climate: The course and extent of lesions are influenced by climatic conditions. The disease is more prevalent in temperate, humid climates. Increased desquamation of the exposed skin, decreased hair follicle hyperkeratosis, and decreased comedo formation are all effects of sun and wind exposure.

C) Cosmetic Use: Excessive use of oily cosmetics can lead to acne by obstructing the pores of

sebaceous glands, which inhibits the production of perspiration and the flow of fresh air that is necessary for healthy skin.

D) Employment: Individuals who work in the oil and heavy metals industries are less likely to have pimples. These metals' hereditary dust might get trapped behind the skin and in the vascular system. Furthermore, one of the things that may trigger acne is a sedentary lifestyle.

E) Constipation: Intestinal stasis, particularly constipation, is a common predisposing factor for acne.

F) Mental stress: Although there is no proof that the sebaceous glands are controlled by the nervous system, it is undeniable that mental stress can exacerbate acne. Anxiety and anger may be linked to severe acne. Stress results in excessive androgen secretion, which in turn produces acne.

Nidana/ Causes: The Causes are Summarized as follows:^[20]

1. *Aharaj*- Excess intake of *Katu*, *Tikta*, *Amla*, *Lavana Rasa*, *Snigdha*, *Guru*, *Picchila*, *Abhishyandi Aharsevana*, *Ushna Tikshna Aahar*.
2. *Viharaj*- *Vegavidharana*, *Nidra*, *Viparyaya*, *Upavasa*, *Jagarana* and *Atapa Sevan*
3. *Manasika* – *Atisoka*, *Krodha*, *Ksobha*, *Santap*
4. *Kalaja*- *Sharad kal Svabhava* (*Avasthik kal*)

Purvarupa (Premonitory symptoms/signs)^[21]

No Acharyas mention *Yuvanapidika Purvarupa Rupa*^[21]

1. *Pidika*: The illness manifests as eruptions.
2. *Saruja*: The eruptions cause agony. The intensity of the discomfort might range from minor to severe.
3. *Ghana*: The disease's eruptions are thick and firm.
4. *Medogarbhya*: *Meda* is infused into the eruptions.
5. *Yuna Mukha*: This condition affects adults' faces.

According to *Acharya Sushruta*^[22]

1. *Shalmali-Kantakprakhya*: This explains the *pidika*'s form. The shape of *Shalmali Kantaka* is conical. The *pidika* is reported to be conical in shape in the majority of patients.
2. *Yunam-vaktrey*: This describes the age at which the disease manifests and its location.

Disease affects the face, including the forehead, nose, chin, and cheeks. Youth, or the teen age range, are affected.

Clinical Types of Acne: ^[23]

There are 6 types of acne found commonly. These types are as follows: First, *Acne punctata*; second, *Acne papulosa*; third, *Acne pustulosa*; fourth, *Acne indurata*; fifth, *Acne cystic*; and sixth, *Acne keloida* Symptoms ^[23]

Skin rash or lesion on the face, neck, back, or other area; come domes (white or blackheads); pustules; cysts; papules; nodules; redness of the skin lesions or skin surrounding a lesion; inflammation surrounding the skin eruptions; crusting of the skin eruptions; and skin scarring

Samprapti Ghataka ^[21]

- *Dosha – Kapha, Vata, Rakta*
- *Dushya – Rasa, Rakta, Meda, Shukra*
- *Srotas – Svedavaha, Rasavaha, Raktavaha*
- *Mala – Sweda, Tvaka Sneha*
- *Srotodusti – Sanga, Atipravritti*
- *Agni – Jatharangimandya*
- *Udbhavasthana – Amashayasamuttha*
- *Roga Marga – Bahya*

Samprapti of Yuvana Pidika ^[21]

Acharya Sushruta states that the vitiation of *Vata*, *Kapha* and *Rakta* are the causes of *Yuvanapidaka*. Although he excludes *Pitta* as a contributing element, *Yuvanapidaka* patients who exhibit symptoms like swelling, redness, and burning sensations in the clinic attest to *Pitta's* role in the pathophysiology. *Pitta* may have been overlooked because of its character similarities to *Rakta*. *Pitta* will be connected to *Rakta* if it is involved. Additionally, *Sweda* and *Rakta* mention the location of *Pitta*. *Pitta* will be vitiated along with *Rakta* and *Sweda* if they are both vitiated. *Acharya Charaka* claims that when *Pitta* is agitated, it causes red swelling in *Rakta*, which is called *Pidaka*. *Pitta* is found in the skin. Thus, the conclusion is that *Yuvanapidaka* is similarly produced by the *Pitta*. Some claim that the *Sneha* of the face is the waste product of the seventh *Dhatu* of the body, *Sukra*, which is thought to be the source of the sickness *Yuvanapidaka*.

