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Review Article

AN INTEGRATIVE REVIEW OF *MUKHADUSHIKA* WITH SPECIAL REFERENCE TO ACNE VULGARIS: PATHOPHYSIOLOGY AND MANAGEMENT

Lawand Mayuri[1]*, Yadav Vivekta[1], Sharma Natisha[1], Bhardwaj Diksha[1], Deshmukh Prashant Nareshrao[2]

*[1]MD Scholar, [2]Assistance Professor, Department of Roga Nidana Evam Vikriti Vigyana, National Institute of Ayurveda, Jaipur, Rajasthan, India.

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ABSTRACT

Acne vulgaris is a common chronic inflammatory skin condition that usually appears during adolescence. In Ayurveda, it is described under *Kshudra Roga* and is referred to as *Yuvanpidaka* or *Tarunyapitika*, highlighting its frequent occurrence during the teenage years. Ayurvedic texts describe *Mukhadushika* in a way that closely resembles the inflammatory and microbial aspects recognized in modern dermatology. According to Ayurveda, acne mainly develops due to the imbalance of *Kapha* and *Vata doshas* along with the vitiation of *Rakta dhatu.* Vitiated *Rakta* reflects the inflammatory changes seen in the skin. Both modern medicine and Ayurveda use topical and systemic treatments, but Ayurveda focuses more on treating the root cause through purification (*Shodhana*) and pacifying therapies (*Shamana*). Classical Ayurvedic texts mention this condition, but the information is scattered, making a systematic review useful for better understanding and comparison with modern medicine.

INTRODUCTION

Acne is a common and chronic inflammatory condition of the skin that affects individuals not only physically but also psychologically.[1] Previous studies show that acne prevalence varies widely across populations, with reported rates ranging from about 20% overall to over 50% among young adults aged 15–29 years. The overall prevalence of acne was 20.5%, with the highest occurrence in individuals aged 16-24 years (28.3%) and nearly one in five adults aged 25–39 affected. Rosacea prevalence has been reported to range from less than 1% to over 20% globally, findings demonstrated an overall prevalence of 5.1%, with the highest rates observed in the 25-39 age group. Geographic and ethnic variations in prevalence were also noted across studied populations. [2]

In Ayurveda, *Mukhadushika* is included under *Kshudra Rogas* (minor disorders) and is described by terms such as *Yuvanpidaka* or *Tarunyapitika*, highlighting its common occurrence during adolescence. Owing to its localization on the face and the nature of the lesions, it is also known as *Mukhadushika*[3]

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AIM AND OBJECTIVES

- To critically review *Mukhadushika* (acne vulgaris) by correlating Ayurvedic concepts with modern dermatological understanding.
- To compile classical Ayurvedic references related to *Mukhadushika.*
- To analyse its etiology, pathophysiology and clinical features in both Ayurveda and modern science.
- To evaluate Ayurvedic management approaches including *Shodhana* and *Shamana* therapies.

MATERIALS AND METHODS

This is a narrative review study based on data collected from classical Ayurvedic texts, contemporary medical literature, and published research articles. Relevant information was systematically analysed and compared to correlate Ayurvedic principles with modern concepts of acne vulgaris.

Review

Kshudra Roga (Minor Ailments)

Kshudra Rogas are elaborately described in classical treatises such as *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana*, *Yogaratnakara*, *Bhavaprakasha* and *Chakradatta*. The term *Kshudra* is derived from *Kshud + Rak*, meaning small, minute, or insignificant. In Ayurveda, certain diseases are called *Kshudra Rogas* because they are considered less severe compared to *Mahavyadhis*. According to *Gayadasa*, these conditions are termed *Kshudra* due to their relatively mild causes, symptoms and treatments.[4)]

These disorders primarily involve vitiation of *Rakta* and *Mamsa Dhatus* and predominantly manifest on the skin. *Acharya Sushruta* and *Yogaratnakar* enumerated 44 *Kshudra Rogas* [5,6]. *Acharya Vagbhata* mentioned 36[7]. *Acharya Madhava* described 43[8]. *Acharya Sharangdhara* mentioned 60[9] among which *Yuvanpidaka* is included. *Acharya Charaka* first described this condition in the *Tristreshaniya Adhyaya* as a *pidaka* in *Bahya Roga* caused by obstruction [10], while *Acharya Sushruta* elaborated its causation and management in the *Nidana* and *Chikitsa Sthanas*. [11,12] Other classical authors have similarly classified *Yuvanpidaka* under *Kshudra Rogas*.

