



## KARVEER OINTMENT: PHARMACEUTICAL, ANALYTICAL AND IT'S CLINICAL STUDY IN KIKWIS

Mukund C.<sup>1</sup>, Vijay M.G. <sup>2</sup>, Snehal I. <sup>3</sup>

1. Assistant Professor, Department of Rasashastra &BK, KDMGS Ayurveda College Chalisgaon.
2. Assistant Professor, Department of Rasashastra & BK, SST Ayurveda College Sangamner.
3. Assistant Professor, Department of Agadtantra, SST Ayurveda College Sangamner.

### Abstract:

Ayurveda is dynamic and progressive science. Ayurveda has respectable status among all systems of medicine and it is considered to be the most perfect and suitable system of medicine. It is described in samhita that natural form of any aushadhi is not feasible in treatment, so it should be modified by kalpana and branch of Ayurveda which prepares and modifies the aushadhi is known as bhaishajya kalpana. It is seen that about 90% of the women are affected from Striae kikwis appear from 2nd trimester onwards due to over stretching of skin. Striae are slightly depressed linear marks perpendicular to skin tension fibers with varying length and breadth found in abdominal wall below umbilicus, sometimes over thighs and breast. In Ayurveda many preparations are mentioned for the Kikkisa Vyadhi like Pana, Lepa, Abhyanga, Parisheka which are very easy to prepare, safe to use, and without any side effects and also cost effective. Hence an attempt will be made in present study to evaluate the efficacy of Karveer ointment in the management of Kikkisa.

**Key-words** –Kikkisa, Aushadhi, Karveer, Kalpana

### Corresponding Author:

Dr.Chandile Mukund

Assistant Professor, Department of Rasashastra &BK,  
KDMGS Ayurveda College Chalisgaon.

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**INTRODUCTION:**

In Ayurveda many preparations are mentioned for the Kikkisa Vyadhi like Pana, Lepa, Abhyanga, Parisheka which are very easy to prepare, safe to use, and without any side effects and also cost effective. It is seen that about 90% of the women are affected from Striae kikwis appear from 2nd trimester onwards due to over stretching of skin. Striae are slightly depressed linear marks perpendicular to skin tension fibers with varying length and breadth found in abdominal wall below umbilicus, sometimes over thighs and breast. The skin diseases or the disorders occur in the pregnancy period may hazard the woman for long time and reflects the impression of her face. So, to prevent these diseases a new Cosmetic Branch of Science can be developing in the Ayurvedic Science. Even then Ayurvedic management and treatment is very beneficial for the natural skin and body care. Hence an attempt will be made in present study to evaluate the efficacy of Karveer ointment in the management of Kikkisa.

**OBJECTIVES:**

1. To study the classical reference for karveer ointment and kikwis.
2. To prepare karveer ointment.

**CONCEPT OF KIKKISA:**

Kikkisa is such type of skin disease that occurs during pregnancy and mentioned in the disorders of pregnancy by the various Acharyas. There is no difference in the physical and psychological disorders of a pregnant woman from any other individual, because doshas and dushyas of the body are the same,

woman also have the similar symptomatology of fever etc. disorders as noticed in any other grown-up person. Harita has enlisted eight disorders which afflict the pregnant woman which are: Sosa (emaciation), hrllasa (nausea), chhardi (vomiting), sofa (edema), jwara (fever), aruchi (anorexia), atisara (diarrhea), and vivarnta (discoloration) etc. Sushruta has included the pregnant women also in the list of persons likely to suffer from Ardita (facial paralysis). In the cause of pile and edema Charaka and Vagbhata has included pressure caused by growing foetus also.

**Sign and Symptoms**

1. Garbotpeedana
2. Kandu
3. Vidaha (Burning sensation) - Burning sensation in the hands and feet

**SIGNS:**

1. Kikkisa
2. Charamvidarama (Cracking of the skin in between breasts and abdomen, in the abdominal region and in the thigh region)
3. Rekhaswaroop Tvak Sankocha (Linear line marking and contractions of the skin in the abdomen)
4. Valivishesha rekhakara (Round, oval specially and linear marking in Uru, Stana and Udara)
5. Shukakriti Purnta (Paddy seeds like structure)
6. Tvak Bheda (Differentiation of the skin)
7. Vairupya (Discolouration of the skin)

**Treatment**

1.Butter treated with the drugs of Madhura group should be given to pregnant women frequently in the dose of Panitala matra (about 20 gms), (Cha. Sa.8/32, A. Sam.Sa.3/10), or else the butter medicated with decoction of stem bark of badari (jajube) and drugs of madhura group should be given. (A.H.Sa.1/59).

