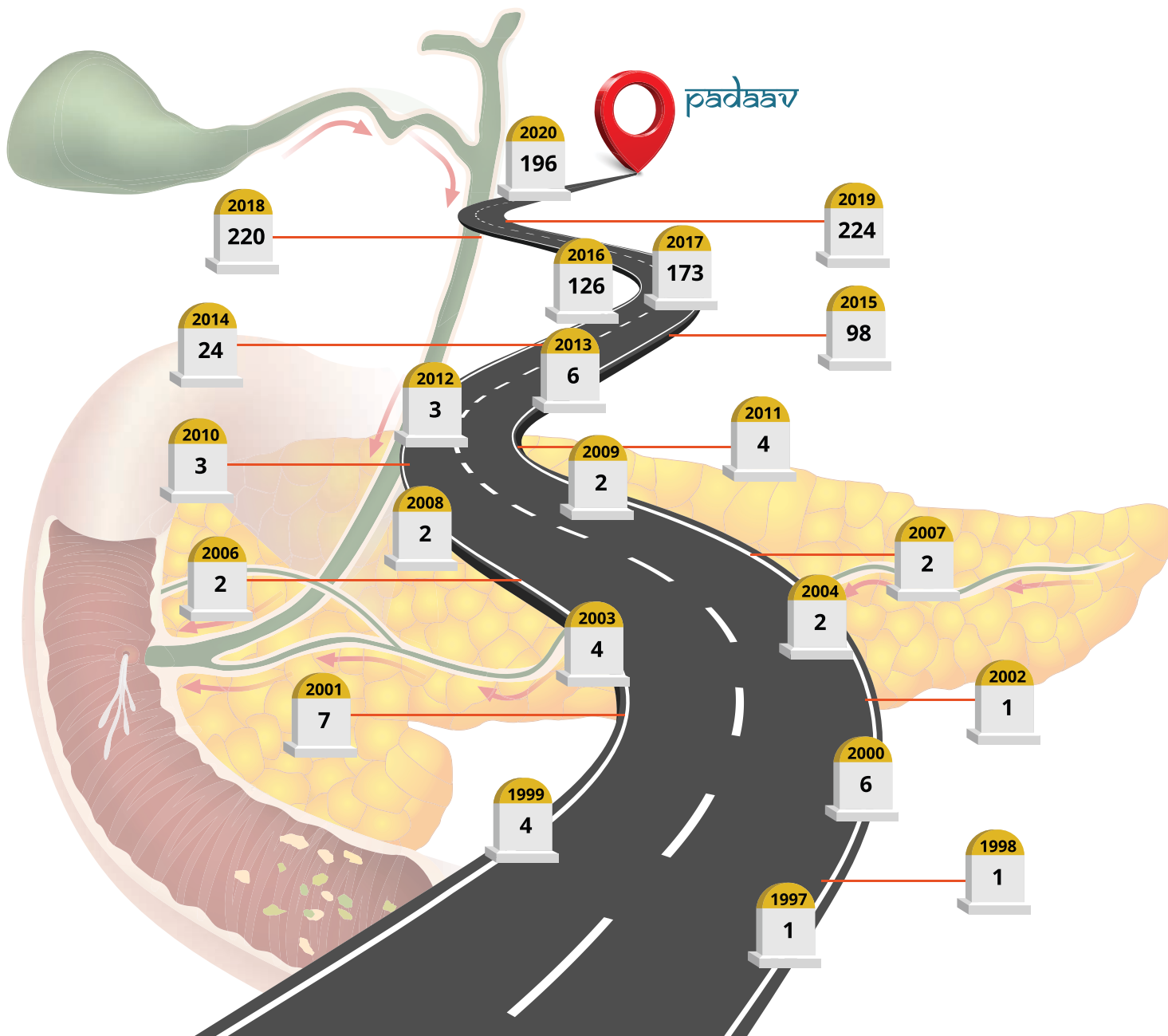


Indigenous Treatment for Pancreatitis



Observational Clinical Study



padaav
Speciality Ayurvedic Treatment Centre

Evidently Effective

Research based Ayurvedic Treatment

Amar was formulated by **Late Vaidya Chandra Prakash ji** from Meerut using Copper, Mercury and Sulphur in the seventies. Incidentally, the formulation brought miraculous recovery in an advanced stage patient of pancreatic cancer.



Late Vaidya Chandra Prakash ji

Later, Vaidya Balendu Prakash (his son) revived the formula and observed its miraculous effect in treating certain diseases. He noted that the formulation brought complete and sustainable relief to patients of Recurrent Acute/ Chronic Pancreatitis (RACP) and started documenting his clinical practice for these indications following good clinical practice guidelines.

This booklet is aimed at disseminating the information collected from the clinical practice and scientific developments so far.

We are grateful to the following for their contribution towards the making of this booklet:

Concept & Editor in Chief: **Vaidya Balendu Prakash**

Patient Consultation & Treatment: **Vaidya Balendu Prakash, Vaidya Shikha Prakash**

Patient Counselling & Data Generation: **Ms Shakshi Sharma, Ms Kajol Lal, Ms Neha Negi, Ms Karuna Swarup, Ms Ragini Verma**

Preparation of Medicines: **Mrs Gopa Indu, Mr Devendu Prakash**

Consultancy: **Ms Megha Prakash**

Data Analysis, Content & Editing: **Mrs Sneha Tiwari Sati**

Design & Layout: **Ballabh & Hari**

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Foreword

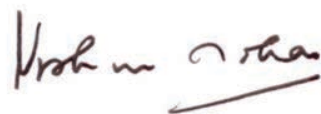
Pancreatitis, both acute and chronic pancreatitis, is an important clinical and public health problem. Considering the variations in clinical course and pathophysiology several sub types have been described. Overall, it is a dreaded disease and affects personal, professional and social life of individuals and their families with substantial financial burden. Though modern system of medicine has developed good methods to deal with emergencies due to pancreatitis but a fair number of patients continue to show progression of the disease and show recurrences. Overall, the disease is responsible for significant morbidity and mortality in severe forms.

In the aforesaid background, I came across the work of renowned Rasa Vaidya, Balendu Prakash, few years back. Being a man of health and research, I had initially been sceptical about his work on the disease but his perseverance and constantly presenting the meticulously generated experimental and clinical data compelled me to look into his claims with a rational approach. After getting convinced of his work, I wrote foreword for his booklet 'Chronic Pancreatitis – No More A Fear' in September 2018 and now for his new booklet with the data of 1111 cases of Pancreatitis, 'Indigenous Treatment for Pancreatitis – Observational Clinical Study'.

Vaidya Balendu Prakash and his team has put in lot of efforts in understanding the process characterization and standardization of the Ayurvedic Mineral Complex in association with the scientists of Indian Institute of Science, Bengaluru. Here, he was able to add science to his formulation by showing transformation of metals into mineral complex without any free metal in these preparations. Metals are known toxins for human body. To determine the toxicity of this product Vaidya Balendu subjected the aforesaid formulation to acute, sub-acute and chronic toxicity studies. The study was carried at a Mysuru based clinical research organization and the formulation was found completely safe. Abdominal pain is one of the major indicatives of an attack of Pancreatitis but pain-relieving effect cannot be considered as the only indicator of the efficacy of drugs used to treat the disease. Hence, he opted to study the Pancreatitis protective properties of the formulation in L-Arginine induced Pancreatitis in animal models in two consequent studies. Both the studies showed that the formulation has significant pancreatitis protective properties at specified doses. It is noteworthy that Vaidya Balendu Prakash has chosen a scientific path of bringing traditional Ayurvedic practice of Rasa-Shastra into

main stream by adopting scientific approach of development, testing and evaluation following approved regulatory guidelines for such preparations. He has put his time and own resources for exploring the science behind this treatment. He has published his findings in scientific journals and also continues to share his clinical findings with all walks of society ranging from academia at national and international levels to end users. Besides directly serving the sufferers at his “Padaav”, he continues to strengthen the science and evidence by attempting to carry out proper clinical trials in partnership with modern science institutions as well as promoting multidisciplinary research by working with prestigious universities.

I am happy to write this preface once again for his now vastly expanded work over the last 2-3 years and convey my best wishes to him & team. I am happy to reiterate that this will be a good example to other innovators who are working to translate the traditional knowledge into safe & effective products and practices by following the acceptable scientific approach of knowledge generation and putting it into practice.

A handwritten signature in dark ink, appearing to read 'Vishwam Katoch', with a horizontal line drawn underneath.

(VM Katoch)



बेबी रानी मौर्य

राज्यपाल, उत्तराखण्ड



संदेश

राजमवन

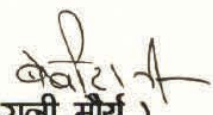
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मुझे यह जानकर प्रसन्नता हुई है कि वैद्य बालेन्दु प्रकाश जी द्वारा पुस्तिका “Chronic Pancreatitis No More A Fear” का प्रकाशन किया गया है।

भारतीय आयुर्वेदिक उपचार पद्धति परम्परा अत्यन्त प्राचीन है। यह अत्यन्त प्रभावकारी एवं समृद्ध उपचार पद्धति है। विभिन्न आयुर्वेदाचार्य एवं ऋषि-मुनियों ने आयुर्वेद को आगे बढ़ाया। आज आयुर्वेद विश्वभर में लोकप्रिय हो गया है। वैद्य बालेन्दु प्रकाश जी भी आयुर्वेद की महान परम्परा के श्रेष्ठ वैद्य हैं, जिन्होंने विगत कई वर्षों में अनेक रोगियों का आयुर्वेद के माध्यम से सफल उपचार किया है। आशा है कि वैद्य बालेन्दु प्रकाश जी द्वारा प्रकाशित पुस्तिका के माध्यम से पाठकों को समृद्धशाली आयुर्वेदिक उपचारों के विषय में बहुआयामी जानकारी प्राप्त होगी तथा आयुर्वेद के प्रचार-प्रसार को बल मिलेगा।

पुस्तिका अपने उद्देश्य में सफल हो, ऐसी मेरी कामना है। एक बार पुनः वैद्य बालेन्दु प्रकाश जी को बधाई एवं शुभकामनाएँ।


(बेबी रानी मौर्य)



अजय भट्ट

संसद सदस्य (लोक सभा)
नैनीताल-ऊधमसिंह नगर (उत्तराखण्ड)
सदस्य- रक्षा समिति, अधीनस्थ विधान संबंधी समिति,
स्वास्थ्य एवं परिवार कल्याण, परामर्शदात्री समिति, प्राक्कलन समिति



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हल्द्वानी निवास: मुखानी रोड, खादू श्याम मन्दिर,
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हल्द्वानी, जिला नैनीताल (उत्तराखण्ड)

दिनांक-17.06.2021

शुभकामना संदेश

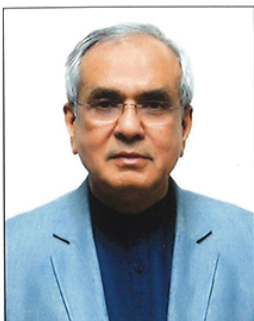
मुझे यह जानकारी हार्दिक प्रसन्नता हुई है कि पद्मश्री से सम्मानित, उत्तराखण्ड के गौरव वैद्य बालेन्दु प्रकाश जी द्वारा पिछले 24 वर्षों में असाध्य माने जाने वाले पेनक्रिएटाइटिस रोग के 1111 मरीजों की आयुर्वेद द्वारा चिकित्सा का अनुभव एक पुस्तिका के रूप में प्रकाशित किया जा रहा है।

मैंने स्वयं उनकी चिकित्सा द्वारा ठीक हुए कई पेनक्रिएटाइटिस रोगियों से मुलाकात की है और तत्सम्बन्ध में लोकसभा में अपने सम्बोधन में भी इस आषय का उल्लेख किया है। मुझे पूर्ण विष्वास है कि पेनक्रिएटाइटिस रोग की चिकित्सा में वैद्य जी के अनुभवों का लाभ रोगियों के साथ-साथ समाज के विभिन्न वर्गों, चिकित्सकों तथा वैज्ञानिकों का भी मिलेगा।

मैं पुस्तिका के सफल प्रकाशन हेतु अपनी शुभकामनाएं देता हूं और पेनक्रिएटाइटिस रोग के विषय में जन-जागरूकता उत्पन्न करने के लिए वैद्य बालेन्दु प्रकाश जी को साधुवाद भी देता हूं।

भवदीय
(अजय भट्ट)

वैद्य बालेन्दु प्रकाश जी,
जिला ऊधमसिंहनगर।



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Government of India
NATIONAL INSTITUTION FOR TRANSFORMING INDIA
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23rd June, 2021

MESSAGE

I am glad to see that Vaidya Balendu Prakash ji, who practices *Rasa Shastra* in Ayurveda, is relentlessly working on the documentation of his clinical practice. He has specially focused on the treatment of Recurrent Acute/ Chronic Pancreatitis. Such evidence based documentation is indeed the need of the hour! The traditional knowledge of Ayurveda, which has been handed down to us from thousands of years ago using parameters and protocols of that time, needs to be translated in today's language using modern scientific equipment, parameters and measurement techniques.

The forthcoming booklet has all such details and puts together several new information that would be of interest to scientists, researchers, medical practitioners and scholars. Pancreatitis remains a challenge to modern medicine. In that context, the results might open a new avenue for research. This approach could be further developed and established as an effective way for managing Pancreatitis.

I am also impressed with Vaidyaji's painstaking efforts over decades to transparently present the details of his method of treatment based on *Ras Shastra*. By subjecting his compounds to scientific tests for toxicity and effectiveness, he is contributing to reducing the scepticism and indeed fears that are sometimes associated with the therapeutic use of metals in *Ras Shastra*. I wish his example is emulated by other practicing this form of Ayurveda as these practices may have significant potential for treatment of chronic and life threatening disorders.

I wish Vaidyaji and his team all success. I sincerely hope that the booklet will be able to fulfil its objectives.

(Rajiv Kumar)



एक कदम स्वच्छता की ओर



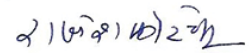
वैद्य राजेश कोटेचा
Vaidya Rajesh Kotecha

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MESSAGE

Pancreatitis is one of the major diseases of concern among the healthcare fraternity. Padmashri Vaidya Balendu Prakash Ji has been instrumental in effectively managing the disease through Ayurveda. Absence of sufficient documentation is one of the grey areas in Ayurveda practice; perhaps this is the area Padmashri Vaidya Balendu Ji has been managing in the right way. I am sure that this booklet 'Indigenous Treatment for Pancreatitis' will help in generating awareness towards effective management of pancreatitis.

I wish all success to the booklet.


(Rajesh Kotecha)

5th March, 2021
New Delhi



गोविन्द बल्लभ पंत कृषि एवं प्रौद्योगिक विश्वविद्यालय
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डा० तेज प्रताप
कुलपति
Dr. TEJ PARTAP
Vice-Chancellor

Message

Recently, I came to know about Vaidya Balendu Prakash ji and his appreciable work in the treatment of Pancreatitis through Ayurveda. I found it very interesting and visited his hospital and pharmacy in the border areas of Uttarakhand and Uttar Pradesh. I was astonished to see the tedious methods of medicine preparation that continue round the clock at his *rasashala*. It is very interesting to note the way he has blended the traditional knowledge of Ayurveda with modern science and been able to develop the formulation on scientific parameters.



Vaidya Balendu made an effort to understand the process characterization and standardization of the Ayurvedic Mineral Complex in association with Indian Institute of Science, Bengaluru. The result of the study shows that the final product is a mineral complex with no free metals.

To address the hesitation of patients in taking metal-based medicines, Vaidya Balendu subjected the aforesaid formulation to acute, sub-acute and chronic toxicity studies and the formulation was found completely safe with a much higher No Observed Adverse Effects Level (NOAEL) compared to the given human dose. Also, two consecutive studies have exhibited pancreatitis protective properties of the formulation in L-Arginine induced experimental models.

Had I not visited his pharmacy and seen the entire processing and scientific developments myself, I would continue to have a very different picture of Ayurveda in my mind. His endeavours have not only brought him name and fame and established him among the scientific fraternity, but they have capability of uplifting the perception of the modern world towards Ayurveda.

I also had an opportunity to meet few patients of Pancreatitis at his hospital. After learning about their experiences with the disease and the ongoing Ayurvedic treatment, I must say that Vaidya Balendu and his team are doing a commendable job! We, at GB Pant University of Agriculture and Technology, are interested in helping him take his mission forward with the help of our scientific tools and experts from different disciplines.

This booklet is a wonderful initiative to disseminate the traditional knowledge and details of its developments among the masses. I wish Vaidya Balendu and his team great success in their endeavours.


(Tej Partap)



Editorial

Rasa Shastra is a specialized branch of Ayurveda which evolved from 1st to 5th century in India. The branch deals with therapeutics of substances of plant, animal and mineral origin, which are moderate to severely toxic in raw form. There are various methodologies to transform them into non-toxic therapeutic form. However, use of mercury and heavy metals in ayurvedic medicines has always remained a controversial issue. There

is dearth of adverse reports regarding the toxic effect of metals and minerals in ayurvedic drugs. While ayurvedic community goes into playing defensive mode by claiming that appropriate processing of metals and mercury transform those into non-toxic form, the non-ayurvedic community never recognises ayurvedic formulation as medicines. In fact, these formulations have gradually been categorised as food supplements or essentials for wellness. On the other hand, there are many incidences or stories regarding the miraculous lifesaving effects of *Rasa-aushadhis*.

Ayurveda was largely practiced under *Guru-Shishya Parampara* at the *Gurukuls/ Ashramas/ Mathas* in ancient India. Meerut based Late Vaidya Chandra Prakash Ji learnt the applied aspects of *Rasa Shashtra* from his Guru Maharaj Ji, who was a master of *Yoga* and *Rasa Shastra*. He had also obtained basic degree of "*Bhishak*" from SD College, Lahore (now in Pakistan). He started his clinical practise by using his own prepared Ayurvedic medicines with more emphasis on *Rasa-aushadhis*. Gradually he earned reputation in treating certain forms of cancer, acute and chronic/ relapsing communicable diseases. In mid seventies, he started preparing a formulation using processed copper, mercury and sulphur. Firsthe amalgamated these in the solution of *Luffa echinate* and *Clitoria ternatea* in lemon juice and then subjected the mixture to the concept of repeated *Gandhak jarana* using *Nalika Damru Yantra*. The afore-said processing when done repeatedly lead to *Gandhak jeerna parad* (assimilated form of sulphur with mercury). The said formulation named as *Amar* was incidentally administered to a terminally ill patient of pancreatic disorder. That particular batch of *Amar* also helped in bringing complete and sustainable relief to few other patients suffering with advanced stage of solid tumors.

Unfortunately, Late Vaidya could not succeed in reproducing the identical batches due to lack of information and resources for developing Standards Operating Procedures (SOPs).

This formulation could be revived in early eighties when his fifth son (Vaidya Balendu Prakash) who was then a second-year student of BAMS (*Ayurvedacharya*) assisted him in the preparation of medicines. A fact-finding committee headed by Dr. R.C.D. Nautiyal, the then deputy Director of Central Council for Research and Ayurveda and Siddha, Ministry of Health and Family Welfare, Government of India

acknowledged the efficacy of successful treatment of certain cancers and recommended for further researches for its scientific development in 1983.

The pioneer work of Late Vaidya was carried forward after his untimely death in 1984. A retrospective analysis of decades long clinical practise revealed that *Amar* has been able to bring miraculous recoveries to well diagnosed cases of recurring acute and chronic pancreatitis with sustainable results. Later, the clinical data of each and every enrolled patient was documented following Comte's model of research. A total number of 48 patient were enrolled between January 1997 and September 2014 and these observations were brought to the public domain in the form of a day seminar where beneficiaries of ayurvedic treatment, policy makers, scientists and researchers of Ayurveda and modern medicine actively participated. The event was able to create public awareness about ayurvedic treatment of pancreatitis. The findings of ayurvedic practise were well documented following good clinical practise for observational research. Three consequent booklets have been released carrying clinical data of hundred, two hundred fifty and five hundred fifty-five enrolled patients of different variants of Pancreatitis. DG, UCOST, Government of Uttarakhand, Secretary, Science & Technology, Government of Uttarakhand and Former Secretary, Medical Research and Former DG, ICMR, Ministry of Health and Family Welfare, Government of India have written foreword of these booklets adding more value to the generated data. Subsequently, these findings were also published and presented at numerous national and international journals and forums including 50th joint annual meeting of American Pancreatic Association and Japan Pancreas Society; October – November 2019, Hawaii, USA.

The great art of *Rasa Shastra* was introduced into *Ayurveda* after decades of committed efforts of Indian sages. *Amar* had been developed by Late Vaidya Chandra Prakash Ji using ancient wisdom of *Rasa Shastra* and *Amar* could also bring miraculous recoveries in pancreatitis patients. There was dire need to understand the intrinsic phenomena of science behind its efficacy. Therefore, *Amar* has systematically been developed to ascertain reproducibility, safety and efficacy.

Hence, *Amar* has undergone process standardization and characterization using non destructive methods, XRD, EDAX and SEM under the guidance of Professor S. Vasudevan, Department of Inorganic and Physical Chemistry, Indian Institute of Sciences, Bengaluru. The findings have revealed that there are no traces of any free metal in the finished product and there is a visible transformation of metals into intrigue mineral form. The finding has been published and a patent has also been filed with competent authorities. *Amar* has also undergone safety evaluation by conducting acute, sub-acute and chronic toxicity studies in rats by an internationally accredited and DSIR approved CRO. The result of these studies depicts "No Observed Adverse Effect Level (NOAEL)" in much higher doses than the administered one.

Two consecutive experimental studies to study pancreatitis protective properties of *Amar* in rodents by using L-Arginine induced chronic pancreatitis have established that *Amar* has significantly strong pancreatitis protective properties. In another observation, *Amar* has also demonstrated CA19-9 lowering effect in the diagnosed cases of RACP. CA19-9 is a biomarker which stands for cancer antigen 19-9 and is used to evaluate the progression/ regression of the disease. Ayurvedic treatment protocol has been found effective in normalizing the CA19-9 levels of 38 to 4000 units in majority of the cases. The

aforesaid observations might be of significant importance due to the fact that pancreatitis is a well-conceived precursor for pancreatic cancer and the patients having elevated CA19-9 levels more than 300 have been considered indicative of cancer of pancreas. The results of both the studies have also been published to put the information in order.

Pancreatitis is a miserable disease of pancreas with rising number of cases worldwide. Ayurvedic treatment might open up a new path towards the management of the disease. This booklet is a medium to disseminate information on Pancreatitis and developments of Ayurvedic treatment approach.

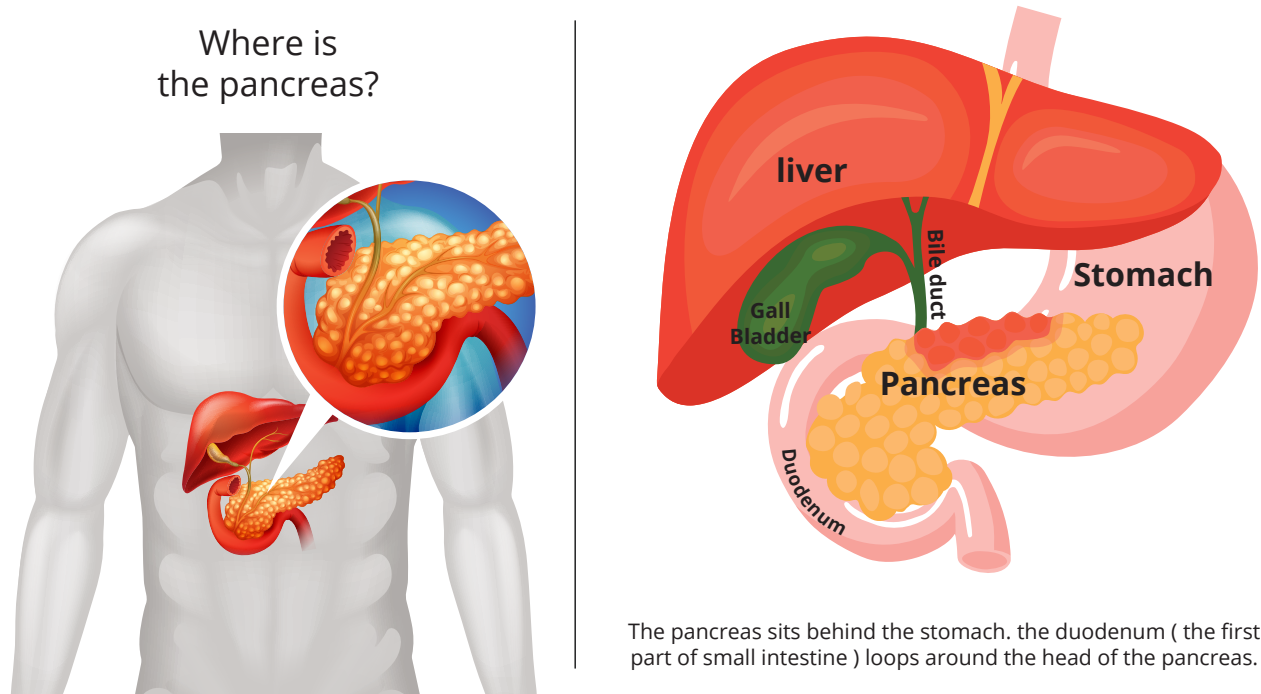
Vaidya Balendu Prakash

Ayurvedic Consultant & Founder Director, Padaav – Speciality Ayurvedic Treatment Centre

The Pancreas

The pancreas is a gland organ that is located in the abdomen, behind the stomach and below the rib-cage. It is part of the digestive system and produces important enzymes and hormones that help in breaking down food. It is both an exocrine and an endocrine organ.^(1,2)

The pancreas is about 15 cm long and is divided into the head of pancreas, the neck, the body, and the tail of pancreas.



Source: The Sol Goldman Pancreatic Cancer Research Center, Baltimore, USA

Enzymes, or digestive juices, produced by the pancreas are secreted into the small intestine to further break down food after it has left the stomach. The gland also produces the hormone insulin and secretes it into the bloodstream in order to regulate the body's glucose or sugar level.

Pancreatic disorders

Pancreas does more than one role in the body. Not only do most pancreatic tissues produce a large share of the enzymes essential for digestion but also tissues of the pancreatic islets secrete insulin, glucagon, amylin and somatostatin hormones.⁽²⁾ When the pancreas is not functioning well symptoms such as abdominal tenderness, swelling, or pain, nausea or vomiting, excess gas, diarrhea, foul-smelling stool, light colored stool, fever, weight loss and malnutrition. Most common disorders of the pancreas include Acute and Chronic Pancreatitis.

Pancreatitis - Historical Perspective

The earliest mention of pancreatic disease dates back to 1542 when French physician Jean Fernel described the pancreas as the origin of intermittent fevers and melancholy.(3)

The first clinical description of Acute Pancreatitis was published in 1652 by Dutch anatomist Nicholas Tulp. On autopsy of a patient who died of incessant fevers and distress, he inferred that pancreas was the organ and complicated diseases and dangerous afflictions arose from it, like from the Pandora's box, to the detriment of the human race.(4)

After Tulp, Bonet and Griesel also reported pancreatic necrosis on autopsy in patients. Nearly a century later, Morgagni reported severe upper abdominal pain, vomiting and collapse in a patient whose autopsy revealed enlarged pancreas, filled with large knots.(3)

Scottish physician and pathologist, Matthew Baillie, published plates depicting pancreatic ductal concretions, ductal dilatation and chronic pancreatitis in 1799.(5)

Later, French Professor Antoine Portal described various presentations of pancreatic diseases, including edema, hemorrhage, necrosis and gangrene, although he considered these as different diseases. He also reported recurrent acute pancreatitis that eventually led to gangrene of the pancreas and death of the patient due to repeated episodes. Gendrin also made similar observations.(3)

In 1815, Fleishmann described the case of a young alcoholic who developed repeated episodes of abdominal pain, nausea and vomiting and eventually died. On autopsy, he was found to have a fibrous pancreas.(6)

In a review of 45 patients with acute pancreatitis, Heinrich Laessen, in 1842, remarked that pancreatic diseases were rare and that the pancreas was a deep-seated organ with limited relationships with the other organs.(3)

Karl Von Rokitansky was the first to recognize acute hemorrhagic pancreatitis in 1842, followed by Albrecht Edwin Klebs in 1870.(3)

Julius Klob identified fat necrosis in humans in 1860. In 1882, F Balser described the process of fat necrosis in detail but as an event that was separate from pancreatic inflammation.(3)

In 1887, Friedrich coined the term 'drunkard's pancreas' and marked that general, chronic interstitial pancreatitis may result from excessive alcoholism. Symmers, on performing autopsies of 31 alcoholic patients who died suddenly, observed the presence of acute pancreatitis in absence of gallstones.(4)

In 1889, Reginald Fitz of Boston presented the first systematic analysis of 53 cases of acute pancreatitis. W. Dettner, in 1894, proposed pancreatic ferment as the cause while, Hans Chiari, in 1896, proposed

the theory of tryptic autodigestion of pancreatic tissues and described pancreatic degeneration to be the cause.(3)

Langerhans inferred that the necrosis of pancreatic tissues was a result of pancreatic ferment and, in 1897, Flexner suggested that this ferment was lipase.(3)

In 1946, Comfort gave the first significant clinical description of chronic pancreatitis. He coined the term 'chronic relapsing pancreatitis' and also described hereditary pancreatitis in 1952.(7)

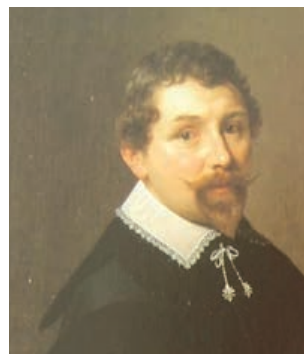
Zuidema defined tropical pancreatitis in 1959 and two years later Sarles described another form of pancreatitis which later came to be known as autoimmune pancreatitis. Groove pancreatitis was described by Potet in 1970. Obstructive pancreatitis was defined in 1984 and Ammann identified idiopathic pancreatitis in 1987.(3)



Jean Fernel



Nicholas Tulp



Reginald Fitz



Mandred W. Comfort

In 1993, Lowenfels elucidated that chronic pancreatitis is the leading known risk factor for pancreatic ductal adenocarcinoma. In 1996, Whitcomb and colleagues described the association of mutations in cationic trypsinogen and hereditary pancreatitis.(8)

Although much is known about the disease now and different diagnostic and treatment options are available, the incidences of the disease show a rising trend globally. The incidences of Acute Pancreatitis in Wales, UK rose from 27.6 per 100,000 populations in 1999 to 35.9 in 2010 with an annual increase of

2.7% per annum. A nationwide hospital-based study in Columbus recorded a 13.3% rise in Acute Pancreatitis related admissions from 2002-05 to 2009-12. A field study carried in 1993 in Kerala, a Southern state of India, reported highest incidences of tropical Chronic Pancreatitis in the world (up to 126 per 100,000 population).^(9,10,11)

Chronic Pancreatitis also showed rising trend from 2.94 in 1977-86 to 4.35 in 1997-2000 per 100,000 populations in a population-based study in Olmsted County. The trend was also reported from China where prevalence of CP rose from 3.1/100,000 in 1996 to 13.5/100,000 population in 2003. Similarly, high prevalence of tropical Chronic Pancreatitis has been reported from Southern India (114-200/100,000 populations) in 2004. Japan carried seven nationwide surveys between 1994 to 2011 regarding the epidemiology of Pancreatitis and demonstrated increasing prevalence of CP from 28.5/100,000 in 1994 to 52.4/100,000 in 2011. A South India based tertiary care centre reported 13.3% rise from 2000-06 to 2007-13. Global Burden of Disease (GBD) study of 2015 has reported 8.9 million cases of Pancreatitis in the world with 132,700 deaths. As per GBD 2017, the global prevalence of Pancreatitis has increased more than two folds from 1990 to 2017.^(12,13,14,15,16)

It is estimated that the annual global market of pancreatic enzymes will touch INR 11,000 Cr by 2023 (US\$ 1,588.8 million) as compared to INR 5000 Cr in 2014 (US\$ 707.0 million).⁽¹⁷⁾

Pancreatitis

Definition

Pancreatitis refers to the inflammation of the pancreas. It results from auto-digestion of pancreatic tissues by its own enzymes.⁽¹⁸⁾

Symptoms

Signs and symptoms of Pancreatitis include epigastric pain, vomiting, nausea, steatorrhea and weight loss. Associated symptoms of the disease include flatulence, bloating, poor blood sugar control, fatigue, back pain and anemia.

Diagnosis

Diagnosis of the disease is made by a competent gastroenterologist based on history and clinical symptoms of the patient along with pathological and radiological tests.

Pathological

Serum Amylase and Lipase levels are elevated more than three times in patients under an attack of Pancreatitis.⁽¹⁹⁾

Radiological

Ultrasound, Computed Tomography (CT) scan, Endoscopic Retrograde Cholangiopancreatography (ERCP), Magnetic Resonance Cholangiopancreatography (MRCP), Endoscopic Ultrasound (EUS).

Complications

There are two types of possible pancreatitis complications; local and systemic ones. Local complications from pancreatitis include abscess, necrosis, pseudocyst (fluid collection), fistualization, ileus, gastrointestinal hemorrhage, obstruction of the bile duct, pseudo aneurysm and phlegmon.

Systemic complications of pancreatitis may be respiratory failure, shock, disseminated intravascular coagulation and metabolic disorders such as hyperglycemia and hypocalcaemia. Other common complications may also be heart and kidney failure, low blood pressure, dehydration, malnutrition, diabetes, accumulation of the fluids in the abdomen, ARDS (acute respiratory distress syndrome), acute lung injury, extra-pancreatic infections, ascites and abscesses or cysts in the pancreas.

In severe cases of acute pancreatitis some serious complications may occur. Bacteria from the small intestine might infect the damaged pancreas. Signs of this type of infection include high white blood cell count, fever and even possible organ failure.^(20,21)

Causes of Pancreatitis

Although the disease has no established cause, various causes have been indicated for its occurrence, including:

- Gallstones
- Heavy alcohol use
- Genetic disorders of pancreas
- Certain medicines

Other causes include infections, such as viral or parasitic, abdominal injury, pancreatic cancer, having a procedure called endoscopic retrograde cholangiopancreatography (ERCP) to treat another condition or pancreas divisum.

Factors responsible for Chronic Pancreatitis are classified as Toxins, Idiopathic, Genetic, Autoimmune, Recurrent Acute attacks and Obstruction of pancreatic ducts (TIGAR-O factors).(22)

However, idiopathic pancreatitis, the cause of which remains unknown, is one of the most common forms of pancreatitis.

Conventional Treatment of Pancreatitis

Medical management of Pancreatitis involves fluid replacement by administering IV fluids and about five days of no oral feed. Painkillers, including acetaminophen and non-steroidal anti-inflammatory drugs (eg, diclofenac, ibuprofen, naproxen) as first line treatment, followed by non-opioid analgesics, weak opioids (eg, tramadol, codeine) and then strong opioids (eg, morphine, oxycodone, fentanyl) are provided for pain management as per the severity of pain.

Pancreatic enzyme supplements are used to treat enzyme insufficiency. Antibiotics are given if another source of infection is suspected and for treatment of fluid collections and necrosis before drainage. Antioxidant supplements may also be helpful, especially in patients with non-alcoholic Chronic Pancreatitis. Patients with Chronic Pancreatitis may require invasive treatment such as endoscopy or surgery in about 30% cases. In cases where medical therapy fails to provide relief, endoscopy, stent placement, drainage procedures, surgical resection or a combination of these may be used. Surgical procedures include partial resection as in Whipple's procedure and distal pancreatectomy, drainage as in Puestow's procedure and a combination of partial resection and drainage as in Frey's or Beger's procedure. Extracorporeal Shock Wave Lithotripsy (ESWL) may be used to fragment large stones prior to endoscopic removal.