Ayurvedic perspective of *Mukhadushika*

Ayurveda regards the skin (*Twaka*) as a reflection of internal health. According to *Sushruta*, skin formation occurs from the metabolic transformation (*Paka*) of *Rakta Dhatu* during foetal development, a process he compared to the formation of cream (*Santanika*) on boiling milk. Throughout life, proper nourishment of *Rakta Dhatu* is essential for maintaining healthy skin. [13]

Since impurities and inflammatory changes in the blood are often expressed through the skin, *Yuvanpidaka* is considered a *Twaka Vikara*. Classical texts characterize these lesions as *Saruja* (mildly painful), *Ghana* (firm), *Medogarbha* (containing oily material) and resembling the thorns of *Shalmali* (*Shalmali Kantak*). Many *Acharyas* have explained that the vitiation of *Kapha*, *Vata* and *Rakta Dhatu* leads to obstruction of the *Lomakupa* (pilosebaceous units). When these lesions rupture, scarring may occur and the aggravation of *Vata* and *Rakta* can result in post-inflammatory hyperpigmentation. [14,15]

In the management of *Yauvanapidika*, both *Shodhana Chikitsa* and *Shamana Chikitsa* are described in classical texts. The therapeutic measures include procedures such as *Vamana*, *Raktamokshana*, along with external applications like *Lepa* and *Upanaha*, as well as internal medications. Drugs that possess properties such as *Twaka-doshahara* (skin-disorder alleviating), *Vedanahara* (pain-relieving), *Shothahara* (anti-inflammatory) and *Krimighna* (antimicrobial) are considered particularly beneficial in controlling this condition.[16]

Although references to acne are scattered across texts like *Sushruta Samhita*, *Sharangadhara Samhita* and *Chakradatta*, there is a need for a unified review that correlates Ayurvedic concepts with modern dermatological understanding. Such an approach can enhance clinical clarity and promote the use of safe and effective traditional therapies.

Modern Aspects of *Mukhadushika* (Acne vulgaris)

Acne vulgaris is a common chronic inflammatory disorder of the pilosebaceous unit. It typically presents with papules, pustules, or nodules, most frequently involving the face, but may also affect the trunk, back, and upper arms. Persistent acne constituted the majority of cases, with inflammatory papular lesions being the most common clinical presentation and frequent involvement of the cheeks, often associated with scarring and identifiable aggravating factors such as cosmetic use, dietary habits and hormonal influences[17]. Most typically, acne is not an acute disease but rather a condition that continuously changes in its distribution and severity. Usually, acne treatment is necessary for many months and sometimes years. Despite treatment, acne may cause scarring[18]. Although acne is most prevalent during adolescence, it can occur across all age groups. Clinical severity varies from mild comedonal lesions to severe inflammatory forms that may result in hyperpigmentation, scarring, and significant psychological impact.[1]

Causative Factors of *Yuvanpidaka* and Acne Vulgaris

Classical Ayurvedic texts do not enumerate a separate and exhaustive list of causative factors exclusively for *Yuvanpidaka*; instead, the disease is understood through the broader framework of *Dosha* and *Dhatu* imbalance. The pathogenesis is primarily attributed to the vitiation of *Kapha* and *Vata Doshas* along with *Rakta Dhatu*. *Kapha*, by virtue of its *Snigdha* (unctuous) and *Guru* (heavy) qualities, contributes to excessive oiliness and clogging of skin pores. *Vata*, when disturbed, leads to irregular movement and obstruction within the channels, while vitiated *Rakta* reflects inflammatory and discoloration changes observed in the skin[19].

Acharya Sushruta has emphasized the role of *Rakta Dushti* in dermatological conditions and correlated it with physiological and hormonal changes occurring during adolescence. Ayurvedic literature broadly categorizes etiological factors of *Yuvanpidaka* into *Kalaja* (age-related), *Aaharaja* (dietary), *Viharaja* (behavioral), and *Manasika* (psychological) factors.[20]

Excessive intake of oily, spicy, fermented foods, irregular sleep patterns, emotional stress and suppression of natural urges are considered contributory.

