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Research Article

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE *SHODHANA* AND *ROPANA* EFFECT OF *SARJIKADYA GHRITA* OINTMENT OVER POVIDONE IODINE OINTMENT IN THE MANAGEMENT OF *DUSHTA VRANA* (CHRONIC ULCERS)

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ABSTRACT

The term *Vrana* refers to "*Vrana Gatra Vichurnane"* meaning disruption or disintegration of body tissues. When a *Vrana* exists in a *Dushta Avastha*, it does not heal spontaneously; therefore, *Vrana shodhana* followed by *Vrana Ropana* is essential for its management. Clinically, it can be correlated to chronic ulcers based on the *Lakshanas* described by the *Acharyas*. According to the World Health Organization, nearly 80% of the global population depends on traditional medicine for primary healthcare needs. Classical Ayurvedic treatments for wound management, as mentioned in *Sushruta Saṃhita* particularly the *Shashti Upakrama* offer effective approaches for *Dushta Vrana* management. Among these, the application of *Ghrita* is one important and beneficial method for promoting wound healing. **Objectives:** To compare the efficacy of *Sarjikadya Ghrita* ointment over povidone iodine ointment in the management of *Dushta vrana*. **Materials & Methods**: Clinically diagnosed 40 patients of *Dushta Vrana* were selected from IPD and OPD of SJGAMC&H and randomly assigned into two groups with 20 patients in each group. Group A- trial group was treated with *Sarjikadya Ghrita* Ointment application and group B- control group was treated with Povidone Iodine ointment application. **Results**: The study results revealed that both interventions produced significant results but control group delivered slightly better outcome over trial group. **Conclusion:** All 40 patients diagnosed with *Dushta Vrana* were randomly divided in Group A and Group B and subjected to application of *Sarjikadya ghrita* ointment group A and povidone iodine ointment group B respectively.

INTRODUCTION

An ulcer is defined as break in the continuity of the covering epithelium - skin or mucous membrane. It may either follow molecular death of the surface epithelium or its traumatic removal.[4] It can occur at any age and affects a significant portion of the population. In India, a 2018 study reported a prevalence of chronic wounds of 4.5 per 1000 individuals.[5] A clean wound bed facilitates granulation tissue formation, prevents infection, and promotes faster epithelialization. Under normal circumstances, the body possesses an efficient self-cleansing mechanism. The natural defence system, through processes such as phagocytosis and local enzymatic degradation of necrotic tissue, removes devitalized material and microorganisms from the wound, keeping it in a healthy state ideal to facilitate repair. In case the body fails to self-heal the wound interventions such as *Shashti upakrama*. are meticulously highlighted under the heading of *Vrana Ropana Chikitsa*, in Sushrut Samhita facilitate both debridement and regeneration. Among these 60 *Upakramas, Ghrita Upakrama*- the therapeutic use of medicated *Ghrita*- is considered particularly effective due to its *Shodhana* and *Ropana* properties. These medicated *Ghritas* serve as potent drug carriers that not only protect the wound surface but also promote rapid tissue repair.

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Sarjikadya Ghrita is *Vrana Ropaka, Krimi-kanduhara* and *Savarnikarana*. It is mentioned in Yoga Ratnakara.[6] It contains drugs such as *Yava Kshara* and *Sarjika Kshara* which does *Chedana, Bhedana* and *Lekhana* of *Vrana* and their *Tridoshahara guna* helps to remove unhealthy granulation tissue from *Dushta vrana*. *Tankana, Sasyaka* and *Kampillaka* has antimicrobial property. *Harenuka* is known for wound healing properties. *Sweta khadira* present in formulation is known for its *Kandughna* and *Savarnikarana karma*. This formulation is told in the form of *Ghrita* in which *Go-Ghrita* is used to reduce pain, inflammation and burning sensation in *Vrana*. For the feasibility of application this *Ghrita* is further modified into ointment form to facilitate easy applications. The ingredients present in this formulation are easily available and cost effective. Hence an attempt is made to evaluate the effect of *Sarjikadya Ghrita* in ointment form over *Dushta Vrana*.

