IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

EFFECT OF KARANJA TAILA THERAPY ON GARBHINI KIKKIS: A Single-Case Pilot study

Name – Dr. Sufiya Bee Mansoori

M.S (Ayu) SCHOLAR

DEPARTMENT OF PG STUDIES IN PRASUTI TANTRA EVAM STREE ROGA

JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE AND HOSPITAL,

LODHA, ALIGARH, UP

202140

Name – Dr. Mamata kumari swain (MD, Ph.D.)

HOD & PROFESSOR

DEPARTMENT OF PG STUDIES IN PRASUTI TANTRA EVAM STREE ROGA

JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE AND HSOPITAL,

LODHA, ALIGARH, UP

202140

Abstract

Objective

The objective of the present pilot study was to evaluate the efficacy and safety of *Karanj Taila* in the management of *Garbhini Kikkis* and to observe its effects on itching, dryness, discoloration, and skin elasticity during pregnancy.

Study Design

This was a single-case, open-label, interventional pilot study conducted on a pregnant woman diagnosed with *Garbhini Kikkis*. *Karanj Taila* was administered externally for 3 months, and the clinical outcomes were assessed periodically.

Result

The study demonstrated significant improvement in itching, reduction in dryness, lightening of striae, and overall improvement in skin texture and elasticity. No adverse maternal or fetal effects were observed during the study period, indicating the therapy to be safe and effective.

Keywords

Garbhini Kikkis; Stria Gravidarum; *Karanj Taila*; Pregnancy Dermatoses; Ayurvedic External Therapy

Introduction

Etymologically, the term *kikkisa* denotes a form similar to a worm[1] or snake[2]. The striae marks appearing on the skin closely resemble serpiginous lesions. This condition is exclusively associated with pregnancy; however, it holds significant clinical interest for both obstetricians and dermatologists. Although the manifestation occurs on the skin, its onset is intrinsically linked to pregnancy, thereby necessitating a multidisciplinary approach for accurate diagnosis and effective management.

Stria Gravidarum, commonly known as stretch marks, is one of the most frequent physiological skin changes encountered during pregnancy, affecting approximately 90–95% of pregnant women[3]. In Ayurveda, this condition is correlated with *Garbhini Kikkis*, characterized by *Kandu* (itching), *Rukshata* (dryness), *Vaivarnya* (discoloration), and *Twak Bheda* (skin fissuring). *Acharya Charaka* and other classical texts mention the occurrence of *Kikkis* during pregnancy due to *Vata-Kapha* vitiation along with excessive stretching of the skin[4].

Modern management options are limited and often unsatisfactory due to safety concerns in pregnancy. Therefore, a safe, effective, and herbal alternative is desirable. *Karanja Taila*, prepared from Pongamia pinnata, possesses *Kandughna, Kushtaghna, Twak-prasadana,* and anti-inflammatory properties[5].*Karanja taila* was given by *Acharya Indu*, in his commentary on *Ashtang samgraha*[6]. Hence, this pilot study was undertaken to evaluate its role in the management of *Garbhini Kikkis*.

Materials and Methods

Selection of Case

A 28-year-old primigravida at 24weeks of gestation presenting with abdominal striae and moderate pruritus was enrolled from the OPD.

Inclusion Criteria

Pregnant woman in second trimester

Pregnant woman of age group 18 to 40 years

Presence of visible striae over abdomen, thighs, or breasts

Complaints of itching, dryness, or discomfort

Willingness to participate in the study

Prime gravidae and Multi gravidae

Exclusion Criteria

High-risk pregnancy

Age below 18 years and above 40 years

Known dermatological disorders other than striae

Multigravidea with previous scar marks

Hypersensitivity to herbal oils

Systemic illness affecting skin healing

Parameters for Clinical Study

Assessment was done based on the following parameters:

- Itching (*Kandu*)
- Discoloration of skin *(*Vaivarnyata*)*
- Burning sensation (Vidaha)
- Linear stretch marks over skin *(Rekha Swaroopa twak sankocha)*

Grading was done before and after the intervention.

ASSESSMENT CRITERIA: Signs and symptoms will be evaluated based on subjective & objective parameters.

