

**“A CLINICAL STUDY ON THE MANAGEMENT OF AMLAPITTA WITH
WITH NARIKELA LAVANA”**



Dissertation submitted as partial fulfillment for the degree of

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[Doctor of Medicine– Ayurveda]
Specialty – Kayachikitsa

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ABSTRACT

TITLE:

A CLINICAL STUDY ON THE MANAGEMENT OF AMLAPITTA WITH NARIKELA LAVANA

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INTRODUCTION:

The Amlapitta is constituted of the words Amla and Pitta. The term *Amla* has been used as an appellation to Pitta. Though, the *Amla* has been said as natural property of *Pitta* along with *Katu Rasa*, according to Charaka. Sushruta has enlisted as its original rasa and mentioned that when the *Pitta* becomes *Vidagdha*, it transforms to *Amla in Rasa*. By considering the disease as well as its symptoms, it seems that in *Amlapitta*, the *Pitta* seems distorted or is *Vidagdha*, as mentioned by Acharya Sushruta. Shrikantadatta in this commentary here, has defined that *Amlapitta* is a condition where excessive secretion of pitta with *Amla* in *Guna* takes place resulting in the condition like *Vidaha*, *Tikta-Amlodgara* etc.

The review of Vedic Literature points to no known suggestive references regarding the description of *Amlapitta*. Eventually Acharya Charaka has not mentioned *Amlapitta* as a separate entity in the Samhita, while describing *Grahaniroga*, pathogenesis of *Amlapitta* has been clearly mentioned, while explaining the role of *Agnidushti* and its role in the manifestation of diseases by affecting the three *Doshas*, mainly the *pitta*.

Madhava Nidana is the first text which describes its aetio-pathogenesis & symptoms. It classified *Amlapitta* into two clinical subtypes (i) *Urdhwaghataamlapitta* (ii) *Adhoghataamlapitta*). It also explained Lakshanas like *Avipaka*, *Klama*, *Utklesha*, *Amlodgara*, *Hrt-kantaDaha*, & *Aruchi* etc.

Dyspepsia is defined by the ROME III committee on functional gastro-intestinal disorders as chronic or recurrent pain or discomfort centered in the upper abdomen.

Discomfort means different things to different people but typically encompasses symptoms such as Bloating, Abdominal fullness, Early satiety and Nausea. It is an extremely common disorder in otherwise healthy population. Majority of patients however will be classified as having Non-Ulcer or Functional Dyspepsia. Prevalence of Functional Dyspepsia is about 20-30 % worldwide. A study from India reported to be 30.4%.

The treatment option of recent origin described in American Journal of Gastroenterology is (i) test and treat for H. pylori using a validated non-invasive test and a trial of acid suppression. (ii) an empirical trial of acid suppression with a proton-pump inhibitor is an initial option in a low prevalence area.

Narikelalavana mentioned in Rasatarangini, indicated in *Amlapitta*. It is *Laghu, Snighda, Sheetavirya, & Madhura vipaka*.

The present study aims to evaluate the general potential of oral administration of *NarikelaLavana* to prevent the progression of the disease and to relieve the symptoms.

AIM:

To carry out a Clinical Study on the Management of *Amlapitta* with *NarikelaLavana*.

OBJECTIVES:

Assessment of the clinical utility of *Narikelalavana* in *Amlapitta* as assessed by; Classical symptoms, GSRS Scale (Gastro-intestinal Symptom Rating scale) and QOLRAD Scale (Quality of Life in Reflux and Dyspepsia).

METHODOLOGY:

study design: open labelled clinical trial

study selection: Patients suffering from *amlapitta* aged between 20-50 years of either gender were taken in the study with chronicity of symptoms less than one month was selected from Parulayurved hospital, Vadodara.

intervention: Patients treated with *narikelalavana* 1gms thrice daily before food with *go ghrta* for 14 days.

RESULTS:

The results were analysed before and after treatment based on assessment parameters, such as classical symptoms, GSRS Scale and QoIRAD questionnaire using onw-way anova test.

CONCLUSION:

This study confirms that Narikelalavana is effective in Amlapitta.

KEY WORDS:Amlapitta, functional dyspepsia, narikelalavana