

EFFICACY OF NARIKEL LAVAN IN AMALAPITTA

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INTRODUCTION

Amlapittia is a disease prevalent all over the world. With the time span becoming very fast and the growing rate of urbanisation the degree for psychosomatic ailments is rapidly increasing throughout the World. Amalapitta is not only a disorder caused by the habitual irregular diet schedule and activities, but also as a result of psychological and physiological aberrations. The increasing rate of Amlapitta presents a constant challenge to the research scholars of Ayurveda. The ancient Acharyas of Ayurveda have not described the Amlapitta as a separate disease, but the condition described as Widagdhajirna may be compared to Amlapitta. Acharya Sushrut has described the Amla Rasa of Pitta appearing to be in vidagdha state. Acharya Daihanna in his commentary Nibandha Sangraha while describing the Amla rasa of Pitta has mentioned that the Amla rasa in Pitta appears

in ‘Vidagdha’ condition, which is a clinical condition of Vidagdhajirna and a few of Acharyas have also described it as ‘Amlapitta.

Acharya Charak has considered Amalpitta as a result of Ajirna after being associated with Pitta dosha.

Acharya Chakarpani in his commentary Ayurved Dipika, while quoting the symptoms of Amalpitta as mentioned by other Acharyas has written Amalpitta as Vitiating of Amla guna in the Pitta.

The Amalpitta has been dealt as a separate disease in the later works like Madhavakar's Madhava Nidan, Chakrapanni's Chakradutta and in Yogratnakar, which show gradual importance of the disease due to its prevalence in the Sangraha kala.

In modern medicine the Amlapitta may be compared to the condition of Hyper chlorhydria (Hyper acidity) which has been regarded as a symptom of various other diseases but not entirely, an independent disease in which the secretion of Hydrochloric Acid increases in the stomach causing burning sensation at chest and stomach, Amlodgar, giddiness and heaviness of abdomen and other gastro intestinal symptoms.

Considering Amlapitta as a 'Rakta Vikara' it may be said that although the disease Amlapitta is purely a pittik roga, occurring from the vitiation of pitta dosha, but the place of pitta within the Dhatus, remains in Rakta and Sweda and hence this disease can be considered as Raktaj Vikara. Moreover the nature of pitta and Rakta has also been described to be the same. Acharya Charak while giving the description of 'Shonitaja roga' has also mentioned a few symptoms of pitta vridhi, in addition to Raktaj Vikara which appear to be the symptoms of Amlapitta as also described by others.

Acharya Charak has also described Pitta as a mala (waste product) of Rakta and Acharya Vagbhata considers Pitta as a By product (Vikriti) of Rakta. As the relationship of Pitta and Rakta is very close, the disease Amlapitta may be considered as a Raktaj Vikar.

In view of the pathogenesis of Amlapitta, the most Satisfactory regimen should revolve round the neutralisation of excessive acid (Pitta) present in the stomach. With a view to mitigate the unpleasant effects of Amlapitta by the easily affordable household remedies without much

expenditure, an effort has made by trying 'Narikela Lavan' on Amlapitta. The results of which are observed to be very much encouraging and enthusiastic in the preliminary studies.

MATERIAL AND METHODS

Seventy cases of both sexes (16-70 years) were taken up for the present Study. The patients were obtained from the O. P. D.

The diagnosis was made entirely on the signs and symptoms, especially with the Jrodah, Udar dah, and Amlodgar. history of the diet schedule and daily was recorded before starting the trial.

DRUG AND DOSAGE

Narikela Lavan — 500 mg to 1 gm twice a day. The medicine has been prepared by adopting the following procedure.

The hairy outer bark of Narikela (*Cocos Nucifera*) was removed from the fruit. The fine powder of Saindhava lavan was filled through the two of the three small openings (Narikel Akshi), which are naturally seen on the hard outer surface of the fruit. About 175 gm of salt in one fruit was filled which mixes with narikelajala inside the fruit. The Openings were then covered with a paste of wheat powder. The hard upper layer was also covered with the lepa of Clay and cloth. It was then put into Gaja Putagni for giving heat. By applying this procedure the outer layer of clay and cloth which is burnt is removed and the salt was collected from the same. It was finally powdered appearing black in colour and was used for the trial in the name of Narikela Lavan. Saindha salt was chosen in the preparation of this medicine because other types of salts increase the pitta except saindhav lavan.

RESULTS

Table -1: Depicting sex wise distribution of cases.

