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Case Study

# EFFECT OF *JATIPHALADI LEPA* IN THE MANAGEMENT OF *YUVANPIDIKA* (ACNE VULGARIS)

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## ABSTRACT

*Yuvanpidika* (acne vulgaris) is a common skin disorder described under *Kshudra Roga* in Ayurveda. It is mainly caused by the vitiation of *Kapha, Pitta,* and *Rakta Dosha*, leading to inflammatory facial lesions that adversely affect appearance and quality of life. *Jatiphaladi Lepa*, a classical Ayurvedic formulation, is traditionally indicated for its management. **Aim:** To evaluate the effect of *Jatiphaladi Lepa* in the management of *Yuvanpidika* (acne vulgaris). **Case Presentation and Intervention:** A 26-year-old female with a one-year history of acne vulgaris presented with multiple papules, pustules, pain, itching, and hyperpigmentation over the face. *Jatiphaladi Lepa*, prepared from *Jatiphala (Myristica fragrans), Maricha (Piper nigrum),* and *Khaskhas (Papaver somniferum)* in a 2:2:1 ratio, was applied externally once daily for 45 days along with dietary and lifestyle modifications. Clinical assessment was carried out at baseline and on the 15th, 30th, and 45th days. **Results:** Gradual improvement was observed during the treatment period. By day 45, papules, pustules, pain, and itching had completely resolved, with marked reduction in hyperpigmentation. No adverse effects were reported. **Conclusion:** *Jatiphaladi Lepa* was found to be a safe and effective topical intervention for *Yuvanpidika*, showing significant improvement in clinical symptoms. Further well-designed studies with larger sample sizes are needed to validate these findings.

## INTRODUCTION

*Yuvanpidika* is one of the most common dermatological disorders affecting adolescents and young adults. It is described under *Kshudra Roga*[1] in Ayurvedic classics and is characterized by the appearance of thorn-like eruptions (*Shalmali-kantaka-sadrisha Pidika* predominantly over the face. According to *Acharya Sushruta*, the disease occurs due to vitiation of *Kapha, Vata*, and *Rakta Dosha*, resulting in the formation of inflammatory lesions on the facial skin.[2] *Acharya Charaka* has included *Pidika* among *Rakta Pradoshaja Vikara*, indicating the significant role of vitiated *Rakta* in its pathogenesis.[3] Various Ayurvedic classics have emphasized the use of *Lepa* (external applications) in its management, and Acharya Vagbhatta specifically recommends *Lepa* as the first line of treatment for *Yovanpidika*.[4] Similar therapeutic approaches are also mentioned in conditions like *Shotha* and *Arunshika*.[5]

*Yuvanpidika* is also known as *Mukhadushika* and *Tarunya Pidika*. The condition not only affects physical appearance but also has a considerable impact on psychological well-being, self-esteem, and quality of life. The disease commonly manifests as papules, pustules, pain *(Ruja)*, itching *(Kandu)*, discharge *(Srava),* discoloration *(Vaivarnyata)*, and occasionally scarring.

In contemporary medicine, *Yuvanpidika* closely resembles acne vulgaris, a chronic inflammatory disorder of the pilosebaceous unit. Acne vulgaris is characterized by comedones, papules, pustules, nodules,[6] and post-inflammatory hyperpigmentation. Its pathogenesis involves increased sebum production, follicular hyperkeratinization, microbial colonization by cutibacterium acnes (formerly Propionibacterium acnes), and inflammatory reactions within the pilosebaceous follicles.[7] The prevalence of acne has

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increased due to various factors including hormonal changes, stress, dietary habits, cosmetic use, and lifestyle modifications.

Although several therapeutic modalities such as topical retinoids, antibiotics, benzoyl peroxide,[8] and hormonal agents are available in modern medicine, long-term use is often associated with adverse effects including skin irritation, dryness, erythema, hyperpigmentation, and recurrence after discontinuation. Therefore, there is a growing interest in safe, cost-effective, and holistic therapeutic approaches.

