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**RESEARCH ARTICLE** 

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## A Clinical Study to Evaluate Efficacy of *Lodhradi Lepa* and *Mukhdooshikahar vati* along with *Virechan* in the Management of *Mukhdooshika* w.s.r. Acne vulgaris

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#### ABSTRACT

**Background**: In *Ayurvedic* classics, in the context of *Kshudra rogas*, it is mentioned that *Mukhdooshika* occurs in *yuvavastha* and its signs and symptoms are similar to that of Acne vulgaris. In *Ayurvedic* classics many *lepas* and *shodhan* therapy are considered to be the effective treatment for *Mukhdooshika*.

**Purpose**: The purpose of the present study was to "Evaluate the efficacy of *Lodhradi Lepa* and *Mukhdooshikahar Vati* along *with Virechan* in the management of *Mukhdooshika* w.s.r Acne Vulgaris". The clinical study was conducted over a period of 45 days on 20 diagnosed cases of Acne vulgaris. This was an Single Blind Randomized clinical study involving patients of either sex between 16-35 yrs suffering from Acne vulgaris.

**Results & conclusion**: In this clinical study, for managing the *Mukhdooshika*, patients were subjected through *Virechan* followed by local application of *Lodhradi Lepa* (two times a day) and *Mukhdooshikahar Vati* as oral drug (three tablet thrice a day). Patients got significant improvement and no complications were found during and after the clinical study.

#### **KEYWORDS**

Mukhdooshika, Yuvanpidika Lepa, Acne Vulgaris, Virechan, Lodhradi lepa, Mukhdooshikahar vati



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#### **INTRODUCTION**

Acne is usually considered a disorder of adolescence, and a number of studies have examined the prevalence of this condition in the adolescent population. There are however, relatively few data on the of Acne in prevalence the adult population<sup>1</sup>. is referred Acne as Yuvanpidika<sup>2</sup> (which means the eruptions of youth) or Mukhdooshika in Ayurveda. This shows the prevalence of Acne from ages. Ayurveda has described the causes of Acne and recommends the best treatment including internal purification (Shodhan) and external application (Shaman) of different local Lepa. Vata and Kapha are two main Doshas, which are involved in eruption of Acne. Rakta Dhatu or blood also plays an important role in formation of Acne<sup>3</sup>. Vata when gets vitiated due to unhealthy diet and lifestyles affects other two Doshas (Kapha and Pitta) to aggravate them. Aggravated Pitta affects Rakta Dhatu or blood. The vitiated blood affects the skin and causes excess secretion of oil from sebaceous glands. Kapha has sticky property. The aggravated kapha imparts the stickiness to the oil produced by sebaceous glands of skin. Thus the thick sebaceous plugs are formed in skin pores and hair follicles leading to eruption of Acne.

#### MATERIALS AND METHODS

Ethical committee approvel no. is UAU/R/C/IEC/2016-17/2

Twenty patients with *Mukhdooshika* were selected from the O.P.D. /I.P.D. Department of Kaya-Chikitsa, Rishikul Campus, Haridwar.

**Ethical clearance-** The research has been approved by the Institutional Ethical Committee. Written consent was taken from all the subjects before the trial and study was in accordance with ICH GCP Guidelines.

**Ethical Committee Approval no.** is UAU/R/C/IEC/2016-17/2

**Selection of Sample: -** Randomized Sampling

Type of Study: Single Blind

Duration of Study: 45 days

#### **Selection of Drug**

- 1. Virechan
- 2. Lodhradi lepa
- 3. Mukhdooshikahar vati

#### **Dose of Drug**

 Lodhradi Lepa- Local application of Lepa (gel) twice a day.

Mukhdooshikahar Vati: Three vati
 (1.5gram) thrice daily for a month with koshna Jal Anupan after meals.

Assessment & Follow-up: Assessment of the patients was done after an interval of 15 days i.e. two assessments were done



and follow-up was done **30 day** after completion of treatment to look for any recurrence.

#### **Inclusion criteria**

- Age: 16 35 years.
- Patients of either sex will be taken.
- Diagnosed case of *Mukhadooshika* (Acne Vulgaris).
- Patients fit for Virechan
- Patient willing to participate in above mentioned trial with informed consent.

