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REVIEW ARTICLE OPEN ACCESS

A COMPARATIVE CLINICAL STUDY OF *SANSHODHAN* AND *SANSHAMAN CHIKITSA* IN CASES OF *YUVANA PIDIKA* (ACNE VULGARIS)

***Dr. Monika Asthana**

Reader and HOD Department of Panchkarma, S.R.M. Govt. Ayurvedic College, Bareilly, India

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****Correspondingauthor:***
Dr. Monika Asthana

ABSTRACT

The present research work was under taken with the aim to evaluate clinically the effects of *Vamana Karma, Shalmali Kantak lepa and Manjistha churna* in cases of *Yuvana Pidika*. The cases were selected from O.P.D. of State Ayurvedic College & Hospital, Lucknow. There were 70 Registered cases and they were divided into 2 groups randomly consisting of 35 patients in both the group. But 4 patients dropped out from the study. Thus total 66 patients completed the drug trial of 3 months period and a follow-up of 1 month period. The patients of groups I were advised for *Sanshodhanoparant Sanshaman chikitsa*. *Vamana Karma* was performed before *Sanshaman* chikitsa. For Sanshaman Chikitsa oral administration of Manjistha *Churna* 5 grams twice daily and local application of *Shalmali Kantak Lepa* with *ksheer* at bed time was given for three months period. Patients of group II were treated only by *Sanshamana Chikitsa*. Oral administration of Manjistha *Churna* 5 grams twice daily and local application of *Shalmali Kantak Lepa* with *ksheer* at bed time was given in this group of patients for three months period. In this limited time of research work, the therapeutic efficacy of trial drug was very much encouraging and all the patients responded well and improvement was statistically significant in patients of both the two groups. But the results were excellent i.e. Aarogya in 54.5% patients receiving combined therapies i.e. both Sanshodhana & Sanshamana chikitsa Group-I and in Group-II i.e. 12.1% Aarogya who received only Sanshamana chikitsa.

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INTRODUCTION

Yuvana Pidika is one of the most common dermatological conditions. It is also known as Muhasa in everyday practice. It typically develops during puberty, a stage when the sebaceous glands become more active.The face is the area most frequently affected during adolescence, the period when individuals are more conscious about their appearance. Although usually considered a minor ailment, it can lead to major concerns and in severe cases may cause scarring and psychological distress, including feelings of inferiority or even depression.As its name suggests, Yuvana Pidika or Mukha Dushika primarily affects the youthful age group.In Ayurveda, Yuvana Pidika is classified under Kshudra Rogas.The term Kushtha in Ayurvedic texts represents the broad concept of dermatological disorders, analogous to modern dermatology and is categorized into Maha Kushtha and Kshudra Kushtha.Maha Kushtha primarily refers to major skin conditions such as leprosy, while Kshudra Kushtha encompasses other minor skin diseases.Later the term Kshudra Roga was introduced, covering a wider range of minor disorders including those of the skin.When the Kapha, Vayu and Shonita are deranged due to their own aetiological factors in adolescence, a somewhat Shalmali thorn like projections appear on the face, known as Mukha Dushika.According to Modern literature increased sebum secretion, follicular obstruction, proliferation of follicular bacteria and the consequent hydrolysis of the lipids of sebum are all aspects of pathogenesis of Acne.According to Ayurvedic literature Kapha, Vayu and Rakta are responsible factors for Yuvana Pidika.

