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## REVIEWER'S REPORT

**Manuscript No.: IJAR- 58296**

**Title: A Critical Review of Mukhadushika in Classical Literature with Special Reference to Acne Vulgaris,**

**Recommendation:**
Accept after minor revision

| Rating | Excel. | Good | Fair | Poor |
|---|---|---|---|---|
| Originality | | ✔ | | |
| Techn. Quality | | | ✔ | |
| Clarity | | | ✔ | |
| Significance | ✔ | | | |

**Reviewer's ID: Bilquees Hamza**

***Detailed Reviewer's Report***

The manuscript titled "A Critical Review of Mukhadushika in Classical Literature with Special Reference to Acne Vulgaris" provides a comprehensive conceptual review of a highly prevalent dermatological condition, bridging traditional Ayurvedic nosology with contemporary medical science. The study centers on *Mukhadushika*, classified as a *Kshudra Roga* (minor disease) by Acharya Sushruta, which is also systematically referred to as *Yuvanpidika* due to its primary clinical incidence during adolescence and its profound impact on facial appearance. By cross-referencing canonical texts—including the foundational *Sushruta Samhita*, *Ashtanga Hridaya*, and *Ashtanga Sangraha*, along with medieval compendia like *Madhava Nidana*, *Bhavaprakasha*, *Vangasena Samhita*, *Yogaratnakara*, and *Bhaishajya Ratnavali*—the authors trace a consistent across-the-centuries description of eruptive, thorn-like facial lesions (*Shalmali Kantaka Prakhya*). The primary strength of the manuscript lies in its detailed mapping of ancient pathogenic mechanisms onto the modern physiological understanding of acne vulgaris as a chronic inflammatory disorder of the pilosebaceous unit.

The intellectual value of the paper is rooted in its systematic breakdown of *Samprapti* (pathogenesis). In the Ayurvedic paradigm, the condition triggers through a multifaceted etiological matrix spanning *Aharaja* (excessive oily, spicy, and fried foods), *Viharaja* (daytime sleep, night vigil), *Kalaja* (adolescent developmental shifts), and *Manasika* (stress and emotional imbalances) factors. These triggers lead to the simultaneous vitiation of *Kapha* and *Vata Doshas* in conjunction with *Rakta Dushti* (blood vitiation),

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causing an obstruction of the bodily channels (*Srotorodha*). The authors highlight how the deep involvement of *Meda Dhatu* (adipose tissue) and its metabolic byproduct *Sweda* (sweat) inside the hair follicles (*Romakoopa*) parallels modern concepts of follicular hyperkeratinization, excess sebum production, and ductal blockage. By framing *Mukhadushika* not merely as an isolated aesthetic defect but as a systemic disharmony involving *Jatharagni Mandya* and *Dhatvagni Vaishamyas*, the study establishes a firm rationale for the holistic, root-cause-oriented management offered by traditional medicine.

**Recommendations for Improvement**

While the manuscript successfully frames the theoretical alignment between Ayurvedic and modern dermatological concepts, several structural and analytical expansions are necessary to fully realize its academic potential. First, the section outlining the *Samprapti* (pathophysiology) presents two distinct textual pathways: one tracing the general accumulation of *Shukradhatu Mala* and another from the *Ashtanga* corpus focusing on *Medo Dhatvagni Vaishamya* and *Meda Sanga* in the *Romakoopa*. However, the narrative prose fails to critically analyze how these two distinct internal pathomechanisms interact or vary. The author should expand the discussion to reconcile the *Shukradhatu* involvement (which aligns beautifully with adolescent endocrine/hormonal surges) with the *Meda-Svedavaha* obstruction (which mirrors active sebum accumulation). Elaborating on this integration would elevate the paper from a simple list of textual compilations to a sophisticated, unified pathophysiological critique.

Second, the compilation of treatment modalities across different classical Acharyas is presented in a highly condensed manner, noting which authority advised *Vamana*, *Lepana*, *Nasya*, or *Shiravedha* without exploring the underlying clinical logic. The manuscript would be greatly enhanced if the discussion section elaborated on the therapeutic rationale behind these specific selections. For instance, the author should explain *why* Sushruta specifically privileges *Vamana* (therapeutic emesis) and *Lepana* (topical pastes)—focusing on the rapid expulsion of the dominant *Kapha* dosha and local pacification—whereas Vagbhata and Govinda Dasa Sena introduce *Shiravedha* (bloodletting) to address systemic *Rakta Dushti*. Detailing how the choice of *Shodhana* (purification) or *Shamana* (palliative) modalities depends on the chronicity, lesion severity (papules vs. pustules), and dominant doshic presentation would provide immense practical value to clinicians reading the review.

Finally, the section on *Shamana Chikitsa* lists several internal herbs (such as *Haridra, Manjistha, Nimba*, and *Guduchi*) and various topical formulations like *Lodhradi Lepa* and *Masuradi Lepa* but fails to explain their specific *Rasapanchaka* (pharmacodynamic) properties. To improve the paper's academic

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depth, the author should include analytical prose describing how these specific botanicals exert their *Kapha-Vatashamaka*, *Raktashodhaka* (blood-purifying), and anti-inflammatory effects. Explaining that these herbs possess bitter (*Tikta*) and astringent (*Kashaya*) tastes that naturally dry up excessive *Kleda* and *Meda* would directly connect the pharmacology section back to the core pathogenic equations of the disease.

**Final Recommendation**

This review is a valuable addition to the literature on traditional dermatology, successfully demonstrating that the ancient nosology of *Mukhadushika* possesses a deep scientific alignment with the contemporary understanding of pilosebaceous dysfunction. By emphasizing a holistic management strategy that combines dietary modification (*Nidana Parivarjana*), internal systemic cleansing (*Shodhana*), and targeted topical therapy (*Lepa*), the paper provides a sustainable, safe, and root-cause-oriented alternative to purely symptomatic modern treatments.

The suggested revisions—namely, synthesizing the hormonal and adipose pathogenic pathways, expanding on the clinical rationale of different Acharyas' protocols, and detailing the pharmacodynamics of the recommended herbs—will strengthen the analytical rigor of the text without disrupting its structural framework. Therefore, I recommend the article for publication with **Minor Revision**.