



Case Study

AYURVEDIC MANAGEMENT OF MUKHDUSHIKA (ACNE VULGARIS)

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Article info

Article History:

Received: 04-12-2025

Accepted: 10-01-2026

Published: 10-02-2026

KEYWORDS:

Ayurvedic, Acne vulgaris, *Kshudra Rogas*, *Mukhdushika*, *Yuvanpidika*.

ABSTRACT

Acne is the most common skin ailment that affects people today, impacting 80% of teenagers. Acne vulgaris is a skin disorder that is related to the diseases described as *Mukhdushika* or *Yuvanpidika* in Ayurvedic scriptures. The pilosebaceous follicle is affected by acne vulgaris, which is marked by both inflammatory (papules, pustules and nodules) and non-inflammatory (open and closed comedones) lesions. The four primary factors that lead to the disease's development are inflammation, microbial involvement, pilosebaceous duct cornification and sebum production. *Mukhdushika* is one of the skin conditions specified by Acharya Sushruta under "Kshudra Rogas". These face breakouts are similar to Shalmali's thorns. It is well known for its propensity to affect a person's attitude and lessen their facial beauty hence called as *Mukhdushika*. *Shaman* and *Shodhana Chikitsa* are the treatment of *Mukhdushika*. In this case study the patient was administered only *Shaman Yoga* (*Lepa Chikitsa*) along with advising *Pathya* and *Apathya*. The outcome of the treatment was highly encouraging and free from any side effect.

INTRODUCTION

Beauty is not limited to external appearance but is closely associated with overall health and well-being. Ayurveda regards health as the foundation of beauty, defining it as a balanced state of the body, mind and soul rather than merely the absence of disease.

In recent years, growing concern over the adverse effects of synthetic cosmetic products has increased interest in natural and plant-based alternatives. Ayurveda, an ancient medical system originating from the Indian Vedic tradition, offers a comprehensive understanding of health and cosmetology based on the therapeutic use of medicinal plants. Nature is considered a rich source of medicinal resources, and Ayurvedic herbal formulations play a significant role in promoting both health and aesthetic well-being.

In Ayurveda, the treatment of disease is mainly classified into two types:

1. External therapy (*Bahya Chikitsa*)
2. Internal therapy (*Abhyantara Chikitsa*)

While describing external therapy, *Lepa Chikitsa* (therapeutic application of medicated paste) is mentioned as one of the important treatment modalities.

Definition of *Lepa*

द्रव्यमार्द्धं शिलापिष्टं शुष्कं वा सद्रवं तनू।

देहे प्रलेपनार्थं तल्लेप इत्युच्यते बुधैः ॥^[1]

A medicinal substance which is triturated mixed with a suitable liquid medium and applied externally over the affected part is known as *Lepa*.

In other words, medicinal drugs are finely powdered and mixed with appropriate liquids such as water or other prescribed substances to form a paste, which is then applied externally over the body as a therapeutic *Lepa*.

MATERIALS AND METHODS

Case Report

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<https://doi.org/10.47070/ijapr.v14i1.3945>

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A 17 years old female patient reported to OPD with classical sign and symptoms of *Mukhdushika*.

Chief complaints and duration

- *Raktavarni, Puyayukta Pidika* (acne vulgaris) over facial region since 8 months
- *Daha* (burning sensation) over facial region
- *Twakvaivarna* (discolouration/dark spots) since 8 months
- *Kandu* (Itching) over cheeks etc.

History of present illness: The patient experienced the aforementioned issues for the preceding 8 months. She acquired little pustules on both sides of her cheeks during this period. She also had an itchy and burning sensation over these locations. None of the allopathic local and systemic treatments the patient attempted were able to prevent the acne from coming back.