A. SUBJECTIVE PARAMETERS
   - *Kandu*
   - *Vidaha*

B. OBJECTIVE PARAMETERS
   - *Vaivarniyita*
   - *Rekhaswaroop twaksankocha*

SCORING PATTERN:

Kandu (Itching):
- No itching – 0
- Mild itching not disturbing normal activity – 1
- Occasional itching disturbing normal activity - 2
- Itching present continuously & disturbing normal activity – 3

Vidaha (Burning):
- No burning sensation- 0
- Mild burning not disturbing normal activity- 1
- Occasional burning disturbing normal activity – 2
- Burning present continuously disturbing normal activity – 3

Vaivarniyita (Discolouration):

- Absent – 0
- Whitish – 1
- Pinkish / Reddish – 2
- Blackish - 3

Rekha swaroop twak sankocha (Texture):

- Not Developing- 0
- Mild Developing-1
- Moderate Developing-2
- Severe Developing-3

CRITERIA FOR OVERALL ASSESSMENT OF THERAPY:

- No Occurrence- 99%
- Mild Occurrence-76% to 99%
- Moderate Occurrence- 51% to 75%
- Severe Occurrence – 0% to 50%

Investigations

Routine antenatal investigations including:

Ultrasonography to assess the accurate gestational age, EDD, and amniotic fluid.

Blood routine examination: Hb, TLC, DLC, ESR

Biochemical Investigations: Blood sugar, RFT, LFT

Urine Routine & Microscopic examination

Serology: HBsAg, HIV 1 and 2, HCV, ABO-Rh grouping (For both partners)

were reviewed to rule out systemic complications.

Selection, Collection, Preparation and Administration of Trial Drug

The trial drug *Karanj patra* was purchased by the authentic vendor and proper authentication was done by *Dravya guna* expert and then oil was prepared using classical *Sneha Paka* method as described in *Sharangdhara samhita*[7].

Mode of Administration: External application

Dose: Quantity sufficient to cover the affected area

Method: Gentle local massage over affected areas

Duration: Twice daily for 3 months

Follow-up

The patient was followed up every two weeks during the treatment period. Any adverse effects or discomfort were carefully monitored.

Statistical Analysis

As this was a single-case pilot study, descriptive analysis was adopted. Clinical improvement was assessed by comparing pre- and post-treatment scores.

Parameters	Before Treatment (BT)	After Treatment (AT)
Kandu (Itching)	3 (continuous disturbing activity)	1 (Mild, not disturbing)
Vidaha (Burning sensation)	2 (occasional disturbing)	0 (Absent)
Vaivarnyata (Discoloration)	3 (Blackish)	1 (Whitish)
Rekha swarooptwak sankocha (Texture)	3 (severe developing)	1 (Mild developing)

Total score reduction:

- Before treatment score- 11
- After treatment score- 3
- Score Reduction- 8

Percentage improvement formula:

Percentage improvement = $\frac{BT\ score - AT\ score}{BT\ score}$

$= \frac{11-3}{11} * 100 = 72.72\%$

Overall Assessment of therapy:

Overall improvement = 72.72%

Falls under = Moderate occurrence (51 – 75%)

Overall Assessment: Moderate improvement was observed after therapy

Observation

Before treatment, the patient had multiple reddish-brown striae over the abdomen associated with intense itching and dryness. Gradual improvement was observed from the second week onwards. By the end of the treatment period, itching had markedly reduced,dryness resolved, and striae appeared lighter and less prominent. No adverse effect has been noted throughout the study.

Result and Discussion

The application of *Karanj Taila* showed significant positive results in the management of *Garbhini Kikkis*. The therapeutic action of drug on *kikkis* can be explained on the basis of its *Rasa pancaka*. *Karanj patra*, being predominantly *Tikta rasa*, plays a crucial role in pacifying *pitta dosha*, which is a key factor in pathogenesis of *kikkis.* Although the drug possesses *Tikshna guna*, which acts effectively against the *sthira guna* of *kapha dosha*, its *Ushna virya* theoretically has the potential to aggravate *pitta*. However, this provocation does not manifest clinically, as *pitta-shamana* effect of *Tikta rasa* counterbalances the *Ushna virya*[8]. The *Snigdha* and *Vata-Kapha shamaka* properties of *Karanj Taila* helped in improving skin elasticity and reducing dryness[9]. Its *Kandughna* and anti-inflammatory actions effectively relieved itching and discomfort[10].

The absence of adverse maternal and fetal outcomes suggests the safety of this therapy during pregnancy. These findings align with the classical Ayurvedic understanding of *Sneha Chikitsa* in pregnancy-associated skin conditions[11].

Conclusion

The present pilot study indicates that *Karanj Taila* is a safe and effective external therapy in the management of Garbhini Kikkis with special reference to Stria Gravidarum. It improves itching, dryness, discoloration, and overall skin texture. Larger clinical trials are recommended to substantiate these findings.

Acknowledgement

I express sincere gratitude to my teacher Dr Mamata kumari Swain, HOD & Professor, Department of *Prasuti Tantra and Stri Roga,* Jeevan Jyoti Ayurvedic Medical College and Hospital for providing the necessary facilities and support to carry out this study. I also sincerely acknowledge Dr. Arun Mishra, my former undergraduate teacher in shalya tantra for his continuous mentorship and encouragement. Special thanks are extended to the patient for her cooperation throughout the study period.

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