Prognosis

Pancreatitis is a progressive disease. Studies report that even a single acute attack of Pancreatitis could be holding underlying Chronic Pancreatitis. For most people, a diagnosis of Chronic Pancreatitis means a lifetime of pain and gastrointestinal symptoms. Around 50% patients of Chronic Pancreatitis require surgical intervention at some point of time. They are supposed to take pancreatic enzymes with every

meal, follow a low-fat diet, refrain from smoking and drinking alcohol and avoid any abdominal trauma. However, worsening of symptoms and the chances of having an acute attack remain unpredictable.

An acute attack of Pancreatitis increases the risk of developing diabetes within three months by six folds. More than 70% patients of Chronic Pancreatitis develop diabetes in their lifetime, with the risk being more in case of Chronic Calcific Pancreatitis. Similarly, the risk of developing pancreatic cancer is three folds higher in Chronic Pancreatitis patients—highest in case of Hereditary Pancreatitis.

The overall 10-year and 20-year survival rates are estimated to be about 70% and 45%, respectively. Prognosis of the disease also depends upon various other factors like age of patient, diet, lifestyle, history of alcohol and smoking, presence of liver cirrhosis, control on blood sugar, and individual's response to the treatment.⁽²³⁾

Our Experience with Pancreatitis

1111 patients of different variants of Pancreatitis were enrolled between January 1997 and December 2020 and treated using Ayurvedic Treatment (AyT).

The data collected from these patients was analyzed and is being presented here.

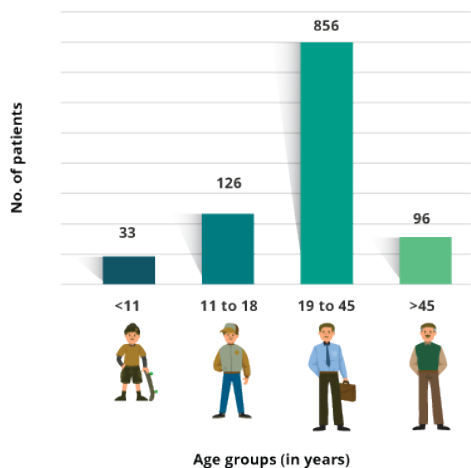
Sex Ratio

Of these, about 82% were male and 18% were females.



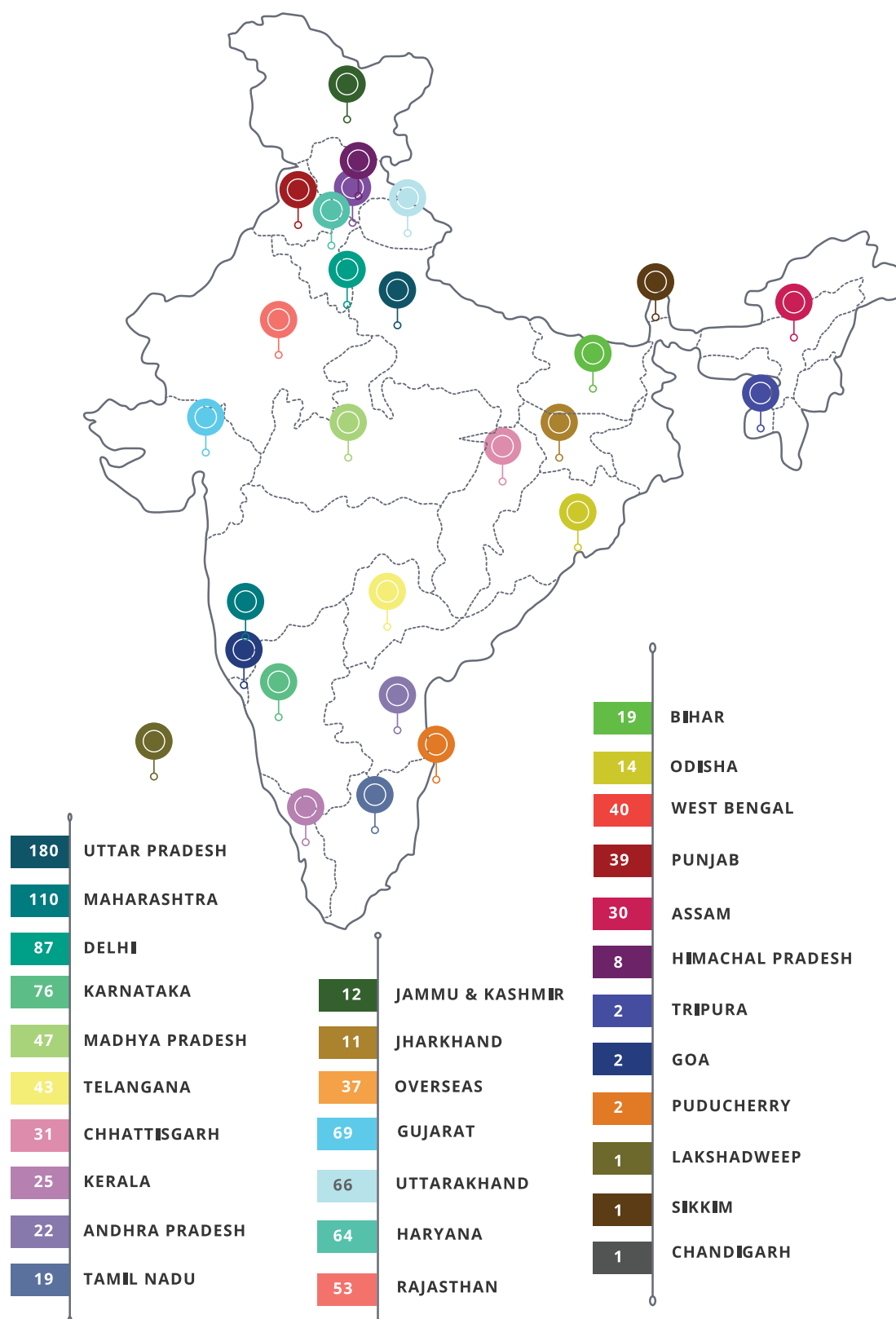
Age wise distribution

3% patients were less than eleven years of age, 11.3% patients were in the age group of 11 to 18 years, 77% patients were in the age group of 19 to 45 years and 8.7% patients were more than 45 of age.



Geographical location

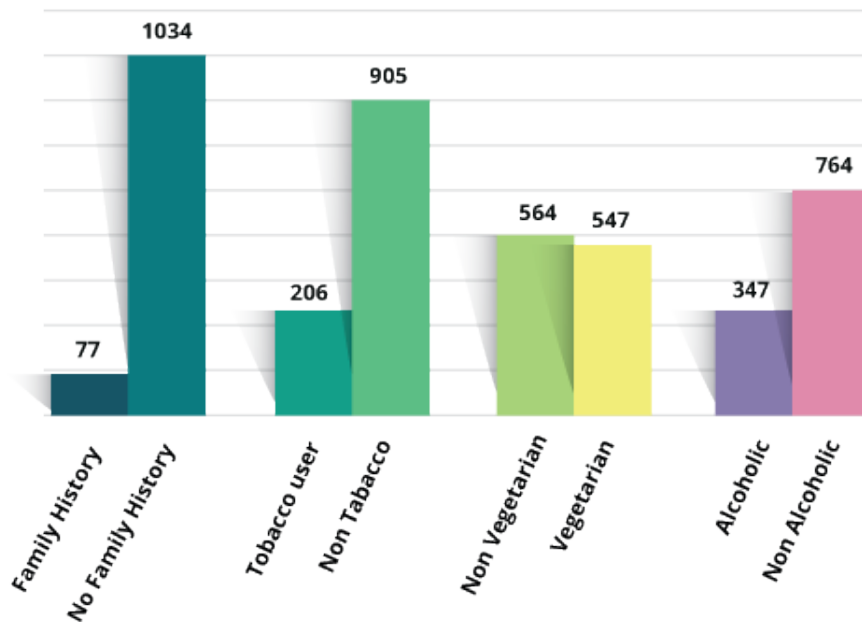
Data on geographical location of these patients showed that majority of the patients were from North India.



Dietary Pattern and Family History

Contrary to the accepted belief, most of the Pancreatitis patients were non-alcoholic, non-smokers with no family history of the disease. There were almost equal numbers of vegetarians and non-vegetarians.

Certain reports talk about Tropical Chronic Pancreatitis in India which is more in non-alcoholics and has time and again been attributed to protein malnutrition and mineral deficiency.



Presenting Symptoms



Anorexia
30%



Abdominal Pain
98%



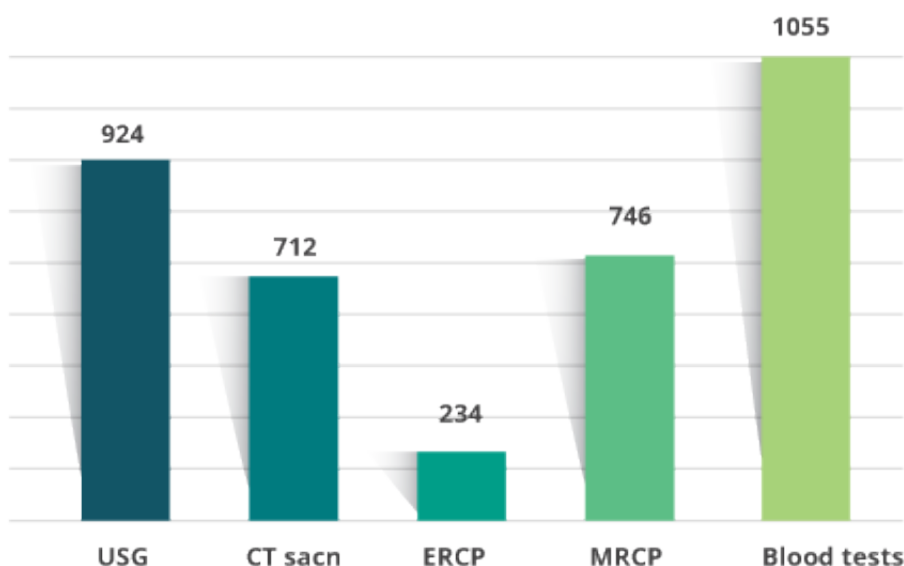
Vomiting
67%



Weight loss
77%

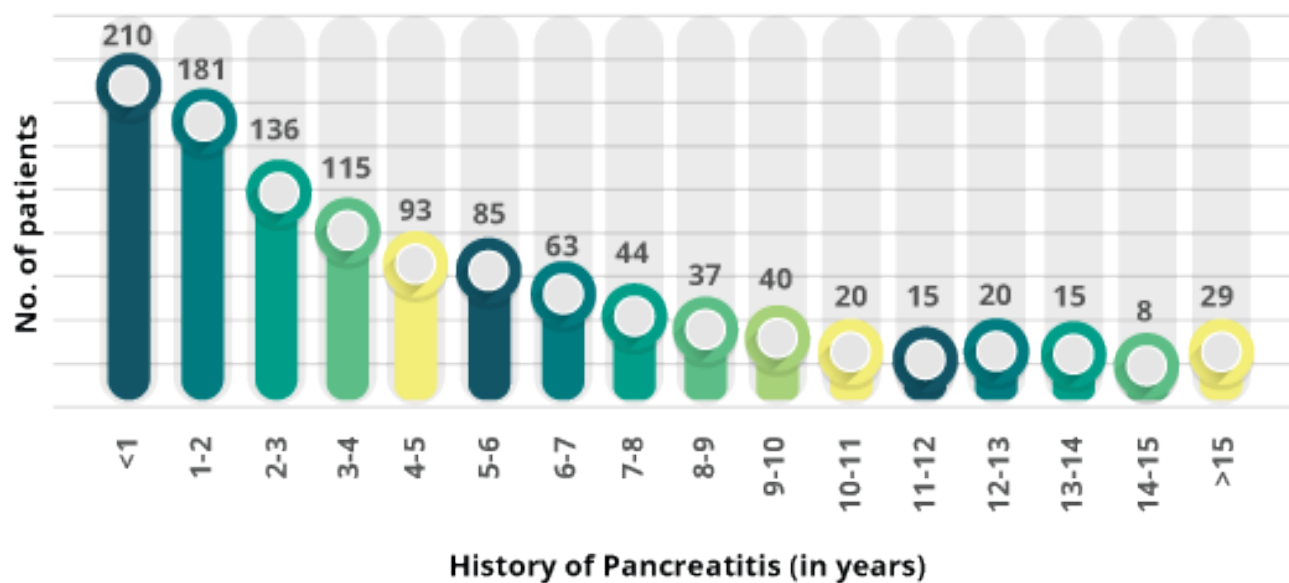
Diagnostic Methods

These patients were diagnosed using blood tests, Ultrasound, CT scan, MRCP or ERCP.

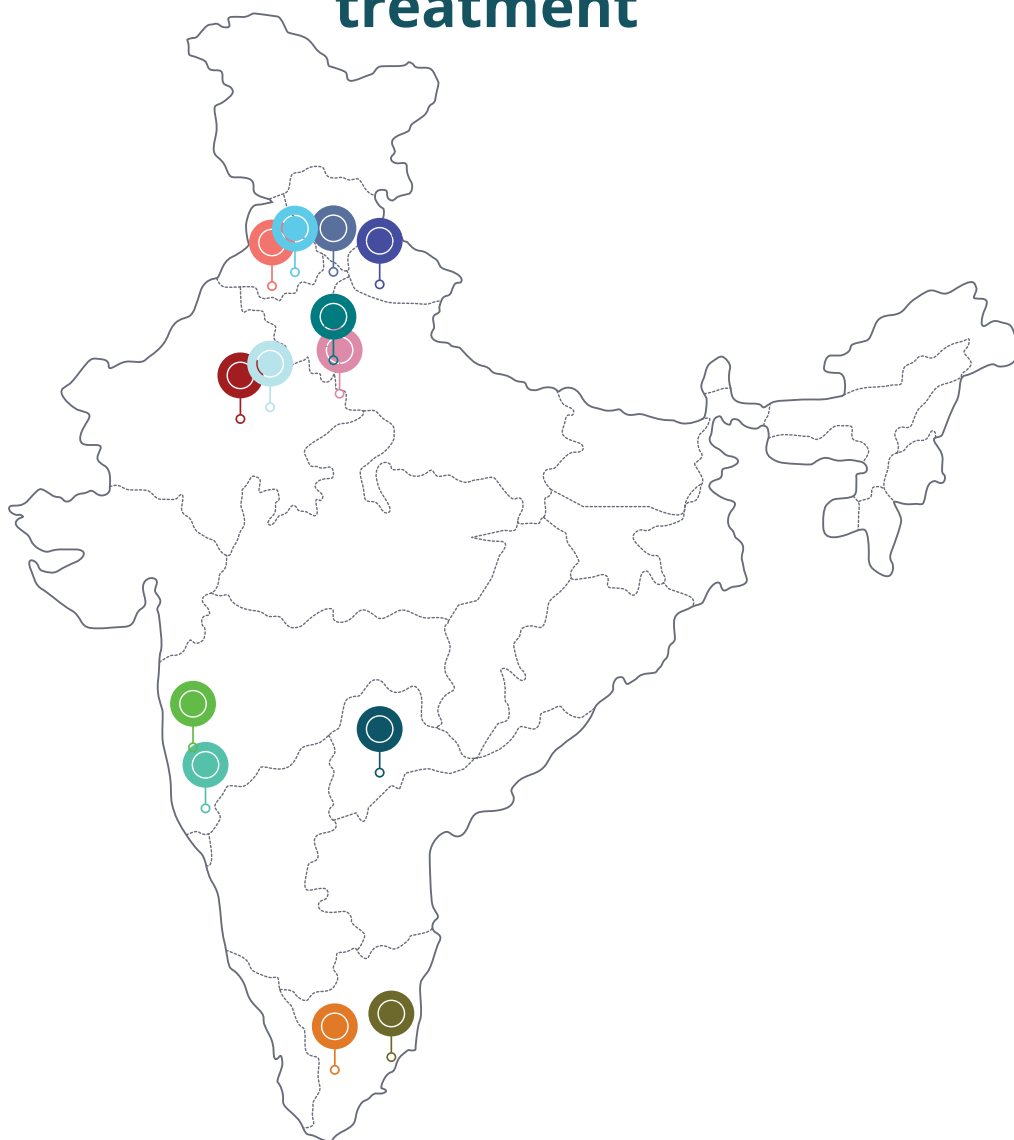


Disease History

These patients had disease history ranging from one month to twenty-four years.



List of major hospitals involved in diagnosis and treatment of patients prior to commencement of Ayurvedic treatment



205	AIG, HYDERABAD	21	GLOBAL HOSPITAL, MUMBAI	8	MOULANA HOSPITAL, PERINTALAMANNA
60	MEDANTA HOSPITAL, GURGAON	16	PUSHPAWATI SINGHANIA RESEARCH INSTITUTE, DELHI	8	MAHANT INDIRESH HOSPITAL, DEHRADUN
53	SIR GANGA RAM HOSPITAL, DELHI	16	DMC, LUDHIANA	7	RCC, TRIVANDRUM
43	ILBS, DELHI	12	SMS HOSPITAL, JAIPUR	7	CMC HOSPITAL, VELLORE
41	PGI, LUCKNOW	10	DEENANATH MANGESHKAR HOSPITAL, PUNE		
41	AIIMS, DELHI	10	GB PANT HOSPITAL, DELHI		
38	FORTIS HOSPITAL, DELHI	9	CMC, LUDHIANA		
25	MAX HOSPITAL, DELHI	9	SANTOKBA DURLABJI MEMORIAL HOSPITAL, JAIPUR		
23	APOLLO HOSPITAL, DELHI				
21	PGI, CHANDIGARH				

Other hospitals involved

Aarti Manoj Hospital, Agra; Aastha Hospital, Rajasthan; Action Medical Institute, Delhi; Adarsh Hospital, Jodhpur; Aditya Birla Memorial Hospital, Pune; Aditya Vardhan Hospital, Thane; Adventist Hospital, Pune; Adventist Hospital, Surat; Agra Medical and Cardiac Research Centre, Agra; AIG, Ahmedabad; AIG, Hyderabad; AIIMS, Baroda; AIIMS, Bhopal; AIIMS, Faridabad; Air Force Hospital, Rajasthan; Aishwarya Hospital, Vizianagaram; Ajanta Hospital, Lucknow; Alchemist Hospital, Gurgaon; Amrita Institute of Medical Sciences, Kerala; AMU, Aligarh; Anand Hospital, Allahabad; Anand Hospital, Meerut; Anandlok Hospital, Raniganj; Anant Institute of Medical Science, Jabalpur; Andhra Hospital, Vijaywada; Anoop Hospital, Punjab; Ansh Gastro Clinic, Ahmedabad; Apex Institute of Medical Science, Kolkata; Apollo Gleneagles Hospitals, Kolkata; Apollo Hospital, Ahmedabad; Apollo Hospital, Bhuvneshwar; Apollo Hospital, Bilaspur; Apollo Hospital, Chennai; Apollo Hospital, Guwahati; Apollo Hospital, Hyderabad; Apollo Hospital, Indore; Apollo Hospital, Kota; Apollo Hospital, Mysore; Army Hospital, Delhi; Army Hospital, Pune; Arogya Hospital, Delhi; Arogya Niketan Nursing Home, Siliguri; Artemis Hospital, Haryana; Asarfi Hospital, Dhanbad; Ashirwad Hospital, Ahmedabad; Ashoka Hospital, Agra; Aster Hospital, Dubai; Astha Hospital, Ghaziabad; Austin Hospital, Australia; AV Hospital, Bangalore; Balaji Clinic, Satara; Balaji Hospital, Mumbai; Balaji Hospital, Raipur; Baldota Institute of Digestive Sciences, Mumbai; Bankura Medical College, Bankura; Banner Health, USA; Bansal Gastro Liver Super speciality Centre, Agra; Bansal Nursing Home, Kolkata; Barampur Medical College, Odisha; Batra Hospital, Jammu; BayCare Outpatient Imaging Van Dyke, USA; BGS Hospital, Vijaynagar; Bhagat Chandra Hospital, New Delhi; Bhagirathi Neotia Woman and Child Care Centre, Kolkata; Bhagwan Mahavir Hospital, Delhi; Bhagwati Super Speciality Hospital, Nasik; Bhagyodya Hospital, Godhra; Bhailal Amin General Hospital, Baroda; Bhartari Nursing Home, Dehradun; BHU, Varanasi; BIG Hospital, Patna; Birla Hospital, Gwalior; BLDE Hospital, Bijapur; Blue Cross Hospital, Nepal; Bombay Hospital, Indore; Bombay Hospital, Mumbai; Borkar Hospital, Ponda; Breach Candy Hospital Trust, Mumbai; Brij Lal Hospital & Research Centre, Haldwani; Brij Nursing Home, Mathura; Campal Health Clinic, Goa; Care Hospital, Hyderabad; Care Hospital, Raipur; Care Well Hospital, Amritsar; CCL Hospital, Gandhinagar; Central Hospital and Research Centre, Bhopal; Central Hospital, Haldwani; Central Hospital, New Delhi; Chaitanya Hospital, Mumbai; Chandravati Hospital, Lucknow; Charak Clinic Nursing Home, Maharashtra; Chaturbhuj Lajpatrai Hospital- Rajasthan Hospital, Ahmedabad; Chest Hospital, Hyderabad; Chikitsa Multispecialty Hospital, New Delhi; CHL Hospital, Indore; Choithram Hospital and Research Centre, Indore; Chord Road Hospital, Bangalore; CIMS Hospital, Ahmedabad; Citi Hospital, Bangalore; Clinic of Dr. Kinu Thia, Nairobi; CMC, Nepal; CMI, Dehradun; CML Hospital, Indore; CN Hospital, Karnool; Columbia Asia Hospital, Bangalore; Columbia Asia Hospital, Ghaziabad; Columbia Asia Hospital, Gurgaon; Columbia Hospital, Nagpur; Command Hospital, Lucknow; Command Hospital, Pune; Concord Hospital, Concord; Continental Hospital, Hyderabad; Coronation Hospital, Dehradun; Deenanath Mangeshkar Hospital and Research Center, Pune; Deep River & District Hospital, Canada; Delhi Heart Hospital, Bhatinda; Deshmukh Hospital, Latur; Dewan Hospital, Ludhiana; Dhanwantri Hospital, Bareilly; Dharamdutt City Hospital, Bareilly; Dharamsi Hospital, Sangli; Dhirubhai Ambani Hospital, Mumbai; Diacon Research Centre, Bangalore; Dispur Hospital, Dispur; DMMH, Pune; DN Hospital, Panipat; Doon Hospital, Dehradun; Dr. AK Ahuja Hospital, Uttar Pradesh; Dr. Ashok Garg's Clinic, Meerut; Dr. Bapu Reddy's Clinic, Hyderabad; Dr. GB Nursing Home, Karnal; Dr. Hansraj Alava Hospital, Mangalore; Dr. LH Hiranandani Hospital, Mumbai; Dr. Rajendra Prasad Government Medical College, Kangra; Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur; Dr. SN Medical College and Hospital, Jodhpur; Dr. Susheela Tiwari Government Hospital, Haldwani; Durrushewar Hospital, Hyderabad; DY Patil Hospital, Navi Mumbai; East Point Hospital, Bangalore; Ekta Institute of Child Health, Raipur; Everest Hospital, Kathmandu; FH Medical Hospital, Agra; FIMS, Sonapat; Fortis Hospital, Bangalore; Fortis Hospital,

Chandigarh; Fortis Hospital, Dehradun; Fortis Hospital, Jaipur; Fortis Hospital, Kota; Fortis Hospital, Mohal; Fortis Memorial Research Institute, Gurugram; Ganesh Hospital, Ghaziabad; Gastro Care Hospital, Maharashtra; Gastro Care Hospital, Vadodara; Gastro, Liver and Obesity Centre, Delhi; Gautam Hospital, Gurugram; GB Pant Hospital, Delhi; Geetanjali Medical College and Hospital, Udaipur; GEM Hospital and Research Centre, Coimbatore; Global Hospital, Chennai; Global Hospital, Mehsana; Global Hospital, Mumbai; Global Super Speciality Hospital, Andhra Pradesh; Globe Medicare, Lucknow; GNRC, Guwahati; Goa Medical College Hospital, Goa; Goel Hospital, Kota; Gokenda Hospital, Hyderabad; Golden Hospital, Jaipur; Gorhpur Hospital, Lucknow; Government Hospital, Jammu; Government Medical College and Cancer Hospital, Aurangabad; Government Medical College and Super speciality Hospital, Nagpur; Government Medical College, Thiruvananthapuram; Gowri Gopal Hospital, Bangalore; Gracewell Hospital, Assam; Gram View Hospital, Kolkata; Grant Medical Foundation, Pune; Green Leaf Health Centre, Hyderabad; Green View Hospital, Bangalore; Greencity Hospital, Nepal; Gunam Super Speciality Hospital, Tamil Nadu; Gupta Nursing Home, Delhi; Guru Gobind Singh Government Hospital, Gujarat; Guru Nanak Mission Hospital, Jalandhar; Gut and Liver Clinic, Delhi; Guwahati Medical College & Hospital, Guwahati; Gwalior Hospital, Gwalior; Hayat Hospital, Assam; Hazel Hawkins Memorial Hospital, USA; HCG Hospital, Ahmedabad; HealthCity Trauma Centre & Super speciality Hospital, Lucknow; Heritage Hospital, Siliguri; Heritage Hospital, Varanasi; Hillingdons Hospital, England; Himalayan Hospital, Dehradun; Hinduja Hospital, Mumbai; Holy Spirit Hospital, Mumbai; Homebush Medical Practice, Sydney; Hopamia Hospital, Tripura; Hospital in Salzburg, Austria; Human Care Medical Charitable Trust, New Delhi; Hyderabad Hospital, Panipat; IGM, Shimla; ILS, Kolkata; IMS, Lucknow; Indu Jain Hospital, Madhya Pradesh; Indus hospital, Visakhapatnam; Innova Hospital, Hyderabad; Institute of Human Reproduction, Assam; Institute of Medical Science and Sum Hospital, Bhubaneswar; International Hospital, Guwahati; Isabel Hospital, Chennai; Ivy hospital, Amritsar; Jag Mohan Hospital, Ahmedabad; Jai Maa Gastro and Liver Super Speciality Clinic, Jhansi; Jain Hospital, Solapur; Jain Hospital, Varanasi; Jaipur Golden Hospital, Jaipur; Jalandhar Nursing Home & Maternity Hospital, Jalandhar; Janakpuri Super Speciality Hospital, New Delhi; Jaslok Hospital and Research Centre, Mumbai; Jaswant Rai Speciality Hospital, Meerut; Jawahar Lal Nehru District Hospital, Rudrapur; Jeevan Jyoti Hospital, Bareilly; Jeevan Nursing Home, Delhi; Jeevan Rekha Super Speciality Hospital, Jaipur; Jeevandeep Hospital, Ahmedabad; Jeevandhara Hospital, Madhya Pradesh; Jhalawar Hospital, Kota; Jindal Endo Laparoscopic Hospital, Kota; Jindal Super Speciality Hospital, Rajasthan; JLN Hospital, Ajmer; Jojo Hospital, Nigeria; Joy hospital, Mumbai; JP Hospital, Chandigarh; Jupiter Hospital, Thane; Jyoti Research Hospital, Bihar; K.R. Sharma Memorial Clinic & Divine Laboratory, New Delhi; Kailash Hospital, Greater Noida; Kaizen Hospital, Ahmedabad; Kala Endoscopy and Liver Centre, Jodhpur; Kalinga Institute of Medical Science, Bhubaneswar; Kamakshi Hospital, Mysore; Kamal Nursing Home, Pune; Kamalam Hospital, Tamil Nadu; Kanchi Kamakoti Childs Trust Hospital, Chennai; Kanishk Hospital, Dehradun; Karnal Hospital, Karnal; Kasturba Medical College & Hospital, Kerala; Kasturba Medical College & Hospital, Manipal; Katihar Medical College, Katihar; Kelankar Institute, Kolhapur; KGMC, Kanpur; Khanna Hospital, New Delhi; Khanna Nursing Home, Hisar; Kidney Hospital, Jalandhar; KIMS Hospital, Telangana; King Edward Memorial Hospital and Seth Gordhandas Sunderdas Medical College, Mumbai; King George's Medical University, Lucknow; KMC Hospital, Mangalore; Koh-e-fiza Hospital and Research Centre, Bhopal; Kota Heart Institute and General Hospital, Kota; KPMC Puchong Specialist Centre, Puchong, Malaysia; Krishna Hospital, Jamnagar; Krishna Hospital, Kashi; KS Hospital, Tamil Nadu; Kshetrapal Hospital, Ajmer; Kumar Nursing Home, Aligarh; Kumar Nursing Home, Guwahati; LABAID Specialized Hospital, Bangladesh; Lakeshore Hospital and Research Centre, Kerala; Lakshdeep Hospital, Mumbai; Lakshmi medical and Surgical Care Centre, Varanasi; Lalita Gayatri Hospital, Hyderabad; LBS Hospital, Bhopal; LDDC Hospital, Amritsar; Leelawati Hospital, Mumbai; Lifeline Multispecialty Hospital, Ahmedabad; Lion general Hospital, Gujarat; Little Flower Hospital, Kerala; Liver & Gut Clinic, Ghaziabad; Livonia Centre for Speciality Care, Michigan; LLRM Medical College, Meerut; Lotus Multispecialty Hospital & ICU, Navi Mumbai; Lumbi-

ni City Asptal and Medical Science, Nepal; M.M. Hospital, Ambala; Maa Nursing Home, Samastipur; Maa Savitri Multispecialty Hospital, Purnia; Madan Mohan Malviya Hospital, Delhi; Mahajan Hospital, Amritsar; Maharaj Agrasen Hospital, Delhi; Mahatma Gandhi Hospital, Rajasthan; Malareddy Hospital, Hyderabad; Malik Hospital, Delhi; Mallige Medical Centre, Bangalore; Manas Gastro Centre, Jodhpur; Mangalore Nursing Home, Mangaluru; Manipal Hospital, Bangalore; Martas Hospital, Bangalore; Mata Chanan Devi Hospital, New Delhi; Mathuradas Mathur Hospital, Jodhpur; Matoshri Hospital, Vadgaon; Max Hospital, Chandigarh; Max Super Speciality Hospital Dehradun; Mayamaniram Nursing Hospital, Delhi; Mayo Hospital, Lucknow; Mazumdar Shaw Medical Centre, Bangalore; MB Government Hospital, Udaipur; Medcare Hospital Al Safa, Dubai; Medica Hospital, Ranchi; Medica Super Speciality Hospital, Kolkata; Medical College Hospital, Trivandrum; Medical Research Center, Mumbai; Mediclinic City Hospital, Dubai; MedIndia, Chennai; Medipulse Hospital, Rajasthan; Meerut Hospital; Metro Hospital and Heart Institute, Noida; Metro Hospital, Faridabad; Metro Hospital, Haridwar; Metrocity Hospital and research Centre, Rudrapur; Mewar Multispecialty Hospital, Udaipur; MGM Hospital, Warangal; MGNIMS, Jaipur; Midas Institute Of Gastro Enterology, Nagpur; Milestone Hospital, Rajkot; Military Hospital, Bareilly; Military Hospital, Secunderabad; Mittal Hospital, Ajmer; ML General Hospital, Yamuna Nagar; MMI, Raipur; Moolchand Hospital, Delhi; MS Ramaiah Hospital, Bangalore; Mullana Medical College, Ambala; Muskan Hospital, Jharkhand; N.m Virani Wockhardt Hospital, Rajkot; Nadaun Government Hospital, Hamirpur; Nagarjuna Hospital, Vijaywada; Nairobi Hospital, Kenya; Nanavati Super speciality Hospital, Mumbai; Narayan Hospital, Hyderabad; Narayana Super speciality Hospital, Gurugram; National Hospital, Jabalpur; National Hospital, Jaipur; Nav Jeevan Hospital, Kangra; Navin Chandra clinic, Gorakhpur; Navkar Hospital, Ahmedabad; Nazareth Hospital, Allahabad; Neelima Nursing Home, Uttarpara; Neo Hospital, Noida; New Holy Family Hospital, Kaithal; Nizam's Institute of Medical Sciences, Hyderabad; Noble Medicare, Janakpuri; Oakwood Southshore Medical Center, Michigan; Orange City Hospital & Research Institute, Maharashtra; Orchid Medical Centre, Ranchi; Orthonova Hospital, Delhi; Our Lady of Health Hospital, Tamil Nadu; P.D. Hinduja National Hospital, Mumbai; PACE Hospitals, Hyderabad; Pantai Hospital, Kuala Lumpur; Paramount Hospital, Siliguri; Paras Hospital, Jaipur; Park Clinic, Jharkhand; Parkland Health and Hospital System, US; Patanjali Chikitsalay, Jodhpur; Pawani Hospital, Andhra Pradesh; PBM Hospital, Bikaner; Pediatric Gastroenterology and Nutrition of Tampa Bay, US; Peerless Hospital, Kolkata; Pentamed Hospital, Delhi; PGIMER Hospital, Chandigarh; PHC, Agartala; Poona Hospital, Pune; Prachi Medical Care, Rajasthan; Pragati Medical and Research Centre, Jharkhand; Prakash Family Health Clinic, Noida; Prakhar Hospital, Kanpur; Prem Hospital, Panipat; Premsukh Hospital, Dehradun; Prime Institute of Digestive Sciences, Rajkot; Pulse Medical Centre, Delhi; PUS Memorial Hospital, Vellore; Pushpanjali Crosslay Hospital, Ghaziabad; Pushpanjali Hospital, Agra; PVS Hospital, Trivandrum; QEII Health Sciences Centre, Canada; QRG Health city, Faridabad; Queensland Government, Australia; R.C. Hospital, Bangalore; Rabindranath Tagore International Institute of Cardiac Sciences, Bangalore; Raipur Hospital, Raipur; Rajasthan Hospital, Ahmedabad; Rajlakshmi Nursing Home, Patna; Ram Krishna Care Hospital, Raipur; Ram Manohar Hospital, New Delhi; Ramakrishna Mission Hospital, Varanasi; Rashid Hospital, Dubai; Reem Medical Centre, Thanjavur; Regency Hospital, Kanpur; Reliance Hospital, Navi Mumbai; Remedy Hospital, Hyderabad; Rhythm Medical and Heart Hospital, Gujarat; RIPH Ammathi, Kodagu; RML Hospital, Delhi; Rockland Hospital, Delhi; Roy Chowdhury Clinic, New Delhi; Royal Children Hospital, Melbourne; Royal Infirmary of Edinburgh, Scotland; RR Hospital, New Delhi; Ruban Memorial Hospital, Patna; Ruby Hall Clinic, Pune; Ruchi hospital, Gujarat; Rungta Hospital, Jaipur; S.C.B. Medical College and Hospital, Odisha; S.M.S Hospital, Jaipur; Sagar Hospital, Bangalore; Sahara Hospital, Lucknow; Sahasra Hospital, Bangalore; Sahyadri Hospital, Pune; Sai Hospital Dialysis and Transplant Centre, Bareilly; Sai Krishna Hospital and Research Institute, Gujarat; Sai Nath Hospital, Banaras; Sai Shraddha Care Centre, Nasik; Saket Hospital, Jaipur; Sakra Hospital, Bangalore; Sakya Hospital, Hyderabad; Salus Hospital, Ahmedabad; Samadhan Gastro and Liver Clinic, New Delhi; Sanjay Gandhi Memorial Hospital, Rewa; Sanjeevani Hospital, Guwahati; Sanje-