According to *Kashyapa Samhita*, adolescence is marked by the active maturation of *Shukra Dhatu*, which leads to noticeable physical and metabolic changes.[21] *Acharyas* such as *Sushruta* and *Vagbhata* have regarded *Yuvanpidaka* as a naturally occurring condition of youth, although improper dietary and lifestyle practices can aggravate its severity and persistence.[11,14] According to *Bhavaprakash samhita*, acne is described as developing due to *Svabhava*, which refers to natural or behavioral changes occurring in the body, especially during adolescence.[22] Similarly, *Sharangadhara Samhita* explains that acne arises from *Shukra Dhatu Mala*, the waste products generated during the formation of reproductive tissue (semen), which can manifest on the skin as eruptions.[23]

The exact cause of acne is not completely understood, but four main factors are known to contribute to its development. These include increased oil (sebum) production influenced by androgens, blockage of hair follicles due to excess keratin leading to comedone formation, growth of bacteria such as *Propionibacterium acnes* and *Staphylococcus epidermidis* and the release of inflammatory substances like cytokines that cause skin inflammation.[24]

Pathophysiology of *Yuvanpidaka* and Acne Vulgaris

From an Ayurvedic standpoint, *Yuvanpidaka* develops due to the combined derangement of *Kapha, Vata* and *Rakta*, resulting in obstruction of the *Lomakupa* (hair follicles). Accumulated *Kapha* and *Meda* within the follicles create a favorable environment for lesion formation, while *Vata* contributes to obstruction and abnormal movement within the channels. *Rakta* involvement signifies inflammatory transformation at the tissue level.

As the obstructed *Doshas* undergo *Paka*, inflammatory lesions such as papules and pustules are produced. Chronic involvement and repeated inflammation may lead to deeper tissue damage, converting in scarring and discoloration. Further aggravation of *Vata* and *Rakta* is believed to be responsible for post-inflammatory hyperpigmentation, described in Ayurveda as *Vyanga.*[14,22]

According to contemporary science, acne develops because of several changes that take place in the pilosebaceous unit, which includes the hair follicle and oil (sebaceous) gland. These changes can lead to bacterial growth and inflammation on the skin. Acne commonly begins during puberty, when hormonal changes in the body start affecting the activity of the oil glands.

In the early stage, the cells lining the hair follicles do not shed normally. Instead, they stick together and build up inside the follicle, forming small plugs known as micro-comedones.

Over time, these plugs grow larger and develop into comedones, which appear as whiteheads (closed comedones) or blackheads (open comedones).

Hormones called androgens, which increase during puberty and are produced both in the bloodstream and within the skin, play an important role in this process. These hormones stimulate the sebaceous glands to produce more oil (sebum). The excess oil, along with the buildup of skin cells, further blocks the follicles and contributes to the formation of acne.[1]

Although the explanatory models differ, both systems recognize obstruction, inflammation and tissue response as central events in acne pathogenesis.

Treatment of *Yuvanpidaka* and Acne Vulgaris

Ayurvedic management includes *Shamana* (medicinal therapy), *Shodhana* (purification) and minor surgical measures.

Medicinal Therapy

Ayurveda advocates elimination of vitiated *Doshas* through *Shodhana* and restoration of balance through *Shamana*. *Vamana* is described by *Acharya Sushruta* as an effective *Shodhana* therapy for acne, particularly for eliminating aggravated *Kapha* and *Pitta*, and is administered along with internal and external medications.[25] *Nasya*, as explained by *Acharya Vagbhata*, involves nasal administration of medicated substances to correct systemic imbalances associated with acne[26]. The *Yoga Ratnakara* highlights supportive measures like *Shirovedha*, *Pralepa* and *Abhyanga.*[27] Similarly, the *Vangasena Samhita* recommends treatments including *Siravedha*, *Pralepa* and *Abhyanga*[28]. *Shamana* therapy includes topical applications, herbal pastes (*Lepa*), medicated oils, oral tablets, decoctions and scrubs. These therapies help pacify *Doshas*, improve skin texture and promote rejuvenation. Numerous classical and proprietary formulations are available and widely used.

