

EVALUATION OF THE EFFICACY OF NARIKELA KHANDA AVALEHA IN THE  
MANAGEMENT OF AMLAPITTA

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## ABSTRACT

Amlapitta is the diseases caused by unhealthy food habits and lifestyle activities. A clinical trial was conducted to manage the disease through Narikela Khanda Avaleha. 25 patients diagnosed as Amlapitta were selected from OPD and IPD of Ayurveda Mahavidyalaya, Hubli, Karnataka who fulfilled the inclusion criteria. Special clinical proforma, based on criteria of selection and parameter, for assessment of subjects was prepared. All 25 patients were given 25 gms of Narikela Khanda Avaleha along with Sukhoshna Dugdha as anupana for 30 days. Results were statistically significant. Out of 25 subjects, 80% subjects showed excellent response. 16% subjects showed good response. Moderate response was shown by 4% subjects. The study revealed that Narikela Khanda Avaleha showed excellent results in the management of Amlapitta.

**KEYWORDS:** Amlapitta, Narikela Khanda Avaleha.

## INTRODUCTION

Amlapitta is the disease caused by unhealthy food habits and lifestyle. Indulgence in food which is of incompatible combination, spoiled, very sour, food and drinks which cause increase of Pitta, Eating food before the previous food is digested, untimely food, eating too much of acidic food, eating when not hungry, drinking too much water during food and at a time unless required, very hot high fatty-fried food, stale food, heavy diet, excess consumption of horse gram vitiate all the three body humours (Tridosha) and produces Amlapitta.<sup>[1,2]</sup>

Amlapitta is mentioned in Kashyapa Samhita,<sup>[3]</sup> Madhava Nidana,<sup>[4]</sup> Bhavaprakasha,<sup>[5]</sup> and Chakradatta.<sup>[6]</sup> There is no description of Amlapitta as a separate disease in the text of Charaka, Sushruta and Vagbhatta. Charaka Samhita clearly indicates that the Grahani Dosha and Amlapitta occur in the persons who do not check the temptation of food. It has predominance of vitiated Pachaka Pitta and involves vitiation of Annavaha and Purishavaha Srotas. The pathology includes Mandagni & Ama. Excessive consumption of amla, katu, teekshna ahara that is faulty dietary habits, addictions like alcohol, smoking, tobacco chewing and other psychological factors like stress, strain also contributes in causing the Amlapitta disease. The clinical features of Amlapitta, opined in our classics as Avipaka, Klama, Utklesha, Tikta Amlodgara, Gourava, Hrit Kantha Daha, Aruchi

and Chardi, can be co-related to the Gastritis of the modern science.

The treatment principles namely Nidana Parivarjana and Samprapti Vighatana are also applicable in the treatment of Amlapitta. The use of Shamana Aushadhis can provide great relief to the patients. Acharya have told to use the drugs which are having Tikta-Madhura Rasa, Madhura Vipaka, Sheeta Virya and Laghu, Ruksha Guna with Kapha-Pittahara action. The present study is being undertaken to approach the disease Amlapitta through the formulation of Narikela Khanda Avaleha,<sup>[7]</sup> on 25 subjects.

## MATERIALS AND METHODS

**Materials: 1) Avipattikara Choorna<sup>[8]</sup>**

Ingredients: Pippali, Shunthi, Maricha, Hareetaki, Vibhitaki, Amalaki, Musta, Vayavidanga, Ela, Lavanga, Trivruta, and Sharkara.

Avipattikara choorna was used as amapachana dravya in this clinical study. All the ingredients of this choorna are amapachaka in nature and also produce vatanulomana.

**2) Narikela Khanda Avaleha**

**Composition:** Narikela, Godugdha, Dhanyaka, Pippali, Musta, Twak, Ela, Talishpatra, Nagakeshara and Madhu.

**METHODOLOGY****Method of Collection of Data**

The patients attending the OPD and IPD, PG Department of Kaya Chikitsa, Ayurveda Mahavidyalaya Hospital, Hubli diagnosed as Amlapitta & fulfilling the inclusion criteria were selected for clinical trial. Clinical evaluation of patient was done by collection of data/information obtained by history, clinical findings obtained by physical examination and laboratory test. The required medicines i.e. Avipattikara Choorna & Narikela Khanda Avaleha were procured and prepared in the Dept. Of Rasashastra & Bhaishajya Kalpana, Ayurveda Mahavidyalaya, Hubli.