Ayurveda advocates both *Shodhana* and *Shamana* therapies for the management of skin disorders, with *Lepa Chikitsa* being one of the most important forms of *Bahirparimarjana Chikitsa*. *Jatiphaladi Lepa,* described in *Yogaratnakara* under *Kshudra Roga Chikitsa*,[9] contains *Jatiphala* (Myristica fragrans), *Maricha* (Piper nigrum), and *Khaskhas* (Papaver somniferum). These ingredients possess *Shothahara, Krimighna, Lekhana, Kandughna*, and *Tvachya* properties, which may help alleviate the symptoms of *Yuvanpidika.* Therefore, the present case report was undertaken to evaluate the efficacy of *Jatiphaladi Lepa* in the management of *Yuvanpidika* (Acne vulgaris).

**AIM**

To evaluate the therapeutic efficacy of *Jatiphaladi Lepa* in the management of *Yuvanpidika* (acne vulgaris).

**Objectives**

- To assess the effect of *Jatiphaladi Lepa* on the clinical symptoms of *Yuvanpidika,* namely *Ruja* (pain), *Kandu* (itching), *Srava* (discharge), *Vaivarnyata* (discoloration), and *Pidika* (acne lesions).
- To evaluate the reduction in the size and number of acne lesions following treatment with *Jatiphaladi Lepa*.
- To study the probable Ayurvedic mode of action of *Jatiphaladi Lepa* in *Yuvanpidika.*

**Patient Information**

**Demographic Details**

- Age: 26 years
- Gender: Female
- OPD Registration Number: 054115
- Hospital: Pt. Khushilal Sharma Government Ayurveda College and Institute, Bhopal (M.P.)

**Chief Complaints**

- Multiple acne lesions (*Pidika*) over face
- Pain *(Ruja)*
- Itching *(Kandu)*
- Burning sensation *(Daha)*
- Pustular discharge *(Srava)*
- Facial discoloration *(Vaivarnyata)*

**Duration: 1 year**

**History of Present Illness**

The patient was apparently healthy one year back when she gradually developed multiple acne lesions over the face. Initially, lesions were few in number but progressively increased in size and severity. The lesions were associated with pain, itching, burning sensation, pustular discharge, and post-inflammatory pigmentation. The patient had received various topical and oral allopathic medications; however, no satisfactory relief was obtained. Owing to persistent symptoms and cosmetic concerns, she visited the OPD of Pt. Khushilal Sharma Government Ayurveda College and Institute, Bhopal for Ayurvedic management.

**Past History**

- Similar complaints present for one year.
- History of bronchial asthma since 10 years.
- No history of major systemic illness.
- No history of surgery.
- No history of drug allergy.

**Personal History**

- Name: ABC
- Age: 26
- Gender: Female
- Occupation: Student
- Pulse: 84/min
- BP: 110/70
- Temp: 37.1
- PR: 14/min
- Weight: 60kg

**Family History**

No significant family history of acne vulgaris or other dermatological disorders.

**Treatment History**

The patient had previously undergone various topical and oral allopathic treatments for Acne vulgaris. Despite treatment, recurrence and persistence of lesions were noted.

**Clinical Findings**

**General Examination**

- Conscious and oriented.
- Afebrile.
- Systemic examination revealed no significant abnormality.

**Local Examination**

Multiple inflammatory papules and pustules were observed over both cheeks and forehead.

Associated findings included:

- Itching *(Kandu)*
- Tenderness and pain *(Ruja)*
- Facial discoloration *(Vaivarnyata)*

Lesions were more prominent over the right cheek and forehead.

**Ayurvedic Diagnosis Assessment**

***Ashtavidha Pariksha***

On Ayurvedic examination, *Nadi* was found to be *Vata Pittaja*. *Mutra* was normal and clear *(Prakruta)*. *Mala* was associated with *Vibandha* (constipation). *Jihva* was coated *(Sama)*. *Shabda* and Drik were normal. *Sparsha* revealed mild warmth *(Alpa Ushna)*, and *Akruti* was *Sthula*.

