

## Ayurveda Medication exhibits beneficial effect for Chronic Pancreatitis in long term follow up: Case Series

Ashok Kumar Panda,<sup>1\*</sup> Jayram Hazra<sup>2</sup>

<sup>1</sup>Research Officer, <sup>2</sup>Former Director, Central Ayurveda Research Institute of Hepatobiliary Disorders, Bharatpur, Bhubaneswar -751029, Odisha, India.

### Abstract:

Chronic Pancreatitis (CP) is a progressive chronic inflammatory and fibrotic disorders of pancreas with an incidence of 4.2 to 7.3 of 10,000 hospitalised cases and more than 50% cases are among excessive alcohol consumption patents and smokers. Pancreas is referred as *Agnasaya* in Ayurveda. *Pachaka pitta* is assumed as the *dravya* of Agni and *Agnasaya* is the container of Agni. Three cases of Chronic Pancreatitis (CP) were treated with *pitta samaka medications, mrudivirechana (purgation) and Siddha Makaradwaja*. Ayurveda medications can able to complete regression of pain; increased appetite, body weight, albumin and hemogram in all patients after six months of therapy. The Ayurveda medications can correct the pancreatic enzymes and morphological changes in chronic pancreatitis. Ayurveda medication exhibits beneficial effect for Chronic Pancreatitis and remission of CP was found safe and effective in long term use and follow up even without medication.

**Key words:** *Agnasaya*, Chronic pancreatitis, *Lajja manda*, *Siddha Makardwaja*, *Sopha*.

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**\*CORRESPONDING AUTHOR:**

**Dr. Ashok Kumar Panda**

Research Officer, Central Ayurveda Research Institute of Hepatobiliary Disorders, Bharatpur, Bhubaneswar -751029

Email - [akpanda\\_06@yahoo.co.in](mailto:akpanda_06@yahoo.co.in)

## Introduction:

Chronic Pancreatitis is very common occurrence in Ayurveda clinics and hospitals among unsatisfied patients of pancreatitis with modern medicine. Ayurvedic medications has been able to bring complete relief in significant number of patients by reducing the recurrence of acute episodes and inflammatory reaction, without causing any side effect. [1]

Chronic Pancreatitis (CP) is a progressive chronic inflammatory and fibrotic disorders of pancreas with an incidence of 4.2 to 7.3 of 10,000 hospitalised cases and more than 50% cases are among excessive alcohol consumption patents and smokers. It usually presented with abdominal pain with/without endocrine and exocrine dysfunctions. [2,3] It usually leads to atrophic fibrotic gland with dilated duct and calcification. Sometimes Pancreatitis is self-limited with 2-5 days hospitalisation ending without morphological changes. Some cases of CP, there will be acute episodes of pain, vomiting with serum amylase and lipase elevation. Some cases of Chronic Pancreatitis lead to diabetic and carcinoma of pancreas. [4]

Pancreas is referred as *Agnasaya* in Ayurveda. There are eight types of *Kostanga* (visceral organs) described in Susruta Samhita, *Agnasaya* is one of them. *Pachaka pitta* is assumed as the *dravya* of Agni and *Agnasaya* is the container of Agni. When more *pachaka pitta* accumulate in duodenum then it induces reflex and activate zymogen to induce sophia of *Agnasaya* due to *vidaha guna* (Corrosive nature) of pitta can manifest Sophia. Gall bladder slug and Sprinter of Oddi dysfunction (SOD) can be correlated

with *Agni-pitta* concept of Ayurveda. [5] So *pittasaman* (pacify pitta) is the therapeutic target in treatment of Pancreatitis. Numerous studies of Ayurveda formulations of herbal and herbo-mineral (*Rasaousadhi*) in chronic pancreatitis are found, but long term follow up is lacking. [6,7,8] On the other hand, the role of *mrudu virecha* and *Kupipakka rasayana* are not studied. Therefore, this case series was planned to study the therapeutic beneficial effect of *pitta samaka medications*, *mrudu virechana* (purgation) and *Siddha Makaradwaja* in Chronic Pancreatitis (CP).

## Patients Information and clinical findings:

Three pre diagnosed chronic pancreatitis male patients in between the age of 20 to 30 years came to Ayurveda hospital for treatment as they feed up with modern medical care. One patient had family history of Pancreatitis, one patient had history of smoking and excessive intake of alcohol. One adult cent patient had history of taking more fast food. All patients had history of epigastric pain and weight loss, but loose motion was found in patient no-2 (Table-1). None of the patients has history of taking allopathic/Ayurveda drug prior to this episode. Acute episodes of pancreatitis were observed in all treated cases. All patients are *pitta prakruti*. Tenderness in abdomen was found in two patients. All patients have elevated serum lipase and amylase with low haemoglobin and albumin (Table-2).

**Time line:** All patients had history of acute episode of pancreatitis more than one year. All patients in this case study were treated with *Siddha Makaradwaja* for six

months core treatment and six months maintenance therapy to avoid further episode after that follow up for another two years without medication.

**Diagnosis and assessment:** The diagnosis of CP based on recurrent abdominal pain with calcification/ atrophy of pancreas visualised in CT scan or MRI. The assessment based on complete pain relief, no use of analgesia, increase body weight, without developing diabetics and pancreatic carcinoma. [9,10]

**Ayurveda Intervention:** All patients advised to take *Saubhagya sunthi khanda madakaa* -3gram along with *Sutasekhar Rasa* -125mg and *Kamadudha Rasa* -125mg thrice daily before food was initially advised for one month but epigastric pain was not subsided and need analgesia (Cyclopam -SOS for 7 days). Then *Siddha Makardwaja Rasa* -125mg once daily in morning empty stomach was added in previous advice for another five months. There was complete regression of pain; appetite, body weight, albumin and hemogram increased in all patients after six months of therapy. Then only *Dasamula haritaki* 12 gram at night after food and *Saubhagya sunthi khanda*

*madaka* -3 gm before food thrice daily continued for another six months. Then all medications stopped and observed for another two years. All patients were advised to give up alcohol, smoking and fast food. *Lajja manda* with milk was advised as breakfast/evening snacks to every patient.