Acharya Sushruta describes Yuvana Pidika as follows:

They are like salmali thorns with phlegm, wind and blood. Pimples are born in the mouths of young women which contaminate the mouth [Su.Ni. 13/39]

शाल्मली कण्टक प्रख्याः कफमारुत शोणितैः। जायन्ते पिडका यूनां वक्त्रे या मुखदूषिकाः ।। [Su.Ni. 13/39]

The manifestation of Yuvana Pidika bears a close resemblance to Acne Vulgaris described in modern medicine.According to contemporary understanding, the pathogenesis of acne involves increased sebum production, follicular blockage, proliferation of follicular bacteria, and subsequent hydrolysis of lipid components within the sebum.Correlating Ayurvedic and modern concepts, Kapha contributes to excessive sebum secretion leading to follicular obstruction, vitiated Vata facilitates bacterial proliferation and lipid

degradation, and ultimately, the involvement of Rakta denotes the inflammatory stage of the lesions. This study was undertaken to evaluate the therapeutic efficacy of Shalmali Kantak Lepa and Manjistha Churna, orally with and without Vamana Karma.

It should be smeared with thorns and saltpeter and milk powder. There are undoubtedly a number of balls in his mouth || (Y.R. Kshudra roga Chikitsa/5)

कण्टकैः शाल्मलीयैश्च क्षीरपिष्टैः प्रलेपयेत। मुखे तस्यापि पिटिकाः सङ्ख्यं यान्त्यसंशयम् ।।

(Y.R. Kshudra roga Chikitsa/5)

Shalmali has Shothahar and Dahaprashman properties. Shalmali kantak are lekhan and varnya. Manjistha churna has been used orally. According to ayurvedic literature Kapha, Vayu and Rakta are responsible factors for Yuvana Pidika, Manjistha has Rakta shodhak property.

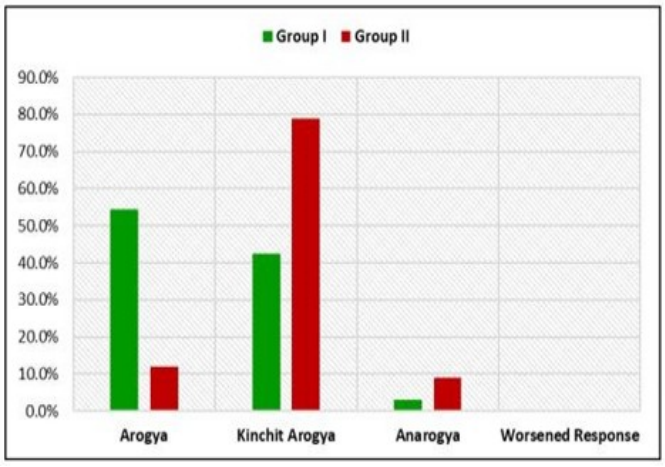
For Vamana Karma, the classical technique and methodology detailed in the Charaka Samhita (Kalpa Sthana and Kushtha Rogadhikara) was strictly followed. When the heart is afflicted with evils, the left hand is used in the upper parts of the body for leprosy. [Ch.Chi.-7/73]

दोषोत्क्लिष्टे हृदये वाम्यः कुष्ठेषु चोर्ध्व भागेषु कुटजफल मदनमधुकैः सपटोलैर्निम्बरसयुक्तैः शीतरसः पक्वरसो मधुनि मधूकं च वमनानि ।
[Ch.Chi.-7/73}

Patients suffering from Yuvana Pidika require appropriate guidance and counseling regarding its management and causative factors. Adherence to proper hygiene and following Ayurvedic dietary guidelines can significantly reduce the recurrence and severity of Yuvana Pidika. Recurrent episodes often lead to psychological stress among patients, making preventative measures an essential aspect of management.

MATERIALS AND METHODS

Group I: The patients of group I were advised for Sanshodhanoparant Sanshaman chikitsa. Vamana Karma was performed before Sanshaman chikitsa. For Sanshaman Chikitsa oral administration of Manjistha Churna 5 grams twice daily and local application of Shalmali Kantak Lepa with ksheer at bed time was given for three months period.