Chikitsa ^[24]

Shodhana and *Shamana chikitsa* are the two main types of *chikitsa* that are described in *Ayurveda*. *Shamana chikitsa* is that which reduces elevated *doshas* and preserves the body's *dosha* balance rather than expelling or exhilarating them.

Shodhan therapy- Vaman Karma, Veda Karma, Nasya Karma and Shiravedha.

Shaman Chikitsa- ^[25-26-27-28-29]

1. Numerous internal or exterior medications are recommended in Shaman medicine, either alone or in a complex. Line list of *Chikitsa* according to various *Acharyas'* descriptions. *Susruta Samhita: Vamana, Lepa Ashtang Hridaya: Shiravedha, Lepa, Vamana, and Nasya Bhavaprakasha: Vamana, Abhyanga, and Lepa Yoga Ratanakara: Pralepa and Shiravedha Saragadhara Samhita: Lepa Bhaishajjya Ratnavali: Abhyanga, Pralepa and Shiravedha*
2. Oral medicines- *Kaishora guggulu, Triphalaguggulu, Arogya Vardhini Vati, Mahamanjishtadi kashaya, Usheerasava, Panchanimbachoorna, Triphaladikashaya, Avipathikarchoorna, Khadirarishta and Chandanasava* are mentioned.
3. *Asanas* for Yoga and Meditation

Case presentation/Patient information

A 24 years old female patient who came to OPD on 20 August 2024 and complaining of eruptions over her face with mild pain since 12 months. Patient did not have history of systemic illness. In the most recent treatment, symptomatic alleviation was achieved through topical allopathic medication. However, the patient stopped allopathic treatment and sought Ayurvedic treatment due to a recurrent pattern brought on by the unidentified aggravating variables.

Clinical findings

The patient's face and upper back was covered with *ghan pidika* with *shoth* and *shool* on affected skin, which had varying shades of red. The skin of the face of the patient was very greasy. The eruptions were located at cheeks and forehead with multiple reddish inflamed papules and pustules. The eruptions were dense and associated with pain and severe itching.

Family History- no history of skin disorder

Personal history

- Diet- Mixed (takes non veg food thrice a week)
- Appetite- decreased
- Bowel- irregular
- Micturition- regular (5-6times /day)
- Sleep- disturbed due to pain
- Addiction- no addiction

General examination

- BP: 130/90 mmHg
- Pulse: 78 bpm
- Respiratory rate: 18/min
- Temperature: 98°F
- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent
- Clubbing: Absent
- Lymph node: not palpable
- Oedema: Absent

Ashtasthana Pariksha

- *Nadi- Kapha vata*
- *Mala- Vibhanda*
- *Mutra- Prakruta*
- *Jihva- Aipta*
- *Drik- Prakruta*
- *Shabdha- Prakruta*
- *Sparsha- Anushna*
- *Aakriti- Madhyama*

Dashavidha Pariksha

- *Prakriti- Pitta vata*
- *Vikriti- Kapha vata*
- *Satva- Madhyama*
- *Sathmya- Madura, Katu*
- *Ahara Shakti- Madhyama*
- *Vyayama Shakti- Madhyama*
- *Sara- Asthi*
- *Samhanana- Madhyama*
- *Agni Shakthi- Madyama*
- *Vaya- Madhyama*

Systemic examination

In systemic examination, respiratory and cardiovascular system found normal. The patient was restless due to itching and burning sensation over face.

Table-01: Associated Complaints of Patient

| SN | Complaint | Grading |
|----|---|---------|
| 1. | <i>Pidika</i> (lesion) | 25 |
| 2. | <i>Shotha</i> (inflammation) | 3 |
| 3. | <i>Shoola</i> (pain) | 2 |
| 4. | <i>Medogarbha</i> (fat in <i>pidika</i>) | 2 |
| 5 | <i>Ghana</i> (thickness) | 2 |
| 6 | <i>Daha</i> (burning sensation) | 1 |
| 7 | <i>Strava</i> (discharge) | 1 |
| 8 | <i>Vaivaranta</i> (discoloration) | 2 |

Examination of Skin

A. Inspection-

Location- cheeks, forehead and upper back of body

Shape- multiple reddish inflamed papules and pustules

Color- Reddish white

Discharge- Pus

B. Palpation-

Moisture- Greasy

Temperature- Warmth to touch

Texture- Rough and scaly

Criteria for assessment of results

Vaivarnya (discoloration) over skin and comedones

- 0 – Nearly normal skin color
- 1 – Brownish-red discoloration
- 2 – Blackish-red discoloration
- 3 – Blackish discoloration.

