

A Comparative Pharmaceutico Analytical Study of *Narikela Lavana* by Using *Saindhava Lavana* & *Sauvarchala Lavana* and Its Clinical Efficacy in *Amlapitta*

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ABSTRACT

Narikela Lavana is one among the formulation mentioned in *Rasatarangini* for the management of *Amlapitta* which is commonly encountered disease of *Annavaha Srotas* described in various classical *Ayurvedic* texts. It possesses the *Pachana* and *Pitta Shamaka* property. Due to in search of *Saindhava Lavana* substitute as *Sauvarchala Lavana* in the preparation of *Narikela Lavana* this study was planned. To compile information regarding ingredients in *Narikela Lavana* with its preparation as mentioned in *Rasatarangini*. To do a complete Analytical Study of *Narikela Lavana* by using *Saindhava Lavana* & *Sauvarchala Lavana*. To carry out a clinical study on the management of *Amlapitta* with *Narikela Lavana* by using *Saindhava Lavana* and *Sauvarchala Lavana*.

KEYWORDS: *Amlapitta*, *Narikela Lavana*, *Sauvarchala Lavana* and *Saindhava Lavana*.

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INTRODUCTION

Presently *Ayurveda* is consisting of huge number of formulations to accomplish its objectives. *Narikela Lavana* is popularly used by *Ayurvedic* practitioners since many centuries to treat *Amlapitta*. *Amlapitta* is a condition where *Amla Rasa* of the *Pitta Dosha* gets amplified, in an unusual manner. It is considered as a *Pitta Pradhana Vyadhi* and poses various symptoms like *Tikta-Amla Udgara*, *Aruchi*, *Hrit-Kantha Daha*, *Avipaka* etc. Based on its clinical features it can be co-related with Acid-peptic disease in modern medicine. There are number of diseases in acid peptic diseases like- Acute gastritis, chronic gastritis, peptic ulcers, gastro esophageal reflux diseases, non-ulcer dyspepsia, hyperchlorhydria syndrome, Menetrier's disease etc. Acid-peptic disease caused due to bad

food habits, psycho-somatic factors, endocrine factors, drug and addictions which leads to various symptoms like nausea, vomiting, epigastric pain, heart burn etc. Modern medicine is not having the exact as well as ultimate answer for acid-peptic diseases. Therefore, *Ayurveda* have a lot to offer in this regard. Oral administration of medicines is one among the important *Shamana* line of treatment which is very easily administered and well accepted compared to *Shodhana*. *Narikela Lavana* prepared with *Sauvarchala Lavana* and *Narikela Lavana* prepared with *Saindhava Lavana* mentioned in *Rasatarangini*, were selected to evaluate and compare its pharmaceutical analysis, analytical analysis and its efficacy in the management of *Amlapitta*.

Materials and Methods**Source of Data**

Literary source: All classical, modern literature and contemporary texts including the journals and website about the disease, Dravyas and procedures was reviewed and documented for the study.

Drug source : The Dravyas was collected from the local market after proper identification and all the required tailas were prepared in department of Rasashastra and Bhaishajyakalpana of BMJAMC, Hospital and PG Center Gajendragadha.

Sample source: Patients were Randomly Selected from OPD and IPD of BMJAMC, Hospital and PG Center Gajendragada

Analytical source: Prepared samples of the products were sent to Shri Atharva Ayurveda Rasayanshala Lalganj Raebareli Uttar Pradesh for the analytical evaluation and reporting.

Study Design:

A parallel group comparative clinical study was carried out in 60 diagnosed cases aged 16-60 years presenting classical signs and symptoms of *Amlapitta*.

Wilcoxon Signed-Rank Test within the group and study showed result was statistically significant in all signs and symptoms at the level of P value <0.05. The Mann-Whitney Rank Sum Test was used between the groups and study showed there was no statistically significant difference between the groups to treat the *Amlapitta* at the level of P value >0.05.

Sample Size:

60 patients diagnosed with *Amlapitta* (30 in each group).

Diagnostic Criteria**Inclusion criteria**

Patients within the age group of 16-60 years.
Patients willing to participate in the study and sign informed consent form.

Exclusion Criteria:

Patients with drug induced *Amlapitta*. (Because Drug induced *Amlapitta* symptoms will subside within a short duration but my studies about 7 days).

Patients with diagnosed cases of gastric, peptic and duodenal ulcers.

Pregnant and lactating women.

Systemic disorders which interfere course of treatment.

Patients having symptoms of *Vidhagdha Ajeerna* and *Pittaja Grahani*.

Intervention:

Group A: Narikela Lavana with saindhava 1 gram twice daily for 7 days.

Group B: Narikela Lavana with Sauvarchala 1 gram twice daily for 7 days.

Posology**Group-A**

Narikela Lavana with saindhava

Dose - 1 gram twice daily

Duration - 7 days

Follow up – 3rd & 7th day

Group-B

Narikela Lavana with Sauvarchala

Dose - 1 gram twice daily

Duration - 7 days

Follow up – 3rd & 7th day

Assessment Criteria

Assessment was based on the following parameters

Subjective Parameters**Grading for *Tikta-Amla Udgara***

0	No Udgara
1	On consumption of spicy / sour food
2	Irrespective of food consumption

Grading for *Hrut-Kantha Daha*

0	No Daha
1	Feeling of burning sensation on consumption of spicy / sour food
2	Feeling of burning sensation irrespective of food consumption

Grading for *Utklesha*

0	No <i>Utklesha</i>
1	Feeling of <i>Utklesha</i> without vomiting
2	Feeling of <i>Utklesha</i> with vomiting

Grading for *Aruchi*

0	Willing towards all <i>Rasa</i>
1	Unwilling towards foods but can eat foods
2	Totally unwilling for meals

Grading for *Klama*

0	No <i>Klama</i>
1	Occasional feeling of <i>Klama</i>
2	Feeling of <i>Klama</i> throughout the day

Grading for *Gourava*

0	No <i>Gourava</i>
1	Feeling of <i>Gourava</i> on consumption of heavy food in large quantity
2	Feeling of <i>Gourava</i> irrespective of quantity and quality of food

Grading for *Avipaka*

0	No <i>Avipaka</i>
1	Difficulty to digest heavy food
2	Difficulty to digest all type of food

Statistical Analysis:

Wilcoxon Signed-Rank Test within the group and study showed result was statistically significant in all signs and symptoms at the level of P value <0.05.