		Aarogya (Excellent Response)	Kinchit Aarogya (Moderate Response)	Anarogya (Mild Response + No change)	Worsened Response
Gp-I	No.	18	14	1	0
	%	54.5%	42.4%	3%	0%
Gp-II	No.	4	26	3	0%
	%	12.1%	78.8%	9.1%	

Group II: Patients of group II were treated only by Sanshamana Chikitsa. Oral administration of Manjistha Churna 5 grams twice daily and local application of Shalmali Kantak Lepa with ksheer at bed time was given in this group of patients for three months period.

In group-I: In Group I, 18 participants (54.5%) were categorized as Aarogya, 14 participants (42.4%) were Kinchit Aarogya, and 1 participant (3.0%) was Anarogya. No participants showed a worsened response.

In group-II: In Group II, only 4 participants (12.1%) were Aarogya, while the majority, 26 participants (78.8%), were Kinchit Aarogya, and 3 participants (9.1%) were Anarogya; none showed a worsened response. The difference in overall health status between the groups was statistically significant ($\chi^2 = 13.51$, $p < 0.001$), indicating that Group I demonstrated a substantially better overall response compared to Group II.

OVERALL RESULTS

Aarogya: Number of patients with Aarogya i.e Excellent response is higher in group- I than group-II.

Kinchit Aarogya: Number of patients with Kinchit Aarogya is found higher in group-II than in group-I.

Anarogya: Number of patients with Anarogya is higher in group-II than group-I.

Vipreet Parinama: None of the patients from group-I & group- II was found in worsened response.

DISCUSSION

The comparison of Pitika resembling to Shalmalikantaka between Group I and Group II was analyzed using the Mann–Whitney test. Before the trial, the mean score in Group I was 2.00 ± 0.83, while in Group II it was 1.94 ± 0.61. After the trial, the mean score in Group I further reduced to 0.45 ± 0.62 compared to 1.00 ± 0.83 in Group II, showing a statistically significant difference ($p = 0.005$). Overall, both groups showed significant improvement over time; however, Group I demonstrated a greater and more consistent reduction in Pitika resembling to Shalmalikantaka as compared to Group II. The comparison of Ghana between Group I and Group II was analyzed using the Mann–Whitney test. Before the trial, the mean score in GroupI was 2.12 ± 0.65 and in Group II was 2.03 ± 0.59, showing no significant difference between the groups ($p = 0.533$). After the trial, the mean score declined to 0.58 ± 0.66 in Group I and 0.91 ± 0.63 in Group II, showing a significant difference between the groups ($p = 0.032$). These findings suggest that both groups showed improvement over time, but Group I demonstrated a greater reduction in Ghana, particularly from Day 90 onward, which was statistically significant. The comparison of Medogarbha between Group I and Group II was analyzed using the Mann–Whitney test. Before the trial, the mean score in Group I was 2.00 ± 0.71, while in Group II it was 1.88 ± 0.55, showing no significant difference between the groups ($p = 0.462$). After the trial, Group I showed a decline to 0.45 ± 0.67, while Group II recorded 0.85 ± 0.87, with the difference nearly reaching statistical significance ($p = 0.053$).

Overall, both groups showed significant progressive improvement in Medogarbha throughout the trial, with Group I demonstrating a greater and more rapid reduction compared to Group II. The comparison of Saruja between Group I and Group II was analyzed using the Mann– Whitney test. Before the trial, the mean score in Group I was 2.18 ± 0.64, while in Group II it was 2.06 ± 0.66, showing no significant difference between the groups ($p = 0.452$). After the trial, the mean value decreased to 0.42 ± 0.66 in Group I and 0.85 ± 0.76 in Group II, maintaining a significant difference ($p = 0.015$). Overall, both groups exhibited progressive improvement in Saruja, with Group I showing a more pronounced reduction