This study was approved by Institutional Ethics Committee under the reference number SJGAMC/IEC/2023/448/09 on 17/10/2023. This study was registered in CTRI under the number CTRI/2025/06/089704.

MATERIALS AND METHODS

Trial design

The trial type and allocation ratio for this study are comparative clinical study and 1:1 respectively. This study was approved by Institutional Ethics Committee under the reference number SJGAMC/IEC/2023/448/09 on 17/10/2023. This study was registered in CTRI under the number CTRI/2025/06/089704.

Eligibility Criteria for Participants

Inclusion Criteria: Patients of Either sex, age group of 30 to 70 yrs, with wound size upto 5x5x1 cm and wound chronicity upto 2 yrs.

Exclusion criteria

Ischemic ulcers, Uncontrolled DM, patients with HTN, HIV and HbsAg, HCV positive patients, patients with bleeding disorders tubercular ulcers, malignant ulcers and Hb% less than 8gm/dl

Collection of Data

The cases of *Dushta Vrana* (chronic ulcers) from the OPD of Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College meeting the inclusion and exclusion criteria were assigned in groups as depicted in Table-1.

Table 1: Details of intervention

S.No.	Group	Intervention	Duration
1	A	*Sarjikadya Ghrita* Ointment	28 Days
2	B	Povidone Iodine Ointment	28 Days

Source of Drug

Raw drugs as shown in Table-2 were identified and authenticated by Department of *Dravyaguna* were collected from the source of availability and *Sarjikadya Ghrita* ointment was prepared according to the classical reference and the povidone iodine ointment was procured from authorised source.

Table 2: Drugs used in preparation of *Sarjikadya Ghrita* Ointment

S.No.	Ingredients	Botanical Name	Part Used
1	*Swarjika kshara*	Potassium salts	*Kshara*
2	*Yava kshara*	*Hordeum vulgare*	*Kshara*
3	*Kampillaka*	*Mallotus philippensis*	*Phalaraja churna*
4	*Harenuka*	*Vitex agnus*-castus	*Beej Churna*
5	*Tankana*	Sodium borate	*Bhasma*
6	*Sweta khadira*	*Acacia catechu*	*Sara bhasma*
7	*Tuttha*	Copper sulphate	*Bhasma*
8	*Go Ghrita*	Clarified butter	*Q.S.*

Preparation of *Sarjikadya Ghrita* Ointment

Swarjika kshara, Yava kshara, Kampillaka, Harenuka, Tuttha, Tankana, Sweta Khadira are taken in equal quantity (250gm each, total 1750gm). To this mixture equal amount of *Go Ghrita* is added (1750 gm). This mixture is then subjected to *Mardana* procedure for 1 *Prahara kala*. (3 hours). Thus, we obtained *Sarjikadya Ghrita*. For the ease of applicability, to this mixture 300 gm of melted bee wax is added to achieve ointment consistency. This prepared ointment is transferred in air tight container.

Figure 1: Preparation of *Sarjikadya Ghrita* Ointment

Figure 2

Methodology

Patients fulfilling the inclusion criteria were selected and were randomly allocated in trial and control group and after cleaning the wound with normal saline following all aseptic measures the respective ointments were applied over the wound and wound was covered with 3 folded dressing. Figure 3 shows before during and after treatment pictures of the patient.

Before Treatment **During Treatment** **After Treatment**

Outcome measures

Primary Outcome

Observation of the efficacy of *Sarjikadya Ghrita* Ointment were observed in patients of *Dushta Vrana*. These observations were recorded clinically while assessing any other adverse drug reaction**.**

Sample size and Randomization

40 samples were taken for the study, 20 in each group was randomized in simple random technique based on order of presentation in our clinical department. Alternation of patients was done randomly under the supervision of guide. The estimated duration of trial was for 1 year.

