

# 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.

Dr Roopa.L<sup>1</sup>, Dr Vijaya mahantesh Hugar<sup>2</sup>, Dr Varsha kulkarni<sup>3</sup>.

1. P G Scholar Department of PG Studies in Panchakarma, Government Ayurveda Medical College, Mysore, Karnataka

2. Associate Professor, Department of PG Studies in Panchakarma, Government Ayurveda Medical College, Mysore, Karnataka

3. Professor and Head, Department of Panchakarma, Government Ayurveda Medical Collage, Mysore, Karnataka

Submitted: 10-07-2022

Accepted: 21-07-2022

## 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 Vikara<sup>1</sup>.

Rakthamokshanais the line of treatment in Twak Gata Vikaras. After Shodhana, Jalaukacharana is beneficial in Alpa Shesha Dosha Nirharana in Raktapradoshaja Twak Vikara<sup>2</sup>.

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<sup>3</sup>.

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 Yauvanavastha<sup>4</sup>. The Pidakas resembles like ShalmaliKantaka. It has signs and symptoms like Saruja, Kleda, Snigdghata, Ghana, Shotha, Kandu, Vaivarnyata, Paka and Medogarbhita<sup>5</sup>. 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 distress<sup>6</sup>.

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, Svabhavaare 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 Swedaavarodha occurs, leading to Swedovaha Srotho Dhusti and manifestation of Yuvanapidika<sup>7</sup>.

In Yuvanapidika, vitiated vata and kapha doshas along with Dushana of Rakta Dhatu, Virechana is choice of treatment for elimination of Vitiated Rakta and Pitta [Ashraya Ashrayi Bhava]<sup>8</sup>.

Ushna, Teekshna, Sookshma, Vyavayi and Vikasi Gunas of Virechana Dravyas enters the Sookhma Srothas and clears the Srotoavarodha which helps in Samprapti Vighatana<sup>9</sup>. 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 Jalaukacharana<sup>10</sup>.

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 Pidika<sup>11</sup>.

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 acne, 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 granulomatus 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<sup>12</sup>.

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:

Grade of acne	Qualitative description	Quantitative description
Grade 1	Comedonal acne	Comedones only, <10 on face, no scars, non-inflammatory lesions only
Grade 2	Papular acne	10-15 papules on face, mild scarring, inflammatory lesions <5mm in diameter
Grade 3	Severe persistent pustulocystic acne	Nodules or cysts, moderate scarring, sizes similar to papules but with visible purulent core

- 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-À-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-À-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 lepaprocedure.
5. Chronicity of lesions less than 7 years.

4. Subjects suffering from any systemic pathology like diabetes mellitus, hypertension, bronchial asthma etc.
5. Subjects' complaint of bleeding disorder.
6. Lactating and pregnant women.

**EXCLUSIVE CRITERIA**

1. Subjects having PIDIKA other than face.
2. Subjects having other type of Kshudrarogas and Kusta.
3. PIDIKA produced due to the side effect of any drug allergy.

**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**

GROUP A	GROUP B
<b>Poorvakarma</b> - Deepana and Pachana Drug- Chitrakadivati 250 mg TID Duration- till attainment of Nirama Lakshanas.	<b>Poorvakarma</b> - Deepana and Pachana Drug- Chitrakadivati 250 mg TID Duration- till attainment of Nirama Lakshanas.
Abyantara Shodhananga Snehapana with Murchita Grutha till attainment of Samyak Sniigdha Lakshana Anupana- Ushna Jala	Abyantara Shodhananga Snehapana with Murchita Grutha till attainment of Samyak Sniigdha Lakshana Anupana- Ushna Jala
Sarvanga Abyanga with Murchita Tila Taila followed by Bhashpa Sweda Duration- 3 days	Sarvanga Abyanga with Murchita Tila Taila followed by Bhashpa Sweda Duration- 3 days
<b>Pradhanakarma</b> - Virechana Karma with Trivruth Lehyam 30-80 gms as per Kostha	<b>Pradhanakarma</b> - Virechana Karma with Trivruth Lehyam 30-80 gms as per Kostha

<b>Paschatkarma-Samsarjanakrama</b> 3-7days depending on ShuddhiLakshanas.	<b>Paschatkarma-SamsarjanaKarma</b> 3-7daysdependingonShuddhiLakshanas.
Jalaukacharana	SiddharthakaLepafor7days

### POORVAKARMA

Virechana is common for both Group A and Group B. **Deepana and pachana** with Chitrakadivati 1 TID with Sukoshna Jala before food were administered to subjects based on Agni Bala of the subject till the appearance of Nirama Lakshana. **Shodanaga Snehapana** 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 Snehapana 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

After the appearance of Samyak Snigdha Lakshana Sarvanga Abhyanga with Murchita Taila followed by Sarvanga Sweda was performed for 3 days.

