



EFFECT OF SHUKRA-DOSHAHARA GANA IN TARUNYA PIDAKA – A CASE STUDY

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Abstract: Acne Vulgaris is an inflammatory condition of the pilosebaceous units. The permissive factor for the expression of the disease in adolescence is the increase in sebum production by sebaceous glands during and after puberty. Small cysts, called comedones, form in hair follicles due to blockage of the follicular orifice by retention of keratinous material and sebum, leading to this condition¹. One of the reasons for the shoot in the sebaceous activity during the span of puberty, is the increase in testosterone levels, as this enhances the secretory activity of sebaceous glands; thus, excess secretion of sebum leads to development of acne on the face². Acne Vulgaris affects more than 85% of adolescents and two-third of adults aged 18 years and older³. It was also recorded in 54% of women and 40% of men over 25 years of age⁴. Tarunya pidaka is explained under Kshudrarogas by Acharya Sushruta⁵ as a pidaka that appears in Tarunya avastha predominated by Kapha, Vata and Rakta Dushti and resemble like the Kantaka of Shalmali Vruksha. we find a unique reference in Sharangadhara Samhita⁶ which mentions Pidaka as the Mala of Shukra Dhatu and its Dipika Teeka clarifies it as Pidakas that appear in Youvana-avastha. Hence, here the Shukra-doshahara gana was administered in the form of churna to patient of Tarunya Pidaka.

Keywords- Tarunya Pidaka, acne, Shukra-doshahara

INTRODUCTION:

‘Skin is the mirror of one’s health’. A radiant, supple and clear skin is the walking evidence of an optimum health and a felicitous daily routine. Face is a reflection of the over-all skin. A clear supple skin of the face not only is the proof of good health but also awards the person with ample of self-esteem and confidence. With the advent of puberty into a child’s life, the body endures a roller-coaster of hormones causing physical and emotional changes. Development of latent features of the body, i.e., primary as well as secondary sexual characters, begin along with incomprehensible mood-swings. Acne or commonly called as pimples, is one such condition that peaks in adolescence and puberty due to the roaring hormones and a common cause of concern in the teens and the young adults. These are however self-limiting in most of the people but may sometimes cause permanent scars or skin damage too. Also, during the period of their onset and progression, these lesions not only cause a worrying impact on the young minds but also carry with them a varied spectrum of symptoms causing discomfort which may sometimes also be unbearable.

The appearance of pustules and vesicles on the face not only causes pain, redness, burning sensation and discharge but also an increased cautiousness of one’s self-image, a sense of low self-esteem and an inferiority complex amidst the world which encourages glamor and external beauty. Hence, though this condition might subside with the body adapting to the enraged hormones, the temporary discomfort and the consciousness of ones look, makes it a paramount factor to manage this condition efficaciously.

Tarunya Pidaka is one of the conditions explained in *Ayurveda*. Various *Samhita* mention a varied number of *Kshudra-roga* and *Tarunya Pidaka* is one among them. It is the *Pidaka* that affect an individual in their Adolescence. The synonyms given for ‘*Tarunya Pidaka*’ are: ‘*Youvana-pidaka*’, i.e., the *Pidaka* that appear in the *Youvana-avastha* and ‘*Mukhadooshika*’⁷, a condition that does *Dooshana* of *Mukha* or that which hampers the beauty of the *Mukha*.

‘*Tarunya Pidaka*’ is as a condition, characterized by lesions which resemble like the *Kantaka* of *Shalmali Vruksha* and predominated by the *Dushti* of *Kapha*, *Vata* and *Rakta*⁸. *Charaka Samhita*⁹ mentions *Youvana*

Pidaka in *Bahya Rogamarga*, indicating the involvement of the *Dhatu*. As we study further, *Sharangadhara Samhita*⁶ mentions a unique reference in which *Pidaka* is explained as the *Mala* of *Shukra Dhatu* and its *Dipika Teeka* (commentary) clarifies it as *Pidaka* that appear in *Youvana-avastha*.