Statistical measure

Wilcoxon signed rank test was used to compare within the group results and Mann whitney U test was used to compare group A and group B results for pain, depth, granulation tissue and discharge while wound size was analysed using Anova test and Z test for within the group and between the group respectively. The assessment was done on

1st day (Before treatment)

14th day (During treatment)

28th day (After treatment)

45th day (Follow up)

Subjective Parameters

Pain: (VAS Scale) [7]

0: No pain

1 – 3: Mild pain (no need of analgesics)

4 – 6: Moderate pain (subsides with analgesics)

7 – 9: Severe pain (psists with analgesics)

10: Worst Pain

Objective Parameters

1. Discharge (Based on Bates Jenson Wound Assessment Tool) [8]

Grade 1: None

Grade 2: Bloody

Grade 3: Serosanguineous

Grade 4: Serous

Grade 5: Purulent

2. Size (Based on Bates Jenson Wound Assessment Tool)

A clean thread is placed across the wound in two of its widest directions and the length of the thread is measured on the measuring tape in cm:cm Area of wound= Length x width of wound in cm:cm

3. Depth (Based on Bates Jenson Wound Assessment Tool)

Grade 1: Non-blanchable erythema on intact skin

Grade 2: Partial thickness skin loss involving epidermis &/or dermis

Grade 3: Full thickness skin loss involving damage or necrosis of subcutaneous tissue; may extend down to but not through underlying fascia; &/or mixed partial & Full thickness &/or tissue layers obscured by granulation tissue.

Grade 4: Obscured by necrosis

Grade 5: full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structures

4. Granulation tissue (Based on Bates Jenson Wound Assessment Tool)

Grade 1: Skin intact or partial thickness wound

Grade 2: Bright, beefy red; 75% to 100% of wound filled &/or tissue overgrowth

Grade 3: Bright, beefy red; < 75% & > 25% of wound filled

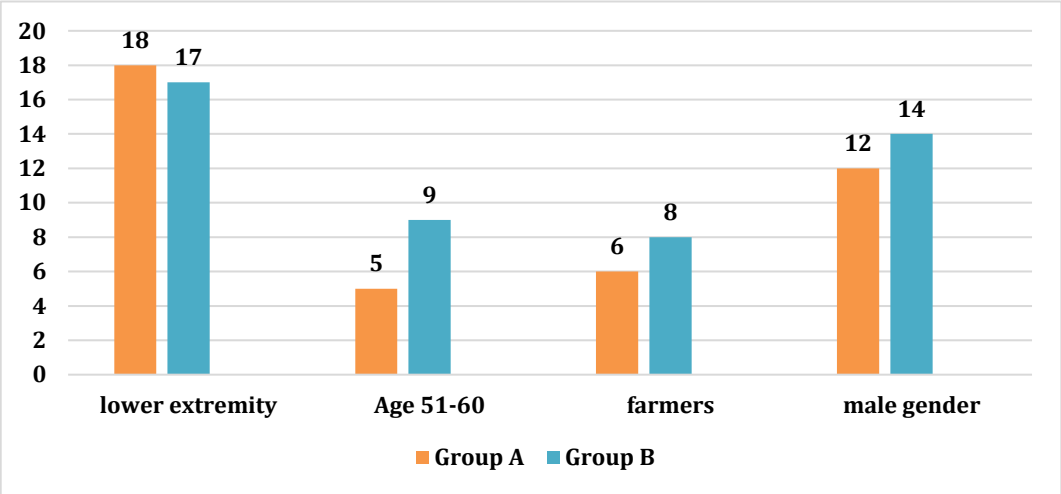
Grade 4: Pink, &/or dull, dusky red &/or fills < 25% of wound

Grade 5: No granulation tissue present

Demographic detail and base line data

In the present study of 40 patients, in a comparative data between group A and B 65% were males and 35% were females, with maximum patients between the age group of 51-60 years. While majority of them were farmers and labourers and the site of 87.5% people were lower extremities which is exhibited group-wise in the table below.

