



## Case Study

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(ISSN Online:2229-3566, ISSN Print:2277-4343)



### ROLE OF MAHAMANJISHTADI KWATH WITH LOCAL APPLICATION OF KESAR AND HARIDRA IN MUKHADUSHIKA WITH SPECIAL REFERENCE TO ACNE VULGARIS: A CASE STUDY

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Received on: 06/06/22 Accepted on: 10/07/22

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DOI: 10.7897/2277-4343.130481

#### ABSTRACT

Acne vulgaris is a disease of the pilosebaceous follicle characterized by noninflammatory (open and closed comedones) and inflammatory lesions (papules, pustules, and nodules)<sup>1</sup>. Four major factors are involved in the disease production: increased sebum production, cornification of pilosebaceous ducts, microbial involvement, and inflammation. This condition is commonly found in puberty<sup>2</sup>. In *Ayurveda*, it is termed *Mukhadushika*. In *Ayurveda*, *Mukhadushika* is described under the heading of *Kshudrarogas*. The *Shalmali* thorn-like eruption on the face due to vitiation of *Kapha*, *Vata* and *Rakta*, which are found on the face of adolescents, are called *Mukhadushika* or *YuwanPidika*. Although *Vata*, *Kapha* and *Rakta* are mentioned as *dosha-dusya* involved in the pathogenesis of the disease, *pittaja* symptoms are also found in diseases like *daha* and *paka*. The patient has been suffering from Acne over the face (*Pidika*), Burning sensation over the face (*Daha*), Itching over the face (*Kandu*), and Discoloration of skin (*Vaivarnya*) for six months. The patient was treated with local application of *Haridra* and *Kesar* to face and *Mahamanjishtadi kwath* internally. This article shows *Mahamanjishtadi kadha* internally and *kesar* and *haridra* locally in a patient of *Mukhadushika* shows positive results.

**Key words:** *Mukhadushika*, Acne vulgaris, *Mahamanjishtadi kadha*, *kshudraroga*.

#### INTRODUCTION

Skin is the mirror of our state of health. Its appearance reflects our age, origin, health and even state of mind. It is essential to pay attention to this part of the body.<sup>3</sup> *Tvak*, according to *Ayurveda*, is not only the outer covering of the body, but it is a *Gyanendriya* which composes the body from within. The most common ailment that a teen suffers at this age is acne. They mainly occur in the youths, or the *Yuva* and form are like small pustules or boils or *Pidika*; hence they are called “*Yuwan Pidika*”. And for the same reason, it is also called “*Tarunypidika*”. This disease affects the face and vitiates the facial appearance; therefore, it is called ‘*Mukhadushika*’. As per modern science, the symptoms of *Yuwan Pidika* resemble acne vulgaris. Acne is a chronic inflammatory dis-ease of the pilosebaceous glands present in the skin of the face.<sup>4</sup> This disease is characterised by the formation of comedones [blackheads], erythematous papules, and in a few cases, nodules or cysts and scarring. Four major factors are involved in the disease production viz, increased sebum production, cornification of pilosebaceous ducts, microbial involvement, and display of inflammation. This condition is commonly found in puberty<sup>5</sup>. Many synthesis drugs like benzoyl peroxide, antibiotics, and androgens are used to treat this disorder, but these drugs also exhibit several side effects like dryness of skin, dermatitis, darkening of the skin, and recurrence after withdrawal<sup>6</sup>. In *Ayurveda*, this disease is described as “*Mukhdushika* or “*Yuwan pidika*”. According to *Ayurveda*, the *Shalmali Kantak*-like eruption on the face due to vitiation of *Kapha*, *Vata* and *Rakta*, which are found in adolescents, is called

*Mukhdushika*. No single disease causes more psychic trauma, more maladjustment between parents and children, more general insecurity and feeling of inferiority and more outstanding sums of psychic suffering than acne. In *Sushrut Samhita Yuwan Pi-dika* is mentioned under *Kshudra Rogas*.<sup>7</sup>

#### MATERIALS AND METHODS

##### Case report

The present case study is successful *Ayurvedic* management of acne vulgaris.

A 16-year-old male patient visited the OPD with the following complaints:

##### Chief complaints

Acne over the face (*Pidika*), Burning sensation over the face (*Daha*), Itching over the face (*Kandu*), and Discoloration of skin (*Vaivarnya*).