The Mann-Whitney Rank Sum Test was used between the groups and study showed there was no statistically significant difference between the groups to treat the *Amlapitta* at the level of P value >0.05.

Results**Organoleptic Results**

Observation	Narikela Lavana	
	Batch I (With saindhava lavana)	Batch II (With sauvarchala lavana)
<i>Rupa</i>	Zet Black	Zet Balck
<i>Rasa</i>	<i>Lavana</i>	<i>Lavana</i>
<i>Gandha</i>	Burnt ash smell	Burnt ash smell
<i>Shabda</i>	Nil	Nil
Condition of <i>Narikela Lavana</i>	Amorphous	Amorphous

Physio-chemical Analysis Results of Narikela Lavana

Parameters	Batch I (With saindhava lavana)	Batch II (With sauvarchala lavana)
pH	9.40	9.42
LOD 105 °C % w/w	0.18	0.16
Total Ash % w/w	94.95	94.90
Water soluble extractive	91.95	91.86
Acid insoluble ash	51.65	51.60

Test for heavy metals of Narikela Lavana

Metals	Narikela Lavana	
	Batch I (With saindhava lavana)	Batch II (With sauvarchala lavana)
Lead	0.14 ppm	0.12 ppm
Cadmium	Not Found	Not Found
Mercury	Not Found	Not Found
Arsenic	Not Found	Not Found

Test for Microbial Contaminations of Narikela Lavana

	Narikela Lavana	
	Batch I (With saindhava lavana)	Batch II (With sauvarchala lavana)
Total bacterial Count	60	72
Total fungal Count	11	14

Overall Analysis**Within-Group Effects**

Percentage of improvement after treatment in Group A on Tikta-Amla Udgara is 70.5%, Hrut-Kanta Daha is 100%, Aruchi is 88.8%, Gaurava is 100%, Avipaka is 100%, Klama is 80% and Utklesha is 100%.

Percentage of improvement after treatment in Group B on Tikta-Amla Udgara is 88.2%, Hrut-Kanta Daha is 100%, Aruchi is 100%, Gaurava is 100%, Avipaka is 100%, Klama is 85.7% and Utklesha is 100%.

Between-Group Comparison

On comparison between two groups there is no statistically significant difference in all assessment criteria.

Thus we can conclude: Alternate Hypothesis (H_1) is rejected and Null Hypothesis (H_0) is accepted i.e. There is no significant difference between the effect

of *Nirjala Narikela Lavana* prepared with *Saindhava Lavana* and *Nirjala Narikela Lavana* prepared with *Sauvarchala Lavana* in the management of *Amlapitta*

Discussion

Ayurvedic pharmaceuticals or *Bhaisajya Kalpana*, is not stated as a separate branch in *Ashtanga Ayurveda*, but it is related to all branches of *Ayurveda*. This pharmaceuticals has a long history, as evidenced by the presence of various *Kalpana* in Vedic literature, such as *Swarasa*, *Kwath*, *Sneha*, *Sandhana*, and *Ahara Kalpana*. The initial formulations were mostly herbal, but they later evolved from a variety of perspectives, such as the progressive creation of instruments for various sorts of formulations and so on. Some problems of basic formulations, such as lack of fresh crude drug availability, lower self-life, poor palatability, delayed actions and difficulties in dispensing, prompted this invention. To address all

these issues, new formulations were created. *Lavana Kalpana* is well known for its features such as availability, palatability and fast action.

The pH value of saindhav lavana and sauvarchala lavana is approx. 7 the final products of narikela lavana with saindhava lavana and sauvarchala lavana is 9.40 and 9.42 respectively due to its alkaline nature this is very beneficial in amlapitta to neutralize acidic nature of disease.

In Group A complete relief was seen in 21 subjects, marked improvement was seen in 6 subjects, moderate improvement was seen in 3 subjects. In Group B complete relief was seen in 18 subjects, marked improvement was seen in 8 subjects, moderate improvement was seen in 4 subjects

Conclusion

In the present analytical study both *Nirjala Narikela Lavana* prepared with *Saindhava Lavana* and *Nirjala Narikela Lavana* prepared with *Sauvarchala lavana* showed not much difference in all the criteria i.e. Total Ash, pH, water soluble extractive, acid insoluble ash and loss of drying. The pathophysiology of *Amlapitta* involves the vitiation of *Rasa* and *Rakta Dhatu* by vitiated *Doshas*.

In present clinical study both groups showed statistically significant on all the assessment criteria *Narikela lavana* is affect on *Amlapitta* statistically with good results

On comparison between two groups there is no statistically significant difference in all assessment criteria.

Thus we can conclude: Alternate Hypothesis (H_1) is rejected and Null Hypothesis (H_0) is accepted i.e. There is no significant difference between the effect of *Nirjala Narikela Lavana* prepared with *Saindhava Lavana* and *Nirjala Narikela Lavana* prepared with *Sauvarchala Lavana* in the management of *Amlapitta*.

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