OBSERVATIONS



Results of Subjective Parameter

Pain

Group A Findings

- BT with DT (During Treatment): Pain was reduced by 19.67% from a mean SD of 3.05±0.89 at BT to 2.45±0.51at DT. The reduction was highly significant (Z = 3.464, p = 0.001).
- BT with AT (After Treatment): Pain was reduced by 34.43% from BT 3.05 ±0.89 to AT 2.0±0.79. The reduction was highly significant (Z = 3.827, p = 0.001).
- BT with AF (After Follow-up): Pain was reduced by 44.26% from BT 3.05±0.89 to AF 1.25±0.44. The reduction was highly significant (Z = 3.999, p = 0.001).

Group B Findings

- BT with DT (During Treatment): Pain was reduced by 19.40% from a mean±SD of 3.35±0.75 at BT to 2.7±0.8 at DT. The reduction was highly significant (Z = 3.606, p = 0.001).
- BT with AT (After Treatment): Pain was reduced by 44.78% from BT 3.35±0.75to AT 1.85±0.8. The reduction was highly significant (Z = 4.038, p = 0.001).
- BT with AF (After Follow-up): Pain was reduced by a remarkable 88.06% from BT 3.35±0.75 to AF 0.4±0.68. The reduction was highly significant (Z = 4.008, p = 0.001).

Comparison of treatment on Pain between Group A and Group B

Assessment observation	Descriptive statistics			Mann-Whitney U test ranks			Test statistics		
	Group	Mean±SD	N	Sum of the ranks	Mean of the ranks	U value	Z	P value	Remarks
During Treatment	Group A	2.45±0.51	20	59	8.43	31.0	0.06	1.0	NS
	Group B	2.7±0.8	20	77	8.56				
After treatment	Group A	2.0±0.79	20	28	5.6	13	1.563	0.1	NS
	Group B	1.85±0.81	20	92	9.2				
After follow up	Group A	1.25±0.44	20	15	3.75	3.0	0.707	0.8	NS
	Group B	0.4±0.68	20	6	3.0				

The Mann-Whitney U test was used to compare the pain levels between Group A and Group B at different assessment observations: During Treatment, After Treatment, and After Follow-up.

Comparative Findings

- During Treatment: Group A mean±SD: 2.45±0.51.
- Group B mean±SD: 2.7±0.8.
- The difference was Not Significant (NS) (U = 31.0, Z = 0.06, p = 1.0).
- After Treatment: Group A mean±SD: 2.0±0.79.
- Group B mean±SD: 1.85±0.81.
- The difference was Not Significant (NS) (U = 13, Z = 1.563, p = 0.1).
- After Follow-up: Group A mean±SD: 1.25±0.44, Group B mean±SD: 0.4±0.68. The difference was Not Significant (NS) (U = 3.0, Z = 0.707, p = 0.8).

Result of Objective Parameters

Depth

The analysis includes an assessment of the effect within each group using the Wilcoxon signed-rank test.

- Group A's treatment showed a significant effect on Depth during treatment (20%), and achieved a highly significant reduction after treatment (40%) and after follow-up (44%) compared to baseline.
- Group B's treatment showed a significant reduction during treatment (35.5%) and highly significant reductions after treatment (57%) and after follow-up (57.63%).

Overall, Group B demonstrated a greater and earlier reduction in depth than Group A, achieving significance by the DT stage and showing a much higher final reduction percentage at AF (57.63% vs. 28.81%).

The Mann-Whitney U test compared the Depth levels between Group A and Group B at different assessment observations.