When we go through the literature of the contemporary science, Acne Vulgaris is an inflammatory condition of the pilosebaceous units. The permissive factor for the expression of the disease in adolescence is the increase in sebum production by sebaceous glands during and after puberty. cases of Acne Vulgaris sometimes lead to painful pustules, erythema as well as permanent scar marks on the face and therefore hampering the skin quality and appearance of the face for life. Hence, a thorough assessment and analysis of the causative factors is needed followed by the treatment. Treatment modalities according to contemporary science include oral antibiotics, topical antibiotic agents, oral steroidal therapy hormone therapies, which with time, show their side effects. Hence, there is a need for a better and safer medication in the area¹⁰.

The traditional approach to the treatment of Tarunya-pidaka includes *Sira-vyadha* in *Lalata Pradesha*, *Pralepa*, *Vamana*, *Nasya* and *Abhyangadi* protocols^{11,12}. But here, a different approach was taken. As per *Sharangdhara Samhita*, these *Pidakas* are the *Mala* of *Shukra*. Therefore, the intervention here was such chosen, in the form of *Shamanoushadhi* that it does *Shukra-Doshahara Karma*¹³. *Vallipanchamoola Churna*¹⁴ was administered as the *Shamanoushadhi*.

MATERIALS AND METHODS:

Case Report:

A 24 years old female approached the Kayachikitsa OPD no. 1 of Ayurveda Mahavidyalaya and Hospital, Hubli. She presented with complaints of papules and pustules for 6 years associated with erythema and pain for 3 years. There were no complaints of burning or itching. She also was stressed as she was preparing for a govt. exam, studied late in the night and woke up late in the morning. Her food consisted of Amla, Katu Pradhana Bhojana. She was also under tretinoin therapy. Based on the clinical symptoms and age, she was diagnosed as Tarunya Pidaka.

History of past illness: No any h/o of major illness.

History of past illness: The patient was apparently fine 8 years ago. During her menarche and later during periods she gradually developed Pidaka on her face associated with pain and erythema. She also consulted a dermatologist who had prescribed her with tretinoin pills. 1 month after the tretinoin treatment her Pidaka had increased, she had approached our hospital for further management.

History of allergies: No h/o any allergies/ DM/ HTN.

Family History: No any significant family history.

Personal history:

- DIET – Mixed food (Both Vegetarian and Non-Vegetarian diet), Amla Katu Pradhana Ahara, irregular
- AHARA VIDHI- Samashana (consumption of snacks or oily food with meals)
- RASA PRADHANA- Katu, Amla
- AGNI – Vishama
- KOSHATA- Madhyama
- MALA PRAVARTANA – 1-2 times per day
- MUTRA PRAVARTANA– Day- 5-6 times/day
- NIDRA- 4-5 hours at night, 3-4 hours in the morning
- VYASANA – 2-3 times tea/day
- EMOTIONAL STATUS- gets anxious and stressed often

- VYAYAMA- no
- OCCUPATIONAL HISTORY -Seating for long duration, Ratri Jagarana, Diwaswapna and stress.

Menstrual History:

- Menarche: 12 years old
- Regular, 4/28-29 days

ON EXAMINATION:

Type of swelling: Papular and pustular swelling.

Distribution: Uneven spread all over the Face- B/L cheeks, Forehead and Chin.

Ashtavidha Pariksha:

- Nadi – Vataja
- Mala – 1-2 times per day,
- Mutra – Day- 5-6 times/day,
- Jihwa – Aipta
- Shabda – Prakruta
- Sparsha – Anushna-sheeta
- Drik – Prakruta
- Akriti – Madhyama

Dashavidha Pariksha:

- Prakriti: Pitta-Kapha
- Vikriti:
- ✓ Dosha: Pitta-Vata Pradhana Kapha
- ✓ Dhatu- Rasa, Rakta, Shukra
- ✓ Mala- Twak snigdhatta
- Sara: Madhyama
- Samhanana: Madhyama
- Pramana: height: 161cm, weight: 48kg
- Satmya: Madhyama
- Satva: Madhyama
- Ahara shakti: Abhyavarana Shakti: Madhyama
- Jarana Shakti: Pravara
- Vyayama shakti: Madhyama
- Vaya: Yuva (24 yrs)

Investigations:

- Serum testosterone: dated on 06/09/2024

Sr. testosterone- 0.640 ng/ml

(normal range for 21 -50yrs female: 0.035- 0.513 ng/dl)

- USG abdomen & pelvis: dated on 12/01/2024

No abnormality detected in ovaries, fallopian tubes and uterus.



