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A CLINICAL ASSESSMENT OF THE EFFICACY OF *LODHRADI LEPA* IN PATIENTS WITH *TARUNYA PITIKA*

Dr. Jayshri Sahu*[1], Dr. Rashmi Pradhan[2], Dr. Akila Begum[3], Dr. Vaibhav Shingne[4]

PG Scholar Dept. of Kriya Sharir[1], Professor & HOD Dept. of Kriya Sharir[2], Assoc. Professor Dept. of RS&BK[3], PG Scholar Dept. of Kriya Sharir[4]
Govt. (Auto.) Ayurveda Collage & Hospital, Gwalior, M.P.

***Corresponding Author: Dr. Jayshri Sahu**

PG Scholar Dept. of Kriya Sharir, Govt. (Auto.) Ayurveda Collage & Hospital, Gwalior, M.P.

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ABSTRACT

Acne is a common dermatological condition predominantly affecting adolescents and young adults. As it mainly involves the face, it can adversely affect physical appearance and may consequently lead to psychological concerns such as feelings of inferiority, anxiety, reduced self-confidence, and social withdrawal. Its high prevalence and significant impact on quality of life, along with the limitations associated with available therapeutic options, have increased interest in Ayurveda and herbal-based approaches to skin care. In view of these considerations, the present study was undertaken to evaluate the therapeutic efficacy of *Lodhradi Lepa* in the management of *Tarunya Pitika* (Acne Vulgaris).

KEYWORDS: Acne, *Tarunya Pitika*, *Lodhradi Lepa*, Cosmetology.

INTRODUCTION

In Ayurveda, among the 56 *Upangas*[1] (minor body parts), the face holds the highest significance. As a result, people—especially the youth—tend to be highly conscious and concerned about facial beauty.

However, during adolescence age, this vital and beautiful feature(face) can be affected by certain conditions. Even minor facial issues can lead to a loss of attractiveness or, in severe cases, permanent disfigurement, potentially causing low self-esteem and social withdrawal. One such condition is *Tarunya pitika*, a disorder predominantly seen during youth.

In modern life, many diseases have emerged due to industrialization, environmental pollution, occupational hazards, and other factors. Additionally, increasing mental stress, anxiety, anger, fear, and depression contribute to various health issues. As a result, the incidence of skin disorders is rapidly increasing. Nowadays, *Tarunya pitika* (acne) has become a major societal concern, affecting nearly 85% of teenagers.[2]

The disease *Tarunya Pitika* is briefly described in the Ayurvedic Samhitas. According to all the classical texts, the disorder is caused by an imbalance of *Kapha, Vata*, and *Rakta*. *Acharya Sushruta* was the first to mention *Yuvan Pidika* under the category of *Kshudra Rogas.*[3] In the *Sharangadhara Samhita*[4], it is explained that factors such as *Vikrit Snigdhata* (abnormal unctuousness) and *Pidika* formation arise from *Shukra dhatu mala.*

Acharya Vagbhata [5]has provided a more detailed description of the signs and symptoms compared to *Acharya Sushruta*. *Yuvan Pidika* is characterized as a thick, thorn-like, hard, and painful eruption, mainly appearing on the face of adolescents, and associated with *Meda* (accumulation of sticky material). Both *Ashtanga Sangraha*[6] and *Ashtanga Hridaya* describe the symptoms of *Tarunya Pitika* in a similar manner.

Various Ayurvedic treatments for *Tarunya Pitika* are described in classical Ayurvedic texts, such as *Pancha Karma* therapy, oral medications, and external applications. Among these, local or topical application is particularly effective for skin disorders, as it works directly on the affected area.

The medicine that has the properties of *Vata-Kapha-Pittashamak* and *Raktashodhak* and can be used for a

long period without causing any harm. "*Lodhradi lepa"* [7]has been chosen as the local application in this study. (face pack).

MATERIAL AND METHODS

Study Type- Single group, open randomized clinical study.

Selection of cases

Clinically diagnosed cases of *Tarunya Pitika (*Acne vulgaris) were recruited from the O.P.D. of Government Autonomous Ayurveda College and Hospital, Gwalior. A systematic record of the clinical findings, assessment parameters, and relevant observations of each enrolled patient was maintained in a predesigned and structured case record form. The patients were screened and registered for the present clinical trial after fulfilling the predetermined inclusion and exclusion criteria.

