

Exploring Mukhadooshika: The Ayurvedic Understanding of Acne Vulgaris and Its Treatment Modalities

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Abstract:

Mukhadooshika, often recognized in Ayurveda as a mild or minor ailment, is widely understood to manifest as acne vulgaris or common acne, which typically appears during adolescence. Although not formally classified as a distinct disease, it is recognized as a significant concern in the context of Kshudra Roga, or minor ailments. This paper explores Mukhadooshika's etiology, pathogenesis, and therapeutic approaches based on Ayurvedic principles, comparing it with the modern understanding of acne vulgaris. The condition is primarily attributed to an imbalance in the Kapha, Vata, and Rakta doshas, with contributory factors like diet, lifestyle, and psychological stress exacerbating the symptoms. Ayurvedic treatment modalities for Mukhadooshika include both internal therapies (Vamana, Nasya, Sira Vyadha) and external treatments (Lepa, Abhyanjana), aiming to balance the doshas and restore harmony to the body. The paper also delves into the traditional therapeutic approaches, examining how they relate to modern acne treatments, and emphasizes the importance of holistic healing in preventing and managing Mukhadooshika.

Keywords:

Mukhadooshika, Acne Vulgaris, Ayurvedic Treatment, Kshudra Roga, Kapha, Vata, Rakta, Dosha Imbalance, Vamana, Nasya, Lepa, Samprapti, Acne Etiology.

INTRODUCTION

Mukhadooshika is characterised by the Acharyas as a minor ailment. It has not established itself as a distinct disease entity; rather, it has been characterised in conjunction with several lesser ailments. Prior to delving into the details of Mukhadooshika, it is important to first consider Kshudra rogas. Acharya Sushruta has noted a total of 44 Kshudra rogas, while Acharya Vaghbhata has documented 36, and Acharya Madhava has referenced 43 of these minor ailments.

The expression Kshudra Roga originates from a combination of two Sanskrit terms, "Kshudra" and "Roga", both of which hold important meanings that enhance the comprehensive grasp of this idea within Ayurveda. The term Kshudra, as elucidated in Vachaspatyam, carries multiple interpretations, all of which converge on the concept of something diminutive, trivial, or of an inferior essence. The term Kshudra encompasses various interpretations, such as Neecha, which signifies low or inferior status; Krpana, denoting poverty or a miserly nature; Kroora, referring to harshness or cruelty; and Adhama, indicating the lowest or worst condition. These expressions together imply that Kshudra denotes something of a lesser, milder, or less critical nature when contrasted with other more substantial conditions. Within the framework of Kshudra Roga, it denotes a condition or illness that is comparatively trivial or of lesser severity, frequently manifesting in a chronic manner yet not posing a threat to life or causing significant incapacitation. This may encompass a range of ailments that lead to unease yet generally do not cause significant harm to the fundamental operations of the body.

The subsequent term, Roga, is equivalent to Vyadhi (illness) as referenced in Ayurvedic texts. This originates from the core Ayurvedic principle known as Ruj Vyadhou or Dhatu Vaisamyajate, signifying the disruption or imbalance within the Dhatus (tissues) as a result of the emergence of illness. The utilisation of Ghan Pratyaya, which is a

grammatical suffix found in Sanskrit, within this particular context serves to provide the term Roga with a definitive interpretation, thereby highlighting the notion of illness or unease that emerges from a disruption in the bodily tissues. Essentially, Roga represents a departure from the inherent, harmonious condition of well-being, leading to dysfunction or illness within the organism.

When we merge these two concepts, Kshudra Roga is interpreted as a state of minor or less intense illness, generally not posing a threat to life but nonetheless affecting the overall quality of life. This understanding corresponds with the explanations found in traditional Ayurvedic literature such as Shabdakalpadruma and Vachaspatyam. The writings characterise Kshudra Roga as "Swalpa Vyadhi," which translates to a minor or small illness. This suggests that while these conditions may lack the severity or immediacy of more critical diseases, they nonetheless necessitate care and oversight. Such circumstances frequently present themselves as ongoing, reoccurring problems, including slight headaches, digestive discomfort, or trivial skin ailments, which, while not posing immediate danger, can influence the overall health of a person if left unattended.