***Dashavidha Pariksha***

The patient exhibited *Vata Pittaja Prakruti* with *Kapha Pitta Vikruti*. *Sara, Samhanana*, *Pramana, Satmya*, and *Sattva* were assessed as *Madhyama*. *Ahara Shakti* was *Pravara* with *Tikshnagni,* while *Vyayama Shakti* was *Madhyama*. The patient belonged to *Yuva Avastha* (26 years). The body constitution was *Sthula* (weight: 68kg; height: 157cm; BMI: 27.4kg/$m^2$). Sleep was disturbed, and *Koshtha* was assessed as *Krura***.**

***Nidana Panchaka***

***Nidana*:** The patient had a history of frequent consumption of spicy, oily, and junk foods, irregular dietary habits, constipation, disturbed sleep, and psychological stress.

***Purvarupa***: Increased facial oiliness and occasional minor eruptions were reported before the onset of established lesions.

***Rupa***: Multiple inflammatory papules and pustules over the face associated with erythema, mild pain, itching, and post inflammatory hyperpigmentation were observed.

***Upashaya*:** Improvement in signs and symptoms was observed following Ayurvedic management, including the application of *Jatiphaladi Lepa.*

***Samprapti*:** Aggravation of *Kapha* and *Pitta Dosha*, along with the involvement of *Rakta* and *Meda Dhatu*, resulted in *Srotorodha* at the level of *Romakupa* in the facial region *(Mukha Pradesh)*, leading to the manifestation of *Yuvanpidika.*

***Samprapti Ghataka***

*Dosha: Kapha, Pitta*

*Dushya: Rakta, Meda*

*Agni: Tikshnagni*

*Srotas: Rasavaha, Raktavaha*

*Srotodushti: Sanga*

*Udbhava Sthana: Amashaya*

*Vyakta Sthana: Mukha Pradesh*

*Roga Marga: Bahya*

*Adhisthana: Tvak*

**Diagnostic Assessment**

**Ayurvedic Diagnosis**

*Yuvanpidika (Kapha Pitta Pradhana, Rakta Meda Dushti Janya Vyadhi).*

**Modern Diagnosis**

**Acne Vulgaris (Local examination)**

Severe multiple papules the face along with itching, discharge with pain all along the face, mostly on the right cheek and forehead.

**Diagnosis**

Acne Vulgaris (*Yovanpidika*)

**Differential Diagnosis**

- Rosacea
- Folliculitis
- Perioral Dermatitis

Based on clinical presentation and characteristic acne lesions, the final diagnosis was established as *Yuvanpidika* (acne vulgaris).

**Timeline of the Case**

**Table 1: Timeline of Clinical Events**

| Time | Clinical Events |
|---|---|
| Before treatment | Multiple papules and pustules over face with itching, pain and pigmentation. |
| Day 0 | Clinical examination and Ayurvedic diagnosis; treatment initiated. |
| Day 15 | Reduction in inflammation and erythema observed. |
| Day 30 | Significant reduction in papules, pustules and itching. |
| Day 45 | Marked improvement in overall skin appearance. |

**Assessment Criteria**

**Table 2: Grading criteria for Assessment of *Yuvanpidika***

| Parameter | Grade 0 | Grade 1 | Grade 2 | Grade 3 |
|---|---|---|---|---|
| Papules | Absent | 1-5 | 6-10 | >10 |
| Pustules | Absent | 1-3 | 4-6 | >6 |
| Pain | Absent | Mild | Moderate | Severe |
| Itching | Absent | Mild | Moderate | Severe |
| Hyperpigmentation | Absent | Mild | Moderate | Severe |

**Therapeutic Intervention**

***Poorva Karma***

The affected area was cleaned gently with lukewarm water before application of the *Lepa.*

***Pradhana Karma***

*Jatiphaladi Lepa* was applied locally over the affected area in a thin layer once daily and retained for approximately 30 minutes before washing.

