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Research Article

A CLINICAL STUDY TO EVALUATE THE EFFICACY OF JALAUKAVACHARANA AND SARIVADYASAVA IN YUVANAPIDAKA (ACNE VULGARIS)

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ABSTRACT
Yuvana pidaka is a disease produced due to morbid Kapha, Vata and Rakta Dosha involving Rasavaha and Raktavaha Srotas. This disease under the heading of Kshudra roga and later scholars of the science accepted the same, reflecting the fact that this disease occurs in the early adulthood and subsides later and remains in few patients in the later age also. Even though this is not a life threatening disease it definitely produces impact on the life style, daily routine activity and social hesitation. To treat this condition only shodhana or shamana therapy are not sufficient. A combined effective line including shaman and shodhana will be more helpful in tackling the disease. Thus the present study is planned to know the combined therapeutic effect of the Shamana Oushadi sarivadyasava and as shodhana Raktamokshana with Jalauka.
Keywords: Yuvana Pidak, Acne vulgaris, Jalauka, Sarivadyasava

INTRODUCTION

Dharmarthakamamokshanamarogyam mulamuttamam ||
Rogastasyapahartarah shreyaso jeevitasya cha |
Pradurbhuto manushyanamantarayo mahanayam ||
Ch. Su 1/ 15-16

The decisive objective of human life is the attainment of the four important aspects- Dharma, Artha, Kama and Moksha. Health is the root cause par excellence for their achievement. When a person is afflicted by a disease entity, he is absolutely incapable of performing any act conducive to the attainment of any of these four objects. Thus Chikitsa, which has a target of maintaining health of an individual, gains a paramount magnitude.[1]

Acne vulgaris is a distressing condition which is related to the pilosebaceous follicle, is considered as an adolescent disorder. Though the disease is not a life threatening one, acne can be upsetting and disfiguring as it presents with popular, pustular and cystic lesions more prominently on the face. When severe it can lead to serious and permanent scaring. Acne is such a disease which occurs in young age which is the golden time of the person.

It is a well known fact that the disease Yuvana Pidaka[2] is not that severe which requires hospitalization, but the necessity for treatment is high as it carries a cosmetic importance. In the context of Yuvana Pidaka both Shodhana and Shamana chikitsa are explicated in the form of Vamana, Raktamokshana, Lepa, Upanaha and Oral medications. Among these the drugs which consist of Twak doshahara, Vedanahara, Shotahara and Krimighna properties are going to toil well in the disease. Raktamokshana in the form of Jalaukavacharana as a shodhana chikitsa can give an ultimate help in the Raktapradoshajanya disease, Yuvanapidaka. Taking all these into consideration a study was planned to appraise the effect of Jalukavacharana[3] and Sarivadyasava[4] in management of Yuvanapidaka.

MATERIALS AND METHODS

OBJECTIVE OF THE STUDY

To carry out a comprehensive literary study on Yuvanapidaka.

To evaluate the efficacy of Jalaukavacharana and Sarivadyasava in the management of Yuvanapidaka.

SOURCE OF DATA

20 patients diagnosed as Yuvanapidaka from OPD and IPD of S. D. M. Ayurveda Hospital, Udupi, Karnataka, were selected for the study according to the diagnostic criteria.

INCLUSION CRITERIA

Patients between the age group of 16-40yrs.
Patients presenting with cardinal features like Shalmali Kantakakara, Toda and Ghana Yuvanapidaka
Patients fit for Raktamokshana.

EXCLUSION CRITERIA

Bleeding tendency disorders, Diabetes mellitus, Acne Rosacea, Sycosis barbae, Staphylococcal boils, Gram negative folliculitis

STUDY DESIGN

Randomized open trial Single blind clinical study with pre test and post test design is adopted.

Intervention- All the 20 patients were subjected to Raktamokshana with Jalauka[2] weekly once for a period of 28 days with all precautionary measures and Sarivadyasava orally in a dose of 25 ml TID from day one for 28 days.

