

ORIGINAL RESEARCH ARTICLE

Role of Vamanakarma in the Management of Yuvanpidiaka

Dr. Jayprakash chandrakar¹, Dr Mayank Bhatkoti², Dr. N. N. Bhatt*³, Dr. V.D. Shukla⁴

¹Medical Officer, State Govt of Chattishgarh, India

²Lecturer, P.G Deptt of Panchkama, Rishikul P.G Ayurvedic College, Haridwar, India

³P.K. Physician, Dept. of Panchakarma, I.P.G.T&R.A, G.A.U, Jamnagar, Gujarat, India

⁴Head and Professor, J.S.Ayurved College, Nadiad, India

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ABSTRACT

Yuvan-Pidika is the term for plugged pores (blackheads and whiteheads), pimples, and deeper lumps (cysts or nodules), that occur on the face, neck, chest, back, shoulders and even the upper arms. It is a common problem that most people experience at some point in their life. The course of the disease is chronic with frequent remissions and exacerbations. Severe cases can lead to scarring that can be permanent. All these facts necessitate searching for a better remedy from the natural resources like herbs and minerals and other measures of Ayurveda.

Hence, from the repeated advocacy of Acharyas and other stalwarts of Ayurveda it has been decided to try Vamana karma, few compounds of drugs and a topical gel, for the present study. Selection of Vamana Karma is based on repeated recommendations of different Acharyas on Yuvan-Pidika.

In the present study, 33 patients of Yuvan Pidika were registered and randomly divided into two groups. 11 patients were registered in Shodhan group, out of them one patient was LAMA. In Shaman group total 22 patients were registered out of them 10 patients remained LAMA. In Shodhana group, patients were treated with Vamana Karma along with Shamana therapy and in Shaman group only Shamana therapy was given as Arogyavardhani Rasa, Gandhaka Rasayana & Rasamanikya in the capsule form and Lodhradi Gel as topical application was given for one month.

After the completion of the therapy in group A, complete remission was observed in 20% of patients, in 40% of patients marked improvement was noticed, 30% have moderate and 10% patients showed mild improvement. In group B none of patients showed complete remission. There was marked improvement noticed in 25% of patients, while 50% had moderate improvement and 16.66% patients had mild improvement. Only 8.33% of the patients remained unchanged. Thus all the means applied throughout span of the treatment, study reveals that the effect in Vamana group was much better than the Shamana group.

Key words: Yuvan-Pidika, Shodhana, Panchakarma, Vaman, Acne.

INTRODUCTION

The course of Yuvan-Pidika is chronic with frequent remissions and exacerbations. The disease has a tendency to flare up during certain periods of life too. The features of the disease Yuvana pidika are similar to those of Acne. It has been considered as one of the commonest skin disorders as well as the disease of adolescent and occurs to be a valuable degree almost in every individual. Vitiating of Kapha, Vata, Pitta Dosha along with Dushya Rakta gives rise to symptoms like swelling, pain, redness, itching in Yuvana pidika.

Along with increased demand of beautification, the problems are also increasing which cause damage to Beauty or Personality due to changed life style and polluted atmosphere. It requires a certain medical aids including knowledge of cosmetic science along with medical background. Otherwise random use of cosmetic products may produce adverse effect spoiling the natural Beauty.

All these facts necessitate searching for a better remedy from the natural resources like herbs and minerals and other measures of Ayurveda. Since Vamana Karma is one of the major purificatory

*Corresponding Author: Dr. N. N. Bhatt, Email: dipayurved@yahoo.com

method of the Panchakarma. It expels out all the vitiated doshas from the body, especially kapha dosha. This disease is very stubborn in nature, keeping all this in mind, clinical study was carried out with following aims & objectives.

AIMS AND OBJECTIVES

1. To study the disease Yuvana pidika.
2. To evaluate the role of Vamana Karma in the management of Yuvana pidika.
3. To evaluate the role of Shamana yoga and Lodhradi gel in the management of Yuvana pidika.
4. To compare the efficacy of Shodhan and Shamana therapy in the management of Yuvana pidika.

