

AN ETIOPATHOLOGICAL AND DIAGNOSTIC STUDY OF YUVANPIDIKA WITH  
SPECIAL REFERENCE TO ACNE VULGARIS -A REVIEW ARTICLE\*<sup>1</sup>Dr. Pragya Yadav, <sup>2</sup>Dr. Avadhesh Kumar and <sup>3</sup>Dr. Sanjay Prakash<sup>1</sup>Jr-2, Pg Department of Roga Nidan Evum Vikriti Vigyan, Government Ayurveda College and Hospital, Varanasi.<sup>2</sup>Professor and Head, Pg Department of Roga Nidan Evum Vikriti Vigyan, Government Ayurveda College and Hospital, Varanasi.<sup>3</sup>Assistant Professor Department of Dravya Guna, Government Ayurveda College and Hospital, Varanasi.

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## ABSTRACT

*Yuvanpidika* is a skin disorder caused by vitiation of *doshas* described in *Ayurvedic* texts it shows close resemblance with *acne vulgaris* described in modern texts. *Yuvanpidika* are *Shalmali* thorn like eruption on the face of the adolescent. *Yuvanpidika* caused by vitiation of *doshas*. It predominantly affects adolescents so known as *Yuvanpidika* or *Tarunypidika*. *Acne vulgaris* is a chronic skin condition of pilo-sebaceous unit and develops due to blockages in the skin hair follicles. It is characterized by blackheads or whiteheads, pimples, oily skin and possibly scarring. It commonly affects areas of skin with relatively high number of oil glands over the face, upper part of chest and back. *Acne* is a stressful condition that affects the beauty of the face and the reason for inferiority complex and isolation.

**KEYWORDS:** *Yuvanpidika*, *Mukhdushika*, *Kshudraroga*, *Shalmali kantaka prakhya*, *Tarunypitika*.

## INTRODUCTION

Acharya *Sushruta* mentioned *Yuvanpidika* under the heading of *Kshudra Rogadhikar* in *Nidana Sthana*. *Yuvanpidika* is a problem which is encountered by almost everyone at the time of adolescence. according to *Ayurveda*, the *Shalmali kantaka* like eruption on the face occur due to vitiation of *kapha*, *Vata* and *Rakta*. *Yuvanpidika* resembles as *acne* described in modern texts. It is a chronic inflammatory condition of skin. *Acne* affects both male and female, although males tend to have more *acne* with onset of puberty. Across the globe, *Acne* affects 80% of individuals between pubescence and 30 years of age.

In 21st century, changes in dietary habits, stressful, sedentary lifestyles and lack of exercise have led to a higher prevalence of *acne*, particularly among adolescents aged between 14 to 30s factors like increased consumption of junk food, hormonal changes and inadequate skin care contribute to this issue. Modern therapies, while effective usually involve antibiotics and chemical treatments, which come with side effects and long term risks. Therefore, *Ayurvedic* therapies, such as the application of herbal *Lepas* are gaining popularity as safer and holistic alternatives.

## AIM AND OBJECTIVE

For study the concept of etiopathogenesis along with diagnosis and the comparative analytical description of *Yuvanpidika* and for the study of clinical incidence of etiology, types, signs and symptoms in relation to *acne* in current medical practices.

## MATERIAL AND METHODS

Here the *Ayurvedic* concepts will be tried to explain on the basis of several classics and further modern aspects will be introduced in the study by referring several text books of pathology, physiology, anatomy and medicine article and other sources of study will be concerned and assessment on the basis of classics and signs and symptoms of *acne*.

## REVIEW OF LITERATURE

**Vyutpatti (Etymology)**

*Yuvanpidika* is composed of two sanskrit words *Yuvan* and *Pidika*

*Yuvan* -the word *yuvan* is derived from the root of 'Yu dhatu' by using 'kanin pratyaya'.

The word *Yuvan* is used in the sense of young.

*Pidika* -The word is derived from the root of 'peed dhatu' by using *dvul+tap pratyaya* with it.

*Peed dhatu* is used in the sense of pain. The meaning of *Pidika* is a painful eruption.

**NIDAN**

Nidan of the *Yuvanpidika* or acne described by Acharya Sushruta and Acharya Vagbhatta have mentioned *kapha*, *Vata* and *Rakta* as the causative factor of *Yuvanpidika*.

Acharya Sharangdhar mentioned *Vaktrasnigdhatva* as the cause of *Yuvanpidika*.

According to Acharya Bhavmishra *Svabhava* is a cause of *Yuvanpidika*.

Acharya kasyap said the disease *Yuvanpidika* is *Mala* of *Sukhra* that is 7th *Dhatu* of the body.