***Paschat Karma***

The treated area was washed with normal water after drying of the *Lepa.* Patients were advised to avoid excessive sun exposure and cosmetic products.

**Treatment Schedule**

**Table 3: Treatment Protocol**

| Intervention | Dose | Duration | Route |
|---|---|---|---|
| *Jatiphaladi Lepa* | Sufficient quality | Once daily | Local application |
| Follow-up Assessment | Every 15 days | Throughout study period | Clinical evaluation |

**Table 4: Treatment given to the patient**

| | |
|---|---|
| **Medicine** | *Jatyadi lape* |
| **Dose** | Applied on the affected area only |
| **Frequency** | Evening |
| **Total Duration** | 45 days |
| **Follow-up during treatment** | After 15 days, 30$^{th}$ days, 45 days |
| **Follow-up after treatment** | On 60 days |
| **Precaution** | Washed with lukewarm water |

***Pathya* and *Apathya***

Patients were advised to follow a *Pathya* regimen comprising light, nutritious, and easily digestible foods such as *Shali Dhanya*, *Tikta Rasa-pradhana Ahara*, and meals that are neither too hot nor too cold (*Na Ati Ushna, Na Ati Shita)*, while strictly avoiding *Apathya* factors like spicy and oily food (*Pittavardhaka Ahara*), day sleep (*Divaswapna*), night awakening (*Ratrijagarana*), suppression of natural urges (*Vega Vidharana*), and psychological stress, as these are known to aggravate dosha and worsen skin disorders like *Yuvanpidika*.

**Drug Review**

*Jatiphaladi lepa* for external application were selected in the present case study. The Lepa was prepared from the herbs as mentioned in Yogratnakar[10] *(Kshudra rog adhikar)* and said to be useful in *Yuvanpidika*.

**Table 5: Probable Mode of Action of *Jatiphaladi Lepa***

| Content | Scientific name | Ayurvedic properties | *Karma* (Actions) | Role in *Yuvanpidika* (Acne) |
|---|---|---|---|---|
| *Jatiphal* [11] | *Myristica fragrans* | *Ras-Tikta, Kashaya Virya-ushan Doshaghnat shamak* | *Kaphahara, Vatashamaka, Krimighna, Tvachya, Lekhana* | Reduces *Kapha* and *Vata*; dries excess sebum; acts as antibacterial and astringent; helpful in reducing inflammation, itching and post-acne scars. |
| *Maricha* [12] | *Piper nigrum* | *Ras-katu Virya-ushan Karm– lekhan Doshaghanatakv shamak* | *Deepana, Pachana, Srotoshodhaka, Kaphahara* | Clears blocked pores by its *Lekhana* and *Srotoshodhaka* properties; reduces *Kapha Meda* accumulatio; improves local circulation and reduces swelling and pain. |
| *Khaskhas* [13] | *Papaver somniferum* | *Ras- madhur Virya- shita Snigdha*. | *Daha-Shamana, Raktaprasadana, Shothahara, Tvachya* | Soothes skin irritation; pacifies *Pitta* and *Rakta Dushti*; reduces burning and itching; promotes cooling and healing effect on inflamed lesions. |

**Preparation of drugs**

The selected raw drugs- *Jatiphal* (Myristica fragrans), *Khas-Khas* (Papaver somniferum), and *Marich* (Piper nigrum)- were taken in the ratio of 2:2:1, authenticated as per API standards in the Department of Samhita Siddhanta, Pt. Khushilal Sharma Government Ayurvedic College, Bhopal (M.P.), cleaned thoroughly, shade-dried, and pulverized into fine powder under the supervision of the Department of *Rasa Shastra* & *Bhaishajya Kalpana;* at the time of application, this polyherbal powder was mixed with rose water, milk, or honey to form a smooth paste suitable for topical use.