During this period subjects were advised to take Drava-Ushna-Laghu and Kapha Avridhikara 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, vitals like temperature, pulse, respiratory rate, blood pressure were recorded and careful monitoring of the subjects during Virechana process was done.

Shuddhi Lakshana in terms of Laingiki, Vaigiki, Antiki were assessed.

Then subjects were advised all the restriction and regulation on the day of Virechana Karma.

### PASCHATKARMA

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

### 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 yuvanapidika shalmalikantavat pidika with kandu, ruja and daha each signs and symptoms will be assessed by observation of patients and assessment of physician. Gradation scale was done for Sankya, Akara, Ruja, and Daha
  - Types of Lesions [according to grade]
  - Kleda/Snigdha [discharge]
  - Vranavastu [Scars]
  - Vedana [pain]
  - Vaivarnyatha [discolouration]
  - Sotha [swelling]
  - Srava [discharge]
  - Kanduu [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.

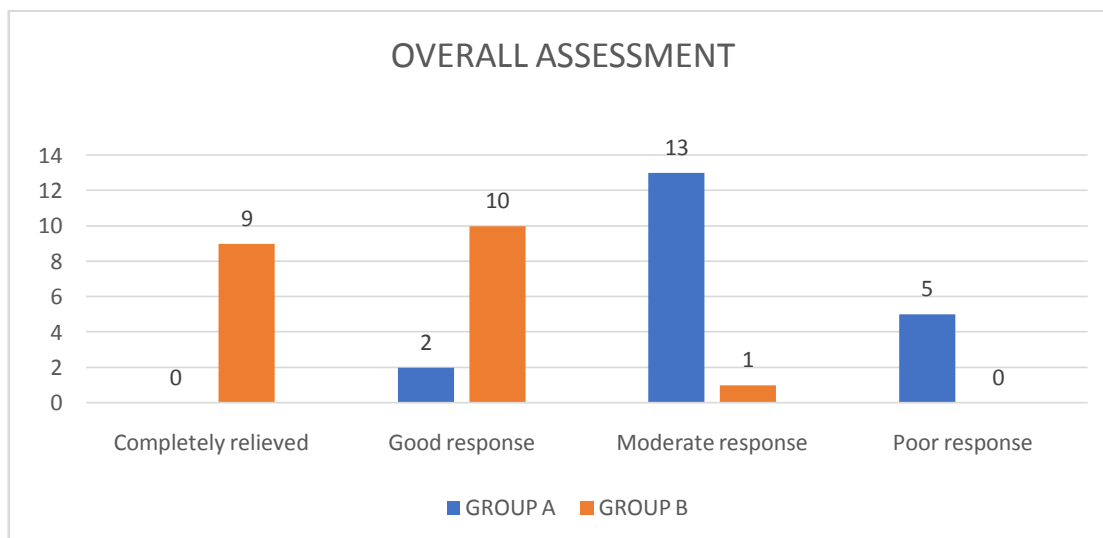
#### IV. OBSERVATIONS AND RESULTS

GROUP A	VALUE	df	P VALUE
Pain	48.723	4	0.001
Burning sensation	64.635	6	0.001
Itching	38.275	4	0.001
discharge	55.471	6	0.001
Inflammation	47.385	6	0.001
Scars	40.925	6	0.001
Lesions	81.375	8	0.001

GROUP B	VALUE	df	P VALUE
Pain	59.991	6	0.001
Burning sensation	81.111	6	0.001
Itching	43.688	6	0.001
discharge	78.405	6	0.001
Inflammation	74.891	6	0.001
Scars	93.750	6	0.001
Lesions	87.300	12	0.001

#### Over all assessment

	GROUP A	GROUP B	TOTAL
Completely relieved	0	9 (45%)	9 (22.5%)
Good response	2 (10%)	10 (50%)	12 (30%)
Moderate response	13 (65%)	1 (5%)	14 (35%)
Poor response	5 (25%)	0	5 (12.5%)



## V. DISCUSSION ON PROCEDURE PACHANA AND DEEPANA

Prior to administration of Snehapana, the body should have Nirama Avasta which is achieved by Pachana & Agni Vridhhi achieved by Deepana.

