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Effect of *Nimbadi* cream in the management of *garbhini kikkis*: a single case study

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Abstract

Garbhini Kikkis (*Striae gravidarum*) commonly develop during pregnancy due to rapid abdominal stretching and reduced dermal elasticity. Though not harmful, they lead to *kandu*, *vidaha* and cosmetic concern. Ayurveda describes *Kikkisa* as a *twak-vikar* caused by vitiated *Vata* and *Kapha*, presenting with *kandu*, *daha* and *vaivarnyata*. *Nimbadi* formulation containing *Nimba*, *Manjistha*, *Tulasi* and *Badara* is known for its *kledashoshana*, *varnya* and *vranaropana* properties. This single-case study evaluates the effect of *Nimbadi Cream* in managing *Garbhini Kikkis*.

A primigravida woman with abdominal *Kikkisa* in her second trimester was selected. *Nimbadi Cream* was prepared as per classical guidelines and applied locally once daily for 90 days. Assessment criteria included *kandu*, *vidaha*, *vaivarnyata*, number of striae, and length-width-area of a single prominent stria, recorded at baseline and as per follow

ups using standard grading and measurement methods.

Marked reduction in *kandu* and *vidaha* was noted within the first visit. *Vaivarnyata* gradually improved with visible lightening of the lesions. The number of striae showed mild reduction, while the length, width and area of the selected prominent stria demonstrated clear narrowing and shortening by Day 90. Overall therapeutic response was assessed as marked improvement.

The results may be attributed to *Nimba*'s anti-inflammatory and healing action, *Manjistha*'s *rasayana* effect, *Tulasi*'s antioxidant action and *Badara*'s soothing properties, which collectively support collagen remodelling and reduce dermal inflammation.

Nimbadi Cream appears to be a safe and effective option for managing *Garbhini Kikkis*. Further controlled studies are recommended.

Keywords: *Garbhini kikkis, Kandu, Nimbadi cream, Striae gravidarum, Vaivarnyata*

Introduction

Garbhini Kikkis, correlated with *Striae gravidarum* in contemporary obstetrics, are among the most common dermatological changes observed during pregnancy. They appear as linear, depressed streaks over the abdomen, breasts, thighs or buttocks due to rapid stretching of the skin combined with hormonal influences, particularly increased levels of glucocorticoids^[1] The prevalence of *Striae gravidarum* is reported to be as high as 50–90% in pregnant women, reflecting their universal nature. Although physiologically harmless, these lesions often cause significant cosmetic distress, itching, burning, and emotional discomfort, impacting the overall well-being of the pregnant woman.

In Ayurveda, *Kikkisa* is described as a *twak-vikar* arising due to vitiation of *Vata* and *Kapha dosha*, leading to symptoms such as *kandu* (itching), *daha/vidaha* (burning), and *vaivarnyata* (discoloration). The pathological process involves stretching of the *udarakosha* and deranged *twak* and *mamsa dhatu*, resulting in thin, discoloured linear lesions.^[2] Classical Ayurvedic texts recommend various herbal formulations for external application in *Kikkisa*, particularly those with *kledashoshana*, *varnya*, *tvachya*, *shothahara* and *vranaropana* properties.^[3]

The *Nimbadi* group of herbs—including *Nimba* (*Azadirachta indica*), *Manjistha* (*Rubia cordifolia*), *Tulasi* (*Ocimum sanctum*), and *Kola/Badara* (*Ziziphus jujuba*)—is traditionally recognized for its role in managing skin disorders. These herbs exhibit antimicrobial, anti-inflammatory, antioxidant and wound-healing actions, making them suitable for treating striae-associated symptoms. Their combined effect may support collagen remodeling, improve

local circulation and restore normal skin texture.

Despite the wide prevalence of *Striae gravidarum*, effective modern treatments remain limited, and many topical agents pose safety concerns during pregnancy. Hence, exploring safe, herbal, pregnancy-compatible alternatives is clinically significant. This single case study aims to evaluate the therapeutic potential of *Nimbadi Cream* in relieving symptoms of *Garbhini Kikkis* and improving the appearance and dimensions of striae.

CASE REPORT

A 27-year-old Primigravida, with 24 weeks' gestation visited our OPD with complaints of stretch marks associated with itching and burning sensation over the lower abdomen. After detailed case taking and examination, the case was diagnosed as *Kikkisa*.

Diagnostic Criteria

Diagnosis and assessment was made on the basis of following symptoms of *Kikkisa* occurring in a pregnant woman.

Subjective Parameters

1. *Kandu* (Itching)-

- Grade 0 - No itching.
- Grade 1 – Mild itching not disturbing normal activity.
- Grade 2- Occasional itching disturbing normal activity.
- Grade 3- Itching present continuously & disturbing normal activity.

2. *Vidaha* (Burning)-

- Grade 0 - No burning sensation at all.
- Grade 1 - Mild burning sensation not disturbing normal activity.

- Grade 2 - Occasional burning sensation disturbing normal activity.
- Grade 3- Burning sensation present continuously & disturbing normal activity.

3. *Vaivarnya* (Discoloration)-

- Grade 0-Even skin tone.
- Grade 1-Pink skin tone.
- Grade 2-Purple skin tone.
- Grade 3-Whitish or silver skin tone.

