

Efficacy of Narikela Udaka in Agnimandya-Clinicle Study

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ABSTRACT

Ayurveda is a science of life, which aims at maintaining health of the healthy and cures for the diseases. Acharya Charaka the pioneer of the medicines mentioned agni as vikrut agni vishamgni, madangni and teekshnagni are the concerns of disease. Acharya Vagbhat an expert compiler, reviser and editor of both Charaka and Sushruta Samhit states that “रोगः सर्वेऽपि मन्दऽग्नौ। means almost all the diseases are the outcomes of Mandagni. Hence the concept of agni and its activities plays a very important role in both the Healthy as well as the diseased. Now a days every person's life style is different like fast and stressful for that region peoples are having irregular diet with suppression of urges. Most of the people experience Digestive problems like constipation, diarrhoea, acid eructation, loss of appetite etc. at same stage of life these are the acute conditions that appear due to Agnimandya. Before create any disease for that purpose Narikeludaka one of the affordable and easily available in all seasons.

Materials and Method: The materials required for the clinical study were carried out in following manner; a. Literary Source of Data: The exhaustive literature pertaining to Angimandya and Narikelaudaka were collected by referring Brihatrayee, research articles, webinars and magazines etc. **Clinical source of Data:** 30 Patients of Agnimadya who fulfil the inclusion criteria were Centre Vijayapur and Camps conducted in and around the Hospital by preparing special case proforma. **METHODS: Selection Criteria:** Diagnosed patients of agnimandya were selected on the basis of simple randomized sampling procedure by preparing special case proforma. The study was conducted for 10 days, using Narikelaudaka orally twice a day with a quantity of 200ml. **Observations and Results:** Overall assessment of all parameters of Agnimandya by using Narikealudaka shows significant results Marked improvement was found in 53.33% (16) Subjects, while moderate 33.33% (10) Subjects shows no improvements. While 11.34% [4] shows no improvement. **Conclusions:** Narikelaudaka shows significant effect on Agnimandhya.

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KEYWORDS: Agni, Mandagni, Agnimandhya, Narikelaudaka, Brihatrayee

INTRODUCTION

The concept of Agni is considered as a basic concept of Ayurveda. This Siddhanta provides fundamental knowledge for understanding of the theories of Ayurveda viz. Ahara pachana, Dhatu Utpatti, Vyadhi Utpatti, Ayu parijnana etc. Concept of Agni in Ayurveda is quiet different than of philosophical concept. Various Indian philosophies describe Agni as an important Tatva (element) of the universe. Though there are some differences of opinions among various darshanas philosophies regarding the Utpatti

of Agni, e.g. Samkhya describes it as one of the Mahabhūta generated from Rupa Tanmatra which is a resultant of Tamasika Ahamkara. Vaisesika opines that, Agni is one of the Karana Dravya which is eternal and one of the material cause of the entire universe. It further mentions types of Agni; one among them is Audaryagni which resides in the body of animate world performing the function of digestion and metabolism. Ayurveda deals with this kind of Agni only.

In the present days fast mechanical, stressful, hectic life style and super added with spicy, fast, antagonistic food, divaswapna and Ratrijagarana all collectively affects the agni, further leading to its dysfunction, ultimately resulting into diseases. So, in preventive as well as curative aspect of Agnimandya and ultimately almost all diseases which are caused due to Agnimandya, lifestyle modification is very essential. By following the proper Ahara Vidhi, Vihara and Achara, it is possible to prevent and cure these diseases and regain a physically and psychologically healthy life. Ayurveda emphasizes on restoration of agni in samavastha, mentioned

preventive, in condition of agnimandya, its curative measure. Acharya Vagbhat advised Narikeluadaka in agnimandya as the best among the Deepana. Also avails good saturation, being feeling of satisfaction and “Fluid Of Life”¹

Objectives of study:

1. To study in detail about Agnimandya
2. To study Narikelaudaka according to Brihat trayee.
3. To evaluate the clinical efficacy of Narikelaudaka as Deepana in Agnimandya as mentioned by Acharya Vagbhat in Asthanga Hrudaya.