Inclusion criteria

- Patients with classical sign and symptoms of *Tarunya pitika*
- Age – 16 – 34 years
- Gender-male & female
- Welling for study

Exclusion criteria

- Patients of skin disorder other than *Tarunya pitika*
- A person suffering from serious diseases IHD, HTN, MI, TB, COPD, DM etc

Number of persons - 100
Lepa- *Lodhraadi lepa*
Dose - 3 – 6 gm (As per the requirement)

Duration of a clinical study – 45 days
Follow up – after every 15 days

Trial drug

In the present study, *Lodhradi Lepa* has been selected as a local application (face pack). The selection of *Lodhra*, *Dhanyaka*, and *Vacha Choorna* is based on the formulation mentioned by Acharya *Sharangdhara in Sharangdhar Samhita* for the management of *Tarunya Pitika*. These drugs are considered *Tridosha-shamaka*, especially possessing *Raktaprasadana* and *Varnya* properties. making it suitable for long-term use without causing harm.

Table 1: Part use wise distribution of drugs.[8]

Name of the drug	Lattin name & Family	Ratio	Part use
Lodhra	Symplocos racemosa (Symplocaceae)	1 – part	Bark
Dhanyak	Coriandrum sativum (Umbelliferae)	1 – part	Seed
Vacha	Acorus calamus (Araceae)	1 – part	Root

Table 2: Properties of *Lodhradi lepa* Ingredients.

Drug	Rasa	Guna	Virya	Vipka	Doshaghanta
Lodhra	*Kashaya*	*Laghu, Ruksh*	*Shita*	*Katu*	*Kapha-Pita*
Dhanyak	*Kashaya,Tikta, Madhura, Katu*	*Laghu, Snigdha*	*Ushna*	*Madhura*	*Tridosha*
Vacha	*Katu, Tikta*	*Laghu,Tikshna*	*Ushna*	*Katu*	*Kapha-Vata*

Method of preparation of lepa

The raw materials required for the preparation of *Lodhradi lepa*, namely *Lodhra bark*, *Vacha* root, and *Dhayank* seeds, were procured from the college. The drugs were thoroughly cleaned to remove any foreign matter and impurities and were subsequently dried appropriately. After proper drying, the raw materials were handed over to the Department of Rasashastra and Bhaishajya Kalpana of the college for further processing. The dried drugs were subjected to grinding using a suitable grinder machine to obtain a fine powder. The powdered material was then passed through a sieve to ensure uniform particle size and consistency, thereby obtaining fine *Lodhradi Churna*. The prepared formulation was subsequently submitted to the Government Drug Testing Laboratory, Gwalior, for quality assessment and testing. After satisfactory testing, the prepared *Lodhradi Churna* was packed in clean, dry, airtight zip-lock polyethylene bags and stored appropriately until further use. For therapeutic application, the required quantity of *Lodhradi Churna* was mixed with an appropriate quantity of water to form a uniform paste (*Lepa*). The prepared *Lepa* was then applied evenly over the affected area as per the protocol of the clinical study.

Administration of Drugs

In the single-group clinical study, 100 clinically diagnosed and registered patients of *Tarunya Pitika* (Acne Vulgaris) were administered *Lodhradi Lepa* as an external application. The *Lepa* was applied twice daily over the affected areas using water as the medium, as required, for a treatment duration of 45 days. After completion of the treatment, the patients were followed up for an additional period of 15 days to assess the persistence of therapeutic effects and any recurrence of symptoms.

CRITERIA FOR ASSESSMENT

1.	***Number of pidika***	
	No Pidika	*0*
	No. of < 5	*1*
	No. of Pidika>5 but ≤ 10	*2*
	No. of Pidika > 10 but ≤20	*3*
	No. of Pidika > 20	*4*
2.	***Area occupied by Pidika (Nose/Forehead/Chick/Chin)***	
	No one part of the face occupied by Pidika	*0*
	Any 1 Part is affected by Pidika	*1*
	Any 2 Part is affected by Pidika	*2*
	Any 3 Part is affected by Pidika	*3*
	Whole face with & without upper chest or back involvement	*4*
3.	***Kandu***	
	No itching	*0*
	Rare itching but no need to scratches	*1*
	Frequent itch but no need of scratches	*2*
	Continuous itch sensation likes to scratch more & more	*3*
	Excessive itch which lead to pus/blood discharge	*4*
4.	***Daha***	
	No Daha	*0*
	Burning sensation only after itching	*1*
	Burning sensation while sun exposure	*2*
	Feeling heat & burning even in shadow which relives after Local Lepa application	*3*
	Constant burning not get much relive even after Lepa application	*4*
5.	***Shotha***	
	No swelling	*0*
	Swelling with pain or Heaviness	*1*
	Symptoms of grade 1 including redness	*2*
	Symptoms of grade 2 symptoms including heat	*3*
	Symptoms of grade 3 symptoms which creates severe tenderness	*4*
6.	***Srava***	
	No Srava	*0*
	Srava occasionally and small quantity	*1*
	Srava after produce after itching	*2*
	Srava producing without itching	*3*
	Excessive Srava causes which requires mobbing or face washing	*4*
7.	***Vedana***	
	No pain	*0*
	Mild pain on deep palpation	*1*
	Pain during superficial palpation	*2*
	Pain without touch	*3*
	Continuous feeling heaviness & unbearable pain	*4*
8.	***Vaivarnya***	
	No Vaivarnya	*0*
	Vaivarnya in the 25%	*1*

