A Comparative Clinical Study To Evaluate The Efficacy Of Virechana Karma Followed By Jalaukacharana And Siddarthaka Lepa In The Management Of Yuvanapidika Vis -V-Vis Acne Vulgaris.

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I. INTRODUCTION

Virechana is one of the important Shodhana Chikitsa in Panchakarma. It has got specific action on Pitta and Rakta Pradoshaja Vyadhis, which are the prime causative factors of Twak Vikaras. Hence Virechana is the best Shodhana Karma in Pitta and Twak Vikara¹.

Rakthamokshana is the line of treatment in Twak Gata Vikaras. After Shodhana, Jalaukacharana is beneficial in Alpa Shesha Dosha Nirharana in Raktapradoshaja Twak Vikara².

Lepas are chosen to keep their local action on Twak Vikaras, in that Siddartha Lepa does the Shamaṇa of Sthanika Doshas by its Lekhana property and also increases the Mukhakanti³.

Yuvanapidika is one of the Twak Vikara explained under KshudraRogas which is predominant of Kapha Vata Doshas and Rakta as Dushya as it is most common in Yauvanavastha⁴. The Pidakas resembles like ShalmaliKantaka. It has signs and symptoms like Saruja, Kleda, Snigdha, Ghana, Shotha, Kandu, Vaivarnyata, Paka and Medogarbhita⁵. Most of the signs and symptoms of Yuvanapidika are closely resembles to the condition of Acne vulgaris.

Acne vulgaris is a common chronic inflammatory dermatosis found predominantly in adolescent in both genders, characterized by polymorphic eruption on face. Prevalence of Acne vulgaris in India is 10-15%. In younger generation acne vulgaris leads to low self-esteem, depression, anger and frustration, social impairment also causes emotional distress⁶.

Since Yuvanapidika is one among the Raktapradoshaja Vikara, concern to cosmetic purpose this study an attempt is made to evaluate the combined efficacy of Virechana followed by Jalaukacharana and Lepa in Yuvanapidika.

According to description of various Samhithas, Guru-Ahara, Madya, Anidra, Upavasa, Krodha, Santapa, Svabhava are some causative factor of Yauvana pidika. Due to these Nidana, there will be aggravation of Vata and Kapha Dosha results in Dushana of Raktha Dhatu, which hampers the MedoDhatuvagni. Due to this Swedavaarodha occurs, leading to Swedovaha Srotho Dhusti and manifestation of Yuvanapidika⁷.

In Yuvanapidika, vitiated vata and kapha doshas along with Dushana of Raktha Dhatu, Virechana is choice of treatment for elimination of Vitiated Rakta and Pitta [Ashraya Ashrayi Bhava]⁸. Ushna, Teekshna, Sookshma, Vyavayi and Vikasi Gunas of Virechana Dravyas enters the Sookhma Srothas and clears the Srotoavarodha which helps in Samprapti Vighatana⁹. According to Charakacharya Virechana and Raktamokshana is the line of treatment in Twak Gata Vikaras. After the administration of Virechana, Sthanika Shesha dosha Nirharana is done by Jalaukacharana¹⁰.

Chakradatta explained Lepa as Shamana Chikitsa after Samshodhana, Siddarthalepa contains Sarshapa, Vacha, Lodhraand Saindavalavana has Laghu, Ruksha Guna and Ushna Veerya, Lekhana properties removes Kleda from Twak and reduces the size of Pidika¹¹.

Acne vulgaris is a disease in which the pilosebaceous follicle becomes over sensitive to...
normal level of testosterone hormone. Causative factors are Androgen, Follicular keratinization, Heredity, Propinoni bacteria, Immunological factors, and Environmental factors. Exacerbating factors are stress and premenstrual period.

Histologically comedones consist of keratinized cells, sebum and bacteria, the hair follicle containing a comedone is surrounded by lymphatic infiltration in popular acne and neutrophilic infiltration in pustule acne. Sometimes the wall of the distended follicle is disrupted so that the contents escape into dermis where they may incite granulomatous reaction.

According to modern science general line of management of Acne is as follows - General measures are avoid pricking lesions and use of oil based cosmetics, wash face 2-3 times a day with a mild cleanser. Topical treatment with Topical agents and Antibiotics. Systemic agents are Oral antibiotics, Hormonal therapy. Physical modalities are Lesions removal, photo therapy.