2.Rubbed over the abdomen and breasts from any one of the following:

A. The paste of the chandana and Mrinala or chandana and usira.

B. Powder of sirisa stembark, flowers of Dhataki, sarsapa and madhuyasti.

C. Pasted bark of Kutaja, seeds of arjaka (Tulsi), musta and hridra.

D. Water medicated with punarnava, flowers of malati and madhuka and mixed with blood of deer and rabbit.

**Pathya Aahar :**

1.Diet should be sweet, capable of suppressing vata.

2.Either fat and salt free or with little quantity of fat and salt, light and be taken repeatedly in small amounts.

3.Use of little quantity of water in anupana.

**Vihara**

One should not scratch (inspite of urge for itching) to avoid Tvak bheda (differentiation or disfigurement) and Vairupya (discolouration or stretching).

**CONCEPT OF STRIAE GRAVIDARUM****Striae**

1.Furrow, flat of a column, A small groove, channel, or ridge, A narrow streak, stripe, or band of distinctive colour, structure, or texture, one of two or a series. (Oxford English Dictionary)

2.A streak or line, a narrow band like structure in Anatomy.

**Gravid**

Pregnant, heavy with young. Striae gravidarum means pinkish or purplish, scar like lesions, latter becoming white (lineae albicans), on the breast's thighs, abdomen and buttocks, due to weakening of elastic tissues, associated with pregnancy, overweight, rapid growth during puberty and adolescence, Cushing's syndrome, and topical or prolonged treatment with corticosteroids.

In the latter months of pregnancy, reddish, slightly depressed streaks commonly develop in the skin of the abdomen and sometime in the skin over the breasts and thighs in about half of the pregnant women. In multiparous women, in addition to the reddish striae of the present pregnancy, glistening, silvery lines that represent the cicatrices of previous striae frequently are seen.

**Symptoms**

1. The skin is stretched beyond its capacity.
2. The underlying tissue tears.
3. The body responds by forming scar tissue.
4. The fresh stretch mark looks pink, red, brown or purple.
5. Over time, the colour fades
6. The silvery line may look slightly indented
7. The scar is permanent.

**Treatment and Management**

Controlled weight gain during pregnancy and massaging the abdominal wall by lubricants like olive oil may be helpful in reducing their formation.

**COSMETIC LESER SURGERY**

A unique type of laser energy is applied in a series of gentle pulses over the treatment area. The Cool Touch® laser's patented technology utilizes a cryogen mist to protect and cool the skin, while the energy of the laser creates the results. Without damaging the surface, the energy of the laser penetrates and is absorbed by the deeper skin tissue. This triggers a repair mechanism, and your body begins to rebuild and replenish your own natural collagen. Results are achieved from the inside out! Your skin will begin looking younger and softer as your collagen is remodelled.

#### **SKIN CHANGES:**

Striae gravidarum can be either purple or pink initially and appear on the lower abdomen, breasts and thighs. They are not related to weight gain but solely the result of the stretching of normal skin. There is no effective therapy to prevent these "stretch marks" nor can they be eliminated once they appear. They do eventually become white or silvery in colour.

#### **DRUG REVIEW:**

Charakacharya has classified and included Peet karveer in Tiktaskandha and kushtaghna gana.

Peet karveer references are found in charaka samhita in sutrasthana, viman sthana, sharirsthan, chikitsa sthana, and siddi sthana.

#### **Types of karveer**

Four types, according to color of flowers. White karveer, Yellow karveer, Red karveer and Black karveer. Black or blue type of karveer is very rarely seen. The fruits of white, red, and black karveer are thin, 11 to 15 cm. in length, fruits of yellow karveer are large, oval and quadrilateral

Properties and uses of Peeta karveer:-

The Pharmacological action of the drug can be explained on the basis of Rasapanchaka i.e Rasa, Guna, veerya, Vipaka and Prabhav.

#### **PHARMACEUTICAL REVIEW:**

##### **SNEHA KALPANA**

Sneha kalpana, here sneha means fat or fatty materials and kalpana stands for pharmaceutical process of medicaments, where taila or grutha are processed with dravadravya and paste of drugs. By this process, fat- and water-soluble fractions are extracted into the fat media.

