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CLINICAL EFFICACY OF KARANJA TAILA IN THE MANAGEMENT OF KIKKISA W.S.R. STRIAE GRAVIDARUM

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ABSTRACT
During pregnancy woman has to experience many physiological & anatomical changes that includes skin changes over the face & abdomen. Kikkisa is a common disorder which appears on the abdomen during seventh month. The aetiology of Kikkisa, shows that various sages has compiled the same cause i.e., vitiation of tridosha due to the growing fetus which leads to daha and kandu as symptoms and stretch marks as a sign. Above said causative factors and symptomatology of Kikkisa has close resemblance with Striae Gravidarum as described in modern texts. Striae gravidarum is a physiological skin change that occurs during pregnancy. They are often symptomatic causing itching, burning sensation, discolouration & linear stretch marks over abdominal wall causing psychological distress to the pregnant women. Ayurveda Acharyas have elaborated the treatment for Garbhini kikkisa. Karanja patra has mainly kandughna, kaphavata Shamaka, Vranashodhana, Vranaropana & twachya property.

KEYWORDS: Kikkisa, Striae Gravidarum, Karanja taila.

INTRODUCTION
In present cosmetic conscious era women are desirous to get rid of any pregnancy marks. Kikkisa is a one type of skin ailment that occurs during pregnancy and mentioned in the disorders of pregnancy. The descriptions of kikkisa as a disease has been quoted first time by Acharya Charaka (2000 B.C.) The literal meaning of kikkisa is 'worm' or 'snake species'.[1] Linear stretch marks over skin resemble serpiginous lesions. Due to pressure of developing foetus, the Doshas reach to the Hridaya and produce Kandu and Vidaha, which develop Kikkisa.[2] 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. In modern point of view kikkisa can be correlated with can be correlated with Striae gravidarum.[3] The endocrine, metabolic and immunological changes during pregnancy give rise to a number of physiological cutaneous changes[4] and kikkisa is one of them. In Ayurveda local application for kikkisa like Lepana, Abhyanga, Pariseka are described. Hence an attempt is made in this to study the efficacy of karanja patra taila in the management of kikkisa.

AIMS AND OBJECTIVES
To study the efficacy of Karanja Patra taila in management of kikkisa i.e., striae gravidarum in primigravida and multigravida patients.

MATERIAL AND METHODS
Selection of cases: Patients were recruited from the OPD and IPD of SDM INSTITUTE OF AYURVEDA COLLEGE AND HOSPITAL, BANGLORE for 3 months study period. Written & informed consent was obtained from all subjects.

Karanja taila was prepared out of Karanja leaf paste 1/4-parts, Tila taila 1 -part and Water 4-parts as per the method described in AFI to prepare taila to the state of Kharapaka (Slightly over heated).

Dose, Duration and Follow up: All patients were advised to use 5ml of Karanja taila locally on the abdomen as Abhyanga 2 times a day for a period of 2 months. Clinical re-assessments were performed every 15 days for a total of 6 medical visits over a period of 3 months. (i.e., follow up of 1 month).

Inclusion criteria
1. Age group between 20-40 years.
2. Women having pregnancy between 5-8 months.

3. Patients having classical signs and symptoms of Kikkisa.

Exclusion criteria

1. Age 40 years.
2. Patients having skin disorders.
3. Patients having chronic medical and surgical disorders.
4. Patients having complications of pregnancy.
5. Any malignancy on the affected part.
6. Patients who were not willing for trial.

Parameters for clinical study

Kandu[5] (Itching), Vidaha[6] (Burning sensation), Twak Bheda[7] (Cracking of Skin), Rekha swaroopa twak sankocha[8] (Linear stretch marks over skin) & Vaivarnyata[9] (Discolouration of skin) were considered for clinical assessment.

Criteria of Assessment

Assessment was done on the basis of subjective and objective criteria.

Sl. N	Clinical Features	0	1	2	3	4
1	kandu (Itching)	No Kandu	Mild Kandu (3-4 times in a day)	Moderate Kandu (5-10 times in a day but not disturbing normal activities)	Severe Kandu (>10 times disturbing normal Activities)	------
2	Vidaha in Udara (Burning sensation)	No Daha	Mild Daha (1- 2 times in a day and is ignored by the patient)	Moderate Daha (3 –5 times in a day but not disturbing normal activities)	Severe Daha (>5 times also disturbing normal activities and normal sleep)	-----
3	Twak Bheda (Cracking of skin)	No Twak Bheda	Mild Twak Bheda (Middle part of lower abdomen just Shiny)	Moderate Twak Bheda (In the flank of lower abdomen and shiny to glistening type)	Severe Twak Bheda (Wide, flat, depressed or over whole abdomen)	-----
4	Rekha Swaroop Twak Sankocha (RSTS) [Linear stretch marks over abdominal skin]	No RSTS (Normal Skin)	Mild RSTS (Mildly observed on the lower abdomen)	Moderate RSTS, (Near the peripheral region of abdomen)	Severe RSTS (Most of the region of whole abdomen and causing mental distress)	------
5	Vaivarnyata (Discolouration of skin)	No Vaivarnyata (Normal abdominal skin)	Pinkish	Pinkish- red	Yellowish-white or Purple	Black

Investigations

Routine investigations of Antenatal check-up were done.

- Haematological: Hb, TLC, DLC, ESR, ABO-Rh Grouping
- Immunological: HIV, HBsAg, VDRL (for both Husband & Wife)
- Urine: Routine examinations.: Microscopic examinations.
- Biochemical investigations: Blood sugar (Fasting), Blood urea
- USG: for Gestational age, EDD, Amniotic Fluid

OBSERVATION

During the period of therapy, no any adverse effect was observed in any patient. Demographic data indicate maximum number of cases were in age group of 23-34 years (48%), were of Hindu religion (80%) belonging to semi urban area (55%), were housewives (80%) with senior secondary level of education (50%), having middle socioeconomic status (65%), vegetarian (60%) and spicy dietary habit (68%), having regular bowel habit (60%), normal sleep habit (88%) and good hygiene (62%). On evaluating Dasahvidha parikshya bhava; pitta-kaphaja prakriti (55%), vata pittaja prakriti (25%), kapha vataja prakriti (20%), and are of pravara satmya (52%), madhyama satva (38%), having pravara abhyaharana shakti (50%), and madhyama jarana shakti (40%).

RESULTS AND DISCUSSION

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. Karanja is having Kandughna, Kaphavatashamaka, Varnya, Vranaropana properties. The action of drug on kikkisa can be understood by the fact that tikta rasa predominant karanja patra has property to pacify pitta. The tikshna guna has main action over sthira guna of kapha dosha, and ushna virya can provoke pitta but it does not occur because pitta shaman is due to its tikta rasa. Its ushna virya is mainly utilised to pacify the vata and kapha dosha.[10] Here desired effect is to establish the dosha samya. The rogaghnata is concerned to Kandughna action. Thus, Kandughna action relives itching complaints. The active compound of Karanja has anti pruritic and antibacterial action. Leaves are active against Micrococcus[11] and have antiviral activity

against white Spot Syndrome Virus of Penaeus monodon Fabricius.[12] Antifungal and antibacterial activity of different concentration of oil obtained from Pongamia pinnata has been evaluated by some other. These researches support our available knowledge from classics for its medicinal value in present era for its use over skin.

CONCLUSIONS

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

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