World Journal of Pharmaceutical and Life Sciences
WJPLS
www.wjpls.org
SJIF Impact Factor: 4.223

NIDHANATMAKA STUDY OF YUVANPIDIKA WITH SPECIAL REFERENCE TO ACNE VULGARIS

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Article Received on 20/08/2017 **Article Revised on 10/09/2017** **Article Accepted on 01/10/2017**

ABSTRACT

In 21st century with modernization in each and every walk of life, a person has neither time to think and act for healthy life nor to follow the proper *Dinacharya* and *Ritucharya.* "Face is the Index of mind". It affects the joy, sorrow, anger, excitement & all the experience. The commonest cause for disfigure the face in youths is *Yuvana Pidaka*/Acne. *Yuvanpidika* harms beauty of the face so person may suffer with inferiority complex, anxiety, isolation etc. Thus, *Yuvanpidika* is a painful condition for body as well as for mind too. Cosmetology is a science dealing with beautification and having certain definite principles. People are using cosmetics not only for curing their skin problems but in routine to maintain & improve the skin appearance and beauty. *Yuvanpidika* is one of *'Kshudrarogas'* which mainly affects the skin of face. It occurs due to imbalance of *Kapha, Pitta, Vata,* and *Rakta.* Now days *Yuvanpidika* (Acne) becomes a biggest problem of the society, because it affects 85% of teenagers. In this survey study out of 500 patients, it is observed that maximum no. of patients were reported *Mukhdushika* 43.6%. The maximum subjects recorded were falling in age group 18-25 years and specially female. The maximum subjects recorded were *Pitta-Kaphaj Prakriti.* Majority of subjects reported *Amala* as dominant *rasa* (42%), followed by *Madhura rasa* (36.2%) in diet.

KEYWORDS: *Yuvanpidika, Kshudrarogas, Prakriti, rasa.*

INTRODUCTION

Ayurveda is an ancient healthcare system of India which is based on eternal principle of health life. The whole clinical approach of *Ayurveda* is based on preventive, promotive & curative aspect.[1] Now a day, whole world is gradually turning towards *Ayurveda* for safe and complete cure of diseases, especially in the field of skin problems, *Ayurveda* can contribute remarkably. The word beauty derived from the French literature „belles" means pretty, handsome, charming. An aphorism is "A thing of beauty is joy forever". Here also according to *Ayurveda* the word joy in particular is excellent state of physic and psyche which in turn reflects health. Thus health and beauty are the two faces of a single coin. A great demand from *Ayurveda* in the field of cosmetology has been established due to its unique concept about beauty and effective, cheaper and long lasting beauty therapy without any side effect. Now days *Yuvanpidika* (Acne) becomes a biggest problem of the society, because it affects 85% of teenagers.[2]

The commonest cause for disfigure the face in youths is *Yuvana Pidaka*/Acne. *Yuvanpidika* harms beauty of the face so person may suffer with inferiority complex, anxiety, isolation etc. Thus, *Yuvanpidika* is a painful condition for body as well as for mind too. It requires a proper treatment and therapy. *Yuvanpidika* has been selected for present study. Among the personality damaging disorder or conditions, *Yauvanpidika* is such a condition which affects the beauty as well as Personality, has a great cosmetic importance. Now days *Yuvanpidika* (Acne) becomes a biggest problem of the society, because it affects 85% of teenagers. *Yuvanpidika* is one of *'Kshudrarogas'* which mainly affects the skin of face. It occurs due to imbalance of *Kapha, Pitta, Vata,* and *Rakta.* It is now well established fact that most of the major non-communicable diseases (NCDs) are linked through a 'cluster' of risk factors, and are responsible for the causation of disease.[3] *Prakṛiti* is the root of all such risk factors.[4]

AIMS AND OBJECTIVES

To study the disease *Yuvanpidika* with its ateiopathogenesis and symptomatology in Ayurved as well as Modern parlance.

MATERIALS AND METHODS

Selection of the Participants

The population of 500 subjects of age group 18 – 35 years of either sex was included in the *Nidanatmaka* study. The participants were selected from the pool of the patients reporting to OPD/ IPD/ Laboratory of National Institute of *Ayurveda*, SSBH *Kishanpole*, and Satellite Hospital Jawaharnagar Jaipur and various camps organized by NIA. Informed Consent was taken from the respondents before initiation of the study. A structured questionnaire was administered to each subject of *Nidanatmaka* survey to collect data on *Prakṛiti*, Socio-demographic profile, *Ahara-satammya* (Dietary Pattern) and *Sattva* (Mental status) and other *Ayurvedic* variables.