Consequently, Kshudra Roga represents an extensive classification of ailments that are distinguished by their relatively mild and non-fatal characteristics, although they continue to induce discomfort or irritation. Ayurvedic therapies aimed at addressing Kshudra Roga emphasise the importance of harmonising the body's doshas while facilitating the innate healing mechanisms, in contrast to the more aggressive treatments necessary for serious ailments. Recognising the importance of these conditions is crucial as they can impede overall well-being. Ayurvedic practices aim to address these Kshudra Roga through mild, preventive, and healing approaches to re-establish equilibrium and harmony within the body.

Mukhadooshika

मुखे पचन्ते अत एव मुखदूषिका ॥ (न्याय चन्द्रिका)

.....तेन मुखदूषिकेति कथिता मुख कान्तिहरणत्वादस्य ॥ (आहमल्ल)

As per the Sanskrit English lexicon, Mukhadooshika refers to a breakout that alters the appearance of the face.

Yuvana pidaka serves as a synonym for Mukhadooshika.

युना आनन्दं तस्य पिडका युवा पिडका । (न्याय चन्द्रिका)

Origin of the term Acne vulgaris:

The word acne is derived from a distorted form of the Greek term 'akun,' which refers to skin breakouts.

The term Vulgaris originates from Latin and translates to common.

Historical review:

Within the realm of ancient writings, there exists an absence of any mention pertaining to the illness. Mukhadooshika.

Table No. 1: Showing Reference of Kshudra roga in Classics

Classics	Sthana	Chapter name	Reference
Sushrutasamhita	Nidana sthana	Kshudra roga nidana	13/39
Sushrutasamhita	Chikitsasthana	Kshudra roga chikitsitam	20/37
Astangahrdaya	Uttara stana	Kshudra roga Vigyaneyam	31/5
Astangahrdaya	Uttara tantra	Kshudra roga Pratisheda	32/3
Madhava	-	Kshudra roga adhyaya	55/33
nidana			
Chakradatta	-	Kshudra roga chikitsa	41,42,43,4 6,48
Bhavaprakash a	Uttara khanda	Kshudra rogadhikara	31
Yogaratnakara	-	Kshudra rogadhikara	34

NIDANA

In the management of the illness, our traditional texts have placed utmost significance on Nidana. It was stated that steering clear of the underlying causes is the primary and most essential approach to be implemented in the treatment of any illness. An understanding of Nidana, which refers to the study of causes and origins, significantly aids in the prevention of illnesses.

The precise details concerning the specific Nidana of Mukhadooshika are not found within Ayurvedic texts.

As per Acharyas, Mukhadooshika arises from the disturbance of Kapha, Vata, and Rakta doshas. This indicates that the Nidanas that lead to the disturbance of Kapha, Vata, and Rakta serve as contributing elements to the illness.

Etiological Factor^{3(a)}:

- **Vata prakopakara** - *Aharaja*;-Rasa-Katu, Guna:- Ruksha, Laghu , Food articles:- Shushkashaka,Valloora, Varaka, Masoora, Food intake- Adhyashana, Vishamashana
- **Viharaja**:- Ativayayama, Atiadhyana, Ratri jagarana, chardi. Vegavidharana
- **Pitta prakopakara**
- **Rasa-Katu**, Amla, Lavana. Guna-Tikshana,Laghu. Type of food-Vidahi
- **Food articles**- Kulattha, Sarshapa,Avika mamsa, Dadhi, Mastu, Sura ,Sauvira, Amla phala, Pinyaka.
- **Viharaja**;- Atapa Sevana.
- **Manasika** - Atishoka , Kshobha ,Krodha.
- **Kapha prakopakara**
- **Aharaja**;- Rasa-Madhura, Amla Lavana, Guna- Snigdha,Picchila Type of food Abhishyandi, **Food intake**- Adhyasana, Samashana
- **Food articles**- Dugdha, Krasara, Payasa, Tila Pishta, Masha,Anoopa Audaka Mamsa,
- **Viharaja**:- Diwa swapna.
- According to Acharya Sharangadhara *Mukhadooshika* is *Shukra Dhatu mala*⁵.
- According to Madhukosha commentary on Madhava Nidana, *Mukhadooshika* occurs due to Swabhava⁷.

In brief etiology can be considered under following headings

- Swabhava
- Dietic factor
- Extra Dietic factor
- Psychological factor

Samprapti of Mukha dooshika:

The portrayal of the illness is not fully realised until the entire progression of the disease is detailed, encompassing Samprapti, starting from the initiating factors all the way to the total expression of the illness.