DISEASE REVIEW

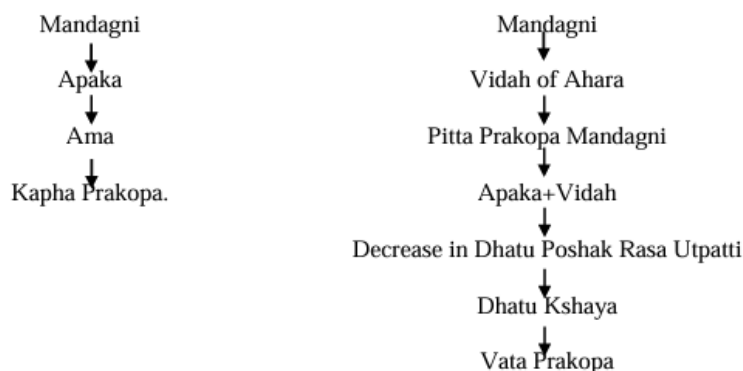
Jatharagnimandya is an abnormal status of the Annavaha Srotasa, which is the initial condition of any disorder. Jatharagni is mandya when saman vata is associated with kapha Agni is low in this type with poor appetite, low metabolism and it can't digest even little quantity of food in scheduled time. With three kinds of abnormal Agnis the digestion of food will not be proper. In Mandagni the food will be Apakwa (inadequately digested). Word "Mand" means slow. The meaning of the Mandagni is slow digestive power or digestive capacity. Those who are having Mandagni eat very little and are unable to digest the smallest amount of food.

1. ETYMOLOGY OF MANDANGI:

Mandagni is a condition in which it is not able to digest the food consumed in proper quantity and time.

2. MANDAGNI AND DOSHA PRAKOPA:

Mandagni is considered as the root cause for every disease.



In this Manda state of Agni leads to prakopa of all three dosha, these interm, singly or in combination gives raise to rogas or diseases in any one part, organ or system of entire sharira.

From the above mentioned description, it can be said that the term Agnimandya is used specifically for the pathological condition of inhibited Jatharagni while the term Mandagni is dealt with a physiological condition.

NIDANA OF AGNIMANDYA:

The Nidana of Agnimandya is classified under four main groups viz.

- | | |
|--------------------|--------------------|
| 1. Aharaja Nidana | 2. Viharaja Nidana |
| 3. Manasika Nidana | 4. Aganju Nidana |

1. Aharaja Nidana: According to quality of food:

- | | |
|-----------------------------|-------------------------|
| 1. Atirukshaa | 2. Atisnigdha |
| 3. Guru Bhojana | 4. Vidahi Bhojana |
| 5. Pishatanna Sevana | 6. Ama (Apakva) Bhojana |
| 7. Madhura Rasa Ati Upayoga | 8. Shita Bhojana |
| 9. Vishatambhi Bhojana | 10. Dagdha Bhojana |

According to Dushaitanna:

- | | |
|------------------------|-------------------|
| 1. Samadushata Bhojana | 2. Ashuci Bhojana |
| 3. Dvishata Bhojana | |

Faulty dietary habits:

1. Atyambupana (Over drinking)
2. Ajirṇashana
3. Vishaamashana (Incompatible diet)
4. Abhojana
5. Atilanghana.
6. Atibhojana

2. Viharaja Nidana:

1. Swapnaviparyaya (Improper sleeping schedule)
2. Vegavidharaṇa [Suppression of natural urges]

3. Manasika Nidana:

1. Cinta (Worry)
2. Shoka (Anxiety)
3. Bhaya (Fear/phobia)
4. Krodha (Anger)

4. Agantuja Nidana:

1. Virecana- Sneha Basti Vyapada
2. Sneha Vibhrama
3. Desha, Kala, Vaishamya
4. Vyadhi Karshaṇa

UPADRAVA OF AGNIMANDYA²:

An Upadrava occurs as a sequel resulting from the main Roga. It may be in the nature of a Sthula or an Aṇu ailment. The sequel is so called because it is consequent to the Roga. It generally disappears with the disappearance of the main Roga. The dosha responsible for a Roga Arambha produces an Anya Vikara due to its Prakupita Avastha and that Anya Vikara is known as an Upadrava (Madhukoshaa).

The Upadrava of Agnimandya is mainly as:

Ajirṇa: The vitiated dosha which are involved in the development of Agnimandya leads to the manifestation of Ajirṇa.