OBSERVATION

RESULTS

Table 1: Percentage prevalence of *Ksudharakustha* profile of study subjects.

Ksudhrakustha	Total	Percentage
Mukdushika	218	43.6%
Masaka,	19	3.8%
Charmikilaka	58	11.6%
Tilkalka	115	23%
Vyanga	80	16%
Nyacha	35	7%
The maximum subjects were found *Mukdushika* (43.6%), followed by *Tilkalka* (23%).		

Table 2: Percentage prevalence of Age profile of study subjects.

Age profile	Total	Percentage
18-25 year	325	65 %
26-35 year	175	35%
The maximum subjects recorded were falling in age group 18-25 years (65%).		

Table 3: Percentage prevalence of Gender profile of study subjects.

Gender	No. of patients	Percentage
Male	170	34%
Female	330	66 %
The maximum subjects recorded were female (66%)		

Table 4: Percentage prevalence of Religion profile of study subjects.

Religion	Total	Percentage
Hindu	350	70 %
Muslim	114	22.8%
Others	25	5%
The maximum subjects recorded were Hindu (70%).		

Table 5: Percentage prevalence of marital status of study subjects.

Marital status	Total	Percentage
Married	68	13.6%
Unmarried	423	84.6 %
Widow/widower	9	1.8 %
The maximum subjects recorded were unmarried (84.6%)		

Table 6: Percentage prevalence of Socio-Economic profile of the subjects.

Socio-Economic profile	Total	Percentage
Lower	118	23.6 %
Middle	334	66.8 %
Upper	48	9.6 %
The maximum subjects recorded were middle class (66.8%).		

Table 7: Percentage prevalence of Habitat of Study subjects.

Habitat	Total	Percentage
Rural	61	12.2%
Urban	439	87.8%
The maximum subjects recorded were from urban environment (87.8%)		

Table 8: Percentage prevalence of Education profile of Study subjects.

Education profile	Total	Percentage
Illiterate	68	13.6%
Primary/middle	16	3.2%
High School	45	9%
Higher Sec.	122	24.4%
Graduate	150	30%
Post graduate	73	14.6%
Ph.D.	26	5.2%
The maximum subjects recorded were graduate (30%), followed by higher sec. (24.4%).		

Table 9: Percentage prevalence of occupation profile of Study subjects.

Occupation	Total	Percentage
Labor	30	6%
Govt. Job	19	3.8%
Privet Job	32	6.4%
Student	199	39.8%
Doctors	92	18.4%
House wife	88	17.6%
Others	31	6.2%
Business	9	1.8%
The maximum subjects recorded were of student (39.8%), followed by Doctors (18.4%).		

Table 10: Percentage prevalence of Addiction profile of Study subjects.

Addiction	Total	Percentage
No Addiction	181	36.2%
Tea	225	45%
Smoking	23	4.6%
Tobacco	5	1%
Alcohol	12	2.4%
Mixed	54	10.8%
The maximum subjects recorded were addict of tea (45%).		

Table 11: Percentage prevalence of Diet of Study subjects.

Diet	Total	Percentage
Vegetarian	360	72%
Mix	140	28%
The maximum subjects recorded were vegetarian (72%).		

Table 12: Percentage prevalence of Diet habits of Study subjects.

Diet habits	Total	Percentage
Samasana	223	44.6%
Adhyasana	20	4%
viṣamasana	247	49.4%
Pramitasana	10	2%
Anasana	0	0
The maximum subjects recorded were practiced *Viṣamasana* as dietary habit (49.4%).		

Table 13: Percentage prevalence of frequency of meals/day of Study subjects.

Frequency of meals/day	Total	Percentage
2 times/day	287	57.4%
3 Times/day	180	36%
>3 times/ day	33	6.6%
The maximum subjects recorded were having meals 2 times/day (57.4%).		

Table 14: Percentage prevalence of dominant *Rasa* of study subjects.

Dominant *Rasa*	Total	Percentage
Madhura	181	36.2%
Amla	210	42%
lavaṇa	44	8.8%
kaṭu	37	7.4%
Tikta	28	5.6%
kaṣāya	0	0
Majority of subjects reported *Amala* as dominant *rasa* (42%), followed by *Madhura rasa* (36.2%).		

Table 15: Percentage prevalence of *Nidra* (sleep) of Study subjects.