	Vaivarnya in the 50%	*2*
	Vaivarnya in the 75%	*3*
	Vaivarnya in the all	*4*
9.	***Medogarbhatva** (Filling of sticky material)*	
	No material inside Pidika	*0*
	Filling of sticky material in 25% of Pidika	*1*
	Filling of sticky material in 50% of Pidika	*2*
	Filling of sticky material in 75% of Pidika	*3*
	Filling of sticky material in all Pidika	*4*

In the present clinical study, a total of 100 patients were enrolled and evaluated. Following completion of the clinical trial, the observations related to Tarunya Pitika were systematically documented and presented in the form of tables and charts. The recorded observations included demographic characteristics such as age and sex, along with dietary habits and Prakriti.

Regarding age distribution, the maximum proportion of patients, 52%, belonged to the 21-25- year age group, followed by 31% of patients in the 26-30-year age group and 14% in the 16-20 -year age group. Female patients constituted the majority of the study population, with 73 %, whereas 27 % patients were male.

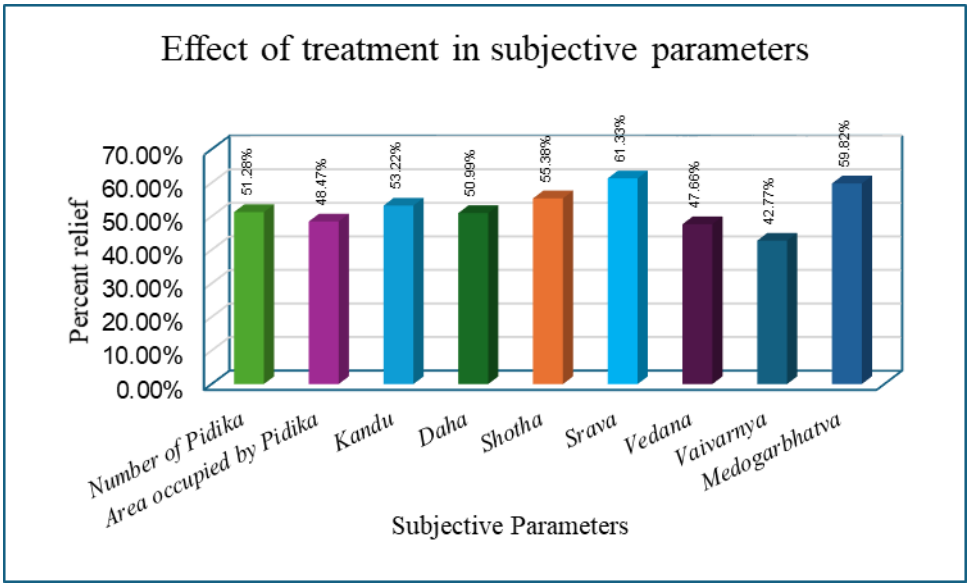
Assessment of Prakriti revealed that 41% patients had *Pitta-Kaphaja Prakriti*, 35% patients had *Vata- Pitta Prakriti*, and 24% patients had *Vata- Kaphaja Prakriti*. With regard to dietary habits, 55% patients followed a vegetarian diet, while 45% patients belonged to the Mixed diet group.

Statistical Analysis of Data

All the data in the present study were analysed by IBM SPSS Statistical Software Version 27.0.1.0. The comparison of non-parametric data on subjective parameters before treatment (BT) and after treatment (AT) were analysed by Wilcoxon Signed Rank Test.

Table 3: Showing effect of therapy on Subjective Parameters.

Parameter	Mean			% Relief	Wilcoxon Signed Rank Test W, Z and P-value
	BT	AT	Difference		
Number of *Pidika*	2.34	1.14	1.20	51.28%	W= 0.00, Z=9.30, P=0.000 (Highly Significant)
Area occupied by *Pidika*	1.96	1.01	0.95	48.47%	W= 0.00, Z=9.65, P=0.000 (Highly Significant)
Kandu	1.71	0.8	0.91	53.22%	W= 0.00, Z=8.20, P=0.000 (Highly Significant)
Daha	1.51	0.74	0.77	50.99%	W= 72.50, Z=7.94, P=0.000 (Highly Significant)
Shotha	1.3	0.58	0.72	55.38%	W= 0.00, Z=7.40, P=0.000 (Highly Significant)
Srava	0.75	0.29	0.46	61.33%	W= 0.00, Z=6.50, P=0.000 (Highly Significant)
Vedana	1.28	0.67	0.61	47.66%	W= 0.00, Z=7.81, P=0.000 (Highly Significant)
Vaivarnya	1.66	0.95	0.71	42.77%	W= 0.00, Z=8.43, P=0.000 (Highly significant)
Medogarbhatva	1.12	0.45	0.67	59.82%	W= 0.00, Z=7.28, P=0.000 (Highly Significant)