Table 1: Herbs and Their Actions [29,30]

S.no	Drug Name	Latin Name	Properties	*Rasa*	*Vipaka*	*Virya*
1.	*Lodhra*	*Symplocos racemosa*	Anti-bacterial, anti-inflammatory, antiseptic	*Kashaya*	*Katu*	*Sheeta*
2.	*Vacha*	*Acorus calamus*	Anti-bacterial, anti-inflammatory	*Tikta, Katu*	*Katu*	*Ushna*
3.	*Dhanyaka*	*Coriandrum sativum*	Anti-bacterial, antiseptic	*Kashaya, Tikta, Katu*	*Madhura*	*Ushna*
4.	*Yashtimadhu*	*Glycyrrhiza glabra*	Skin soothing, regulates sebum production, useful in hyper-pigmentation, blood purifier, anti-bacterial.	*Madhura*	*Madhura*	*Sheeta*
5.	*Shalmali*	*Salmalia malabarica*	Anti-bacterial, anti-inflammatory, effective in acne vulgaris.	*Madhura*	*Madhura*	*Sheeta*
6.	*Daruharidra*	*Berberis aristata*	Analgesic, anti-bacterial, anti-dermatitis	*Tikta, Kashaya*	*Katu*	*Ushna*
7.	*Jatiphala*	*Myristica fragrans*	Rectify uneven skin pigmentation, inhibits melanin biosynthesis, anti-inflammatory.	*Tikta, Katu*	*Katu*	*Ushna*
8.	*Manjishtha*	*Rubia cordifolia*	Useful in hyperpigmentation, increase skin complexion & skin-glow, anti-oxidant, anti-inflammatory.	*Tikta, Kashaya, Madhura*	*Katu*	*Ushna*
9.	*Nimba*	*Azadirachta indica*	Anti-bacterial, useful in various skin disorders, antiseptic.	*Tikta, Kashaya*	*Katu*	*Sheeta*
10.	*Khadira*	*Acacia catechu*	Anti-bacterial, overall skin disorders like anti-eczema, anti-scabies, anti-dermatitis.	*Tikta, Kashaya*	*Katu*	*Sheeta*
11.	*Sariva*	*Hemidesmus indicus*	Effective in acne vulgaris, anti-inflammatory, anti-bacterial, anti-oxidant.	*Madhura, Tikta*	*Madhura*	*Sheeta*
12.	*Guduchi*	*Tinospora cordifolia*	Anti-inflammatory, anti-allergic, anti-leprotic, anti-stress.	*Katu, Tikta, Kashaya*	*Madhura*	*Ushna*
13.	*Kakamachi*	*Solanum nigrum*	Anti-inflammatory, anti-bacterial	*Tikta, Katu*	*Katu*	*Anushna*
14.	*Methika*	*Trigonella foenum-graecum*	Emollient and healing effects, anti-microbial, anti-inflammatory	*Katu*	*Katu*	*Ushna*

Lepa described in classical texts

Classical Ayurvedic texts describe several approaches for managing *Mukhadushika* (acne), combining internal therapies with topical applications.

In the *Sushruta Samhita*, various *Lepas* are also recommended along with *Shodhana*, such as combinations of *Vacha, Lodhra, Saindhava* (rock salt), and *Sarshapa* (mustard), or *Dhanyaka* (coriander), *Vacha, Lodhra* and *Kustha.*[25]

The *Ashtanga Sangraha* suggests additional formulations, including warm pastes of *Lodhra* with *Tuvarika*, or preparations made from *Vata pallava* with *Narikela shukti*. Other mixtures include *Saindhava, Vacha* and *Siddharthaka*. If topical treatments fail to show improvement, procedures such as *Vamana* and *Siravedha* (bloodletting) are advised in selected cases.[31]

Acharya Vagbhata also describes medicated applications like *Yava-Sarjarasadi Mukhabhyanga*, which combines ingredients such as *Yava*, *Sarjarasa*, *Lodhra, Ushira* and *Madhu* processed in a specific manner to enhance therapeutic effect. *Mukhabhyanga* with *Kumkumadi taila* also indicated to enhance glow of the face.[26]

According to the *Bhavaprakasha*, *Lepas* are categorized into three types based on thickness:

Table 2: Classification of *Lepa* according to *Bhavaprakasha*

S.No	Category	Thickness (*Angula*/Finger-width)
1.	*Samanya* (thin)	¼ finger-width
2.	*Madhyama* (moderate)	⅓ finger-width
3.	*Uttama* (thick)	½ finger-width

It emphasizes that the paste should remain moist during application, as drying may damage the skin. Common formulations include *Lodhra* with *Dhanyaka* and *Vacha*, *Gorochana* with *Pippali* and mixtures of *Siddharthaka, Vacha, Lodhra* and *Saindhava*. Other remedies, such as *Shalmali kantaka* ground in milk, are noted for improving skin clarity and appearance.[32]