Nidra (Type of Sleep)	Total	Percentage
Samyaka nidra	307	61.4%
Asamyaka nidra	97	19.4%
Alpa nidra	66	13.2%
Ati nidra	30	6%
Majority of subjects reported *Samyaka nidra* (62.4%), followed by *Asamyaka nidra* (19.4%).		

Table 16: Percentage prevalence of *Divasvapna* (day Sleep) of study subjects.

Divasvapna (day Sleep)	Total	Percentage
Yes	190	38%
No	310	62%
Majority of subjects reported no day sleep (62%).		

Table 17: Percentage prevalence of *Saririka prakṛiti* of study subjects.

Saririka prakṛiti	Total	Percentage
Vatik	58	11.6%
Paitik	46	9.2%
Kaph	70	14%
VP	98	19.6%
VK	36	7.2%
PK	192	38.4%
T	0	0
The maximum subjects recorded were *Pitta-Kaphaj Prakriti* (38.4%)		

Table 18: Percentage prevalence of *Manasika prakṛti* of study subjects.

manasika prakṛiti	Total	Percentage
Satva-Raja	206	41.2%
Satva- Tama	218	43.6
Raja-Tama	76	15.2
The maximum subjects recorded were *Satva-Tama prakriti* (43.6%).		

Table 19: Percentage prevalence of *Guru ahara sevana* of Study subjects.

Guru ahara sevana	Total	Percentage
Never	48	9.6 %
Rare	68	13.6%
Sometimes	227	45.4%
Often	139	27.8%
Constant	18	3.6%
Majority of subjects reported sometimes intake of *Guru ahara* (45.4%), followed by often (27.8%).		

Table 20: Percentage prevalence of *Ati sita ahara sevana* of Study subjects.

Ati sita ahara sevana (chilled)	Total	Percentage
Never	55	11%
Rare	268	53.6%
Sometimes	125	25%
Often	52	10.4%
Constant	0	0
Majority of subjects reported rare intake (53.6%), followed by sometimes (25%).		

Table 21: Percentage prevalence of *Ati snigdha ahara sevana* of study subjects.

Ati snigdha ahara sevana (oily)	Total	Percentage
Never	19	3.8%
Rare	54	10.8%
Sometimes	300	60%
Often	103	20.6%
Constant	24	4.8%
Majority of subjects reported sometimes intake (60%), followed by often (20%).		

Table 22: Percentage prevalence of *Ati uṣṇa ahara sevana* of study subjects.

Ati uṣṇa ahara sevana (spicy)	Total	Percentage
Never	20	4%
Rare	56	11.2%
Sometimes	190	38%
Often	277	55.4%
Constant	07	1.4%
Majority of subjects reported often intake (55.4%), sometime by often (38%).		

Table 23: Percentage prevalence of intake of well-balanced diet of study subjects.

Intake of well-balanced diet	Total	Percentage
Never	90	18%
Rare	105	21%
Sometimes	172	34.4%
Often	89	17.8%
Constant	43	8.6%
The maximum subjects had well balanced diet sometimes (34.4%), followed by rare (21%).		

Table 24: Percentage prevalence of incidence of stress of study subjects.

Incidence of stress	Total	Percentage
Never	19	3.8%
Rare	60	12%
Sometimes	71	14.2%
Often	283	56.6%
Constant	67	13.4%
Majority of subjects reported that they often had stress (56%), followed by sometimes (14.2%)		

Table 25: Percentage prevalence of Sun Exposure of Study subjects.

Sun exposure		Total	Percentage
No		217	43.4%
Yes	1-2 hours/day	197	39.4%
	2-3 hours/day	13	2.6%
	4-5 hours/day	40	8%
	> 5 hours/day	23	4.6%
The maximum subjects reported no exposure of sun (43.4%), followed by 1-2hours exposure (39.4%).			

Table 26: Percentage prevalence of incidence of cosmetic therapy of study subjects.

Incidence of cosmetic therapy		Total	Percentage
No		430	86%
Yes	Facials	66	13.2%
	Ozone	4	0.8%
	Laser	0	0
	Others	0	0
The maximum subjects never had any cosmetic therapy (86%).			

Table 27: Percentage prevalence of use of Cosmetic Products (Make-ups) in study subjects.

Use of Cosmetic Products (Make-ups)	Total	Percentage
Never	300	60%
Rare	38	7.6%
Sometimes	88	17.6%
Often	54	10.8%
Constant	20	4%
Majority of subjects never used cosmetic products (60%), followed by uses sometimes (17.6%).		