throughout the study period, particularly from Day 60 onwards, which was statistically significant compared to Group II. The comparison of Saraga between Group I and Group II was analyzed using the Mann–Whitney test. Before the trial, the mean score in Group I was 2.18 ± 0.68 and in Group II it was 2.06 ± 0.70, showing no significant difference between the groups (p = 0.481). After the trial, Group I had a mean of 0.39 ± 0.61 while Group II recorded 0.82 ± 0.73, maintaining a significant difference between the groups (p = 0.012). Overall, both groups demonstrated progressive improvement in Saraga, with Group I showing a more pronounced and consistent reduction in symptoms compared to Group II, particularly from Day 60 onwards. The comparison of Daha between Group I and Group II was analyzed using the Mann–Whitney test. Before the trial, the mean score in Group I was 1.52 ± 0.87, while in Group II it was 1.73 ± 1.01, showing no significant difference between the groups (p = 0.325). After the trial, Group I showed a mean of 0.27 ± 0.57 compared to 0.73 ± 0.67 in Group II, with a statistically significant difference (p = 0.002). Overall, both groups showed progressive improvement in Daha over the study period, with Group I demonstrating a greater reduction, particularly after the trial, indicating a more pronounced therapeutic effect in Group

I. The comparison of Kandu between Group I and Group II was analyzed using the Mann–Whitney test. Before the trial, the mean score in Group I was 1.48 ± 0.76, while in Group II it was 1.76 ± 0.90, showing no significant difference between the groups (p = 0.177). After the trial, Group I demonstrated a mean of 0.42 ± 0.75 compared to 0.70 ± 0.68 in Group II, with a statistically significant difference (p = 0.046). Overall, both groups demonstrated significant and progressive improvement in Kandu, with Group I showing a greater and faster reduction compared to Group II throughout the study period. The comparison of Scar between Group I and Group II was analyzed using the Mann–Whitney test. Before the trial, the mean score in Group I was 0.39 ± 0.97, and in Group II it was 0.42 ± 0.97, showing no significant difference between the groups (p = 0.782). After the trial, Group I had a mean of 0.33 ± 0.85 compared to 0.39 ± 0.90 in Group II, with no statistically significant difference (p = 0.752). Overall, Scar remained largely unchanged in both groups throughout the study period, and there were no significant differences observed between Group I and Group II at any time point. In the present clinical trial we have performed GBP, TLC, DLC, ESR, Hb% and stool test for ova, cyst as routine investigations. The comparison of hematological and biochemical parameters between Group I and Group II was carried out using an unpaired t-test to assess intergroup differences both before and after treatment. At baseline, there were no statistically significant differences between the two groups for any of the studied parameters, including hemoglobin (HB), total leukocyte count (TLC), differential leukocyte count components (neutrophil, lymphocyte, eosinophil, monocyte, basophil), erythrocyte sedimentation rate (ESR), fasting blood sugar (FBS), postprandial blood sugar (PPBS), lipid profile (total cholesterol, LDL, HDL, VLDL, triglycerides), liver function tests (SGOT, SGPT, alkaline phosphatase, serum bilirubin), and renal function tests (serum creatinine, blood urea). Following treatment, both groups continued to show comparable mean values, with no significant intergroup differences across any parameters (p > 0.05 for all). Although mild improvements in several biochemical values were observed post-treatment within each group, these differences did not reach statistical significance when compared between the two groups.

CONCLUSION

As we have used Shalmali Kantak lepa for topical application and Manjistha Churna for internal administration for sanshamana chikitsa. The drugs are quite effective having no side effects and also responsible for the arrest of the disease pathology.But the result says that only Sanshamana chikitsa is not sufficient as the results were excellent i.e. Aarogya in 54.5%, 42.4% were Kinchit Aarogya patients receiving combined therapies i.e. both Sanshodhana & Sanshamana chikitsa in Group- I and in Group-II i.e. 12.1% Aarogya and 78.8% were Kinchit Aarogya who received only Sanshamana chikitsa. Hence it can be concluded that all the patients of Yuvana Pidika must be treated with appropriate Sanshamana Chikitsa strictly after Sanshodhana Karma (Vaman Karma) for the best results.

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