The *Yoga Ratnakara* also describes specific formulations such as *Jatiphaladi Lepa* and *Lodhradi Lepa*, which are traditionally used to reduce acne lesions. [27]

Similarly, the *Vangasena Samhita* gives clear guidance on the quantity of paste to be applied. It reiterates that the paste should not be allowed to dry completely. Frequently used formulations include *Lodhra, Dhanyaka* and *Vacha; Maricha* with *Gorochana*; and *Sarshapa-Vacha, Lodhra* pastes. *Mukha Abhyanga* with *Haridradi taila, Manjishthadi Taila, Kumkumadi Tail* also indicated.[28]

The *Sharangadhara Samhita* provides a detailed classification of *Lepa Kalpana* (topical formulations), dividing them into *Doshaghna* (balancing *Doshas*), *Vishaghna* (detoxifying) and *Varnya* (cosmetic).

Table 3: Classification of *Lepa* according to *Sharangdhara*

S.No.	Thickness (*Angula)*	Purpose
1.	*¼ Angula*	*Doshaghna*
2.	*⅓ Angula*	*Vishaghna*
3.	*½ Angula*	*Varnya*

It notes that these preparations are effective only while moist. Specific formulations include S*arvashothahara lepa* made with *Punarnava, Daruharidra, Shunthi* and *Shigru*. *Dahahara lepa* using *Bibhitaka phala majja* for burning sensations. *Varnya lepa* containing *Rakta Chandana, Manjishtha, Lodhra*, *Kushta, Priyangu, Vatankura* along with *Masura.*

Additional combinations, such as *Lodhra* with *Dhanyaka* and *Vacha* or *Siddharthaka*-based mixtures, are widely described for managing acne and improving overall skin health.

One preparation includes the root of *Matulunga* (*Citrus medica*), ghee, and *Manahshila* (arsenic disulphide), processed with *Goshakruta* (cow dung extract) and applied to the skin to help reduce pimples, dark spots, and pigmentation.[33]

In addition, a variety of herbal pastes (*Lepas*) are recommended for acne, especially in young individuals. Common combinations include *Lodhra, Dhanyaka* and *Vacha*, as well as *Gorochana* with *Maricha*. Another effective formulation consists of *Siddharthaka*, *Vacha*, *Lodhra* and *Saindhava*. A more complex preparation made from *Vatapallava*, *Malati, Raktachandana*, *Kushtha, Kaliyaka* and *Lodhra* is also described, which is traditionally used to improve acne, reduce dark spots and enhance overall skin appearance.[34]

DISCUSSION

Acne vulgaris is among the most frequently encountered dermatological disorders and represents a significant clinical concern due to its chronic nature and psychosocial impact. Although predominantly observed during adolescence, the condition may persist or newly develop in adulthood. Classical Ayurvedic treatises- including *Sushruta Samhita*, *Charaka Samhita*, *Ashtanga Hridaya*, *Bhavaprakasha* and *Chakradatta*- describe clinical entities that closely resemble acne vulgaris in terms of age of onset, lesion morphology, disease course and outcomes.

In Ayurveda, *Yuvanpidaka* is classified under *Kshudra Rogas*, indicating a condition that is localized and non-life-threatening but capable of causing significant cosmetic and psychological distress. Terminologies such as *Yuvanpidaka, Tarunyapitika*, and *Mukhadushika* underscore its association with youth and facial involvement. Both Ayurveda and modern medicine acknowledge the contributory role of emotional stress and psychological disturbances in disease exacerbation.

The concept of "*Dushika*" described in *Mukhadushika* may be interpreted as pathological factors including microbial activity and inflammatory mediators, while the Ayurvedic concept of *Paka* reflects inflammatory and metabolic processes at the

tissue level. The functional attributes of *Kapha, Vata* and *Rakta* demonstrate conceptual parallels with sebum overproduction, follicular obstruction and inflammation recognized in contemporary dermatology.

Therapeutic approaches in both systems are tailored to disease severity. Modern medicine employs topical and systemic agents aimed at reducing microbial load, inflammation and sebum production. In contrast, Ayurveda emphasizes correction of internal imbalance through *Shodhana* therapies such as *Vamana* and *Raktamokshana*, followed by *Shamana* measures. While modern treatments offer rapid symptomatic relief, long-term use is often limited by adverse effects, whereas Ayurvedic interventions aim at sustained correction of underlying pathology.