**Inclusion Criteria**

1. Subjects with classical features of Amlapitta
2. Subjects of either sex were taken for study.
3. Subjects of age group between 18-50 Years.
4. Chronicity < 6 Months.

**Exclusion Criteria**

1. Subjects presenting with the features of carcinoma of stomach, gastric ulcer and duodenal ulcer.
2. Subjects who are less than 18 Years and more than 50 Years of age, with chronicity more than 6 Months.
3. Subjects suffering from other systemic and metabolic disorders, HIV & HBsAg positive, Pregnant and lactating women.
4. Subjects with history of hematemesis, melena and severe anemia (Hb < 7 gm%).

**Patients Examination & Diagnosis**

This study is based on clinical trial. The following clinical features were considered as diagnostic feature for

**Gradation Assessment of Subjective Parameters****1. Avipaka (Indigestion)**

- Presence of all the symptoms of Jeernahara Lakshana - 0
- Presence of three symptoms of Jeernahara Lakshana - 1
- Presence of two symptoms of Jeernahara Lakshana - 2
- No symptoms of Jeernahara Lakshana - 3

**2. Utklesha (Nausea)**

- No Utklesha - 0
- Presence of salivation with Utklesha - 1
- Presence of Utklesha with occasional gastric contents - 2
- Presence of Utklesha with occasional vomiting - 3

**3. Tikta – Amla Udgara (Spicy- Sour belchings)**

- No Tikta-Amla Udgara - 0
- 1-2 times Tikta-Amla Udgara usually after consumption of sour/spicy food - 1
- 3-5 times Tikta- Amla Udgara after consumption of any type of food - 2
- Continuous Tikta-Amla Udgara after consumption of any type of food - 3

**4. Hrit-Kantha Daha (Burning sensation in chest and throat)**

- No Hrit-Kantha Daha - 0
- Repeated Hrit Kantha Daha, relieved after drinking water - 1
- Repeated Hrit-Kantha Daha and not relieved after drinking water - 2

Amlapitta (Gastritis) i.e. Avipaka (Indigestion), Utklesha (Nausea), Tiktamlodgara (Sour & spicy belchings), Hritkantha Daha (Burning sensation in throat & chest) & Chardi (Vomiting).

**Study Design:** Open- labeled, interventional Clinical Study.

**Sample Size**

A Minimum of 25 Subjects diagnosed as Amlapitta were incidentally selected.

**Investigations**

Blood Routine Test – Hb%, TLC, DLC, ESR, RBS

Urine Routine Test – Albumin, Sugar, Microscopic

Endoscopy – as per the need.

**Intervention**

Amapachana with Avipattikara Churna 5 gm BID was given 30 minutes before food with Ushnodaka as Anupana for 3 to 5 days till nirama lakshana were seen.

After Amapachana, Subjects were subjected for Shamana Chikitsa with Narikela Khanda Avaleha (25gm BID) along with Sukhoshna Dugdha as anupana for 30 days. Pathya Aahara and Pathya Vihara was advised to all the Subjects (this was done to avoid unnecessary interference in the treatment modality).

Duration: 30 days - Weekly visit.

Follow up: 1 month - Weekly visit.

**Criteria for Assessment**

The assessment was based on the improvement in the grading of Subjective and Objective Parameters.

- Repeated Hrit-Kantha Daha and not relieved even after taking medicine - 3

### 5. Chardi (Vomitting)

- No Chardi - 0
- Occurs once or twice in a week - 1
- Occurs 2-4 times in a week - 2
- Occurs daily - 3

### Gradation Assesment of Objective Parameters

#### 1. Epigastric tenderness

- No tenderness - 0
- Mild tenderness and tolerable - 1
- Moderate tenderness with wincing - 2
- Severe tenderness and not allowing to touch - 3

#### 2. Physical Examination of the regurgitated sample

- No regurgitation - 0
- Regurgitation of only little amount (about 5 ml) of gastric juice - 1
- Regurgitation of excess amount of gastric juice with no food content - 2
- Regurgitation of gastric juice with food content - 3

### Statistical Analysis

Improvement in subjective and objective parameters of Amlapitta, before and after the treatment.