Rukshata (dryness)

- 0 – No line on scrubbing with nail dryness
- 1 – Faint line on scrubbing by nails
- 2 – Lining and even words can be written by nail
- 3 – Excessive *Rukshata* leading to *Kandu*
- 4 – *Rukshata* leading to crack formation.

Pidika (eruption)

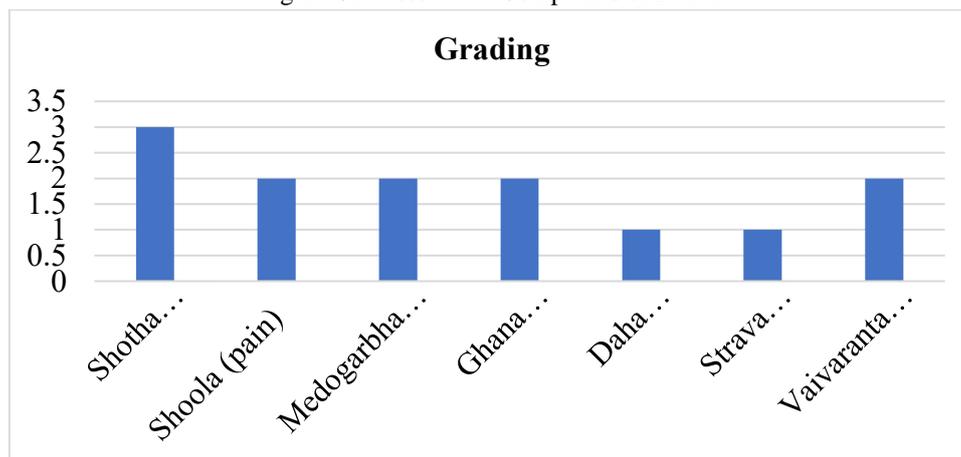
- 0 – No eruption in the lesion
- 1 – Scanty eruptions in few lesions
- 2 – Scanty eruptions in at least half of the lesion
- 3 – All the lesions full of eruption.

Pre-menstrual eruptions

- 0- No eruptions
- 1- 2- 3 eruptions
- 2 -More than 3 eruptions

On Examination:

Figure-01: Associated Complaints of Patient



Therapeutic interventions

First of all, *Nidana parivarjana* was advised. The patient was asked to stop eating of curd, pickles, groundnuts, sesame, salty-fried food stuffs and junk

foods. Also, he was advised to follow regular *Dinacharya* (regular diet and sleep pattern). The patient was mainly subjected to *Shamana chikitsa* and *Shodhana Chikitsa*.

Table-02: The details of the therapeutic interventions prescribed

| S. No. | Interventions | Routes | Doses | Adjuvants | Duration |
|--------|--|----------------------|---|-------------------------|----------|
| 1. | <i>Khadirarishta</i> (herbal decoction) | Oral | 20 mL of <i>Arishta</i> empty stomach once in the morning | 20 mL of lukewarm water | 3 months |
| 2. | <i>Haridrakhanda</i> | Oral | 5 gm two times a day with milk | 200 mL of lukewarm milk | 3 months |
| 3. | <ul style="list-style-type: none"> • <i>Avipatikar churna</i> 05gm • <i>Giloya sattva</i> 125 mg • <i>Arogyavardhini Vati</i> 250 mg (two tablets) • <i>Gandhaka Rasayana</i> 125 mg (one tablets) • <i>Triphla guggula</i> 250 mg (two tablets) • <i>Shankha bhasma</i> 250mg | Oral | two times a day after meal | 20 mL of lukewarm water | 3 months |
| 4. | <i>Sarivadyasava</i> (Herbal decoction) | Oral | 20 mL of <i>Asava</i> two times a day after meal | 20 mL of lukewarm water | 3 months |
| 5. | <i>Triphala Churna</i> | Oral | 5 gm at bedtime after the meal | Luke warm water | 3 months |
| 6. | <i>Purodil ointment</i> | External application | Application nearly 2-3 times a day after cleaning | - | 3 months |
| 7. | Face pack of <i>Arjuna, Sariva, Lodra, Manjistha</i> and Multani mitti (1:1:1:1:4) | External application | Once a day | - | 3 months |

Timeline

In the present case, all the treatment was continued for 3 months. *Pathyahara* (A strict dietary plan) continued for the next 1 months

after the end of active treatment to check the recurrence.