**Administration**

For the preparation of the herbal topical formulation *(Lepa),* three botanicals- *Jatiphal* (*Myristica fragrans*), *Khas-Khas* (*Papaver somniferum*), and *Marich* (*Piper nigrum*)- were selected and combined in a specific ratio of 2:2:1 respectively. The raw materials were carefully cleaned, shade-dried to prevent phytochemical degradation, and coarsely powdered using traditional Ayurvedic methods at the institutional pharmacy under expert supervision.

The powdered ingredients were homogenously blended to prepare a base formulation. At the time of application, a required amount of this powder was mixed with an appropriate liquid medium such as rose water, raw milk, or honey to form a smooth paste.

This *Lepa* is recommended for external use only, specifically over affected facial areas exhibiting signs of acne (*Yuvanpidika*). It should be applied once daily, preferably in the evening hours, on a cleansed and dry face, and left undisturbed for 15–20 minutes before washing off with lukewarm water. Regular use, 3–4 times a week.

**RESULTS**

The patient was assessed at baseline (day 0), day 15, day 30 and day 45, using predefined clinical parameters. Progressive improvement was observed throughout the treatment period. A noticeable reduction in the number of inflammatory lesions, pain, itching, and erythema was observed by Day 15 By Day 30, most active lesions had resolved, with significant improvement in post-inflammatory pigmentation and overall skin appearance.

No adverse drug reactions or complications were reported during the course of treatment. The patient tolerated the therapy well and reported satisfaction with the treatment outcome. The observed clinical improvement suggests the beneficial role of *Jatiphaladi Lepa* in the management of *Yuvanpidika.*

| Parameter | Before Treatment | Day 15 | Day 30 | Day 45 |
|---|---|---|---|---|
| Papules | 3 | 2 | 1 | 0 |
| Pustules | 3 | 2 | 1 | 0 |
| Pain | 2 | 1 | 1 | 0 |
| Itching | 2 | 1 | 0 | 0 |
| Hyperpigmentation | 3 | 2 | 1 | 1 |

Noticeable improvement in the patient's signs and symptoms began within 15 days of initiating treatment with *Jatiphalādi Lep*.