##### **Definition of Tila**

The liquid oily extract from seeds like sesame is called as Taila.

##### **Definition of Sneha kalpana**

Pharmaceutics in Ayurveda realize the need of lipid media for drug administration. The process of Tailapaka is characteristic of Ayurvedic dosage forms. A base lipid like ghee, sesame oil or mustard oil are processed with the aqueous extract of herbs for long duration's till the water contents are fully evaporated.

#### **MATERIALS & METHODS**

##### **LITERARY**

For the study conducted the sources of literature were different Ayurvedic Samhitas. Modern science textbooks were also used to study the related part. Information was also compiled from the different websites, journals, research papers and articles. Previously conducted studies similar to the topic were also compiled for the relevant information. Information accessible on internet was also incorporated.

##### **ASSESSMENT TOOL –**

## CASE RECORD FORM

**METHODOLOGY**

Study Design:- Analytical Clinical study

Study Setting (Location)- Kikwis Patients were selected from OPD & IPD of our Institute.

Study Duration:- Scheduled course of Postgraduation

Treatment duration – 30 days

Follow up – 3 follow ups, every 10 days

Drug dose- Selected 30 patients.

Dose of ointment -Twice a day, As per abdominal area

The symptoms and signs of patients were recorded in detail before and during the treatment.

1st visit- initiation of study

2nd visit- after 10 days

3rd visit- after 10 days

4th visit- after 10 days

**METHOD FOR DATA COLLECTION**

Study of patients attending the OPD of Stiroga-Prasutitantra was made and patients fulfilling the criteria of diagnosis as per the proforma were selected for the study.

Clinical evaluation of patients was done by collection of data through history, physical examination, and laboratory tests.

Review of literature was collected from library and from authentic research journals, Websites and digital publications etc.

The data that was obtained by the clinical study was statistically analyzed.

**Sample Size**

30 diagnosed patients of kikwis fulfilling the selection criteria were selected for the present study

**METHODS OF SELECTION OF SUBJECTS**

Patient will be selected from OPD. Patient of Kikwis will be selected for study with the help of case record format designed.

Inclusion Criteria - A Female Patients of age group 18 to 40 yrs.

Who willing to written and informed consent selected irrespective of religion, occupation and economic status.

Exclusion criteria - Patient with history of hypersensitivity of skin.

**CRITERIA OF ASSESSMENT OF SUBJECTS**

- Striations Over Abdomen- Abdomen was divided into 4 parts below umbilicus

Grade 0 –Absent

Grade 1 –Just above the public symphysis

Grade 2- Upto midpoint between public symphysis

Grade 3- upto umbilicus

- Discolourations

Grade 1 – Pink orviolaecous linear wrinkies

Grade 2 – Whitish and glistening atrophic lines

- Kandu

Grade 0 –Absent

Grade 2 – Moderate

Grade 3 – Severe

- Vidah

Grade 0 –Absent

Grade 1 – Mild

Grade 2 – Moderate

Grade 3 – Severe

Follow up patient-

After starting the treatment, follow up was advised on the 10th day ,20th day, 30 th day and last follow up full term.

**Overall effect of therapy** (overall assessment criteria )

Complete remission -100% relief in the signs & symptoms.

Marked improvement -75-100% relief in the signs & symptoms.

Moderate improvement -50-74% relief in the signs & symptoms.

Mild improvement -25-49% relief in the signs & symptoms.

**METHODS FOR PREPARATION OF DRUG**

Preparation of Drug has been done in following 2 steps –

**Preparation of karveer tail**

The ingredients of karveer tail i.e the kwath dravyas were taken in coarse powdered form and given quantity of water was added to it. It was then heated and reduced to ¼ th of its volume and filtered with muslin cloth to obtain karveer kwath. The other ingredients (Kalka dravyas) were taken in paste form. Next, the increments of kalka were added and the mixture was stirred thoroughly while adding kwath. It was heated for some time and it was

allowed to stand overnight. Next day, it was heated again and observed for the sneha siddhi lakshana.

**Preparation of karveer ointment**

For preparation of karveer ointment white petroleum jelly was melted on water bath at not more than 700 C. Bees wax was added and stirred on the water bath until it was completely melted. Then karveer oil added to mixture and stirred well. After proper mixing the mixture was taken off from the water bath and allowed to congeal. Then the prepared ointment was stored in a glass container. Completion of ointment preparation was followed by performing the analytical tests applicable for ointment as per standards.

