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A Clinical Study of the Efficacy of Majuphaladi LEPA in the Management of Mukhadooshika

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Abstract: *Background: Mukhadooshika is described among the Kshudra Rogas in Ayurveda and is commonly correlated clinically with acne vulgaris. The condition may present with papular eruptions, itching, pain, burning sensation and discoloration. The present study evaluated Majuphaladi Lepa in comparison with Lodhradi Lepa.*
Objective: To assess the clinical effect of Majuphaladi Lepa in Mukhadooshika and compare its effect with Lodhradi Lepa.
Materials and Methods: This randomized controlled clinical study included 80 patients aged 16–30 years with newly diagnosed Mukhadooshika. Patients were allocated to two groups of 40 each. Group A received Majuphaladi Lepa and Group B received Lodhradi Lepa, applied locally once daily for 21 days. Follow-up assessments were recorded on days 7, 14, 21 and 28. Subjective parameters were Kandu (itching), Shoola (pain), Daha (burning) and Vaivarnyata (discoloration). Objective parameters included number of pidikas within 1 square inch, size and pus formation. Within-group changes were assessed using Wilcoxon's signed-rank test and between-group comparisons were reported using the Mann–Whitney U test, as recorded in the dissertation.
Results: Both groups showed statistically significant improvement in the assessed subjective and objective parameters (reported $p < 0.05$). In the overall response assessment, Group A had good improvement in 10/40 patients (25%), moderate improvement in 28/40 (70%) and mild improvement in 2/40 (5%). Group B had good improvement in 4/40 (10%), moderate improvement in 11/40 (27.5%), mild improvement in 22/40 (55%) and poor improvement in 3/40 (7.5%). Between-group comparisons favoured Majuphaladi Lepa for Kandu ($p=0.0220$), Shoola ($p=0.0323$), Daha ($p=0.0384$), Vaivarnyata ($p=0.0153$) and pus formation ($p=0.0384$), as reported in the dissertation. The comparative analysis of lesion size contains an inconsistency in the source dissertation and requires verification before submission.
Conclusion: In this study, both topical interventions were associated with improvement in Mukhadooshika, while the overall response distribution favoured Majuphaladi Lepa. Larger, well-reported studies with clearly specified outcome definitions and statistical methods are needed to confirm these findings.

Key Words: Mukhadooshika; acne vulgaris; Majuphaladi Lepa; Lodhradi Lepa; Ayurveda; clinical study

1. INTRODUCTION

Mukhadooshika is described in Ayurvedic literature among the Kshudra Rogas. Its characteristic eruptions are described as resembling the thorn-like projections of Shalmali and may be accompanied by itching, pain, discharge and changes in skin colour. In contemporary clinical practice, Mukhadooshika is commonly correlated with acne vulgaris,

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an inflammatory disorder of the pilosebaceous unit that may present with comedones and inflammatory papules or pustules.

Ayurvedic descriptions associate Mukhadooshika with the involvement of Kapha and Vata along with Rakta dushti. Lepa is one of the external treatment modalities used in Ayurvedic practice. Majuphaladi Lepa, prepared from Majuphala with Tandulodaka as the mixing medium, is described in the dissertation as a topical intervention for this condition. Lodhradi Lepa was selected as the comparison intervention.

The present clinical study was undertaken to assess changes in subjective symptoms and objective lesion parameters following application of Majuphaladi Lepa and to compare the observed response with Lodhradi Lepa.

AIM AND OBJECTIVES

Aim: To study the efficacy of Majuphaladi Lepa in the management of Mukhadooshika.

Objectives:

1. To study Mukhadooshika in detail.
2. To study Majuphaladi Lepa.
3. To evaluate the clinical effect of Majuphaladi Lepa in Mukhadooshika in comparison with Lodhradi Lepa.

II. MATERIALS AND METHODS

Study design and setting

The dissertation describes the work as a randomized controlled clinical trial conducted at an Ayurved Rugnalaya and dermatology centre in a peripheral area. The exact institutional name, study dates, and ethics committee approval details should be inserted from the approved dissertation/protocol before journal submission.

Participants

A total of 80 patients diagnosed with Mukhadooshika were enrolled and divided into two groups of 40 each using the sampling/randomization method described in the dissertation as simple random sampling. The inclusion criteria were patients with Mukhadooshika aged 16–30 years, of either sex, and newly diagnosed. The dissertation excluded patients with eruptions attributable to conditions other than Mukhadooshika (examples listed include chickenpox, measles and urticaria) and patients receiving hormonal therapy.

Interventions

Group A (n=40): Majuphaladi Lepa, prepared using Majuphala churna (one part) and Tandulodaka as required, applied locally as a thin layer approximately 2–3 mm thick once daily in the morning for 21 days.

Group B (n=40): Lodhradi Lepa, applied locally as a thin layer approximately 2–3 mm thick once daily in the morning for 21 days. Participants were advised to wash the application off with lukewarm water before it dried completely, as recorded in the dissertation.