#### **Exclusion criteria**

- Age < 16 years and >35 years.
- Any other skin diseases.
- Patient not fit for *Virechan*.
- Patient with complicated Acne.

#### Criteria for withdrawal-

- (1) Personal matters
- (2) Intercurrent illness
- (3) Aggravation of complaints
- (4) Any other difficulties

#### Investigations:-

• Hb%. T.L.C., E.S.R. fasting blood sugar and post parandial, LFT (S. bil. Total / indirect, S.G.P.T./S.G.O.T.; these investigations were carried out before the initiation of trial and after completion of the trial, to rule out any systemic pathology.

#### Assessment of results:-

Effect of the therapies were compared before and after the treatment on the basis

of self-formulated scoring scales based on subjective and objective parameters (Table

1) associated with the disease.

Table 1	Parameters	of Assessment
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1. Subjective parameters:-	2. Objective		
	parameters:-		
Pidika (Type of Lesion)	Number of		
Vedana (Pain)	Comedones		
Vaivarnyata	Number of		
(Discoloration)	papules		
Srava (Discharge)	Number of		
➢ Kandu (Itching)	Pustules		
Snigdhata (oiliness)	Number of		
Daha (Burning)	Nodules		
Sensation)	Number of		
> Paka (Inflammation)	Cysts		
> Scars	➢ Number of		
	Scars		

#### Procedure of Virechan Karma

*Virechana Karma* is one of the prime purificatory procedures employed in treating a constellation of diseases and conditions as well as treating stubborn disorders. It is also one of the measures of choice preferred by *Vaidya* because of its wide applicability and simplicity. *Virechana* not only helps in eliminating *Doshas* from the body but it also helps in promoting health.

All 20 patients of *mukhdooshika* were subjected through *Virechan*. *Virechan karma* is classified in three parts:-

1. Purvakarma:- includes Deepan, snehan swedana

2. Pradhan karma:- Virechan karma

3. Paschat karma:- Sansarjan karma

Procedure of *Virechan karma* followed for study is described under following therapy module (Table 2):-



Table 2 Therapy Module				
THERAPY	DRUG NAME	MATRA (AMOUNT)	DURATION	ANUPANA
Deepan	Ajmodadichurna (for 3 days)	3gm	Twice a day for 3 days	Koshna jal
Snehapan	Panchtikta ghrita	25ml	On 1st day	Koshna jal
-	(for 3/5/7 days)	50ml	On 2 <sup>nd</sup> day	Koshna jal
		75ml	On 3 <sup>rd</sup> day	Koshna jal
		100ml	On 4 <sup>th</sup> day	Koshna jal
		125 ml	On 5 <sup>th</sup> day	Koshna jal
		150 ml	On 6 <sup>th</sup> day	Koshna jal
		175ml	On 7 <sup>th</sup> day	Koshna jal
Sarvang Snehan and Sarvang Svedan	For 2 days			
Virechan	Trivritta-avaleha	75gm		Koshna jal
(after gap of 2 days)	+ Triphalakwatha	+50 ml		

After getting assumed that the proper shodhan has been achieved the patient of both groups were suggested to follow the sansarjana krama recommended by classics. after that the patients administered with shaman drug viz mukhdooshikahar vati and Lodhradi lepa.

Procedure of *Lepa* (Modified as Gel) Application:-

The patient were advised to conduct *Lepa* (modified as Gel) in the morning and evening hours (7 to 10 am and 9-10pm). It was conducted in three steps, viz-

1. *Purvakarma:*-The patient was asked to wash the face with lukewarm water prior to application of *gel*.

2. *Pradhankarma:-* Gel was advised to apply over the lesion. It was then kept for an hour

3. *Paschatkarma:*-After applying the *gel*, the patients were advised to wash the face with lukewarm water.