Assessment observation	Descriptive statistics			Mann-Whitney U test ranks			Test statistics		
	Group	Mean±SD	N	Mean of the ranks	Sum of the ranks	U value	Z	P value	Remarks
During Treatment	Group A	2.35±0.49	20	7	7	6.0	0.734	0.7	NS
	Group B	1.95±0.22	20	10.68	203				
After treatment	Group A	1.75±0.44	20	10.33	155	35	0.291	0.8	NS
	Group B	1.25±0.44	20	11	55				
After follow up	Group A	1.65±0.59	20	10.13	152	32	0.599	0.6	NS
	Group B	1.25±0.44	20	11.6	58				

Despite the descriptive data showing consistently lower mean depth scores for Group B compared to Group A at all comparative time points (DT, AT, and AF), the Mann-Whitney U test indicated that none of the observed differences between the groups were statistically significant (NS). Specifically, the p values for all comparisons (0.7, 0.8, and 0.6) are far above the conventional significance level 0.05.

Granulation Tissue

The analysis includes an assessment of the effect within each group using the Wilcoxon signed-rank test and a comparison between the groups using the Mann-Whitney U test.

The Wilcoxon signed-rank test was used to compare Granulation Tissue levels at Baseline Treatment (BT) with subsequent measurements: During Treatment (DT), After Treatment (AT), and After Follow-up (AF).

Group A Findings

- BT with DT (During Treatment): Granulation tissue was reduced by 4.48% from a mean±SD of 3.35 ±5.87 at BT to 2.2±0.41 at DT. The reduction was highly significant (HS) (Z = 4.065, p = 0.001).
- BT with AT (After Treatment): Granulation tissue was reduced by 26.87% (BT: 3.35±5.87 to AT: 1.35±0.49). The reduction was highly significant (HS) (Z = 4.088, p = 0.001).
- BT with AF (After Follow-up): Granulation tissue was reduced by 32.84% (BT: 3.35 ±5.87 to AF: 1.0±0.0). The reduction was highly significant (HS) (Z = 4.088, p = 0.001).

Group B Findings

- BT with DT (During Treatment): Granulation tissue was reduced by 25.35% from a mean±SD of 3.55±0.51 at BT to 2.0±0.0 at DT. The reduction was highly significant (HS) (Z = 4.041, p = 0.001).
- BT with AT (After Treatment): Granulation tissue was reduced by 47.89% (BT: 3.55±0.51 to AT: 0.85±0.37). The reduction was highly significant (HS) (Z = 4.042, p = 0.001).
- BT with AF (After Follow-up): Granulation tissue was reduced by 61.97% (BT: 3.55±0.51 to AF: 0.85±0.37). The reduction was highly significant (HS) (Z = 4.042, p = 0.001).

Comparison of treatment on Granulation Tissue between Group A and Group B

Assessment observation	Descriptive statistics			Mann-Whitney U test ranks			Test statistics		
	Group	Mean±SD	N	Mean of the ranks	Sum of the ranks	U value	Z	P value	Remark
During Treatment	Group A	2.2±0.41	20	10.17	183	12	1.09	0.5	NS
	Group B	2.0±0.0	20	13.50	27				
After treatment	Group A	1.35±0.49	20	8.2	123	3	2.263	0.08	S
	Group B	0.85±0.37	20	15	30				
After follow up	Group A	1.0±0.0	20	7.5	30	20	0.000	1.0	NS
	Group B	0.85±0.37	20	7.5	75				

The Mann-Whitney U test was used to compare the granulation tissue levels between Group A and Group B at different assessment observations.

- During Treatment: Group A mean±SD: 2.2±0.41 Group B mean ±SD: 2.0±0.0.
- The difference was Not Significant (NS) (U = 12, Z = 1.09, p = 0.5).
- After Treatment: Group A mean±SD: 1.35±0.49 Group B mean±SD: 0.85±0.37.
- The difference was Significant (S) (U = 3, Z = 2.263, p = 0.08).
- After Follow-up: Group A mean±SD: 1.0±0.0 Group B mean±SD: 0.85±0.37.
- The difference was Not Significant (NS) (U = 20, Z = 0.000, p = 1.0).