By considering the above factors, an endeavour is made to “evaluate the efficacy of virechana karma followed by Jalaukacharana and Siddarthaka Lepa in the management of Yuvanapidika vis-v-vis acne vulgaris”

II. AIMS AND OBJECTIVES

Classification of Acne vulgaris:

<table>
<thead>
<tr>
<th>Grade of acne</th>
<th>Qualitative description</th>
<th>Quantitative description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade1</td>
<td>Comedonal acne</td>
<td>Comedones only, &lt;10 on face, no scars, noninflammatory lesions only</td>
</tr>
<tr>
<td>Grade2</td>
<td>Papular acne</td>
<td>10-15 papules on face, mild scarring, inflammatory lesions &lt;5mm in diameter</td>
</tr>
<tr>
<td>Grade3</td>
<td>Severe persistent pustulocystic acne</td>
<td>Nodules or cysts, moderate scarring, sizes similar to pustules but with visible purulent core</td>
</tr>
</tbody>
</table>

- To evaluate the efficacy of the Virechana followed by Jalaukacharana in Yuvanapidika VIS-A VIS Acne vulgaris.
- To evaluate the efficacy of the Virechana followed by Siddarthalepa in Yuvanapidika VIS -A VIS Acne vulgaris.
- To compare the efficacy of Jalaukacharana and Siddarthalepa after Virechana in Yuvanapidika VIS -Â VIS Acne vulgaris.

III. MATERIALS AND METHODS

Source of data
The subjects from the OPD and IPD of Government Ayurveda College and Hospital, Mysore and Government Hitech Panchakarma Hospital, Mysore who fulfilled the inclusion criteria of the study were selected randomly irrespective of their sex, religion etc.

Source of the drug
- Drugs were procured from GMP certified pharmacy.

DIAGNOSTIC CRITERIA

Diagnosis of Yuvanapidika was made on the basis of signs and symptoms of Acne vulgaris VIS -A VIS Yuvanapidika
Grade 4 Recalcitrant severe cystic acne Extensive nodules/cysts

INCLUSIVE CRITERIA
1. Subjects fulfilling the diagnostic criteria of Acne vulgaris.
2. 16 to 30 years of age group.
3. Irrespective of sex, religion, socioeconomic status, and occupation.
4. Subjects who are fit for virechana, jalaukacharan and lepap procedure.
5. Chronicity of lesions less than 7 years.

EXCLUSIVE CRITERIA
1. Subjects having Pidika other than face.
2. Subjects having other type of Kshudra Rogas and Kusta.
3. Pidika produced due to the side effect of any drug allergy.
4. Subjects suffering from any systemic pathology like diabetes mellitus, hypertension, bronchial asthma etc.
5. Subjects’ complaints of bleeding disorder.

STUDY DESIGN
It is a comparative clinical trial with pre and post-test design.

Plan of study
A. Sample size
   Sample size consisting of 40 subjects
B. Sampling method
   Random sampling method was followed.

INTERVENTION

<table>
<thead>
<tr>
<th>GROUPA</th>
<th>GROUPB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poorvakarma</strong> - Deepana and Pachana Drug Chitrakadivati 250 mg TID Duration till attainment of Nirama Lakshanas.</td>
<td><strong>Poorvakarma</strong> - Deepana and Pachana Drug Chitrakadivati 250 mg TID Duration - till attainment of Nirama Lakshanas.</td>
</tr>
<tr>
<td>Abyantara Shodhananga Snehapana with Murchita Grutha till attainment of Samyak Snigdha Lakshana Anupana - Ushna Jala</td>
<td>Abyantara Shodhananga Snehapana with Murchita Grutha till attainment of Samyak Snigdha Lakshana Anupana - Ushna Jala</td>
</tr>
<tr>
<td>Sarvanga Abyanga with Murchita Tila Taila followed by Bhashpa Sweda Duration - 3 days</td>
<td>Sarvanga Abyanga with Murchita Tila Taila followed by Bhashpa Sweda Duration - 3 days</td>
</tr>
<tr>
<td><strong>Pradhanakarma</strong> - Virechana Karma with Trivruth Lehyam 30-80 gms as per Kostha</td>
<td><strong>Pradhanakarma</strong> - Virechana Karma with Trivruth Lehyam 30-80 gms as per Kostha</td>
</tr>
</tbody>
</table>
**POORVAKARMA**

Virechana is common for both Group A and Group B.

