

Ayurvedic treatment protocol in the management of recurring acute/chronic pancreatitis

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Abstract

Pancreatitis could also be a disease of the pancreas and its treatment is restricted to painkillers, intravenous fluids and pancreatic enzymes. In absence of a considerable cure, medicine, especially Ayurveda has shown promising leads to treating Recurrent Acute/Chronic Pancreatitis (RA/CP). Based on one among the eight clinical specialties of Ayurveda, Rasa Shastra (RS), an Ayurvedic Mineral Complex (AMC), including a diet, moderate physical and mental rest, have shown sustainable results in the management of pancreatitis. RS deals with the therapeutics of metals and minerals which undergo tedious processing using substances of plant, animal and mineral origin. RS emphasizes restoring the lost equilibrium of minerals within body tissues, thereby, improving body metabolism. AMC was first prepared in mid-seventies by an Ayurvedic physician using copper, mercury, sulphur and herbs. It showed miraculous recovery of a patient affected by a complicated pancreatic disease. Later, this approach showed similar leads to treating Pancreatitis. All these cases are well documented since January 1997. It is observed that within one year, AMC brings significant reduction during variety of emergency attacks and hospitalization without causing grade II toxicity, besides, helping patients regain weight. None of the patients received pancreatic enzymes after starting ayurvedic treatment. Process standardization and characterization of AMC is being administered along side safety studies. The results of acute and sub-acute toxicity studies show that the formulation has no adverse effects. In this presentation, the speaker will discuss clinical data of the primary 450 cases of RA/CP.

Pancreatitis is an inflammation of the pancreas. It develops when enzymes secreted by the pancreas are unable to pass into the duodenum due to blockage within the pancreas. These active enzymes begin to digest pancreatic tissues, resulting in inflammation [1]. Broadly, Pancreatitis can be categorized into Acute and Chronic phase. Acute Pancreatitis (AP) is marked by inflammation in the pancreas and may be associated with recurrent episodes [2].

Chronic Pancreatitis (CP), on the other hand, is characterized by structural changes in the pancreas, visible in radiological images [3]. Pancreatitis is further classified into Recurrent Acute Pancreatitis, Acute on Chronic Pancreatitis, Chronic & calcific Pancreatitis, Necrotizing Pancreatitis, Groove Pancreatitis, Interstitial Pancreatitis, Hemorrhagic Pancreatitis and Familial pancreatitis [4,5]. Pancreatitis cannot be attributed to a uniform cause. However, TIGAR-O factors (T-Toxins, Idiopathic, Genetic, A-Auto immune, R-Recurrent and Obstructive) are widely accepted for causing different forms of Pancreatitis [6]. All sorts of Pancreatitis are majorly associated with moderate to severe abdominal pain, nausea, vomiting, steatorrhea, weight loss. In some cases, gall stones, pseudocysts, ascitis, diabetes, multiple organ failures or cancer may also develop [7,8]. This is usually managed by emergency hospitalizations and lifelong enzymes with periodical monitoring. Asian and African continents have another variant of Pancreatitis, termed as Tropical Chronic Pancreatitis (TCP), which afflicts the young and is more prevalent among non-alcoholics. Protein malnutrition and mineral deficiency are major causative factors for TCP [9,10]. Pancreatitis is irreversible, progressive and fatal in nature and adversely affects the psychology of patients. Conventional medicines are found useful in tackling emergency situations, prolonging life span in majority of the cases. Yet, variable characteristics of the disease, especially sudden onset of symptoms and gradual progression, continue to instill phobia among Pancreatitis patients. Hence, these patients always look for alternate solutions. India is the only country where different systems of medicines like, Ayurveda, Unani, Siddha and Homeopathy, are officially recognized as independent systems of medicines in conjunction with conventional medicine [11]. As per the prevailing laws, a registered Ayurvedic practitioner can prepare his own medicines for use in his clinical practice, without obtaining any drug manufacturing licence [12]. In this scenario, a North India based Ayurvedic physician has reported significant and sustainable results in treating RA/CP patients [13-15]. He

Extended Abstract

growing reputation of this centre attracts a fair number of Pancreatitis patients from various parts of India and abroad. In this paper, we report clinical data of enrolled patients, who completed one year of ATP (n=319/620). Pancreatitis is an inflammatory process of the pancreas with variable characteristics. It causes irreversible damage to the organ and is progressive in nature, often leading to mortality in fair number of cases. The onset and periodical exacerbations of symptoms are managed conservatively by emergency hospitalisations, lifelong enzymes, surgical intervention and pancreatic replacement [8]. However, these measures have their own limitations and fail to eliminate psychological fear from the minds of the patients. Ayurvedic formulations used in the treatment are well described in classical texts and have been in use for ages for different ailments depending upon the perception of the treating physician, with the exception of Prak-20 and Amar, which fall under the category of patent and proprietary medicines. Amar, a herbo-mineral formulation (HMF) (PCT Application No. 3373/DEL/2014 dated 20.11.2014, Patent Office, Prak-20 is modified and standardized form of a classical medicine and has proven hepato-protective properties [30]. Rason Vati is used to improve digestion, bloating and anorexia [31]. Narikel Lavan is used to treat colic pain and inflammation of the Gall Bladder [31]. No reported toxicity was observed in patients, which indicates that minerals present in Ayurvedic formulations coupled with regulated diet and

lifestyle might play a crucial role in arresting disease progression and improving the quality of life of patients. His treatment was incidentally developed in mid 70s [32]. The prima facie evidences created over twenty one years of clinical practice suggest that further research be carried for the scientific development of this protocol.

Biography

Born on 14th March, 1959 at Meerut where he completed graduation in Science. Completed BAMS Ayurvedacharya from MD University, Rohtak learned applied aspects of Rasa - Shastra from his father Vaidya Chandra Prakash. Shifted to Dehradun in October 1989 and found out Vaidya Chandra Prakash Cancer Research Foundation (SIROs) to hold basic research in Ayurveda under the Patronage lately Dr. K R Narayanan (former President of India). He is the primary and only Ayurvedic physician to urge the Life Membership of Indian Co-operative Oncology Network (ICON) and may be a member of the International Headache Society (IHS), U.K.

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