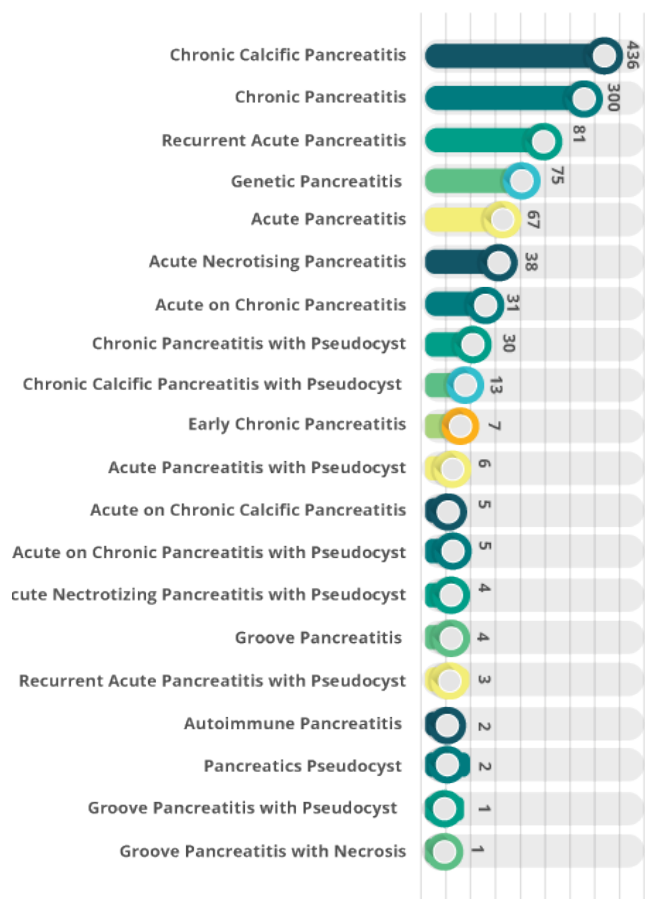
evani Hospital, Karnataka; Santokba Durlabhji Memorial Hospital, Jaipur; Santosh Hospital, Bangalore; Saptgiri Medical College, Bangalore; Sardar Patel Hospital and Research Institute, Gujarat; Saroj Super Speciality Hospital, Delhi; Sarvodaya Hospital & Research Centre, Ghaziabad; Sarvodaya Hospital and Research Centre, Haryana; Sarvodaya Hospital, Gujarat; Sathesh Hospital, Madurai; SBMC Hospital, Coimbatore; SDS Global Super Speciality Hospital, Meerut; Seven Star Hospital, Nagpur; SGIMS, Rewa; Shanti Clinic, Delhi; Shanti Gopal Hospital, Ghaziabad; Sharda Health Care Centre, Dehradun; Sharda Surgical & Urology Centre, Dehradun; Sharma Multispecialty Hospital, Punjab; Sher E Kashmir Institute of Medical Sciences, Srinagar; Shiv Jyoti Hospital, Surat; Shree Shishu Bhawan Children's Hospital, Chhattisgarh; Shreeji Hospital, Rajkot; Shri Clinic, Maharashtra; Shri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan; Shri Guru Ram Das Institute of Medical Sciences and Research, Amritsar; Shri Mahant Indresh Hospital, Dehradun; Shri Ram Hospital, Jodhpur; Shri Ram Kishore Memorial Hospital, Bareilly; Shri Ram Murti Smarak Trust Institute of Medical Sciences, Bareilly; Shri Ram Super Specialty Surgical Centre, Jodhpur; Shrirang Nursing Home, Maharashtra; Shubham Hospital, Jodhpur; Shubham Nursing Home, Cooch behar; Shubham Surgical Centre and Nursing Home, Rudrapur; Shwet Shree Clinic, Jharkhand; SIDS Hospital & Research Centre, Surat; Silchar Medical College Hospital, Assam; SIMS Hospital, Chennai; Sir Charles Gairdner Hospital, Perth; Sir Ganga Ram Hospital, New Delhi; Sir H. N. Reliance Foundation Hospital and Research Centre, Mumbai; SMS Hospital, Jaipur; Smt. Motiben B. Dalvi Hospital, Mumbai; Solace Hospital, Assam; Solanki Gastro & Endo Center, Raipur; South Western Railway Hospital, Dharwad; Sparsh Hospital, Vadodara; Sri Balaji Action Medical Institute Multispecialty Hospital, New Delhi; Sri Nursing Home, Dehradun; Sri Venkateswara Institute of Medical Sciences, Tirupati; SRNC, Allahabad; SSG Hospital, Baroda; SSKM Hospital, Kolkata; St. John's Hospital, Bangalore; St. Joseph's Hospital, Lucknow; St. Martha's Hospital, Bengaluru; St. Mary's Hospital, Kerala; St. Stephen's Hospital, Delhi; Stanley Government Hospital, Chennai; Sterling Hospital, Gujarat; Suchirayu Hospital, Karnataka; Sudha Hospital & Medical Research Centre, Kota; Sudha Sadan Hospital, Varanasi; Suman Hospital, Ludhiana; Sunway Medical Centre, Malaysia; Surya Hospital, Dehradun; Suyash Hospital, Indore; Suyash Hospital, Raipur; Swaminarayan Gastro Liver Care, Surat; Swasthya Super Speciality Clinic, Dehradun; Swasthya Super Speciality Hospital, Vadodara; Synergy Institute of Medical Sciences, Dehradun; Synergy Plus Hospital, Agra; Talwal Medical Centre, New Delhi; Tanmay Hospital, Pune; Tata Main Hospital, Jharkhand; The Mission Hospital, Durgapur; Thunga Hospital, Thane; UCMS, Nepal; UCSF Medical Center, US; Unique Super speciality Hospital, Indore; Upadhyay Hospital, Nasik; Vadodara Heart Institute, Vadodara; Vagus Super specialty Hospital, Bangalore; Vaidehi Hospital, Bangalore; Varia Hospital, Bharuch; Vatsalya Hospital, Bharuch; Veda Hospital, Kerala; Vedanta Institute of Medical Sciences, Ahmedabad; Venkateshwar Hospital, New Delhi; Vetrichandar's Clinic, Kanchipuram; Victoria Hospital, Bangalore; Vikram Hospital, Bangalore; Vimal Hospital, Patna; Vishwa Bharat Hospital, Kurnool; Viteram Hospital, Mysore; Vivekanand Hospital, Lucknow; Vivekanand Polyclinic and Institute of Medical Sciences, Lucknow; Vivekanand Swasthya Sewa Mandir, Rajasthan; Vivekananda Hospital, Durgapur; Wadhwa Hospital, Ahmedabad; Waliya Nursing Home, Delhi; Wanless Hospital, Miraj; Westside Hospital, Dubai; Wockhardt Hospital, Mumbai; Wockhardt Hospital, Rajkot; Yashoda Hospital, Chennai; Yashoda Hospital, Ghaziabad; Yashoda Hospital, Hyderabad; Yogesh Hospital, Pune; Zulaka Hospital, Dubai; Zydus Hospital, Ahmedabad.

Variants of Pancreatitis

Pancreatitis is broadly classified into Acute and Chronic Pancreatitis. While Acute Pancreatitis (AP) refers to short term inflammation of the pancreas, long-standing inflammation of the pancreas is termed as Chronic Pancreatitis (CP). CP is marked by irreversible morphological changes and is progressive in nature. Whereas, morphological restitution is characteristic of AP.

These being the broad classifications, Pancreatitis may be further categorized into various other types, such as, Recurrent Acute Pancreatitis, Acute on Chronic Pancreatitis, Necrotizing Pancreatitis, Edematous Pancreatitis, Calcific Pancreatitis, Groove Pancreatitis, Pancreatitis with pseudocyst, Pancreatic cyst, etc, based on disease presentation and complications and Hereditary Pancreatitis, Autoimmune Pancreatitis, Metabolic Pancreatitis, Biliary Pancreatitis, Alcoholic Pancreatitis, Idiopathic Pancreatitis, etc, depending upon cause of the disease.

The 1111 patients enrolled with us had been diagnosed for different variants of Pancreatitis.



Number for patients diagnosed for different variants of Pancreatitis

Chronic Calcific Pancreatitis (CCP)

Chronic Calcific Pancreatitis is a form of chronic pancreatitis with calcification and pancreatic lithiasis. Calcifications (usually multiple) can be either parenchymal or intraductal and may vary in size, shape and distribution. There are three grades of calcification in pancreas:

- Grade I: in pancreatic head, most common
- Grade II: in pancreatic head and body region
- Grade III: throughout pancreas

The disease mostly presents in the second and third decades of life. Diagnosis of CCP is made using CT scan, MRI with MRCP and ERCP. Treatment for CCP largely involves removal of calculi with the help of ERCP and, in cases of large stones, a combination of ESWL and ERCP. In some cases, surgery might be required.[\(25,26\)](#)

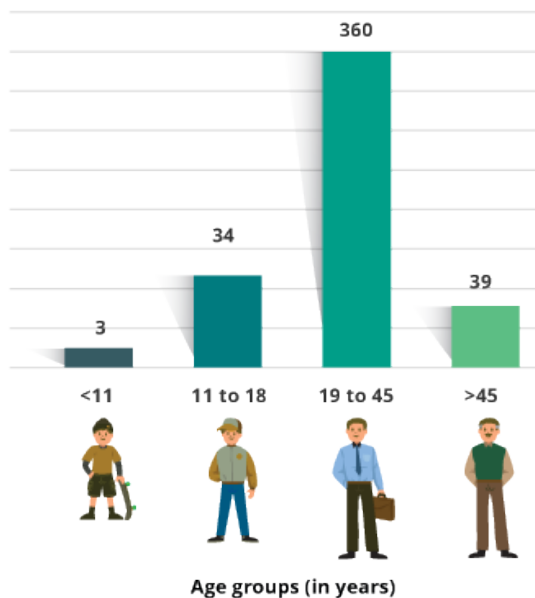
Our observations (n=436/1111)

436 patients out of the total 1111 enrolments were diagnosed of Chronic Calcific Pancreatitis. The demography and disease history of these patients is presented below:

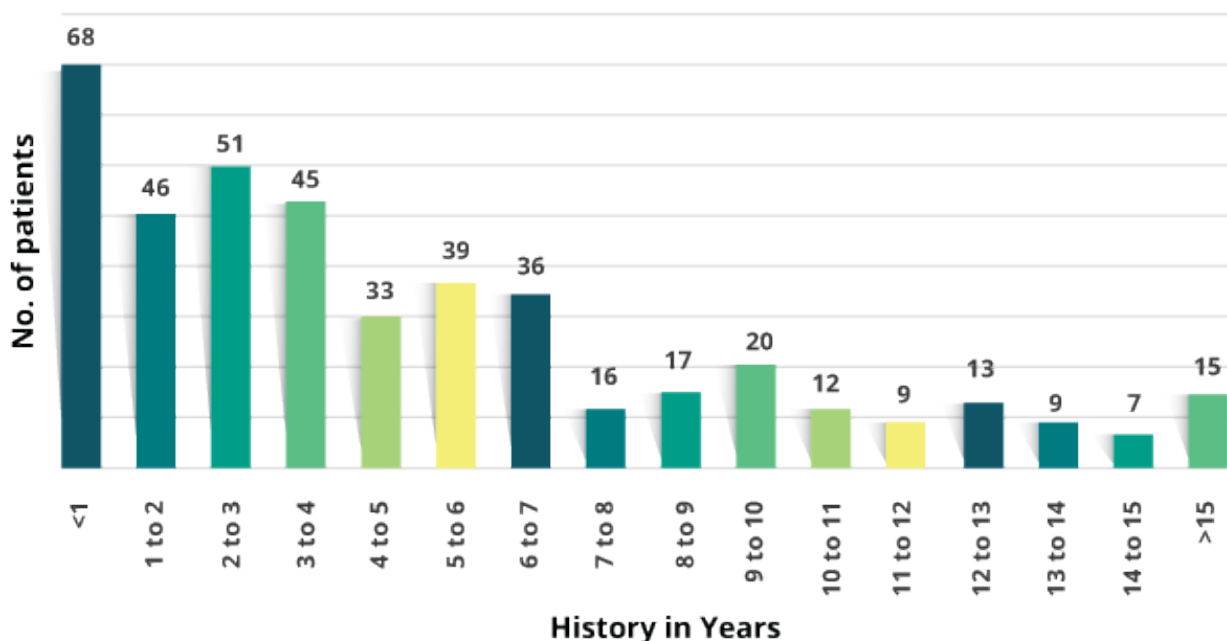
Sex Ratio



Age Groups

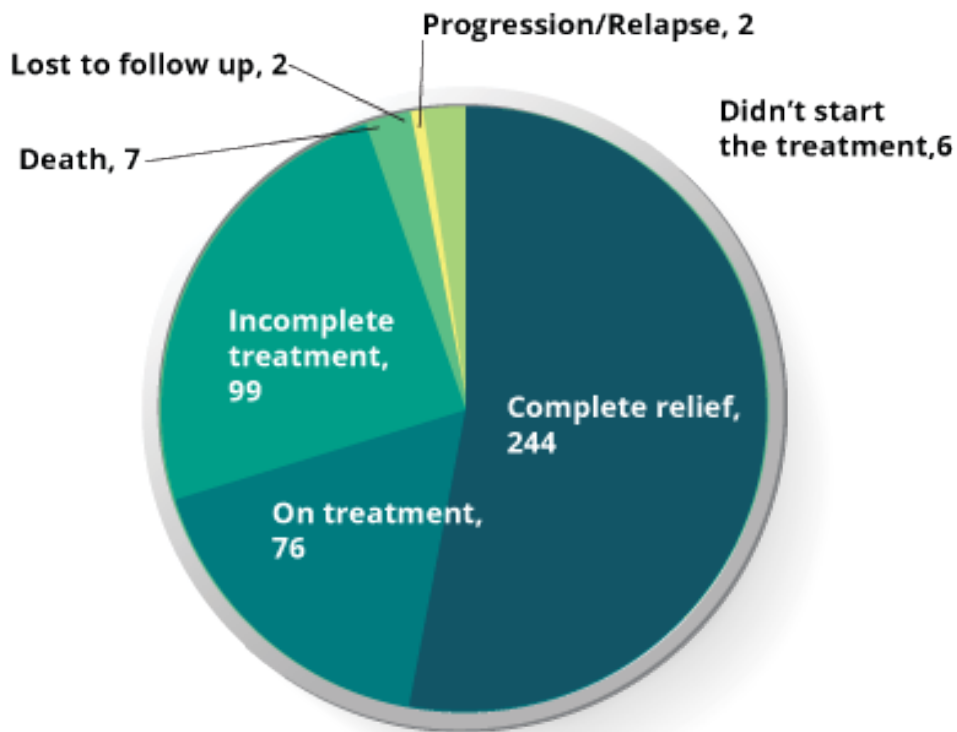


History of Illness

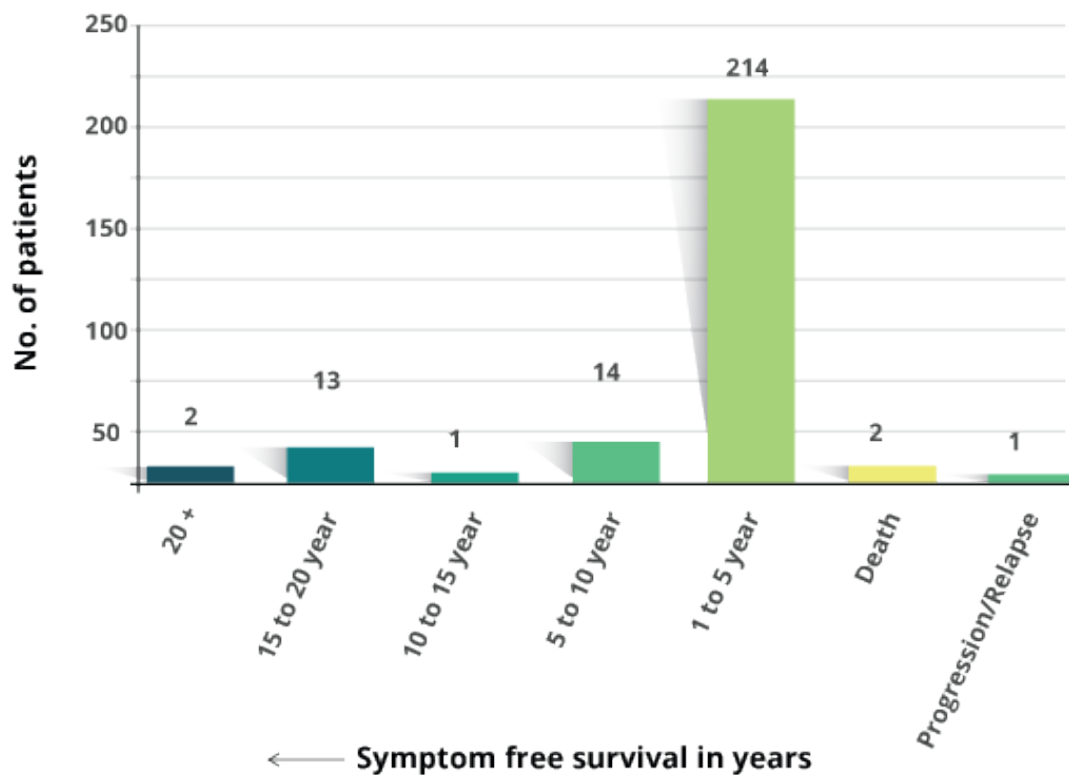


Outcome

Impact evaluation of Ayurvedic treatment after one year demonstrated that 247 patients could get complete relief after one year treatment. Of these, one patient had relapse of the disease and chose to take other treatment while two patients died (one due to disease relapse and one due to cardiac arrest). 76 patients are still on treatment.



Symptom free survival post Ayurvedic treatment in years (n=247)



Chronic Pancreatitis (CP)

Chronic Pancreatitis is a long-standing inflammation of the pancreas that is progressive with irreversible structural changes. It is generally marked by recurrent or persistent abdominal pain, though the patient might not have any pain in some cases. There is progressive or permanent loss of exocrine and endocrine function, except in obstructive form. It can alter the organ's normal structure and functions.

Diagnostic methods:

a. Clinical - Upper abdominal pain radiating towards back, nausea, vomiting and loss of appetite. The pain can occur daily or off and on, and can be mild or intense.

b. Pathological- Serum Amylase/ Lipase at times of acute exacerbations of the disease, stool test, serum trypsinogen, secretin stimulation test

c. Radiological - X ray, Ultrasound, CT Scan, MRI Scan, MRCP, ERCP, Endoscopic Ultrasound

Studies show that peak age of presentation of chronic pancreatitis among males is higher than that in females. Chronic pancreatitis often develops in patients between the ages of 30 and 40. Patients with chronic pancreatitis have an elevated risk of developing pancreatic cancer, stress, anxiety, and depression.^(27,28)

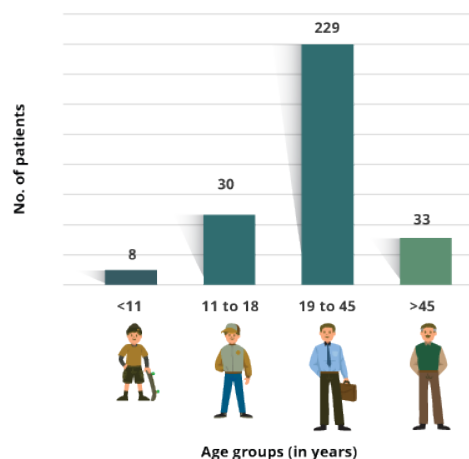
Our observations (n=300/1111)

300 patients of CP, 251 male and 49 female, were enrolled. 149 patients completed one year treatment. Of these, three patients had relapse of the disease and took some other treatment and four patients died post relapse.

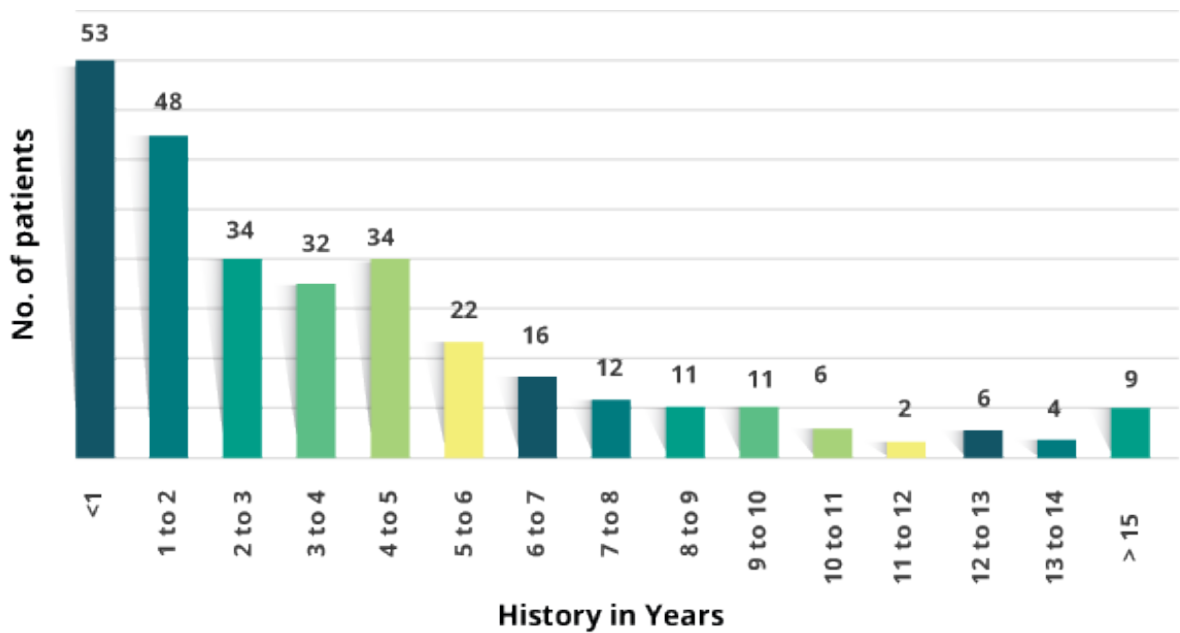
Sex Ratio



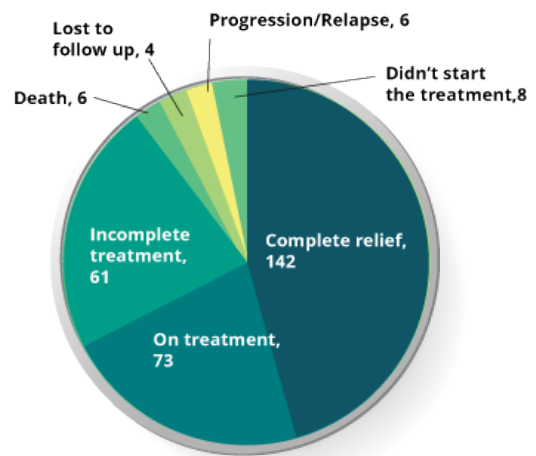
Age Groups



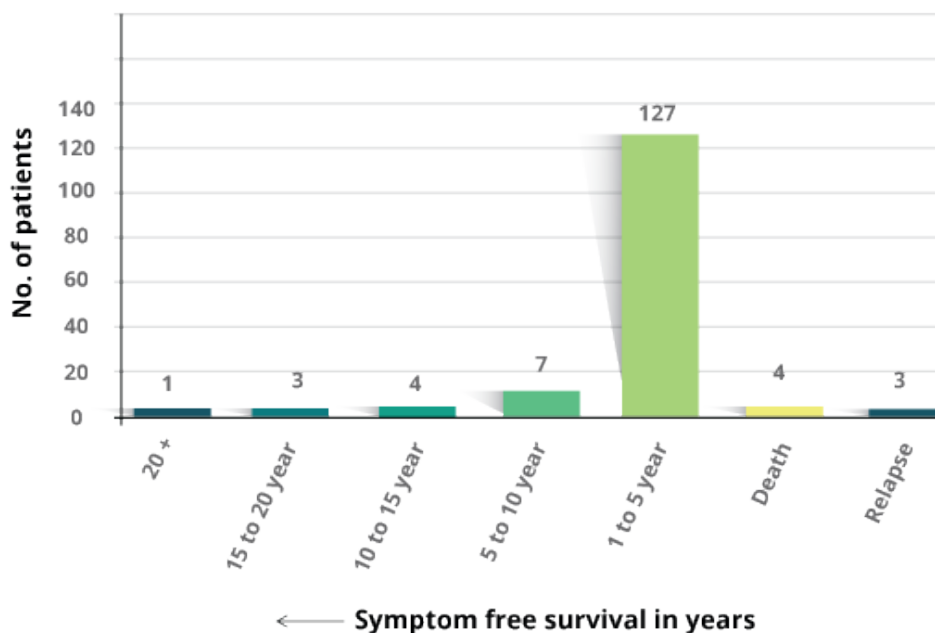
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=149)



Recurrent Acute Pancreatitis (RAP)

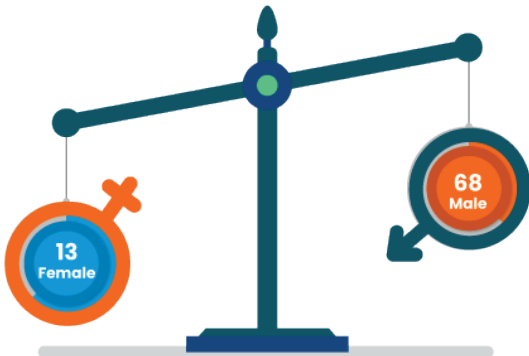
Recurrent Acute Pancreatitis is defined as having more than two attacks of acute pancreatitis (AP) with more than three months between the attacks and absence of any evidence of underlying chronic pancreatitis (CP).

Some studies have shown that AP, RAP and CP are stages of a continuous disease process, if etiological factor persists.

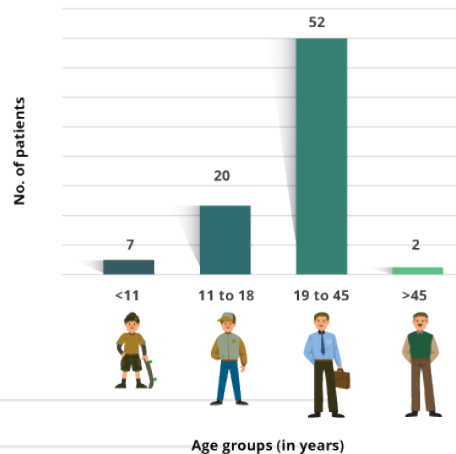
Management of acute attack of RAP is similar to standard treatment guidelines of AP with nil per mouth, intravenous hydration, adequate analgesia, correction of electrolyte or metabolic abnormalities and proper treatment of complications of AP. If a specific cause for the recurring attacks is ascertained then specific therapy is directed to that etiology: stopping alcohol intake, smoking, or any offender drug, cholecystectomy/ ERCP, parathyroidectomy and hypolipidemic drugs if alcohol, specific drug, gallstone/ choledocholithiasis, hypercalcemia due to primary hyperparathyroidism and hypertriglyceridemia are responsible factor for RAP, respectively.⁽²⁹⁾

Our observations (n=81/1111)

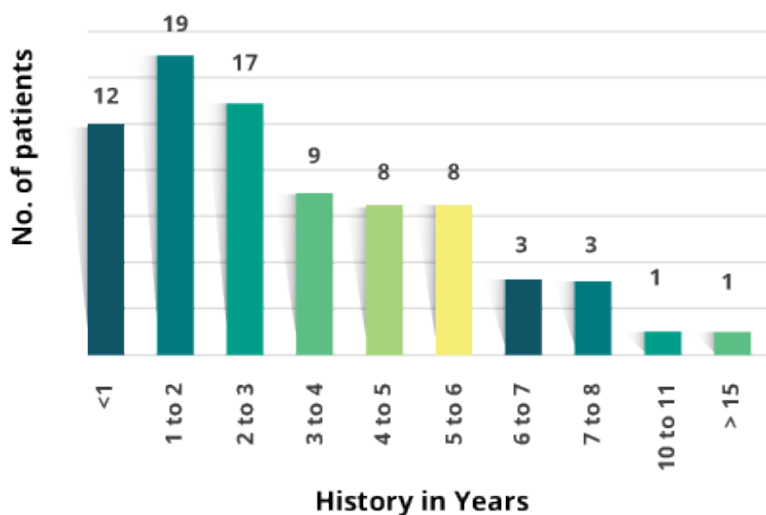
Sex Ratio



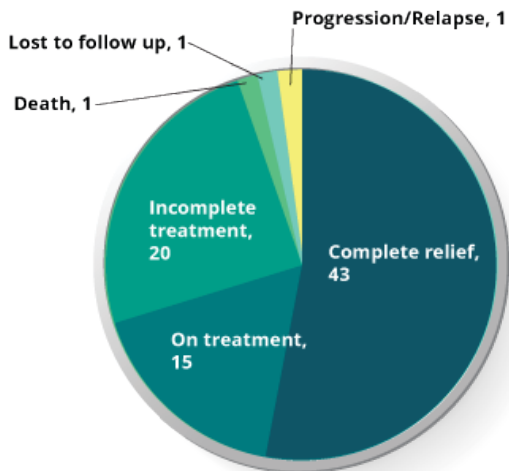
Age Groups



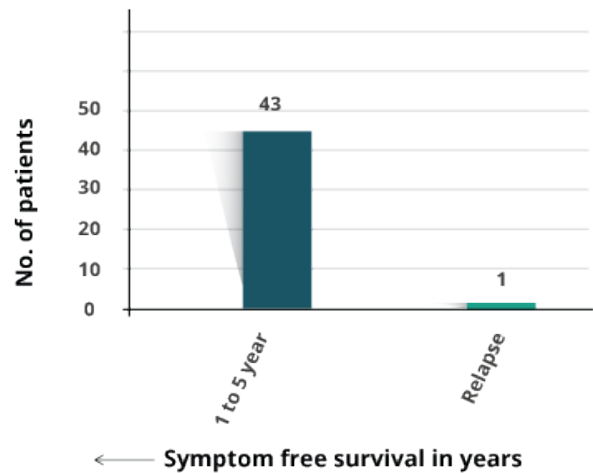
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=44)



Hereditary Pancreatitis (HP)

Hereditary pancreatitis is an inflammation of the pancreas due to genetic conditions. It was first described in 1952 but the first responsible mutation was identified in 1996.

The presentation of HP is similar to other forms of Pancreatitis, characterised by episodes of epigastric pain, often associated with nausea and vomiting. Symptoms may start shortly after birth but onset varies periodically, with some patients not exhibiting symptoms until adulthood. The disease progresses to chronic pancreatitis with endocrine and exocrine failure and is associated with an increased risk of pancreatic cancer.

Hereditary pancreatitis is diagnosed based on the symptoms, a clinical exam and history. The diagnosis can be confirmed by the results of genetic testing. Other criteria for diagnosis includes diagnosis of pancreatitis in two or more first degree relatives or three or more second degree relatives. In most cases, the disease is inherited in an autosomal dominant pattern and is caused by variations in the SPINK1, PRSS1, CFTR and CTSC genes. Treatment for HP is focused on managing the symptoms.

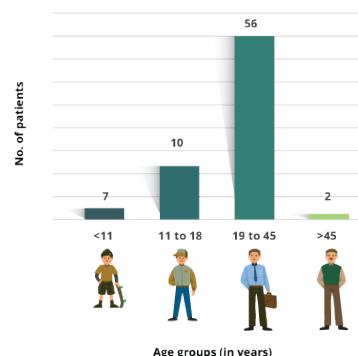
(30.31)

Our observations (n=75/1111)

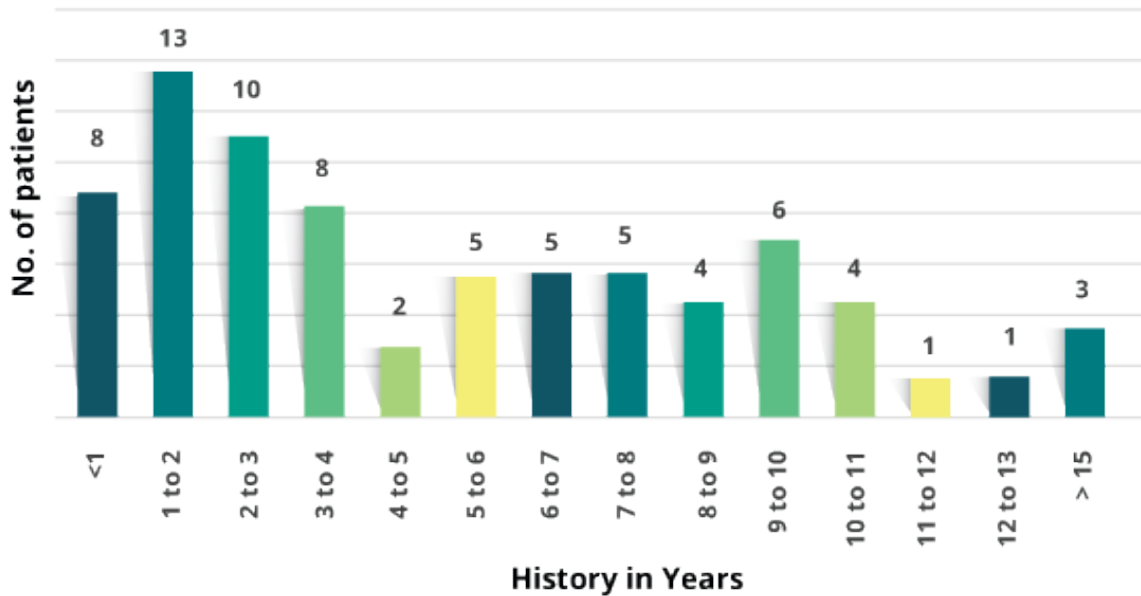
Sex Ratio



Age Groups

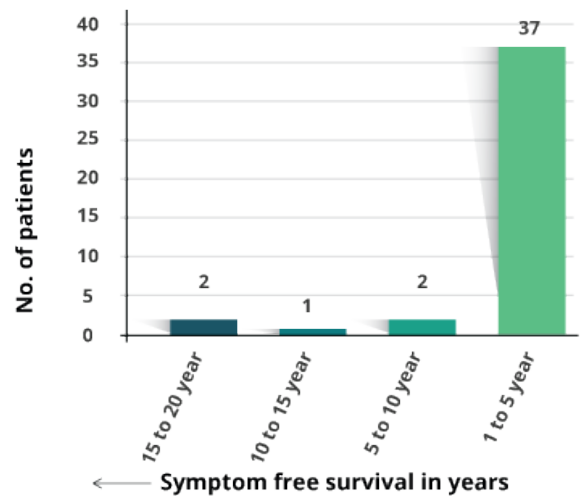
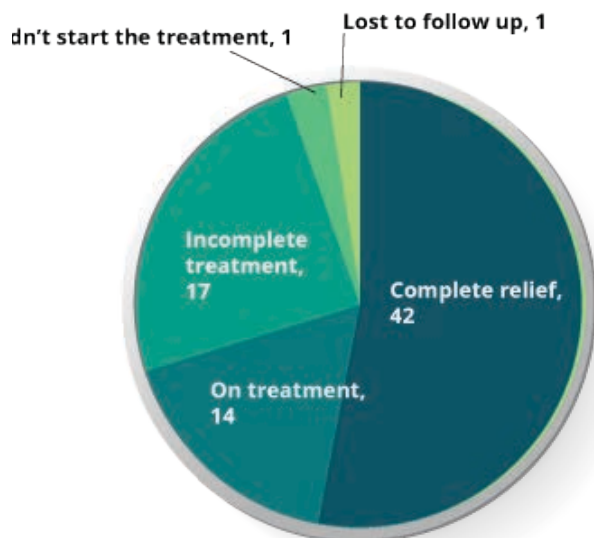


History of Illness



Outcome

Symptom free survival post Ayurvedic treatment in years (n=42)



Acute Pancreatitis (AP)

Acute pancreatitis refers to short-term inflammation of the pancreas. Restitution is a rule in case of AP and the pancreas goes back to its normal condition as the attack subsides.