Past history- No any relevant history

Personal history

Age- 17 years
Sex-female
Occupation- Student
Sleep- Sound, *Divaswapna*
Bowel- Irregular
Diet- Vegetarian
Appetite- Good
Micturition- 4-5 times/day
Allergy- Nil
Addiction- Nil
Rajo- Prakrut
Nakha- Prakrut
Kshudha-Prakrut
Trishna- Mukhshushkata

Pharmacological intervention-

| Table 1: Medicines prescribed to the Patient | | | |
|---|---------------------------|----------|----------|
| S.No. | Drug | Dose | Duration |
| 1. | <i>Amalaki Churna</i> | 50 grams | 15 days |
| 2. | <i>Yashtimadhu Churna</i> | 50 grams | 15 days |
| <i>Sthanik Lepa</i> was advised to apply over <i>Mukhdushika</i> once in a day with equal quantity of <i>Amalaki Churna</i> and <i>Yashtimadhu Churna</i> mixed with water. | | | |

Dietary (do's and don'ts) advice during treatment

Pathya- Soaked 4-5 black resins was advised to eat at bed time, seasonal fruits, vine vegetables (ridge gourd, pumpkin, Ivy gourd, Bitter gourd etc.), grains (*Mudga, Masoor* etc.), cow ghee, milk, rice and wheat.

Enough sleep at night

Sweda- Prakrut

Twak- Alpa Aushnya, Mridu Twacha

Pulse- 80/min

Respiratory rate- 20/min
Respiratory system examination- B/L air entry clear

Body temperature- 98.1 degree Celsius

CVS examination- S1 S2 Audible

Family history

Paternal: - Father- no any relevant history
Grandfather- no any relevant history

Maternal: - no any relevant history

Clinical findings

Hetu

1. **Aharaja** - intake of fermented food, *Katu* (spicy food) *Ras Sevan*, daily intake of bakery products (biscuits, khari, toasts) with milk and tea, milk shake
2. **Viharaja-** *Sheeta Vayu sevan*, Exposure to sunlight, *Divaswapna, Ratri Jagaran*

General examination (*Ashtavidha Pariksha*)-

Pulse (*Nadi*) - *Vatapradhan pittaj*

Stool (*Mala*) - Not satisfactory

Urine (*Mutra*) - *Srishta*

Tongue (*Jivha*) - *Raktavarni, Niram*

Speech (*Shabda*) - Clear

Skin (*Sparsha*) - Rough (*Khara*)

Eyes (*Drika*) - *Alpa Daha*

Built (*Akriti*) - Medium (*Madhyama*)

Diagnostic assessment- Done on the basis of *Darshan, Sparshan and Prashna Pariksha*



RESULTS

Follow up and outcomes

Daha, Raktavarnata over *Pidika* (*Mukhdushika*) was reduced by 50% and *Netra Daha, Mukhshushkata* was disappeared, bowel movement was also cleared after 14 days of treatment.

Same medication was given to the patient for next 4 weeks.

After 28 days of treatment encouraging results were observed.

Table 2: Treatment Timeline and Results

| Day | Treatment | Acne over facial region (<i>Pidika</i>) | Burning sensation over facial region (<i>Daha</i>) | Discolouration of skin/Dark spots (<i>Twakvaivarna</i>) | Itching over cheeks (<i>Kandu</i>) |
|------------------|---------------------------|---|--|---|--------------------------------------|
| 1 st | Before start of Treatment | +++ | ++ | +++ | ++ |
| 14 th | Second follow up | ++ | Almost cured | ++ | + |
| 28 th | Third follow up | Cured | Cured | Cured | Cured |

DISCUSSION

Mukhadushika, described under *Kshudra Roga*^[2] in Ayurvedic classics, predominantly manifestes during *Yuvana Avastha* (teenagers)^[3] due to *Doshik* imbalance, mainly involving *Kapha* and *Pitta* along with *Rakta Dushti*. Clinically, it presents as *Pidika*, *Daha*, *Raktavarnata*, *Kandu* and *Tvak Vaivarna*, which closely resemble acne vulgaris described in modern medicine. Modern lifestyles are becoming increasingly sophisticated, and individuals are more conscious of their skin health and physical appearance. Despite this growing awareness, acne remains a common dermatological condition for which allopathic treatments often fail to offer consistently effective and long- term solution.