These drugs which are digestives & carminatives stimulate enzymatic secretions, Hydrochloric acid secretions, pancreatic & bile secretions, thereby proper assimilation of sneha can occur. In the present study Chitrakadivati 500 mg bid was given for Deepana and Pachana.

### SHODHANA SNEHAPANA:

The procedure Snehana which imparts Snigdha, Vishyandana, Mardavata and Kledana. Out of these, Snehana indicates Snigdha, Vishyandana refers to Vilayana (Chakrapani) i.e., dissolution or diffusion. After diffusion, excretion and overflowing of dosha is known as Vishyandana, Mardavata means softness and Kleda is moistness or wetness. Kleda signifies the increase of Apya Guṇa in the body or Utkleśhavastha.

Snehapana is a very important and crucial procedure in Shodhana. The main aim of Abhyantara Snehapana is to do Utkleśha of dosha and prepare the body for Shodhana Karma i.e., the Dosh situated in Shakha are brought back to Kostha, so that they can easily be expelled out through the nearest outlet.

### DURING VISHRAMA KALA:

After completion of Snehapana, 3 days gap is advised. During this gap period Abhyanga and Swedana is done. These 3 days gap is taken to bring

Manda Kaphastage, which is necessary for Samyaka Virechana. Hence during Vishrama Kala Yusha prepared out of Jangala Mamsarasa, Snigdha and those foods which do not increase Kapha are to be given.

Sarvanga Abhyanga with Murchitha Tila Taila during Vishrama Kala, was done for 35 minutes followed by Bashpa sweda till Samyak Swinna Lakshanas were observed. Abhyanga and Sweda act on the body by the virtue of Vrddhi, Visyandana, Paka and Srotomukha Sodhanadu to its Snigdha, Drava, and Suksmaproperties, its dominance in Usna Virya 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 provides movement 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 the detachment of dosha from the Shakha & helps movement towards 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 Dosh reach to 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 reached upto cellular level by Sukshma Guna



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



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



Svedana increased Agni at all levels and digests 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 Doshamoved from Shakhato Koshta

### SHODHANA POORVA AHARA

To conduct Virechana, Manda Kapha Avastha is required. Patya and Vihara is followed which should not aggravate Kapha

### VIRECHANA:

Yuvanapidika is caused due to vitiation of Kapha, Vata and Rakta Doshas. Acharya Charaka has highlighted the role of shodhan therapy by stating that “**Doshahakadachithkupyanthijithalanganapachanaihi**”

**Jithasamshodhanairvatunateshampunarudhaha**”

the disease treated by Shodhana will never recur in due course of time. Virechana is the adopted in vata Kaphaja condition with Rakta Dushya involvement. Where it helps to do Vatanulomana without aggravating Vata Doshas when compare to Vamana. Raktha Dushya is Ashrayee Ashrya Bhava with Pitta Doshas. Hence, Virechana therapy was opted for Yuvana Pidika.

### PROBABLE MODE OF ACTION OF VIRECHANA:

#### As per Ayurveda classics

According to Acharya Bhela Virechana is given in sannipataja conditions.

Virechana Karmukata as per Acharya Charaka in following ways: Virechana drugs are having Ushna, Teekshna, Sukshma, Vyavayee, Vikashi properties and Adhobhagahara Prabhavaja Dravyas. Virechana Dravya gets 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 Doshas Sanghata is liquefied (Vishyandana). Hence it facilitates movement of morbid Doshas towards Koshta. 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 Koshta. Due to Vyavayee Guna the drug spreads quickly throughout the body and starts their

action before its Paka (digestion). Vikashi Guna of drugs causes loosening of the bond between Dosha and Dhatu (removes Dosha Dushya Sammurchana). From all these properties Doshas are driven to Kosta. These drugs consist of Prithvian dJala Mahabhootas which are heavy in nature and Adhobhagahara Prabhava which helps in expulsion of Dosha from Adhobhaga (anal route).