Symptoms of AP present suddenly and are marked by short (<10 day) episodes of acute pain separated by long pain-free periods.

Diagnostic methods –

a. Clinical - Upper abdominal pain radiating to back that gets worse after eating, Fever, Rapid pulse, Nausea, Vomiting and tenderness on touching the abdomen

b. Pathological – Serum Amylase, Lipase

c. Radiology- USG, CT Scan, ERCP, MRCP, Transabdominal ultrasound, Endoscopic ultrasound (EUS), MRI

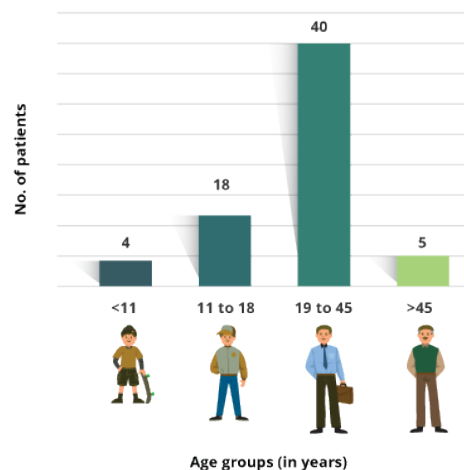
In various studies focusing this issue, approximately 10- 30% of patients had repeat attack of AP. Recurrence rate was maximum for AP due to pancreaticobiliary malformation, followed by alcoholic AP, AP of unknown etiology and gallstone related AP. Acute pancreatic inflammation may lead to other complications associated with the disease.(32,29)

Our observations (n=67/1111)

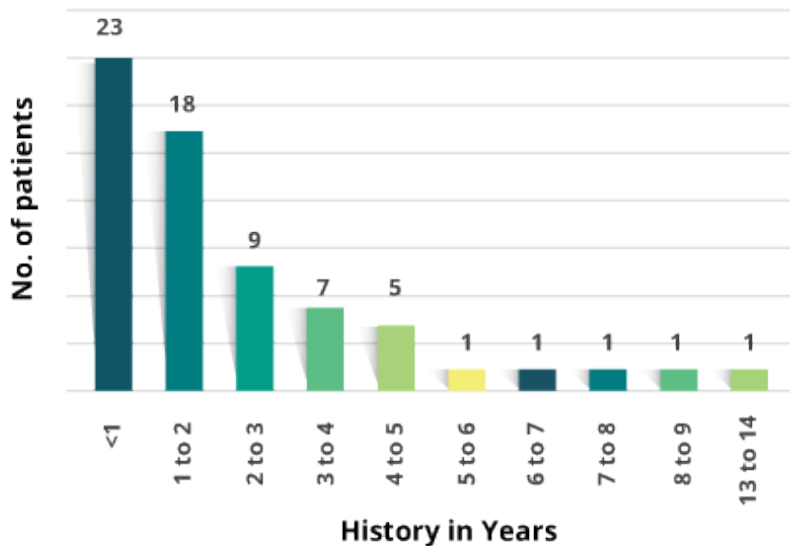
Sex Ratio



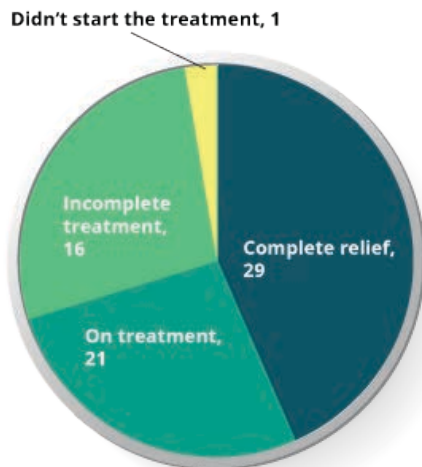
Age Groups



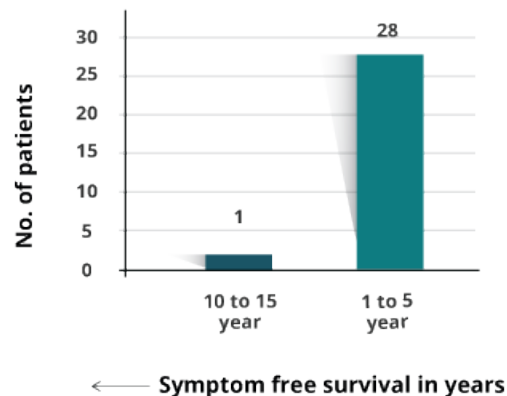
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=29)



Acute Necrotizing Pancreatitis (ANP)

Acute Necrotizing Pancreatitis results from cell death due to autolysis of pancreatic tissues. In other words, ANP is a condition where certain parts of the pancreas begin to die or get infected. Other complications of ANP involve bleeding, abdominal compartment syndrome, pancreatic duct disruption and stricture formation.

There are three categories of necrotizing pancreatitis – parenchymal necrosis, peripancreatic necrosis and combined necrosis, all of which could be infected or sterile.

A collection of fluid with necrosis involving the pancreatic parenchyma and peripancreatic

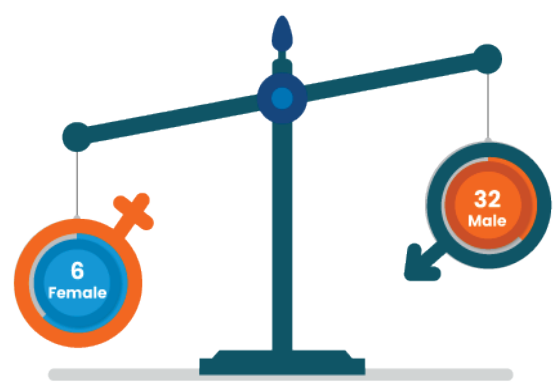
tissues found within the within the first four weeks of the disease is defined as acute necrotic collection (ANC). When the collection persists for more than four weeks, it becomes encapsulated and is termed as a walled-off necrosis (WON).

ANP is diagnosed using CT scan, MRI, EUS and Fine Needle Aspiration (FNA). The traditional treatment for ANP is open surgical necrosectomy which is a highly invasive procedure. Currently, laparoscopy, retroperitoneal and per-oral endoscopic approach and percutaneous image-guided drainage are used either as alternative or complementary treatment to open surgery.

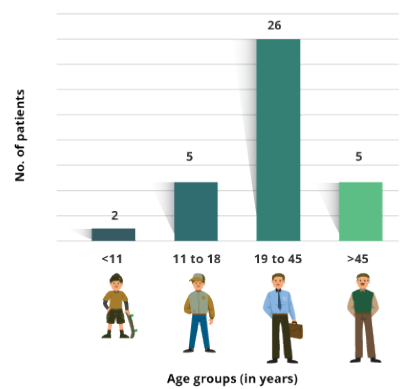
In spite of all medical advancements, ANP remains the most fatal form of Pancreatitis with a poor prognosis. Mortality rate is about 15% patients for ANP and up to 30-39% in patients with infected necrosis.(33)

Our observations (n=38/1111)

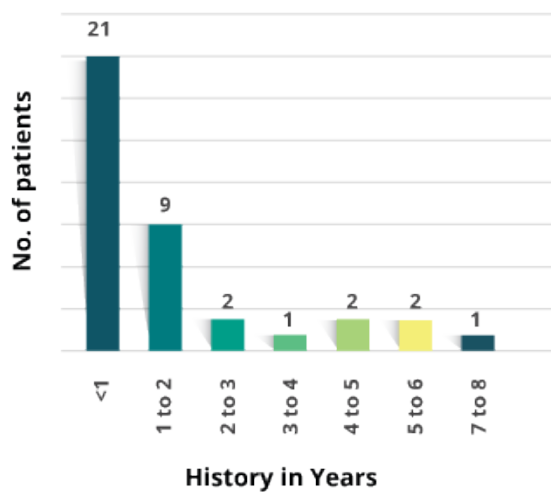
Sex Ratio



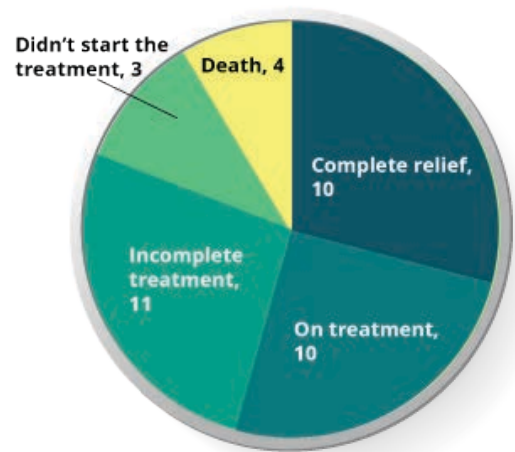
Age Groups



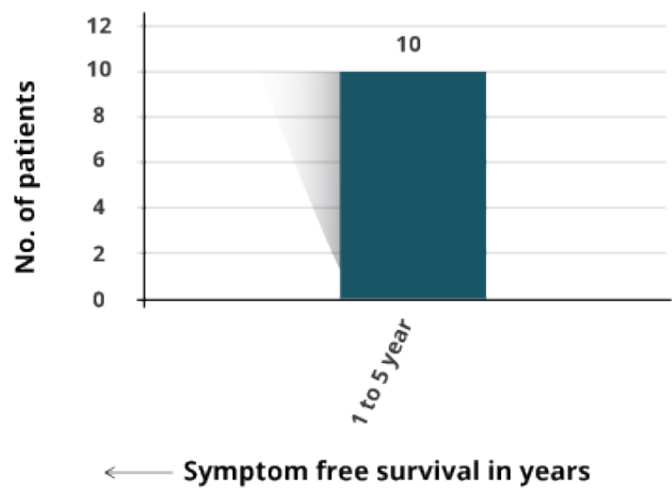
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=10)



Acute on Chronic Pancreatitis (ACP)

Patients presenting with AP with evidence of underlying CP are termed to have Acute on Chronic Pancreatitis.

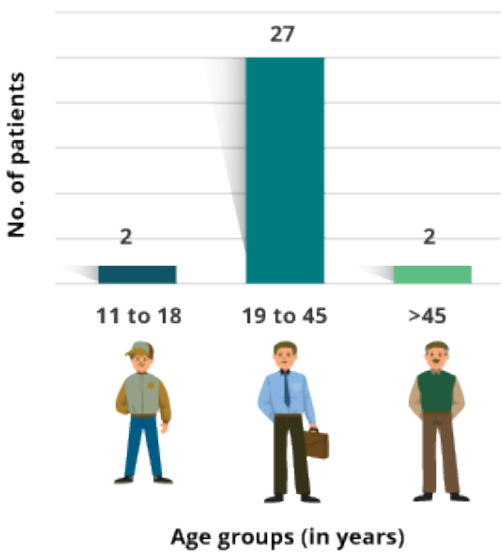
The patients with ACP have a less severe disease course and a lower mortality rate compared to patients with AP without CP. Reportedly, AP episodes with underlying CP are associated with lower levels of cytokines leading into less systemic inflammation and organ failure in comparison to AP without underlying CP. This might be due to the increased fibrosis surrounding the intra-pancreatic fat planes in CP patients.⁽³⁴⁾

Our observations (n=31)

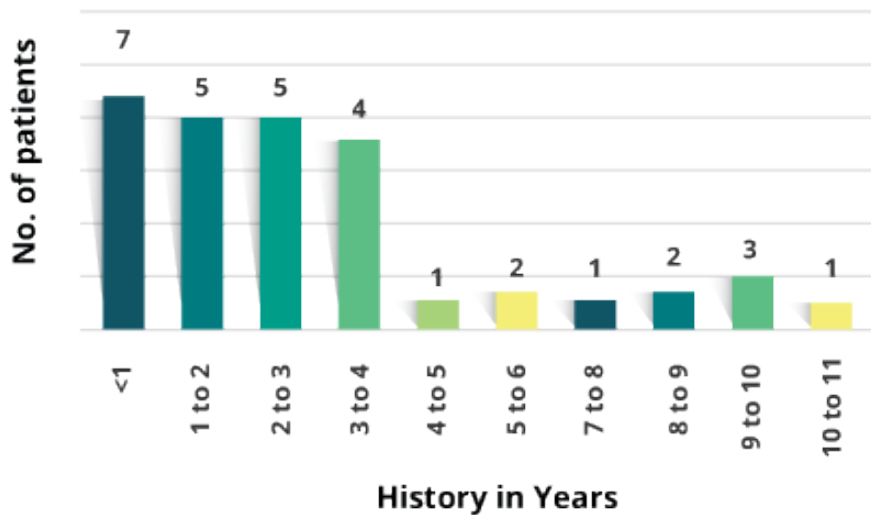
Sex Ratio



Age Groups

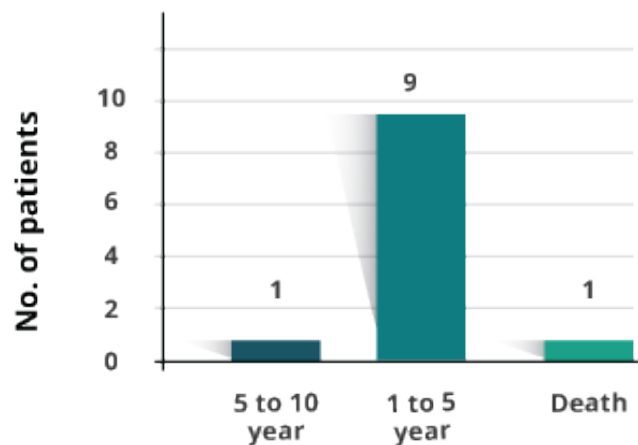
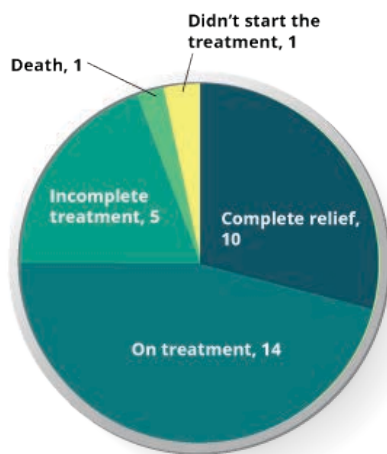


History of Illness



Outcome

Symptom free survival post Ayurvedic treatment in years (n=11)



← Symptom free survival in years

Pancreatitis with Pseudocysts

Pancreatic pseudocysts are collections of leaked pancreatic fluids consisting of pancreatic enzymes, blood and necrotic tissues. Patients with pseudocysts suffer from abdominal pain, vomiting, fever, swollen abdomen, and other symptoms of pancreatitis. CT scan, Ultrasound and MRCP are imaging techniques used for diagnosis. Fluid analysis for CEA, CA-125, fluid viscosity and Amylase could be prescribed to differentiate pseudocysts from true cysts or tumors.

While some pseudocysts may resolve with time, large or long-lasting ones need to be drained. Complications of pancreatic pseudocysts include infection, hemorrhage, obstruction and rupture.

Pseudocysts may develop in both acute and chronic pancreatitis and may be associated with other complications too.^(35,36)

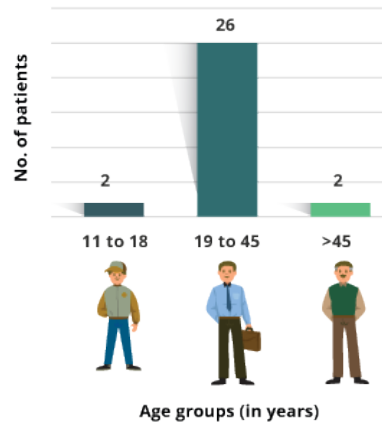
Our observations

CP with Pseudocyst (n=30)

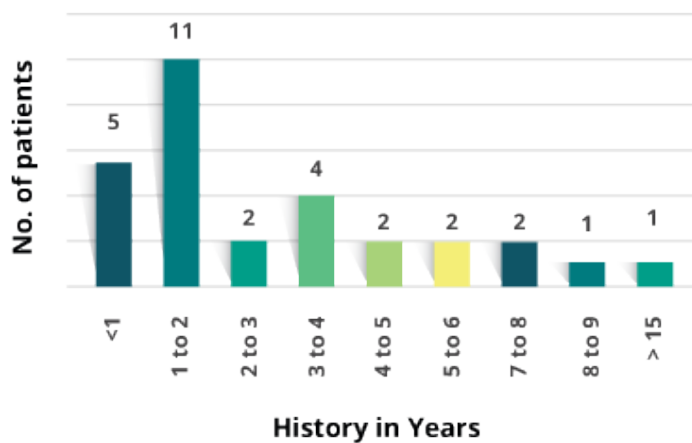
Sex ratio



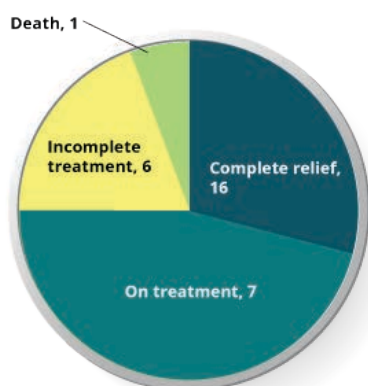
Age Groups



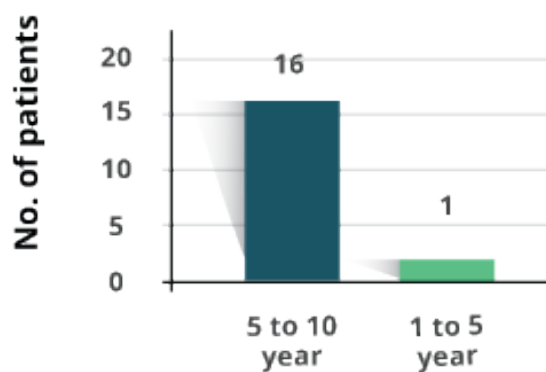
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=17)



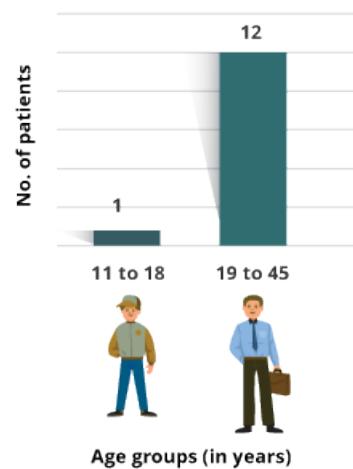
← Symptom free survival in years

CCP with Pseudocyst (n=13)

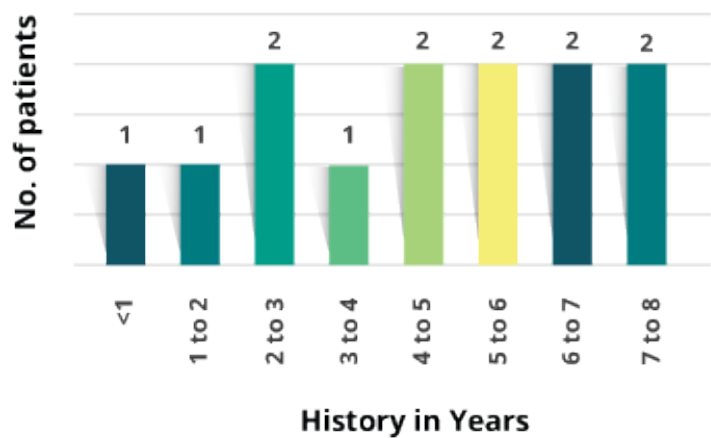
Sex ratio



Age Groups



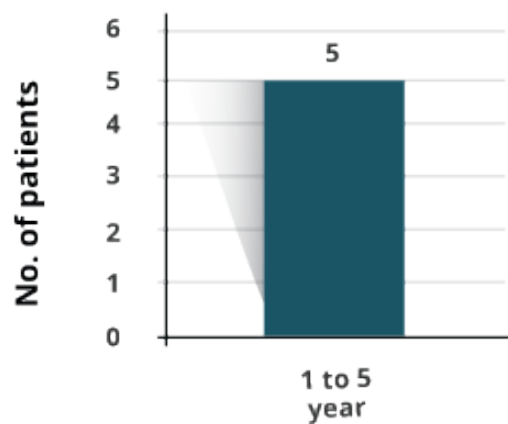
History of Illness



Outcome



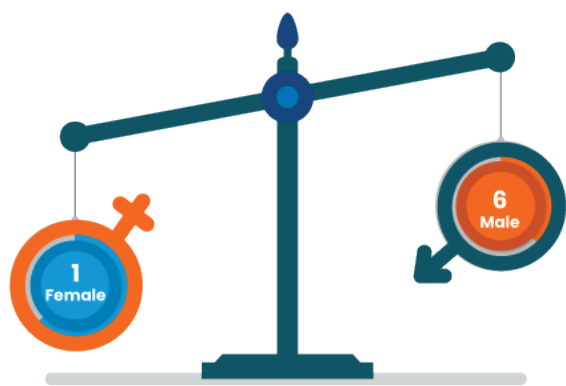
Symptom free survival post Ayurvedic treatment in years (n=5)



← Symptom free survival in years

AP with Pseudocyst (n=7)

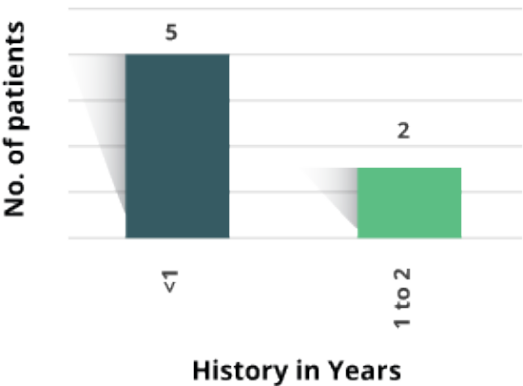
Sex ratio



Age Groups



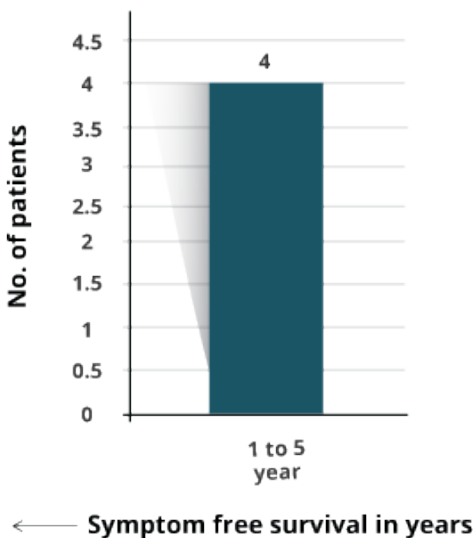
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=4)



ACP with Pseudocyst (n=5)

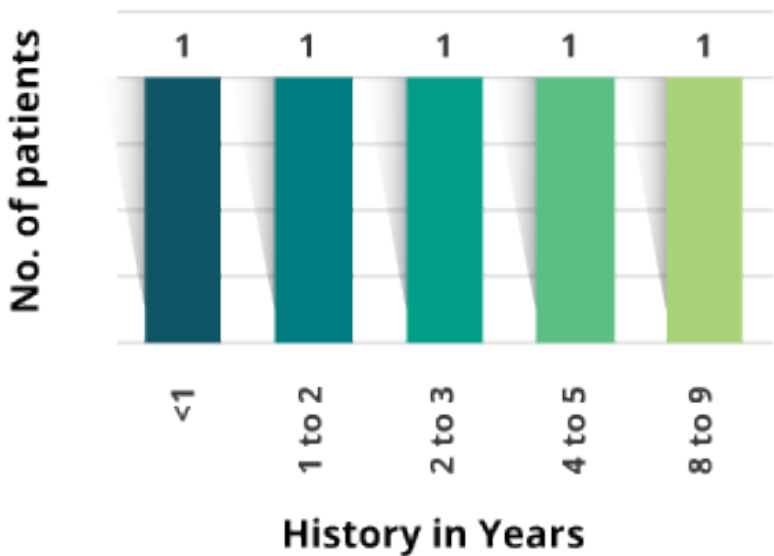
Sex ratio



Age Groups



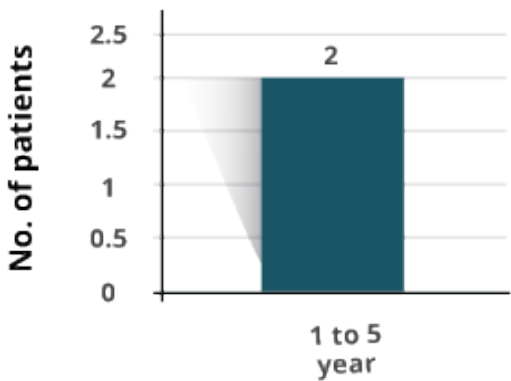
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=2)



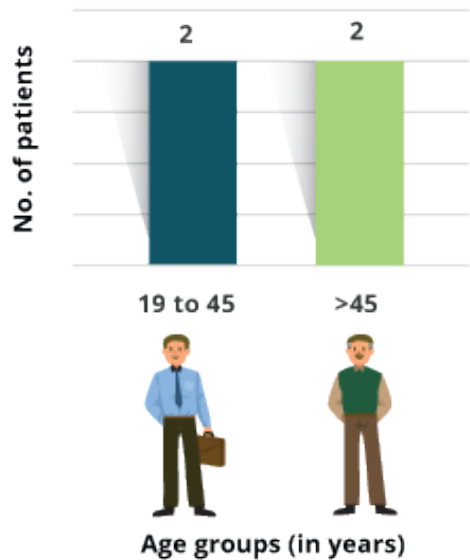
← Symptom free survival in years

ANP with Pseudocyst (n=4)

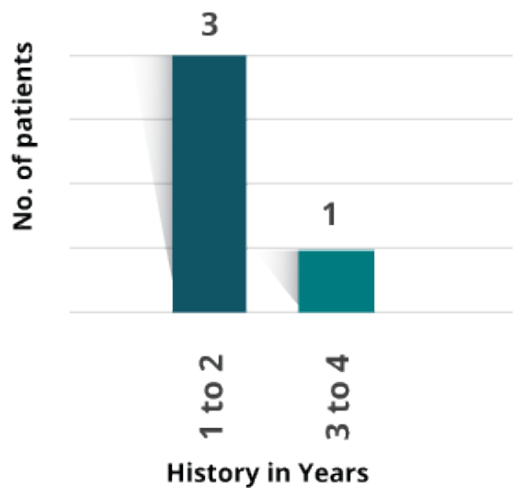
Sex ratio



Age Groups



History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=3)

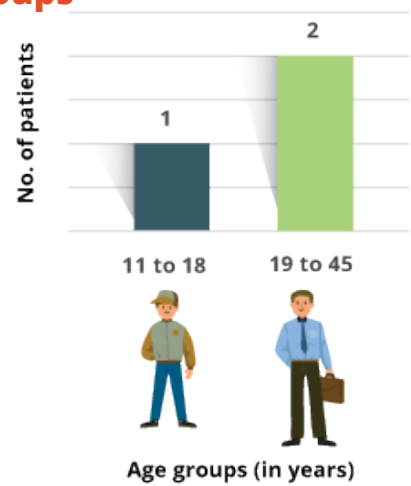


RAP with Pseudocyst (n=3)

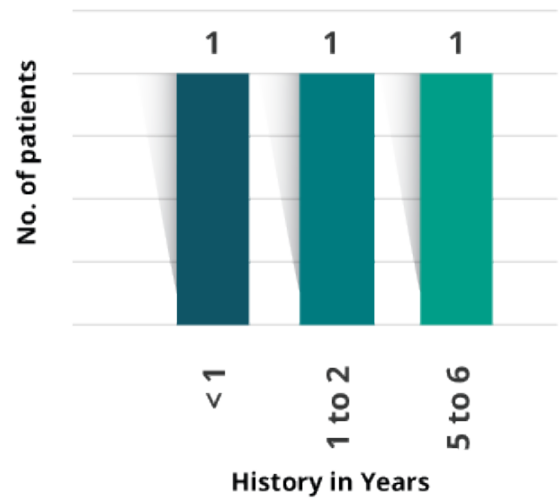
Sex ratio



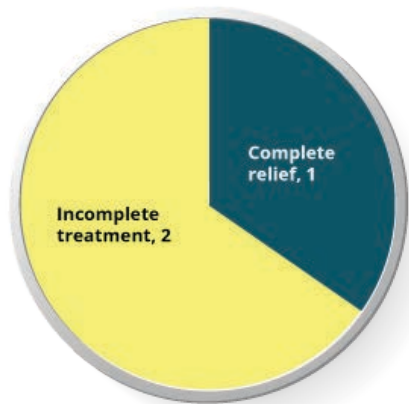
Age Groups



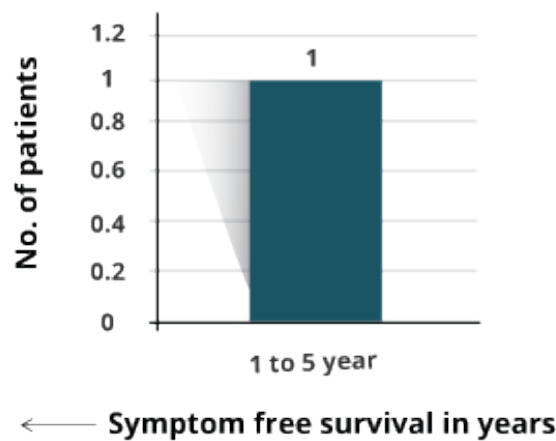
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=1)

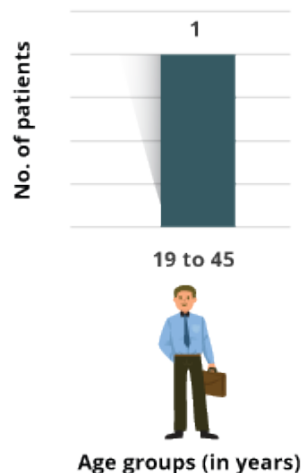


Groove Pancreatitis with pseudocyst (n=1)

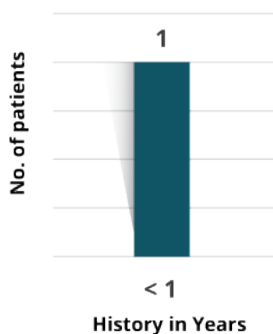
Sex ratio



Age Groups



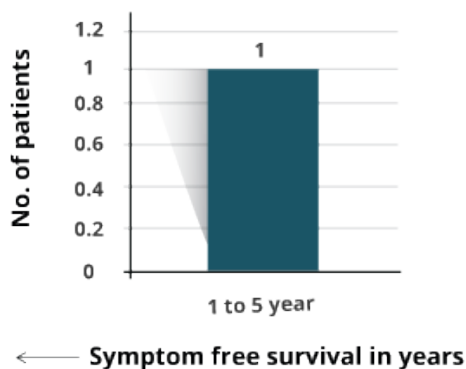
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=1)



Early Chronic Pancreatitis (ECP)

The initial stage of the chronic process of the pancreas is termed as Early Chronic Pancreatitis. ECP defines a stage of CP with intact pancreatic function and potentially reversible morphological changes.

A diagnosis of ECP can be made if a patient does not justify a diagnosis of definite or probable CP, but satisfies at least two of four clinical features and imaging findings of ECP. Clinical features include repetitive episodes of upper abdominal pain, abnormal pancreatic enzyme values in the blood/urine, pancreatic exocrine dysfunction, and a history of persistently consuming 80 g of alcohol or more per day.

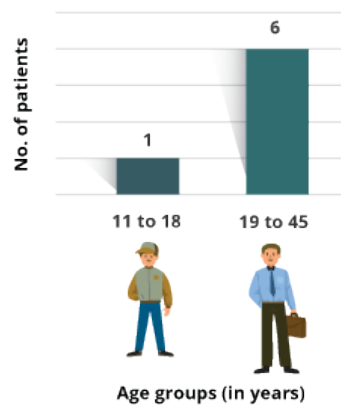
(37)

Our observations (n=7/1111)

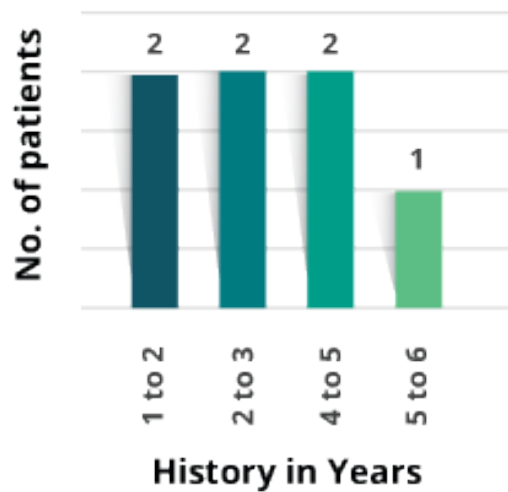
Sex ratio



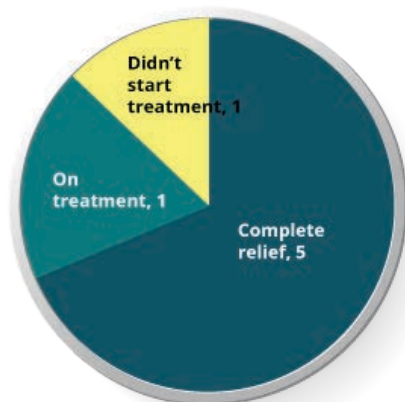
Age Groups



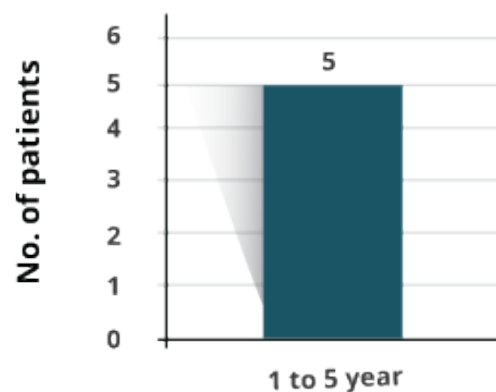
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=5)



← Symptom free survival in years

Acute on Chronic Calcific Pancreatitis (ACCP)

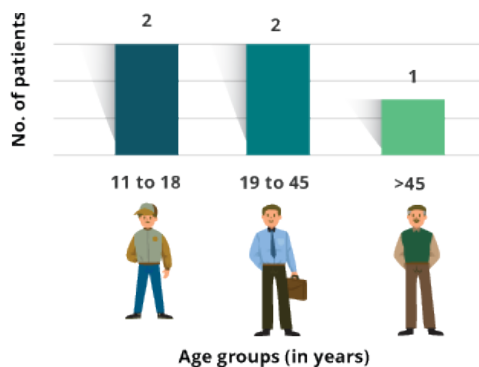
ACCP refers to acute exacerbation of CCP.