Katu rasadhikya (overuse of spicy food), fermented food, bakery products etc., were leading *Aharaja Hetu* and *Sheeta Vayu sevan*. Exposure to sunlight, *Divaswapa*, *Ratri Jagaran* was *Viharaja Hetu* for *Samprapti* of this disease.

In the present case, the patient exhibited classical features of *Mukhdushika* for eight months, indicating a chronic and recurrent nature. The history of inadequate response to conventional therapy highlights the need for a holistic and root-cause based on Ayurvedic approach.

The selected treatment protocol aimed at *Pitta- Kapha Shaman* and *Rakta shodhana*. *Amalaki Churna*, known for its *Tridosha Shaman*, *Raktaprasadana* and *Rasayana* properties, helps in reducing inflammation, burning sensation and pigmentation.^[4] *Yashtimadhu Churna*, possessing *Madhura Rasa*, *Sheeta Virya* and *Varnya* properties, contributes to *Daha Shamana*, wound healing and improvement in skin complexion.^[5]

The application of *Sthanik Lepa* using *Amalaki Churna* and *Yashtimadhu Churna* provided

localized anti-inflammatory and soothing effects, aiding in the reduction of *Pidika* and discoloration. The gradual improvement observed during follow-ups supports the efficacy of combined *Shamana* and *Bahya Chiktsa*.

Dietary and lifestyle modifications (*Pathya- Apathya*) played a crucial supportive role. Avoidance of *Ushna*, *Ati-snigdha* and *Vidahi Aahara* helped prevent further *Dosha Prakopa*, while inclusion of *Laghu*, *Sheeta*, *Pitta Shamaka Aahara* assisted in maintaining *Dosha Samya*. Adequate sleep at night, facial hygiene with natural *Ubtan* and breathing exercises further contributed to systemic balance.

A marked reduction in acne lesions, burning sensations and pigmentation was observed by the 14th day, with complete resolution by the 28th day, indicating sustained therapeutic benefits without adverse effects. The photographic evidence and symptom grading substantiate the clinical outcome.

Thus, this case demonstrates that a properly planned Ayurvedic regimen, addressing both systemic and local pathology, can effectively manage *Mukhdushika* and improve quality of life. However, larger clinical studies are required to validate these findings and establish standardized treatment protocols.

CONCLUSION

Mukhdushika is *Pitta Kapha Pradana Rakta Dushtijanya Vyadhi*. This shares characteristics with Acne vulgaris. Signs and symptoms were significantly relieved by only *Shaman Chiktsa* and advised *Pathya- Apathya*. During the follow-up period, no adverse effects were noted. Thus, it can be concluded that *Mukhdushika* can also be treated with only Ayurvedic *Shaman Chiktsa* without any side effects.

REFERENCES

1. Acharya Mishra S. Bhaishajyakalpana Vigyana, Varanasi, Chaukhamba Surbharati Publication, Edition 2016; p.294
2. Sushruta, Sushruta Samhita. Ayurved Tatva Sandipika. Commentary, edited by Dr. Ambika Datta Shastri, Varanasi, Chaukhamba Sanskrit Publication, reprint 2005; Nidanasthana, Chapter 13, verse 39 p.372.
3. Burton J.L., Cunliffe W.J., Stafford I., Shuster S. The prevalence of acne vulgaris in adolescence. British Journal of Dermatol.1971 Aug; 85(2): p.119-126.
4. Prof. Chunekar K., Bhavprakash Nighantu, Haritakyadi Varga, verse 38-41, Varanasi, Chaukhambha Bharti Academy, Edition-Reprint 2022; p.10
5. Prof. Chunekar K., Bhavprakash Nighantu, Haritakyadi Varga, verse 145-146, Varanasi, Chaukhambha Bharti Academy, Edition-Reprint 2022; p.62

Cite this article as:

Deshmukh Dhanashree Satishrao, Chaudhari Vivek Murlidhar. Ayurvedic Management of Mukhdushika (Acne Vulgaris). International Journal of Ayurveda and Pharma Research. 2026;14(1):77-80.

<https://doi.org/10.47070/ijapr.v14i1.3945>

Source of support: Nil, Conflict of interest: None Declared

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