Table 28: Percentage prevalence of use of oil (*Abhyang*) on face of Study subjects.

Use of oil (*Abhyang*) for face	Total	Percentage
Never	351	70.2%
Rare	90	18%
Sometimes	41	8.2%
Often	18	3.6%
Constant	0	0
The maximum subjects were never used oil for face (70.2%).		

Assessment of skin health: Participant assessment score: IGA scale and CADI scale.

Table 29: Any skin problem.

Response	Total	Percentage
Yes	189	37.8%
No	311	62.2%
The maximum subjects responded that they did not have any skin problem (62.2%).		

Table 30: *Suṣkata* (dryness).

Response	Total (378)	Percentage
Grade-0	70	14%
Grade-1	144	28.8%
Grade-2	132	26.4%
Grade-3	28	5.6%
Grade-4	04	0.8%
The majority of subjects felt grade-1 dryness (28.8%), followed by grade-2 (26.4%).		

Table 31: Affected area of pimples.

Response	Total	Percentage
Face	238	47.76%
Neck	88	17.6%
Upper chest	76	15.2%
Upper back & shoulder	98	19.6%
The maximum subject were found pimples on face (47.76%), followed by neck (17.6%)		

Table 32: *Snigdhata* (Oiliness).

Response	Total (122)	Percentage
Grade-0	53	10.6%
Grade-1	28	5.6%
Grade-2	21	4.2%
Grade-3	18	3.6%
Grade-4	02	0.4%
The majority of subjects felt grade-0 oiliness (10.6%), followed by grade-1 oiliness (5.6%).		

Table 33: Size of pimples.

Response	Total	Percentage
Grade-0	123	24.6%
Grade-1	170	34%
Grade-2	107	21.4%
Grade-3	100	20%
The majority of subjects were found grade-1 (34%), followed by grade-0 (24.6%).		

Table 34: *Kandu* (itching).

Response	Total	Percentage
Grade-0	140	28%
Grade-1	184	36.8%
Grade-2	107	21.4%
Grade-3	52	10.4%
Grade-4	17	3.4%
The majority of subject found grade-1 *Kandu* (36.8%), followed by grade-0 *Kandu* (28%).		

Table 35: Daha (Burning sensation).

Response	Total	Percentage
Grade-0	20	4%
Grade-1	262	52.4%
Grade-2	167	33.4%
Grade-3	39	7.8%
Grade-4	12	2.4%
The majority of subjects found of grade-1 *Daha* (52.4%) followed by grade-2 *Daha* (33.4%).		

DISCUSSION

Various types of *Kshudraroga*:- Out of 500 patients, it is observed that maximum no. of patients were reported *Mukhdushika* 43.6%. *Mukhdushika* is very common in young stage. *Masaka* were found 3.8%, *Charmkila* were found 11.6%, *Tilkalaka* were found 23%, *Naycha* were found 7%, *Vayanga* were found 16% in patients respectively. But most of them patients were reported *Mukhdushika* problem. Table no.1.

Age:- Maximum number of patients 65% was found in the age group of 18-25 years . In this study Maximum affected person belong to young age group. This age group golden period for individuals at work when mental stress and other exposure i.e. occupational, environmental, unwholesome food were more, which are etiological factors for *Kshudraroga*. This age group have majority chance for face and skin problem due to their occupation, contact activities and other exposures. Table no.2.

Gender:- Out of 500 patients in gender revealed that 34% were male and 66% of patients followed by female. Gender has no direct relation with *Mukhdushika*. But here reported data shows that female patients were more prone to *Mukhdushika*. Probable reason may be that female are more choice of spicy food, *Usna ,Tiksna Ahara* they are cause of *Mukhdushika*. Table no. 3.

Religion:- In 500 patients maximum 70% were found Hindu religion and 22.8% patients were found Muslim religion. This may be due to area where the study performed was maximum Hindu community. Table no.4.

Marital status:- Distribution of marital status in 500 patients of *Mukhdushika* revealed that maximum 13.6% patients were married and 84.6% were unmarried. Table no. 5.

Socio economic condition:- I conduct survey study on 500 person ,then I found 66.8% people were belong to middle class 23.6% people were belong to lower class and 9.6% people were belong to upper class family. This study shows that middle class people life very struggle then they cannot maintain proper hygiene. Table no 6.