**Figure 1: Before treatment**

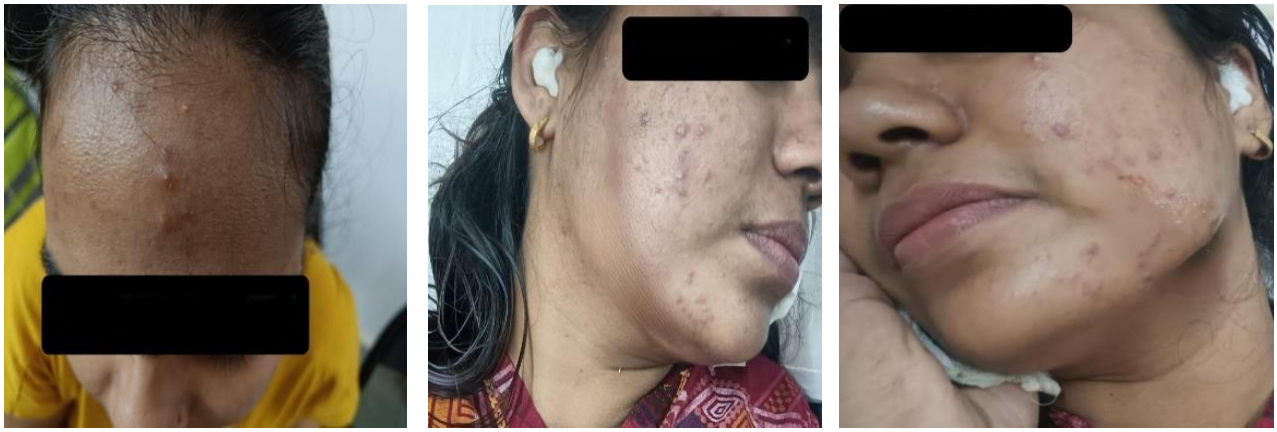
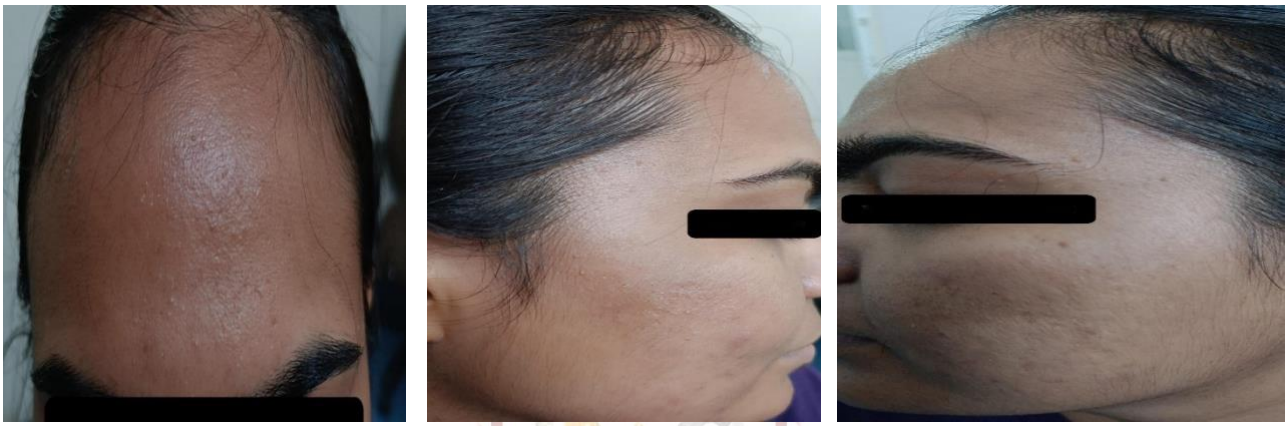


**Figure 2: After Treatment**



By the Third follow-up, there was considerable relief in *Daha* (burning sensation), *Shoth* (inflammation), and the occurrence of new acne lesions. After 1–2 applications of *Jatiphalādi Lep*, rapid and satisfactory improvement was observed in *Kandu* (itching), *Daha* (burning), and *Vaivranyata* (discoloration). Continued application of *Jatiphalādi Lep* along with internal Ayurvedic medications for approximately 4 months resulted in complete resolution of acne (Figure 1; Figure 2). By the conclusion of therapy, all signs and symptoms had subsided, and the patient reported being highly satisfied with the outcomes of Ayurvedic management.

## DISCUSSION

### Correlation of *Yuvanpidika* with Acne Vulgaris

*Yuvanpidika* is one of the *Kshudra Rogas* described in Ayurveda and is characterized by the appearance of thorn-like eruptions over the face, predominantly affecting young individuals. Clinically, it closely resembles acne vulgaris, a chronic inflammatory disorder of the pilosebaceous unit. In Ayurveda, the disease is primarily caused by the vitiation of *Kapha, Pitta*, and *Rakta* along with the involvement of *Meda Dhatu*, leading to the formation of inflammatory lesions over the facial skin.

### *Nidana* and *Samprapti* Consideration

In the present case, the patient had a history of frequent consumption of spicy and oily foods, irregular dietary habits, constipation, disturbed sleep, and psychological stress. These factors are known to aggravate *Kapha* and *Pitta Dosha* and contribute to *Rakta Dushti.* The resulting *Srotorodha* at the level of *Romakupa* along with the involvement of *Meda Dhatu* leads to the manifestation of *Yuvanpidika*. This Ayurvedic concept can be correlated with the modern pathogenesis of acne vulgaris involving excessive sebum production, follicular hyperkeratinization, microbial colonization, and inflammation.