**Follow up and outcome:** Three CP cases were assessed in one month, six months and one year to ascertain the efficacy of Ayurveda medications. After one month of treatment, all patient's appetite was increased but mild epigastric pain was noted in all patients. After six months of therapy complete clinical improvement was noted in all patients. No episode of acute attack was found in all patients (Table-4). Then another six months maintenance therapy was advised, all patients maintained well without analgesia. All medications were stopped for all patients after one year. All patients were observed for two years without medication. All patients had no episode of acute attack, use of analgesia, development of diabetics and carcinoma during the two years of follow up (Table-5).

**Table-1: Demographic data three Chronic Pancreatitis (CP) Patients**

Case no	Age	Sex	Alcohol	Smoking	F/H of CP	H/O acute episode of E.P	FFC
1	20	M	No	No	No	Five times in six months	++
2	24	M	+++	+++	No	Six times in six months	No
3	28	M	No	Occasional	Yes	Four times in three months	+

FFC- Fast food consumption, F/H- Family history, EP- epigastric pain

**Table-2: Baseline biochemical and radiological parameters of three CP patients:**

Case no	Wt	FBS	Hb%	S. albumin	Sr. Amylase	Sr. Lypase	CRP	Ultra Sound/MRI
1	58	90	9.2	3.9	2203	1423	-ve	Bulky oedematous
2	42	68	8.5	3.4	3104	2120	-ve	Bulky oedematous
3	69	88	10.8	4.1	1190	1268	+ve	Atrophy with calcification

CRP-C reactive protein, FBS-Fasting blood sugar,

**Table-3: Ayurveda medication details of treated three CP cases:**

Name of Ayurveda Medicine	Dose	Anupana	time & frequency	Duration
<i>Saubhagya sunthi khanda madakaa</i>	3gm	Luke warm water	Three times a day before meal	One year
<i>Sutasekhar Rasa</i>	125mg	do		6 months
<i>Kamadudha Rasa</i>	125mg	do		6 months
<i>Siddha Makardwaja</i>	125mg	Honey	Once daily in empty stomach	6 months
<i>Dasamula haritaki</i>	12 g	Luke warm water		6 months

**Table-4: Various clinical parameters after treatment of three CP cases**

Clinical Parameters	Case No1		Case no-2		Case no-3	
	After 30 days	After 6 months	After 30 days	After 6 months	After 30 days	After 6 months
Weight Kg	58	62	43	48	69	74
Pain abdo	Yes	No	Yes	No	No	No
Acute epi	NO	No	NO	No	No	No
TC	10600	7200	11200	8400	9200	6800
Hb%	9.0	10.8	9.0	11.8	11.2	12.0
Albumin	3.9	4.2	3.4	4.0	4.2	4.4
FBS mg/dl	90	42	92	100	100	102
Amylase	1200	136	2100	220	720	78
Lipase	920	72	1920	58	327	56
SGOT	35	23.2	46.4	36.2	54.2	30.1
SGPT	46.2	35.2	56.4	37.8	66.8	37.2
Urea	45	23	43	34	47	27
Creatinine	0.97	1.1	0.8	0.87	0.76	0.77
USG	Not done	Normal	Not done	Normal	Not done	Normal

**Table-5: Various assessment scales during treatment and long term follow up**

Assessment scale	Case no-1	Case no-2	Case no-3
Complete pain relief	Yes	Yes	Yes
Use of Analgesia	No	No	No
Body weight	Increased	Increased	Increased
Diabetics	Not developed	Not developed	Not developed
Carcinoma	Not developed	Not developed	Not developed

**Discussion:**

The *nidana* of pancreatitis in this case series found are first food consumption, consumption of alcohol and smoking, and hereditary. The *pittaja ahara* increased the *pachaka pitta*; diminished kapha in initial stage and vitiated vata. *Saubhagya sunthi khanda madakaa* is deepana and pachana and neutralised pitta. *Sutasekhar Rasa* and *Kamadudha Rasa* stabilised *pitta* and motility. *Siddha Makardwaja Rasa* is *tridosha samaka* and specially diminished *kapha* and *vata* dosha. <sup>[11]</sup> *Dasamula haritaki* is best for chronic inflammation and specially *gulma*. It pacify *pitta* and *vata* that's why used as maintenance therapy. Herbal medication has proved efficacy. <sup>[12]</sup>

The previous studies also shown the efficacy of Ayurveda medications but long term follow up of medications was not studied. The Ayurveda medications can correct the pancreatic enzymes and morphological changes in Chronic pancreatitis. The mode of action of this medication is anti-inflammatory and immunomodulatory which stabilise the inflammatory kinase and cytokines. The drug regimen is safe for long term use as no significant change in pre- and post-treatment on liver transaminase and renal profile values of the patients.

**Conclusion:**

Ayurveda Medication exhibits beneficial effect for Chronic Pancreatitis in six months medication and remission of CP was found in long term follow up even without medication.

**Consent of Patients:**

The consent of all treated patients was obtained for treatment and publication without public the patients identity.

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