

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 meehanisms 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. Nome 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.

To study the etiopathogenesisi of amlapitta.

Material&Methods

15 patients of Amlapitta were selected from dept of knyachikitsa at our institute, pationts selected as per exclusion & inclusion criteria, written cnsent taken from patients

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 sullering 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 Microscopio.
- 4) Gastric juice analysis (If possible and necessary)
- 5) Barium meal X-ray (If possible and necessary)

Diagnostic Criteria:

Symptoms	Severity	Score
Amlo Udgar	Absent	0
Occasional		1
Ones in week		2
Ones in 2-3 days		3
Every Day		4
Takto Udgar	Absent	0
Occasional		1
Ones in week		2
Ones in 2-3 days		3
Every Day		4
Udar Gaurav	Absent	0
Occasional		1
Ones in week		2

Ones in 2-3 days		3
Every Day		4
Udar Daha	Absent	0
Occasional		1
Ones in week		2
Ones in 2-3 days		3
Every Day		4
Adhmana	Absent	0
Occasional		1
Ones in week		2
Ones in 2-3 days		3
Every Day		4
Aruchi	Absent	0
Occasional		1
Ones in week		2
Ones in 2-3 days		3
Every Day		4
Avipak	Absent	0
Occasional		1
Ones in week		2
Ones in 2-3 days		3
Every Day		4
Hrit daha kanth daha	Absent	0
	Occasional	1
Ones in week		2
Ones in 2-3 days		3
Every Day		4
Utklesh	Absent	0
Occasional		1
Ones in week		2
Ones in 2-3 days		3
Every Day		4

Sr. No.	Compl aints	N o o f P t.	Mean		% of rel ife	S D	S E	T val ue	P val ue
			B T	A T					
1	Amlo udgar	10	2.00	0.60	70	0.52	0.16	8.75	S
2	Tikto udgar	10	1.86	0.86	74	0.45	0.21	7.46	S
3	Adha man	8	2.00	0.38	81	0.52	0.31	8.31	S
4	Aruchi	7	2.16	0.33	77	0.48	0.11	7.32	S
5	Avipa k	10	2.24	0.56	72	0.53	0.22	8.11	S
6	Udard aha	9	2.64	0.44	70	0.35	0.14	7.34	S
7	Harit daha kanth daha	9	2.00	0.56	72	0.46	0.2	8.21	S
8	Utkles h	7	2.11	0.29	84	0.54	0.21	8.33	S
9	Udar Gaura v	10	2.56	0.76	69	0.10	0.2	7.24	S

Discussion:

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

Conclusion:

The main key for treating Amlapitta is to improve digestion. As the saying goes "Prevention is bette 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, sweetlime juice, pomegranate juice, amla juice.

Drug review- Narikel lavan 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, day15

Results & Observation:

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

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