**Deepana and pachana** with Chitrakadi vati 1 TID with Sukoshna Jala before food were administered to subjects based on Agni Bala of the subject till the appearance of Shuddhi Lakshanas.

**Shodanagana Snehapanas** with Murchita Ghritha was administered to all the 40 subjects. The initial dose was 25 – 30 ml (Hrisiyasi Matra) during Suryodaya Kala, after the digestion of the previous night meal. Then Arohanakrama Snehapanas was administered till the appearance of Samyak Snigdha Lakshanas.

During this period subjects were advised to consume ushna Jala as Anupana and Pathya is advised Bahyasnehana and swedana.

**BABYASNEHANAAANDSWEDANA**

After the appearance of Samyak Snigdha Lakshana Sarvanga Abhyanga with Murchita Taila followed by Sarvanga Swedawaspa formed for 3 days. During this period subjects were advised to take Drava Ushna Laghu and Kapha Avriddhikara Ahara.

**PRADHANAKARMA**

On the day of Virechana Karma depending upon the Rogi Bala, Roga Bala and Koshta, Trivrit Lehya was administered after Kapha kala between 8 - 9 am. Ushna Jala is advised for both Sahapana in Alpa Matra. Before and after Virechana Karma, vital signs like temperature, pulse, respiratory rate, blood pressure were recorded and careful monitoring of the subjects were recorded and careful monitoring of the subjects were recorded and careful monitoring of the subjects recorded in Virechana process was done.

Shuddhi Lakshana termsof Laingiki, Vaigiki, Antiki were assessed. Then subjects were advised all the restriction and regulation on the day of Virechana Karma.

**PASCHATKARMA**

Samsarjana Karmas followed for 3/5/7 days based on Shuddhi Lakshana.

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<table>
<thead>
<tr>
<th>Paschathkarma - Samsarjanakrama</th>
<th>Paschathkarma - Samsarjana Karma</th>
</tr>
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<tbody>
<tr>
<td>3-7 days depending on Shuddhi Lakshanas.</td>
<td>3-7 days depending on Shuddhi Lakshanas.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Jalaukacharana</th>
<th>Siddharthaka Lepa for 7 days</th>
</tr>
</thead>
</table>

**ASSESSMENT CRITERIA**

The assessment of subjects was done before starting treatment, after virechana, and at the end of the trial.

1. **OBJECTIVE PARAMETERS**
   - Number of comedones, papules, pustules, nodules, cysts, and scars.

2. **SUBJECTIVE PARAMETERS**
   - Subject having classical symptoms of vyanapidikashalmidaka with kandu, ruja, and daha each sign and symptom will be assessed by observation of patients and assessment of physician.
   - Gradationscale was done for Sanka, Akara, Ruja, and Daha.
   - Types of lesions according to grade
   - Kleda/ Snigdhatu [discharge]
   - Vranavastu [Scars]
   - Vedana [pain]
   - Vaivarnyatha [discolouration]
   - Sotah [swelling]
   - Srava [discharge]
   - Kandu [itching]
   - Daha [burning sensation]
   - Paka [inflammation]

**ASSESSMENT SCHEDULE**

**Group A**
- Assessment 1: will be done on zero day
- Assessment 2: will be done after completion of Virechana
- Assessment 3: will be after 8th day of Jalaukacharana

**Group B**
- Assessment 1: will be done on zero day
- Assessment 2: will be done after completion of Virechana
- Assessment 3: will be after 8th day of Siddharthaka Lepa.
IV. OBSERVATIONS AND RESULTS