NIDANA PANCHAKA:• **Nidana -**

Aharaja- Ushna, Katu Ahara (Pitta), Oily food and meat (Kapha)

Vihara- Ratri-jagarana (Vata), Diwaswapna (Kapha-Pitta), Akala Bhojana (Vata)

Vicharaja- Ati-chinta (Vata), Ati-krodha (Pitta)

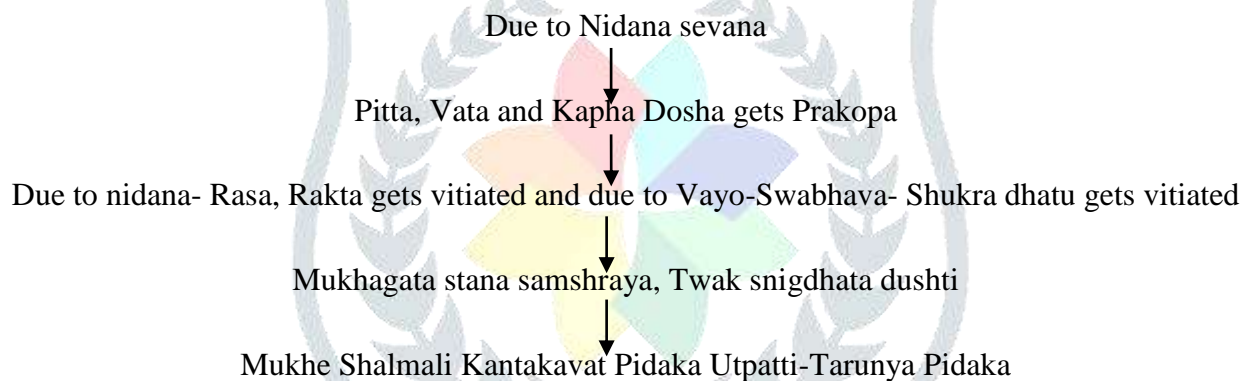
Sahaja- Vayo- Swabhava (Pitta)

• **Poorva Rupa -nil**• **Roopa - Shalmali Kantaka vat Pidaka, Ragata, Rakta-puya Srava**• **Upashaya - Hita ahara, Vihara, Achara**• **Anupashaya-**

Aharaja- Ushna, Katu Ahara

Vihara- Ratri-jagarana, Diwaswapna, Akala Bhojana

Vicharaja- Ati-chinta, Ati-krodha

SAMPRAPTI:**SAMPRAPTI GHATAKA:**

- Dosha – Pitta Pradhana Tridosha
- Dusya – Rasa Rakta Shukra
- Agni – Jatharagni and Dhatvagni
- Agni dusti – Vishamagni
- Ama – Saama
- Srotas – Rasavaha, Raktavaha, Shukra
- Srotodusti – Sanga
- Udbhava Sthana- Amashaya
- Sanchara Sthana- Rasayani
- Adhishthana –Twak
- Vyakta Sthana- Mukha
- Svabhava – Chirakari
- Rogamarga –Bahya
- Sadhyasadhyata- Sadhya

VYADHI VINISHCHAYA:

Tarunya Pidaka

INTERVENTION:

The patient was prescribed with the following medicine on OPD basis: *Vallipanchamoola Churna* 1 Tsp OD at night 15-20 mins before sleeping was administered for 45 days. The *Churna* of *Vidarikanda*, *Sariva*, *Rajani*, *Ajashruni* and *Guduchi* were taken separately and mixed together in same volumetric measurements to prepare *Vallipanchamoola Churna*. The dosage was fixed as per the average volume recorded of the *Shushka Vibhitaki Phala* (5 ml=1 Tsp), based on a research work that concluded that medicines made as per volume are more potent when compared to the medicines made by their weight.