#### STATISTICAL ANALYSIS

Wilcoxon Signed Rank Test was applied on the subjective parameter and objective parameters. Paired 't' test was applied on biochemical parameters. Thus the obtained results were interpreted as:

P> 0.05 Not Significant

P< 0.01 &<0.05 significant

P< 0.001 highly significant

#### **OBSERVATIONS**

SYMPTOMS	Median		Wilcoxon Sign	P-Value	% Effect	Result
	BT	AT	Rank			
PIDIKA	2	0.5	-4.177 <sup>a</sup>	<0.001	79.2	Highly Significant
VAIVARNYA	2	1	-3.987 <sup>a</sup>	<0.001	69.4	Highly Significant
KANDU	2	0	-3.508 <sup>a</sup>	<0.001	88.5	Highly Significant
VEDANA	1	0	-3.071 <sup>a</sup>	< 0.05	93.3	Significant
SNIGDHTA	2	0	$-4.028^{a}$	<0.001	94.3	Highly Significant
DAHA	0	0	$-2.460^{a}$	< 0.05	90.0	Significant
SRAVA	0	0	-2.714 <sup>a</sup>	< 0.05	88.2	Significant
РАКА	2	0	-3.852 <sup>a</sup>	<0.001	90.6	Highly Significant
SCAR	0.5	0	-2.828 <sup>a</sup>	< 0.05	66.7	Significant

Table 3 Efficacy Study of Drugs on Subjective Parameters

BT-Before Treatment, AT-After treatment



SYMPTOMS		Mean	N	SD	SE	t-Value	P-	Result
							Value	
No. OF	BT	2.1	20	0.9	0.2	10.925	<0.001	Highly
COMEDONES	AT	0.4	20	0.5	0.1			Significant
No. OF	BT	2.6	20	0.6	0.1	16.376	<0.001	Highly
PAPULES	AT	0.5	20	0.5	0.1			Significant
No. OF	BT	1.4	20	1.0	0.2	5.877	<0.001	Highly
PUSTULES	AT	0.2	20	0.4	0.1			Significant
No. OF CYST	BT	0.2	20	0.4	0.1	2.179	< 0.05	Significant
	AT	0.0	20	0.0	0.0			
No. OF NODULE	BT	0.1	20	0.2	0.1	1.000	>0.05	Non-
	AT	0.0	20	0.0	0.0			Significant
No. OF SCARS	BT	0.3	20	0.6	0.1			
	AT	0.0	20	0.0	0.0	2.517	< 0.05	Significant

Table 4 Efficacy STUDY of drugs on objective parameters

Table4 shows the effect of drugs on Objective parameters (symptoms) of the Mukhdooshika.

#### EFFICACY STUDY OF DRUGS ON BIOCHEMICAL VALUES:

There was statistically Non-significant (p>0.05) result seen in all biochemical values i.e. Hb,

TLC, ESR. BSF, BSPP, Serum billirubin SGPT and SGOT.

Table 5 Assessment of percentage re	lief in subjective	like Pidika, Vaivarnya, Kandu, Snigdhata		
Parameters				
SYMPTOMS	% RELIEF	and Paka (p<0.001). Statistically		
PIDIKA	79.2%			
VAIVARNYA	69.4%	significant result was found in subjective		
KANDU	88.5%	parameters like Vedana, Daha & Srava as		
VEDANA	93.3%	purumeters inte venunu, Duna te stava us		
SNIGDHTA	94.3%	value of p<0.01. In objective parameters		
DAHA	90.0%			
SRAVA	88.2%	statistically highly significant result was		
РАКА	90.6%	found in number of comedones, papules		
SCAR	66.7%	Tound in number of confedences, papules		
Table 5 shows % relief In subjectiv	e parameters.	& number of pustules (p<0.001). In		
Table 6 Estimation of overall res	sponse in each	objective parameters statistically		
group		significant, result was found in number of		
Improvement (%)	No			
Excellent (75-100%)	12	$- cyst \overset{\&}{60\%} scars$ as value of <b>p</b> <0.01. In		
Marked Improvement (50-74%)	5			
Mild Improvement (25-49%)	3	object256% parameters statistically non- 15%		
No Improvement (<24%)	0	signifigant result was found in <b>number of</b>		
Table 6 shows the estimation of	-	nodules & biochemical values (P >0.05).		
Response		The results are given in Table 4.		
		Probable Mode of Action of Lodhradi		
<b>RESULTS AND DISCU</b>	SSION	<i>Lepa</i> (Table 7):-		

Statistically **highly significant** results were obtained in subjective parameters

First trial drug for the study was *Lodhradi lepa*; *Lepa* is one among the *Bahya* 

Pradana Upakarm, which could be easily employed with effective results. Hence Lepa had been selected for external application along with Virechana. 'Lodhradi Lepa' as described in Astang

#### **Probable Mode of Action of Drugs:**

Hridaya, Chakradatt<sup>5</sup>, sharangdhar
samhita<sup>6</sup>; had been selected for this study.
It contains 3 drugs namely Lodhra,
Dhanyak, Vacha.

