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RESEARCH ARTICLE

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INTEGRATED AYURVEDIC DERMATOLOGY IN HORMONALLY MEDIATED ACNE: A CASE STUDY ON THE EFFICACY OF AIMIL'S CTM ROUTINE WITH AMYCORDIAL AND BGR-34 FOR 90 DAYS IN A VAT- KAPH PRAKRITI FEMALE PATIENT WITH PCOS AND IRON DEFICIENCY ANEMIA

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ABSTRACT

This case study explores the therapeutic effects of the AIMIL Cleansing-Toning-Moisturizing (CTM) regimen, combined with Ayurvedic oral treatments—Amycordial and BGR-34—on a 28-year-old female dentist suffering from acne vulgaris linked to polycystic ovarian syndrome (PCOS), insulin resistance, and iron deficiency anemia. Previous treatments with allopathic and homeopathic methods had worsened her skin condition. A tailored Ayurvedic strategy, aligned with her Vata-Kapha constitution and verified within 90 days using Nadi Tarangini diagnostics, was implemented under clinical supervision at Ayurvigyan. Notable improvements were recorded in acne severity, blood sugar levels, and menstrual cycle regularity. This study supports the use of integrative, constitution-based Ayurvedic protocols for managing complex dermatometabolic disorders.

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INTRODUCTION

Acne vulgaris is a persistent and complex skin condition often affected by hormonal changes and metabolic issues, particularly in individuals with PCOS and insulin resistance. Conventional dermatological treatments frequently show limited success and can exacerbate skin sensitivity in those with hormonal imbalances. Ayurvedic medicine, emphasizing personalized constitutional therapy (prakriti-based), presents a distinctive approach to managing such intricate conditions both systemically and topically. This case study examines the combined impact of AIMIL's CTM skincare routine and systemic Ayurvedic products—Amycordial and BGR-34—in improving skin and metabolic health.

Case Presentation: The patient, a 28-year-old female dentist, has been experiencing persistent inflammatory acne, especially on her cheeks and jawline, which has not responded to standard dermatological and homeopathic treatments for the past two years. Her skin has shown signs of dryness, irritation, and increased sensitivity for the last year. Laboratory tests indicated iron deficiency anemia and insulin resistance (HbA1c: 6.8%), and an ultrasound confirmed the presence of polycystic ovaries on both sides. Nadi Pariksha, using Nadi Tarangini, identified her prakriti as Vata-Kapha, which informed a specific Ayurvedic treatment protocol.

Treatment Protocol

Topical Therapy: AIMIL's CTM Routine for 90 days.

- **Cleanser:** A gentle, herbal, pH-balanced formula to calm irritated skin and decrease microbial presence.
- **Toner:** Herbal astringents and hydrosols to reduce pore appearance and manage oil production.
- **Moisturizer:** A non-comedogenic, hydrating product suitable for balancing Vata-Kapha.

Systemic Ayurvedic Interventions

- Amycordial was given twice daily for 3 months to regulate the hypothalamic-pituitary-ovarian axis using phytochemicals from Ashoka (*Saraca indica*), Shatavari (*Asparagus racemosus*), and Lodhra (*Symplocos racemosa*).
- BGR-34: Administered twice daily to improve insulin sensitivity and glycemic control using Daruharidra (*Berberis aristata*) and Vijaysar (*Pterocarpus marsupium*)

Assessment and Statistical Analysis

Efficacy was assessed via:

- Visual Analog Scale (VAS) for acne severity

- Dermatology Life Quality Index (DLQI)
- Glycemic Marker: HbA1c levels

Statistical Test: Paired t-test

- Significance threshold: $p < 0.05$

Table 4.1.

Parameter	Baseline	30 days	90 Days	p-value
Acne Severity (VAS)	7.5 ± 1.1	4.9 ± 1.0	1.5 ± 0.6	< 0.01
DLQI Score	12.2 ± 2.5	8.0 ± 2.0	3.4 ± 1.2	< 0.05
HbA1c (%)	6.8 ± 0.5	—	5.8 ± 0.4	< 0.01

Visual Outcomes:



DISCUSSION

Amycordial and Hormonal Regulation: Amycordial functions by adjusting reproductive hormones, alleviating menstrual irregularities, and managing androgenic stimulation of the sebaceous glands. Its adaptogenic and anti-inflammatory herbs aid in stress management and enhance skin clarity.

BGR-34 and Metabolic Correction: BGR-34 significantly lowered HbA1c levels and improved glycemic control, with berberine in Daruharidra providing antimicrobial and anti-inflammatory effects pertinent to acne development.

CTM and Dermatologic Health: The CTM regimen facilitated barrier repair and decreased hypersensitivity, crucial for the patient's Vata-Kapha skin type. A noticeable reduction in acne severity was observed within two weeks, with continued improvement over four weeks. This comprehensive regimen not only tackled dermatological issues but also addressed the underlying systemic causes—hormonal imbalance and metabolic dysfunction—highlighting the importance of constitution-based therapy in dermatology.

CONCLUSION

This case underscores the potential of an integrative Ayurvedic approach, combining topical CTM with systemic treatments, in effectively managing acne in patients with PCOS and insulin resistance. The enhancements in VAS, DLQI, symptom observation, HbA1c, and physical appearance perception emphasize the significance of personalized Ayurvedic medicine in treating hormonally influenced dermatological conditions. Larger cohort studies are suggested to confirm these findings and establish evidence-based Ayurvedic dermatology protocols.

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