**OBSERVATIONS & RESULT:**

At the end of process yellowish coloured oil were obtained. Following Paka siddhi lakshana were observed such as Phenodgama. When sneha kalka were pressed between fingers, Varti was formed. Prepared oil was put on fire, no sound was heard.

**Table no.1 Showing physio-chemical analysis of karveerdya ointment**

Srno	Parameter	Result
1	Description	Creamish white colour, semi solid liquid, odour pungent, feeloily.
2	pH	4.92
3	Moisture content @ 110 <sup>0</sup> C	67.59
4	Acid value	0.173
5	Spreadibility test	0.1680 gm/cm <sup>2</sup>

**SHARIREEK PRAKRUTI:**

Maximum no. of patients i.e. 56.67 % having Vata-Pitta Prakruti followed by Vata-Kapha and Pitta-Kapha in 23.33 % and 20 % of patients respectively.

**KOSHITA:**

Maximum numbers of patients i.e. 23.33% patients had Krura Koshta, 60% patients had Madhyama koshta and 16.67 % patients had Mrudu Koshta.

**SATMYA:**

63.33% were having Dwandrasa Satmya followed by Shadrassa Satmya i.e.20% and 16.67% of patients respectively.

**SARA:**

53.33 % were having Madhyama Sara followed by Avara and Pravara i.e. 36.67 % and 10 % of patients respectively.

**SAMHANANA:**

Maximum no. of patients i.e. 56.67 % were having Madhyama Samhanana followed by Avara and Pravara i.e. 26.67% and 16.67 % of patients respectively.

**SATVA:**

Maximum no. of patients i.e. 56.67 % were having Madhyam Satva followed by Avara and Pravara i.e. 26.67% and 16.67 % of patients respectively.

**ABHYAVAHARAN SHAKTI:**

The above table reveals that 16.67% patients, 56.67% patients, 26.66% patients have pravara, Madhyama, Avara Abhyavaharan Shakti respectively.

**JARANA SHAKTI:**

Showing Jarana Shakti Wise Distribution

The above table reveals that 23.33% patients, 63.33% patients; 13.33% patients have pravara, Madhyama, Avara Jarana Shakti respectively.

**TREATMENT HISTORY:**

The above table shows that 36.67 patients were no treatment history followed by 30% was modern. 23.33% were with ayurvedic and 10 % were other treatment.

**CARDINAL SYMPTOMS:**

**Table no .2 Showing Cardinal Symptoms Wise Distribution:**

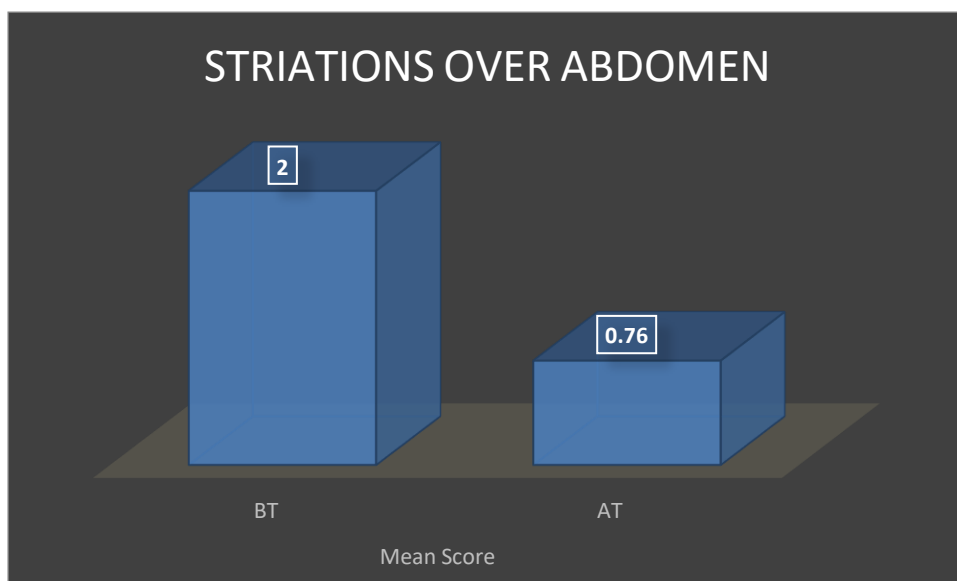
Major Symptoms	Frequency	Percentage
Striations Over Abdomen	30	100
Discolorations	30	100
Kandu	28	93.34
Vidah	19	63.34