Our observations (n=5/1111)

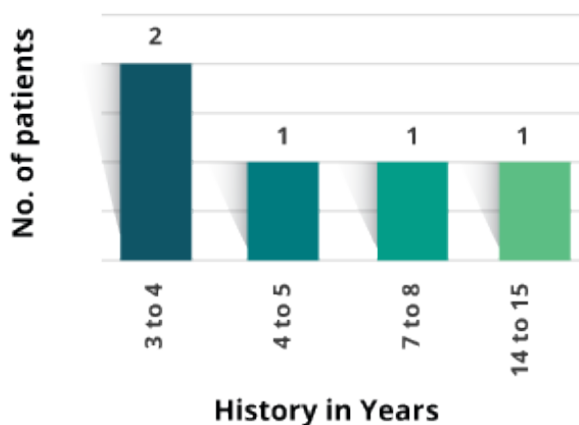
Sex ratio



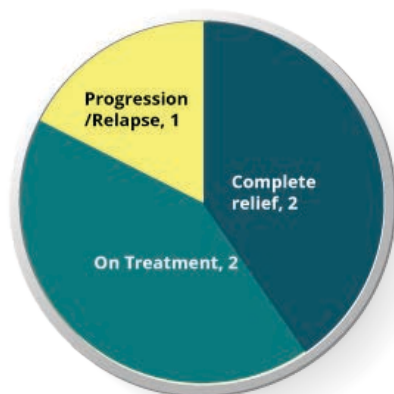
Age Groups



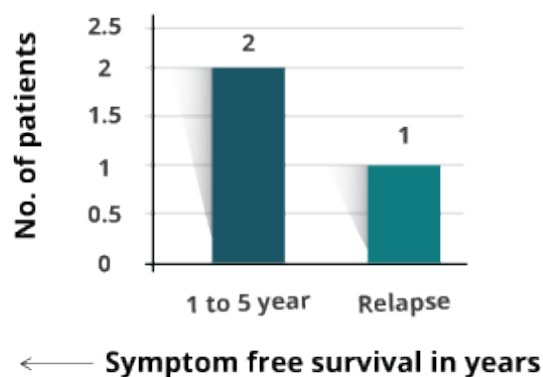
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=3)



Groove Pancreatitis (GP)

Groove pancreatitis is a segmental chronic pancreatitis that affects the anatomical area between the pancreatic head, the duodenum, and the common bile duct, referred to as the groove area.

The diagnosis of GP is more common in alcoholic men of age 40 to 50 years. Up to 50% patients have prior history of acute pancreatitis. The clinical symptoms are weight loss, upper abdominal pain, vomiting, and nausea post meals due to duodenal stenosis.

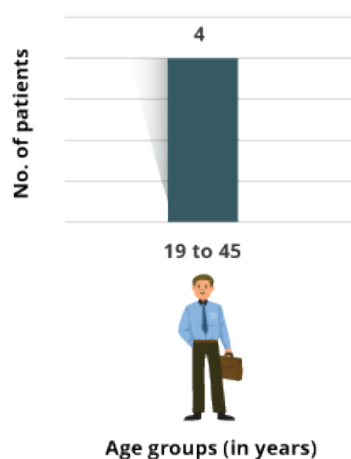
Contrast enhanced CT scan and MRI are the radiological tests used to diagnose GP. GP can be managed using conservative treatment but surgery is often required because of the severity of the clinical symptoms and in order to rule out malignancy. The surgical treatment of choice is a pancreaticoduodenectomy using the Whipple procedure.⁽³⁸⁾

Our observation (4/1111)

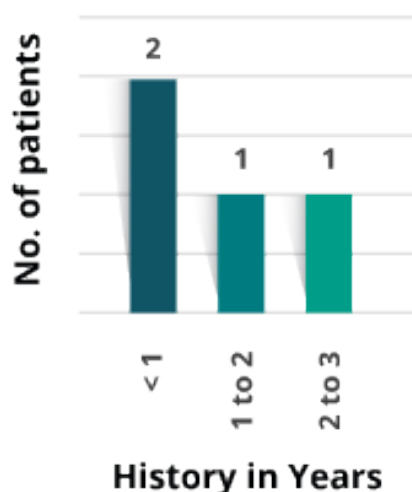
Sex ratio



Age Groups



History of Illness



Outcome



Autoimmune Pancreatitis (AIP)

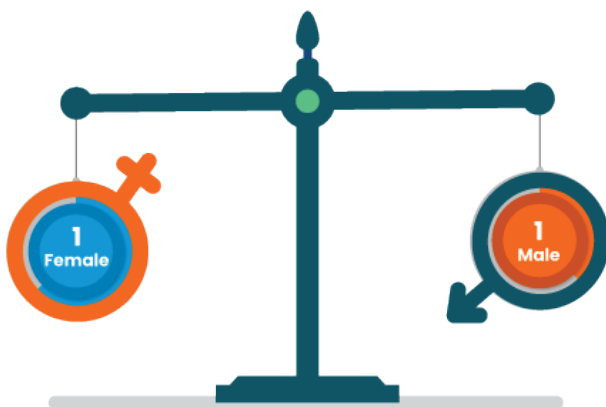
Autoimmune pancreatitis is a form of pancreatic inflammation known to respond well to steroids. AIP can appear as a focal mass that mimics pancreatic cancer or as a diffuse pancreatic process. If untreated, AIP can lead to pancreatic insufficiency, fibrosis, and other complications. Two-thirds of patients present with either painless jaundice due to bile duct obstruction or a mass in the pancreatic head.

AIP is uncommon with a global prevalence of less than 1 per 100,000 population. Although cases of AIP have been reported worldwide, the overall prevalence is higher in Asia.

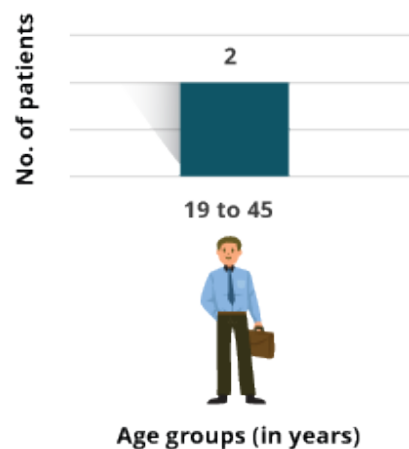
Immunoglobulin G4 (IgG4) is used as a biomarker for AIP apart from imaging tests such as CT scan, MRI and ERCP.^(39,40)

Our observation (n=2/1111)

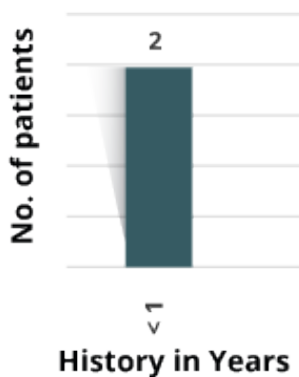
Sex Ratio



Age Groups



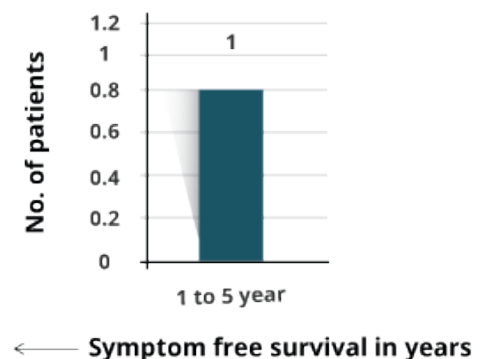
History of Illness



Outcome



Symptom free survival post Ayurvedic treatment in years (n=1)

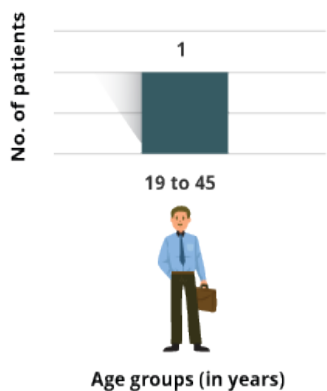


GP with necrosis (n=1/1111)

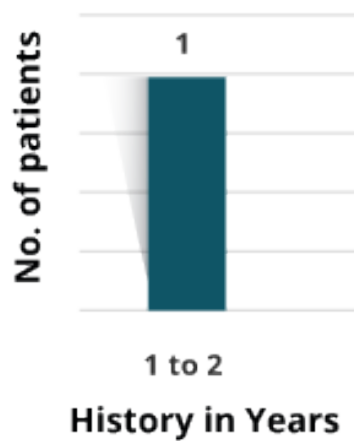
Sex ratio



Age Groups



History of Illness



Outcome



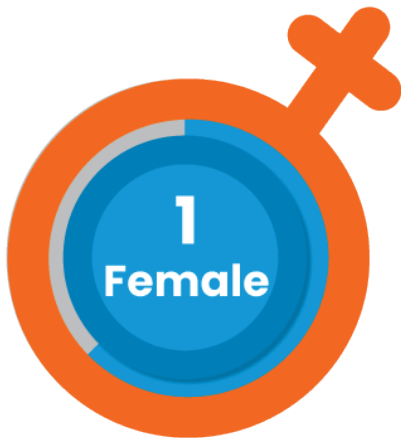
Pancreatic Cyst

Pancreatic cysts are saclike pockets of fluid on or in the pancreas. It is a closed structure with a lining of cells that separates it from the nearby tissue.

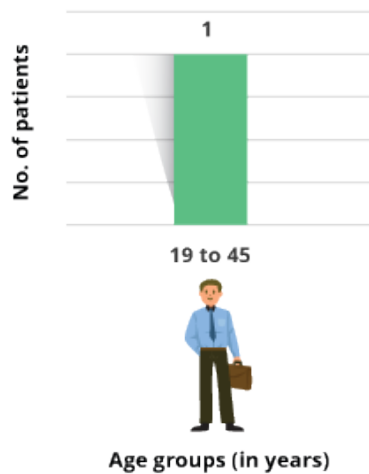
CT, MRI or MRCP is done for diagnosis. FNAC and CA19-9 might be recommended to rule out malignancy. (41)

Our observation (n=1/1111)

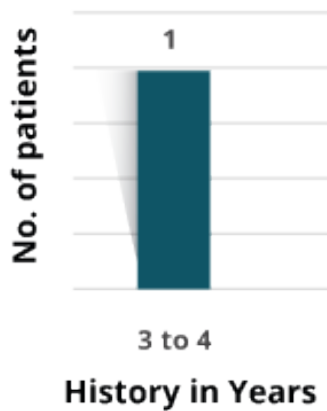
Sex Ratio



Age Groups



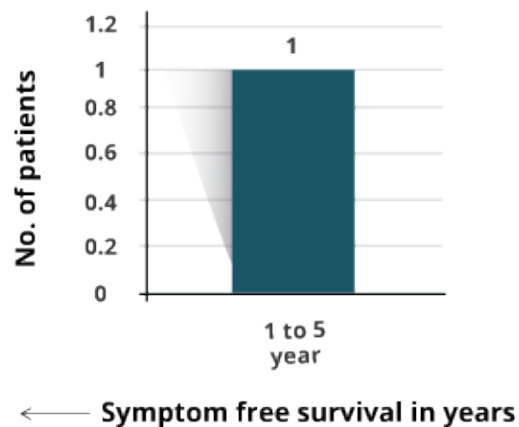
History of Illness



Outcome

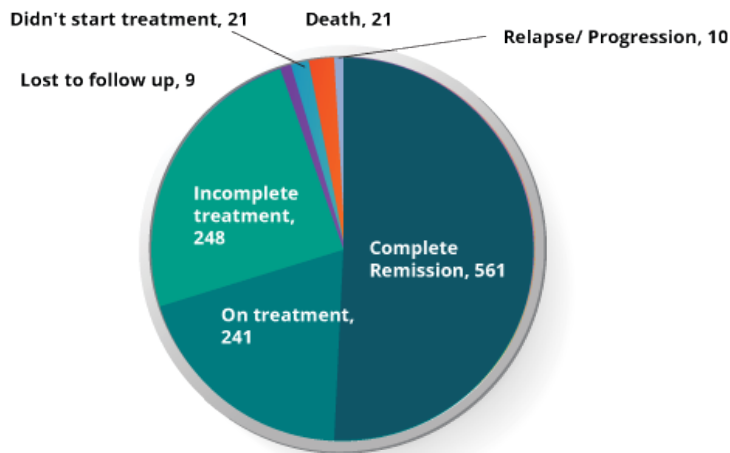


Symptom free survival post Ayurvedic treatment in years (n=1)

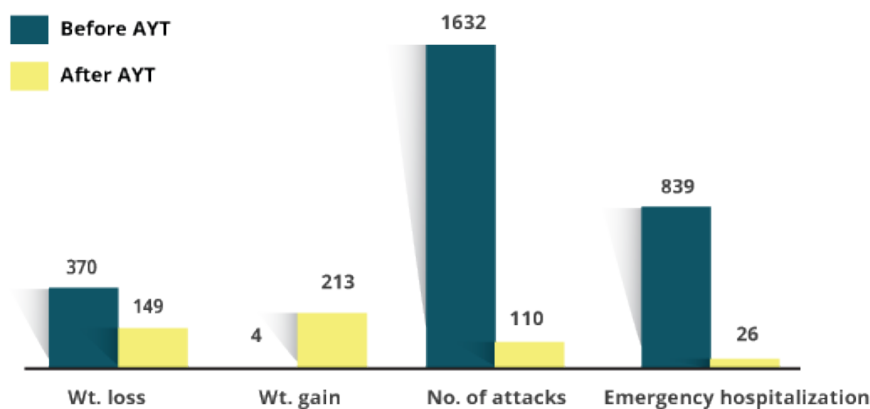


Overall Observations

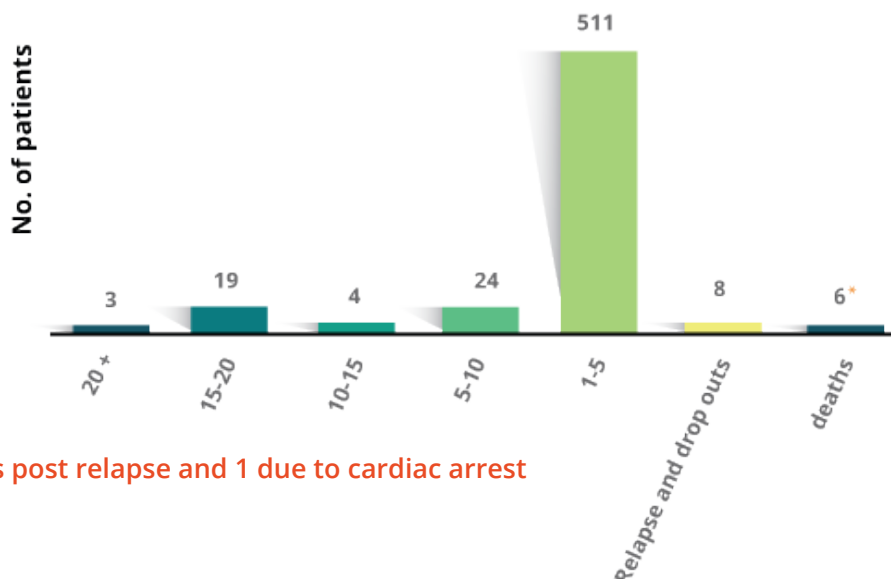
Results at a glance (n=1111)



Impact of Ayurvedic treatment (AYT) (n=575/1111)



Present status after completing AYT (n=575/1111)



* 5 deaths post relapse and 1 due to cardiac arrest

Lowering of CA19-9 levels by Ayurvedic treatment

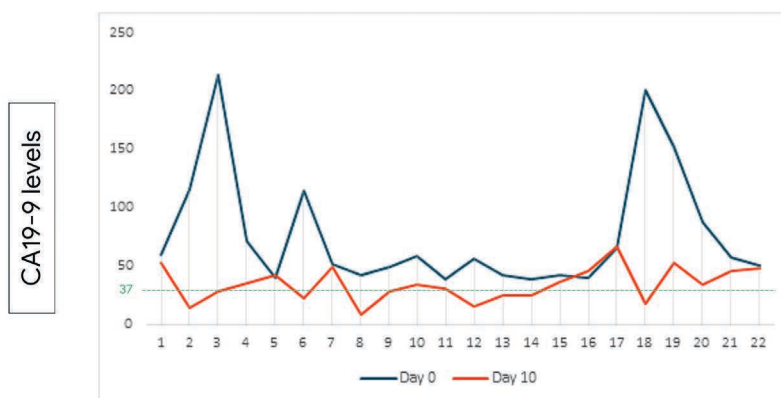
An analysis of CA19-9 levels of patients has shown a gradual drop after starting Ayurvedic treatment in majority of the cases.

CA19-9 refers to carbohydrate antigen 19-9 which is a cancer marker for pancreatic cancer. Some studies even suggest its role in promoting Pancreatitis and Pancreatic cancer. Values in the range 0-37 are considered normal and values more than 300 are indicative of cancer. (42,43,44)

Ayurvedic treatment has been successfully lowering increased levels since the start of treatment in most cases (n=88).

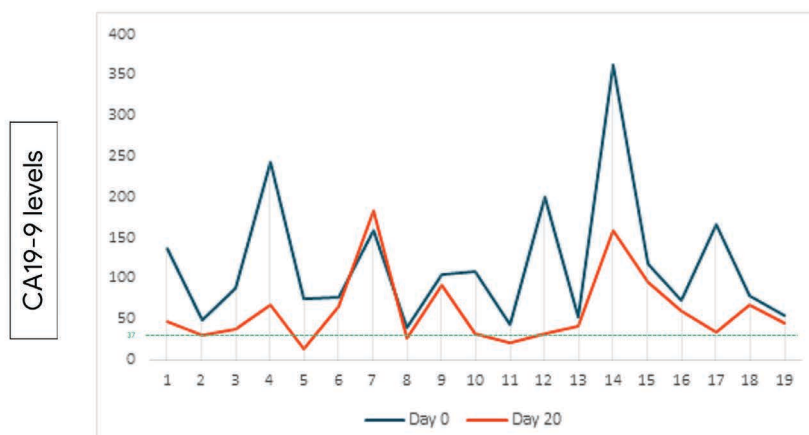
After 10 days (n=22)

CA19-9 levels



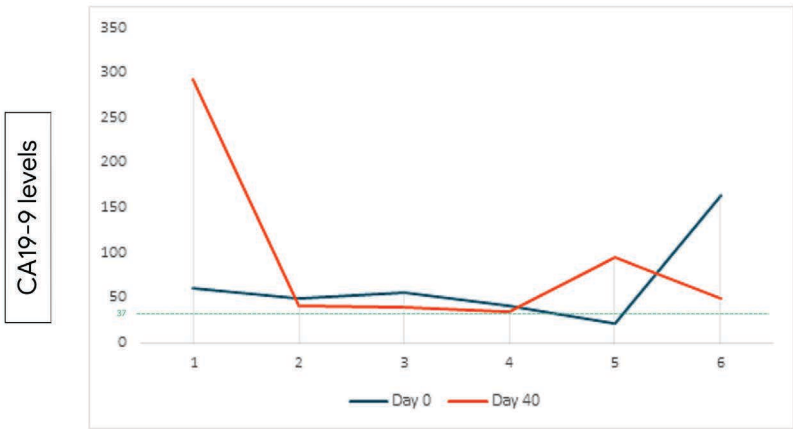
After 20 days (n=19)

CA19-9 levels



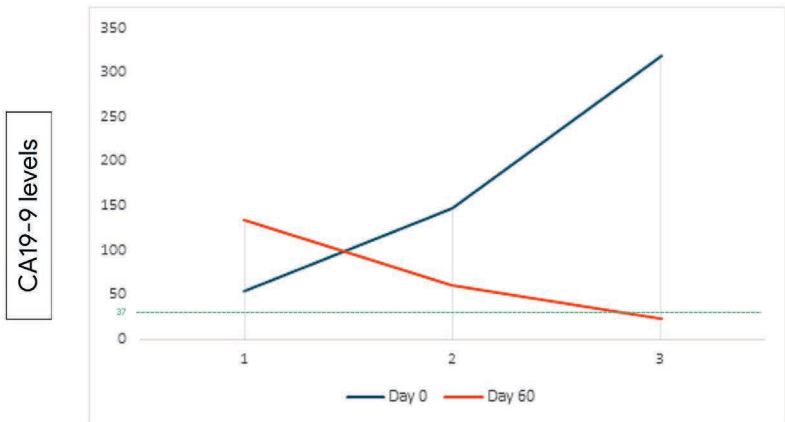
After 40 days (n=6)

CA19-9 levels



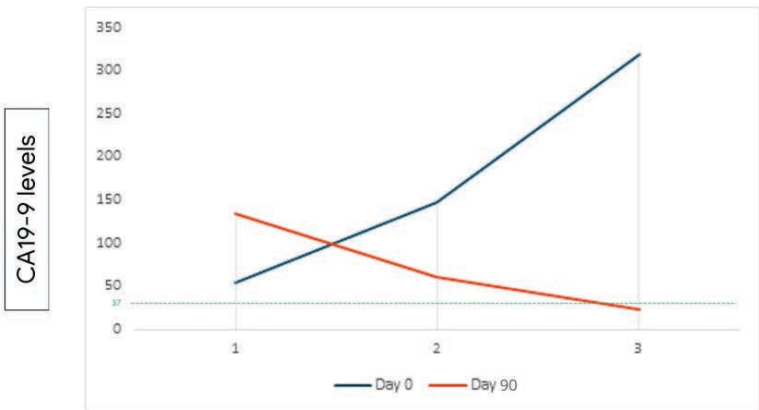
After 60 days (n=3)

CA19-9 levels



After 90 days (n=3)

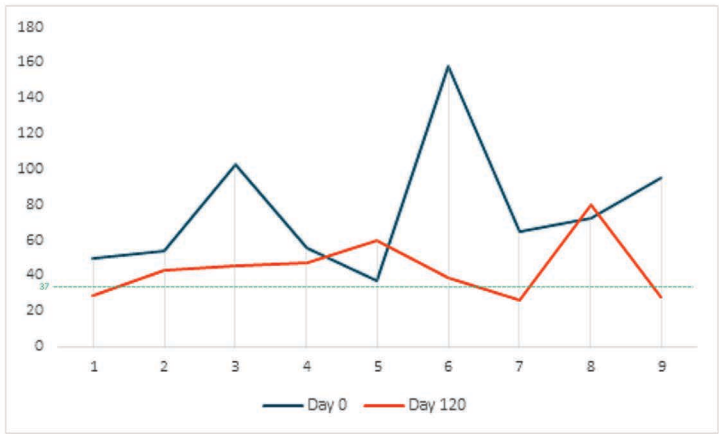
CA19-9 levels



After 120 days (n=9)

CA19-9 levels

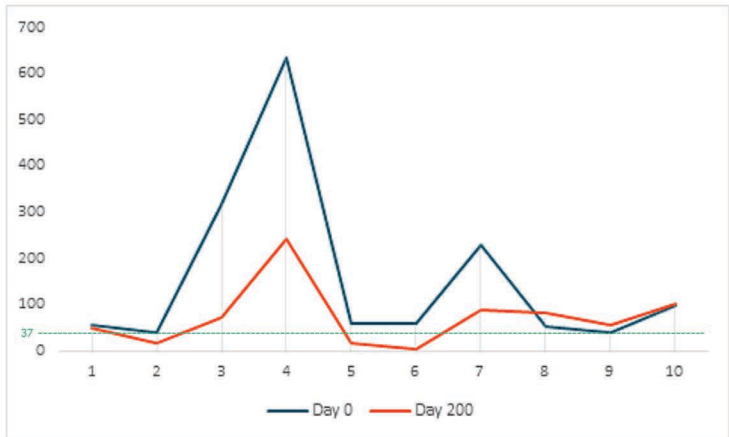
CA19-9 levels



After 200 days (n=10)

CA19-9 levels

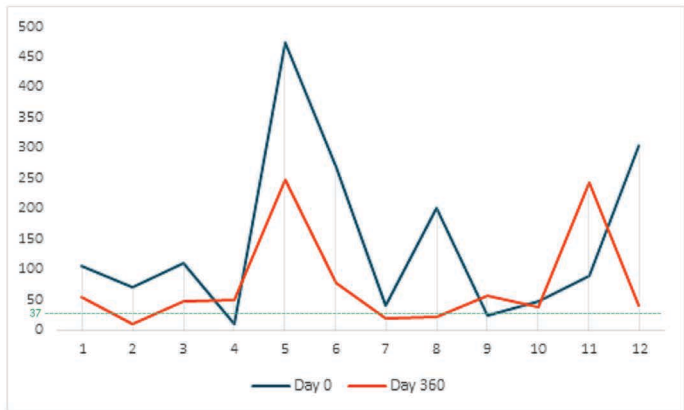
CA19-9 levels



After 360 days (n=12)

CA19-9 levels

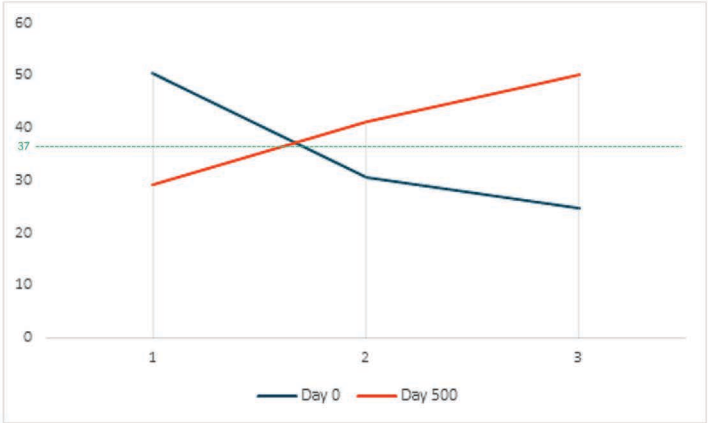
CA19-9 levels



After 500 days (n=3)

CA19-9 levels

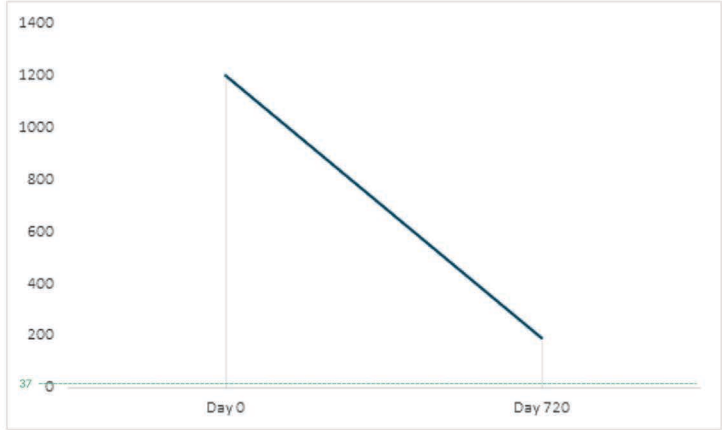
CA19-9 levels



After 720 days (n=1)

CA19-9 levels

CA19-9 levels



Ayurvedic Treatment for Pancreatitis

Ayurvedic treatment for Pancreatitis is a one year long regime of regulated diet, lifestyle and a combination of Ayurvedic formulations. This includes initial three weeks inhouse treatment under the supervision of the treating physician. Later, the treatment is continued following the prescribed diet and lifestyle along with medicines.

Diet

A daily diet comprising of 1800-2400 calories divided into three meals and three snacks is advised. The diet should be rich in protein and dairy products. Consumption of tea, coffee, aerated drinks, refined flour, onion, garlic, tomato, packaged or reheated food items is refrained.

Lifestyle

The patients are advised eight hours of undisturbed sleep at night. Physical and mental exertion should be avoided, especially during the initial four months.

Medicines

The main Ayurvedic formulation prescribed is Amar. It should be taken thrice a day during meals. Other supportive medicines are also prescribed based on individual symptoms of patients.



Amar

Amar is a herbo-mineral formulation derived from Rasa Shastra in Ayurveda. The formulation is prepared using Mercury (*Parad*), Copper (*Tamra*) and Sulphur (*Gandhak*) as raw materials along with *Luffa echinata* Roxb. (*devdali*), *Clitoria ternatea* L. (*aprajita*) and lemon juice as consumable herbs.



Parad



Tamra



Gandhak



Devdali & Aprajita

Mercury and Copper are amalgamated after adding Sulphur and ground in lemon juice with extracts of *Devdali* and *Aprajita*. After grinding, the mixture is dried under the sun and subjected to heating for 12 to 60 hours at a temperature of 365 to 400 degree Celsius before repeating the grinding process. This cycle is repeated hundred times before the final product can be obtained. The process is known as *gandhak jarana*.



Traditional grinding and heating

Adding technology to tradition

To ensure particle size of less than 5 micron after each processing, a particle size analyzer was used. Also, traditional furnaces were replaced by programmed muffle furnaces so that the temperature could be recorded and an SOP could be created.



January 26 th 2017			
Measured Unit			
Calibration			
Specimen ID			
Grinding House			
Description			
PARTICLE SIZE ANALYZER			
Bin	Area	Count	Count (%)
1 (um ²)	0.00 1.00	0	0.00
2	1.00 2.00	0	0.00
3	2.00 3.00	0	0.00
4	3.00 4.00	0	0.00
5	4.00 5.00	0	0.00
6	5.00 6.00	0	0.00
7	6.00 7.00	2089	89.36
8	7.00 8.00	0	0.00
9	8.00 9.00	107	4.39
10	9.00 10.0	141	6.05
Under Size Counts	1225.00		
Over Size Counts	15462.18		
Total			
Mean	6.72		
Std Dev	0.82		
Std Error	0.02		
Max	9.67		
Min	6.45		
2-s Range	3.29		
Median	6.50		
Mode	6.50		
Skewness	2.98		
Kurtosis	7.44		
Feature	2331.00		
Spec. Area	9640751.11		
Norm. Count	246.91		
		Total Count:	2331.00

Particle size analyser and its reading



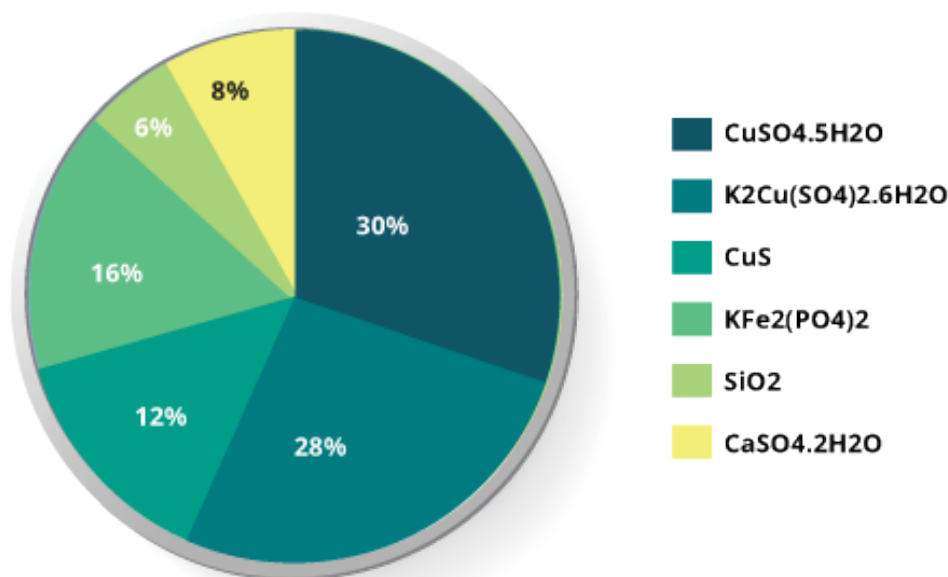
Programmed muffle furnace and temperature chart obtained

Scientific developments

Various research works have been carried out to understand the chemistry behind the efficacy of Amar and develop it further.

Process standardization and characterization

Three batches were prepared to ascertain reproducibility. The analysis of raw materials, in-process and final products showed that there was sequential disappearance of metals during the process. The finished product showed no free metal and comprised of minerals only.



Chemical composition of finished product

Source: Indian Institute of Science, Bengaluru

A patent for this formulation has been filed with competent authorities.

Safety studies

Acute, sub-acute and chronic toxicity studies have been carried on rats to determine the safety profile of Amar. These studies have shown that the formulation is completely safe for human consumption at doses up to more than three times of that being administered.

Particulars	Acute Study			Sub-acute Study				Chronic Study					
Species used	Sprague Dawley Rats			Sprague Dawley Rats				Sprague Dawley Rats					
Dose interval	Single dose			24 hours				24 hours					
Route of administration	Oral			Oral				Oral					
Duration of dosing	Single dose			28 days				180 days					
Duration of post-exposure follow-up	14 days			14 days (high dose group)				28 days					
Groups	I	II	III	I	II	III	IV	I	II	III	IV	V*	VI*
Number and sex of animals	3 ♀	3 ♀	3 ♀	6 ♀ + 6 ♂	6 ♀ + 6 ♂	6 ♀ + 6 ♂	6 ♀ + 6 ♂	20 ♀ + 20 ♂	20 ♀ + 20 ♂	20 ♀ + 20 ♂	20 ♀ + 20 ♂	10 ♀ + 10 ♂	10 ♀ + 10 ♂
Unit dose (mg/kg)	2000	300	300	0	75	150	300	0	40	80	160	0	160
Results	Mortality in 30 minutes	No toxicity	No toxicity	No observed adverse effect level (NOAEL)– 300 mg/kg/ day				No observed adverse effect level (NOAEL)– 160 mg/kg/ day					

Source: Vipragen Biosciences Limited, Mysuru

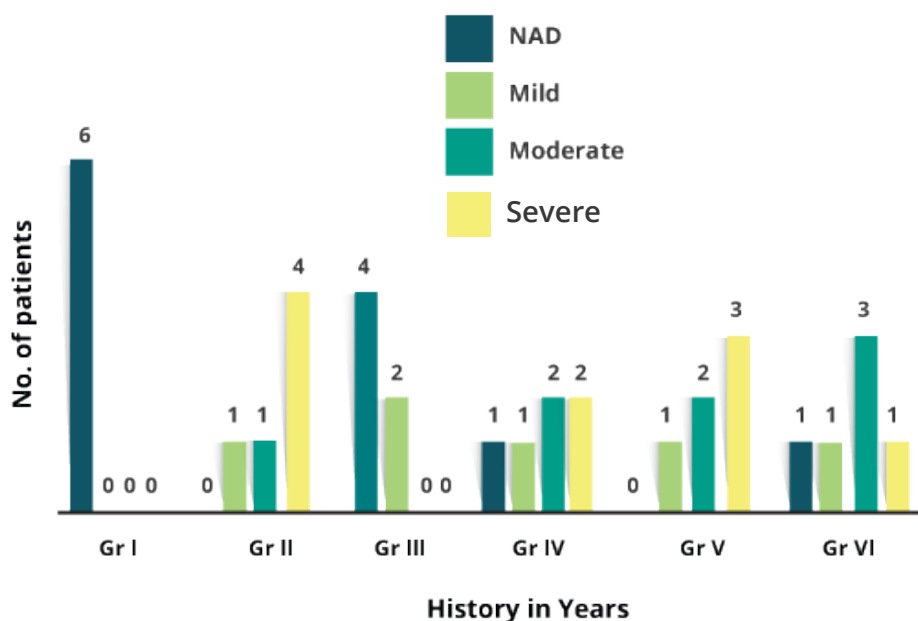
Experimental efficacy studies

Two consecutive experimental studies were carried to evaluate protective properties of Amar in L-Arginine induced Chronic Pancreatitis in male albino wistar rats.