<table>
<thead>
<tr>
<th>GROUP A</th>
<th>VALUE</th>
<th>df</th>
<th>P VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>48.723</td>
<td>4</td>
<td>0.001</td>
</tr>
<tr>
<td>Burning sensation</td>
<td>64.635</td>
<td>6</td>
<td>0.001</td>
</tr>
<tr>
<td>Itching</td>
<td>38.275</td>
<td>4</td>
<td>0.001</td>
</tr>
<tr>
<td>discharge</td>
<td>55.471</td>
<td>6</td>
<td>0.001</td>
</tr>
<tr>
<td>Inflammation</td>
<td>47.385</td>
<td>6</td>
<td>0.001</td>
</tr>
<tr>
<td>Scars</td>
<td>40.925</td>
<td>6</td>
<td>0.001</td>
</tr>
<tr>
<td>Lesions</td>
<td>81.375</td>
<td>8</td>
<td>0.001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GROUP B</th>
<th>VALUE</th>
<th>df</th>
<th>P VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>59.991</td>
<td>6</td>
<td>0.001</td>
</tr>
<tr>
<td>Burning sensation</td>
<td>81.111</td>
<td>6</td>
<td>0.001</td>
</tr>
<tr>
<td>Itching</td>
<td>43.688</td>
<td>6</td>
<td>0.001</td>
</tr>
<tr>
<td>discharge</td>
<td>78.405</td>
<td>6</td>
<td>0.001</td>
</tr>
<tr>
<td>Inflammation</td>
<td>74.891</td>
<td>6</td>
<td>0.001</td>
</tr>
<tr>
<td>Scars</td>
<td>93.750</td>
<td>6</td>
<td>0.001</td>
</tr>
<tr>
<td>Lesions</td>
<td>87.300</td>
<td>12</td>
<td>0.001</td>
</tr>
</tbody>
</table>

**Over all assessment**

<table>
<thead>
<tr>
<th></th>
<th>GROUP A</th>
<th>GROUP B</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely relieved</td>
<td>0</td>
<td>9 (45%)</td>
<td>9 (22.5%)</td>
</tr>
<tr>
<td>Good response</td>
<td>2 (10%)</td>
<td>10 (50%)</td>
<td>12 (30%)</td>
</tr>
<tr>
<td>Moderate response</td>
<td>13 (65%)</td>
<td>1 (5%)</td>
<td>14 (35%)</td>
</tr>
<tr>
<td>Poor response</td>
<td>5 (25%)</td>
<td>0</td>
<td>5 (12.5%)</td>
</tr>
</tbody>
</table>
V. DISCUSSION

ON PROCEDURE PACHANA AND DEEPANA

Prior to administration of Snehapana, the body should have NiramaAvasta which is achieved by Pachana and Agni Vriddhi achieved by Deepana. These

drugs which are digestive & carminative stimulate zymatic secretions, Hydrochloric acid secretions, pancreatic & bile secretions, thereby proper assimilation of sneha can occur. In the present study Chitrakadi vati 500 mg bid was given for Deepana and Pachana.

SHODHANGASNEHAPANA:
The procedure Snehana which imparts Snigdha, Vishyandana, Mardavata and Kledana. Out of these, Snehan indicates Snigdha, Vishyandana, Mardavata, MandaKapha stage which is necessary for Samyaka Virechana. Hence during Vishram Kala Yusha prepared out of JangalaMamsarasa, Snigdha and those foods which donot increase Kapha are to be given.

Sarvanga Abhyanga with Murchitha Tila Tailaduring Vishram Kala, was done for 35 minutes followed by Bashpa sweda till Samyak Swinna Lakshanas were observed. Abhyanga and Swedana on the body by the virtue of Vriddhi, Visyandana, Paka and Srotomukha Sodhas is known as Snigdha, Drava, and Sukshma properties, it sdominance in UsnaVirya does Pachana of Ama. Thus, the Pakva Dosa might have been made ready to be eliminated by Virechana.

SWEDANA

In the present study Bashpa sweda was done for Dosha Vilayana. Swedana providemovement by its Ushna Guna to those Doshas which are ready to vacate from their site of adhesion to the nearest site. Hence, combined action of Snehana & Swedana makes detachment of doshas from the Shakha and helps movement towards the Kostha for easy evacuation.