### **SRIATIONS OVER ABDOMEN**

Symptom	No. of Patients(n)	Mean Score		% of relief	S.D	S.E.	't' Value	'p' Value
		BT	AT					
Striations Over Abdomen	30	2	0.76	61.66	0.667	0.122	7.8639	<0.01

An assessment of striations over abdomen in patients of kikwis before and after the treatment showed reduction in the mean score from 2 to 0.76 with 61.67 % improvement. Analysis of this data shows statistically significance at 0.01 level of significance with 't' value 7.8639.

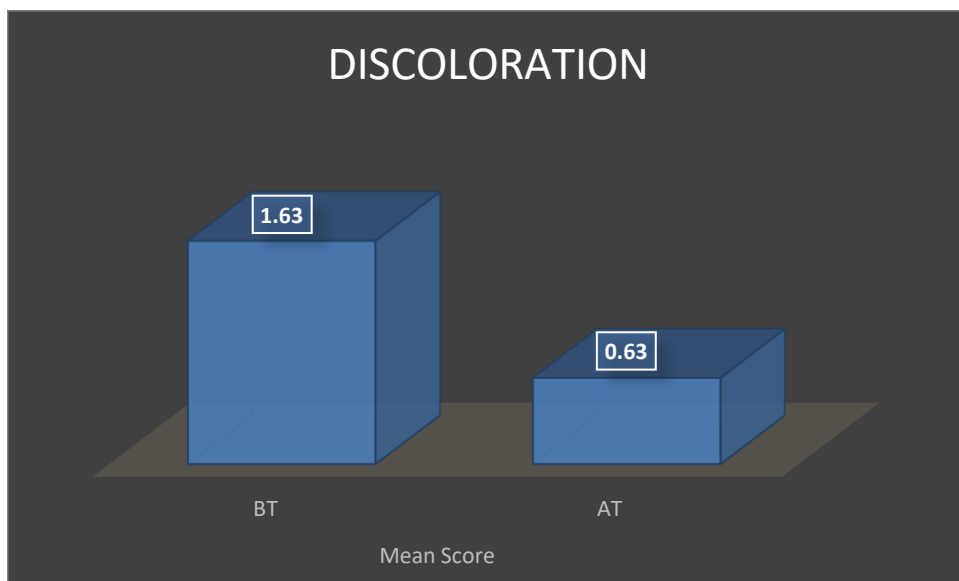




### DISCOLORATIONS

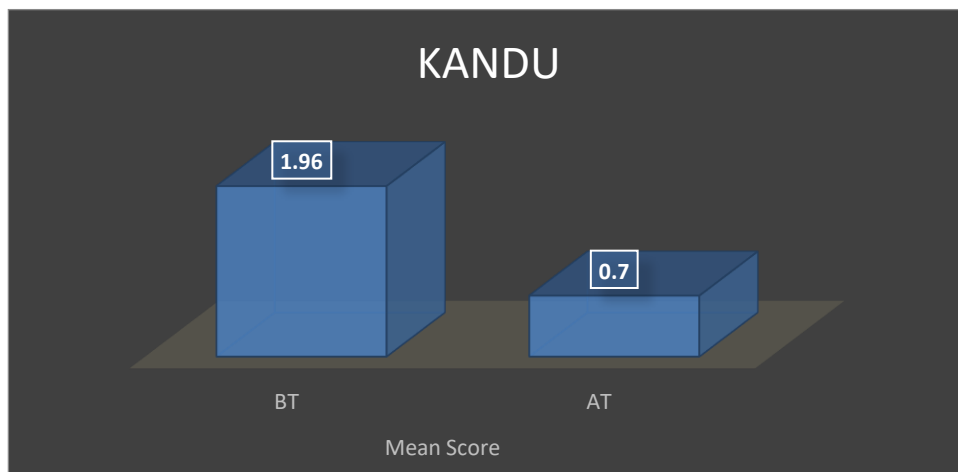
Symptom	No. of Patients(n)	Mean Score		% of relief	S.D	S.E.	't' Value	'p' Value
		BT	AT					
Discolorations	30	1.63	0.63	61.22	0.632	0.115	6.9651	<0.01

An assessment of discolorations in patients of kikwis before and after the treatment showed reduction in the mean score from 1.63 to 0.63 with 61.22 % improvement. Analysis of this data shows statistically significance at 0.01 level of significance with 't' value 6.9651.