##### History of Present Illness

The patient has had the above complaints for the last six months. During this period, he experienced small pustules over both her cheeks. he had an itching and burning sensation over those areas and some blackheads. The patient tried various allopathic local and systemic drugs, but none could prevent acne relapse. So, he came to the C.S.M.S.S. Ayurved hospital OPD for *Ayurvedic* treatment. Written consent was obtained.

**History:** No history

**Personal History**

Name- XYZ, Bala- *balvaan*, *Prakruti- Pitta vata*, Age- 16 years, Sleep- Inadequate, B.P.- 110/70 mmHg, Sex-male, Weight 54 Kgs, Marital status - Unmarried, Bowel Habit- Irregular, Height- 160 cm, Occupation- Student, Appetite - normal

**Ashtavidh Pariksha**

*Nadi* (Pulse)- 76 / min, *Shabda* (Speech) - Clear, *Mal* (Stool) - Constipation, *Sparsh* (Touch) - *snigdha*, *Mutra* (Urine) - *Samyak*, *Druk* (Eyes) - *prakrut*, *Jivha* (Tongue) - *Saam*, *Aakruti* (Built) - *Madhyam*.



The patient was given *kesar* applied over the face after soaking for 3-4 hours in the water, and then *haridra* was mixed in *kesar*. The *lepa* was applied continuously for 15 days, instructions of *lepa* application were given, and *Mahamanjishtadi kwath* internally 10 ml *pashhatbhakta* continuously for 15 days was given. This remedy was given for one month.

During the complete duration of treatment, the patient was instructed to follow *pathya*- green vegetables, *kadipatta*, *Avala*, warm water and *apthya* means avoid fast food, milk products, and yeast mix products as advised strictly.

The patient was examined after every seven days. After one month, there was complete disappearance of acne and complete relief in itching, burning sensation and pain. Significant improvement was observed in discoloration over the face from grade 3 to 1.

This shows that if a treatment plan is selected according to principles of *Ayurveda* along with proper drugs, doses, duration, *anupana*, *pathya*, and *apthya*, there is an assurance of treatment success, as seen in this case of *mukhdushika*.<sup>8</sup>

*Mahamanjishtadi kwatha* used as the additional intervention was possessing drugs *Manjishta*, *musta*, *kutaj*, *guduchi*, *kushta*, *nagara*, *bharangi*, *vacha*, *nimba*, *haridra*, *daruharidra*, *triphala*, *bibhitaki*, *patola*, *katua*, *murva*, *vidanga*, *chitraka*, *shatavari*, *trynata*, *indrayava*, *vasa*, *mahadaru*, *patha*, *khadira*, *chandan*, *trivrit*, *bakuchi*, *nimba*, *karanja*, *ativisha*, *indravaruni*, *sariva*. All these drugs have properties like *Varnya*, *Kapha pittashamak*, *shothahar*, *Kushtaghna*, *Vranropak*, *Raktashodhak*, *Vedanashamak*, *kandughna*, *dahaprashaman*, which help treat acne.

*Kesar* is one of the costliest Ayurvedic medicinal plants, also known as red gold. The biological source of *Kesar* is the dried stigma of the flower *Crocus sativus* Linn. belonging to the family Iridaceae, known as Saffron.<sup>9</sup> It is native to southern Europe, and in India, its cultivation so far is limited to Jammu & Kashmir. Saffron is a valuable drug used in several *Ayurvedic* preparations. *Acharya Charaka* has classified it under *shonit sthapana mahakashaya*, whereas *Acharya Sushruta* and *Vagbhata* had mentioned it under *eladi gana* It has *katu tikta taste*, *Ushna virya*, *Katu vipaka* and *snigdha guna* and having properties like *Vatahara*, *Varnya*, *Vishaghna*, *Sleshmahara*, *Rasayana*, *Jantuhara*. It is used in diseases like *Chardi*, *Kasa*, *Vyanga*, *Drshiti Roga*, *Kantha Roga*, *Sidhma*, *Suryavartta*, and *Shiroroga*. A detailed review was done of its synonyms, classification, pharmacological properties, and different features according to its type from the major *Ayurvedic* classical texts and *nighantus* (*Ayurvedic* materia medica).

**Approach to Systematic Classical Review**

A detailed review was done of the major *Ayurvedic* classical texts and *nighantus* (*Ayurvedic* materia medica). *Laghu trayai texts Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*, were reviewed for all the pharmacological references. Eight major *nighantus*, i.e., *Dhanvantari nighantu* (D.N.), *Bhavaprakasha Nighantu* (B.P.N.), *Madanpal Nighantu* (M.P.N.), *Kaiyadeva Nighantu* (K.N.), *Shodhala Nighantu* (S.N.), *Raj Nighantu* (R.N.), *Shaligram nighantu* (S.G.N.) and *Priya Nighantu* (P.N.) were reviewed for its synonyms, classification, pharmacological properties, and different features according to its type.

