

Ayurvedic Management of Mukhadushika: A Case Study

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Abstract: *Mukhadushika is a common Kshudra Roga described in Ayurvedic texts and is clinically comparable to acne vulgaris. It is characterized by recurrent eruptions over the face and is commonly observed during adolescence and early adulthood. Although acne is not generally considered a life-threatening disorder, its recurrent nature, residual pigmentation and potential for scarring can adversely affect an individual's appearance and quality of life.*

Keywords: Mukhdushika, Ayurveda, Acne vulgaris, Shaman chikitsa, Dermatology, Skin disorder, Case study

I. INTRODUCTION

The face is an important component of physical appearance and therefore facial disorders can have considerable social and psychological effects. Acne vulgaris is a common inflammatory disorder of the pilosebaceous unit, predominantly affecting adolescents and young adults. Clinically, it may present with comedones, papules, pustules, nodules and, in some patients, residual pigmentation or scarring.

Ayurveda describes a comparable condition as Mukhadushika, also referred to in different contexts as Yauvanapidika or Tarunpidika¹. Classical descriptions characterize the condition by the development of eruptions on the face, particularly during youth. They closely resemble the sharp pointed appearance of Shalmali Kantaka². Ayurvedic literature associates the pathogenesis with vitiation of Dosha and involvement of tissues such as Rakta and Meda³.

Published Ayurvedic case reports have correlated Mukhadushika with acne vulgaris and have investigated different approaches including Vamana, Virecana, Jalaukavacharan, topical Lepa and other individualized therapies.

Modern management of acne depends upon severity and may include topical agents, systemic medicines and procedures. Ayurvedic management approaches the condition according to the individual's Dosa, Dushya, Agni, dietary habits, lifestyle and clinical presentation.

The present case report describes an illustrative Ayurvedic approach to Mukhdushika and demonstrates how classical Ayurvedic assessment can be integrated with clinical observation.

Material and Methods:

Case report -

A 21 years old female patient visited SVNHT ayurvedic college and hospital's stree roga evum prasuti tantra opd .

Chief Complaints -

- Multiple pimples over the face for approximately two years.
- Recurrent inflammatory lesions over both cheeks and forehead.
- Occasional pain and tenderness associated with larger lesions.
- Mild itching over affected areas.
- Dark marks remaining after resolution of pimples.



- Increased facial oiliness.

History of present illness:

The patient was apparently healthy approximately two years before presentation. She initially noticed a few small eruptions over the forehead and cheeks. The lesions gradually increased in number and became recurrent.

According to the patient, lesions were more prominent during periods of academic stress and irregular sleep. She also reported frequent consumption of fried snacks, spicy food and sweets. Several over-the-counter cosmetic products had been used intermittently, with only temporary improvement.

There was no history suggestive of a major systemic illness. Previous treatment had provided temporary symptomatic relief, but recurrent lesions continued to appear.

Past history:

Diet -Regular consumption of fried foods, Frequent spicy food, Occasional excessive sweets, Irregular meal timings, Inadequate intake of fresh fruits and vegetables.

Appetite- Moderate and occasionally irregular.

Bowel- Occasional constipation.

Addiction-No significant history of smoking or alcohol consumption.

Exercise-Minimal regular physical activity.

Menstrual History -

Menstrual cycles were reported to be generally regular, with no significant associated complaints.

General Examination:

General condition: Good

Built: Moderate

Nourishment: Moderate

Pulse:78/min

Blood pressure: 110/80 mmhg

Temperature: Afebrile

No clinically significant peripheral edema

Systemic Examination -

Examination of the cardiovascular, respiratory, gastrointestinal and nervous systems did not reveal any clinically significant model case abnormality in this.

Local Examination:

On examination of the face:

Multiple open and closed comedones were present.

Multiple erythematous papules were observed.

Few pustular lesions were present.

Lesions were more prominent over bilateral cheeks and forehead.

Mild tenderness was present over inflammatory lesions.

Post-inflammatory hyperpigmented macules were observed.

Facial skin showed increased oiliness.

No deep ulcer was observed.



Astavidh Pariksha-

Nadi- Pitta-Kapha tendency

Mutra - Normal

Mala - Occasional constipation

Jihva - Mild coating

Shabda - Normal

Sparsha - Slightly warm over inflammatory lesions

Druk - Normal

Akruti - Madham

Diagnosis:

Based on history, clinical examination and Ayurvedic assessment, the condition was diagnosed as: Mukhdushika (Ayurvedic diagnosis), clinically correlated with acne vulgaris.

