Efficacy of Narikel Lavan In the Management of Amlapitta

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Abstract:
Hyperacidity(Amlapitta) is one of the most common disease seen in the society. It is seen in all ages, all classes, and all community. Hyperacidity refers to a set of symptoms caused by an imbalance between the acid secreting mechanism of the stomach and proximal intestine and the protective mechanisms that ensure their safety. The stomach normally secretes acid that is essential in the digestive process. When there is excess production of acid in the stomach, it results in the condition known as acidity Various yoga are mention in the management of amlapitta, narikel lavan is one of them. Reference of Narikel lavan taken from Bhaisajya ratnavali shoolroga chikitsa 30/ 69-70 for this study efficacy of narikel lavan carried out on 10 patients of hyperacidity.

Introduction:
Amlapitta is a very common disease in present era. It is very troublesome disease and can give rise to many serious problems if ot treated in time. Signs and symptoms of Amlapitta are very similar to gastritis or hyperacidity. It is clear that Amlapitta is mainly due to aggravation of pitta. Factors responsible for ggravation of this pitta dosha are excessive intake of pungent and sour food items, alcoholic preparations, salt, hot and sharp stuff which cause burning sensations Anger, fear, excessive exposus to sun and fire, intake of dry vegetables and alkalis, irregularity i taking food, ote Vitiation of agi in Amasthan (stomach) reglom duo to various reasons causes Amlapitta. None of the com pittavitiating factors are fasting, eating between meals, worry, huny spicy foods etc. These factors derange the pachaka pitta (digestive enzymes etc,) and as a result pachaka pitta vitiates. Thus developed condition is called Amlapitta.

Aim& objectives
To study the efficacy of Narikel Lavan in the management of Amlapitta.

Inclusion criteria
Age of patient in between 30-50 yrs Patients having classical sigo and symptoms of amlapittaa mentioned in classics

Exclusion Criteria:
The patients suffering from Peptic ulcer, Duodonal ulcer Malignancy of the stomach were excluded from this study.

Investigations
1) Blood Hb% , TL.C. , D.L.C.,B.S.R
2) Urine-Routine and Microscopic
3) Stool-Routine and Microscopic.
4) Gastric juice analysis (If possible and necessary)
5) Barium meal X-ray (If possible and necessary)

Diagnostic Criteria:

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<th>Symptoms</th>
<th>Severity</th>
<th>Score</th>
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<tr>
<td>Ones in week</td>
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</table>
Drugs review - Narikel lavender is drug of choice for this study. The was purchased from GMP approved pharmacy

Dose – 2 gms twice daily before meal with plenty water.

Follow up – day 1, day 7, day 15

Results & Observation:

This study carried out on 10 pt of Amlapitta, patients selected as per our inclusion & exclusion criteria, For data analysis. We used paired t test and results are as follows

Discussion:

The incidence of gastritis in India is approximately 3 in 869 that is about 12,25,614 people suffering from gastritis out of the total 1,06,50,70,607 population. Hence there is an need to understand the concepts and first line treatments. In the narikel lavender contains are saindhav & narikel with act as deepan & pachan. It helps to relieve.

Conclusion:

The main key for treating Amlapitta is to improve digestion. As the saying goes “Prevention is better than cure” it is better to avoid all the causative factors of Amla-pitta. One should follow the meal times. Avoid eating spicy foods, or foods containing excess amount of garlic, salt, oil, chillies, etc. very often. Include liquids like lemon juice, kokam juice, sweet lime juice, pomegranate juice, amla juice.

Reference:


2) Madhava: Madhava Nidanam with commentaries The Madhukosa of Srivijayarakshita and srikanthadatta with The Viyotini Hindi Commentay and Notes edited
by Prof. Yadunandana Upadhvava Chaukhambha Prakashan, Varanasi

3) Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikanji acharva. chaukhambha Sanskrit Sansthana, Varanasi.