



Case Study

GLIMPSE OF AYURVEDA ON MUKHDUSHIKA

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ABSTRACT

In modernity, Acne vulgaris is the most common skin disease facing humankind, it burdens 80% of adolescent in population. It is chronic inflammatory condition of the pilosebaceous follicles on the face and upper trunk, which develops into blackheads, papules, pustules and cysts and may leave scars upon resolution. Its symptoms resemble with *Mukhdushika* or *Yuvanpidika* which explained in Ayurvedic text. *Mukhadushika* is a type of *Kshudra Roga* described in Ayurvedic classics. It is owing to vitiation of *Kapha*, *Vata*, *Rakta* which looks like the *Shalmali* thorn like eruptions on the face of adolescent. It is a case of 22-year-old female patient came in OPD (*Swasthyarakshan* Unit) with chief complaints of acne with pus prominently on face and neck region, pain, itching, discharge and discoloration which is diagnosed as *Yuvanpidika*. In this case study, administration of *Mukhdushika* (acne vulgaris) has been elaborated with *Shaman chikitsa*, lifestyle management and also yogic practices. The outcome this management was encouraging without any side effects.


INTRODUCTION

Everyone wants to look beautiful specially youngsters are more conscious about face, clear complexion but 80% of adolescent in population have acne burden. The symptoms of acne vulgaris resembles with Ayurvedic *Vyadhi Yuvanpidika* or *Mukhadushika* which are narrated under *Kshudraroga* by Sushrut Acharya.^[1] Acne vulgaris is a common chronic disease involving inflammation of pilosebaceous follicles on the face and upper trunk, which develops into blackheads, papules, pustules and cysts and may leave scars upon resolution. *Mukhadushika* is caused by vitiation of *Kapha* with *Rakta* according to Yogaratnakara.^[2] *Medhagarbastarunama mukho syu* that *Mukhadushika* is always with pus filled pocket which affects the face of the adolescence.^[3] Acharya Vagbhat has noted the role of *Meda*^[4] in the pathology of *Mukhadusika* which resembles with modern theory of sebum involvement in the pathogenesis of acne. It is a skin condition that occurs due to the clogging of oil glands (sebaceous glands) of the skin.

The oil (sebum) that normally lubricates the skin gets trapped in blocked oil ducts. Hormone changes during the teenage cause the body to make more of this oily substance (sebum), thus are clogging the follicles. Bacteria can get inside the follicle or oil gland and cause redness, swelling, and pus. It is one of the most common dermatologic condition that affects nearly everyone at some point in their lifetime.^[5] Human skin reflects the health and personality of a person especially for youth so there is miraculous *Shaman chikitsa* (which comes under some herbal and herbomineral combinations, herbal face mask which is *Lepa*), Lifestyle management (In this *Dincharya*, *Aahar* and *Vihar* modified for better results) and yogic practices also have importance in the management of *Mukhadushika*.

AIM AND OBJECTIVES

1. To study the concept of *Yuvanpidika* or *Mukhadushika* w.s.r. to acne vulgaris.
2. To study the efficacy of *Shaman chikitsa* w.s.r. to *Mukhadushika*.
3. To study the lifestyle management and yogic practices w.s.r. to *Mukhadushika*.

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MATERIAL AND METHODS

Case Report

A 22-years-old female patient visited in the OPD with classical sign and symptoms of *Mukhdushika*. She has consulted the other contemporary treatment but didn't get satisfied results so she consulted our system of treatment, here we are choosing the treatment of *Shamanoushadi* for 15 days followed by life style management and some yogic practices.

Chief Complaints

1. Pus filled *Pidaka* (acne) over the face and neck region since 2 years.
2. *Pooya-srava* since 6 months.
3. Itching (*Kandu*) occasionally.
4. Discolouration (*Vaivarnya*) of face skin.

H/o Present Illness

The patient had above complaints since last 2 year. In this period, she experienced small pustules

Ashtavidh Pariksha

(*Pidaka*) over her both cheeks. Also, she had itching (*Kandu*) and *Srava* from this *Pidaka* and discolouration (*Vaivarnya*) of face skin. So, she came to the OPD for Ayurvedic treatment.

Aggravating Factors- Intake of spicy diet (Fast food, Chinese, Fried food), late night sleeping (*Jagarana*), *Divaswapna* (day time sleeping), hormonal disturbances.

Past History- No other past history was noted according to patient statement.

History of Allergy- Not any allergic history.

Medical History- Patient not suffering from any systemic disease i.e. HTN/DM/IHD.