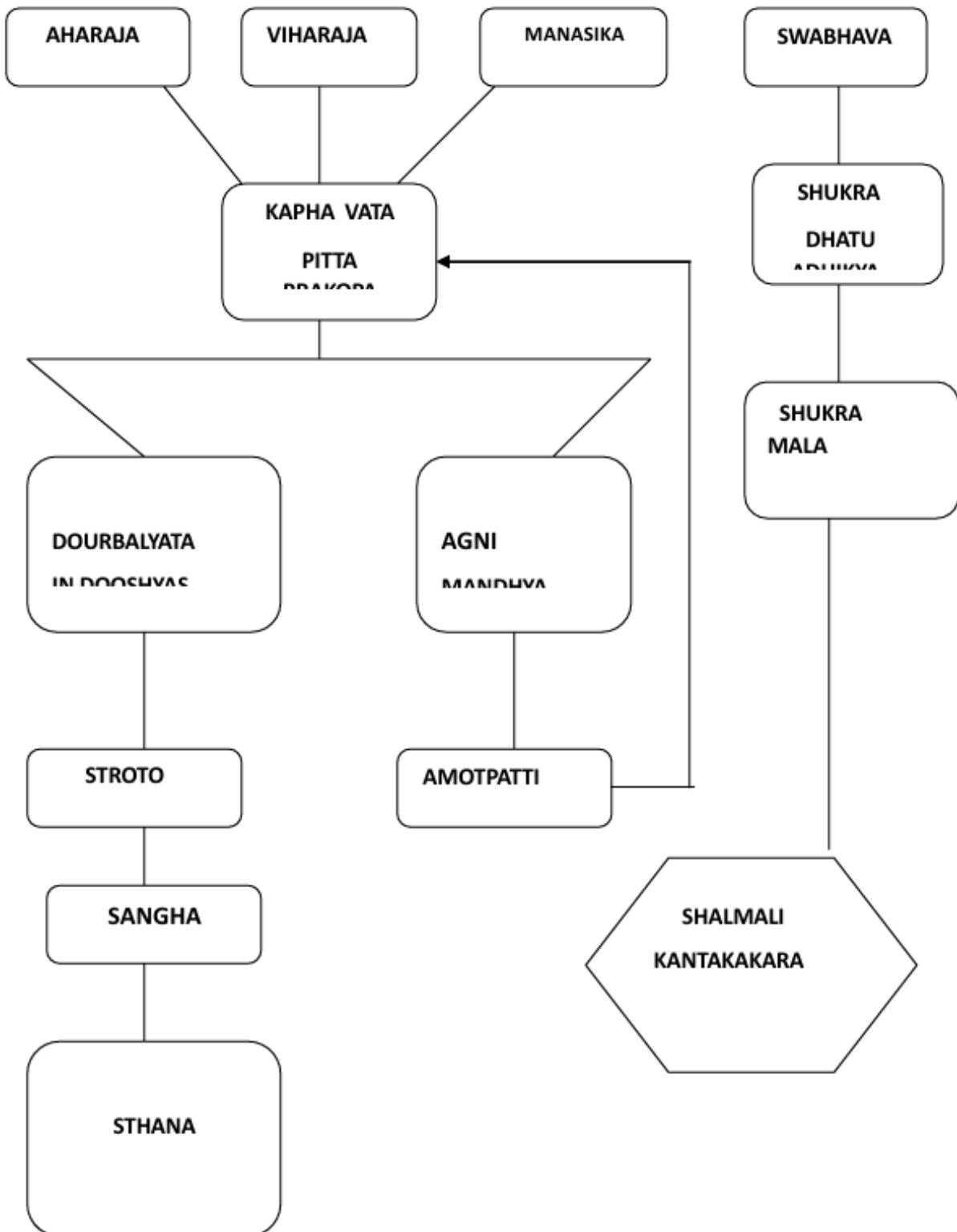
No Acharya has provided a definitive explanation of the Samprapti related to Mukhadooshika. In addition to the Aharaja, Viharaja, Manasika, and Kalaja, the commentator has noted the Swabhava as a contributing element for Mukhadooshika. In this context, Swabhava refers to the Yuvavastha stage of an individual, characterised by the abundant production of Shukra Dhatu, which occurs as a natural phenomenon.