Habitat:- In 500 Patients 12.2% patients were from rural population and 87.8% patients were belonging to urban areas. Probable reason may be urban people not maintain your personal hygiene because that is effect of environmental and urban culture etc. separately. Due to nature of work they contact chemical and irritants those are causative factor of *Kshudraroga*. Table no.7.

Education:- Distribution of education status in 500 patients revealed that maximum 30% patients were graduate, 24.4% patients were high secondary class, 14.6% patients were post graduate, 13.6% patients were illiterate. Probable reason may be that educated society are more modernized and lead a hard and fast life, so due

to carelessness or ignorance, their dietary practice may be faulty and that leads to the disease *Ksudhraroga*. Table no. 8.

Occupation:- Maximum patients i.e.39.8% were belonging Student class, probable reason may be Student not take regularly and timely diet and it was also found that student taken fast food. Student has more stress for study. Doctor, works with patients, laboratories or other allergens, which may produce irritation and manifestation of *Kshudraroga.* Table no. 9.

Addiction:- In survey study maximum i.e. 45% persons were addict tea, 36.2% persons no having any type of addiction, 14.6% persons addict with mixed type addiction , 4.6% person were addict smoking. Tea is very common and mostly easily available products, tea produce and accumulation of *pitta* and *mandagni, Prkupit pitta* is cause of *Mukhdushika.* Table no.10.

Diet:- The above table shows that maximum patients 72% were vegetarian and 28% of patients were taking mixed diet. Non-vegetarian are more prone to disease but in present study vegetarian incidence maximum. The reason may be the place of study wherein maximum patients were vegetarian. Amongst them the irregular food habits, wrong combination of food may be the contributory factor for occurrence of *Ksudhraroga*. Table no. 11.

Diet habit:- In survey study maximum people reported 49.4% were taking food *Vismasana*, 44.4% people were taking food *samasana*, 4% people were taking food *Adhisana*, 2% people were taking food *Pramitasana* . *Vismasana* is big cause for disturbance of digestive system and *parkupit pitta*, that is big cause of *Ksudhraroga*. Table no. 12.

Meal frequency:- Above shows that maximum people i.e.57.4% were taking two time in day, 36% people were reported three time meal in day, 6.6% people were reported three to more time taking meal in day. Table no.13.

Rasa:- In survey study above table shows that maximum i.e. 42% people were reported they use mostly *Amla Rasa*, 36% people were reported *Madura Rasa*, 8.8% people were reported *Lavana Rasa*, 7.4% people were reported *Katu Rasa. Amla rasa* is probable cause of accumulation and *parkupit pitta, parkupit pitta* is cause of *Raktadusthi*. *Raktadusth*i is main reason of skin disease. Table no. 14.

***Nindra*:-** maximum i.e. 61.4% people were reported *samyaka nindra*, 19.4% people were reported *Asamyaka nindra*, 13.2%people were reported *Alpa nindra*, 6% people were reported *Ati Nindra* . *Nindra* is big reason of healthy and unhealthy life its depend on our life style. Table no. 15.

***Divasvapna*:-** In survey study I observed maximum i.e.62% people were not having habit of *Divasvapna*, 38% people were having habit of *Divasvapna*. According to *Susrutta nidhan sthan Divasvapna* is cause of *pitta – kapha parkopak*. Table no. 16.

***Saririka Prakriti*:-** On considering the data of *Saririka Prakriti*, maximum 38.4% patients had *Pita-kapha Prakriti*, 19.6% had *Vata-pitta Prakriti* and 14% patients had *Vata-Kapha Prakriti* is *kapha vata* ans rkta this is possible because study area was *Mukhdushika* in *sadarna desa.* Table no. 17.

Manshik prakriti:- In survey study i.e. 43.6% people *satva-tama prakrti* ,41.2% people *Satva-raja prakrti*, 15.2% people *Satva-tama prakrti* . Table no. 18.

***Guru ahara sevna*:-** maximum i.e.45.4% people were taking sometime *Guru Ahara* 27.8% people were taking often ,13.6% people were taking rare 9.6% people were taking never *Guru-Ahara*. *Guru-Ahara* is cause of *Srotorodha* then skin disease. Table no. 19.

***Ati-sita ahara*:-** Maximum i.e.53.6% people reported were taking rare *Sita Ahara,* 25% people were taking sometime,11% people were taking never, 10.4% people were taking *Ati-Sita Ahara.* Table no. 20.

Ati-snigdh ahara:- Maximum i.e.60% people reported were taking sometime *Ati-Snigdh Ahara* ,20.6% people were taking often ,10.8%people were taking rare .4.8% people were taking constant *Ati Snigdh Ahara*. Table no. 21.