Personal History- Diet: vegetarian and non-vegetarian, appetite: moderate, bowel: irregular (2 time/ day), micturition: normal (5-6 time/day), sleep: disturbed, addiction: tea (2 times/day), menstrual cycle- irregular

Table 1: Ashtavidh Pariksha

<i>Nadi</i> (Pulse)- 76 per min	<i>Mutra</i> (Urine)- <i>Samyaka</i>
<i>Shabda</i> (Speech)- Clear	<i>Druk</i> (Eyes)- <i>Prakrut</i>
<i>Mala</i> (Stool)- Irregular (2 times/ day)	<i>Jivha</i> (Tongue)- <i>Saam</i>
<i>Sparsh</i> (Touch)- Clear	<i>Aakruti</i> (Built)- <i>Madhyam</i>

Material with treatment and prognosis

Patient was given herbomineral treatment along with lifestyle management and yogic practices.

Table 2: Treatment given to the patient when she came in OPD for first time

Abhyantar Aushadhi (Internal Medicine)				
S.No.	Medicinal Drug	Dose	Duration	Anupan
1.	<i>Sookshma Triphala Vati</i>	2 TDS (250mg)	For 15 days	Warm water after meal
2.	<i>Chandraprabha Vati</i>	2 BD (250mg)	For 15 days	Warm water after meal
3.	<i>Rasapachak Vati</i>	2 BD (250mg)	For 15 days	Warm water after meal
4.	<i>Aaragvadha Kapila Vati</i>	1 HS (500mg)	For 15 days	Warm water after meal
Bahya Aushadhi (External Application):				
1.	<i>Triphala Churna (1/2 tsp) + Haridra churna (1/4 tsp) + Water+ Madhu (Honey) 1 drop</i>	Lep on site of <i>Tarunyapitika</i>	For 15 days (morning)	---
Life- Style Management				
1.	Wake up early morning at 6.00 am and go to bed at 11.00 pm			
2.	Advise for physical activity- walking, jogging etc			
3.	Eat fresh food, fruits, raisins, pomegranate etc			
Yogic Practices: At morning				
1.	<i>Suryanamaskar</i>	12 steps for 12 rounds	For 15 days	--
2.	<i>Anulom-Vilom</i>	5 rounds	For 15 days	--
3.	<i>Sheetali Pranayam</i>	5 rounds	For 15 days	--

4.	Dhyana (maintain mild focus between eyebrows and be conscious of your breath)	Stay as long as you can.	For 15 days	--
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After first follow-up (after 15 days) same treatment repeat for next 15 days.

OBSERVATIONS

S.No.	Complaints	Before Treatment	1 st Follow-up	2 nd Follow-up
1.	<i>Pidaka</i>	Over cheek & neck (more in number)	Mild reduced	Reduced
2.	<i>Srava</i>	Present (especially <i>Pooya srava</i>)	Reduced	Absent
3.	<i>Kandu</i>	Present	Reduced	Absent
4.	<i>Vaivarnya</i>	Present	Mild Reduced	Absent



DISCUSSION

Mukhadushika is one the major health problem in youngsters. The skin, as the body's largest organ, serves numerous functions that support the overall functioning of our body. Modern influences such as lifestyle changes, unhealthy eating habits, air pollution, overuse of cosmetics and skincare products, UV radiation, and stress can harm our skin, particularly the facial skin, which is thinner and more delicate.

In the present case study, *Abhyantar Aushadhi* was chosen as the treatment approach due to the predominance of *Pitta* and *kapha*. Following the *Mrudu virechan*, a notable reduction in symptoms was observed. At the same time, *Bahya aushadhi (Lepa)* was carried out with lifestyle changes and *Yogik* practices.

Discussion on *Abhyantar Aushadhi (Internal Medicine)*

- Sookshma Triphala Vati***: It is mentioned in *Madanapala Nigantu*. It contains *Triphala (Haritaki, Amalaki, and Bibhitak)*, *Haridra & Kajjali* having *Vranashodhan, Jatughna, Kanduhara* property.
- Chandraprabha Vati***: *Chandraprabha vati* has *Katu, Tikta, Kashayaand Madhura Rasa, Ushna Viryaand Gunaslike Laghu, Ushna, Tikshnaand Ruksa*.^[6] Drugs having anti-inflammatory properties are *Karpoora, Musta, Devadaru, Guggulu, Triphala, Ela, Shilajatu* and *Makshika Bhasma* help in reducing the pain.^[7] It helps to regulate menstrual cycle and therefore it acts on *Rasa Dhatu* and reduced *Mukhdushika*.

- Rasapachak Vati***: The *Rasapachak Vati* has *Indrajav, Patol patra, Kutaki* and having typical characteristic action- *Pachana, Pittasaraka, Mutral, Sheetala, and Deepana*. It acts on *Rasa Dhatu*.

- Aaragvadha Kapila Vati***: *Aragvadha* is having *Madhur, Tikta, ras; Guruguna; Sheeta veerya, Madhur Vipaka* and having *Kushtaghna, Kandughna, Raktashodhak, Sransamana, Mriduvirech, Anuloman* properties.

Kapila is having *Katu rasa, Laghu, Ruksha, Tikshna guna, Ushna veerya, Katu Vipaka* and having *Virechak* as well as *Krimighna* property.