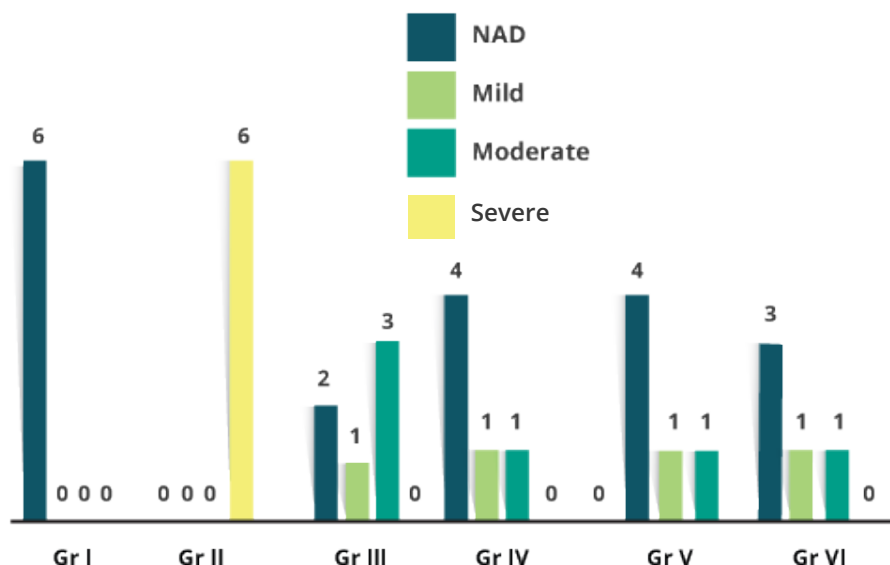
Gr	Treatment group	Doses	Route	No. of animals
I	Untreated control	-	-	6/6
II	Disease control (L-Arginine)	2.0/ 2.0 g/kg	IP injection	6/6
III	HMF + L-Arginine	25/ 13 mg/kg	Oral	6/6
IV	HMF + L-Arginine	50/ 19 mg/kg	Oral	6/6
V	HMF + L-Arginine	100/ 25 mg/kg	Oral	6/6
VI	6- α -methylprednisolone + L-Arginine	30/ 15 mg/kg	Oral	6/6

Groups and dose schedule

Source: Vipragen Biosciences Limited, Mysuru



GII: One animal in severe Pancreatitis category died on Day 11
 GVI: Two animals in moderate Pancreatitis category died on Day 13 and 14



* One animal died on Day 18 in G-VI, histopathology could not be done due to autolysis

Amar depicts significant pancreatitis protective properties in comparison to Methylprednisolone in L-Arginine induced Chronic Pancreatitis in rats. The efficacy was maximum at the dose of 3-4 mg/kg body weight. Interestingly, efficacy decreased on increasing (>4) or decreasing (<3) the dose.

Upcoming Clinical Trial

Study protocol for the randomized controlled clinical trial has been approved by Program Advisory Committee headed by Dr V. M. Katoch, Former Secretary, Department of Health Research, GOI and Former Director General, Indian Council of Medical Research, GOI. The protocol has also received ethical nod from ethical committee of SP Medical College and Hospital, Bikaner and the trial will begin soon under renowned gastroenterologist, Dr Sushil Falodia.

Publications

Original Article

Relevance of metal based Ayurvedic formulations in the management of recurrent acute/ chronic pancreatitis

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Padaav Speciality Ayurvedic Treatment Centre, Turner Road, Clement Town, Dehradun, India

ABSTRACT

Recurrent Acute Pancreatitis/ Chronic Pancreatitis (RAP/ CP) is generally marked by sudden onset of symptoms like severe abdominal pain, vomiting and weight loss that needs emergency hospitalization. Owing to irreversible and progressive nature of the disease and limitations of conventional treatment, many patients look for an alternative solution. Here, we report data of 250 well diagnosed cases of acute recurring/ chronic pancreatitis, enrolled in between January 1997 to August 2016, in our Ayurvedic clinical practice in Northern part of India. Ayurveda is well recognized as an independent medical system parallel to conventional medicines in India and a subject is free to opt for any system of medicine for the prevention and treatment of any ailment. The subjects were treated with a complex herbo-mineral formulation based on the principles of Rasa Shastra in Ayurveda that deals with the therapeutics of processed metals in the prevention and treatment of diseases. They were also prescribed a regulated balanced diet and lifestyle. Significant improvement has been noted in subjects who have completed the treatment.

Keywords Rasa Shastra, Ayurveda, pancreatitis, chronic, recurrent acute

INTRODUCTION

Chronic pancreatitis (CP) is a progressive inflammatory disease of the pancreas characterized by irreversible morphological changes typically causing pain and/or permanent loss of function (Samer and Cotton, 1984; Taber, 1997). The global incidence of Pancreatitis ranges from 2-14/100,000 population but Southern India reports highest incidences ranging from 114-200/100,000 population. The report indicates that India has highest incidences of Tropical Chronic Pancreatitis (TCP), where alcohol is not the major cause (Geeverghese et al., 1969; Garg and Tandon, 2004). Rather it is attributed to protein malnutrition, mineral deficiency, dietary toxins and environmental agents. There are emerging evidences about the role of genetics as well (Balakrishnan et al., 2005).

RAP/CP has no known cure. The acute attacks are largely managed by emergency hospitalisation and treated with analgesics, antibiotics and IV fluids. Enzyme replacement therapy and vitamin supplements are widely used for long terms as prophylactic therapy. Progressive nature of the disease coupled with rising medical cost and limitations of conventional treatment compel many patients to look for alternatives to bring some relief to their lives. India is the only country where different systems like *Ayurveda*, *Unani*, *Siddha*, *Homeopathy* and *Yoga* are officially recognised as independent medical systems, along with conventional medicine termed as allopath. The prevailing laws permit a registered medical practitioner of Ayurveda and Unani to prepare his own

medicines and to use those directly in respective clinical practice for any indication with the consent of the patient (Government of India ministry of health and family welfare, 2003).

In mid 70s, a traditional Ayurvedic physician incidentally observed miraculous effect of a Metal Based Ayurvedic Formulation (MBAF; Herbo mineral formulation used for the treatment of pancreatitis (Patent filed *vide* PCT application no.3373/DEL/2014), in a terminally ill patient of pancreatic cancer (Pal, 2014). Subsequently, MBAF showed empirical success in patients suffering from recurring pancreatitis. The practice was passed on to the next generation and patients continue to get the benefit of this treatment. The ongoing clinical practice was subjected to documentation from January 1997. In this study, we report the effect of Ayurvedic Treatment Protocol, comprised of herbo mineral formulations, customized diet and lifestyle in 250 patients of RAP/ CP who were enrolled till August 2016.

Literature Review

Inflammation is the stereotyped non specific immune response that occurs in reaction to any harmful stimuli, pathogenic organism, foreign body, physical trauma, ionizing radiation, electrical energy, or extremes of temperature (Taber, 1997). Inflammations can be broadly classified into Acute and Chronic. While acute inflammations are attributed to infection, injury or trauma, chronic ones are known to be caused due to long lasting injury, infection or might be idiopathic. Chronic inflammations become a constant low-level physiological response, which the body is no longer able to turn off and it starts damaging healthy tissues. Most of the times, these inflammations are irreversible and progressive in nature and might be fatal.

In recent years, there has been an upsurge in incidences of idiopathic, non communicable and non specific Chronic

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Inflammatory Disorders (CIDs). These cover a number of conditions from several autoimmune and metabolic disorders to even transplant rejection. The number of people suffering from CIDs has been increasing over the last three decades. A study documented that CIDs are the largest cause of death in the world and caused about 29 million deaths in 2002. About 171 million people in the United States are estimated to be affected by CIDs by 2030 (Cicchitti et al., 2015). However, not much data on this effect is available from India.

Inflammations can be treated by addressing the underlying aetiology. Currently available treatments for CIDs involve prolonged use of anti-inflammatory drugs, including non steroidal anti-inflammatory drugs, corticosteroids and immune selective anti-inflammatory derivatives, which have considerable side effects (Bosma-den Boer et al., 2012). A recent review highlighted that current medications used to treat CIDs suppress the symptoms but prevent the complete resolution of the disease, leading to a persistent low grade inflammation. Long lasting use of anti-inflammatory medications is also known to delay full recovery (Bosma-den Boer et al., 2012).

Pancreatitis is one among such inflammatory disorders, which refers to inflammation of the pancreas and is primarily characterised by abdominal pain, nausea, vomiting and indigestion (Kedia et al., 2013). Repeated episodes of abdominal pain, other symptoms and elevated serum Amylase/Lipase levels without morphological changes in the pancreas is termed as RAP while, signs and symptoms associated with morphological changes in the pancreas is called Chronic Pancreatitis (Kedia et al., 2013; Sawant and Mishra, 2005). The average onset of the disease is 24 years and the disease affects more male population than female population (Sawant and Mishra, 2005). RAP/CP brings gradual fibrotic changes in the pancreas resulting in loss of exocrine and endocrine functions, leading to diabetes mellitus, steatorrhoea and unexplained weight loss (Bharathi, 2015). More than 70% of the patients develop diabetes mellitus (up to 90% in cases of chronic calcific pancreatitis) and up to 40% patients develop pancreatic cancer in their lifetimes (Malka et al., 2000; Howes and Neoptolemos, 2002). RAP/CP is progressive and fatal in nature and the prognosis remains uncertain with a 10 year survival of about 70% and a 20 year survival of 45% (Sawant and Mishra, 2005). A recent study showed that even a single attack of acute pancreatitis may harbour underlying chronic pancreatitis (Turner, 2013).

The underlying cause for RAP/CP has not yet been established although it is considered to be a disease of alcoholics, smokers, people with high fat intake and high stress factor. The most accepted etiology for chronic pancreatitis includes Toxic, Idiopathic, Genetic factors, Auto-immune

response, Recurrent acute pancreatitis and Obstructive factors (TIGAR-O) (Etemad and Whitcomb, 2001).

RAP/CP is a global disease and in recent years, there has been an upsurge in its incidences. It is estimated that the annual global market of pancreatic enzymes will touch INR 11,000 Cr by 2023 (US\$ 1,588.8 million) as compared to INR 5000 Cr in 2014 (US\$ 707.0 million) (Transparency Market Research, 2016). It seems that India, especially its Southern states, has the highest incidences of pancreatitis in the world and is termed as Tropical Chronic Pancreatitis (TCP). Most of the patients suffering from TCP are non alcoholic. Protein malabsorption and mineral deficiency are considered to be its major cause (Geeverghese et al., 1969; Rajesh and Balakrishnan, 2012). Another prevalent form of pancreatitis in India is idiopathic pancreatitis (ICP) that accounts for 40% - 60% CP in India and 10% - 30% in the western countries (Rajesh and Balakrishnan, 2012).

There is no direct or indirect reference of Pancreatitis in classical Ayurvedic literature except a term called 'UdarShool' (abdominal pain).

Methodology

The subjects with confirm diagnosis of RAP/CP were selected for Ayurvedic treatment. Such subjects were diagnosed by leading gastroenterologists at various hospitals of repute across India. Diagnosis of RAP/CP was established using clinical, pathological and radiological investigations including USG (Ultra Sonography), EUS (Endoscopic Ultrasound), CT (Computer Tomography), MRI (Magnetic Resonance Imaging), MRCP and ERCP (Endoscopic retrograde cholangiopancreatography) (Figure 1).

The patients and their families were briefed about unknown chemistry and pharmacology of MBAF, duration and cost of treatment prior to commencement of Ayurvedic treatment. Each subject was interviewed for detailed medical history, including number of emergency hospitalisations, follow up visits and expenditure occurred so far. Their demography, dietary habits, lifestyle and family history were also recorded. Copies of relevant medical records including diagnostics and previous medical treatment were collected from each subject. The subjects were evaluated for hemogram, liver function, kidney function, Vitamin D3 and B12. The Ultrasound/ MRCP was also repeated if the last report of the subject was more than three months old.

Patients reported with anorexia, mild to moderate abdominal pain, weight loss, weakness and phobia of the disease. All patients were given Albendazole (deworming medication) on the first day of AYT. They were asked to stop tea, coffee,

Table 1. Financial burden of Pancreatitis on patients

Emergency expenses (INR)	Direct expenses (INR)	Indirect expenses (INR)
Cost of hospitalization	Follow ups, investigations, medicines, consultation	Loss of manpower, cost of travelling, boarding and lodging during treatment for families
3,97,61,000	2,86,44,750	3,04,35,500
Total		9,88,41,250

n = 132.

Table 2. Various parameters before and after treatment

Parameters	Before AYT	After AYT	P value
Number of Attacks*	2 (0 to 25)	0 (0 to 5)	< 0.0001
Number of Hospitalizations*	1 (0 to 20)	0 (0 to 0)	< 0.0001
Intake of enzymes, %[#]	54 (50.9)	0 (0.0)	< 0.0001
Mean Body weight[¥]	57.59 ± 12.65	59.66 ± 12.32	< 0.0001

(n = 106); *indicates median (range) and compared using Wilcoxon signed rank test for paired observations; #indicates n (%) and compared using Mc Nemar's test; ¥ indicates mean ± SD and compared using paired t test.

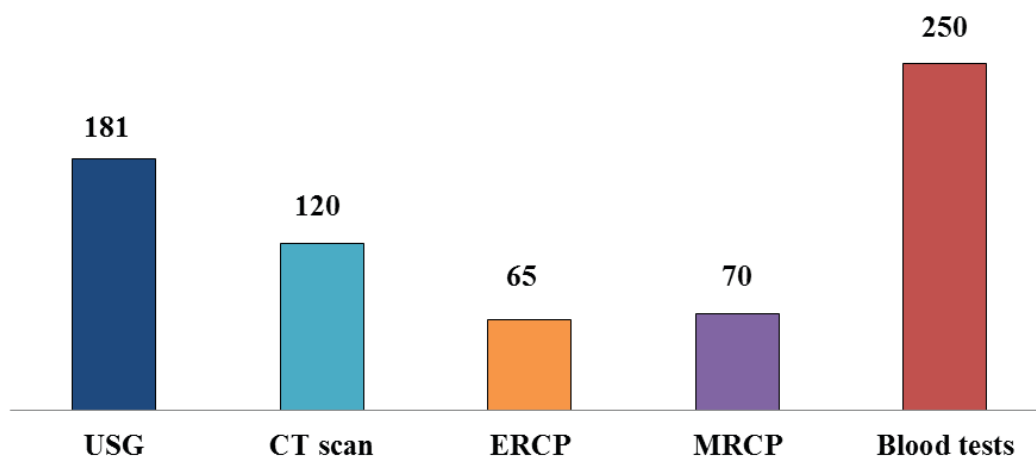


Fig. 1. Methods of diagnosis of the subjects.

aerated drinks, reheated food, packaged food items and drinks, refined flour, onion, tomato and garlic. They were subjected to an Ayurvedic regime of treatment, diet, lifestyle and medicines (Aahar, Vihar and Aushadh). They were prescribed Narikel lavan 1 gm BD, Prak 20 (A proprietary Ayurvedic medicine prepared by *Bharat Bhaishajyashala Pvt Ltd. Mfg License No. A-1969/91* by Dept. of AYUSH, Ministry of Health and Family Welfare, Govt. Of Uttarakhand.) 1 gm BD, MBAF 125 mg during meals and Rason vati 500 mg with hot water after meals with 1200-1600 calorie diet, divided into three meals and three snacks, along with eight hours sleep and moderate physical and mental rest (Vaidya et al., 2010). The diet also included dairy products, fat and protein. Subjects who were deficient in Vitamin D3 were given a weekly dose of 60,000 IU Cholecalciferol with 100 gm milk cream for sixteen weeks and those deficient in Vitamin B12 were given daily supplement of Mecobalamin 1500 mcg with breakfast. The first three weeks residential treatment was given under close supervision of the Ayurvedic physician in his clinic. The service of a conventional doctor was taken to control high blood sugar among diabetic patients. After the initial residential treatment, subjects were prescribed monthly Ayurvedic formulations and kept under daily follow ups via mails or telephone. The treatment was repeated every month for duration of one year. On completion of one year, patients were called for follow up examination and the treatment was stopped. These patients continue to remain in contact.

RESULTS

A total number of 250 patients of RAP/CP volunteered for Ayurvedic treatment from January 1997 to August 2016. Nearly two third subjects were males and one fourth were females with a mean age of 31 ± 12.2 years. The demography depicts 62% vegetarians, 76.8% non alcoholics, 85.6% non tobacco users and 94.8% subjects with no family history (Figure 2). The subjects had a history of 45.3 ± 49.6 months with 1779 attacks and 1030 hospitalizations and had been treated conservatively under expert advice using analgesics, antibiotics, IV fluids and enzyme replacement therapy. 50.9% patients had been put on lifelong pancreatic enzymes ranging from 20,000 to 75,000 IU per day. Some of the patients had also undergone surgical intervention before starting ayurvedic treatment.

A random survey conducted on 132 patients revealed that

these subjects had spent a total amount of INR Nine crores eighty eight lacs forty one thousand two hundred and fifty (9,88,41,250/-) prior to Ayurvedic treatment on emergency hospitalizations, follow ups and indirect expenditure (Table 1).

Subjects showed improvement in overall appetite, energy, pain, stability in sugar levels and general well being within the first three weeks of commencement of the treatment. There is significant reduction in frequency, intensity of pain and need of hospitalization with significant gain in body weight (Table 2). No grade II toxicity has been reported in the treated patients. They are leading a symptom free life (Figure 4).

DISCUSSION

RAP/CP is an inflammatory state of pancreas. It is irreversible and progressive in nature and leads to gradual morbidity. Besides its invariable characteristics, it also brings substantial physical, emotional and financial burden to its patients and their families. Consumption of alcohol is considered to be the main causative factor of RAP/CP. However, Indian subcontinent has more cases of TCP. In the present observational study, subjects opted for metal based Ayurvedic treatment in desperate state of mind after hearing anecdotal success stories. The incidental effect of MBAFs continue to bring long term relief to RAP/CP patients though, no direct or indirect reference in available about this disease in classical texts. MBAF are prepared using the principles of *Rasa shastra*,

Table 3. Results of random analysis of three batches of MBAF (Source: IISc, Bangalore)

MBAF A	MBAF B	MBAF C
CuFeS2	CuFeS2	CaSO4
CuFe2O4	CuFe2O4	CuS
KCu2(OH)(SO4)2.H2O	Cu2SO4	SiO2
Cu2SO4	KCa2(Si7Al)O17(OH)2	K2Mg(SO4)2.6H2O
KFe3(SO4)2(OH)6	KCu2(OH)(SO4)2.H2O	KFe3(SO4)2(OH)6
KCa2(Si7Al)O17(OH)2	KFe3(SO4)2(OH)6	KFe(SO4)2
SiO2	CuS	HgS
CuS	K2Cu(SO4)2.6H2O	FeSO4(H2O)7
K2(Cu(H2O)6).(SO4)2	SiO2	Ca(Mg.67Fe.33)(CO3)2
K2MgSiO4	Cu4SO4(OH)6	K2Cu(SO4)2.6H2O
Cu4SO4(OH)6	MgFe2O4	
	K2SO4	

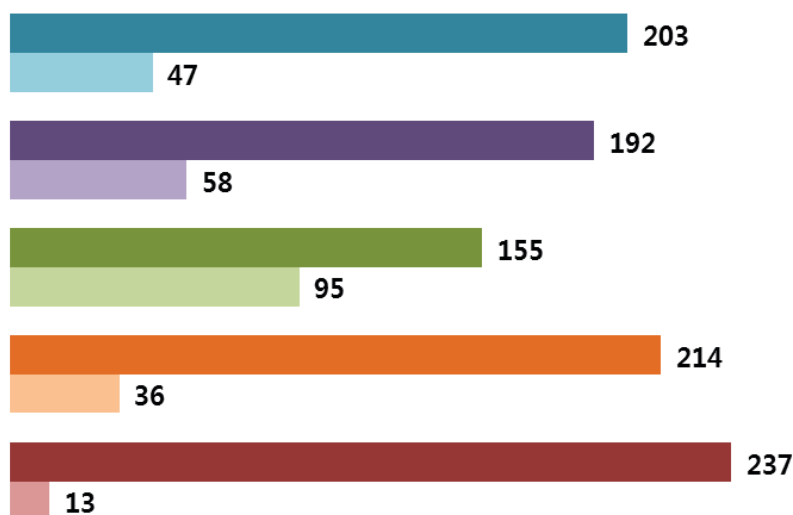


Fig. 2. Demography, dietary habit and family history of the subjects.

a specialty of Ayurveda. In Ayurvedic texts, Mercury has been referred to as *Rasa* due to its ability to imbibe other metals within itself (Virupaksha Gupta et al., 2011). *Rasa Shastra* is the science which deals with the therapeutics of Mercury, Gold, Silver, Iron, Tin, Lead and Zinc etc. termed as *dhatu* (Savrikar and Ravishankar, 2011). These metals undergo tedious processing with herbs on fire and convert into safe and therapeutic form. *Dhatu vgyan* means science of metals. 'Dharanat dhatavah' means that the thing which bears is known as *dhatu*. The term *dhatu* is used for 'Rasa Rakta Maans Medh Asthi Majja Shukra' (body tissues) and for Gold, Silver, Copper, Iron, Tin, Lead and Zinc. Masters of *Rsashastra* have ascribed close linkage between both types of *dhatu* (Vaidya Chandra Prakash as dictated by Guru Maharaj. *Dhatu Vgyan*: Unpublished handwritten booklet). Dietary, environmental, ecological or lifestyle related factors may bring imbalance among these *dhatu*s in body tissues and cause pathogenesis of disease in the human body.

The main MBA Fused for the treatment of RAP/ CP is prepared using Mercury, Sulphur and Copper as raw material. These undergo numerous processing for years, mostly repeated grinding in iron vessels (till > 88% particles attain size < 5µm) and heating in clay pots (365 - 400 °C for 12 - 80 hours). The random analysis of three batches of MBAF carried using XRD technique demonstrates that the subjected formulation is a complex of minerals and is devoid of any free metal (Table 3). The study of first 250 patients clearly demonstrates that all subjects had RAP/CP. Similarly, observations indicate that MBAF brought significant relief in reducing number of hospitalisations, intensity and frequency of attacks. It also improved physical and psychological state with significant reduction in cost. Subjects also reported weight gain and improvement in quality of life.

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Dairy products and rich protein diet is contradictory in the treatment of pancreatitis. However, patients were given a diet rich in protein and dairy products after starting Ayurvedic treatment. The observed effect of Ayurvedic treatment on pancreatitis patients raises many questions regarding its intrigue chemistry, dose schedule, mode of action and duration.

Heavy metals are known to be toxic but in this study, no grade II toxicity has been reported in any subject (Singh et al., 2011). Ayurveda is an ancient system of medicine of India which is not understood for its therapeutic efficacy. Its principles were laid thousands of years ago using language, parameters and protocols of that era. In recent years, complementary and alternate medicines have gained wide popularity but mostly on wellness part. *Prima facie* evidences do suggest that Ayurveda might have therapeutic effects as well. Therapeutic use of metals is a virgin area of science and not much work has been done on this specialized branch of Ayurveda. We suggest that scientific fraternity take note of these preliminary findings and will develop a pragmatic approach to explore the therapeutics of metal based Ayurvedic treatment for the prevention and treatment of both types of Pancreatitis. This will require a combined programme where traditional wisdom should be incorporated with modern scientific tools to develop a reproducible, safe and effective treatment protocol.

CONCLUSION

The preliminary clinical data indicates that MBAF derived from *Rasa shastra* in *Ayurveda* might be a potential prophylactic treatment for RAP/ CP.

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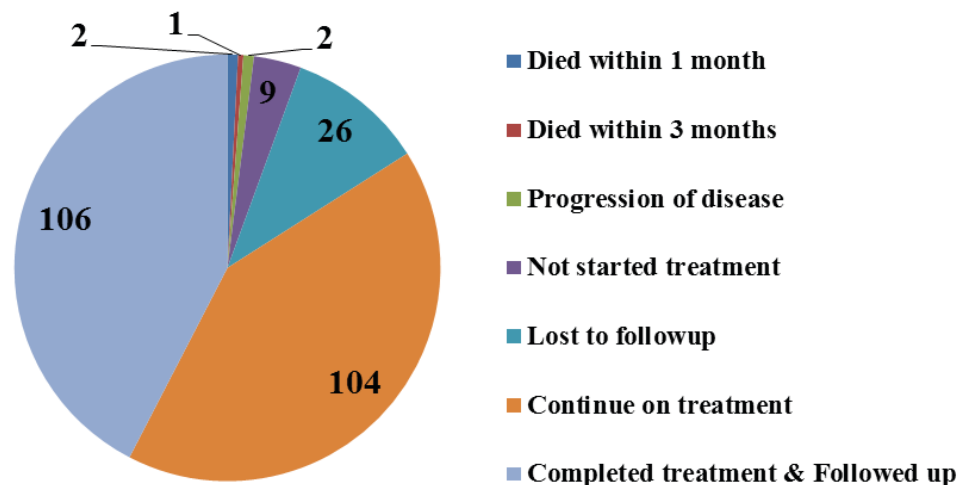


Fig. 3. Results at a glance.

We duly acknowledge all patients and their families for participation in the programme.

CONFLICT OF INTEREST

The author declares that there is no conflict of interest.

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Impact Evaluation of Ayurvedic Treatment Protocol on Three Hundred Nineteen Cases of Different Variants of Pancreatitis

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Abstract

Pancreatitis is an inflammatory disorder of the pancreas, affecting its endocrine and exocrine function. It is mainly associated with abdominal pain, vomiting, nausea, indigestion, steatorrhea, weight loss and diabetes. There are many variants of pancreatitis that have been broadly divided into acute and chronic pancreatitis. In both the conditions, patients may suffer with recurring episodes of the aforesaid symptoms with progression of the disease. Pancreatitis is conservatively managed by emergency hospitalizations, lifelong pancreatic enzymes and supplements with modifications in diet and lifestyle. Advance surgical intervention is also being used in some cases to provide long term solution. However, the benefits of such procedures are limited to certain pockets of the world. Owing to unpredictable nature of the disease and limitations of treatment possibilities, pancreatitis adversely affects psychological, physical and financial status of the patients. In this scenario, many patients opt for alternate medicines. A North India based Ayurvedic clinic has earned reputation in bringing complete and sustainable relief in significant number of cases of Recurrent Acute/ Chronic Pancreatitis (RA/CP). A data on 319 well diagnosed cases demonstrates that Ayurvedic Treatment Protocol (ATP) has been able to bring complete relief in significant number of patients, without causing any side effect. Statistical analysis of the data shows that the treatment brought significant improvement in weight and reduction in frequency of attacks. ATP comprises of a few Ayurvedic formulations that are prescribed for a period of one year, along with regulated diet and lifestyle as well as complete physical and mental rest. The main Ayurvedic formulation used in the treatment is *Amar*. Experimental studies conducted using *Amar* have demonstrated its protective properties against pancreatitis. Further research is being conducted for the systematic and scientific development of this specialized ATP.

Keywords: Pancreatitis; Acute, Chronic; Ayurveda; Herbo Mineral Formulation; Rasa Shastra

Introduction

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, I-Idiopathic, G-Genetic, A-Auto immune, R-Recurrent and O-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 infuse 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]. The 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).

Literature Review

Ayurveda is an ancient Indian system of medicine [16]. It has laid down its own principles to maintain the health of the healthy and treat the diseased. This system of medicine greatly emphasises on diet, lifestyle and medicines, prepared using substances of plant, animal and mineral origin. It also ascribes the effect of geographical location, weather and arrestation of basic urges on the health of an individual. *Rasa Shastra* is one of the eight clinical specialities of *Ayurveda*, which was developed in 6th BC. It deals with the therapeutics of processed metals and minerals, which are moderately to severely toxic in raw form. Such information is well described in ancient texts of *Rasa Shastra* [17,18]. Copper is highly toxic to human body in metallic form but also possesses anti-inflammatory properties [19,20]. *Rasa* is a synonym of Mercury. *Rasa Shastra* could be defined as the science of Mercury, which is the third most toxic metal [21]. This fact is very well accepted in *Rasa Shastra*. There are elaborate methodologies for processing Mercury. It is said that Mercury turns therapeutically potent by increasing the frequency of sublimation with Sulphur [18]. However, these statements have not been substantiated using *in-vitro*, *in-vivo* or experimental studies.

Pancreatitis is a deadly disease that adds substantial physical, emotional and financial burden to victims and their families. It is progressive in nature. Even a single attack of Acute Pancreatitis may turn into Chronic Pancreatitis in due course [22]. Chronic Pancreatitis may further lead to pancreatic cancer and uncontrolled diabetes in fair number of cases. Acute Pancreatitis may cause 4.8-13.5% mortality during hospitalisation. Out of these, 50% are attributed to multi-organ failures [23]. Chronic Pancreatitis brings 17%, 30% and 55% deaths in 5, 10 and 20 years respectively [24]. In recent years, use of Complementary and Alternative Medicine (CAM) has been widely accepted. A report by Grand View Research, Inc. projects the global CAM market to reach 196.87 Billion USD by 2025 [25]. CAM had traditionally been integral parts of people's lives in India. With rising global interest and acceptance, their popularity is rapidly rising again. To strengthen and advance research in these areas, India has set up an independent central ministry of *Ayurveda*, *Yoga*, *Unani*, *Siddha* and *Homeopathy* (AYUSH). The ministry and its different departments are headed by independent ministers and secretaries at both central and state level. At academic level, graduate, post graduate and doctorate courses in these systems are being taught in various parts of India. Besides, independent research councils and national institutes provide opportunities to carry research and extend services to people.

Materials and Methods

A total number of 620 patients volunteered for Ayurvedic treatment between January 1997 and September 2018. These patients were diagnosed with different forms of Pancreatitis, by leading medical doctors employed with hospitals of repute in the country, using modern diagnostic methods like Ultrasound, Magnetic Resonance Cholangiopancreatography, Endoscopic Retrograde Cholangiopancreatography, Computed Tomography scan and blood tests (Figure 1). Our clinical data indicates that more men (516) than women (104) were affected by the disease, a gender ratio of 5:1. Out of 620, 479 patients were of the reproductive age group (19-45 years), 63 were of the age group of 11-18 years, 58 patients more than 45 years old and 20 patients were less than 11 years of age. Data on geographical distribution shows that these patients came from all over the country. 77% patients were from North India, 19% from South India and 4% were NRIs. It was interesting to note that majority of the

patients were non alcoholics (70.5%), non-tobacco users (80.3%), vegetarians (51.3%) with no family history (95.3%) [26]. Overall, these patients had an average history of RA/CP of 52.2 ± 48.2 months with a total of 5711 attacks and 3099 hospitalizations. A random analysis of expenses incurred in emergency hospitalisations, follow ups, investigations and indirect expenditures by the patients ($n=413/620$) showed that every patient spent an average of nearly INR six lacs thirty two thousand eight hundred and fifty four (Rs. 6,32,854; approx. 10,000 USD) on management of the disease before opting for ATP. Prior to Ayurvedic treatment, many patients were on pancreatic enzymes and had undergone stenting. The enrolled patients were asked to provide their old medical records for review and undergo fresh radiological (MRCP) and pathological tests (hemogram, liver function, kidney function, lipid profile, glycosylated haemoglobin, serum Vitamin D₃ and B₁₂) to ascertain the disease status.

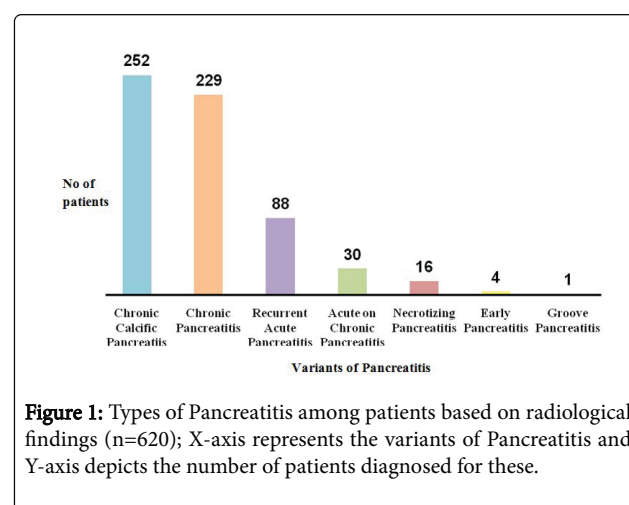


Figure 1: Types of Pancreatitis among patients based on radiological findings ($n=620$); X-axis represents the variants of Pancreatitis and Y-axis depicts the number of patients diagnosed for these.

After clinical evaluation, patients were admitted for three weeks for supervised indoor treatment at the centre. The treatment comprised of some herbo mineral formulations (Table 1) along with special focus on regulation of diet and lifestyle. Each patient was given a 1200 to 1600 calorie rich daily diet, divided into three meals and three snacks, and devoid of aerated drinks, caffeinated beverages, alcohol, onion, tomato, garlic, refined flour, packaged, precooked and reheated food. Daily intake of water for patients was decided based on their body weight (30 ml per kg body weight per day). Patients were advised to take complete mental and physical rest. At the onset of ATP, each patient was dewormed using Tablet *Albendazole* 400 mg [27]. The patients who had low levels of Vitamin D₃ and Vitamin B₁₂ were put on weekly dose of 60,000 IU Cholecalciferol mixed in 100 gm milk cream and a daily supplement of *Methylcobalam* in 1500 mcg with breakfast respectively [28,29]. With the start of the treatment, pancreatic enzymes were withdrawn in each patient. Patients suffering from diabetes and hypertension were permitted to continue anti diabetic and anti-hypertensive medicines in consultation with a physician.

After three weeks, the patients were discharged with one month's medicines. As follow up, each patient was closely monitored over phone or mail on daily basis. For the entire year, refill batches of medicines were dispatched by courier against payment. At the end of the year, patients were called for revaluation-physical, pathological and radiological.

Name of Medicine	AMAR	RasonVati	Prak-20	Narikel Lavan
Form	Capsule	Tablet	Powder/ Capsule	Powder
Dosage	4 mg per kg body weight per day divided into three doses, given during meals	1 gm, thrice a day after meals with water	1 gm, thrice a day with meals	1 gm, twice a day mixed in curd and water, on empty stomach
Number of patients	620	466	593	305

Table 1: Details of herbo mineral formulations prescribed to patients (n=620).

Observations

A total of three hundred nineteen patients have completed one year duration ATP (Table 2) and are leading normal and pain free life (Figure 2). Sixty-eight patients dropped due to various reasons (Table 3). Thirteen patients collected medicines but never consumed any dose and five patients were lost to follow up. Two patients reported disease progression and discontinued the treatment after seven months and eleven months respectively. There were total eight deaths during and after ATP; one patient died on twenty-fifth day of ATP due to the disease progression to advanced cancer of pancreas, another patient lived symptom free for four years after completing ATP and died in a conventional hospital after developing an abrupt acute attack of Pancreatitis, one patient died of hepatic failure caused due to infective hepatitis after one month of completion of ATP and another one died of obstructive jaundice induced hepatic failure after eleven months of ATP. Two patients, who presented with hyperbilirubinemia (Bilirubin>20 mg/dL) at the onset of ATP, died on day ninety and two hundred of ATP. Another patient, who had been suffering with Chronic Liver Disease for four months before starting ATP, died of hepatic failure after one month of starting ATP. One patient contracted a cardiac arrest after completing one-year of ATP.

Reason	Number of patients
Total enrolments	620
Treatment complete	319
On treatment	205
Drop outs	68
Did not start treatment	13
Deaths	8
Lost to follow up	5
Progression of disease	2

Table 2: Overall response of the treatment.

Reason	Number of drop outs
No improvement	48
Poor compliance, treatment discontinued	10
Underwent surgery	5
Inadequate care	3

Complications due to Bariatric surgery, had to discontinue	1
Financial issues	1

Table 3: Reasons for drop outs (n=68).