Outcome measures and follow-up

Subjective outcomes were Kandu (itching), Shoola (pain), Daha (burning sensation) and Vaivarnyata (discoloration). Objective outcomes were the number of pidikas within 1 square inch, lesion size and pus formation. Assessments were recorded at baseline and on days 7, 14, 21 and 28.

Statistical analysis

The dissertation reports Wilcoxon's signed-rank testing for within-group comparisons and Mann–Whitney U testing for between-group comparisons, with $p<0.05$ considered statistically significant. The final manuscript should be checked against the original statistical output to ensure that the test used for each variable, the reported p-values and the data summaries are consistent.

III. RESULTS

Overall response to treatment

The overall response distribution recorded in the dissertation is summarized below.

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Response category	Group A: Majuphaladi Lepa (n=40)	Group B: Lodhradi Lepa (n=40)	Relief range
Good improvement	10 (25.0%)	4 (10.0%)	75–100%
Moderate improvement	28 (70.0%)	11 (27.5%)	50–75%
Mild improvement	2 (5.0%)	22 (55.0%)*	25–50%
Poor improvement	0 (0.0%)	3 (7.5%)	0–25%

*The narrative text in the dissertation says 52.0% for 22/40 patients, while the table gives 55.0%. The percentage mathematically corresponding to 22/40 is 55.0%; please verify the source master chart and correct the manuscript consistently.

Within-group changes

For Group A, the mean score for number of pidikas within 1 square inch decreased from 2.02 at baseline to 0.82 after treatment (reported p=0.0001). The mean score for lesion size decreased from 2.15 to 0.80 (p=0.0001), and the mean score for pus formation decreased from 2.83 to 0.73 (p=0.0001).

For Group B, the mean score for number of pidikas within 1 square inch decreased from 2.25 to 1.25 (p=0.0001). The reported mean score for size decreased from 2.25 to 1.25 (p=0.0001), and the mean score for pus formation decreased from 2.15 to 1.20 (p=0.0001). Both groups also showed statistically significant within-group improvement in the subjective parameters according to the dissertation.

Between-group comparisons

The dissertation reports statistically significant between-group differences favouring Majuphaladi Lepa for Kandu (p=0.0220), Shoola (p=0.0323), Daha (p=0.0384), Vaivarnyata (p=0.0153) and pus formation (p=0.0384). The reported between-group comparison for size is internally inconsistent: the table gives p=0.0384 but the explanatory text states that Lodhradi Lepa was more significant, whereas the dissertation's overall conclusion states that Majuphaladi Lepa was more significant for size. This result must be verified against the original dataset/statistical output before submission.

IV. DISCUSSION

The study observed improvement in both treatment groups across the assessed symptom and lesion parameters. The overall response distribution showed that 95% of patients in Group A were categorized as having good or moderate improvement, compared with 37.5% in Group B. This descriptive comparison favoured Majuphaladi Lepa in the study sample.

Within-group analyses reported statistically significant changes after treatment in both groups. Between-group analyses also favoured Majuphaladi Lepa for the subjective symptoms of itching, pain, burning and discoloration, and for pus formation. However, the inconsistent reporting of the comparative result for lesion size limits interpretation of that specific outcome until the original statistical output is checked.

The dissertation discusses Majuphaladi Lepa in relation to Ayurvedic concepts including Kapha-Vata shamana, effects on Rakta dushti and local application as Lepa Chikitsa. These are traditional explanatory frameworks; the present clinical observations alone do not establish a biomedical mechanism of action.

Important limitations for reporting include the need to specify the study period and institutional setting, provide the ethics approval number and consent process, describe the grading scales and their validation, report participant flow and any withdrawals, and verify all statistical tables against the master chart. The article should not claim absence of adverse effects unless the source records document how adverse events were actively assessed.

V. CONCLUSION

In this 80-participant comparative clinical study, both Majuphaladi Lepa and Lodhradi Lepa were associated with improvement in the assessed features of Mukhadooshika over 21 days. The overall response distribution favoured Majuphaladi Lepa, with 95% of Group A participants showing good or moderate improvement. The dissertation reports significant between-group differences favouring Majuphaladi Lepa for several subjective parameters and pus

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formation. The comparative size result and certain percentage entries require verification before this manuscript is finalized. The findings should be interpreted in light of the study design and reporting limitations.

DECLARATIONS — COMPLETE BEFORE SUBMISSION

Ethics approval: [Insert committee name, approval number and date from the approved protocol.]
Informed consent: [Confirm exact consent procedure from study records.]
Funding: [Insert accurate statement.]
Conflicts of interest: [Insert accurate statement.]
Author contributions: [Insert author and guide contributions according to journal policy.]
Data availability: [Insert statement consistent with institutional policy and participant confidentiality.]
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