

Journal of Ayurveda and Integrated Medical Sciences

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An International Journal for Researches in Ayurveda and Allied Sciences



Journal of

Ayurveda and Integrated Medical Sciences

ORIGINAL ARTICLE

October 2022

A randomized comparative clinical study of *Manjistha Ghrita* (*Rubia Cordifolia* Linn.) and *Go-Ghrita* in the management of *Kikkisa* (Striae Gravidarum)

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ABSTRACT

Skin ailments are the third most common disease in developing countries and in modern society it is a subject of sociomedical importance. One such ailment associated with pregnancy is Kikkisa (Striae gravidarum). Kikkisa (Striae gravidarum) is a Garbhini Vyadhi which occurs mostly in Sapta Masa of Garbhini Kala (7th month of pregnancy). It is a condition where growing foetus enlarges Garbhashaya which displaces Doshas Vata, Pitta and Kapha upwards, reaches Uras and produces Daha causing Kandu on abdomen, breasts and thighs. Striae gravidarum are seen in 50-90% of pregnant women due to many physiological, metabolic and hormonal changes along with increased stress on connective tissue will lead to breakage of fibers. Manjistha (Rubia cordifolia Linn.) is considered as Raktashodaka and Kushtanuta. Considering the risk factors in pregnancy the current study has been taken up under external application of Manjistha in the form of Ghrita over internal usage of Kwatha as mentioned in authentic text. Keeping this in mind a comparative study was conducted to analyze the effect of Manjistha Ghrita and Go-Ghrita on Striae gravidarum.30 subjects after considering the inclusion and exclusion criteria were taken up for the study. Patient's general and physical examinations were done. On day 0, through inspection if Striae were observed then Manjistha Ghrita and Go-Ghrita were given in alternative manner. Patients were asked to come for follow up on Day 15. The study period was 30 days and on Day 30, patients were examined to check for any changes in Striae. The obtained data were analyzed statistically using Paired T test, UnPaired T test, Wilcoxon test, Mann Witney test, by using SPSS Software. Usage of Manjistha Ghrita gave considerably good results statistically when compared to application of Go-Ghrita as it only helped in reducing the symptoms till the subjects used the medication and there was recurrence of symptoms later.

Key words: Manjistha Ghrita, Go-Ghrita, Kikkisa, Striae gravidarum

INTRODUCTION

Ayurveda which is considered as 'science of life' gives importance to both preventive and curative measures with respect to a disease. Skin ailments are the third most common disease in developing countries and in modern society it is a subject of sociomedical importance

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Submission Date: 00/08/2022 Accepted Date: 00/09/2022

Access this article online

Quick Response Code

Website: www.jaims.in

DOI: 10.21760/jaims.7.9.4

One such ailment associated with pregnancy is *Kikkisa* (Striae gravidarum).

Kikkisa (Striae gravidarum) is a Garbhini Vyadhi which occurs mostly in Sapta Masa of Garbhini Kala (7th month of pregnancy). It is a condition where growing foetus enlarges Garbhashaya which displaces Doshas Vata, Pitta and Kapha upwards, reaches Uras and produces Daha causing Kandu on abdomen, breasts and thighs.^[1]

Striae gravidarum are seen in 50-90% of pregnant women due to many physiological, metabolic and hormonal changes along with increased stress on connective tissue will lead to breakage of fibres. Symptoms seen are linear marks with varying length and breadth, burning sensation, itching and discoloration. Initially, they will be pinkish but after delivery the scar tissue contract and obliterate the

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ISSN: 2456-3110 ORIGINAL ARTICLE October 2022

capillaries and they become glistening white in appearance and they are called as striae albicans.^[8]

Manjistha (Rubia cordifolia Linn.) is considered as Raktashodaka and Kushtanuta.^[2,7] They are the perennial climber which promotes skin healing by its local action on the skin, it is considered as Varnakrit.^[7] It has also been proven for wound healing activity, antimicrobial, anti-inflammatory and antioxidant property.^[4]

Manjistha (Rubia cordifolia Linn.) cures burning sensation due to Tikta, Kashaya and Madhura Rasa present in it. Kandughna action is performed by Tikta Rasa and Ushna Veerya, Varnakrit action is performed by Kashaya Rasa. [1] Considering the risk factors in pregnancy the current study has been taken up under external application of Manjistha in the form of Ghrita over internal usage of Kwatha as mentioned in authentic text. [2,3] As in market there is no such external application available and instead of Lepa, Ghrita [6] is used in this research

AIM AND OBJECTIVE

- 1. To evaluate the clinical efficacy of *Manjistha Ghrita* in *Kikkisa* (Striae gravidarum).
- To compare and evaluate clinical efficacy of Manjistha Ghrita and Go-Ghrita in Kikkisa (Striae gravidarum).