DISCUSSION

Discussion regarding probable mode of action of *lodhradi lepa*[9]

The application of Lepa in the direction opposite to hair growth facilitates absorbed active constituents into the *Romakupa* (hair follicles). These constituents are subsequently absorbed through the *Shiramukha* and *Swedavahi Srotas*. As the openings of the *Dhamanis* are associated with the hair follicles, the medicinal principles of the Lepa are believed to reach the deeper layers of the skin after absorption.

From an Ayurvedic perspective, this metabolic activity can be correlated with the *Pachana* function of *Bhrajaka Pitta*, which governs the transformation and assimilation of substances applied externally.

Lodhra- *Lodhra* possesses *Rakta-Pitta Shamaka* properties, which help alleviate *Daha*, *Paka*, and *Vaivarnyata*. Its Ruksha Guna imparts *Kharata* and *Stambhana* actions. The *Kharata* property assists in reducing *Medogarbhatva*, as it helps eliminate the excessive *Kleda* accumulated within the lesions. Owing to its *Kashayatva*, *Lodhra* effectively minimizes *Srava* (discharge) and controls *Snehadhikya*. Furthermore, its *Vranaropana* property facilitates quicker healing of lesions while preventing the formation of prominent scars. The *Raktashodhaka* action enhances local blood circulation and supports tissue regeneration, thereby promoting healthy repair of the affected skin.

Vacha - *Vacha* is endowed with *Tikshna* and *Lekhana Guna*, which enable it to penetrate the *Romakupa* and reduce the accumulation of *Kapha* and *Meda* within the follicles. This action contributes to the reduction of *Medogarbhatva* and subsequently decreases the occurrence of comedones, papules, and nodules. In addition, its *Shulahara* and *Shothahara* properties help relieve pain and inflammation. Modern pharmacological studies have also demonstrated that *Vacha* possesses hyperemic, antibacterial, analgesic, antisecretory, and anti-ulcerogenic activities, further supporting its therapeutic utility.

Dhanyaka - *Dhanyaka* is characterized by *Madhura*, *Katu*, *Tikta*, and *Kashaya Rasa*. *Madhura Rasa*, owing to its *Kshinakshata Sandhankara* property, promotes wound healing, reduces *Vranavastu* (scar formation), and alleviates *Daha* (burning sensation). *Tikta Rasa* exhibits *Kleda-Meda Upashoshana* action, which helps reduce excessive *Kleda* and *Meda*. The Shoshana property of *Kashaya Rasa* assists in minimizing *Shotha* and *Medogarbhatva*. Moreover, the *Laghu Guna* of *Dhanyaka* imparts *Lekhana* and *Vrana Ropana* effects, thereby aiding in the removal of dead cellular debris and excess sebum while promoting the healing process.

CONCLUSION

Based on the findings of the present study, it may be concluded that age (Vaya) plays an important role in the manifestation of Tarunya Pitika. This may be attributed to increased hormonal activity and greater psychological stress during this period of life. Other etiological factors, particularly Aharaja and Viharaja Nidanas, may be considered contributory or Nimittaja Hetus in the development and progression of Tarunya Pitika.

The study findings indicate that individuals with Pitta-dominant Prakriti are more susceptible to Tarunya Pitika, particularly when Pitta is associated with Kapha or Vata Dosha. Excessive intake of Apathya Ahara and adoption of improper Vihara during Yuvaavastha may also contribute significantly to the occurrence and aggravation of the condition.

The external application of Lodhradi Lepa was found to be beneficial in the management of Tarunya Pitika. It produced improvement in important clinical features such as Kandu, Vedana, Daha, and Srava, thereby demonstrating its therapeutic potential in the

management of the condition. No adverse effects were observed during the course of the study, indicating that Lodhradi Lepa was well tolerated by the patients.

Regular application of Lodhradi Lepa may therefore be helpful in controlling the clinical manifestations of Tarunya Pitika and may have a role in reducing its recurrence. Overall, the results obtained in the present study were satisfactory. Hence, Lodhradi Lepa may be considered a promising external therapeutic approach for the management of Tarunya Pitika (Acne Vulgaris), either as a primary treatment in uncomplicated cases or as an adjunctive therapy in persistent and recurrent cases. Further clinical studies involving larger sample sizes and longer follow-up periods are recommended to establish its efficacy and long-term therapeutic benefits more conclusively.

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