Efficacy of Karveera Karanja Patra Siddha Taila in the Management of Garbhini Kikkisa i.e. Striae Gravidarum.

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Abstract: The woman is beautiful thing created in the world. During pregnancy woman has to face many physiological & anatomical changes that includes skin changes over the face & abdomen. During pregnancy each has to suffer with kikkisa i.e. striae gravidarum. Ayurveda offers several formulations for the management of Kikkisa. As it causes permanent discolouration and harmless the beauty there is need for treatment. Ayurveded Acharyas have elaborated the treatment for Garbhini kikkisa. In Garbhini kikwis mainly symptoms of kandu & vaivarnyā. Karveera and Karanja patra has mainly kandughna, kaphavata Shamak, Vranashodhan, Vranaropan & twachya properties.

Keywords: Garbhini kikkisa, Garbhini paricharya, kandu, Vaivarnyā

Introduction:
Kikkisa is a one type of skin ailment that occurs during pregnancy and mentioned in the disorders of pregnancy by the various Acharyas. Acharya Charaka, Both Vagbhata, Harita, Bhela and their commentators like Chakrapani, Gangadhar, Indu, Arundatta and Jaydev Vidhyalankar have described Kikkisa in the pregnancy disorder. Due to pressure of developing foetus, the Doshas reach to the Hridaya and produce Kandu and Vidaha, which develop Kikkisa. Arundatta gives detail description about the disease. He says that normally in the hip region, breasts region and in abdominal region wrinkle or crease type markings (Valivishesha), like the linear lining marking at that time, which is called Kikkisa. Above said causative factors and symptomatology of Kikkisa
are having a very close resemblance with Striae Gravidarum (S.G.) as described in modern texts of obstetrics. Though it is considered as a common physiological change observed during pregnancy, it gains medical attention as the remnant scars greatly influence the appearance and attitude of the woman. Moreover it is imperative to avoid unnecessary chemicals during pregnancy as it may cause adverse effects to the fetus. Therefore Ayurveda can suggest an alternative choice of treatment with minimal side effects. In Ayurveda local application for kikkisa like Lepana, Abhyanga, Pariseka are described. Hence an attempt is made in this to study the efficacy of kaveera karanja patra siddha taila in the management of kikkisa.

**Aims and Objectives:**
To study the efficacy of karveera karanja patra siddha taila in management of kikkisa i.e striae gravidarum in primigravida and multigravida patients.

**Material and Methods:**

**Selection of cases:**
A total number of 20 patients, 10 each in primigravida and multigravida were taken in the study

**Inclusion criteria:**
1. Ladies of 2nd and 3rd trimester of pregnancy.
2. Age group: (20-35) years
3. The patient having striae gravidarum over abdomen will be selected.

**Exclusion criteria:**
1. All types of dermatosis/all allergic conditions.
2. HIV, HBsAg, HCV, Diabetes mellitus, hyperbilirubinaemia will be excluded.

**Laboratory investigation:**
Hb%, TC, DLC, ESR, ABO-Rh, AEC, Sr. bilirubin, HIV, HBsAg, HCV, VDRL, Urine RE & Microscopic, Blood sugar, Blood urea, Sr. Creatinine, USG (Gravid uterus).

**Preparation of drug:**
Karveera Kankanja Patra Siddha taila was prepared as per Sharangdhar samhita.
1 part: kalk of karveera karanja patra
4 parts: tila taila
Firstly tila taila was heated till fenodbhava then kalk of karveera and karanja patra added to it. This was heated on slow flame. Heating was stopped after presence of siddhi lakshanas of taila.

**Drug administration:**
The trial drug Karveera Kankanja Patra Siddha Taila is applied topically over abdominal skin after cleaning the area twice daily with soap water by rubbing from 2nd trimester of pregnancy upto delivery.

**Analysis:**
Subjective parameters:

1. Kandu (Itching)
2. Vidaha (Burning sensation)
3. Rekhaswaruptwaksankoch (Linear stretch marks over abdominal skin)
4. Vaivarnyata (discolouration of skin)

Final Assessment: score

Obeservation:

<table>
<thead>
<tr>
<th>Age group</th>
<th>Primigravida n=10</th>
<th>%</th>
<th>Multigravida n=10</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25</td>
<td>6</td>
<td>60</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>25-30</td>
<td>3</td>
<td>30</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>30-35</td>
<td>1</td>
<td>10</td>
<td>4</td>
<td>40</td>
</tr>
</tbody>
</table>

no: number of patients under treatment

# Cured: Complete cessation of symptoms. Score 3
# Improved: Reduction of quantity/in quality of symptoms. Score 2
# No change : No Change in symptoms. Score 1
# Aggrevated : Symptoms become more severe than before .Score 0

<table>
<thead>
<tr>
<th>Subjective parameters</th>
<th>BT</th>
<th>%</th>
<th>AT</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Kandu</td>
<td>10</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Vidaha</td>
<td>7</td>
<td>70</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>3. Rekhaswaruptwaksankoch</td>
<td>9</td>
<td>90</td>
<td>9</td>
<td>90</td>
</tr>
<tr>
<td>4. Vaivarnyata</td>
<td>9</td>
<td>90</td>
<td>9</td>
<td>90</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Observation</th>
<th>Primigravida:</th>
<th>Multigravida:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of patient</td>
<td>BT</td>
<td>%</td>
</tr>
<tr>
<td>1. Kandu</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>2. Vidaha</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>3. Rekhaswaruptwaksankoch</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>4. Vaivarnyata</td>
<td>10</td>
<td>100</td>
</tr>
</tbody>
</table>

BT: Before Treatment , AT: After Treatment
Result:
Out of 50 patients undergoing ANC, 20 patients were selected for the study dividing in two groups viz.-Primigravida & Multigravida and the trial drug Karaveera Karanja Patra Siddha Taila was tried in both the groups-
Primigravida patients under Karaveera Karanja Patra Siddha Taila following results were found–Kandu was not relieved in 0%, Vidaha was not relieved in 14.28%, Rekhaswarup, Twaksankoch was not relieved in 100%. Vaivarnyata was not relieved in 100%. Multigravida patients under Karaveera Karanja Patra Siddha Taila following results are found – Kandu was not relieved in 20%, Vidaha was not relieved in 20%, Rekhaswarup, Twaksankoch was not relieved in 100%, Vaivarnyata was not relieved in 100%.

Discussion:
In today’s materialistic world pregnant women are more conscious about their physical appearance. Kikkisa is such a disease in pregnancy which causes lots of agony due to physical hazard and cosmetic problems. Kikkisa need both type of treatment preventive as well as curative.
Karveera, Karanja both drugs have Kandughna, Kaphavatashamak, Varnya, Vranaropan properties so drug Karveera Karanja Patra Siddha Taila is effective in kikkisa, preventive as well as curative aspect.

Conclusions:
In the study my trial drug Karaveera Karanja Patra Siddha Taila is found to be more effective in kikkisa, mainly kandu and vidaha relieved both in Primigravida & Multigravida patients.

Acknowledgement:
I would like to express my special thanks of gratitude to my guide as well as our principal who gave me golden opportunity to do this wonderful article, which also helped me in doing a lot of research and I came to know about so many things, I am really thankful to them.
Secondly I would also like to thank my parents and friends who helped me a lot.

References:

Cite this article:
"Efficacy of Karveera Karanja Patra Siddha Taila in the Management of Garbhini Kikkisa i.e. Striae Gravidarum."
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Ayurline: International Journal of Research In Indian Medicine 2020; 4 (2) :01-04