MATERIALS AND METHODS

For the present study, the patient fulfilling the clinical criteria for diagnosis of Yuvan Pidika were randomly selected irrespective of their sex, religion, occupation etc., in between the age group of 16- 30 years, from the OPD and IPD section of Kayachikitsa & Panchkarma Department of IPGT & RA, Jamnagar.

EXCLUSION CRITERIA

1. Patient of Yuvana pidika suffering from any pathological condition.
2. Side effect of any drug.
3. Metabolic disturbance.
4. Any other skin disorder.

GROUPING

In the present study, 33 patients of Yuvan Pidika were registered and randomly divided into two groups.

GROUP A: The patients of this group were performed Vamana karma as per classical method followed by shaman yoga 1.125 mg in capsule form with water and Lodhradi lepa in the form of gel two times in a day for one month. 11 patients were registered in this group.

GROUP B: The patients of this group were given shaman yoga 1.125 mg (Arogyavardhani Rasa, Gandhaka Rasayana & Rasamanikya) in capsule form with water and Lodhradi gel in the form of topical application two times in a day for one month.

In this group total 22 patients were registered out of them 10 patients remained LAMA.

OBSERVATION

Maximum patients (48.48%) belong to the age group of 19-21 years. Maximum patients were male (57.57%), Hindu (100%), students (69.69%), qualified up to higher secondary (54.54%), unmarried (93.93%), middle class (81.81%). Maximum patients were from urban area

(93.93%), jangam desh (100%). Maximum patients were vegetarian (84.84%). Most of the patients i.e. 81.81% have regular dietary habit. 81.81% patients were found with Snigdha Guna dominant. Maximum patients were found Vata-Kapha Prakriti (45.45%), Rajasik Prakriti (100%). Maximum patients were found with Sama Agni (54.54%), Madhyam Kostha (93.93%). A large group of patients i.e. 69.69% was observed as Tea totaler, other groups like taking Gutkha was 24.24%, habitual of Pan 21.21%, habitual of Coffee 15.15% and of Tobacco 6.06% was observed. All the patients were found with Madhyam Sara, satmya, Abhyavaharana Shakti (93.93%), Jarana Shakti (93.93%), Vyayam Shakti (93.93%). Most of the patients i.e. 63.63% were found that they sleep during the day time. 60.6% patients were observed having Samyaka Malapravritti, 39.39% patients were Asantustha with their malapravritti, 27.27% were passing Kathina mala and 21.21% patients were having Skashten malapravritti. 54.54% of the patients were found to wash their face once or twice daily. Maximum no. of the patients i.e. 84.84% were observed normal in emotional make up. 85.71% female patients were found with regular and 14.28% with irregular menstrual cycle. 21.42% patients were observed with painful menses. In all the patients Pidika was found on Ganda Pradesh and in 66.6% patients it was found on Lalata Pradesh. An equal distribution of Pidika was found in Chibuka and Prishtha Pradesh in 24.24% of patients. 18.18% patients have on Nasika and 9.09% patients have on Urah Pradesh.

As concerned with the disease Pidika and Vaivarnya were found in 100% patients, on the other hand Sotha was found in 96.96% and Vedana in 48.48% patients. While Kandu was noticed in 15.15% and in only 9.09% patient Srava was noticed. Maximum number of patients i.e. 39.39% were observed within the range of 6-10 number of Pidika, 27.27% were observed within the range of 11-15, 18.18% in the range of 16-20 and 15.15% patients were found within the range of 1-5 number of Pidika. All the patients were found with papules, 84.84% patients were observed with pustules, 39.39% with nodules and 9.09% patients were found with cystic type of pidika. Distribution of Pidika was observed in the area of 1-5 cm and 5-10 cm in 30.3% of patients, each. In 24.24% of the patients >10cm covered area was observed. 15.15% patients were observed covering <1 cm.

In Vaman group the patients taking Snehapana before vaman Samyaka Snigdha lakshanas were observed, in all the patients, within 4-6 days. Average duration and amount (intake) of Akanthapan for Vaman, in 10 patients of Yuvan Pidika is 8.2min and 1355ml respectively. In the present clinical work the average parameters of Vamana Karma i.e. Vega, Upvaga, Input, Output and Duration, in 10 patients were found as 6.2, 10, 4265 ml, 4170 ml and 51.3 min. respectively.