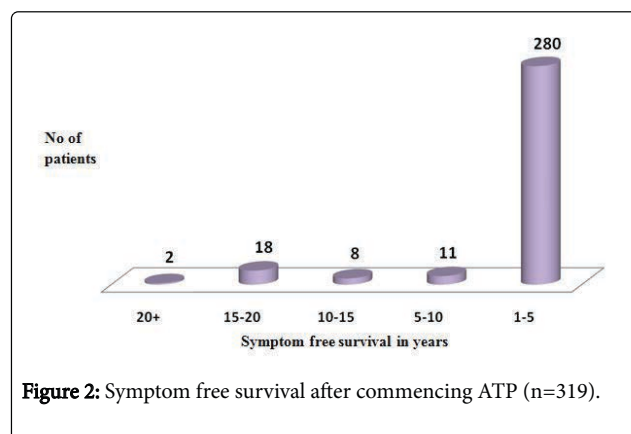
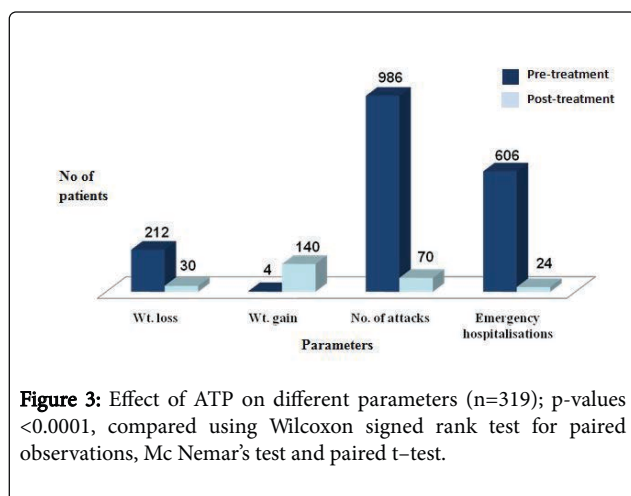


Figure 2: Symptom free survival after commencing ATP (n=319).

Impact evaluation (n=319)

There was marked improvement in the clinical condition in those patients who could complete one-year long ATP. Significant reduction was seen in number of emergency attacks and hospitalizations. Of 319 patients who completed ATP, 212 (66.5%) had suffered weight loss before ATP. The number dropped to 30 (9.4%) after the treatment. Also, only 4 (1.3%) patients had gained weight in the previous year of ATP, while taking pancreatic enzymes, but 140 (44%) patients gained weight during the one year of ATP (Figure 3). This effect was seen in spite of total withdrawal of pancreatic enzymes after the commencement of ATP. No adverse effect was reported by any patient. A random comparative analysis of pre and post ATP radiological images showed that there was no progression of the disease in these cases (n=133/319).



Discussion

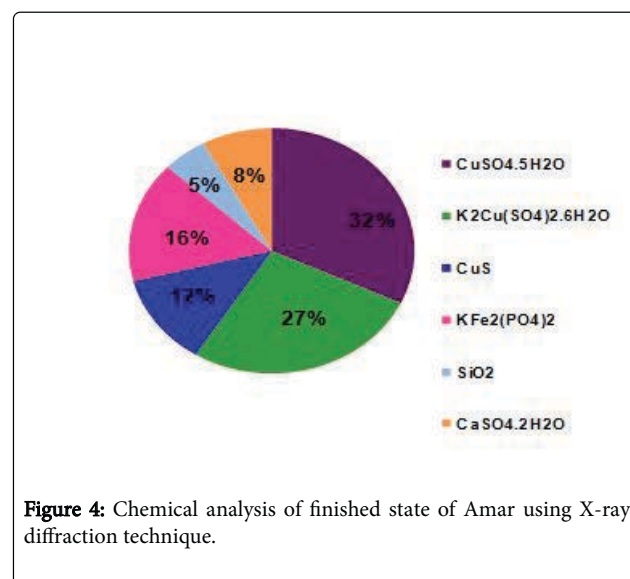
Pancreatitis is an inflammatory process of the pancreas with variable characteristics. It causes irreversible damage to the organ and is progressive in nature, often leading to mortality in fair number of cases. The onset and periodical exacerbations of symptoms are managed conservatively by emergency 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.

In this scenario, a North India-based Ayurvedic Centre has developed a treatment protocol which shows promising results in the management of the disease. From the clinical data generated by the Centre, in total six hundred twenty patients enrolled themselves between January 1997 to September 2018. These patients were treated using a standard ATP, comprising of Amar, Rason Vati, Prak 20 and Narikel Lavan along with a balanced diet composed of protein, carbohydrate/starch, fruits, vegetables and fat. We report clinical results of 319 beneficiaries of Ayurvedic treatment offered at the Centre, this far. All patients responded well to a year-long ATP. Besides, improving the general health condition of the patients, significant clinical results were noted. For example, after completing the treatment, frequency of pancreatic attacks and emergency hospitalization reduced significantly. The patients also gained healthy weight, which otherwise dwindles in this diseased condition, one of the many symptoms of pancreatitis. ATP was hence, well tolerated by all patients with no reported side-effects.

The abovementioned ATP is derived from Rasa Shastra, one of the eight clinical specialities of Ayurveda, which deals with substances of mineral, animal and plant origin, that are moderately to highly toxic in their raw forms [17]. There is enough literature on how to detoxify these toxic substances to products of therapeutic value. However, these procedures that are classically followed and practiced lack scientific validation.

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,

Delhi, India), the main HMF used in the treatment of Pancreatitis, is prepared using Copper, Mercury and Sulphur with extracts of *Luffa echinata* and *Clitorea ternatea* together with lemon juice. It takes about three years of continuous processing to convert toxic Copper, Sulphur and Mercury into medicinal mineral form (Figure 4).



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. This 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.

Acknowledgement

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Anti-Inflammatory Properties of a Processed Copper Complex in L-Arginine Induced Pancreatitis - Two Experimental Studies

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Abstract

Background: Recurrent Acute/Chronic Pancreatitis (RA/CP) is an inflammatory disorder of the pancreas. The disease is progressive in nature and may turn fatal in due course. The aetiology of this inflammatory condition majorly remains mysterious, especially in Indian context, where majority of the patients of RA/CP are non-alcoholics and non-tobacco users with no family history of the disease. An Ayurvedic Mineral Complex (AMC) has shown significant improvement in the clinical conditions of pancreatitis patients and significantly reduced acute exacerbations and emergency hospitalizations in a number of cases. The present set of studies was carried to understand the mechanism of AMC.

Methodology: AMC was evaluated for its pancreatitis protective properties at different doses in an existing model of L-Arginine induced pancreatitis in albino male wistar rats and compared to Methylprednisolone, a known anti-inflammatory agent. The study was carried in two phases, with three different doses of AMC used in each phase.

Results: The studies indicate that AMC was well tolerated. It did not cause mortality or any clinical signs of toxicity in male wistar rats, who were given a daily dose of AMC for twenty-one days. There was no change in body weight and food consumption pattern. It also decreased the oxidative stress, inflammatory cytokines and severity of inflammatory condition in pancreas by reducing structural changes. The best pancreatitis protective effect of AMC was observed at doses of 25 mg/kg and 19 mg/kg body weight.

Conclusion: The results of the aforesaid studies validate the stated clinical efficacy of AMC by showing its strong pancreatitis protective properties. AMC might be developed as a potential anti-inflammatory agent.

Keywords: Pancreatitis; Ayurveda; Rasa Shastra; Chronic; Mineral Complex

Abbreviations

RA/CP: Recurrent Acute/Chronic Pancreatitis; AMC: Ayurvedic Mineral Complex; p.o: Per Oral; TI: Test Item; RI: Reference Item

Introduction

Pancreatitis, first ascribed by Reginald Fitz in 1889, is an inflammatory disorder of the pancreas [1,2]. Pancreatitis is broadly classified as Acute and Chronic Pancreatitis. While histologic features of Acute Pancreatitis include inflammatory cell infiltrate mixed with edema and fibrinous exudates, loss of acinar cells, presence of an irregular interlobular fibrosis, infiltration of inflammatory cells and relative conservation of intralobular ducts and islets are seen in Chronic Pancreatitis [3,4]. Pancreatitis has no established cure and is largely

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managed by pancreatic enzymes and vitamin supplements with intravenous fluids, antibiotics and painkillers used for resolution of acute exacerbations of the disease. Steroidal and non-steroidal anti-inflammatory drugs (NSAIDs) may also improve outcomes in patients with severe pancreatitis. However, these therapies do not bring any significant difference in the complication rates or Physiology and Chronic Health Evaluation II (APACHE II) scores in patients [5]. NSAIDs have also been found effective in preventing post ERCP Pancreatitis but certain classes such as sulindac and salicylates are also known to increase the risk of Acute Pancreatitis [6,7]. Protease, lipase and amylase are enzymes artificially given to majority of the patients suffering with Pancreatitis. While, protease helps in digestion of protein and has shown limited anti-inflammatory properties, other enzymes help in the digestion of fat and starch. [8, 9] Besides, surgical intervention is also used in some cases of Pancreatitis. However, these measures have their limitations and only certain pockets of the world can have access to these.

In the above context, a clinic based study from North India has reported significant reduction in frequency of attacks and emergency hospitalisations with marked improvement in clinical conditions of Pancreatitis patients by using an Ayurvedic Mineral Complex (AMC) [10,11]. This formulation is a combination of Copper, Mercury and Sulphur, processed with extracts of *Luffa echinata* and *Clitorea ternatea* in lemon juice for a period of 36 months. The present study was designed to evaluate the anti-inflammatory properties of AMC (TI) in L-Arginine induced Pancreatitis in albino rats in comparison to Methylprednisolone (RI).

Materials and Methods

The study was conducted in two phases by an internationally accredited laboratory *vide* study no. VBPL-P001/18 and VBPL-P011/18 respectively (accredited by AAALAC International, recognised by Department of Scientific and Industrial Research, Government of India).

36 healthy albino male wistar rats, aged 8 - 10 weeks weighing 180 - 200 gms were chosen for each of the two phases of the study and were distributed into six equal groups. Animals were allocated to different treatment groups using randomized block design and it was ensured that there is no statistically significant difference in the body weight between the treatment groups. G1 group was considered as placebo treatment group and did not receive any treatment. G2 was disease control group, G3-G5 animals were given AMC at different doses and G6 was dosed with 6- α -methylprednisolone (Refer table 1a and 1b).

Groups	Daily dose	Duration (in days)	No. of animals
G1 - Untreated control	-	21	6
G2 - Disease control	L-Arginine 2 g/kg		6
G3 - Test group I	AMC 25 mg/kg + L-Arginine 2 g/kg		6
G4 - Test group II	AMC 50 mg/kg + L-Arginine 2 g/kg		6
G5 - Test group III	AMC 100 mg/kg + L-Arginine 2 g/kg		6
G6 - Reference group*	Methylprednisolone 30 mg/kg + L-Arginine 2 g/kg		6

Table 1a: Details of groups and dose schedule in Phase I.

**In G6, the treatment had to be terminated after 14 days, which was considered humane endpoint due to >20% weight loss in the animals [21].*

Groups	Daily dose	Duration (in days)	No. of animals
G1 - Untreated control	-	21	6
G2 - Disease control	L-Arginine 2 g/kg		6
G3 - Test group I	AMC 13 mg/kg + L-Arginine 2 g/kg		6
G4 - Test group II	AMC 19 mg/kg + L-Arginine 2 g/kg		6
G5 - Test group III	AMC 25 mg/kg + L-Arginine 2 g/kg		6
G6 - Reference group*	Methylprednisolone 15 mg/kg + L-Arginine 2 g/kg		6

Table 1b: Details of groups and dose schedule in Phase II.

**Considering the outcomes in Phase I, Methylprednisolone was dosed at 15 mg/kg in G6 Phase II. However, the treatment could be carried for 18 days only, which was considered as humane end point due to > 20% weight loss in animals [21].*

On Day 1, vehicle/TI/RI was administered to the respective groups. After 30 minutes of vehicle/TI/RI administration, L-arginine at 2.0 g/kg body weight intraperitoneal (i.p) was injected to G2 to G6, whereas vehicle of L-arginine was injected to G1. After 1 hr of vehicle/L-arginine injection, blood was drawn by retro orbital sinus and serum amylase and lipase levels were estimated. Further from Day 2, vehicle or L-Arginine 2.0 g/kg was injected intraperitoneally to G1 or G2-G6 groups after 30 minutes of vehicle/TI/RI administration.

Dose selection, route of administration, dose volume and frequency of administration

The dose levels of AMC were selected based on the therapeutic dose levels in humans. The selected highest dose 100 mg/kg of AMC is equivalent to approximately three times the human therapeutic dose. Test item was administered through oral (gavage) route as oral is the intended route of administration in humans. Each animal was dosed based on body weight. The test item/reference item was administered at the dose volume of 10 ml/kg. The animals were treated daily with vehicle or AMC for a period of 3 weeks.

The animals were observed for morbidity, mortality, clinical signs of toxicity, body weight, feed consumption, clinical pathology, chemistry and gross necropsy. All data were summarized in tabular form. Statistical analysis was performed using graph Prism program. Data for each group of animals were subjected to analysis of variance (ANOVA). All analysis and comparisons were evaluated at the 5% ($P \leq 0.05$) level.

Results

In phase I of the study, one animal of the disease control group with severe pancreatitis died on day 11 and two animals in the reference item treated group with moderate pancreatitis died on day 13 and 14, due to unknown reasons. Weight loss (more than 20%) was noted in animals of G6 and the treatment could be continued for 14 days only. Significant pancreatitis protective properties were noted in G3 (AMC 25 mg/kg). In phase II of the study, one animal of G6 died on day 18. Histopathology could not be carried for this animal due to autolysis. Weight loss (more than 20%) was noted in G6 even after reduction of doses to half in the second phase and this group could be treated for 18 days only. G4 (AMC 19 mg/kg) and G6 (AMC 25 mg/kg) showed similar results with significant pancreatitis protective properties.

There was no significant change in clinical pathology except in Myeloperoxidase levels that reduced in test item group compared to disease control group in both pancreas and lungs. Levels of inflammatory cytokines also reduced in groups that were treated with AMC.

AMC caused no gross pathological changes in any of the organs. Figure 1a and 1b show histopathological grading in the different groups [12]. Histological changes observed in the groups are depicted in figure 2a and 2b. No changes were observed in histopathology of lungs, liver, kidneys, stomach and intestine.

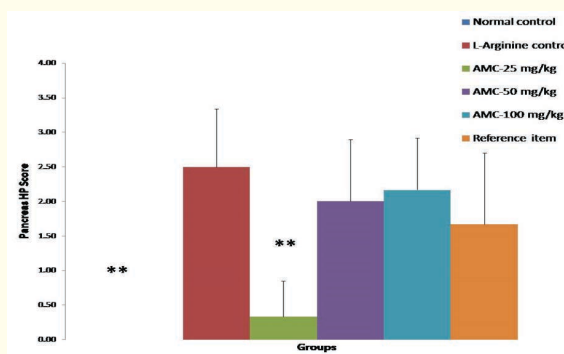


Figure 1a: Graphical representation of results of histopathology reports in the groups - Phase I.

** Statistically significant (p -value < 0.001); analysis done using Dunn's Multiple comparison test (ANOVA non-parametric test).

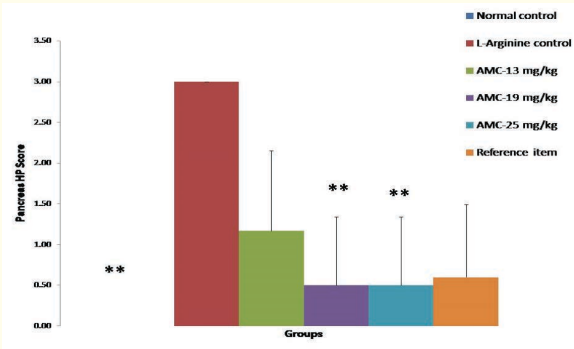


Figure 1b: Graphical representation of results of histopathology reports in the groups - Phase II.

** Statistically significant (p -value <0.0001); analysis done using Dunn's Multiple comparison test (ANOVA non-parametric test).

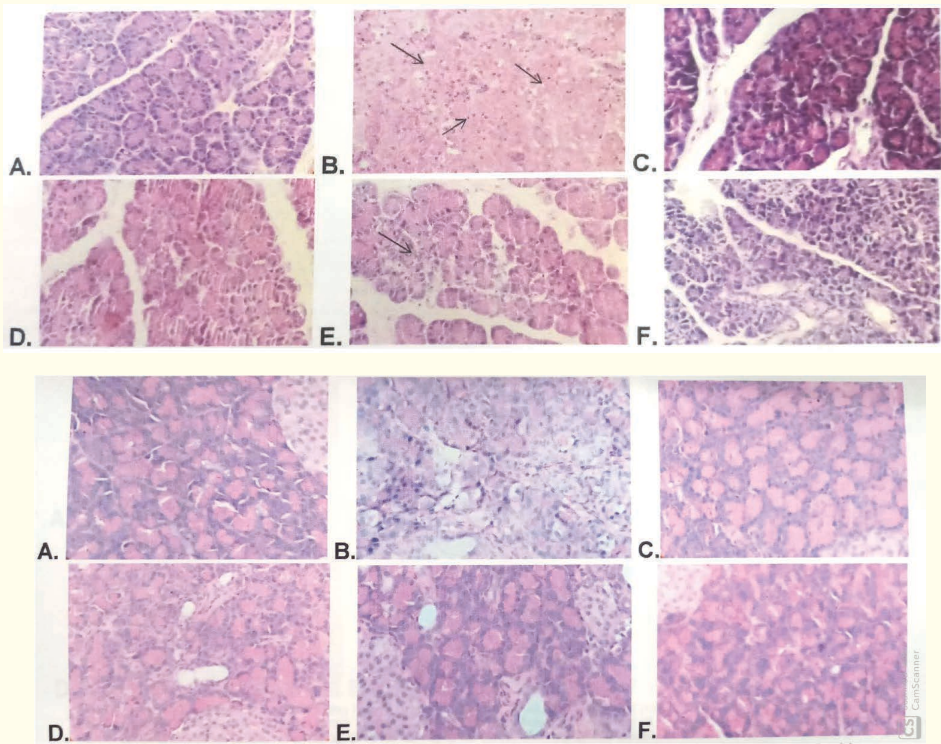


Figure 2a and 2b: A. G1 (x400) Showing normal tissue architecture; B. G2 (x400) Showing severe pancreatitis involving severe cellular degradation, necrosis, inflammatory cell infiltration and microcytic vacuolation; C. G3 (x400) Showing normal tissue architecture; D. G4 (x400) Showing normal tissue architecture; E. G5 (x400) Showing moderate pancreatitis features; F. G6 (x400) Showing almost normal tissue architecture.

Citation: Vaidya Balendu Prakash., et al. "Anti-Inflammatory Properties of a Processed Copper Complex in L-Arginine Induced Pancreatitis - Two Experimental Studies". *EC Gastroenterology and Digestive System* 6.7 (2019): 519-524.

Discussion

Chronic pancreatitis is a progressive inflammatory disease of the pancreas and is marked by irreversible morphologic changes and fibrotic replacement of the gland [13]. Several noninvasive severe basic amino acid-induced pancreatitis models are appreciated animal model, where model reproduce in most laboratory and is similar to morphological features of human pancreatitis. Consequently, the investigation of basic amino acid-induced pancreatitis may offer us a better understanding of the pathogenesis and possible treatment options of the human disease [14].

In this study, pancreatitis was induced by L-Arginine and the protective effect of AMC was evaluated in male Wistar rats and compared with reference item, methylprednisolone [14,15]. Parameters such as morbidity, mortality, clinical signs of toxicity, changes in body weight, food consumption, clinical pathology parameters, myeloperoxidase level, levels of inflammatory cytokines, serum amylase and lipase, gross pathological and histopathological changes were observed. The results of the study clearly demonstrates that AMC decreased the severity of inflammatory condition in pancreas by reducing structural changes and also decreased inflammatory cytokines and oxidative stress in pathological findings.

AMC is derived from *Rasa Shastra* in *Ayurveda*, which deals with the therapeutics of processed metals and minerals in combination with substances of plant and animal origin. Most of the raw materials used in *Rasa Shastra* are moderately to severely toxic in their raw forms [16]. However, traditional methodologies convert these toxic metals into non-toxic and therapeutic mineral forms [11].

Mercury, Copper and Sulphur are toxic in raw forms [17,18]. However, traditional literature and some studies also describe Copper to have strong anti-inflammatory properties (*shoth nashak*) [19,20]. AMC has been used in clinical practice in India for the treatment of patients of different variants of Pancreatitis and could bring complete and sustainable relief in a number of patients. The present study is first of its kind which was aimed to understand the mechanism behind the observed clinical efficacy of AMC in Pancreatitis patients.

Methylprednisolone is a known anti-inflammatory agent. In this study, AMC has shown significant reduction in inflammation in L-Arginine induced Pancreatitis in comparison to Methylprednisolone. Thus, the study was able to produce interesting findings and shows the need for further exploration of traditional knowledge of *Rasa Shastra* for its hidden therapeutics. Also, AMC should be studied further to develop it as a potential anti-inflammatory agent by using more scientific tools in its processing from raw material to finished state.

Conclusion

AMC might be a potent anti-inflammatory test material and needs to be studied and scientifically developed.

Acknowledgement

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Conflict of Interest

Authors declare no conflict of interest.

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Changing Demography of Pancreatitis Patients in India – A Hospital Based Study

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Abstract

Pancreatitis is a disease of inflammation of the pancreas and is rising exponentially in the world. Different causes are attributed to the disease with alcohol, tobacco and family history as the major causes. However, its etiology largely remains unknown. It is reported that the Southern states of India have highest incidences of Pancreatitis, ranging from 114-200/100,000 population. Rest of the globe reports 1.6-27 cases per 100,000 populations. A North India based ayurvedic clinic has collected details of age, sex, religion, caste, profession, native place, dietary habits and family history from 800 well-diagnosed patients of Recurrent Acute/Chronic Pancreatitis (RA/CP), enrolled from January 1997 to June 2019. Surprisingly, patients from the Northern states of India outnumber those from the Southern states. Similarly, incidences of Pancreatitis were significantly higher among non-alcoholics, non-tobacco users and those with no previous family history. The male-female ratio was 4.6:1. Highest incidences were noted in the age group of nineteen to forty five years. Interestingly, highest cases of Pancreatitis were reported among the service class and students. A comprehensive survey needs to be carried to understand the magnitude of Pancreatitis in this region. An emphasis should also be made to explore more etiological factors.

Keywords: Pancreatitis; Recurrent; Acute; Demography

Introduction

Pancreatitis, the inflammatory disorder of the pancreas, is characterized by moderate to severe abdominal pain, nausea, vomiting, indigestion, weight loss and steatorrhea, affecting individual's personal, professional and social life [1]. The first case of Acute Pancreatitis (AP) was reported in year 1652 by Dutch anatomist Nicholas Tulp [2]. Later, Reginald Fitz, a pathologist from Harvard, in 1889, established the diagnosis of Acute Pancreatitis by specifying its signs and symptoms [3]. Hans Chiari of Austria related Pancreatitis to auto-digestion of pancreatic tissues (1896). Chronic Pancreatitis (CP) was ascribed in 1946 by Comfort, an American anatomist, who also highlighted its possible causes [4].

Henceforth, there has been a rising trend in the incidences of Pancreatitis across the world. The incidences of Acute Pancreatitis in Wales, UK rose from 27.6 per 100,000 populations in 1999 to 35.9 in 2010 with an annual increase of 2.7% per annum [5]. A nationwide hospital based study in Columbus recorded a 13.3% rise in Acute Pancreatitis related admissions from 2002-05 to 2009-12 [6]. A field study carried in 1993 in Kerala, a Southern state of India, reported highest incidences of tropical Chronic Pancreatitis in the world (up to 126 per 100,000 population) [7].

Chronic Pancreatitis also showed rising trend from 2.94 in 1977-86 to 4.35 in 1997-2000 per 100,000 populations in a population based study in Olmsted County [8]. The trend was also reported from China where prevalence of CP rose from 3.1/100,000 in 1996 to 13.5/100,000 population in 2003 [9]. Similarly, high prevalence of tropical Chronic Pancreatitis has been reported from Southern India (114-200/100,000 populations) in 2004 [10]. Japan carried seven nationwide surveys between 1994 to 2011 regarding the epidemiology of Pancreatitis and demonstrated increasing prevalence of CP from 28.5/100,000 in 1994 to 52.4/100,000 in 2011 [9]. A South India based tertiary care centre reported 13.3% rise from 2000-06 to 2007-13 [11]. Global Burden of Disease study of 2015 has reported 8.9 million cases of Pancreatitis in the world with 132,700 deaths [12].

Alcohol is considered the most common cause of CP/AP other than gall stones and genetic or environmental factors. However, there are fair number of cases who have never consumed alcohol in their lifetime. But there is no doubt that alcohol increases the sensitivity of the pancreas and the risk of Pancreatitis is undoubtedly high among alcoholics. Similarly, the risk of Pancreatitis was observed to be higher among smokers in comparison to non-smokers

but could not be attributed as the cause of CP/AP [13]. The role of dietary factors in the etiology of Pancreatitis is still unclear. Heredity is also a causative factor of Pancreatitis and such patients could be placed among high risk of developing pancreatic cancer, ranging from 40-55%. The disease is more common among men and affects middle aged individuals the most. In recent years, there are reports about its increasing trend in paediatric population as well [13].

The presented study was carried to understand the various aspects of Pancreatitis.

Methodology

A North India based hospital, practicing Ayurveda, has been receiving patients of different variants of Pancreatitis since 1997 [14]. Fifty cases were enrolled from 1997 to 2013. However, the number increased multi-fold owing to a public event held in 2014 in the presence of policy makers, professionals, scientists and media. Till date, 800 patients have been enrolled at this clinic. All these patients had been diagnosed by the subject experts at distinguished hospitals for different variants of Pancreatitis (Figure 1a) belonging to both sexes (Figure 1b) from age group ranging from 3 to 72 years with a mean age of 30.07 ± 11.3 years (Figure 1c) and had a history of disease ranging from 1 month to 25 years (Figure 1d). These patients were interviewed for the onset of symptoms, diagnostic hospitals, emergency attacks/hospitalizations and use of enzymes, along with their personal profile including dietary habits, native place, education, profession and family history. A baseline blood investigations, consisting of hemogram, lipid, liver, kidney and diabetic profile, Serum Amylase, Lipase, Vitamin B12 and D3 were carried to understand the status of the patient prior to the commencement of Ayurvedic treatment. A detailed data of these patients regarding their age, native place, food habits, education, profession and family history was collected at enrolment.

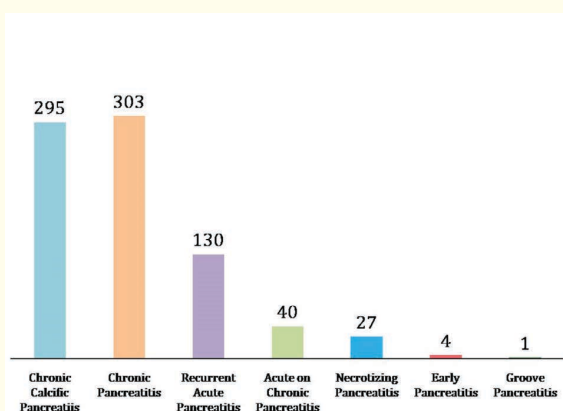


Figure 1a

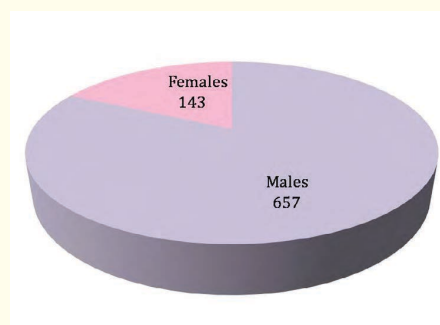


Figure 1b

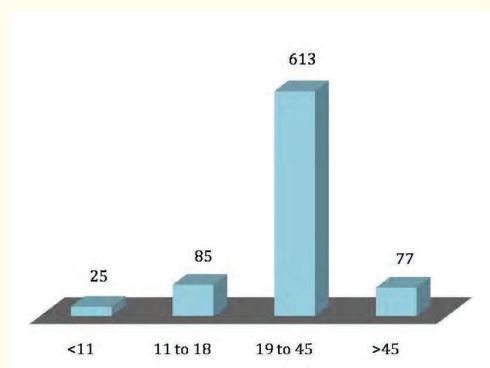


Figure 1c

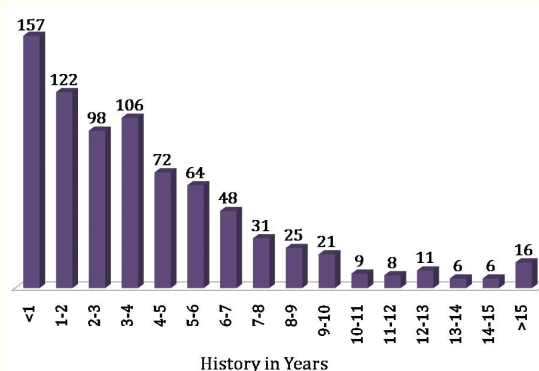


Figure 1c

Outcomes

- Incidences linked with risk factors:** It was found that incidences of RA/CP are more prevalent among non alcoholics (69%), non tobacco users (80%) and those with no family history (96%) (Figure 2 a, b, c).

- **Geographical distribution:** North India reports higher incidences of RA/CP in comparison to South India (Figure 3 a, b). These observations might be non-conclusive but one thing is evident that incidences RA/CP are widely distributed in the country.
- **Vitamin D deficiency:** 87.58% patients were found to be deficient in Vitamin D3 (n=404/800) (Figure 4).
- **Profession and education wise distribution:** The incidences were more prevalent among service class and students (Figure 5). Maximum number of patients were from engineering background.

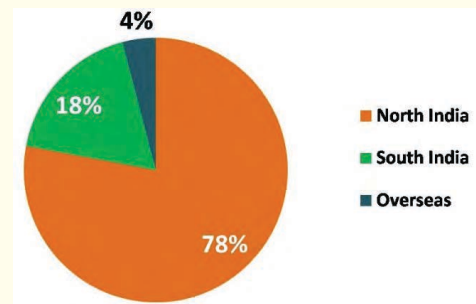


Figure 3a

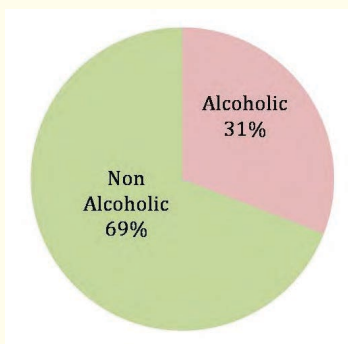


Figure 2a

Uttar Pradesh	122	Andhra Pradesh	20
Maharashtra	69	Assam	18
Delhi	68	Tamil Nadu	16
Karnataka	59	Bihar	16
Gujarat	51	J & K	8
Uttarakhand	47	Odisha	8
Haryana	47	Himachal Pradesh	7
Rajasthan	37	Jharkhand	5
Madhya Pradesh	32	Tripura	2
Telangana	31	Goa	2
West Bengal	27	Lakshadweep	1
Kerala	24	Sikkim	1
Chhattisgarh	24	Chandigarh	1
Punjab	23	Overseas	34

Figure 3b

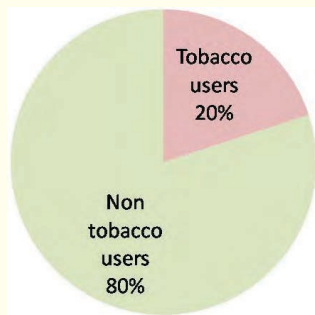


Figure 2b

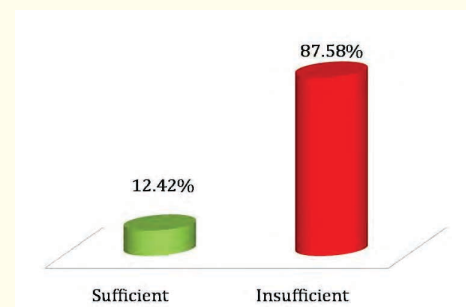


Figure 4

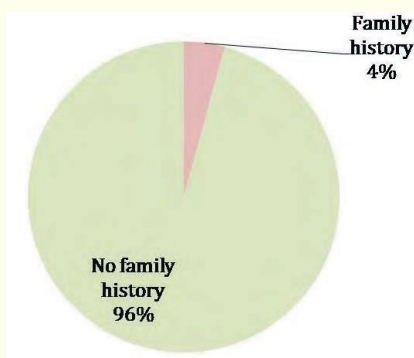


Figure 2c

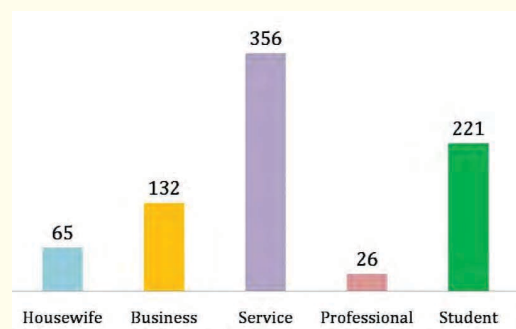


Figure 5

Discussion

Pancreatitis, which was first reported in seventeenth century, now affects nearly 0.15% of the world population with high morbidity rate. 55% patients die within 20 years of diagnosis [15]. Alcohol, tobacco and genetic factors have been identified for aggravating RA/CP. However, no confirmatory causative factor is yet established. The disease has rising trend and incidences are being reported from various parts of the world.

In the present study, a physician of Ayurvedic medicine (Complementary and Alternative Medicine) situated 250 kms north east from New Delhi has reported demography of its 800 patients, spread over 22 years duration. The observation brings some interesting findings as incidences are reported more among non-alcoholic and non-tobacco users and those with no family history. This is the first study of its type where RA/CP patients from North India outnumber South Indian patients. One may state that this number could be due to the presence of the clinic in North India. However, the second highest number of patients come from Maharashtra, which is far away from this clinic, nulling the aforesaid statement. The results clearly indicate that the incidences of RA/CP are spread all over the country. The findings also bring interesting information about professional and educational background of patients. The high incidences in service class and students might be indicative of a linkage between stress and RA/CP.

The study is in equivalence to the earlier studies that state that the incidences are more common in males and in productive age group [16]. However, there are rising cases of paediatric Pancreatitis [13]. The study does not draw any conclusion but might create a pathway for mapping of Indian population for the incidences of RA/CP and developing hypothesis for a causative factor.

Conclusion

The incidences of RA/CP are rising in India and are not restricted to one region only. The disease should be understood well to reduce their burden on individuals and their families.

Acknowledgement

Authors are thankful to all the patients and their families for sharing their details.

Conflict of Interest

Authors declare no conflict of interest.

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CA19-9 Lowering Effect of Ayurvedic Mineral Complex in the Patients of Chronic Pancreatitis

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Abstract

CA19-9 is a carbohydrate antigen used as a cancer marker in pancreatic cancer. CA19-9 levels are found to be elevated in patients of pancreatic cancer along with some other gastrointestinal carcinomas. Recent studies also indicate etiological role of this antigen in pancreatitis and pancreatic cancer. The marker is widely used as an indicator to assess the efficacy of treatments given in pancreatic cancer and decreasing levels do indicate a good prognosis. However, there are no reports on auto-regression of CA19-9 levels in patients of pancreatitis or pancreatic cancer. An Ayurvedic Mineral Complex (AMC) has been found effective in lowering CA19-9 levels in Pancreatitis patients from the very beginning of the treatment. This observation can open a new thrust area for research to develop this formulation as a preventive therapy for pancreatic cancer in patients suffering from Pancreatitis. Here we report the observations made in 43 pancreatitis patients, with elevated CA 19-9 levels, who were treated using AMC.

Keywords: Pancreatic Cancer; Pancreatitis; CA19-9; Marker; Prevention

Introduction

Pancreatitis is a progressive inflammatory disorder of the pancreas usually characterized by recurrent episodes of abdominal pain, nausea, vomiting with exocrine and endocrine dysfunction [1]. Patients suffering from inflammatory condition of the pancreas, both recurrent and chronic, are considered to be at a high risk to develop pancreatic cancer (2.7 to 16.5 fold) [2]. This risk is highest in the case of hereditary pancreatitis (up to 55%) [3]. Also, chronic pancreatitis is known to promote mutant Kras-mediated development of pancreatic cancer in experimental models [4].