The Glycoside Turpethene, present in Trivritilehya, enters the Hridaya then circulates through Dhamanisto Stula and Anu Srotas of the body which does Samprapti Vighatana of the disease Yuvana Pidika. Virechana has direct effect on Agnisthana and rectifies Mandagni. It removes the vitiated Rakta and Pitta Dosha associated with Kapha and Vata Dosha responsible for Yuvana Pidaka. It has the property of Sroto Vishodhanahence, it removes Srotorodha (Sroto abhishyanda) present in Yuvana Pidika. Due to Adhobhagahara prabhava and Prithvija Mahabhuta Pradhanyata, Doshas are dragged towards Adhobhaga and expelled through the Guda. Due to expulsion of Doshas reduces the signs and symptoms of Yuvana Pidika.

#### 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 Dravya stimulates motor activity of GI tract. Some of them increase motility by acting on mesenteric plexuses i.e. increase in GI peristalsis known as 'Rush peristalses'. This results in allowing less time for the absorption of salt and water there by increasing the volume of colonic content.

**Reduced Absorption:** By virtue of its irritative nature Virechana Dravya produces structural injury to the absorbing Mucosal cell and thus absorbing capacity of mucosal cell is decreased.

**Fluid Accumulation in Gut:** Virechana Dravya causes structural changes in GIT and leads to inflammation in mucosal cell. Due to inflammatory changes Vasoactive amines and polypeptides increase membrane permeability in GIT and cause Vasodilation. Thus, waste products present in the body either in extracellular, intracellular or in plasma can be brought into intestine to maintain the homogeneity from where it can be eliminated out of body by the action of intestine, which is induced 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 of peristaltic wave the sphincter of oddi is also relaxed then bile comes out in GIT. Bile serves as a means for excretion of several important waste products from the blood.

#### JALAUKAVACHARANA:

Saliva of Jalauka, containing properties of anti-coagulant, analgesic properties is helpful in removing congested blood from local lesion quickly of face. Dead cells with superficial layer are also removed from the skin due to rubbing and bloodletting process. Moreover, regeneration of new vessels with pure blood circulation at the site of lesion, may clean up the real skin layer and so derangement of lesion like, Pidika, Kharata, Rukshata may reduce in Yuvanapidika.

Leech application also has counter irritant effect on the lesion, which creates new cellular division, removing dead cell layer, and results in reduction of local swelling and lichenification of acne.

The enzymes in Leech saliva also normalize and improve capillary as well as collateral blood circulation, express anti-inflammatory effect, analgesia and an aesthetic effect, Immuno-stimulation and immunomodulating effect, early wound healing effect.

#### DISCUSSION ON PROBABLE MODE OF ACTION OF JALAUKAVACHARANA

Yuvanapidika having kapha dosha prakopa, rakta and madadusti. Sushrutha has given great emphasis to jalaukavacharana in the therapy for raktapradoshaja vyadhi. For excess vitiated dosha, shodhanais must.

Clinical observation reveals that raktamokshana among the shodhana may provide better relief than others shodhanakarma. Ref from ma.hrsu14/5 gives more weight to this sentence, particularly when raktadhatu is involved. Sushrutha stated that raktamokshana not only purifies the strotas but also let the other parts become free from diseases and action is so fast than other remedies (su.chi1/44)

Sushrutha recommends jalaukavacharana better for the vitiated superficial blood (avagadhagrathitha rakta). Vitiated rakta may be expelled by application of jalauka on the acne lesions in yuvanapidika. Thus, it is well proved that Jalauka gives better effect in Raktaja Roga or yuvanapidika 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 extra-cellular, it may be more impure than other body channels. Jalauka can easily suck impure blood 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 into the wound. So Jalauka vachara has 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 blood
- 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 siddhartha, vacha, lodra, and saindavalavana, these in the form of paste and used for external application on skin. It is the simple and effective skin care treatment for yuvanapidika after shodhanakarma as sheshadoshanirharanartha.

### 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) Shamaka effect.

The Siddharthaka is having characteristic of kapha and vata shamaka and it is Sothahara, Vedana sthapana, Kusthagna. The Sheeta Virya of Lodhra subside the aggravation of Rakta and Pitta also Kaphahara, Shothahara, Kushthaghna, Ropana, Rakta

Stambhaka and Srava Stambhaka. Vacha having Ushna Virya property it counteracts the aggravation of Vata and Kapha. It has Lekhana and Swedajanana properties along with Vedana Sthapaka and Shothahara. Moreover, Saindhava Lavana is Tridosha Shamaka, Shothahara and Shulahara properties.