The data which was obtained by the clinical trial was statistically analyzed by applying Student "t" test. The significance was discussed on the basis of Mean Scores, Percentages, SD, SE, "t" and "p" values.

### OBSERVATIONS

Table 01: Showing the incidence of Symptomatology (Roopa) in the subjects of Amlapitta.

Sl. No.	Symptomatology	No. of Subjects	%
1	Avipaka	24	96%
2	Utklesha	23	92%
3	Tikta- Amla Udgara	22	88%
4	Hrit- Kantha Daha	19	76%
5	Chardi	7	28%

### RESULTS

Table 2: Effect of Therapy on Avipaka.

GROUP	Mean		Difference		%Relief	Paired 't' test		't'	P	Remarks
	BT	AT	mean	in		S.D	S.E of mean			
	(±SE)	(±SE)								
	1.92	0.28	1.64		85.41%	0.63	0.12	12.85	<0.0001	SHS
	(0.14)	(0.10)								

Table 3: Effect of therapy on utklesha.

GROUP	Mean		Difference in mean	%Relief	Paired 't' test		't'	P	REM
	BT	AT			S.D	S.E of mean			
	(±SE)	(±SE)							ARKS
	1.84	0.24	1.600	86.95%	0.763	0.152	10.47	<0.0001	SHS
	(0.149)	(0.087)							

Table 4: Effect of therapy on tikta- amla udgara.

GROUP	Mean		Difference in mean	%Relief	Paired 't' test		't'	P	REMA
	BT	AT			S.D	S.E of mean			
	(±SE)	(±SE)							RKS
	1.920	0.360	1.560	81.25	0.869	0.174	8.96	<0.0001	SHS
	(0.190)	(0.127)		%			7		

Table 5: Effect of Therapy on Hrit-kantha Daha.

GROUP	Mean		Difference In mean	%Relief	Paired 't' test		't'	P	ARKS
	BT (±SE)	AT (±SE)			S.D	S.E of mean			
	1.400 (0.173)	0.1600 (0.074)	1.240	88.57 %	0.83 0	0.166	7.46 4	<0.000 1	SHS

Table 6: Effect of therapy on chardi.

GROUP	Mean		Difference In mean	%Relief	Paired 't' test		't'	P	ARKS
	BT (±SE)	AT (±SE)			S.D	S.E of mean			
	0.4400 (0.153)	0.000 (0.000)	0.440	100%	0.76 8	0.153	2.864	=0.008 5	SS

Table 7: Effect of therapy on epigastric tenderness.

GROUP	Mean		Difference In mean	%Relief	Paired 't' test		't'	P	RKS
	BT (±SE)	AT (±SE)			S.D	S.E of mean			
	1.200 (0.141)	0.120 (0.066)	1.080	90%	0.640 4	0.1281	8.433	<0.0001 4	SHS

Table 8: Effect of therapy on physical exam of regurgitated sample.

GROUP	Mean		Difference in mean	%Relief	Paired 't' test		't'	P	REMA
	BT (±SE)	AT (±SE)			S.D	S.E of mean			
	0.640 (0.222)	0.000 (0.000)	0.640	100%	1.11 4	0.222	2.87	=0.008 4	SS

Overall Response on 25 patients in Amlapitta

Table 9: Total Response of Therapy.

Response of Therapy	No. of Subjects	%
Excellent >75%	20	80%
Good 51 – 75%	4	16%
Moderate 26 – 50%	1	4%
No Response 0 – 25%	0	0

## DISCUSSION

Table 10: Showing Properties of Drugs Used For Narikela Khanda Avaleha.