In this study a total of 20 patients suffering from Yuvanapidaka fitting into the inclusion criteria were taken. All these 20 patients who were registered have completed the stipulated schedule of the study. The patients were selected irrespective of age, sex, and their caste. Following are the observation and the results as well as detailed descriptive statistical analysis of the patients included in the study which is elaborated in the following headings.

Analysis of the therapeutic effect of Jalaukavacharana and Sarivadyasava in patients of Yuvanapidaka. Assessment of the significance of the treatment by adapting the paired 't' test

ASSESSMENT CRITERIA

The cardinal features of Yuvanapidaka like shalmali kantaka akara, Kandu, Toda,Ghana,Srava, Number of Pidaka, Severity of lesion , Extent of lesion and Size of pidaka were graded and assessed accordingly some important symptoms results are mentioned here.

RESULTS

Table 1 Effect of Treatment on size of Pidaka

No. of Patients	Mean Score		Diff. in means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	P value
20	1.9 (±0.7880)	0.25 ±0.444	1.65	1.7013	0.380	8.15566	<0.001

Table 2 Effect of treatment on Tenderness

No. of Patients	Mean Score		Diff .in means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	P value
20	1.4 (±0.940)	0.25 (±0.639)	1.15	0.671	0.149	4.524	<0.001

Table 3 Swelling around the lesion

No. of Patients	Mean Score		Diff. in means	Paired 't' test			
20	BT	AT		S.D	S.E.M.	t value	P value
	1.7 (±0.571)	0.25 (±0.444)	1.45	1.6679	0.3728	8.96	<0.001

Table 4 Effect of treatment on srava

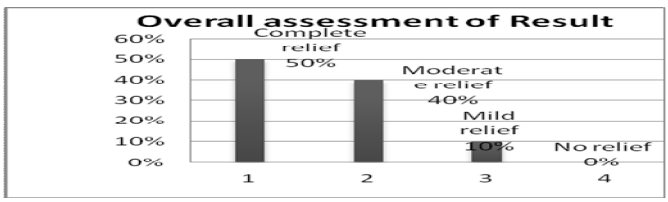
No. of Patients	Mean Score		Diff. in means	Paired 't' test			
10	BT	AT		S.D	S.E.M.	t value	P value
	0.75 (±0.850)	0.01 (±0.307)	0.74	1.337	0.3010	3.213	<0.004

Table 5 Effect of treatment on Severity of lesion

No. of Patients	Mean Score		Diff.in means	Paired 't' test			
20	BT	AT		S.D	S.E.M.	t value	P value
	2.65 (±0.489)	0.35 (±0.489)	2.30	0.788	0.176	14.873	<0.001

Table 6 overall assessment of Result

Overall assessment of result	Number of patient	Number of patient in %
Complete relief	10	50%
Moderate relief	8	40%
Mild relief	2	10%
No relief	0	0%



DISCUSSION

Based on the doshas involved Kapha, Vata, and Rakta prakopaka nidanas can be considered. All the authors have referred Kapha and Vata to be the vitiated factors in the disease. Pitta has not been mentioned and the changes occurring in the skin have been attributed to Rakta dusti. The stagnation of Meda is explained by the term Medogarbhita pidaka. Along with this the increase of Twak sneha is quoted. These two things together help to explain the excessive oily secretion in patients of Acne. Terms like swabhava and increase in Shukra mala explained in the disease gives the information about the physiological increase of hormones during puberty and early adult hood which in turn is responsible for the disease.