KANDU

Symptom	No. of Patients(n)	Mean Score		% of relief	S.D	S.E.	't' Value	'p' Value
		BT	AT					
Kandu	30	1.96	0.7	64.40	0.573	0.104	8.0891	<0.01



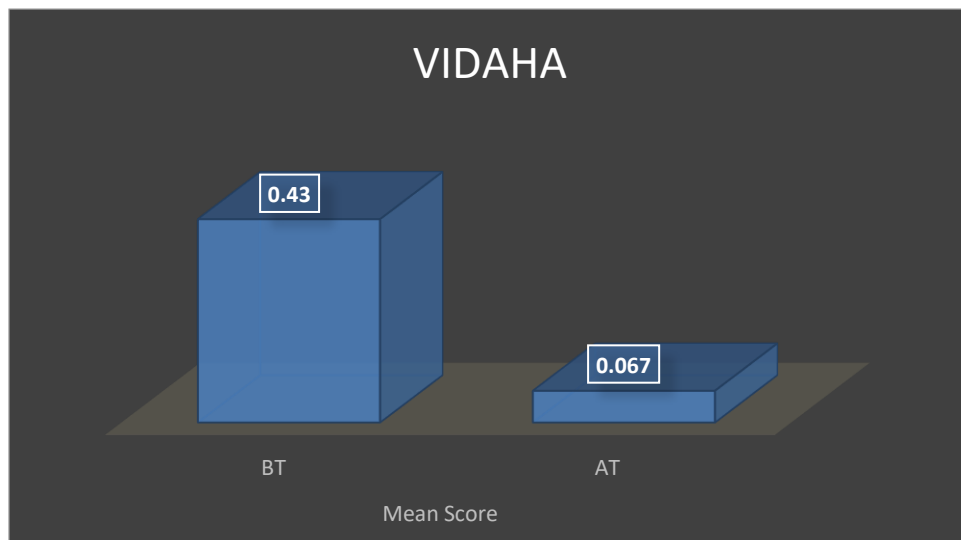
An assessment Kandu in patients of kikwis before and after the treatment showed reduction in the mean score

from 1.96 to 0.7 with 64.40 % improvement. Analysis of this data shows statistically significance at 0.01 level of significance with 't' value 8.0891.

**VIDAHA**

Symptom	No. of Patients (n)	Mean Score		% of relief	S.D	S.E.	't' Value	'p' Value
		BT	AT					
Vidaha	30	0.43	0.067	84.61	0.546	0.099	2.9730	<0.01

An assessment Vidaha in patients of kikwis before and after the treatment showed reduction in the mean score from 0.43 to 0.067 with 84.61 % improvement. Analysis of this data shows statistically significance at 0.01 level of significance with 't' value 2.9730.



Symptoms	No. of Patients(n)	Mean Score		% of relief	S.D	S.E.	't' Value	'p' Value
		BT	AT					
Striations Over Abdomen	30	2	0.76	61.66	0.667	0.122	7.8639	<0.01
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Kandu	30	1.96	0.7	64.40	0.573	0.104	8.0891	<0.01
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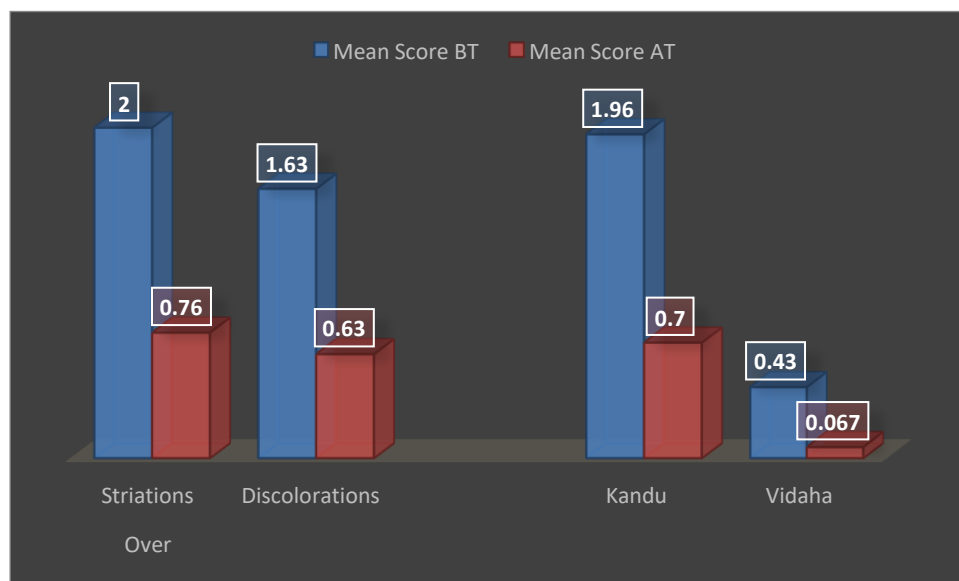
The above table shows effect of therapy in patients of Kikwis.