<b>Table 7</b> Probable Mode of Action of Virechan Karma <sup>4</sup>
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KARMA	MODE OF ACTION
Deepan.	Enhances appetite and it pacifies vitiated Vata dosha
Snehapan,	Expels vitiated Doshas from Shakha to Kostha. By virtue of its property Ghrita is Pitta-
Abhyang &	Shamak and Agni-Dipak.
Swedana	
Virechan Karma	It is targeted to expel increased <i>Pitta Dosha</i> out of the body i.e. <i>Srotoshodhan</i> . As we know that <i>Rakta</i> is said to be <i>Pitta Sadharmi</i> so it will pacify vitiated <i>Pitta</i> as well as vitiated <i>Rakta</i>
Sansarjana kram	Due to <i>shodhan</i> ( <i>Virechan</i> ) procedure <i>Mandagni</i> develops therefore <i>Sansarjan kram</i> maintain <i>Agni</i> balance or equilibrium.

Ingredients of Lodradi Lepa are having the predominance of Tikta, Katu and Kashaya Rasa, Laghu Guna, Katu Vipaka and Ushna Virya. These properties alleviate Kapha Dosha. Lodradi Lepa is capable of pacifying vitiated Vata Dosha by its Madhura Rasa, Snigdha Guna, Ushna Virya and Madhura Vipaka. Due to the presence of Madhura, Tikta, Kashaya Rasa, Snigdha Guna and Sheeta Virya it alleviates Pitta Dosha. Ruksha guna helps in drying up the Pidika. Tikshna guna assists the drug to act fast, spreading in to the deep and squeeze out the pus inside. As Tikta Rasa is having Rakta shodhana property acts on vitiated Rakta Dhatu and purifies it. By cleansing the blood, it cures the skin diseases and enhances the skin complexion. The drug consists of Shothahara, Vrana ropana, Pachana and

Krimighna properties. Hence it helps to healing enhance the process of Mukhadooshika (Acne Vulgaris). Medoghna property of Vacha will be useful in the subsiding of Medogarbha pidika. Ingredients of Lodradi Lepa are rich in flavonoides and tannins. Flavonoids are proven to possess good antioxidant property. Antioxidants protect the skin from the oxidative damage. Tannins promote the healing process by increasing capillary formation. All the ingredients are considered to possess anti-inflammatory, analgesic and anti bacterial actions. Due to the anti-inflammatory action the drug helps to improve the outcome at the site by reducing the inflammatory features such as Saruja (pain) and Saraktata (bleeding). The analgesic action of ingredients is beneficial in the management of pain





(*Saruja*). Due to antibacterial action they avoid secondary infections <sup>7</sup>.

**Probable Mode of Action of** *Lepa*<sup>8</sup>**:** The probable mode of action of *Lepa* can be described in two steps as follows:

I) Pilosebaceous Uptake: When a *Lepa* is applied over the surface of skin opposite to the direction of hairs on it, through a proper base, the active principles of the ingredients of *Lepa* are released into that base. After that, this combination enters the *Romkupa* & further gets absorbed through the *Swedavahi Srotas* & *Siramukh*<sup>9</sup>. However, it should be kept in mind that the pilosebaceous uptake i.e. absorption of *Lepa* differs as per the site variation, skin condition & more important is the base through which it is applied.

II) Cutaneous **Biotransformation:** Thereafter it is subjected for *Pachana* by Bhrajakagni viz. the viable epidermis starts off the catabolic degradation of the absorbed material with the help of essential enzymes. In due course of the transformation, above some new metabolites might be forming which pacifies the provocated Doshas locally & thus breaks the pathogenesis cycle leading to the alleviation in the symptoms.