Ama: Ajirṇa being almost an inevitable sequence of Agnimandya the Ama could also be regarded as a complication of Agnimandya as it is an immediate resultant of Ajirṇa.

Treatment Principles of Vyadhi - Agnimandya

- Hita Ahara, the non-vitiated and incessant Antaragni, underanged Vata and Anupahata Srotasa are essential factors for the normal development of an individual and for the maintenance of good health.
- Samprapti Vighatana or the breaking of the pathogenesis is the aim of Chikitsa.
- As regards the Samshamana Chikitsa, the six Upakrama could be grouped under two specific lines of treatment known as Santarpaṇa Chikitsa and Apatarpaṇa Chikitsa³ in agnimandhya we give shaman chikitsa santarpan as brimhan.

➤ PATHYA

Ahara: Laghu Ahara, Purana Shali, Mudga, Dadima, Takra, Jeeraka, Katu tikta ahara, Ushnodaka, Nagara

Vihara: Vyayama

➤ APATHYA

Ahara: Tikshna virechana, Atibhojana, Viruddh ahara, Guru ahara, Dadhi and Spicy food.

Vihara: Krodha, shoka, Chinta, Vegavidharana, Divasvapna.

DRUG REVIEW

Table No. 1. Showing Ganas of Narikela according Samhita

Sl. No.	Samhita	Ganas
1.	Charaka Samhita	Phala Varga
2.	Sushruta Samhita	Jala Varga
3.	Astanga Hrudaya	Toyavarga, Mochadi Gana

DERIVATION OF BOTANICAL NAME:

Cocos - Coco- Monkey, nut resembles head of monkey

Nucifera - Nuci- nut, fera- yielding

FAMILY NAME: ARECACEAE

5. TAXONOMICAL CLASSIFICATION:

Rank	Scientific Name and Common Name
Kingdom	<i>Plantae</i> - Plants
Subkingdom	<i>Tracheobionta</i> - Vascular plants
Superdivision	<i>Spermatophyta</i> - Seed plants
Division	<i>Magnoliophyta</i> - Flowering plants
Class	<i>Liliopsida</i> - Monocotyledons
Subclass	<i>Arecidae</i>
Order	<i>Arecales</i>
Family	<i>Arecaceae</i> Bercht. & J. Presl - Palm family
Genus	<i>Cocos</i> L. - coconut palm
Species	<i>Cocos nucifera</i> L. - coconut palm

RASAPANCHKA ^{4,5}**Table No. 2- Rasapanchka of Narikelaudaka**

Sl. NO.	PARTICULARS	NARIKELA UDAKA	NARIKELA UDAKA	NARIKEL PHALA
		A.H.Su.5/19	Su.Su.44/43	Cha.Su.26/130-131
1.	Rasa	Madhura	Madhura	Madhura
2.	Guna:	Laghu	Guru	Guru
3.	Veerya	Sheeta	Sheeta	Sheeta
4.	Vipak	Madhura	Madhura	Madhura
5.	Prabhava	Bastishodhaka	Bastishodhaka	Balya

Karma: It acts as vatapitta shamaka, bruhrmana, balya, deepana pachana, bastishodha, trushnanigrahana⁶.

INDICATIONS: It is mainly indicated in Kesavikara, Khalithya, Palithya, Masurika, Charmaroga, Kushta, Vruna, Trshna, Daha, Amlapitha, Parinamasula, Annadravasula, Gulma, Atisara, Rakthapitta, Hikka, Mutraghatha, Mutrakruhra, Mutravaivarnya, Kashtartava, Klaibya, Vishamajwara, Adhmana, Dourbalaya and Kshayaroga.

NARIKELAUDAKA:

The Ayurvedic system of medicine has documented the uses of tender coconut water 4000 years ago. In Sanskrit, the Tender coconut water is called the “Narikelaudaka” and it is included in Madhuravarga. The coconut water is said to be Sheetala (Cold), hrudya (cardio protective), deepana (digestive stimulant), shukrala (aphrodisiac) (promoting semen), laghu (light) It subsides pitta, pipasa (thirst) and bastishuddhikara (diuretic).