Follow up:

There were 4 follow ups taken after 15 days each.

DIFFERENCES BEFORE AND AFTER TREATMENT:

Particulars	Before treatment	After treatment
VAS pain	7	0
VAS itching	0	0
VAS burning	0	0
Size of lesions	Grade -3, Kolabeejavat	Grade -1, Sarshapavat
Number of lesions	Grade – 1, less than 10 Pidaka	Grade – 1, less than 10 Pidaka
Discharge	Grade – 3, Rakta Srava	Grade – 0, No discharge
GAG Score	30 (Moderate)	5 (Mild)
Serum testosterone	0.640 ng/dl	0.164 ng/dl

Dietary Advice:

Pathya - Aharaja- Laghu Supachya Ahara

Vihara- Timely consumption of food and timely sleep

Vicharaja- Ati-chinta, Ati-krodha Tyaga

Apathya - Aharaja- Ushna, Katu ahara

Vihara- Ratri-jagarana, Diwaswapna, Akala Bhojana

Vicharaja- Ati-chinta, Ati-krodha

DISCUSSION:**Discussion on Nidana:**

Ahara: The patient consumed meat, a good amount of fats like oil and ghee, spices, sour and salty food, hence, katu and amla Pradhana Ahara in more quantity, also it is *Ati- Ushna* and *Ati-Teekshna Ahara* causes *Pitta* whereas *Ati-Guru Ahara* causes *Kapha Dushti* which establish a *Gunataha Pradhanyata* of *Dosha Dushti* in *Tarunya Pidaka*. hence Capsaicin and other compounds in hot foods can trigger inflammatory pathways and oxidative stress, aggravating existing acne. Heat and spice may temporarily raise cortisol and androgens, which boosts sebum production. In the preparation of any meat dish, a good amount of fats like oil and ghee, spices which in turn vitiate the *Rasa*, *Rakta* and *Shukra* which cause *Tarunya Pidaka*. Meat may worsen acne more than vegetarian foods because Animal products may contain natural hormones or influence our own androgen/IGF-1 levels, increasing sebum production, inflammatory profile, meat is richer in

saturated fats and the amino acids that drive inflammation and oxidative stress in skin. High meat diets can alter gut microbiota and increase systemic inflammation, which can aggravate acne.

Vihara: the patient has constant habit of Ratri-jagarana, Diwaswapna and Sedentary lifestyle, which together aggravate Kapha Pradhana Tridosha. Ratri-jagarana (Circadian disruption): Poor or late-night sleep increases cortisol and other stress hormones. This triggers inflammatory pathways (IL-1, TNF- α) and increases sebum production through overactive sebaceous glands. Melatonin, which normally protects skin from oxidative stress, is also reduced—making the skin more prone to breakouts. Diwaswapna (daytime sleeping): Daytime sleep disrupts the circadian rhythm of cortisol and insulin. This leads to increased insulin resistance, higher IGF-1, and altered androgen levels—all of which stimulate keratinocyte proliferation and sebum production, worsening acne. Sedentary lifestyle: Lack of physical activity reduces blood circulation and lymphatic drainage in the skin, slowing removal of waste and excess sebum. It also promotes low-grade systemic inflammation and weight gain, which further raise insulin and androgen activity, both linked to acne development.

Vichara: she also has a lot stress due to constant exams and exam preparations, mental stress activates the hypothalamic–pituitary–adrenal (HPA) axis, increasing cortisol and adrenal androgens. These hormones boost sebaceous gland activity, slow wound healing, and heighten skin inflammation, all of which aggravate acne. Physical stress also elevates stress hormones, inflammatory cytokines, and oxidative stress in the skin. This makes pores more prone to blockage and reduces the skin's barrier repair capacity.