***Ati-usna ahara*:-** Maximum i.e.55.4% people were taking often *Ati usna ahara*,38% people were taking sometime, 11.2%people were taking rare, 4% people were taking never *Ati usna ahara*. Table no. 22.

Well-balanced diet:- In above table shows that maximum i.e. 34.4% people reported were taking sometime well-balanced diet, 21% people were taking rare, 18% people were taking never, 17.8% people were taking often, 8.6% people were taking constant well balanced diet. Table no. 23.

Mental condition:- patients maximum 56.6% patients were having often stressed and 14.6% patients were having sometime stress. Table no. 24.

Sun-exposure:- Above table shows that i.e. 43.4% people were reported no any type of sun exposure, 39.4% people were reported 1-2 hour/day sun exposure, 2.6% people were reported 2-3 hours/day, 8% people were reported 4-5 hours/day, 4% people were reported more than 5 hours in sun exposure in a day. Sun exposure cause of disturbance of *Brajak pitta.* Table no. 25.

Cosmetic products:- Above table shows that maximum i.e. 60% people were reported never use cosmetic

products, 17.6% people were reported use sometime, 10.8% people were reported use often, 7.6% people were reported rare, 4% people were reported use cosmetic products .Cosmetic product are disturbing skin health and ruptured skin cells. Table no. 26-27.

Oil *Abhyang*:- Above table shows that maximum i.e. 70.2% people were reported never use oil *Abhyang*, 18% people were reported rare use oil *Abhyang*, 8.2% people were reported sometime use oil and 3.6% people were reported often use oil *Abhyang*. Oil *Abhyang* is blocked hair follicle. Table no. 28.

Assessment of skin health: Participant assessment score: IGA scale and CADI scale. Any skin problem:- In survey study observed maximum 62.2% subjects responded that they did not have any skin problem, 37.8 subjects responded have any skin problem. Table no. 29.

Dryness:- In survey study observed i.e. 28.8% reported were having grade-1 dryness, 26.4% people were having grade-2 dryness, 14% people did not have grade-0 dryness, 5.6% people were having grade-3 dryness and 0.8% people were having grade-4 dryness. Table no. 30.

Affect area of pimples:- In survey study observed maximum i.e. 47.46% people were reported that the face is most common area of pimples, 19.6% people were having pimples upper back and shoulder, 17.6% people were having pimples on neck, and 15.2% peoples were having pimples on upper chest. *Mukdushika* is very common problem in *Yuvavastha.* Table no. 31.

Oiliness:- Maximum i.e. 10.6% people did not have any oiliness, 5.6% people were having grade-1 oiliness, 4.2% people were reported grade-2 oiliness ,3.6% people were reported grade-3 oiliness, 0.4% people were reported grade-4 oiliness. Table no. 32.

Size of pimples:- Above table shows that maximum i.e. 34% people were having grade-1 pimples ,24.6% peoples were having grade-0 pimples ,21.4% people were having grade-2, 20% peoples were having grade-3 pimples on face. Table no. 33.

***Kandu*:-** Above table shows that majority of subject 36.8% found grade-1 *Kandu* 28% people did not have *kandu*, 21.4% people were reported grade-2 *kandu* 10% people were reported grade-3 Kandu, 3.4% people were having grade-4 *Kandu. Kandu* is very common symptoms of *Mkhdushika*. Table no. 34.

***Daha*:-** In survey study observed maximum i.e. 52.4% people were reported grade-1 *Daha*, 33.4% people were reported grade-2 *Daha*, 7.4% people were reported grade-3 *Daha* , 4% people did not having any type of *Daha*, 2.4% people were having grade-4 *Daha.* Table no. 35.

CONCLUSION

1. *Yauvanpidika* is one of the *Kshudraroga* which can be compared with Acne as narrated in modern medical science.
2. It mostly affects the youngsters‟ skin and skin of face affected commonly in the most of the patients.
3. Age of *Yauvanpidika* aggravation is generally between 18-25yrs. i.e. age of adolescent to younger hood. But it can continue up to 35 yrs. also. Female persons are more prone towards the condition.
4. *Kaphapitta Prakriti* dominant person are more prone to the disease *Yauvanpidika.*
5. By evaluating questionnaire on healthy subjects and *Yuvan Pidaka* patients, we found that *Snigdha Guna Vriddhi* is found in patients as compared to healthy.

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