Discharge

The Wilcoxon signed-rank test was used to compare Discharge levels at Baseline Treatment (BT) with subsequent measurements: during treatment (DT), After Treatment (AT), and after follow-up (AF).

Group A Findings

- BT with DT (During Treatment): Discharge was reduced by 18.06% from a mean±SD of 3.6±0.82 at BT to 2.95±0.39 at DT. The reduction was highly significant (HS) (Z = 2.919, p = 0.004).
- BT with AT (After Treatment): Discharge was reduced by 22.22% (BT: 3.6±0.82 to AT: 1.6±0.50). The reduction was highly significant (HS) (Z = 3.974, p = 0.001).
- BT with AF (After Follow-up): Discharge was reduced by 41.67% (BT: 3.6±0.82 to AF: 1.5±0.51). The reduction was highly significant (HS) (Z = 3.976, p = 0.001).

Group B Findings

- BT with DT (During Treatment): Discharge was reduced by 23.08% from a mean ±SD of 3.90±0.64 at BT to 3.0±0.46 at DT. The reduction was highly significant (HS) (Z = 3.35, p = 0.001).
- BT with AT (After Treatment): Discharge was reduced by 64.10% (BT: 3.90±0.64 to AT: 1.4±0.82). The reduction was highly significant (HS) (Z = 3.963, p = 0.000).
- BT with AF (After Follow-up): Discharge was reduced by 66.67% (BT: 3.90±0.64 to AF: 1.3±0.73). The reduction was highly significant (HS) (Z = 4.053, p = 0.000).

Comparison of treatment on Discharge between Group A and Group B

Assessment observation	Descriptive statistics			Mann-Whitney U test ranks			Test statistics		
	Group	Mean±SD	N	Mean of the ranks	Sum of the ranks	U value	Z	P value	Remarks
During Treatment	Group A	2.95±0.39	20	9.5	19	16	0.000	1.0	NS
	Group B	3.0±0.46	20	9.5	152				
After treatment	Group A	2.8±0.69	20	9.57	134	1	1.216	0.3	NS
	Group B	1.6±0.50	20	6.33	19				
After follow up	Group A	2.1±1.02	20	11.21	157	32	0.951	0.4	NS
	Group B	1.5±0.51	20	8.83	53				

The Mann-Whitney U test compared the Discharge levels between Group A and Group B at different assessment observations

Despite the descriptive statistics showing that Group B had consistently lower mean discharge scores (indicating better outcome) at after treatment (1.4 vs. 1.6) and after follow-up (1.3 vs. 1.5), the Mann-Whitney U test found that none of the differences between Group A and Group B were statistically significant (NS) at any time point (p values were 1.0, 0.3, and 0.4).

Size

The ANOVA test confirms that the change in wound size over time (from Baseline Treatment [BT] to During Treatment [DT], After Treatment [AT], and After Follow-up [AF]) is Highly Significant (HS) in Group A (p = 0.000). The post-Hoc Bonferroni analysis confirms that the reduction in wound size is highly significant between all consecutive time points (e.g., BT to DT, DT to AT, AT to AF, all (p = 0.000).

The ANOVA test confirms that the change in wound size over time (from Baseline Treatment [BT] to During Treatment [DT], After Treatment [AT], and After Follow-up [AF]) is highly significant (HS) in Group B (p = 0.000).

Comparison of treatment on Wound Size between Group A and Group B

Pairing	Descriptive statistics				Z test				
	Mean		SD		N	SE	Z value	P value	Remarks
	Group A	Group B	Group A	Group B					
BT-DT	4.97	4.65	2.93	2.02	20	2.566	1.275	0.274	NS
BT-AT	2.55	2.21	1.31	1.23	20	1.925	9.514	0.006	HS
BT-AF	2.3	1.38	1.31	1.28	20	1.612	6.046	0.024	S

The post-Hoc Bonferroni analysis confirms that the reduction in wound size is highly significant between all consecutive time points (e.g., BT to DT, DT to AT, AT to AF, all p = 0.000).