This comparative review consolidates dispersed Ayurvedic references and aligns them with modern scientific understanding. Given the high prevalence and recurrent nature of acne vulgaris, integrative and holistic treatment strategies rooted in traditional knowledge systems may offer valuable adjuncts to conventional therapy.

CONCLUSION

The present review suggests that Ayurvedic therapeutic principles, when appropriately applied alongside dietary regulation and lifestyle modification, may serve as effective supportive strategies in the management of acne vulgaris. An integrative approach combining traditional wisdom with modern clinical practices holds potential for improving long-term outcomes while minimizing adverse effects**.**

REFERENCES

1. Knutsen-Larson S, Dawson AL, Dunnick CA, Dellavalle RP. Acne vulgaris: pathogenesis, treatment, and needs assessment. Dermatol Clin. 2012; 30[1]: 99-106. https://doi.org/10.1016/j.det.2011.09.001
2. Saurat, J.H., Halioua, B., Baissac, C., Saint Aroman, M., Taieb, C., & Skayem, C. (2024). Epidemiology of acne and rosacea: A worldwide global study. Journal of the American Academy of Dermatology, 90(5), 1016–1018. https://doi.org/10.1016/j.jaad.2023.12.038
3. Management of Yauvanapidika Through Shamanaushadhi. Int J Ayu Pharm Res [Internet]. 2025 Feb. 7 [cited 2026 Mar. 9]; 13[1]: 135-40. Available from: https://ijapr.in/index.php/ijapr/article/view/3552
4. Devi LV, Basumatary K. The contribution of Ayurvedic classics on Kshudra roga with special reference to cosmetic diseases. Int J Ayurveda Pharma Res. 2016; 4(9): 83-87. http://ijapr.in
5. Sharma PV. Sushruta Samhita. Vol. 2: Nidana, Sarira and Cikitsasthana. Varanasi: Chaukhambha Visvabharati; 2022. p.84.
6. Yogartnakar Samhita with Vidyotini teeka by Vaidya Laksmipati sastri, publisher Chaukhamba Prakashan, Varanasi, 2022 edition p.p 268
7. Tripathi B. Astanga Hrdayam. Delhi: Chaukhamba Sanskrit Pratishthan; 2012. p.1112.
8. Madhavakara. Madhava Nidana (Kshudra Roga Nidana). In: Tripathi B, editor. Varanasi: Chaukhambha Surbharati Prakashan; 2019. p. 234–238.
9. Tripathi B. Sharngadhara Samhita. Varanasi: Chaukhamba Surbharti Prakashan; Year 2021. p.72-73.
10. Dwivedi L. Dwivedi BK, Goswami P. Caraka Samhita of Maharshi Agnivesa. Part 1, Sutrasthana. Varanasi: Chowkhamba Krishnadas Academy; 2021.
11. Sharma PV. Sushruta Samhita. Vol. 2: Nidana, Sarira and Cikitsasthana. Varanasi: Chaukhambha Visvabharati; 2022. p.91.
12. Sharma PV. Sushruta Samhita. Vol. 2: Nidana, Sarira and Cikitsasthana. Varanasi: Chaukhambha Visvabharati; 2022. p.465.
13. Thakral K.K. Sushruta Samhita. vol.2: Varanasi: Chaukhamba Orientalia; Year 2022. p.51-52.
14. Gupta A, Upadhyaya Y, editors. Ashtanga Hridaya. Varanasi: Chaukhambha Prakashan; 2012. p.769.
15. Shastri L, editor. Yogaratnakara. Uttarardha. Varanasi: Chaukhambha Prakashan; 2012. p.272–273.
16. Rathod Motilal, Kamath Shrilata. A Clinical Study to Evaluate the Efficacy of Jalaukavacharana and Sarivadyasava in Yuvanapidaka (Acne Vulgaris). IRJP 2012, 3,7, 215-217.
17. Shah, N., Shukla, R., Chaudhari, P., Patil, S., Patil, A., Nadkarni, N., & Goldust, M. (2021). Prevalence of acne vulgaris and its clinico-epidemiological pattern in adult patients: Results of a prospective, observational study. Journal of Cosmetic Dermatology, 20(11), 3672–3678. https://doi.org/10.1111/jocd.14040
18. Gollnick, H. P., Finlay, A. Y., Shear, N., & Global Alliance to Improve Outcomes in Acne. (2008). Can we define acne as a chronic disease? If so, how and when?. American journal of clinical dermatology, 9(5),279-284. https://doi.org/10.2165/00128071-200809050-00001
19. Patil SS. Yuvan Pitika with special reference to acne vulgaris. Int J Creat Res Thoughts. 2024; 12(5): n873. Available from: https://www.ijcrt.org/ last accessed on 5 April 2026
20. Sharma M, Sharma A, Sani R. A conceptual study of Ayurvedic management of Mukhadushika w.s.r. to