Follow-up and Outcomes

Every follow-up revealed the patient's progress.

There were indications of a consistent recovery and all associated symptoms, including intense burning and pain. A certain amount of relief was observed in associated complains. During the course of

treatment, no negative side effects were observed. There was no symptom recurrence throughout the follow-up.

Table-03: The follow-up details with timeline and periodic clinical outcome

| Timelines | Clinical events and interventions | Clinical outcome |
|---------------------------------|---|---|
| Since 01year | Acute pain and burning sensation over the back and using modern medicines. | Very less symptomatic relief from itching but recurs frequently |
| Baseline visit-01 20-08-2024 | Visit the outpatient department of GAC, Jaipur. The detailed history, clinical assessment, examination, and confirmation of diagnosis were done. Ayurveda treatment started as mentioned. | multiple reddish inflamed papules and pustules Confirmation of clinical diagnosis as <i>Yuvanapidaka</i> . |
| Visit-02 After 15-days | Assessed drug compliance. Physical and clinical assessment. Interventions continued as mentioned | Significant relief from pain and burning sensation. Significant relief from loss of appetite and constipation. |
| Visit-03 After 15-days | Assessed drug compliance. Physical and clinical assessment. Interventions continued as mentioned | Significant improvement was found in redness, thickness, and pus discharge. |
| Visit-04 After 15-days | Assessed drug compliance. Physical and clinical assessment. Interventions continued as mentioned | Significant improvement was found in redness, thickness, and pus discharge. |
| Visit-05 After 15-days | Assessed drug compliance. Physical and clinical assessment. Interventions continued as mentioned | Significant improvement was found in redness, thickness, and pus discharge. Relieved from the burning sensation. |
| Visit-06 After 30-days | Assessed drug compliance. Physical and clinical assessment. Assessment of the SPASI score. | Significant improvement was found in redness, thickness, and pus discharge. Relieved from the burning sensation. |
| Follow-up After 30-days | Only dietary regimen continued | Complete remission from symptoms. No redness, thickness and pus discharge. |

Table-04: Effect of treatment on sign and symptoms present in the patient.

| SN | Complaint | BT | AT |
|----|--|----|----|
| 1. | <i>Shotha</i> (inflammation) | 3 | 0 |
| 2. | <i>Shoola</i> (Pain) | 2 | 0 |
| 3. | <i>Ghana</i> (Thickness of <i>Pidika</i>) | 2 | 0 |
| 4. | <i>Medogarbha</i> (contains fat in <i>Pidika</i>) | 2 | 0 |
| 5. | <i>Kandu</i> (Itching) | 0 | 0 |
| 6. | <i>Daha</i> (Burning sensation) | 1 | 0 |
| 7. | <i>Strava</i> (discharge) | 1 | 0 |
| 8. | <i>Vaivarnta</i> (discoloration) | 2 | 1 |

Figure -02: Effect of treatment on sign and symptoms present in the patient.

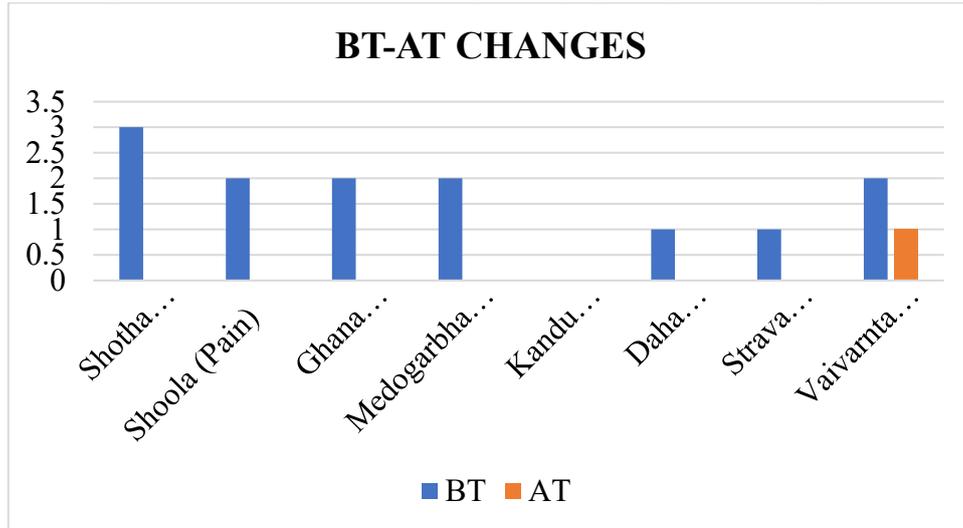


Table-05: Effect of treatment on no. of lesions present in the patient.

| | BT | AT |
|----------------|----|----|
| NO. OF LESIONS | 25 | 03 |

Figure-03: Effect of treatment on no. of lesions present in the patient.