4. Number of *kikkis*(Scar) present on lower abdomen.

Number of Kikkis (Scars)	Grade
0	0
0-5	1
6-10	2
>11	3

Objective Parameters

1. By taking a single prominent lesion following parameters were assessed.

	Day 0	Day 15	Day 30	Day 60	Day 90
Width of lesion (in cm)					
Length of lesion (in cm)					
Area of lesion (in cm ²)					

Management

- Drug: *Nimbadi* Cream
- Mode of administration: Topical application
- Duration of treatment: 10 mins once daily for 3 months.

Results

1. Subjective parameters

	Day 0	Day 15	Day 30	Day 60	Day 90
<i>Kandu</i>	3	2	1	0	0
<i>Vidaha</i>	2	1	1	0	0
<i>Vaivarnyata</i>	2	2	1	1	1
No. of Scar	1	1	1	1	1

2. Objective Parameter

	Day 0	Day 15	Day 30	Day 60	Day 90
Width of lesion (in cm)	0.4	0.4	0.3	0.3	0.2
Length of lesion (in cm)	3	3	2.9	2.7	2.6
Area of lesion (in cm ²)	1.2	1.2	0.87	0.81	0.52



Before Treatment



After Treatment

Discussion

Discussion on Disease

Most *Acharyas* describe *Kikkisa* as a condition that appears around the seventh month of pregnancy due to *Garbhotpidana* and the aggravation of *Vata* and associated *doshas*.^[4] Acharya Sushruta, however, does not mention it. The condition presents with

Kandu (itching), *Vidaha* (burning sensation), and *Rekha-swaroopa twak-sankocha* (linear streak-like skin changes). These features closely correspond to *Striae gravidarum* described in modern obstetric literature.^[5]

These changes usually begin after the middle of pregnancy and are most frequently seen on the abdomen, breasts, and thighs. They primarily result from the mechanical stretching of the skin that occurs as the body enlarges during pregnancy. In addition to physical stretching, hormonal influences and genetic predisposition also play a significant role in the development of these striae. Pregnancy is associated with profound physiological adaptations in a woman's body to support and sustain fetal growth. The appearance of stretch marks is often a matter of concern for expectant mothers, as they may lead to permanent skin changes and scarring.^[1]

At present, no definitive treatment exists for this condition. A wide range of emollients and over-the-counter topical products are promoted and commonly used by pregnant women with the aim of preventing the development of striae or minimizing their severity. However, despite the significant time, effort, and financial cost involved, there remains limited and uncertain evidence regarding their actual effectiveness.^[6]

Other procedures like laser treatment, chemical peels, microdermabrasion etc. are also being practiced. In Ayurveda, many preparations in the form of *Pana*, *Lepa*, *Abhyanga*, *Parisheka* etc. are mentioned for the management of *Kikkisa* which are easy to prepare and is cost effective.

Discussion on drug

Probable mode of action of *Nimbadi* Cream

Nimba (*Azadirachta indica*) is the principal ingredient in *Nimbadi* cream, offering *Tikta-Kashaya rasa*, *Laghu-Ruksha guna* and *Sheeta virya*, which provide *Raktashodhak*, *Kandughna*, *Kusthaghna* and *Krimighna* actions. Its constituents—Nimbidin, Nimbin and Azadirachtin—reduce inflammation, prevent secondary infection and support healthy tissue regeneration.^[7]

Kola (*Ziziphus jujube*), with its *Madhura-Amla-Kashaya rasa* and *Snigdha-Picchila guna*, nourishes and moisturizes the skin, reduces burning sensation and enhances dermal healing by improving microcirculation and restoring elasticity.^[8]

Surasa (*Ocimum sanctum*), having *Katu-Tikta rasa* and *Ushna virya*, provides *Jantughna*, *Raktashodhak* and *Twagadoshahara* effects. Its bioactive compounds like Eugenol and Rosmarinic acid reduce inflammation, prevent microbial growth and aid early tissue repair.^[9]

Manjishtha (*Rubia cordifolia*), known for its *Varnya* and *Raktashodhak* properties, improves complexion, supports collagen remodeling and fades striae through its anti-inflammatory and depigmenting phytochemicals such as Rubiadin and Alizarin.^[10]

Together, these drugs offer *Raktaprasadana*, *Kandughna*, *Varnya*, *Snigdhakar* and *Sandhaniya* effects, helping reduce itching, dryness, discoloration and inflammation while improving hydration, elasticity and dermal repair. Thus, *Nimbadi* cream effectively reduces the severity and appearance of *Striae gravidarum*, ensuring both therapeutic and cosmetic benefits.

Conclusion

Nimbadi Cream showed clear therapeutic benefit in this case of *Garbhini Kikkis*, with marked reduction in itching, burning and discoloration, along with measurable improvement in the width, length and area of the striae over 90 days. The combined anti-inflammatory, healing and skin-restorative actions of *Nimba*, *Kola*, *Surasa* and *Manjishtha* contributed to progressive symptomatic relief and dermal repair, without any adverse effects. These findings suggest that *Nimbadi* Cream is a safe and effective Ayurvedic option for managing *Striae gravidarum*, though larger studies are needed to confirm its broader clinical applicability.

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