acne vulgaris: a review. Int J Ayur Pharma Res. 2016; 4(9): 78-82 https://ijapr.in/index.php/ijapr/ article/view/
21. Kashyapa. Kashyapa Samhita (Vriddhajivakiya Tantra). In: Tewari PV, editor. Varanasi: Chaukhambha Vishvabharati; 2017. p. 298–300.
22. Bhavaprakash, Bhavamishra including Bhavaprakash Niganthu, edited with the Vidyotini commentary by Shri Brahmashankar Mishra & Shri Rupalal G. Vaishya Chaukhambha Sanskrit Bhavan, Varanasi, (India), Edition 11, reprint 2007 Part-2, Madhyamkhand, 61/31 Pg. no. 587
23. Sharangadhara, Sharangadhar Samhita withDipika Hindi commentary by Aaddhamal, edited by Dr.Brahmanand Tripathi, Chaukhmbha Surbharti Prakashan, Varanasi, 221 001, Uttarkhanda, 11/15 Pg. no. 391.
24. Vasam M, Korutla S, Bohara RA. Acne vulgaris: a review of the pathophysiology, treatment, and recent nanotechnology-based advances. Biochem Biophys Rep. 2023; 36:101578. Available from: https://doi.org/10.1016/j.bbrep.2023.101578
25. Vd. Anantram Sharma. Susruta Samhita Chikitsasthan, Varanasi: Chaukhamba Surbharti Prakashan; 2010. verse Ch. 20, ver. 36-37; p. 332.
26. Prof. K. R. Srikantha Murthy, Vagbhata's Astanga Hridayam of Vagbhata, vol 3, Uttarasthana, Ch. 32, ver. 3-4, reprint edition, Chaukhambha Krishanadas Academy 2008, p. 298-303.
27. Dr. Madham Shetty Suresh Babu, Yoga Ratnakara, volume 2, Uttarardha, Kshudraroga ver. 121-125, First edition 2008, p. 1019.
28. Dr.Nirmal Saxena, Vangasena Samhita of vangasena, Volume 2. Kshudrarogadhikara, Ch. 67, Ver. 43-46, First edition, Varanasi: Chaukhamba Krishanadas Acadamy; 2004. p. 806.
29. Sharma PV. Dravyaguna-Vijnana. Vol. 2: Vegetable drugs. Varanasi: Chaukhambha Bharati Academy; 2025. p.p 26, 616, 323, 254, 482, 537, 439, 801, 150, 160, 799, 540, 824.
30. Bhavamisra. Bhavaprakasa Nighantu (Indian Materia Medica). Chunekar KC, commentator. Pandey GS, editor. Varanasi: Chaukhambha Bharati Academy; 2024 reprint. p.p. 124, 42, 33, 62, 115, 207, 108, 315, 513, 258, 423.
31. Prof. K. R. Srikantha Murthy, Astanga samgraha of Vagbhata, vol 3, Uttarasthana, Ch. 37, ver. 5, fourth edition, Chaukhambha Orientalia 2005, p. 321.
32. Dr.Bhulusu Sitaram, Bhava Prakasha of Bhavamishra, vol 2 Madhyama khanda, Kshudraroga Adhikara, Ch. 61, Ver.32- 36, Reprint Edition, 2017, p.578.
33. Prof. K. R. Srikantha Murthy, Sharangdhar Samhita of Sarangdhara, vol 3, Uttarakhanda, Ch. 11, ver. 1, 2, 3, 4, 9, 10, 11, 15; Reprint 2009, Chaukhambha Orientalia 2005, p. 236-237.
34. Sharma PV. Chakradatta Tika (English Translation). Varanasi: Chaukhambha Publishers; 2007. pp. 439, 441-442

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***Address for correspondence**
Dr. Lawand Mayuri
MD Scholar,
Department of Roga Nidana Evam Vikriti Vigyana, National Institute of Ayurveda, Jaipur
Email: mayudr1817@gmail.com