Treatment Plan:

The treatment plan was individualized according to the patient's presentation⁵.

A. Internal Management -

A suitable Shaman regimen was prescribed with consideration of Kapha-Pitta predominance and digestive status.

For this model case, the following regimen was used:

1. Triphala Churna -

Dose: 3 gm at bedtime with lukewarm water.

2. Guduchi based formulation -

Administered in an appropriate therapeutic dose according to clinical assessment.

3. Avipattikar Churna -

Used when required for correction of irregular bowel habit and Pitta-associated digestive disturbance.

B. External Management

A mild Ayurvedic facial Lepa was advised under supervision.

Lepa: Classical Kustumburadi Lepa was selected as the model topical intervention⁶.

The formulation was prepared according to the relevant classical reference and applied as directed. A published 2024 case report specifically investigated Kustumburadi Lepa in a 21-year-old female with Mukhadushika and reported improvement after 21 days; however, that published case is separate from the model case presented here.

Dietary Advice:

The patient was advised to:

Reduce fried and oily food.

Avoid excessive spicy food.

Reduce excessive sweets.

Prefer freshly prepared food.

Maintain regular meal timings.

Increase consumption of vegetables and appropriate fresh fruits.

Maintain adequate hydration.

Lifestyle Advice:

Maintain regular sleep.

Obtain approximately 7-8 hours of sleep.



Practice daily physical activity.
Avoid unnecessary touching or squeezing of lesions.
Avoid excessive use of cosmetic products.
Maintain gentle facial cleansing.
Manage academic and psychological stress through appropriate relaxation practices

Results:

Following the eight-week treatment protocol, the model patient demonstrated progressive improvement in the major clinical features of Mukhadushika.

The most apparent changes were:

Reduction in inflammatory papules.
Reduction in pustular lesions.
Reduction in tenderness.
Reduction in facial oiliness.
Decrease in frequency of new lesions.
Improvement in overall skin texture.
Gradual reduction in post-inflammatory pigmentation.
No significant adverse event was reported in the model case.

Discussion:

Mukhadushika is an important condition from both Ayurvedic and contemporary dermatological perspectives. The face is frequently affected, and recurrent lesions may result in indigmentation and scarring. Published case reports have described different Ayurvedic approaches according to the patient's clinical presentation, including Vamana, Virechana, Jalaukavacharan, topical Lepa and internal medicines.

In Ayurveda, treatment is not necessarily directed only toward the visible lesion. Assessment of Dosa, Dushya, Agni, bowel habits, diet, sleep and lifestyle can be incorporated into the management plan.

In the present model case, Kapha-Pitta predominance was considered because of the combination of facial oiliness, inflammatory lesions, erythema and recurrent pustules. Rakta and Meda were considered relevant Dushyas based on the clinical presentation and Ayurvedic interpretation.

The dietary history suggested several potentially aggravating factors, particularly frequent intake of oily and spicy foods, irregular meals and inadequate sleep. Therefore, dietary and lifestyle modification was incorporated along with medicinal treatment.

The topical Lepa was selected as a local intervention. A published case study of Kustumburadi Lepa reported improvement in clinical symptoms and acne grade in a single patient, although a single case cannot establish efficacy for the broader population.

Other published case reports have used more intensive procedures such as Vamana or Virechana and Jalaukavacharan. These differences emphasize that Ayurvedic treatment protocols may be individualized rather than uniformly applied to every patient.

From a modern perspective, improvement in acne requires consideration of lesion type and severity, recurrence, scarring risk and other dermatological factors. Therefore, Ayurvedic treatment should be provided under the supervision of a qualified practitioner, particularly when internal medicines or procedures are being considered.

II. CONCLUSION

Mukhadushika is a clinically relevant Ayurvedic condition that shows considerable similarity to acne vulgaris. An Ayurvedic approach may include assessment of Dosa, Dushya, Agni, diet and lifestyle together with individualized internal and external management.



In this model case, an integrated approach consisting of Shamana Chikitsa topical Lepa, dietary regulation and lifestyle modification was associated with progressive improvement in inflammatory lesions, tenderness, oiliness and pigmentation over eight weeks.

The observation supports the usefulness of documenting Mukhadushika through both classical Ayurvedic parameters and standardized clinical outcomes.

Nevertheless, this case should be regarded as an academic model rather than evidence of treatment efficacy.

Well-designed clinical studies with adequate sample sizes, standardized outcome measures and appropriate follow-up are needed to establish the effectiveness and safety of specific Ayurvedic interventions.

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