Amino Acid Composition of Coconut Water (% of total protein)

Sl. No.	Amino Acid Composition	(% of total protein)
1.	Alanine	2.41
2.	Arginine	10.75
3.	Aspartic acid	3.60
4.	Cystine	0.97 - 1.17
5.	Glutamic acid	9.76 - 14.5
6.	Histidine	1.95 - 2.05
7.	Leucine	1.95 - 4.18
8.	Lysine	1.95 - 4.57
9.	Proline	1.21 - 4.12
10.	Phenylalanine	1.23
11.	Serine	0.59 - 0.91
12.	Tyrosine	2.83 - 3.00

Vishistha Yoga:

- Narikela lavana
- Narikela khanda.
- Narikelamrita
- Narikela kshara.
- Narikeladipanam.
- Brihannarikelakhanda.

MATERIALS AND METHODS**METHODS:**

1. **Study Design:** Open labelled single group clinical study.
2. **Sample Size:** 30 patients of Agnimandya.
3. **Selection Criteria:** Diagnosed patients of agnimandya were selected on the basis of simple randomized sampling procedure by preparing special case proforma.
4. **Duration:** 10 days
5. **Route of Drug administration:** Oral
6. **Time of administration:** Twice a Day before Food.
7. **Drug:** Narikelaudaka (Tender coconut water)
8. **Quantity:** 200ml
9. **Grouping:** Trial group on 30 patients treated with Narikelaudaka (Tender coconut water).
10. **FOLLOW UP:**
 - A. **During treatment:** Follow up 15 days after treatment.
 - B. **Post Treatment:** After 1 Month
11. **CRITERIAS:**
 - A. **DIAGNOSTIC CRITERIA:**
 1. Ajirna
 2. Aruchi
 3. Avipaka
 - B. **ASSESSMENT CRITERIA :**
 1. **Jarana Shakti:** Jarana shakti was assessed by evaluating the symptoms of proper digestion such as “Utsaha, Laghuta, Udgara shudhi, Kshuda, Trishna, Yatochita malotsarga”.
 2. **Abhyavaharana Shakti:** It was assessed based upon the quantity and quality of food consumed by the subject and it varies from subject to subjects.

ARUCHI-	Grading
<input type="checkbox"/> Full desire for food at both Time (Lunch and Dinner)	0
<input type="checkbox"/> Full desire at one Time and Partial at another	1
<input type="checkbox"/> Partial desire for food at both time (Lunch and Dinner)	2
<input type="checkbox"/> Taking food at both time without desire	3
AJEERNA	Grading
<input type="checkbox"/> Proper digestion	0
Indigestion after taking food	1
<input type="checkbox"/> Indigestion after taking meal in normal quantity	2
<input type="checkbox"/> Indigestion even after taking meal less in quantity than normal	3
AVIPAKA	Grading
<input type="checkbox"/> No indigestion	0
<input type="checkbox"/> Digest normal usual diet in 4 hours	1
<input type="checkbox"/> Digest normal usual diet in 8 hours	2
<input type="checkbox"/> Digest normal usual diet in 12 or more hours	3
OBJECTIVE PARAMETERS OF JARANA SHAKTI	
SCORING PATTERN:	Grading
LAGHUTA	
<input type="checkbox"/> Feeling of laghuta within 3 hours after food	0
<input type="checkbox"/> Feeling of laghuta within 4-6 hours after food	1
<input type="checkbox"/> Feeling of laghuta within 6-8 hours after food	2
<input type="checkbox"/> No particular feeling of Dehalaghava in whole day	3
UDGAR SHUDDHI	Grading
<input type="checkbox"/> 3-4 hours after meal	0

<input type="checkbox"/> 4-5 hours after meal	1
<input type="checkbox"/> 5-6 hours after meal	2
<input type="checkbox"/> No feeling of Udgat shuddhi till next meal	3
UTSAHA	Grading
Active enough for light work after meal	1
<input type="checkbox"/> Unable to perform light work and need to sleep	2
<input type="checkbox"/> Discomfort in every position	3
KSHUDHA	Grading
<input type="checkbox"/> In 4 hours after meal	0
<input type="checkbox"/> In 6 hours after meal	1
<input type="checkbox"/> In 8 hours after meal	2
<input type="checkbox"/> >8 hours after meal	3
VEGOTSARGA (MALA PRAVRITTI)	Grading
<input type="checkbox"/> At proper time and without any difficulty	0
<input type="checkbox"/> At proper time but with extra effort	1
<input type="checkbox"/> Not in proper time, without extra effort	2
<input type="checkbox"/> Not in proper time but with extra effort	3
➤ OBJECTIVE PARAMETER	
➤ ABHYAVAHARANA SHAKTI	
<input type="checkbox"/> SCORING PATTERN:	
<input type="checkbox"/> QUANTITY OF FOOD	Grading
<input type="checkbox"/> Proper quantity	0
<input type="checkbox"/> Less intake 25%	1
<input type="checkbox"/> Less intake 50%	2
<input type="checkbox"/> Above 50%	3
<input type="checkbox"/> FREQUENCY OF FOOD	Grading
<input type="checkbox"/> >2 times a day	0
<input type="checkbox"/> <3 times a day	1
<input type="checkbox"/> 2 times a day	2