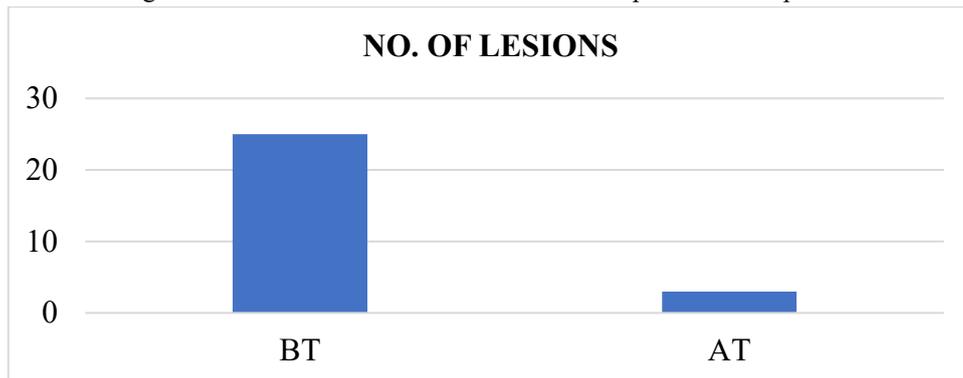


Figure-04: Photographs of affected areas before and after the treatment



III. DISCUSSION

Yuvanpidika- Acne Vulgaris is cauterized by inflammatory and non-inflammatory lesions (comedones, papules, pustules, nodules, and cysts), a follicular condition that mostly affects sensitive pilosebaceous follicles of the face, neck, and upper trunk. Numerous types of *acne vulgaris* are caused by common pus-forming bacteria called *Propionibacterium acnes* and *Staphylococcus epidermidis*. Because of *Shukra Dhatu-Mala*, *Acharya Sharangdhara* has described *Vakrasnigdhatta* and *Pidika*. Swelling and *Pidika* production result from vitiated *Dosha* and *Dhatu* entering the epidermis and blocking the *Lomkupa*. Ayurveda is a safe and effective way to bring balance, heal and repair skin issues by identifying the cause of imbalance.

Amapachana, *Agnideepana* and *Vatanulomana* are all treated with *Triphala Churna*. The hepatic support was given by using *avipattikar churn*, *giloy sattva* and *Arogyavardhini Vati*. The *Triphala Guggula* mentioned in *Vrana-Shotha adbhikara* is useful to reduce all types of *Shotha* which is a characteristic feature of *Yuvanpidika*. *Khadirarishta*, *haridra khanda*, *shankh bhasma*, *sarivadyasava* and *Gandhaka Rasayana* were used for their *Pitta Shamaka* and *Rakta Prasadana* characteristics, their effect is found to be on *Rakta dhatu* and *Twacha* which are main *Dushya* in *Yuvanpidika*. To eliminate local infection, it was advised to externally apply Purodil ointment for nearly 2-3 times a day and applying Face pack of Arjuna, Sariva, Lodra, Manjistha and Multani mitti (1:1:1:1:4) on the face once in a day.

Dietary factors have a substantial impact on the aetiology of *Acne Vulgaris*. Unhealthy eating habits included eating too many items that were salty, sour, a diet heavy in saturated fats, yoghurt, and spicy foods. In addition to a supportive diet (*Pathya*), ayurvedic drugs have been suggested as a mitigating measure. Self-used topical medications were stopped.

IV. CONCLUSION

Acne Vulgaris is still difficult to cure, but it can be effectively treated with a customized Ayurvedic treatment plan that includes dietary and lifestyle changes. This case study illustrates how Ayurvedic treatments significantly reduced *Acne Vulgaris* lesions, with certain amount of relief was observed

in associated complains. During the course of treatment, no negative side effects were observed. There was no symptom recurrence throughout the follow-up.

DECLARATION OF PATIENT CONSENT

The patient acknowledged the use of his clinical information, photos and other pertinent medical data and provided written informed consent for this case report to be published. With the guarantee that all identifying information would be kept private and the patient's anonymity maintained in compliance with ethical guidelines for medical publications, the consent allowed the inclusion of these items in the report.

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