**Aharaja Nidana of Yuvanpidika** -*Atikatu*, *Guru*, *Aahar*, *Atisnigdha*, *Madhura*, *Dugdha* *Varga* *Aahar*, *Mansa*, *Madha*.

**Viharaja Nidana of Yuvanpidika** -*Vega* *Abarodh*, *Jagran*, *Nidra*, *Upavasa*, *Atapa* *Sevana*.

**Mansika Nidana of Yuvanpidika** -*Atishok*, *kshobh*, *krodh*, *Santap*, *Svabhava*.

**Kalaja**- *Sharadakala*

**LAKSHAN**

शाल्मलीकण्टकप्रख्याः कफमारुतशोणितैः |

जायन्ते पिडका यूनां वक्त्रे या मुखदूषिकाः ||(सु०नि ०१३/३९)

शाल्मलीकण्टकाकारा इत्यादिना युवानपिडिकाः| यूनामाननं यूवाननं, तस्य पिडिका युवानपिडिकाः| पृषोदरादेराकृतिगणत्वादेकस्य नकारस्य तोपः| मुखे पचन्ते अत एव मुखदूषिका इति|| (न्यायचन्द्रिका व्याख्या (गयदास कृत))

शाल्मलीकण्टकाकाराः पिटिकाः सरुजो घनाः|

मेदोगर्भा मुखे यूनां ताभ्यां च मुखदूषिकाः|| (अ० ह ०३० ३१/७)

According to Acharya Sushruta, *Shalmali kantaka Prakhya* shows the shape of the eruption and *Yunamvaktrey* shows the age of the occurrence and site of the disease that the disease is seen in adolescent and young aged patients at their face.

Acharya Vagbhatta mentioned, *सरुजो*(painful), *घन*(hard), *मेदोगर्भा*(papules with sebum).

According to *Nyaya chandrika* this disease causes disfiguring of the face so called as *Mukhadushika*.

**SAMPRAPTI**

The samprapti of the disease *Yuvanpidika* is not given in *Ayurvedic* literature but without *Samprapti* occurrence of any disease is impossible. According to *Ayurveda Samprapti Vighatna* is the treatment of disease so without knowledge of *Samprapti* treatment is not possible. The pathogenesis of *Yuvanpidika* involves the vitiation of *kapha* and *Vata* which gradually affects other *Dhatu* particularly *Rakta*(blood) which in turn further vitiates *Meda Dhatu*. vitiated *meda Dhatu* produces excessive *Mala* and that is *Sweda* excessively produced *sweda* stays in *Lomkupa* and it is *Moolsthana* of *Swedavaha* srotas. This imbalance of *Doshas* lead to formation of localised inflammatory lesion on the skin characteristics of *Yuvanpidika*. Acharya do not include vitiation of *Pitta dosha* as causative factor of *Yuvanpidika* but in practice we see such patient of *Yuvanpidika* who have the symptoms like edema, redness and burning sensation confirms the involvement of *Pitta* in the pathogenesis. *Pitta* is the *Sadharmi* of *Rakta* so Acharya

neglected description of *Pitta* as causative factor of *Yuvanpidika*.

**SAMPRAPTI GHATAK**

**DOSHA**-*Kapha*, *vata*, *rakta*

**DUSHYA**-*Rasa*, *Rakta*, *Meda*

**SROTAS**-*Swedavaha*

**SROTODUSTI**-*sanga*

**STHANA**-*twak*

**SAMUTTHANA**-*Amashaya*

**MARGA**-*Bahya marg*

**CHIKITSA**

Treatment for *Yuvanpidika* mentioned in *ayurvedic* texts are mainly of two types *Shodhana Chikitsa* and *Shamana Chikitsa*. vitiated *Doshas* are expelled out of body by *Shodhana Chikitsa* and *Shamana Chikitsa* corrects vitiated *Doshas* instead of expelling out from the body. Acharya Sushruta has described *Vaman* as *Shodhana Chikitsa* for *Yuvanpidika*.

**SHODHANA CHIKITSA**

**Vaman** is one of best therapy along with tropical and oral *Ayurvedic* formulations in *Yuvanpidika* or acne. *Vaman* procedure eliminates *Doshas* through upper channels i. e mouth.

It helps to prevent the forthcoming disease due to *kapha* and *Pitta*.

**Nasya** introduction of medicines through the nasal cavity is another type of *Shodhana Chikitsa* used to treat *Yuvanpidika* elaborated by Vagbhatta in his texts.

**Shiravedha** *Raktamokhsana* by *Shirovedha* is described in *Yuvanpidika*.

**SHAMANA CHIKITSA**

Includes use of different formulations *Vati*, *Lepa*, *Pralapa*, *taila* etc. various formulations are available in the market to normalise the vitiated *Doshas*. Many classical *Ayurvedic* formulations are also available in the market in convenient dosage forms for conservative management of acne or *Yuvanpidika*.