As a result of Aharaja, Viharaja, and Manasika nidanas, there will be an imbalance in Kapha, Vata, and Pitta doshas. The impaired doshas spread throughout the entire body and settle in the facial area of an individual experiencing deficiencies in the facial skin. The process of Dosha Dushya Samoorchana occurs, resulting in the formation of the Shalmalikantakakara Pidakas.

Samprapti ghatakas:

Dosha	- Kapha, Vata, Pitta
Dushya	- Rasa , Rakta , Shukra
Srotas	- Rasa, Rakta
Srotodusti prakara	- Sanga
Agni	- Jatharagni, dhatva agnimandya
Sthana Samshraya	- Twacha of Mukha
Vyakti	- Twacha of Mukha
Samutthana	- Amashaya
Roga Marga	- Bahya Roga Marga





ROOPA

Shalmalikantaka Sadrusha The emergence of pidakas on the facial area of a teenager is referred to as Yuvana pidaka. Due to its effect of altering the appearance of the face, it is referred to as Mukhadooshika.

Vaghbhata contributed additional details by indicating that Pidakas will possess a hard consistency, induce mild discomfort, and encompass encapsulated Medas within them.

Indicators as per different Acharyas:

Table No.2: showing Symptoms of Mukha Dooshika according to Acharyas

Laxanas	S.S.	A.H.	Sh.s	Ma.N.	Bh.pr.
Shalmali Kantaka Sadrusha Pidaka	+	+	+	+	+
Occurs on Mukha	+	+	+	+	+
Medho garbhi Pidakas	-	+	-	-	-
Saruja	-	+	-	-	-
Ghana	-	+	-	-	-
Occurs in Yuvavasta	+	+	+	+	+

Shalmali Kantaka Sadrusha Pidaka:-

The lesions observed in the condition known as Mukhadooshika exhibit a conical form, resembling the thorn of the Shalmali tree, characterised by a wide base that narrows towards the tip.

Saruja - The volcanic eruptions cause significant discomfort.

The term Ghana signifies something that is dense, solid, or hardened. The outbreaks of the illness are dense and robust.

Medogarbhi - The volcanic activities are infused with Meda. This Meda is contained within the eruption caused by the obstruction of the openings of Medo Granthis.

Yuna Mukhe - This condition manifests on the facial area of grown individuals. This term indicates the location and timing of the manifestation of this illness. That is to say, the condition manifests during adulthood, and the area impacted is the facial region.

Upadrvas:-

“According to Acharyas this disorder causes disfiguration, discolouration of the face.

Chikitsa^{3,4,5,7-10} ;

Treatment mentioned by various acharyas can be classified under Antahparimarjana Chikitsa & Bahiparimarjana Chikitsa

Antahparimarjana Chikitsa :- Vamana

- Nasya
- Sira vyadha

Bahiparimarjana Chikitsa

- Lepa

-Abhyanjana

Table No.3: Showing the chikitsa of Mukhadooshika according to various acharyas

Treatment	SS	AH	C.D	Bh.pr.	V.S	B.R
Vamana	+	+	+	+	+	+
Sira vyadha	-	+	+	-	+	+
Nasya	-	+	-	-	-	-
Lepa	+	+	+	+	+	+
Abhyanjana	-	-	+	-	+	+

Vamana :- All the acharyas have highly recommended Vamana karma in the management of Mukhadooshika. According to Acharya Sushruta, Vamana Karma is the first line of treatment which should be adopted. Vaghbhatacharya opines if symptom won't subside after Lepa treatment one should carry out Vamana Karma.

Nasya :- Nasya treatment is indicated in Astanga Hridaya for Mukhadooshika

Sira vyadha:- according to Vaghbhatacharya Sira vyadha should be considered as treatment modality in the management of Mukhdooshika when all other treatment fails. Sira vyadha should be conducted in Lalata pradesha.

Lepa ^{5,9} :- following Lepas have be mentioned by various Acharyas.

Shalmalikantaka with ksheera

Kolaphalamajja with navaneeta, guda, kshoudra

Lodhra, Kustumburu, and Vacha

Vata pallava

Gorochana and Maricha

Sidhartaka, Lodhra, Vacha,Saindava

Dadhi sara, Sharapunkha, Kamala patra, Kushta, Chandana, Ushira

Vata pallava, Malati, Rakta Chandana, Kushta, Lodhra

Jatiphala, Chandana, Mareecha

Matulunga, Jatamamsi, Sarpi, Manashila, Goshakruta

Abhyanjana :

Following yogas are used for the purpose.