INCLUSION CRITERIA:

- Patients between age of 18 to 60 years of either gender
- Patients with classical signs and symptoms of Agnimandya.

EXCLUSION CRITERIA:

- Patients suffering from any other systematic diseases
- Patients less than 18 years and more than 60 years
- Patients with chronic diseases.

On the basis of improvement over the signs and symptoms of Agnimandya and Jatharagni, the following criteria were evaluated to assess the total effect of Narikeluadaka.

1. Complete Remission (Cured): 75% relief in signs and symptoms of Agnimandya.

2. Partial Improvement:

A. Marked Improvement: >75 - <100% relief in symptoms of Agnimandya.

B. Improvement: 50 - 75% relief in symptoms of Agnimandya.

C. Mild improvement: 25 - 50% relief in symptoms of Agnimandya.

D. Unchanged: 0 - 25% relief in symptoms of Agnimandya.

INTENSITY OF HUNGER	Grading
<input type="checkbox"/> Proper	0
<input type="checkbox"/> Moderate	1
<input type="checkbox"/> Less	2
<input type="checkbox"/> No Hunger	3

TABLE NO -3 RESULTS OF CLINICAL STUDY:

Sl. No.	Parameters		BT Mean ± SE	Treat ment	Mean ± SE	df	t- value	%	p- value	Remarks
1	Jarana Shakti	Aruchi	2.63± 0.09	AT	1.70±0.09	29	14.000	38.5	<0.0001	H.S
				AF	0.80±0.09		16.959	69.7	<0.0001	H.S
2		Ajeerna	2.70± 0.09	AT	1.77±0.08		20.149	34.6	<0.0001	H.S
				AF	0.77±0.08		23.543	71.7	<0.0001	H.S
3		Avipaka	2.43± 0.09	AT	1.40±0.10		31.000	42.5	<0.0001	H.S
				AF	0.40±0.09		34.820	83.6	<0.0001	H.S
4		Laghuta	2.87± 0.10	AT	1.47±0.09		8.226	48.3	<0.0001	H.S
				AF	0.50±0.10		12.836	82.5	<0.0001	H.S
5		Utsaha	2.17± 0.10	AT	1.47±0.09		8.226	32.2	<0.0001	H.S
				AF	0.50±0.10		12.836	77.0	<0.0001	H.S
6		Udgara shuddhi	2.53± 0.09	AT	1.57±0.09		29.000	38.0	<0.0001	H.S
				AF	0.40±0.09		23.543	76.2	<0.0001	H.S
7		Kshuda	2.67± 0.09	AT	2.23±0.13		3.067	16.4	=0.0046	S.S
				AF	1.07±0.05		17.587	60.0	<0.0001	H.S
8		Yatochita malotsarga	1.87± 0.11	AT	1.73±0.08		01.680	7.4	=0.1033	N.S
				AF	1.07±0.05		6.5955	43	<0.0001	H.S
9	Abhyavaharana Shakti	Quantity of Food	2.83± 0.09	AT	2.00±0.10	9.8981	29.3	<0.0001	H.S	
				AF	1.00±0.08	21.775	64.6	<0.0001	H.S	
10		Quality of Food	2.87± 0.06	AT	2.13±0.11	5.808	25.78	<0.0001	H.S	
				AF	0.90±0.13	14.082	68.6	<0.0001	H.S	
11		Intensity of Hunger	2.97± 0.03	AT	1.83±0.07	17.954	38.3	<0.0001	H.S	
				AF	0.50±0.09	23.646	84.1	<0.0001	H.S	

* **BT** - Before treatment, **AT**- After Treatment, **AF**- After Follow up.**H.S**- Highly Significant, **N.S** - Non significant, **S.S** - Statistically significant**IMPORTANCE OF AGNI:**

Agni is one of the nine causative factors of the whole universe. It is an activity responsible for any change or rearrangement of Pancabhautika molecules and their constituent's particles. The sequence of origin of Pancamahabhuta is Akasa, Anila, Agni, Apa, Avani respectively.