1. *Kaishora Guggulu* : useful in many disorders involving *vata* and *pitta* useful in wound healing.
2. *Triphala Guggulu* : dries up the sebum, clears the channels and pores.
3. *Arogyavardhini Vati*: good liver enzyme booster, *Pitta* balancing
4. *Mahamanjishtadi kashaya*-one of the best *kasaya* to detoxify and cleanse blood.
5. *Panchanimbachoorn*-fight skin infection
6. *Triphaladikasaya*-useful in cleaning the pores
7. *khadirarishta*-blood purifier
8. *Chandanasaava*-especially useful in oily skin to dry up sebum.

**MODERN REVIEW**

*Yuvanpidika* is closely related to Acne. This is primarily occur due to combination of following four factors excess sebum production, hair follicle clogged by oil and

dead skin cells, bacteria and inflammation. sebum production increased because sebaceous gland become more active during puberty due to hormonal changes. when this sebum mixes with dead skin cells, it clogs pores and forms comedones. Propionibacterium acnes is naturally occurring bacteria on the skin that thrives in the clogged pores and cause inflammation and infection leading to formation of papules, pustules or pimple and causes pain and swelling.

Hormonal changes, stress, genetics and a diet rich in sugar and oily food are other contributing factors of acne.

### SYMPTOMS OF ACNE

Pimples(pustules)-pus filled bumps

Papules-small, discolored bumps, often red to purple or darker than your natural skin tone.

Blackheads-clogged pores with a black top.

Whiteheads-clogged pores with a white top.

Nodules-large lump under skin that are painful.

Cysts-painful fluid filled lump beneath skin.

Acne can be mild, means to cause a few pimples, or it can be moderate, cause many inflammatory papules or severe that may cause cysts and nodules. commonly acne occur more where oils glands exists most like Face, Forehead, chest, shoulders and upper back.

### DIAGNOSIS OF ACNE VULGARIS

A Complete medical history of the patient must be performed and then physical examination conducted for diagnosis of acne.

### MEDICAL HISTORY

- Current age and onset of acne.
- Medication history.
- In the case of women, a history of their period must be included, together with frequency and association with acne outbreaks.
- History of diseases.
- Family history of acne.
- Signs of virilization in small children or women, such as increase in pubic hair, male pattern hair loss, genital enlargement or deepening of the voice.
- Skin care habits.
- Current and previous treatments, and response to those treatments.
- Psychological impact of acne.

### PHYSICAL EXAMINATION

Visually check for lesions type, distribution, stages of development etc.

**Type:** closed comedones, open comedones, inflammatory papules, inflammatory pustules, inflamed nodules.

**Distribution:** face, chest, shoulders, back or arms.

**Stages of the lesion:** check if the lesion in an area is found in the same or different stages of development.

**Signs of hyperandrogenism:** suspicion of abnormal increase in androgens, as it may happen with polycystic ovarian syndrome, congenital adrenal hyperplasia and ovarian tumours, signs of virilization in prepuberal men and women.

**Presence of sequelae:** such as post inflammatory hyperpigmentation and scarring commonly of acne vulgaris.

### DIFFERENTIAL DIAGNOSIS

Acne vulgaris is a common disorder that resembles many other skin conditions because of similarities in appearance. so it is important to perform differential diagnosis.

#### Inflammatory facial lesions

**Rosacea:** It is a skin disease that occurs with facial redness but as it progresses papules, micro pustules and nodules may occur.

**Periorificial dermatitis:** it occurs around the mouth and nose.

**Pseudofolliculitis of the beard:** more frequent in people with Afro hair, it may be due to short, shaved or cut hair in the beard area that rolled up towards the skin, penetrated it and caused an inflammatory reaction.

**Facial Angiofibromas in Tuberous sclerosis:** they usually occur during childhood, in cheeks and nose.

#### Non-inflammatory facial lesions

**Sebaceous Hyperplasia** is characterized by the visible enlargement of sebaceous glands, more commonly in adults with a history of oily skin more frequently in the forehead and cheeks.

**Nervous comedonicus:** it occurs at the birth or during childhood as a group or rows of comedones.

**Adnexal tumors:** they are benign follicular tumors shaped as skin color facial papules.

### CONCLUSION

In present era *Yuvanpidika* is the one of the most burning problem in youngsters. Modern text described acne vulgaris as a chronic inflammatory disorder of sebaceous follicles characterized by the formation of comedones, papules and pustules, less frequently nodules or cysts. All the *Lepa* and *Pralepa* described as a *Shamana Chikitsa* should be applied. The treatment should be changed according to severity of acne. The *Samhitas* have pointed out *Kapha*, *Vata* and *Rakta* as the causative factor of disease. Diagnosis of acne is very crucial for its proper treatment.

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