ProbableModeofActionofMukhdooshikahar Vati10 11 (Table 7)All the 6 ingredients (Manjistha, Sariva,Chopchini, Nimb Haridra And Guduchi)

of Mukhdooshikahar vati (Anubhut/self formulated drug) has shown their Antiinflammatory, Anti-microbial, Anti-acne effect in various studies & Acharya charaka<sup>12</sup> has described Manjistha and Sariva in Varnya Mahakashaya, Haridra in kusthaghna, and Vishaghna Mahakashaya, Guduchi and Sariva in Dahprashaman Mahakashaya. This Vati basically contains *Raktaprasadan Dravyas* like Sariva, Manjistha, Chopchini which detoxifies blood, Shothahar, and krimihar Dravyas like Nimb, Guduchi, Haridra subsides shotha. excessive sebum production and reduces bacterial load; Almost all the drugs are having Tridosh-Shamak properties. Mukhdooshikahar vati is Mainly Tikta Rasa, Pradhana, Laghu Ruksha Guna, Ushna Virya and Katu Vipaka Pradhana through which it helps in management of Mukhdooshika by breaking the Samprapti.

Anti-inflammatory action of Sariva. Guduchi, Nimb, Chopchini & Haridra reduces Shotha (inflammation), Antibacterial action of Manjistha, Chopchini, Nimb & Haridra reduces bacterial load and its colonization thus reduces Paka (discharge) and improves healing of the lesions lesions, Anti-oxidant property of Sariva, Guduchi,, Chopchini & Haridra reduces accumulation of dead cells or reduces retentional hyperkeratosis

thus removes scar or Vaivarnya, Analgesic Guduchi property of reduces pain (Vedana), Anti-allergic property of Guduchi reduces kandu by reducing stimulation of mast cell and Anti-stress activity of Guduchi reduces stress which is causative factor for main the а development of Acne Vulgaris. Moreover, it has ingredients (Haridra & Guduchi), having hepato-protective property by means of which it protects liver & repair damaged liver cells. It also has property of detoxification. It detoxifies the body & assists excretion of accumulated toxin from the body by enhancing liver function. In Ayurveda it can be understood in relation with Shonita, Raktavaha Srotas, and Yakrit. In shonitaja rogas (disorders due to vitiated blood), Vaivarnya<sup>13</sup> (skin discoloration) is mentioned Prasanna Varnendriyaartha (bright skin tone and texture etc) are the Lakshanas of Purusha<sup>14</sup> Rakta Vishuddha (characteristics of a person having pure and detoxified blood) snigdha rakta Varna in rakta sara<sup>15</sup> and liver is said to be the mula of Shonitavaha/ Raktavaha Srotas. This shows that liver is the *Karana* (cause) for Vaivarnya, Prasanna Varna and other Therefore. disorders of skin. Mukhdooshikahar vati also has

rejuvenative action for liver. Therefore, multi factorial action of these contents of *Mukhdooshikahar Vati* may be the possible reason for its better effect.

#### **CONCLUSION**

Mukhdooshika is a Kapha- Vata- Rakta Pradhana Vyadhi which has clinical features similar to Acne vulgaris. Lodhradi Lepa, Mukhdooshikahar Vati as shaman chikitsa and Virechan as shodhan chikitsa when given together proved quite effective than only Virechan in managing the patients of Mukhdooshika. Moreover, no side-effects were observed in patients during and after the treatment so, it can be concluded that the patients of *Mukhdooshika* can be managed effectively by Ayurveda without fear of side-effects as seen in Allopathic drugs like systemic and topical antibiotic and steroids.

Photographs of two cases {fig.1 a (BT), 1 b(AT), 1c(BT), 1d and fig. 2a (BT) 2 b(AT) 2c (BT) 2d (AT) } treated with *Virechan* followed by *Lodhradi Lepa* and *Mukhdooshikahar vati*, are annexed herewith for better understanding.

Source of support: Nil

Conflict of interest: None



Fig.1 a (BT: RIGHT CHEEK)	Fig.1 b (AT: RIGHT CHEEK)
Fig.1 c (BT: LEFT CHEEK)	Fig.1 d(AT: LEFT CHEEK)
Fig. 2a (BT: RIGHT CHEEK)	Fig. 2b (AT: RIGHT CHEEK)
Fig. 2c BT: LEFT CHEEK	Fig. 2d AT: LEFT CHEEK



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