Male	Female	Total
44	26	70

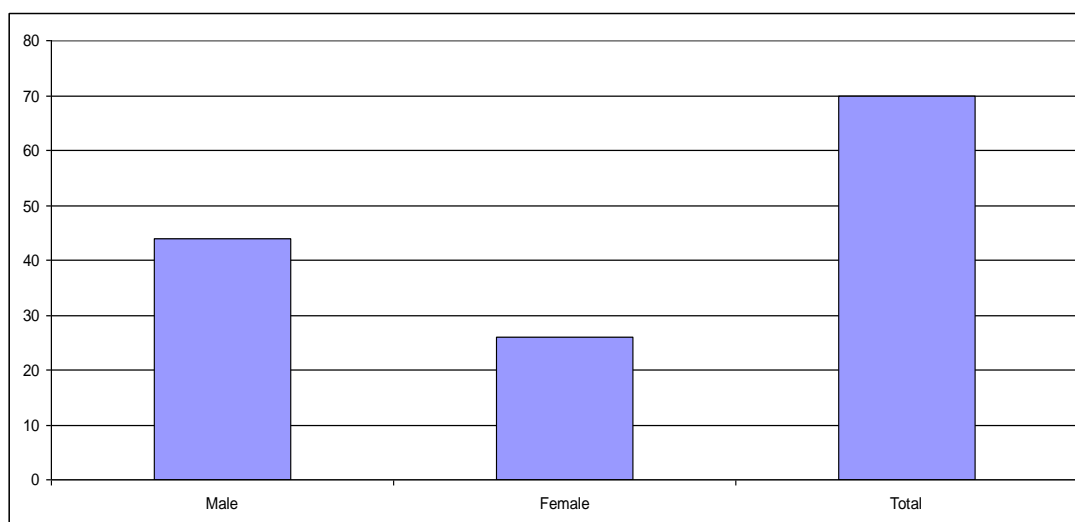
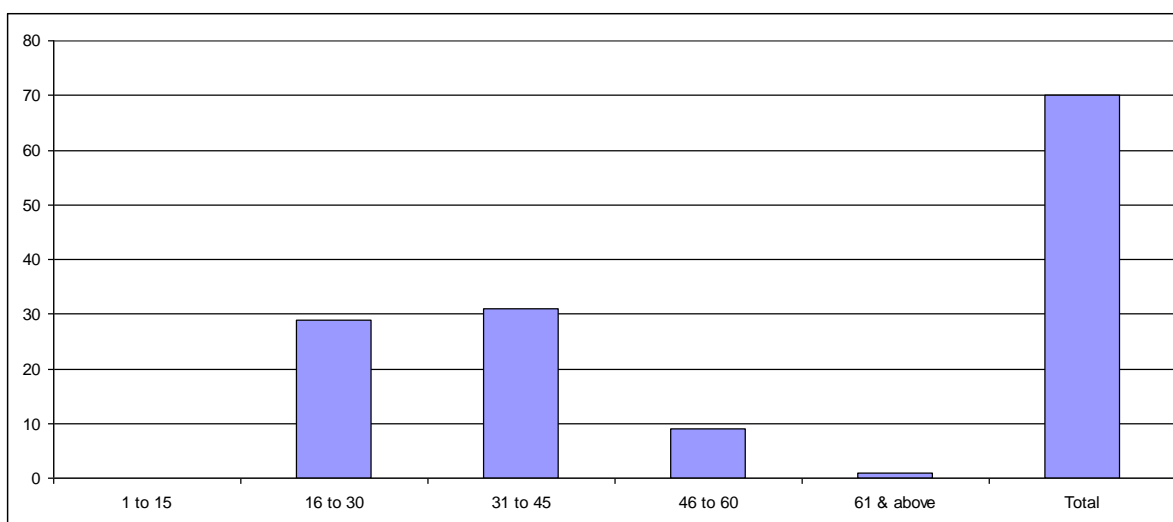


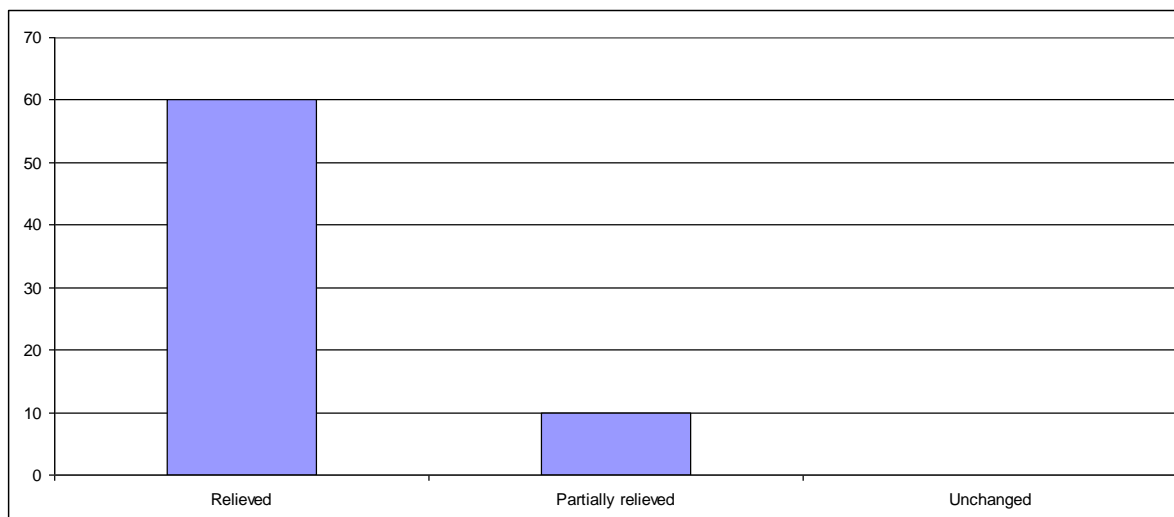
Table 2: Age wise distribution of cases in years.

1 to 15	16 to 30	31 to 45	46 to 60	61 & above	Total
0	29	31	9	1	70



OBSERVATIONS

Relieved	Partially relieved	Unchanged
60	10	0



1. During the study it has been observed that the most important causative factor is to take the meals at irregular timings.
2. Use of excessive chillies.
3. The incidence rate of disease was found maximum at the middle, age, 31 to 46 years followed by young age. (16 to 30 years). The incidence rate was found Nil in the younger. age (1 to 15 years) and rare in old age i. e. 61. and above years age group.
4. It has been found that the medicine is 'more effective when taken 20 minutes before meals rather of taking morning and evening.
5. The males were more iene to the disease than the females.
6. Four cases diagnosed as Gastric ulcer and/or peptic ulcer. were also treated with this medicine though the treatmmt was given for more than three months, these cases were partially relieved.