Drugs	Rasa	Guna	Virya	Vipaka	Doshaghnta	Karma
Narikela (Cocosnucifera)	Madhura	Guru, Snigdha	Sheeta	Madhura	Pittahara, Vatahara	Balya, Vrishya, Hridya, Basti shodhaka
Godugdha	Madhura	Sheeta, Mrudu, Snigdha, Guru	Sheeta	Madhura	Pittahara	Rasayana, Jeevaneeya
Dhanyaka (Coriandrum sativum)	Madhura, Katu, Tikta, Kashaya	Laghu, Snigdha	Ushna	Madhura	Tridosahara	Deepaneeya, Pachaneeya, Grahi, Mootrala, Chakshushya, Hridya
Pippali (Piper longum)	Katu	Laghu, Snigdha, Teekshna	Anushna sheeta	Madhura	Vatashamaka, Pittashamaka, Kaphahara	Deepneeya, Rasayana, Hridya, Vrishya, Rechana
Musta (Cyperus rotundus)	Tikta, Katu, Kashaya	Laghu, Ruksha	Sheeta	Katu	Kapha-pitta shamaka	Deepaneeya, Pachaneeya, Grahi
Twak (Cinnamomu m zeylanicum)	Madhura, Katu, Tikta	Laghu, Ruksha, Teekshna	Ushna	Katu	Kapha-vatahara	Vishaghna, Kanthashuddh ikara, Ruchya

Ela (Elettaria cardamomum)	Katu, Madhura	Laghu, Ruksha	Sheeta	Madhura	Tridosahara	Rochana, Deepana, Anulomana, Hridya, Mutrala
Talishpatra (Abies webbiana)	Madhura, Katu, Tikta	Laghu, Teekshana	Ushna	Katu	Vata-Kaphahara, Sleshma- Pittahara	Deepana, Hridya
Nagakeshara (Mesua ferrea)	Katu, Tikta, Kashaya	Ruksha, Laghu	Ushna	Katu	Kaphahara	Varnya, Urdhwajatruga tarogahara
Madhu	Madhura, Kashaya	Laghu, Rooksha, Sookshama	Ushna	Madhura	Tridosahara	Ropaka, Shodhaka, Sandhanaka

### Probable Mode of Action of Narikela Khanda Avaleha

Its contains Narikela, Goghrita, Godugdha, Dhanyaka, Pippali, Musta, Twak, Ela, Talishpatra, Nagakeshara and Madhu. Maximum Rasa are Madhura, Tikta and Kashaya which are Pittashamaka and Kaphanashaka. In pathogenesis of Amlapitta, Mandagni leads to Ama formation and Pippali and Musta are the best medicine for Amapachana and alleviates the Srotorodha by Ushna Tikshana Guna. Most of the drugs have Deepana Pachana property, which improves the status of Agni. Laghu Ruksha Guna and Katu Vipaka are Kapha Shamaka. There is increase of drava guna in Amlapitta. Kledaka Kapha and Pachaka Pitta are drava in dominancy. So laghu-ruksha guna may perform the function of dravansha - shoshana.

Other functions of laghu – ruksha guna are lekhana, stambhana and ropana. Madhura Vipaka and Sheet Veerya drugs may counteract the Tikshana Guna of Vitiated Pitta, which showed the expulsion of Mutra and purisha, i.e., Vatanulomana and helps in expulsion of the Vidagdha Pitta.

The Madhura Rasa, Sheet Veerya, Mrudu and Snigdha Guna with Dahahara and Hridaya property refers to the soothing action of Narikela on Annavaaha Srotas thus reducing the irritation. Narikela along with Dhanyaka, Pippali, Ela and Talishpatra, have the Hridya property, thus help in controlling Chardi. The Tridosahara, Deepana, Pachana, and Ruchya property with Anulomana action of the drugs help to tackle with the pathogenesis of illness. Summing up the individual drugs of the formulation based upon its Guna and Karma and also the formulation as a whole, work against Amlapitta. Goghrita, Godugdha and Pippali also possess the Rasayana properties, thus helping in Dhatu Poshana.

*Ghrta*, the *uttama sneha*, which has been used in the *Avaleha* is considered best for stimulation of digestion, promotion of longevity, promotion of memory and intellect, and is further described as *yogavahi rasayana*, means that any drug processed with ghrta will possess the quality of the added drug.

### CONCLUSION

- Present lifestyle that has disturbed the food habits giving rise to agnimandya, vidagdhajirna, and finally leads to Amlapitta.
- Socio-economic condition, mental stress and strain play an important role in causing and aggravating the disease.
- The study revealed that Narikela Khanda Avaleh showed excellent results in the management of Amlapitta.
- The formulation was absolutely free from any kind of side effects or toxic effects.

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