All most all the ingredients of Siddharthaka Lepa possess Laghu, Ruksha and Snigdha Guna with Tiktha, Kashaya, Katu Rasa. By virtue of above said properties,

'Siddhartha Lepa' acts as Kaphahara as well as Pithahara. It minimizes the vitiation of Rakta and Medas. Laghu, Ruksha, Ushna properties of Siddharthaka Lepa remove the Srotorodha of Swedavaha Srotas that is caused due to Kapha Dosha and Vikrita Meda. Hence, Siddhartha Lepa, with above said properties and mode of action, counters the symptoms and proliferation of 'Kshudra Roga' called 'Yuvanapidika'

## LEPA ABSORPTION MECHANISM:

Lepa application



Release of active principle of Lepa



Penetrates through Loma Koopa



Absorption through lipid base present in Siddhartha, volatile property of Vacha and Sukshma Vyavayee property of Saindavalavana.

Pachanabybhrajakapitta



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 Dosh Nirharana in Raktapradoshaja Twak Vikara. Lepas are chosen to keep their local action on Twak Vikaras, in that Siddhartha Lepa does the Shamana of Sthanika Doshas by its Lekhana property and also increases the Mukhakanti.

Since Yauvanapidika is one among the Raktapradoshaja 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
- [2]. C.S Su 25/19 Agnivesha, Charaka Samhita, with Ayurveda Dipika commentary of Chakrapanidatta, Edited by Vaidya Jadavaji Trikamji Acharya, Publishers Chaukhamba Orientalia Varanasi, Reprint Edition: 2015
- [3]. C.D Chi 55/43 Sri. Indradeva Tripathi edited Chakradatta, Sanskrit translation Published by ChoukhambaSurbharatiPrakashan Varanasi. edition 1991
- [4]. S.S Ni 13/40 Sushruta Samhita with Nibhanda Sangraha commentary of Dalhana Acharya and Nyaya Chandrika of Sri Gayadasacharya on Nidana Sthana edited by VaidhyaYadavji Trikamji Acharya and Narayana Ram Acharya Kavyatirtha, Varanasi Choukhambaorientalia Reprint 2018
- [5]. A. Hr Ut 39/5 Vagbhata, Astanga Hridaya with Sarvanga Sundhari commentary of Arunadatta and Ayurveda Rasayana of Hemadri, collected by Dr Anna



- Moreswarkante and Krisna Ramchandra  
ShastryNavre edited by  
BhishagacharyaHarishastryParadkas Vaidya  
Varanasi Chowkambha Orientalia Reprint  
2017
- [6]. Api Vol I Pg-685
- [7]. C.S Su 25/18 Agnivesha, Charaka Samhita,  
with Ayurveda Dipika commentary of  
Chakrapanidatta, Edited by Vaidya  
JadavajiTrikamji Acharya, Publishers  
Chaukhambha Orientalia Varanasi, Reprint  
Edition: 2015
- [8]. C.S Su 25/18 Agnivesha, Charaka Samhita,  
with Ayurveda Dipika commentary of  
Chakrapanidatta, Edited by Vaidya  
JadavajiTrikamji Acharya, Publishers  
Chaukhambha Orientalia Varanasi, Reprint  
Edition: 201
- [9]. C.S Su 4/13 Agnivesha, Charaka Samhita,  
with Ayurveda Dipika commentary of  
Chakrapanidatta, Edited by Vaidya  
JadavajiTrikamji Acharya, Publishers  
Chaukhambha Orientalia Varanasi, Reprint  
Edition: 201
- [10]. Yogaratnakara with 'Vaidyaprabha' Hindi  
commentary by Dr. Indradev Tripathi and  
Dr. Daya Shankar Tripathi, Publishers:  
ChoukhambaKrishnadas Academy  
Varanasi.
- [11]. 11.C.D Chi 55/43 Sri.Indradeva Tripathi  
edited Chakradatta, Sanskrit translation  
Published by  
ChoukhambaSurbharatiPrakashan Varanasi.  
edition 1991
- [12]. Harshmohan Pathology 6th Edition Pg-  
771Roxburgh's Common skin diseases  
Edition: 17th, 2003 Edited by: Ronald Marks
- [13]. Davidson principle and practice of medicine,  
Edition: 17th, 1996, Edited by: CRW  
Edwards, Christopher Haslett, Edwin R  
Chilver