Discussion on *Bahya Aushadhi (External Application)*

- Triphala Churna***: *Haritaki, Amalaki, Bibhitaki* having antioxidant, anti-inflammatory, anti-microbial therapeutic properties hence it reduces *Pooyasrava*.
- Haridra Churna***: Antioxidants are essential for shielding the body from the damaging effects of radicals and oxidative stress. Its helps to reduce *Vaivarnya*.
- Madhu***: *Madhu* is said to be having anti-bacterial, anti-inflammatory, anti-oxidant and anti-viral properties. It acts on *Kaph* and pacifies it and works on *Lekhan karma*.

Discussion on Life-style management

In Ayurveda, foods with anti-inflammatory and anti-oxidant properties are recommended for *Mukhdushika*. Foods that are *Katu*, *Amla*, and *Lavan rasa*, *Ushna*, *Tikshna*, *Atisnigdha*, *Guru guna* can aggravate *Pitta*, which may manifest as acne and skin inflammation. Thus, avoiding such foods and *Pitta*-pacifying *Ahara* i.e., *Madhur*, *Tikta rasa*, *Laghu*, *Deepan*, *Pachak ahara* help maintain balance and reduce acne.

Lifestyle is a crucial determinant of health, particularly in conditions like acne. Chronic stress, inadequate sleep, and exposure to pollutants contribute to *Pitta* imbalances, exacerbating skin issues.^[8] Adequate sleep restores natural rhythms and rejuvenates the skin. Practices such as yoga, and pranayama, meditation helps to increase oxygen carrying capacity which purifies *Rakta dhatu*. *Dincharya* is essential for optimal health.

Discussion on Yogik Practices

Yoga practices have the potential to maintain a balance and harmony. This balance and harmony can provide greater vitality and radiant wellness. *Yoga* practices such as *Sukshma* and *Sthulavyayamas*, *Pranayama*, and meditation help treat menstrual disorders, hormonal imbalances, acne. Regular practice of *Yoga* helps in prevents acne and in maintaining a hormonal balance.

CONCLUSION

Mukhadusika is a *Kapha-Vataja* and *Raktaja vyadhi* so treatment modalities also have to be *Kaphashamaka* and *Raktashodhaka*. *Abhyantar aushadhi* are used here for the treatment of *Mukhdushika* have the same effect of *Kaphashamaka* and some medicines are used for the associated symptoms along with chief complaints so chosen medicine has multi-action is very useful and effective.

Patient overall quality of life improved with *Abhyantar aushadhi*, *Bahya Aushadhi*, lifestyle modification and *Yogik* practices. This study provides strong clinical evidence for the utility and potency of

Ayurvedic treatments. The time-tested holistic medical system of Ayurveda now has a fresh avenue for further clinical research on *Mukhdushika*.

REFERENCES

1. Sushrut Acharya, Susruta Samhita. Ayurved Tatva Sandipika. Commentary, edited by Dr. Ambika Datta Shastri, Chaukhamba Sanskrit Publication, Varanasi, reprint 2005; Nidanasthana, 13(39).
2. Yoga Ratnakara with vidyotini hindi commentary by 'Vaidya Lakshmipati Sastri' edited By Bhisagratna Brahmasankar Sastri, Chaukhamba Prakashan, Varanasi, Uttarakhanad Kshudraroga nidana, 34th Sloka, pg.no -272.
3. Pandit Hari Sadashiva Shastri Para Dakar, Ashtanga Hridaya of Vagbhata, Uttara Tantra Adhyaya 31/5, Chaukhambha Orientalia; Varanasi; 2002.
4. Vagbhat acharya, Astang Hrūday, Sarvanga sundara of Arundatta and Ayurvedarasayana of Hemadri, edited by Pt. Hari Sadashiva Shastri Paradakara Bhisagacharya, Chaukhamba Surbharati Prakashana, Varanasi, reprint 2007; Uttara tantra, 31(5): 888
5. A Case Report: Management of Mukhadushika (Acne Vulgaris) with Ayurveda, Research article by Jetal Gevariya, Sangita Kamaliya, Vaghela D B, International Journal of Ayurvedic Medicine, ISSN No: 0976-5921, Vol 12 (1), 148-152
6. A Critical Review on Chandraprabha Vati-An Ayurvedic Formulation, Research article by Poornasri Jagani et all, Journal of Ayurveda & Integrated Medical Sciences, Vol. 7, Issue 11.
7. Dr. Kadwalia Geetika, Dr. Sood Prashant and Dr. Guleria Praveen, World Journal of Pharmaceutical Research, Chandraprabha vati in mutrakrichhra -A review, doi:10.20959/wjpr20188-11864
8. Upadhyay A, Khanal H, Joshi R. Ayurvedic management of acne vulgaris. Journal of Ayurveda. 2021; 15(4): 317.

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