### Probable Mode of Action of *Jatiphaladi Lepa*

The therapeutic response observed in this case may be attributed to the synergistic action of the ingredients of *Jatiphaladi Lepa. Jatiphala* possesses *Shothahara, Krimighna, Lekhana*, and *Kaphahara* properties which help reduce inflammation, excessive oiliness, and lesion formation. Its anti-inflammatory activity may contribute to the reduction of papules, pustules, and associated discomfort.

*Maricha* contains piperine, a bioactive constituent known for its antimicrobial and anti-inflammatory properties. Its *Lekhana* and *Srotoshodhaka* actions help clear obstructed skin channels, reduce *Kapha-Meda* accumulation, and prevent further development of acne lesions.

*Khaskhas*, owing to its *Sheeta Virya, Daha-Shamana, Raktaprasadana,* and *Shothahara* properties, provides a soothing and cooling effect on inflamed lesions. It helps reduce burning sensation, itching, erythema, and irritation while promoting healing of the affected skin.

**Interpretation of Clinical Outcomes**

The clinical assessment demonstrated progressive improvement throughout the treatment period. The grading scores showed a gradual reduction in papules and pustules from Grade 3 at baseline to Grade 0 by day 45. Pain and itching also reduced significantly and completely subsided by the end of therapy. Hyperpigmentation showed marked improvement during follow-up, indicating not only control of active lesions but also improvement in post-inflammatory skin changes.

Noticeable improvement was observed from the first follow-up itself, suggesting an early therapeutic response. By day 45, complete remission of inflammatory lesions was achieved, accompanied by improved skin texture and appearance.

**Role of *Pathya-Apathya***

Along with local application of *Jatiphaladi Lepa*, adherence to *Pathya-Apathya* played an important supportive role in the management of the disease. Avoidance of spicy, oily, and junk foods, maintenance of proper sleep, and correction of bowel habits may have helped reduce *Kapha-Pitta* aggravation and prevent further recurrence of lesions. Thus, both medicinal intervention and lifestyle modification contributed to the overall therapeutic outcome.

**Safety and Tolerability**

No adverse drug reactions, local irritation, hypersensitivity, or complications were observed during the treatment period. The patient tolerated the therapy well and reported high satisfaction with the outcome. This suggests that *Jatiphaladi Lepa* is a safe, economical, and patient-friendly therapeutic option for the management of *Yuvanpidika*.

**Overall Interpretation**

The findings of this case indicate that *Jatiphaladi Lepa* effectively reduced inflammatory lesions, itching, pain, and post-inflammatory pigmentation by addressing the underlying *Kapha-Pitta-Rakta Dushti* and restoring normal skin physiology. The observed results support the classical Ayurvedic indication of *Jatiphaladi Lepa* in *Yuvanpidika*. However, as this is a single case report, further well-designed clinical studies with larger sample sizes are required to validate these observations and establish broader clinical applicability.

**CONCLUSION**

The present case demonstrated significant clinical improvement in the signs and symptoms of *Yuvanpidika* following the administration of *Jatiphaladi Lepa* along with appropriate dietary and lifestyle modifications. Reduction in inflammatory lesions, pain, itching, erythema, facial oiliness, and post-inflammatory pigmentation was observed during the treatment period without any adverse effects. The findings suggest that *Jatiphaladi Lepa* may be a safe and effective therapeutic option in the management of *Yuvanpidika*. However, further clinical studies with larger sample sizes are required to establish its efficacy and broader applicability.

**Patient Perspective**

The patient reported satisfactory relief in acne lesions, facial oiliness, itching, and discomfort following the treatment. Improvement in facial appearance enhanced the patient's confidence and overall satisfaction with the therapy. No adverse effects were experienced during the treatment period.

**Informed Consent**

Written informed consent was obtained from the patient for publication of the clinical details and photographs. Efforts have been made to maintain patient confidentiality and anonymity.

**Declaration of Patient Consent**

The authors certify that appropriate patient consent was obtained. The patient has given consent for the clinical information and images to be reported in the journal. The patient understands that personal identity will not be disclosed and anonymity will be maintained as far as possible.

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