According to Acharya Charaka, the universe has evolved out of Avyakta and this Anabhivyakta state continuous till the generation of Akasa and Anila Mahabhuta. As Agni has Rupa Guṇa Vyaktibhavana of the universe starts by the generation of Agni Mahabhuta, as a result of which the next two Mahabhutas like Apa and Avani get manifested in Abhivyakta state. Hence it can be assumed that whole gross world which can be seen or felt has its root in Agni Mahabhuta. It can also be said that conversion Sthūla to Sūkshma and Sukshma to Sthūla are made possible by Agni Mahabhuta. According to Pariṇama Vada of Samkhya, the conversion of matter and energy i.e. conservation of work has been explained. Therefore, in any Panchabhautika conversion the substance is not in a true sense destroyed, it obtains a new form, as a result of changes in the "Bandha" of

Apa due to exposure to Agni and rearrangement of particles in a specific way under the control of Vayu.

Ayu varṇa bala swasthya upacaya corpulence prabha lusture oja etc bhavas depends on the Agni. One dies if Agni is extinguished, lives free from diseases if Agni functions properly and anyone becomes ill if it is deranged. Hence Agni is the root cause of the all above factors.

DISCUSSION -

Discussion is the process of re-examining the whole work. It is very crucial section of any scientific study. Before concluding the work, it is necessary to discuss about the findings of all the sections. The sequence of discussion follows the same path, as the sequence in the study. Here an attempt has been made to discuss the entire research work entitled "**The Conceptual Study on Narikelaudaka in Brihatrayee w. s. r. to Agnimandya**" as follows;

Discussion on Effect of Narikelaudaka in Agnimandya:

Effect of trial intervention Narikelaudaka is showing its significant effect on aruchi by enhancing rucho in the food.