Increased temperature due to Swedana increases the vasodilation of subcutaneous blood vessels. On account of increased blood supply there is speeding up of local metabolism which is needful in Yavana Pidika. As a result of vasodilation, there is increased flow of blood through that area, so that necessary oxygen and nutritive materials are supplied and waste products are removed. In the process of Swedana, the liquefied Doshareaches the Kostha, which are expelled out by Virechana.
Mode of Action of Snehana & Svedana can be understood by Flow Chart

First Snehana and Svedana Dravya are reached up to cellular level by Sukshma Guna

Both the Dravya increased the Doshaby their Drava Guna and Kledana Karma (Vriddhi)

By Virtue of Snigdha, Sara, Drava, Guna, Doshas liquefied (Visyandana)

Svedana increased Agni at all levels and digest the Ama (Paka)

Svedana removed the obstruction in Srotas by digesting the Ama and dilating Srotomukhas (Srotomukha Vishodhana)

Snehana and Svedana pacified the Vata Doshaby Snigdha and Ushna Guna respectively (Vayu Nigraha)

So, by Snehana and Svedana Dosha moved from Shakhato Koshtha

SHODHANA POORVAAHAARA
To conduct Virechana, Manda Kapha Avastha is require Patya and Vihara is followed which should not aggravate Kapha

VIRECHANA:
Yuvanapidika is caused due to vitiation of Kapha, Vata and Rakta Dosha. Acharya Charakah has highlighted the role of shodhana therapy by stating that “Doshahakadachithkupyanthi jithalanghanapac hanaih[ Jithasamshodhanairvatunateshampunarudhavahal]” the disease treated by Shodhana will never recur in due course of time. Virechana is giveninsanapatajaconditions. According to Acharya Charaka in following ways: Virechana drugs are having Ushna, Teekshna, Sukshma, Vyavaye e, Vikashiproperties and Adhobhagahara Prabhavaja D ravayas. Virechana Dravya is absorbed by its Veerya, it reaches to Hridaya, then the Dasha Dhamani and thereafter it reaches to macro and micro channels of the body, i.e., Sukshmati Sukshma Srotas. Ushna Guna has Agneya property and hence the Dosha Sanghata is liquefied (Visyandana). Hence it facilitates movement of morbid Doshas towards Koshtha. Due to Teekshna Guna, Mala and Doshas breaks up in micro form that helps in quick excretion. Due to Sukshma Guna, it opens into micro channels and makes the Doshas to move towards Koshtha. Due to Vyavaye Guna they spread quickly throughout the body and starts their...

PROBABLE MODE OF ACTION OF VIRECHANA:
Asper Ayurveda classics

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The Glycoside Turpethene, present in Trivritlehya, enterstheHridaya thencirculated throughDhamanistoStula and AnusSrotasofthebodywithichdoesSampraptiVigthana of the disease Yuvana Pipika. Virechana has direct effect on Agnisthana and rectifiesMandagni. It removes the vitiated Raka and Pitta Dosha associated with Kapha andVata Dosha responsible for YuvanaPipika. It has the property of Srotovishodhanahence, it removes Srotorodha(Srotahishyanda) present in Yuvana Pipika. Due to AdhobhagaharaPrabhabhavaandPrithvi JalaMahabhutapradhanyata,Doshasarederaged towards Adhobhaga and expelled through the Guda. Due to expulsion ofDoshasreduces the signs and symptoms of Yuvana Pipika.

MODE OF ACTION OF VIRECHANA AS PER MODERN VIEW:
Mechanism of Virechana occurs due to motor response from defecation center by following means.

Increased Propulsive Movement: Due to its irritant property, Virechana Dravyastimulate motor activity of GI tract. Some of them increase motility by acting onmesentericplexuses i.e. increase in GI peristalsis known as ‘Rush peristalsis’. Theresults in allowing less time for the absorption of salt and water there by increasing the volume ofcolomicontent.

Reduced Absorption: By virtue of its irritative nature Virechana Dravya producestructural injury to the absorbing Mucosal cell and thus absorbing capacity of mucosacells decreased.

Fluid Accumulation in Gut: Virechana Dravya cause structural changes in GIT and leads to inflammation in mucosal cell. Due to inflammatory changes Vasointeractiveamines and polypeptides increases membrane permeability in GIT and cause Vasodilatation. Thus, waste products present in the body either in extracellular,intracellularplasmancanbebroughtinto intestinetomaintain thehemogeneity from where it can be eliminated out of body by the action of intestine, which isinduced by Virechana drug. Beside this the gall bladder is also stimulated by acetylcholine – secreting nerve from both the vagi and the intestinal enteric nervous system. They are the same nerves that promote motility and secretion in other part of upper Gastro intestinal Tract. In the Virechana process during the relaxation phase ofperistaltic wave the sphincter of oddi is also relaxed then bile comes out in GIT. Bileserves as a means for excretion of several important waste products from the blood.