Discussion on Samprapti:

Though there is no separate *Shloka* mentioned in *Ayurveda* for the *Samprapti* of *Tarunya Pidaka*, yet it can be understood by the description of involvement of *Kapha*, *Vata* and *Rakta*. The involvement of *Pitta* is inferred by the involvement of *Rakta Dhatu*.

According to *Acharya Sushruta*, the *Nidana Sevana* through *Ahara*, *Vihara* and *Vichara* leading to the vitiation of *Kapha*, *Vata* and *Rakta*. These take *Ashraya* in *Vaktra* and their *Sanghatmaka Samprapti* leads to *Tarunya Pidaka* with a variety of symptoms depending on the dominance of the *Dosha Prakopa*.

Another *Samprapti* can be inferred by *Acharya Sharangadhara's* reference. Here, the *Pidaka* are said to be occurring as the *Mala* of *Shukra*. *Acharya Sharangadhara* mentions *Twacha-snigdhatu* and *Pidaka* as the *Mala* of *Shukra Dhatu*. The *Goodhartha Deepika Teeka* for this elaborates that the *Pidaka* are *Youvana Pidaka*. When we analyse the *Shukravaha Srotas* the *Karma*, *Nidana*, *Sroto-dusti Lakshana* and the *Chikitsa* of *Shukravaha Srotas*, it can be inferred that, these are the explanations of the *Sthoola Shukra Dhatu*, whereas when *Acharya Sharangadhara* explains about *Tarunya Pidaka* it indicates about the *Sookshma Shukra Dhatugata Mala*. *Acharya Sushruta*¹⁵ in the *Sharira Sthana* while mentioning the *Shukradhara Kala* mentions that *Shukra* is a *Sarvavyapi* in *Sarvaprani*, that is, this *Dhatu* is present all over the body in all the animals depicting the presence of *Sarva-daihika Shukra* or the *Sookshma Shukra-dhatu* which is again evident from the reference given by *Acharya Sharangadhara*. Yet, there is no much explanation about this in the *Samhita*.

Probable mode of action of Vallipanchamoola Churna:

A variety of treatment principles, modalities and drugs have been mentioned in regard to the condition *Tarunya Pidaka*. This study was mainly focused on the principle mentioned by *Acharya Sharangadhara* that *Tarunya Pidaka* is caused as *Mala* of *Shukra Dhatu*. Hence, here the *Gana- Vallipanchamoola* and *Kantakapanchamoola* which are mentioned as *Shukra-doshahara* in *Karma*. Both of the formulations are mentioned in *Sutrasthana* of *Sushruta Samhita*.

Vallipanchamoola Churna contains *Vidarikanda*, *Sariva*, *Rajani*, *Ajashrunji* and *Guduchi*. The total effect can be understood by an overall assessment of all the drugs. Here, the formulation has *Tikta-swadu Rasa*, *Ishat Guru-snigdha Guna*, *Ushna Veerya*, *Swadu Vipaka*. *Swadu-tikta Rasa* does *Pitta* and *Rakta Shamana*, *Guru-snigdha Guna* does *Vata-Pitta Shamana*, *Ushna Veerya* is *Kapha-vata Shamana* and *Swadu Vipaka* is

Pitta-rakta Shamaka. The *Phalashruti* of this *Gana* states that it is *Rakta-pittahara*, *Shophatraya Vinashanou*, *Sarva-mehahara* and *Shukra-dosha Vinashanou*.

As the formulation is *Shukra-doshahara* and *Rakta-pittahara*, the formulation is successful in mitigating this condition which is also, *Rakta* and *Shukra Dushti* Janya and hence breaks the *Samprapti*. Also, this could be because *Vallipanchamoola* is a combination of herbs which are cooling, anti-inflammatory, antimicrobial and metabolic-regulating effects. In modern terms, it targets several pathways relevant to acne - inflammation, microbial growth, and hormonal/metabolic imbalance if seen through the modern Lense yet there should be more researches with regard to its activity on Androgens and Testosterone.

CONCLUSION:

In this case study, there was significant improvement was noted in the clinical symptoms, Subjective and Objective parameters and GAG Score.

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