The Z-test was used to compare the wound size levels between Group A and Group B at different stages following baseline.

The comparative analysis confirms the superior efficacy of the treatment in Group B:

- During Treatment (DT): The difference in wound size was not significant.
- After Treatment (AT): The difference became highly significant (p=0.006), indicating that Group B's treatment led to a significantly smaller wound size than Group A's.
- After Follow-up (AF): The difference remained significant (p=0.024), reinforcing that Group B's outcome (mean 1.38) was significantly better than Group A's (mean 2.3)

Percentage Relief Rate of Group-A And Group-B (BT-DT)

Parameter	Group-A	Group-B
Pain	19	19
Depth	20	35
Granulation tissue	34	40
Discharge	18	23
Wound size	38	43

Percentage Relief Rate of Group-A and Group-B (BT-AT)

Parameter	Group-A	Group-B
Pain	34.43	44
Depth	40	57
Granulation tissue	65	74
Discharge	55	64
Wound size	67	72

Overall relief percentage of both the groups from before treatment to after follow up

Parameter	Group-A	Group-B
Pain	60	88
Depth	44	57
Granulation Tissue	70	74
Discharge	58	66
Wound Size	70	83

DISCUSSION

Dushhta Vrana represents an impure or pathological state of a wound resulting from vitiation of doshas and the absence of the classical features of *Śuddha Vrana. Śuddha Vrana* signifies a healthy, healing wound and is characterized by minimal pain (*Alpa vedana*), absence of discharge (*Nirasrava*), foul odor (*Nirgandha*), swelling (*Aśopha*), or complications (*Anupadrava*), along with healthy granulation tissue (*Maṃsaṅkura*), an even wound surface (*Samatala*), and normal coloration indicative of epithelialization. In contrast, *Dushtha Vrana* exhibits uneven wound margins, excessive contraction or widening, raised or

depressed wound floor, altered consistency, severe pain (*Ati vedana*), discoloration (*Kṛshna, Rakta, Pīta* varna), foul-smelling discharge (*Puti puya srava*), slough, inflammation (*Śotha*), burning sensation (*Daha*), itching (*Kandu*), delayed healing (*Dīrghakala Anubandhatva*), and complications due to *Tridosha* involvement. Clinically, these features closely correspond to the presentation of a chronic, infected, non-healing wound.

The ingredients of *Sarjikadya Ghrita* were *Sarjika kshara* and *Yava kshara* which has *Katu tikta rasa* which aided in getting rid of the *Sthanik dosha dushti* and slough, *Sasyaka* which is a known for its anti-microbial property *(Krimighna), Kampillaka* is *Shodhana* and *Kapha-vata shamaka, Tankana* which has both *Krimighna* and *Vrana ropaka* properties, *Khadira* is known *Rakta stambaka* and *Vrana shodhaka* and *Ghrita* in itself is *Vrana shodhaka*[9] and *Ropaka*[10], *Daha shamaka* and *Ruja hara* which aided in managing the *Tridosha dushti* of all kinds of *Dushta vrana* and relieving pain and aiding in the healing of *Vrana*.

Both treatment modalities produced significant intragroup improvement in all assessed parameters, indicating overall therapeutic effectiveness. The physio and phytochemical analysis as shown in indicates that owing to the presence of flavonoids, phenol, tannins, alkaloids, saponins various combined action of this help in achieving the greater progress in wound healing.

CONCLUSION

Taking account of the effects of the trail drug, it can be concluded that the properties of *Sarjikadya Ghrita* such as *Vrana shodhana, Ropana, Krimighna* and, *Savarnikarana* offer a wide range of its usage in various types of Vrana. parallel evaluation showed both groups to exhibit better therapeutic improvement, and the results were found to be statistically similar. The conclusions are based on the data that have been analysed, and further detailed studies are needed to confirm the findings.

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