JALAUKAVACHARANA:
SalivaoJalauka, containingpropertiesofanti-coagulant, analgesicpropertiesishelpfulinremovingongestedbloodfromlocallesionquicklyof acne. Deacellswithsuperficial layer are also been removed from the skin due to rubbing and bloodlettingprocess. Moreover, regeneration of new vessels with pure blood circulation at the siteof lesion, may clean up the real skin layer and so derangement of lesion like, Pipika, Kharata, Rukshata mayreducein Yuvanapidika.

Leech application also has counter irritant effect on the lesion, which creates newcellular division, removing dead cell layer, and results in reduction of local swelling andlichenificationof acne. TheenzymesinLeechsaliva normalizeandimprove capillaryaswellas collateralblood circulation, express anti-inflammataryeffect, analgesia and an aesthetic effect. Immuno-stimulation andimmuno-modulatingeffect,earlywoundhealingeffect.

DISCUSSION ON PROBABLE MODE OF ACTION – JALAUKAVACHARANA
Yuvanapidikahaving kaphadoshaprakopa, raktandmaedadusti. Sushruthahas given great emphasis to jalaukavacharana in the therapy for raktapradoshaja vyadh. Forecexessvitiated dosha, shodhanais must. Clinical observation reveals that raktamokshana among the shodhana may provide better relief than others hodhanakarma. Referro ma. hrsu14/5 givesmoreweighttagetothissentence, partic ularly whenraktadhatu isinvolved. Sushruthastatedthat raktamokshana not only purifies the stratas but also let the other parts becomes free from diseases and action is so fasthan other remedies (su.chi1/44) Sushrutharecommendsjalaukavacharanabetterforthevitiated superficial blood (avagadhagathitha raka). Vititted raka may be expel out by application of jalouka on thehe neacnelesions in yuvanapidika. Thus, itswellprovedthat JalaugavibesbetrefflectinRaktajBagoaryuvanapidika on the
basis of classical references. Jalauka sucks the impure blood only with ideal example of Hamsa ksheera nyaya by Vagbhata, this concept discussed here with different angle. (A. S. Su. 35/4)

Leeches applied on skin, it sucks the blood at superficial level might be from capillaries or extracellular space. Impure blood is sucked easily due to superficial distribution of veins.

Leech application has counter irritant effect on the lesion, which creates new cellular division which takes place removing dead cell layer, and result in reduction of local swelling and lichenification. Leech sucks blood from restricted area and when leeches applied in only pathogenic area so it can be said that leech sucked blood from where the pathological state is more so ultimately blood of that area comparatively more vitiated than other area.Hence, it can be said that leeches give best effect in yuvanapidika by expelling the morbid, vitiated Doshas and Dhatus. But the effect of therapy is not only by expelling the vitiated blood but leech also emits some enzymes in the wound. So Jalaukavacharanahas also provided:

- Normalization and improvement of capillary circulation
- Expressed anti-inflammatory effect
- Immunostimulating and immunomodulatory effects
- Anesthetic effect
- Anti-coagulant
- Antibacterial effect
- Blood purification by expelling out the vitiated dblood
- Positive haemopoietic effect
- Reduce the high blood pressure and blood viscosity
- Early wound healing effect.

This action may be due to effect of saliva of Leech which containing enzymes like Hirudin which works as anticoagulant & diuretics, antibiotic action, Calin which prevents blood coagulation, Eglin, Hyaluronidase acts as antithrombin, antitrypsin and antichymotrypsin.

Acne vulgaris is considered as a disease of pilosebaceous follicles characterized by comedones, papules, pustules, cysts, nodes and scars all these symptoms leave no doubt regarding the usefulness of leech application in the disease Yuvanapidika.

SIDDARTHALEPA

The drugs siddartha, vacha, lodra, and sindavalavana, these in the form of paste and used for external application on skin. It is the simple and effective skin care treatment for yuvanapidaka after shodhanakarma as sheshadoshonirharanartha.