MATERIALS AND METHODS

The study related documents were reviewed and approved by Sri Sri Institutional Ethical Committee at Sri Sri College of Ayurvedic Science and Research, Bangalore. The clinical study was conducted at Sri Sri College Of Ayurvedic Science and Research Hospital, Bengaluru. 30 diagnosed patients of Striae gravidarum at Out Patient Department of Prasuti tantra and Stree Roga, SSCASR, Bengaluru, were registered after obtaining the informed consent of the study.

Inclusion Criteria

- Pregnant women diagnosed with symptoms of Kikkisa.
- Age group 20-35years

Second and third trimester of pregnancy.

Exclusion Criteria

- Pregnant women suffering from any other skin diseases except stretch marks.
- Pregnant women suffering from any systemic illness.
- Presence of any surgical scar on the abdomen.

Study Procedure

30 subjects after considering the inclusion and exclusion criteria were taken up for the study. Patient's general and physical examinations were done. On day 0, through inspection if striae were observed then *Manjistha Ghrita* and *Go-Ghrita* were given in alternative manner. Patients were asked to come for follow up on Day 15. The study period was 30 days and on Day 30, patients were examined to check for any changes in striae.

Sample Size

Thirty subjects of pregnant women would be divided into two groups consisting of 15 subjects each.

Grouping

Group A: Application of *Manjistha Ghrita* in the affected area in morning before bath and at night before going to bed, it should be left as it is for 20 minutes and later clean it with warm water.

Group B: Application of *Go-Ghrita* in the affected area in morning before bath and at night before going to bed, it should be left as it is for 20 minutes and later clean it with warm water.

Intervention Details

- Mode of administration External application
- Time of application Everyday morning and night before bath and before going to bed.
- Duration 20 minutes in the morning and at night

Diagnostic Criteria

Diagnosis would be made based on symptoms seen in Kikkisa.^[1]

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- Daha (burning sensation)
- Kandu (itching)
- Twakbheda (Dis-figuration of skin)
- Vaivarnya (discoloration of skin)
- Rukshata (dryness)

Assessment Criteria

For assessment subjective and objective parameters should be considered.

Subjective Parameter

SN	Criteria	Details	Score
1.	Kandu (itching)	No itching	0
		Mild itching without disturbance in normal activity	1
		Occasional itching with disturbance in normal activity	2
		Itching persistent continuously and disturbing sleep	3
2.	Vidaha (burning)	No burning	0
		Mild burning without disturbance in normal activity	1
		Occasional burning with disturbance in normal activity	2
		Burning persistent continuously and disturbing sleep	3
3.	Vaivarnya (discoloration)	Normal	0
		Mild	1
		Moderate	2
		Severe	3

Objective Parameter

Length of lesion (in mm)

- Breadth of lesion (in mm)
- Area of lesion (in mm)

Statistical Analysis

The obtained data were analyzed statistically using Paired T test, Un-Paired T test, Wilcoxon test, Mann Witney test, by using SPSS Software.

RESULTS

After statistical analysis, following are some of the findings. Both *Manjistha Ghrita* and *Go-Ghrita* will reduce the area of lesion which is statistically highly significant. While comparing within the group and between the group, the effect over area of lesion is highly significant. P = 0.001 according to Unpaired T Test and P = 0.002 according to Paired T Test.

As per Wilcoxon Test, by the use of *Manjistha Ghrita* and *Go-Ghrita*, there is relief from *Kandu* within the groups between 0th day and 15th day, and between 0th day and 30th day, which are statistically highly significant. (P=0.000)

Whereas the relief from *Kandu* between 15th day and 30th day is statistically Non-significant. (P=0.491)

As per Mann-Whitney Test, by the use of *Manjistha Ghrita* and *Go-Ghrita*, the relief from *Kandu* between the groups on 0^{th} day is Non-significant. (P=0.410), whereas it is statistically significant on 15^{th} day and on 30^{th} day of intervention between the groups. (P = 0.015, P = 0.041) respectively.