- Effect of trial intervention i.e. Narikelaudaka on Ajeerna, the mean \pm S.E. before treatment was 2.70 ± 0.09 and was reduced to 1.77 ± 0.08 , and 0.77 ± 0.08 , t-value- 20.149, 23.543, p-value <0.0001 , percentage of improvement 34.6% to 71.7% after treatment and follow up respectably, indicates that Narikelaudaka is showing significant effect on ajeerna.
- Effect of trial intervention i.e. Narikelaudaka on Avipaka, the mean \pm S.E. before treatment was 2.43 ± 0.09 and was changed to 1.40 ± 0.10 , and 0.40 ± 0.09 , after treatment and follow up respectably, t-value- 31.000, 34.820, p-value <0.0001 , percentage of improvement 42.5% to 83.6% after treatment and follow up respectably, indicates that Narikelaudaka is showing significant effect on Avipaka.
- Effect of trial intervention i.e. Narikelaudaka on Laghuta, the mean \pm S.E. before treatment was 2.87 ± 0.10 and was changed to 1.47 ± 0.09 , and 0.50 ± 0.10 after treatment and follow up respectably, t-value- 8.226, 12.836, p-value <0.0001 , percentage of improvement 48.3% to 82.5% after treatment and follow up respectably, indicates that Narikelaudaka is showing significant effect on Laghuta.
- Effect of trial intervention i.e. Narikelaudaka on Utsaha, the mean \pm S.E. before treatment was 2.17 ± 0.10 and was changed to 1.47 ± 0.09 , and 0.50 ± 0.10 after treatment and follow up respectably, t-value- 8.226, 12.836, p-value <0.0001 , percentage of improvement 32.2% to 77.0% after treatment and follow up respectably, suggests that ,Narikelaudaka is showing significant effect on Utsaha. Effect of trial intervention i.e. Narikelaudaka on Udgara shuddhi, the mean \pm S.E. before treatment was 2.53 ± 0.09 and was changed to 1.57 ± 0.09 , and 0.40 ± 0.09 , t-value- 29.000, 23.543, p-value <0.0001 , percentage of improvement 38.0% and 76.2% after treatment and follow up respectably suggests that Narikelaudaka is showing significant effect on Udgara shuddhi.
- Effect of trial intervention i.e. Narikelaudaka on Kshuda, the mean \pm S.E. before treatment was 2.67 ± 0.09 and was changed to 2.23 ± 0.13 , and 1.07 ± 0.05 , t-value- 3.067, 17.587, p-value $=0.0046$ and <0.0001 , percentage of improvement 16.4% and 60.0% after treatment and follow up respectably suggests that Narikelaudaka is showing significant effect on Kshuda.
- Effect of trial intervention i.e. Narikelaudaka on Yatochita malotsarga, the mean \pm S.E. before treatment was 1.87 ± 0.11 and was changed to 1.73 ± 0.08 , and 1.07 ± 0.05 , tvalue- **01.680**, 6.5955, p-value=**0.1033 (Non significant effect)**, and <0.0001 , and percentage of improvement 7.4% and 43% after treatment and follow up respectably, suggests that Narikelaudaka is showing significant effect on Yatochita malotsarga.
- Effect of trial intervention i.e. Narikelaudaka on Quantity of Food, the mean \pm S.E. before treatment was 2.83 ± 0.09 and was changed to 2.13 ± 0.11 , and 1.00 ± 0.08 , tvalue- 9.8981, 14.082, p-value <0.0001 , and percentage of improvement 29.3% and 64.6% after treatment and follow up respectably, suggests that Narikelaudaka is showing significant effect on Quantity of Food.
- Effect of trial intervention i.e. Narikelaudaka on Quality of Food, the mean \pm S.E. before treatment was 2.87 ± 0.06 and was changed to 2.00 ± 0.10 , and 0.90 ± 0.13 , t-value- 5.808, 21.775, p-value <0.0001 , and percentage of improvement 29.3% and 68.6% after treatment and follow up respectably, suggests that Narikelaudaka is showing significant effect on Quality of Food.
- Effect of trial intervention i.e. Narikelaudaka on Frequency of Hunger, the mean \pm S.E. before treatment was 2.97 ± 0.03 and was changed to 1.83 ± 0.07 , and 0.50 ± 0.09 , tvalue- 17.954, 23.646, p-value <0.0001 , and percentage of improvement 38.3% and 84.1% after treatment and follow up respectably, suggests that Narikelaudaka is showing significant effect on Frequency of Hunger.
- **Overall effect of therapy:** Overall assessment of all parameters of Agnimandya by using Narikealudaka shows significant results at the mean \pm S.E. before treatment was 30.33 ± 0.31 and was changed to 20.80 ± 0.33 , and 8.60 ± 0.27 , t-value- 30.416, 66.881, p-value <0.0001 , and percentage of improvement 31.4% and 71.6% after treatment and follow up respectably, The test of significance shows that the drug is Significant to improve all the parameters of agnimandya.
- Complete remission was found in 13.33% (04) subjects only in the trial. This may be due to more chronicity of disease in these subjects which needs prolonged treatment. Marked improvement was found in 53.33% (16) Subjects, while 33.33% (10) Subjects shows no improvements.

Discussion on Result:

- In this Study the age group between 20-50 year are more prone for Agnimandhya Because of

Atibhojana, Virudhaahara, Vegividhana, Chinta, Bhagya, Shoka.

- Most of middle-class people are prone Agnimandhya Because of Nidhana, Family Responsibility, Akala Bhojana, Ratrijagaran.
- In This Study patients are marked improved 75%, moderate 20%, 5% Unimproved.

CONCLUSIONS

1. It is observed that maximum patients have the history of intake of Virudha ahara, Mithya ahara, Dushta bhojana, Vihara, Vegavidharana, Divaswapana, Ratrijagaran, and Some Nidan Like Mansika as Chinta, Shoka, Bhaya.
2. Agni is the prime factor residing in the shareera, the health and disease condition is directly related to the status of agni.
3. Narikela is easily available and cost-effective drug consisting madhura rasa, laghu guna, sheeta veerya and madhura vipaka and significantly effective in agnimandya
4. The clinical study shows significant effect of narikelaudaka on Jarana and Abhyavaharana shakti in agnimandhya.

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