DISCUSSION ON PROBABLE MODE OF ACTION - LEPA

The Siddhartha Lepa comprises of Siddharthaka, Lodhra, Vacha and Saindhava Lavana. The Yuvanapidika occurs mainly due to vitiation of Kapha, vata and Raktadoshas, it is understood that the drugs should possess the Kapha Vatahara and Pitta (Rakta) Shamakaeffect. The Siddharthaka is having characteristic of kapha and vatahara and it is Sothahara, Vedana sthapana, Kusthagna. The Sheeta Virya of Lodhra subside the aggravation of Rakta and Pitta also Kaphahara, Shothahara, Kushtaghna, Ropana, Rakt Stambha kaand Srava Stambha. Vachahaving Ushna Virya property it counteractsthe aggravation of Vata and Kapha. It has Lekhana and Swedajanana properties along with Vedana sthapana and Shothahara. Moreover, Saindhava Lavana is Tridosha Shamaka, Shothahara and Shulahara properties. Allmost all the ingredients of Siddharthaka Lepa possesses Laghu, Ruksha and Snigdha Guna with Tiktha, Kashaya, Katu Rasa. By virtue of above said properties, “Sidhartha Lepa” acts as Kaphahara as well as Pittahara. It minimizes the vitiation of Rakta and Medas. Laghu, Ruksha, Ushna properties of Siddharthaka Lepa removes the Srotorodha of Swedavaha Srotas that is caused due to Kapha Dosa and Vikrita Media. Hence, Siddhartha Lepa, with abovedescribed properties and mode of action, counters the symptoms and proliferation of ‘Kshudra Roga’ called ‘Yuvanapidika’
LEPA ABSORPTION MECHANISM:
Lepea application

- Release of active principle of lepa
- Penetrates through loma Koopa

- Absorption through lipid base presenting siddartha, volatile property of vacha and Sukshma vyavayee property of saindavalavana.
- Pachanabhybhrajakapitta

- Veerya of dravyas enter the affected area

- Does the shamana of yuvana pidika lakshanas.

VI. CONCLUSION
Virechana is the best shodhana karma in pitta and twak vikara. Rakthamokshanais the line of treatment in twak gata vikaras. After Shodhana, Jalaukacharana is beneficial in Alpa Shesha Dosha Nirharana in Raktapradoshaya Twak Vikara. Lepas are chosen to keep their local action on Twak Vikaras, in that Siddartha Lepa does the Shamana of Sthanika Doshas by its Lekhana property and also increases the Mukhakanti.

Since Yauvanapidika is one among the Raktapradoshaya Vikara, concern to cosmetic purpose. The aim of this study was to evaluate the combined efficacy of Virechana followed by Jalaukacharana and Lepa in Yauvanapidika.

Subjects were randomly selected and categorized into 2 groups with 20 subjects each. Group A was administered with Virechana followed by Jalaukavacharana and Group B was administered with Virechana followed by Siddharthaka Lepa. Clinical parameters were assessed statistically. The overall assessment of both the groups showed statistically significant results with P value 0.001, but Group B was found to be more significant than Group A.

Further scope for the study
The study to be conducted on large sample.

REFERENCES:

[1]. C.S Su 25/18
[4]. S.S Ni 13/40 Sushruta Samhita with Nibbandha Sangraha commentary of Dalhana Acharya and Nyaya chandrika of Sri Gayadasacharya on Nidana sathna edited by VaidhyaYadavajiTrikanji Acharya and Narayana Ram Acharya Kavyatirtha, Varanasi Choukhambhaoientalial Reprint 2018
[5]. A. Hr Ut 39/5 Vagbhata, Astanga Hridaya with Sarvanga Sundari commentary of Arunadatta and Ayurveda Rasayana of Hemadri, collected by Dr Anna
Moreswarkante and Krisna Ramchandra Shastry Navre edited by Bhishagacharya Harishastry Paradkas Vaidya Varanasi Chowkambha Orientalia Reprint 2017

[6]. Api Vol I Pg-685


[10]. Yogaratnakara with ‘Vaidyaprabha’ Hindi commentary by Dr. Indradev Tripathi and Dr. Daya Shankar Tripathi, Publishers: Chowkhamba Krishnadas Academy Varanasi.