- Yavani, Sarja rasa, Chandana, Ushira, Lodhra, Madhu , Ghrita, Guda, heated and made darvi pralipta.
- Haridradi Taila
- Kusumbuadi Taila
- Manjistadi Taila
- Kumkumadi Taila.”

Etiology of acne^{18(a)}:

The fundamental origins of acne are not completely understood. A variety of elements are recognised to be associated with acne.

The word acne is derived from a distortion of the Greek term ἄκμη (akmē), which translates to "point" or "edge," but is specifically used to refer to a "skin eruption" in the texts of Aëtius Amidenus. The term "acne," when utilised in isolation, denotes the occurrence of pustules and papules. The prevalent type of acne is referred to as acne vulgaris, which translates to "common acne". A significant number of adolescents experience this particular kind of acne. The expression "acne vulgaris" indicates the existence of comedones.

Acne Vulgaris^{11,13-16(a)}:

Definition – Acne is a persistent inflammatory condition affecting the pilosebaceous units, marked by the development of comedones, red papules, and pustules.

This condition typically begins during the teenage years and tends to resolve by the age of twenty-five. There are four primary causal factors that play a significant role –

1. Elevated oil secretion
2. A deviation in microbial community composition
3. Thickening of the pilosebaceous duct due to hyperkeratinization
4. Generation of inflammatory responses

The therapy is logically connected to its underlying cause and ought to be satisfying for both the patient and the doctor.

History;

In females, the onset of acne occurs at an earlier stage compared to males. This could indicate a potentially earlier beginning of puberty among girls. Nonetheless, certain individuals might exhibit minor non-inflamed lesions by the age of 8 to 9 years. The period during which the highest occurrence of severity is observed is between the ages of 16 to 18 for females and from 18 to 19 for males. The occurrence of clinical acne among females at the age of 17 is 40%, whereas for males at 18 years, it stands at 35%. Subsequently, acne tends to diminish gradually; however, certain individuals continue to experience issues and receive treatment until they reach the ages of 25 to 35. By the time individuals reach the age of 40, lesions are observed in 1% of males and 5% of females. The reasons behind the resolution of acne remain unclear, as does the greater persistence of this condition in females.

Hereditary element-

A study conducted in Essen, Germany revealed that 45% of schoolboys suffering from acne had a history of the condition in one or both of their parents, whereas only 8% of boys who did not have acne had parents with a similar history.

The study of epidemiology reveals that acne is present across all human races; however, the frequency and intensity of the condition are notably reduced among Japanese individuals compared to those of Caucasian descent. In a research examination involving prisoners in the United States who were between the ages of 15 and 21, it was

discovered that severe or very severe acne was present in 5% of Caucasian individuals, whereas only 0.5% of individuals identified as Black exhibited similar conditions.

Mechanisms of Disease:

The significant characteristics include- □ Hyperkeratinization and an overproduction of desquamated epithelial cells from the hair follicle walls, resulting in an obstruction of the follicular opening. □ Development of a comedone, which is a fleshy, hyperkeratotic obstruction that blocks the entrance of the pilosebaceous follicle (commonly referred to as blackheads and whiteheads).

Increase in the local abundance of *Propinibacterium acnes* along with certain *Staphylococcus* species. The bacteria break down the sebaceous oils, resulting in the production of irritating fatty acids that contribute to localised inflammation.

Conclusion:

Mukhadooshika, while categorized as a minor ailment within Ayurveda, presents a significant challenge for individuals suffering from acne vulgaris. The Ayurvedic perspective on the condition emphasizes a multifaceted approach to treatment, addressing the root causes of imbalance in the body's doshas. The use of various therapeutic methods, including Vamana, Nasya, and external treatments like Lepa and Abhyanjana, provides a comprehensive treatment plan aimed at restoring balance and alleviating symptoms. Although the understanding of acne vulgaris in Ayurveda is conceptually similar to modern dermatological views, Ayurvedic treatments focus on holistic and preventive care. By integrating Ayurvedic principles with contemporary medical practices, a more effective, individualized approach to managing Mukhadooshika can be developed, ultimately improving the quality of life for individuals suffering from acne vulgaris.

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