Probable mode of Action

Leeches sucks the blood from the selected area when applied over the pathogenic area because the leeches sucks the vitiated pathogenic material. Hence, it can be said that leeches give best effect in Yuvanapidaka expelling the morbid, Vitiated Dosha, and Dhatus. But the effect of the therapy is attained not only due to expelling out but at the same time the leeches release some of the enzymes into the superficial layer of the skin. So Jalaukavacharana has also provided Normalization and enhancement of capillary as well as collateral blood circulation, Expressed anti- inflammatory and antibiotic effect, works as an Immune- Stimulant and immune modulating effect, and early wound healing effect.

Sariva is considered to be the best Raktashodaka, Prasadaka dravya. In addition the Shulahara effect of Amalaki, Nyagrodha, Aswath,Shati, Guduchi,Yavani, Patra and Haritaki helps in reducing the cardinal feature toda of the disease. Drugs like Sariva, Mustaka,Nyagroda, Ashwatha, Ananta, Shati, Padmaka,Usheera,Rakta chandana,Yavani, Kustha and Swarnapatri have the Shotha hara properties which will helps in relieving the erythema in the disease. Nyagrodha, Lodhra, Ashwatha, Ananta,Haritaki, Draksha and Patha have the vrana ropana properties. The Anti- Bacterial, Anti-Microbial action is attributed to the essential oils of Mustaka, and krimighna property is told for Padmaka, Guduchi, Sweta chandana,Kustha,Draksha, Patha and Guda.

Discussion on observations during study

Age

According to Age wise distribution of 20 patients suffering from the Yuvanapidakaa, Maximum no of patients i.e. 95%

were in age group of 16-30 years, 5% of patients were from 31-45 years of age group. The age between 16-30 is Vivardhamana Dhatu gunaavastha, specially the starting period of functional state of Shukradhatu (abhivyakti and vridhi). This is also the age of predominance of pitta and Shukra dhatu, along with consumption of unbalanced food, altered mode of lifestyle, which causes the vitiation of Dosha and Doshya. Modern medical science considered hormonal imbalance, specifically androgen imbalance as one of the important causative factor for the acne, which stimulates the sebaceous glands to produce the excess amount of sebum, by the age of 25 years the maturity level of hormones is attained. In females, major hormonal changes take place during the menarche; though the occurrence of the acne may be a little less than males.

Cardinal symptoms are Shalmali kantakavat pidaka, Ghanata and Toda which are predominantly (100%) observed in all the patients. During local examination of the lesion the Pidakas are firm to touch which is due to Kapha dosha associated with stagnation of Medodhatu. The term Shalmali Kantakavat pidaka refers to a firm Papular lesion which will include Papular, Pustular and Cystic lesion of Acne vulagaris.

Jalauka

Calculating the number of jalauka needed for 20 patients i.e. 4 jalaukas for each patient, a total of 80 Jalaukas were needed. Two Jalaukas were taken for one sitting for each cheek as that was the area of maximum affliction. For the second sitting, again two fresh Jalaukas were used. But later it was observed that few Jalaukas died in between the treatment after the application, reason of which was not ascertained. Fresh Jalauka were used for each patient as transmission of infective diseases was not been disproved by leech application, therefore to avoid the risk precaution was taken. On an average 35-45 minutes were taken leech for sucking blood in each sitting. 35 -40 gram of blood was sucked during jalaukavacharana by the leeches in each sitting.

During application no untoward effects were seen in the patients in the application site on the day or during subsequent follow ups. No scar remained on the site of application.

CONCLUSION

The Kapha and Vata dusti explained in the disease Yuvanapidaka is proved by the different symptoms presented in the patients of this study.

The term Yuvanapidaka indicates the prevalence of the disease in the youvana stage of the madhyama avastha is also observed in the present clinical study.

The cardinal feature of the disease, Shalmali kantakavat Pidaka, Toda and Ghana Pidaka were observed in all the 20 patients.

The combination of Sarivadyasava and Jalaukavacharana showed a statistically highly significant response in reducing the symptoms and signs of Yuvanapidaka.

The more severe patients of Yuvanapidaka showed the late response.

No untoward toxic effects were observed during and after treatment

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