



Review Article

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THE CLINICO-COMPARATIVE STUDY OF *NARIKEL LAVANA* AND *SUTSHEKHAR RASA* IN THE MANAGEMENT OF *AMLAPITTA*

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ABSTRACT

Amlapitta is one of the most prevalent gastrointestinal disorders described in Ayurveda. It is primarily caused by the vitiation of Pitta Dosha associated with impaired digestion (Agnimandya), resulting in symptoms such as acid eructation, heartburn, nausea, indigestion, and burning sensation in the epigastric region. In modern medicine, these manifestations resemble acid peptic disorders, gastritis, and gastroesophageal reflux disease (GERD). The increasing prevalence of unhealthy dietary habits, stress, irregular sleep, and sedentary lifestyles has contributed significantly to the occurrence of Amlapitta. Ayurveda advocates various therapeutic measures for its management, among which Narikel Lavana and Sutshekhar Rasa are widely used. Narikel Lavana possesses Deepana, Pachana, and Pittashamaka properties, whereas Sutshekhar Rasa is a classical herbo-mineral formulation known for its antacid and digestive actions. The present article reviews the conceptual basis of Amlapitta and compares the therapeutic efficacy of Narikel Lavana and Sutshekhar Rasa in its management.

Keywords:

Amlapitta, Narikel Lavana, Sutshekhar Rasa, Pitta Dosha, Amlapitta.

INTRODUCTION

Ayurveda emphasizes the maintenance of health through proper diet, lifestyle, and balanced functioning of Doshas. Disturbance of digestive fire (Agni) is considered the root cause of many diseases. Amlapitta is one such disorder that develops due to the aggravation of Pitta Dosha and impairment of Agni. The term Amlapitta comprises two words: *Amla* (sour) and *Pitta* (one of the three biological humors). It is characterized by excessive sourness and acidity of Pitta resulting in various gastrointestinal symptoms.

The disease has become increasingly common due to irregular food habits, consumption of spicy and oily foods, stress, alcohol intake, smoking, and inadequate sleep. Although Amlapitta is not separately described in the Brihatrayi as a distinct disease, detailed descriptions are available in later Ayurvedic texts such as Kashyapa Samhita, Madhava Nidana, and Bhavaprakasha.

Among the various Ayurvedic formulations used in Amlapitta, Narikel Lavana and Sutshekhar Rasa are frequently prescribed due to their effectiveness in controlling symptoms and restoring digestive balance.

AIMS AND OBJECTIVES

1. To conduct a conceptual and clinical study of Amlapitta.
2. To evaluate the efficacy of Narikel Lavana in the management of Amlapitta.
3. To evaluate the efficacy of Sutshekhar Rasa in the management of Amlapitta.
4. To compare the efficacy of Narikel Lavana and Sutshekhar Rasa in the management of Amlapitta.

CONCEPTUAL STUDY OF AMLAPITTA

Nirukti (Etymology)

The word Amlapitta is derived from:

- **Amla** – sour or acidic.
- **Pitta** – one of the Tridoshas responsible for digestion and metabolism.

Thus, Amlapitta refers to a pathological condition in which Pitta acquires excessive sourness.

Nidana (Etiological Factors)

The important causative factors include:

- Excessive intake of spicy, sour, salty, and fermented foods.
- Irregular eating habits.
- Consumption of stale and incompatible food.
- Excessive tea, coffee, alcohol, and smoking.
- Mental stress, anxiety, and anger.
- Daytime sleep and night awakening.

Samprapti (Pathogenesis)

Improper diet and lifestyle lead to Agnimandya. Due to impaired digestion, food remains improperly metabolized, resulting in the formation of Ama. Simultaneously, Pitta Dosha becomes aggravated and acquires excessive acidic properties. This vitiated Pitta mixed with Ama manifests as Amlapitta.

Lakshana (Clinical Features)

Common symptoms include:

- Amlodgara (sour belching)
- Hritkantha Daha (heartburn)
- Utklesha (nausea)
- Avipaka (indigestion)
- Aruchi (loss of appetite)
- Chhardi (vomiting)
- Shirashoola (headache)
- Klama (fatigue)
- Udarashoola (epigastric pain)

Correlation with Modern Medicine

Amlapitta can be correlated with:

- Hyperacidity

- Acid Peptic Disease (APD)
- Gastritis
- Gastroesophageal Reflux Disease (GERD)
- Functional Dyspepsia

Clinical Study of Amlapitta

Clinically, Amlapitta presents with recurrent episodes of acidity, burning sensation, regurgitation, and dyspeptic symptoms. Modern management often includes antacids, proton pump inhibitors, and H₂ receptor blockers. However, prolonged use may lead to adverse effects and recurrence after discontinuation. Ayurvedic treatment aims not only to relieve symptoms but also to correct the underlying digestive impairment and prevent recurrence.