The Symptom Striation of skin over abdomen was relieved up to 61.66% which is statistically significant at L.O.S. 0.01.

The Symptom Discoloration was relieved up to 61.22% which statistically significant at L.O.S. 0.1.

The Symptom Kandu was relieved up to 64.40% which statistically significant at L.O.S. 0.01.

The Symptom Vidaha was relieved up to 84.61% which statistically significant at L.O.S. 0.01.



## DISCUSSION

### AGE

In the present study, maximum no. of patients' i.e. 53.33 % belonged to age group of 26- 32 years followed by 33.33 % belonged to age group of 33-40 and 13.33% belonged to 18-25 years age group.

This data shows that this reproductive age between 20- 30 years is very prone to develop the Kikwisa. Age between 20-30 is Madhyama Vaya.

Madhyama Vaya is very ideal for the pregnancy and most of the women want to complete their family in this age. This Madhyama Vaya is very prone to develop the disease Kikwisa. This data shows that this disease developed during Madhyama Vaya.

### RELIGION

Religion wise distribution shows that majority of individuals 83.33% were Hindu, 6.67 % were Muslim and 10% were with other religion.

Majority of Hindu may be due to that this region belongs to more Hindu population than Muslims and others. As per the observations the maximum patients were from Hindu community, but from this we cannot conclude that the incidence of Kikwisa is higher in the Hindu community.

### OCCUPATION:

Occupation wise study of the sample revealed that majority of the individuals 40% were Housewife, 26.67% were in Service, 20% were Business women, 13.33 % were

Farmer. But there is no relation of occupation with the Kikwisa disease.

**EDUCATION:**

In the present study, maximum of 50 % patients were graduate followed by 20 % patients were higher secondary and Post Graduate Education, whereas 10 % patients were having primary education. The education status does not coincide with the disease Kikwisa. However good education leads to maintain their hygiene and what to do and what to not do during pregnancy and follow of Garbhini Charya is mandatory to prevent the disease up to some extent.

**HABITAT:**

In the present study, 70 % patients were belonging to rural habitat and 30% patients were belonging to urban habitat.

This data shows that all the people belonging to the habitat were availing the facility of treatment in Ayurveda System of medicine and it is equally getting popularity in rural and urban areas.

**SOCIO ECONOMIC STATUS:**

In the present study, 50% patients were belonging to Middle class, followed by 30% patients of Poor class and 20% patients of Rich Class. Even then no relation can be fixed with disease Kikwisa in the economic status however good health-education and Garbhini Paricharya is required for the pregnant women.

**AGNI:**

In the present study, 16.66% patients have Teekshnagni, 50% patients have Vishamagni, 23.33% patients have Samagni and 10% patient have Mandagni. This data shows that maximum numbers of patients having

Visamagni that can develop the Ama Rasa in the Kosta which leads to vitiation of Vata, Pitta and Kapha during pregnancy. Even little disturbance in the Agni affects the health of the pregnant woman.

**DIET PATTERN:**

In the present study, 60% patients had vegetarian type of diet pattern whereas 40% patients had mixed diet.

**DIET HABIT:**

In the present study, maximum no. of patients i.e. 26.67 % were having dietary habit of Virrudhahara followed by Samashana found in 23.33 % of patients. While 16.67 % patients having habit of Adhyashana.

This data shows that maximum numbers of the patients were taking Samasna but they may be not taking snigdha dravyas in a sufficient quantity required to the body of pregnant women.

**NIDRA:**

In the present study, 30 % patients belong to Vikruta Nidra whereas 23.33 % patients had Prakruta Nidra and 9 % patients had Madhyama Nidra. Most women remain worried most of the days about their pregnancy that reflect their mental attitude towards their health leading to the skin problems and may help to develop the disease Kikwisa.