**Classification of Kesar According to Ayurvedic Literature**

*Kesar* is a *Karya dravya* with a *chetanta* and an *audbhid aushadha* (Medicinal) *dravya*. *Acharaya Charaka* has classified it under *shonit sthapana mahakashaya* by the name *rudhir*. *Chakrapani*, in his commentary, explained *rudhir* as *kumkum*, and *kumkum* is the synonym for *kesar*. *Acharaya Sushruta* and *Vagbhata* had mentioned it under *eladi gana* by the name *kumkum*. Among *nighantus* *Dhanwantari nighantu*, *Raja nighantu* and *Shodhala Nighantu* classified it under *chandanadi varga*. It is mentioned under *karpuradi varga* in *Bhavaprakasha nighantu*, *Madanpal nighantu*. Whereas *Kaiyadeva Nighantu* and *Priya Nighantu*. It is mentioned under *aushadhi varga* and *shatpushpadi varga*, respectively<sup>10</sup>.

*Haridra* also has *varnya*, *kushtaghna*, and *kandughna* properties which act as *varnya*, antibacterial and *kandughna* and give additional effect to *kesar*.

**DISCUSSION**

Most of the *nighantu* writers described *Kesar* as having *katu tikta rasa*, but in *Madanpal nighantu*, it is described as having *katu rasa* only, whereas in *Priya nighantu* explained *kesar* as having *tikta rasa*. As per P.V. Sharma in *Priya nighantu*, *Kesar* has *Anushna virya*, whereas the rest of the writers believed it has *ushna virya*. In *Bhavaprakash* and *Kaideva nighantu*, based on the origin, *kesar* is of three types, and the best quality *kesar* comes from Kashmir. In Vedas, it is only used in external preparations, whereas in *laghu trayi* texts, it is used in internal and external preparations. A total of 38 references were found in *laghu trayi* texts; out of this, most references, i.e., 19 were found in *Ashtanga Hridaya*, 11 found in *Sushruta Samhita* and eight found in *Charaka Samhita*. *Charaka Samhita kesar* is used in *visha roga's* three references, followed by *vata vyadhi* two references. In *Sushruta Samhita*, it is used in *visha roga*, having four references, followed by *mutra roga* and *jwara*, each having

two references.<sup>11</sup> In *Ashtanga Hridaya*, it has four references for its use in *visha roga*, followed by three references in *netra roga*.

*Kwath* (decoction) is an important primary dosage form in *Ayurveda*. It is effective in attaining various pharmacological actions like *deepana*, *pachana*, *shamana*, *shodhana*, *tarpana* etc., when prepared according to classical guidelines and used in appropriate concentrations and clinical conditions. So, *Mahamanjishtadi kwath* was used.<sup>12</sup>

Modern medicine provides various treatments for skin problems like acne, but therapy should be in line with the type and severity of skin infections. Mostly, the treatment includes prolonged use of topical creams, lotions, oral antibiotics, and anti-inflammatory drugs. These medicines are known to provide effective management, but these medications are also known to show various side effects like burning sensation, erythema, skin dryness, and scaling.

Besides the side effects, bacterial resistance is also noticeable. Some antibiotics like vancomycin, linezolid and silver sulfadiazine were resistant to *Staphylococcus aureus* and *Streptococcus pyogenes*. Methicillin-resistant *S. aureus* (MRSA) is in rising frequency and has shown resistance to vancomycin. 9% of the *Candida* species isolated were analysed and found to be resistant to fluconazole and itraconazole. Hence, the healthcare fraternity is looking for alternative treatment options for skin diseases and infections. Plant-based Ayurvedic drugs have several advantages over synthetic drugs, such as fewer side effects, better patient tolerance, and more acceptable due to a long history of traditional use.

## CONCLUSION

Hence it is concluded that *kesar* with *haridra* local application on the face along with oral administration of *Mahamanjishtadi kwath* is highly effective in the management of *mukhdushika*.

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## Cite this article as:

Madhuri Mishra et al. Role of mahamanjishtadi kwath with local application of kesar and haridra in mukhadushika with special reference to acne vulgaris: A case study. *Int. J. Res. Ayurveda Pharm.* 2022;13(4):22-24 <http://dx.doi.org/10.7897/2277-4343.130481>

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

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