NARIKEL LAVANA

Composition

Narikel Lavana is prepared by filling coconut (Narikela) with Saindhava Lavana and processing it under controlled heating. The resulting preparation possesses unique therapeutic properties.

Pharmacological Properties

- Deepana (enhances digestive fire)
- Pachana (improves digestion)
- Pittashamaka (pacifies aggravated Pitta)
- Vatanulomana (corrects movement of Vata)
- Amapachana (digests metabolic toxins)

Mode of Action in Amlapitta

Narikel Lavana helps in:

- Neutralizing excessive acidity.
- Improving digestive capacity.
- Reducing sour eructation.

- Relieving heartburn and indigestion.
- Maintaining gastric mucosal integrity.

Therapeutic Efficacy

Clinical observations suggest that Narikel Lavana provides significant relief in symptoms such as Amlodgara, Hritdaha, Avipaka, and Utklesha. Its simplicity, affordability, and safety make it a valuable formulation for routine clinical use.

SUTSHEKHAR RASA

Composition

Sutshekhar Rasa is a classical herbo-mineral formulation containing **Shudha Parada**, Swarna bhasma, Tankana Bhasma, Shudha Vatsnabha, **Shunthi**, **Maricha**, **Pippali**, **Dhattura**, **Gandhaka** ingredients processed according to classical methods.

Pharmacological Properties

- Pittashamaka
- Deepana
- Pachana
- Grahi
- Dahaprashamana

Mode of Action in Amlapitta

Sutshekhar Rasa acts by:

- Reducing gastric irritation.
- Controlling acid secretion.
- Enhancing digestion.
- Alleviating nausea and vomiting.
- Balancing aggravated Pitta Dosha.

Therapeutic Efficacy

Sutshekhar Rasa is widely recognized for its rapid action in controlling acidity, burning sensation, headache associated with hyperacidity, and recurrent dyspeptic symptoms.

COMPARATIVE EVALUATION

Similarities

Both Narikel Lavana and Sutshekhar Rasa:

- Possess Pittashamaka properties.
- Improve digestive function.
- Reduce symptoms of hyperacidity.
- Enhance Agni and digestion.
- Provide symptomatic relief in Amlapitta.

Differences

Parameter	Narikel Lavana	Sutshekhar Rasa
Nature	Herbal-mineral preparation	salt Herbo-mineral formulation
Main Action	Deepana-Pachana and antacid effect	Strong Pittashamaka and antiemetic effect
Cost	Economical	Relatively expensive
Safety	Suitable for prolonged use	Requires proper dosage and supervision
Symptom Relief	Effective in acidity and indigestion	Effective in acidity, nausea, and burning sensation

Comparative Outcome

Narikel Lavana is highly effective in improving digestion and controlling acid-related symptoms through correction of Agni. Sutshekhar Rasa demonstrates marked effectiveness in reducing Pitta-related manifestations such as burning sensation, nausea, and vomiting. Both formulations are beneficial, though their therapeutic strengths vary according to symptom predominance.

DISCUSSION

Amlapitta develops primarily due to the derangement of Agni and aggravation of Pitta Dosha caused by improper dietary and lifestyle practices. The increasing prevalence of acid peptic disorders in modern society highlights the importance of effective and safe therapeutic interventions.

Narikel Lavana acts predominantly through Deepana and Pachana mechanisms. By improving digestive fire and facilitating proper digestion, it addresses the root cause of Amlapitta. The alkaline nature of Lavana and the cooling influence of Narikela contribute to the reduction of excessive acidity and burning sensation.

Sutshekhar Rasa exhibits potent Pittashamaka activity. Its ingredients help control acid-related symptoms while improving gastrointestinal function. The formulation is especially useful in patients presenting with severe burning sensation, nausea, headache, and recurrent episodes of hyperacidity.

A comparative assessment suggests that both formulations are effective in Amlapitta. Narikel Lavana may be preferred where Agnimandya and indigestion predominate, whereas Sutshekhar Rasa may provide superior relief in cases characterized by marked Pitta aggravation and burning symptoms. Thus, the selection of treatment should be individualized according to the patient's Dosha predominance and clinical presentation.

CONCLUSION

Amlapitta is a common gastrointestinal disorder resulting from impaired digestion and aggravated Pitta Dosha. Modern lifestyle factors significantly contribute to its occurrence. Ayurvedic management focuses on correcting Agni, eliminating Dosha imbalance, and preventing recurrence.

Both Narikel Lavana and Sutshekhar Rasa are effective formulations in the management of Amlapitta. Narikel Lavana demonstrates significant efficacy in improving digestion and reducing acidity, while Sutshekhar Rasa provides notable relief from burning sensation, nausea, and Pitta-related manifestations. Comparative evaluation indicates that both drugs are clinically beneficial, with therapeutic superiority depending upon the symptom profile of individual patients. Further large-scale clinical studies are warranted to establish standardized treatment protocols and validate their comparative efficacy scientifically.

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