As per Wilcoxon Test, by the use of *Manjistha Ghrita* and *Go-Ghrita*, there is reduction in *Vaivarnya* within the groups between 0th day and 15th day, and between 0th day and 30th day, which are statistically significant. (P=0.025, P=0.046) respectively, whereas it is statistically highly significant on 15th day and on 30th day of intervention between the groups. (P=0.003)

As per Mann-Whitney Test, by the use of *Manjistha Ghrita* and *Go-Ghrita*, the reduction in *Vaivarnya* between the groups on 0th day and 15th day is statistically non-significant. (P=0.264, P=1.000), whereas it is statistically significant on 30th day between the groups. (P=0.0045)

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As per Wilcoxon Test, by the use of *Manjistha Ghrita* and *Go-Ghrita*, there is relief from *Vidaha* within the groups between 0th day and 15th day, and between 0th day and 30th day, which are statistically highly significant. (P=0.011, P=0.005), whereas the relief from *Vidaha* between 15th day and 30th day is statistically Non-significant. (P=0.096)

As per Mann-Whitney Test, by the use of *Manjistha Ghrita* and *Go-Ghrita*, the relief from *Vidaha* between the groups on 0th day, 15th day and 30th day is statistically non-significant. (P=0.357, P=1.000, P=0.276)

DISCUSSION

Discussion on the title

Reference of this formulation is available in *Ashtanga Sangraha* and *Charaka Samhita*. The drug is extensively used by practitioners in the treatment of various skin disorders. The drug is easily available and cost effective, thus it emphasizes the importance for treatment of stretch mark.

Discussion on Literature Review

The literature review of the drug was done from literature, research articles and reliable internet sources. The Rasa Panchaka of the drug were known from the literature as Kashaya, Tikta Rasa, Ushna Veerya, Katu Vipaka and Guru, Ruksha Guna.

Discussion on Materials and Methods

The drugs were collected from the authorized drug dealers for obtaining the best results. Selection of goghrita was done to compare and check the efficacy of the trail drug. Grouping was done by random selection of subjects. Inclusion criteria were set based on signs and symptoms of *Kikkisa* from the age group 20-30 years and pregnant women in 2nd and 3rd trimester.

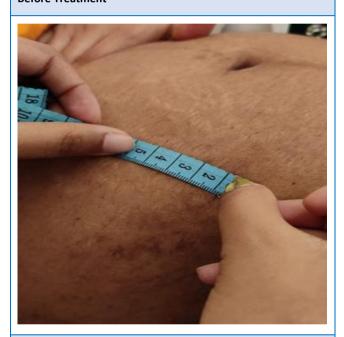
Discussion on Assessment

Objective parameter was considered by measuring area of the Striae gravidarum. Subjective parameters were taken based on the symptoms of *Kikkisa* as explained in classics along with their with grading. Subjects were assessed on 0th, 15th and 30th day.

Discussion on Probable Mode of Action

Manjistha having Tikta, Kashaya and Madhura Rasa cures burning sensation and Kandughna action is performed by its Ushna Veerya and it is Rakta Shodhaka and has Varnakrit action due to Kashaya Rasa. As drug has Rubiadin Di-hydroxy anthraquinone are very much responsible of anti-inflammatory and anti-oxidant activity which in turn helps in reducing the symptoms.

Before Treatment



After Treatment



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CONCLUSION

The usage of *Manjistha Ghrita* and *Go-Ghrita* in the management of *Kikkisa* is helpful for the study. The result indicates that on usage of *Manjistha Ghrita* there was reduction in *Kandu, Vidaha, Vaivarnya* due to *Kikkisa*. It is also observed that there is reduction in the size of the stretch marks. Usage of *Manjistha Ghrita* gave considerably good results statistically when compared to application of *Go-Ghrita* as it only helped in reducing the symptoms till the subjects used the medication and there was recurrence of symptoms later.

ACKNOWLEDGEMENT

The research with the project code of UG20AYU193 was conducted with the support of Research Department of Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka. The scholar and guide would like to thank them for the support.

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How to cite this article: Spoorthi G Hegde, Jalindar Dhamale. A randomized comparative clinical study of Manjistha Ghrita (Rubia Cordifolia Linn.) and Go-Ghrita in the management of Kikkisa (Striae Gravidarum). J Ayurveda Integr Med Sci 2022;9:31-35. http://dx.doi.org/10.21760/jaims.7.9.4

Source of Support: Nil, **Conflict of Interest:** None declared.

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