**SHARIRIKA PRAKRUTI:**

In the present study, maximum no. of patients i.e. 56.67 % having Vata-Pitta Prakruti followed by Vata-Kapha and Pitta-Kapha in 23.33 % and 20 % of patients respectively.

Data shows that the maximum numbers of the patients were of Vata-Pitta Prakriti. In this type of Prakriti may produce Kikwisa and Vata Kapha

may also produce Kikwisa, but from this small sample we could not come to the definite conclusion on the Prakriti level.

**KOSHTHA:**

In the present study, maximum numbers of patients i.e. 23.33% patients had Krura Koshta, 60% patients had Madhyama koshta and 16.67% patients had Mrudu Koshta.

This data shows that maximum patients having Madhyama Kostha but in the Koshtha, Pachaka Agni should be in a proper way in the Koshtha to digest the ingested material in a better way.

**SATMYA:**

In the present study, maximum no. of patients i.e. 63.33% were having Dwandrasa Satmya followed by Ekarasa Satmya and Shadrassa Satmya i.e.20% and 16.67% of patients respectively.

These observation shows that the most of the patients, were having Dwandrasa Satmya.

**SARA:**

In the present study, most patients i.e. 53.33 % were having Madhyama Sara followed by Avara and Pravara i.e. 36.67 % and 10 % of patients respectively. These observation shows that the most of the patients, were having Madhyama Sara.

**SAMHANANA:**

In the present study, maximum no. of patients i.e. 56.67 % was having Madhyama Samhanana followed by Avara and Pravara i.e. 26.67% and 16.67 % of patients respectively. These observation shows that the most of the patients, were having Madhyama Samhana.

**SATVA:**

In the present study, maximum no. of patients i.e. 56.67 % was having Madhyama Satva followed by Avara and Pravara i.e. 26.67 % and 16.67 % of patients respectively. Maximum patients were having Madhyama Sara, Samhanana, Satva and Madhyama Satmya which leads to body strength and will power. Ayurveda have expounded over the role of Satva in pregnancy disorders.

**ABHYANTARA SHAKTI:**

In the present study, 16.67% patients, 56.67% patients, 26.66% patients have pravara, Madhyama, Avara Abhyavaharan Shakti respectively.

**JARANA SHAKTI:**

In the present study, 23.33% patients, 63.33% patients; 13.33% patients have pravara, Madhyama, Avara Jarana Shakti respectively. Generally in pregnancy disorders the Agni is always hampered i.e. most of the time, leading to the formation of Amavisha which forms one of the prominent factors in Samprapti of Kikwisa for vitiation of Tridoshas leading to develop the Kikwisa disease.

**CARDINAL SYMPTOMS****STRIATIONS OVER ABDOMEN**

An assessment Striations over Abdomen in patients of kikwis before and after the treatment showed reduction in the mean score from 2 to 0.76 with 61.67 % improvement. Analysis of this data shows statistically significance at 0.01 level of significance with 't' value 7.8639.

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An assessment Discolorations in patients of kikwis before and after the treatment showed reduction in the mean score from 1.63 to 0.63 with 61.22 % improvement. Analysis of this

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#### **KANDU:**

An assessment Kandu in patients of kikwis before and after the treatment showed reduction in the mean score from 1.96 to 0.7 with 64.40 % improvement. Analysis of this data shows statistically significance at 0.01 level of significance with 't' value 8.0891.

#### **VIDAHA:**

An assessment Vidaha in patients of kikwis before and after the treatment showed reduction in the mean score from 0.43 to 0.067 with 84.61 % improvement. Analysis of this data shows statistically significance at 0.01 level of significance with 't' value 2.9730.

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#### **CONCLUSION:**

After the study "Karveer Ointment: Pharmaceutical, Analytical and Its Clinical Study In Kikwis" conducted the following conclusion was drawn as, The Karveer ointment was given as curative drug in Kikwis. The symptoms assessed were kandu & vaivarnya in kikwis. The karveer ointment was used for local application over the abdomen. The Karveer ointment can be done with malhara kalpana. Contents of Karveer ointment are easily available but for presentation time & efforts required. Karveer ointment is easy to use than direct tail application. The Karveer ointment is having the significant efficacy in the management of Kikwis with the result shown in this study. The present study indicates that the treatment is safe, effective, harmless and cost effective.

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