During the clinical study of Vamana process, it was observed that 50% of patients showed Pravara Shuddhi, 20% Maddhyama, 20% Avara Shuddhi and 10% Ayoga of Vamana Karma.

RESULTS

The effect of Vamana Group, in chief complains such as Pidika, Vaivarnya, Sotha, Vedana and Covered Area were found statistically significant to highly significant level. The relief was found 70.69% in Number of Pidika, 76.47% in Vaivarnya, 64.73% in Sotha, 66.67% in Vedana and 68.75% in Covered Area. Complete remission was observed in 20% of patients, in 40% of patients marked improvement was noticed, 30% have moderate and 10% patients showed mild improvement.

Overall effect on signs and symptoms in Shamana Group was found statistically significant to highly significant level in chief complaints such as Pidika, Vaivarnya, Sotha, Vedana and Covered Area, as shown in the table. The relief was found 46.55% in Number of Pidika, 52.6% in Vaivarnya, 54.99% in Sotha, 50% in Vedana and 50.2% in Covered Area. None of patients showed complete remission. There was marked improvement noticed in 25% of patients, while 50% had moderate improvement and 16.66% patients had mild improvement. Only 8.33% of the patients remain unchanged.

After completing the course, follow up study was carried out for one month, in which no recurrence was observed in 80.00% of the patients in Vamana group but only 41.66% of the patients in Shamana group, while recurrence was observed in 20.00% and 58.33% in Vamana group and Shamana group respectively. Thus Vamana group provided longer effect than Shamana group.

DISCUSSION

Most of the patients were ranging from 16-21 years of age group, at this age the predominance of Shukra Dhatu and Pitta Dosh, with natural functional state along with unbalanced dietary regimen and altered mode of life style, causes vitiation of Dosh and Dushya. Modern medical

science considered hormonal imbalance, specifically of androgens, as one of the important causative factors, which in turn stimulates the sebaceous glands to produce excess sebum. In females, due to major hormonal changes during menarche, the occurrence of this disorder may be a little bit earlier than the males. Most of the patients were found under stress. Yuvan Pidika may be related to excessive anger and anxiety and that too mostly on Lalata Pradesh. In modern science there is no evidence that sebaceous glands are under nervous control but there is no doubt that mental stress can aggravate the disease. The stress causes excess secretion of androgens and subsequently leads to Yuvan Pidika. During the study it was observed that maximum no. of Pidikas were on Ganda and Lalata Pradesh, along with Chibuka, Nasika etc. It is because of the maximum number of sebaceous glands found on this site and also the size of the glands is comparatively large. Maximum relief in overall signs and symptoms were observed better in this group as compared to Shamana group due to fact that the Vamana Karma, directly triggered the root cause of the disease i.e. the main ingredients participating in the pathogenesis of Yuvan-Pidika, and those are Kapha, Vata, Rakta and Pitta, because of its Srotoshodhana, Kapha-Vatahara, Agnivardhana and elimination of Apakva Pitta hara properties.

CONCLUSION

In Ayurvedic texts very brief description, about Yuvan-Pidika, is available. Still it is observed and confirms in applied clinical study, that aggravated Kapha and Vata Dosh along with vitiated Rakta Dhatu are mainly responsible for the actual manifestation of the disease. The average age of 16-27 years are found to be more prone to this disease. The type of diet e.g. vegetarian. non-vegetarian., etc., literacy, socio-economical status, addiction type of sleep etc. do not directly effect the production of Yuvan Pidika but they add to the vitiation of Doshas. Regarding Vaman Vaigiki Suddhi has very little role in assessing the proportion of purification and predicting any type of result from it. During study it was observed that Vamana Karma, when performed in the early hours in the morning it gives better results, patients performs the Karma comparatively in a easy way, Doshas expelled out in much more quantity, usually without giving any discomfort and complications to the patient. As compare to, if the process is performed in the late hours of morning. Study reveals that the **effect in Vamana**

group was much better than the Shamana group.

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