CA19-9 is a known serological marker to assess progression of pancreatic cancer. It is widely used in both, diagnosis and follow-up of pancreatic cancer. Overall sensitivity of the assay is 80% with 90% specificity in diagnosis of pancreatic cancer using cut off level of 37 U/mL [5]. While normal levels are those below 37 U/mL, levels more than 300 U/mL are considered definite indicators of pancreatic cancer [6,7]. Findings from a recent study also implicate CA 19-9 in the etiology of pancreatitis and pancreatic cancer and the need to explore it as a therapeutic target in the treatment of pancreatic disorders [8]. There is no available information regarding the auto decrease of CA19-9 levels. The levels are known to decrease in cancer patients who have undergone surgery or chemotherapy and are suggestive of a good prognosis [9,10].

AMC has been showing significant effect in reducing intensity and frequency of attacks in patients suffering from different variants of pancreatitis [11,12]. The compound has also shown pancreatitis protective properties in experimental studies [13]. Here, we present the findings of an observation on 43 patients with established diagnosis of Pancreatitis who had elevated CA19-9 levels (> 37 U/mL).

Citation: Vaidya Balendu Prakash., et al. "CA19-9 Lowering Effect of Ayurvedic Mineral Complex in the Patients of Chronic Pancreatitis". *EC Gastroenterology and Digestive System* 7.1 (2020): 01-05.

Methodology

The enrolled patients were diagnosed for different variants of Pancreatitis by expert gastroenterologists using modern diagnostic tools (Figure 1). These patients were in the age group of 6 to 67 years (mean age = 30 years) with 34 males and 9 females. They had a history of Pancreatitis ranging from 1 month to 14 years with a mean of about 4.5 years. All of them had elevated levels of Serum CA 19-9 (> 37 U/mL). They were prescribed AMC at a dose of 3 - 4 mg/kg body weight along with a 1600-1800 calorie balanced daily diet, a regulated lifestyle and moderate rest. Ayurvedic treatment for Pancreatitis is a one year long protocol. These patients were asked to get Serum CA19-9 levels checked periodically.

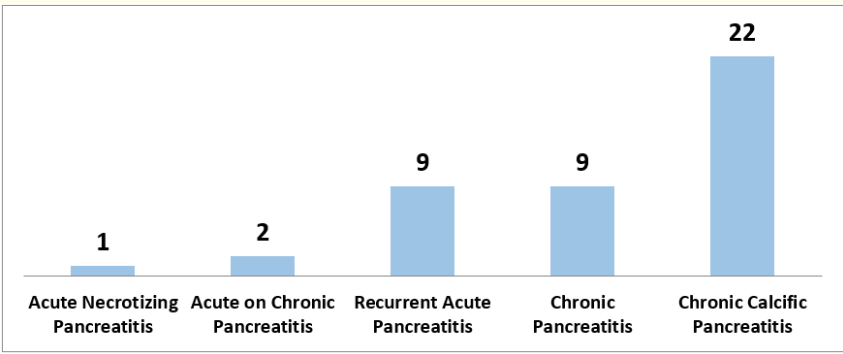


Figure 1: Different variants of pancreatitis diagnosed (n = 43).

Results

An analysis of periodical results of CA19-9 showed a lowering trend after the commencement of treatment (Figure 2). Detailed sheet with CA19-9 levels of these patients is shown in table 1. The levels were seen to decrease in all patients with time. One patient (number 43) showed increase at Day 120 as compared to Day 0 when the level was at borderline. The patient is under treatment and continuous follow up.

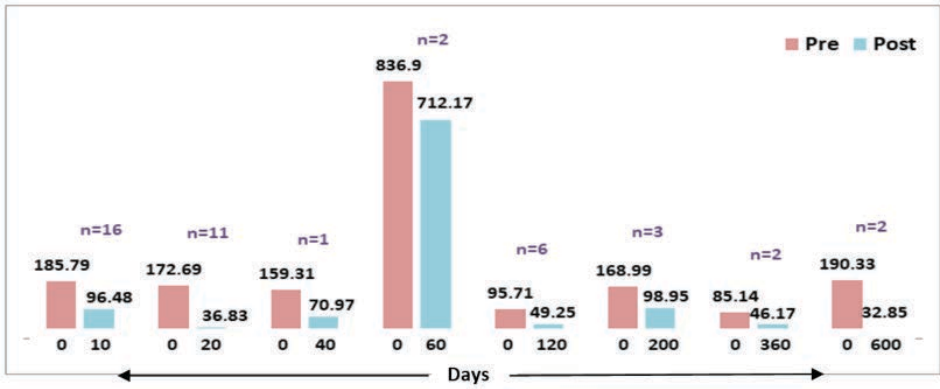


Figure 2: Lowering effect on CA19-9 levels; compared using mean levels for all days at initial and final points (n = 43).

Citation: Vaidya Balendu Prakash., et al. "CA19-9 Lowering Effect of Ayurvedic Mineral Complex in the Patients of Chronic Pancreatitis". EC Gastroenterology and Digestive System 7.1 (2020): 01-05.

Pt. No.	Age	Sex	Days										
			0	10	20	30	40	60	120	200	360	480	600
1	19	M	157.94	40.2	33.55								
2	32	M	75.19		14.07								
3	18	F	55.07	65.6	50.88	37.9			47.22				
4	38	M	123.36	28.5									
5	21	M	87.27		37.41								
6	28	M	85.84	50.2	39.62								
7	47	M	633.3	93.8	86.36								
8	52	M	48.85	30.4									
9	6	F	71.46	35.3									
10	23	M	136.03		33.34								
11	19	M	213.22	27.8									
12	23	F	473.8	458		398.4		394.24					
13	38	M	102.79	83.2	87.52			67.23		45.3			
14	28	M	53.89						42.89				
15	27	M	114.93	13.8									
16	36	M	49.91	39.3					28.19				
17	32	M	136.58	45.8									
18	38	M	242.76	66.7									
19	67	M	348.15		188.02					202.88			
20	29	M	109.6				253.81	160.21	47.2				
21	26	M	70.84	21.7									
22	10	M	80.78		37.21								
23	22	M	55.75	4.87									
24	32	M	240.65	106	18.89								
25	25	M	328.52										34.8
26	24	M	287.03		13.8								
27	23	M	73.73	18.9									
28	19	M	56.05							48.69			
29	26	F	318.41	38.2									
30	27	M	104.42	103							53.8		
31	33	M	59.23	52.8									
32	50	F	1234.4	1060									
33	46	M	52.14		14.23							63.1	30.9
34	46	M	65.86								38.55		
35	30	M	39.11	56.5	26.38								
36	32	F	159.31	284	182.88		70.97						
37	16	F	76.53	54.9	64.5								
38	53	M	1200	1098	4293.10	2764	1439.2	1030.1					
39	29	M	39.78	16									
40	27	F	114.82	22.5									
41	17	M	54.6	60.3									
42	31	M	268.96	225				140.53	70.1				
43	10	F	36.85						59.9				

Table 1: Individual CA19-9 levels of patients (n = 43).

Discussion

CA19-9 is embarked as a biomarker for keeping a check on progression or regression of pancreatic diseases [9]. It is more used in the evaluation of the success or failure of any therapy in curbing or treating pancreatic cancer. Increase in CA 19-9 levels is considered to be a sign of disease progression while decreasing levels indicate regression of cancer following the therapy. Although levels more than 300 U/mL are considered indicative of pancreatic cancer, 37 U/mL is the normal cut off value [6,7]. This may imply that all the patients in this study were at a high risk for developing pancreatic cancer. Chemotherapy and radiation therapy is known to lower the levels in cancer patients. Post-operative decreases in CA 19-9 levels in patients with pancreatic tumors and masses have also been reported. However, there are no reports on auto lowering of CA19-9 levels to normal limit.

AMC has been bringing complete and sustainable relief in patients suffering from Pancreatitis and is also able to cease disease progression in treated cases [11,12]. The formulation also exhibits pancreatitis protective properties and is absolutely safe [13]. CA 19-9 lowering effect is a recently made observation using AMC in Pancreatitis patients.

Though the number of patients in the study is small and the study is retrospective, preliminary trend does indicate that AMC could be explored further for its CA 19-9 lowering properties by designing prospective controlled studies in experimental and clinical models.

Conclusion

The findings of the study indicate the CA19-9 lowering property of AMC. Further research could be carried to develop AMC as a preventive model for pancreatic cancer in pancreatitis patients.

Acknowledgment

Authors would like to thank the patients and their families for consenting to share their medical records. We are grateful to Ms Jyoti Tewari and Ms Meenakshi Joshi for assisting in data collection and compilation.

Conflict of Interest

Authors declare no conflict of interest.

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Management of multi-relapsed chronic pancreatitis through *Rasaushadhis*: A case study

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Abstract:

Chronic pancreatitis is the long-standing inflammation of the pancreas, leading to irreversible damage of the gland. The disease is characterized by loss of exocrine and endocrine functions of pancreas owing to fibrosis and parenchymal damage. Clinical manifestations of the disease include abdominal pain, episodes of acute pancreatitis, nausea, vomiting, steatorrhea, indigestion, weight loss, and uncontrolled blood sugar. No authentic tools have yet been identified to predict the course of the disease, frequency of acute exacerbations, and rate of disease progression. Pancreatic enzymes, supplements, and a low-fat diet are usually prescribed to patients of pancreatitis. However, patients continue to experience unpredicted flare up of symptoms that are managed by IV fluids, antibiotics, and painkillers in case of acute exacerbations. Surgical intervention and stenting might also be done in some cases to bring relief to patients. However, these have limited effect, and the disease continues to progress and causes pancreatic cancer and casualties as well. Despite advances in medical science, the prognosis of the disease remains variable and unclear. Studies indicate a mortality rate of 17% in 5 years, 30% in 10 years, and 55% in 20 years after the diagnosis of chronic pancreatitis. Here, a case of chronic pancreatitis that was treated in lines of Ayurveda is presented. The patient has not suffered any attack after the commencement of Ayurvedic treatment and completes nine years of symptom-free status with no signs of progression in radiological tests.

KEYWORDS: Ayurveda, chronic pancreatitis, *Rasa shastra*

INTRODUCTION

Chronic pancreatitis is an inflammatory disorder of pancreas that results in progressive loss of exocrine and endocrine functions due to atrophy and/or fibrosis.^[1] The disease is characterized by sudden bouts of severe abdominal pain, vomiting, nausea, steatorrhea, and weight loss.^[2] In some patients, the disease may also take a painless course. The clinical symptoms with morphological changes in radiological tests make the confirmation of the diagnosis of chronic pancreatitis.^[3] Chronic pancreatitis is irreversible and progressive in nature and is

largely attributed to toxins, idiopathic, genetic, auto-immune, recurrent acute pancreatitis and obstructive factors.^[4] However, the exact pathogenesis of the disease is not clear.

Acute exacerbations of the disease are managed by emergency hospitalization and strict diet control with pancreatic enzymes, vitamin supplements, or steroid therapy thereafter.^[5] Endoscopic and surgical measures are also considered in some cases.^[5] In spite of the technological growth of medical science, no specific therapy is available to cure the disease and curb its progression. The disease is known to cause pancreatic cancer in up to 40% of cases and uncontrolled diabetes

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in about 70%-90% of cases.^[6,7] Mortality is reported in about 17% cases in five years, 30% in 10 years, and 55% in 20 years.^[8] Chronic pancreatitis is reported to have an annual incidence rate of 5-12/100,000 people with a prevalence of 50/100,000 people.^[9] It majorly occurs in the male population of the productive age group and hampers the psychological state and quality of life of the patients. It is mainly because recurring attacks, emergency hospitalizations, follow-up visits, investigations, and debility, which badly affect the financial and social condition of the patients and their families.^[10,11]

Here, the report of a Delhi-based young man who was first diagnosed and treated for chronic pancreatitis at a leading hospital of India, under a reputed gastroenterologist and later opted for Metal-Based Ayurvedic Treatment (MBAT) in 2010 at a clinic in North India, is being presented.

CASE REPORT

A 24-year-old boy, a strict vegetarian, non-alcoholic, and non-smoker with no family history of pancreatitis, presented with acute symptoms of severe continuous epigastric pain with nausea and vomiting on January 14, 2005. He was admitted in the emergency department at All India Institute of Medical Sciences (AIIMS), New Delhi, and underwent a series of laboratory investigations including imaging under the consultancy of a gastroenterologist. His serum amylase level was elevated (860 U/L), and ultrasound and computed tomography scan of the abdomen revealed mildly bulky pancreas with fuzzy outline. After which, he was diagnosed with mild acute pancreatitis following Cambridge classification. He was treated with intravenous fluids, painkillers, and antacids. After four days of the treatment, he became asymptomatic and was discharged.

In October 2006, the patient had suffered with a similar episode. He consulted a renowned gastroenterologist at Pushpawati Singhania Research Institute, New Delhi, and was managed symptomatically on an outpatient department basis. He presented with similar symptoms to the same hospital in June 2008, was admitted for four days, and was given symptomatic treatment.

Between November 2009 and August 2010, he suffered with similar attacks of pancreatitis almost every month and had to be admitted four times [Table 1]. Endoscopic ultrasound done in April 2010 was suggestive of chronic calcific pancreatitis. The patient lost 26 kg of body weight during this period. He was referred for the condition by one of his relatives for Ayurvedic treatment.

He visited the center and commenced Ayurvedic treatment in November 2010. His treatment continued for 18 months, of which, initial two week indoor treatment was given at the center. At admission, a detailed history of the patient was recorded with proofs of diagnosis and previous admissions. His vitals and symptoms were noted.

TIMELINE

MBAT is a combination of Ayurvedic medicines and a regulated diet and lifestyle. Medicines prescribed include a metal-based Ayurvedic complex, *Amar*,^[12] at a dose of 125 mg three times a day, and few supportive medicines as per the patient's symptoms, including *Hingwashtak churna*^[13] and *Kamdudba rasa*^[14] [Table 2 and Figure 1]. An 1800–2400 calorie daily diet, rich in protein and dairy products, was prescribed to him [Table 3]. He was asked to abstain from the consumption of tea, coffee, aerated drinks, alcohol, refined flour, onion, garlic, tomato, and packaged or reheated food items. He was also advised complete mental and physical rest for the initial 4 months of the treatment with 8 h of sleep at night and avoiding physical and mental exertion. MBAT was continued for 18 months with regulated diet and lifestyle.

FOLLOW UP AND OUTCOME

The patient became asymptomatic during the initial indoor treatment and gradually his general health also improved. After completion of the treatment, all his blood reports were in normal range. Follow-up scans showed stability of the disease with no signs of progression. He also gained 6 kg weight. A follow-up MRCP was conducted in March 2018 (six years after treatment completion), which showed no significant interval change as compared to the previous positron emission tomography-computed tomography and

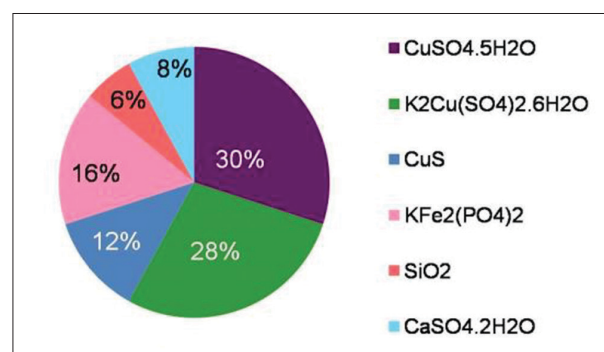


Figure 1: Composition of Amar; Source: Department of Inorganic and Physical Chemistry, Indian Institute of Science, Bengaluru. Analysis done using XRD (X-ray powder diffraction), EDAX (Energy Dispersive Spectroscopy) and SEM (Scanning Electron Microscopy)

Table 1: Details of hospitalizations due to pancreatitis

Number	Date	Symptoms	Hospital	Investigations on admission*	Treatment
1 st	January 2005	Severe abdominal pain, nausea, vomiting, constipation	AIIMS, Delhi	Serum amylase - 860; CECT - mildly bulky pancreas with fuzzy outline	IV fluids and painkillers
2 nd	June 2008		PSRI, Delhi	Serum lipase - 261; Serum amylase - 433	
3 rd	April 2010	Severe abdominal pain radiating to back, nausea, and vomiting	Medanta Hospital, Gurgaon	EUS - Chronic calcific pancreatitis	
4 th	June 2010	Severe abdominal pain radiating to back		TLC - 12,990/ μ L; serum amylase - 426	
5 th	July 2010			Serum amylase - 279; Serum lipase - 1957	
6 th	August 2010			Serum amylase - 395; Ultrasound - heterogenous pancreatic echotexture	

*Serum amylase and lipase values are in U/L. CECT: Contrast-enhanced computed tomography, EUS: Endoscopic ultrasound, IV: Intravenous

Table 2: Details of medicines given

Medicines	Duration
<i>Hingwashtak churna</i> (1 g thrice a day before meals), <i>Amar</i> capsule (125 mg thrice a day during meals)	Initial 3 months
<i>Kamdudha rasa</i> powder (125 mg thrice a day before meals), <i>Amar</i> capsule (125 mg thrice a day during meals)	4 th to 18 th month

Table 3: Diet prescribed

Meal	Items
Breakfast (08:00 a.m.)	250 ml milk + one serving of any cereal (<i>Daliya</i> / <i>Amaranthus</i> seeds/oats) + 100 g fresh cottage cheese (<i>Paneer</i>) + one small bowl of fresh seasonal fruits
Mid-morning snack (11:00 a.m.)	Buttermilk/a slice of multigrain bread, <i>Paneer</i> sandwich
Lunch (01:00 p.m.)	Rice + pulses (<i>Daal</i> : <i>Arhar</i> / <i>Moong</i> / <i>Masur</i>) + salad + vegetable + curd
Evening snack (05:00 p.m.)	Roasted puffed rice and black grams/potato and <i>Paneer</i> cutlet
Dinner (07:30 p.m.)	Multigrain freshly cooked chapatti (70 g flour) + seasonal vegetable + dal/ <i>Paneer</i> + curd + salad
Post dinner snack (09:45 p.m.)	A glass of milk/custard/any Bengali sweet

ultrasound reports done in September 2012 and January 2014, respectively. MBAT could bring significant and sustainable relief to the patient. He became asymptomatic and continues to lead a normal life since then.

DISCUSSION

Chronic pancreatitis is characterized by structured changes in the pancreas. The disease has invariable characteristics and is progressive in nature. The symptoms and complications related to the disease increase with time and take a fatal course. Up to 40% cases of chronic pancreatitis develop pancreatic cancer in their lifetime.^[6]

Available treatment options include management of symptoms and aiding digestion with the help of artificial pancreatic enzymes. However, none of the contemporary treatments have been found to completely eliminate the symptoms or curb future attacks and progression. With

limited options, patients turn to alternative treatment in desperate conditions. It is a more common practice in India where alternative medical systems such as Ayurveda, Yoga, Unani, Siddha and Homeopathy are recognized as independent systems of medicine along with conventional medicine. There are a few studies that report about the efficacy of traditional medicines in treating patients with pancreatitis. Some studies also report about the therapeutics of phytochemicals and plant extracts such as curcumin, caffeine, berberine and sesamol.^[15] However, none of these have been widely accepted as a treatment and need to be further validated and explored.

In this scenario, a North India-based Ayurvedic clinic has reported the significant and sustainable effect of MBAT in reducing the intensity and frequency of attacks and improvement in the overall well-being of patients with recurring acute and chronic pancreatitis.^[12,16] The discussed case is one of the cases treated at the clinic. The 24-year-old boy with five year history of chronic pancreatitis was put on Ayurvedic treatment. Pancreatic enzyme supplements were stopped.

Rasaushadhis are well absorbed with a diet rich in protein and fat. Ayurveda treatment is aimed to gradually restore metabolism by harmonizing the state of *Jatharagni*. The patient was given a diet plan, comprising three meals and three snacks (1800–2400 caloric). The patient responded very well to the treatment with overall improvement in digestion and general condition.

Ayurvedic formulation used in the treatment is derived from *Rasa shastra* which deals with the therapeutics of processed metals which are termed as *Dhatu* in Sanskrit.^[17] The masters of *Rasa shastra* have linked body *Dhatu* with metal *Dhatu*. According to the available literature, imbalance of metal *Dhatu* in body *Dhatu* leads to disturbed body metabolism due to discrepancies in diet, lifestyle, and other factors. Rebalancing these metals in body tissues could bring back the equilibrium state.

Copper stands third among these metals and is toxic in large amounts. However, its presence has been shown in human tissues, including brain, liver, and muscles.^[18] It has been described to possess strong anti-inflammatory properties. The complex used in this treatment has been prepared using processed copper as the main ingredient which is further processed with mercury and sulfur following the concepts of *Gandhaka jarana*. Repeated *Gandhaka jarana* leads to *Gandhaka jeerna* state of *Parada*. In this complex, there is a two fold increase in the quantity of *Gandhaka* in *Parada* (*Dvigune gandhaka jeerna parada*).^[19] The chemical analysis of the finished compound does not show any trace of free metals [Figure 1].^[12] The final compound is a mineral complex with unexplained phenomenal structure. It could be understood in Ayurvedic terms as “*Parada gandhaka marita tamra bhasma*.”

Chronic pancreatitis is an inflammatory disorder which does not respond to the available steroidal and nonsteroidal anti-inflammatory agents. Animal studies have also confirmed the pancreatitis protective properties of the formulation.^[20]

In view of the observed clinical effect of the compound, *Amar* emerges as a potent pancreatitis protective therapeutic agent and merits further development.

CONCLUSION

This case is a benchmark for the efficacy of MBAT in bringing complete resolution of symptoms and impeding the progression of the disease.

Declaration of patient consent

Authors certify that they have obtained patient consent form, where the patient/caregiver has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/caregiver understands that his/her name and initials will not be published and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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Transformation of Copper into therapeutic mineral complex following principles of *Rasa Shastra*

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ABSTRACT

Background: *Rasa Shastra* is a specialized branch of *Ayurveda* which evolved from 1st to 5th century in India. The branch deals with therapeutics of substances of plant, animal and mineral origin, which are moderate to severely toxic in raw form. However, there are various methodologies to transform them into non-toxic therapeutic form. A complex compound was initially prepared in mid seventies using Copper, Mercury and Sulphur as base materials that were processed with *devdali* (*Luffa echinata* Roxb.), *aprajita* (*Clitoria ternatea* L.) and fresh lemon juice. The compound was found clinically effective in treating pancreatic disorders. This study was conducted in 2015-17 with the aim of developing standard operative procedures and quality parameters along with understanding the chemical structure of the compound. **Methodology:** Three batches of the formulation were prepared. The process involved repeated grinding and heating of the amalgamation of the ingredients under controlled conditions. The grinding and heating specifications were monitored and documented. Samples were collected at various steps and the raw materials, in-process and finished compounds were subjected to chemical analysis at Indian Institute of Science, Bengaluru. **Outcome:** Standard Operative Procedure for the preparation of the stated formulation was developed. The results of the chemical analysis showed formation of new mineral peaks. The final product was devoid of any free metals. **Conclusion:** The study shows that the traditional methodologies described in *Rasa Shastra* possess potential to convert metals into mineral forms that are therapeutically effective and safe. The science needs to be further explored and developed.

Keywords: *Rasa Shastra*; *Ayurveda*; Pancreatitis; Pancreatic disorders

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Introduction

Copper is among the few metals that occur in nature in native form. Copper is an essential trace dietary mineral for human body (1.4 to 2.1 mg per kilogram body weight) that is crucial for the proper growth, development and maintenance of certain body organs, like bone, connective tissue, brain, heart.^{1,2} Copper stimulates the immune system to fight infections, to repair injured tissues, and to promote healing and helps neutralize “free radicals”, which can cause severe damage to cells.³ On the contrary, certain salts of Copper, such as hydroxides, chlorides and

sulphates, may cause acute toxicity to human beings.⁴

Rasa Shastra in *Ayurveda* emphasises on the therapeutics of metals and minerals and terms these as *dhatu*s and *upadhatu*s.⁵ Copper (*tamra*) stands among seven *dhatu*s described in *Rasa Shastra* for their therapeutic properties.⁶ The calcined ash of *tamra*, referred to as *tamra bhasma*, has traditionally been in use for the treatment of disorders described in classical Ayurvedic texts such as, *pandu* (anaemia), *udarshoola* (abdominal pain), *jwar* (fever), *kushtha* (skin disorders), *shwasa* (dyspnoea).⁷ However, Ayurvedic texts also mention that Copper is a *mahavish* (poison) and, therefore, special methodology has been described to convert it into first, non toxic, and then,

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therapeutic form⁸. Also, classical texts state various methods for processing of *tamra*, of which processing using *parad* (Mercury/ *rasa*) is considered to be the best.⁹

Mercury, the 80th element on the periodic table, is a highly toxic heavy metal. Its toxic effects include damage to the brain, kidneys and lungs.¹⁰ Salts of Mercury have traditionally been in use to treat syphilis and as a diuretic, topical disinfectant and laxative.^{11,12} Different methodologies for processing of Mercury have been described in Ayurvedic texts. It is mentioned that Mercury attains its therapeutic value when processed with Sulfur, a process called *gandhak jarana*.¹³ The process involves heating of *gandhak* in different proportions with *parad* in specifically designed apparatus called *nalika baluka yantra* and leads to a state of *gandhak jeerna parad*. This *parad* has been stated to possess miraculous therapeutic properties.¹³ Sulfur (*gandhak*) is a non-metallic element with atomic number 16 that has since ancient times been in use for treating skin problems and bacterial infections.¹⁴ It is widely used in homeopathic medicines for digestive disorders, skin and respiratory conditions, prostate and menstrual related symptoms. In *Ayurveda*, *gandhak* is used as an alterative, laxative, diuretic and insecticide.¹⁵

In the stated background, considering the stated principles of *Rasa Shastra*, Meerut based Late Vaidya Chandra Prakash initiated an experiment, in the mid-seventies, where he first subjected Copper (*tamra*) to *samanya shodhan* (purification).¹⁶ He used *hingul* to extract Mercury (*parad*). The *hinguloth parad* thus obtained was processed with Copper to obtain *tamroth parad*. *Tamroth parad* was further converted into *vishoth parad*. *Vishoth parad* was then amalgamated with Copper and Sulphur and exposed to fire for different durations in *nalika damru yantra*. On cooling after each cycle, same amount of Sulphur was added to the compound. Fifty such cycles were repeated. The herbo-mineral formulation, thus obtained, was found therapeutically effective in treating pancreatic cancer of advanced stage.¹⁷

Later, this formulation, termed as *Amar*, was introduced

in clinical practice. *Amar* has been in use for decades by the successors of Vaidya Chandra Prakash

and was found significantly effective in treating Recurrent Acute/ Chronic Pancreatitis (RACP). The data from the clinical practice has been documented using Good Clinical Practice guidelines and the results of these observations have been reported.^{18,19,20}

The present study was conducted in 2015-17 with the aim to set standard operative procedures by developing quality parameters for the intrigue processing involved in the preparation of the complex. The study has been carried at VCPC Research Foundation, Dehradun in collaboration with Department of Inorganic and Physical Chemistry, Indian Institute of Science, Bengaluru, where raw materials, in-process and finished products were analyzed using non-destructive methods.

Methodology

Preparation: Three batches of *Amar* were prepared simultaneously. *Hingul*, Copper (*Tamra*) and Sulphur (*Amlasar Gandhak*) were used as raw materials along with *Luffa echinata* Roxb. (*devdali*), *Clitoria ternatea* L. (*aprajita*) and lemon juice as consumable herbs during its preparation.

Shodhan sanskar

Tamra shodhan: Thin sheets of Copper were procured and subjected to heating in Light Diesel Oil furnace until they became red hot. After heating, these sheets were dipped into sesame seed oil. This process of heating the sheets and dipping them in liquid was repeated seven times using sesame seed oil, buttermilk, cow urine, *triphala kwath* (decoction of equal parts of *amalaki* or *Phyllanthus emblica* L., *bibhitaki* or *Terminalia bellirica* Roxb., and *haritaki* or *Terminalia chebula* Retz.) and *kuluttha kwath* (decoction of horse gram).¹⁶ (Table 1)

Parad shodhan: Mercury was extracted from *hingul* using traditional method (*kanduk yantra*) as *hinguloth parad* (HP) (Table 2a). HP was ground with copper sheets in

lemon juice and evaporated (*urdhvapatan*) using an *urdhvapatan yantra*.²¹ The evaporated Mercury obtained was further ground with Copper in lemon juice and evaporated in the same manner. The Mercury obtained after seven such processings was called *tamroth parad (TP)* (**Table 2b**). *TP* was further ground seven times with *arka ksheer* (latex of *Calotropis gigantea* L.), *snuhi ksheer* (latex of *Euphorbia neriifolia* L.), *dhatra patra swaras* (*Datura stramonium* L. leaves), *kaner mool twak kwath* (*Nerium indicum* Mill. root decoction), *ghughunchi kwath* (*Abrus precatorius* L. extract), *kalihari kwath* (*Gloriosa superba* L. extract) and opium water and evaporated similarly.²² Thus, *vishoth parad (VP)* or processed Mercury was obtained (**Table 2c**).

Gandhak shodhan: Sulphur (*amlasar gandhak*) was first melted in an iron vessel with *ghee* and then poured into the decoction of *triphala* (modified process).²³ It was then

filtered and dried under sun after cooling.

Grinding and heating (*mardan and agni sanskaar*)

The processed raw materials and consumable herbs were ground using motor operated wet grinders for six to eight hours to attain the particle size of <5µm of more than 80% of the ground material. The particle size stated was ensured using a particle size analyzer after each cycle of grinding (**Figure 1a**). The amalgam obtained after grinding was dried under sun, packed and sealed in polished clay vessels, giving the shape of a two headed drum (*nalika damru yantra*). These were then heated continuously for different time periods at temperature ranging from 365-400°C (**Figure 1b**). Fifty cycles of such processing were carried out. **Figure 2 a, b and c** depict the varying duration of temperature exposure, weight of compound and consumption of herbal extract for each processing.

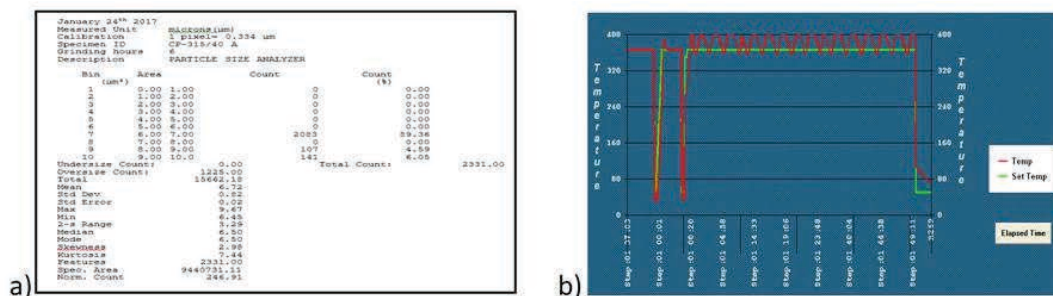


Figure 1: a) Sample of readings obtained through particle size analyzer after one cycle of grinding. b) Temperature chart obtained using programmed muffle furnace (Temperature range: 365-400°C).

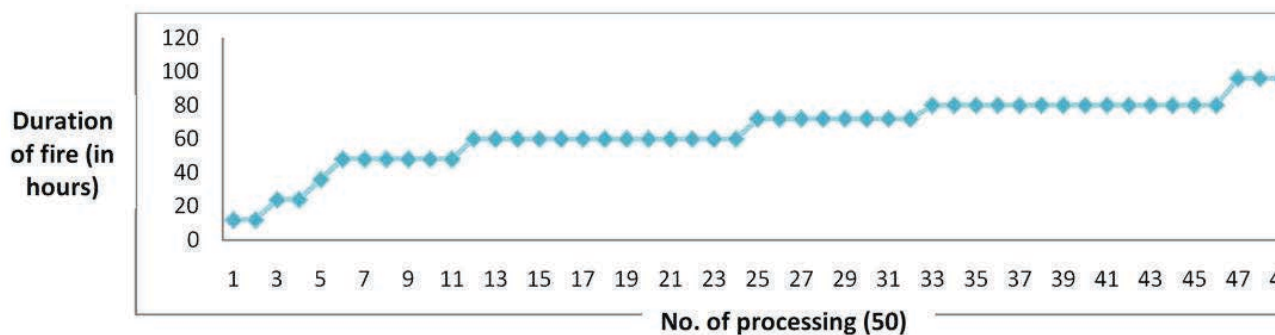


Figure 2a: Duration of fire during the processing

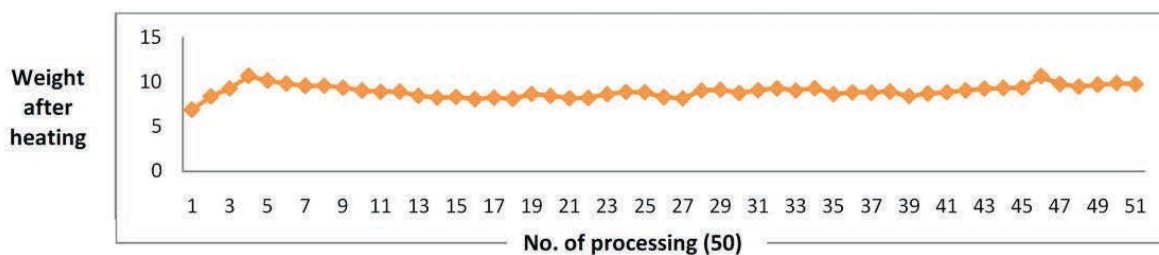


Figure 2b: Weight of compound after each process of heating (average weight 8.95 kg)

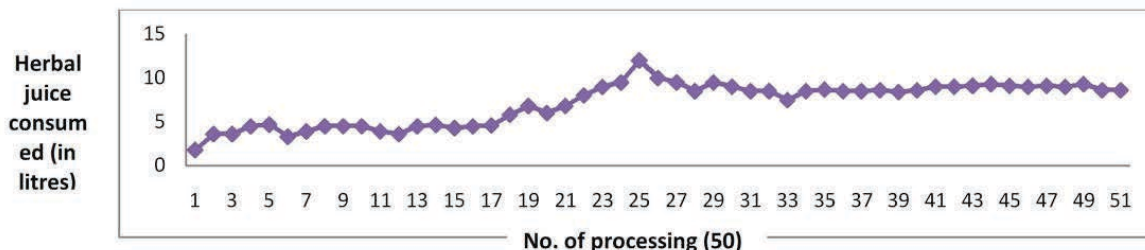


Figure 2c: Herbal juice consumed in the processing (average consumption 7.1 litres)

Samples were collected at the end of each cycle and randomly selected for qualitative and quantitative analysis using non destructive methods.

Analysis

The samples were first ground into a fine powder and their X-ray diffraction (XRD) pattern was recorded. The chemical composition and morphology of the samples were determined using EDAX measurement and Scanning Electron Microscope (SEM) images respectively. To identify the minerals present, the diffraction patterns were matched with the reported patterns of a library of minerals that are reported to contain the same elements as that in the sample. Sequential identification was done with mineral corresponding to the most intense peak in the experimental

pattern being identified first. The pattern for this mineral was digitally subtracted from the experimental data. The samples were then washed repeatedly with water to remove all water soluble components in the sample and dried in oven at 60^of C which was followed by XRD measurement for water insoluble fraction. The above mentioned steps were repeated for the water insoluble fraction. This was repeated until all the peaks in the experimental diffraction pattern matched. Percentage composition of each phase in the sample was deduced using MATLAB code and the corresponding pie chart was plotted.

The composition of the final product of all three batches was more or less identical (Figure 3).

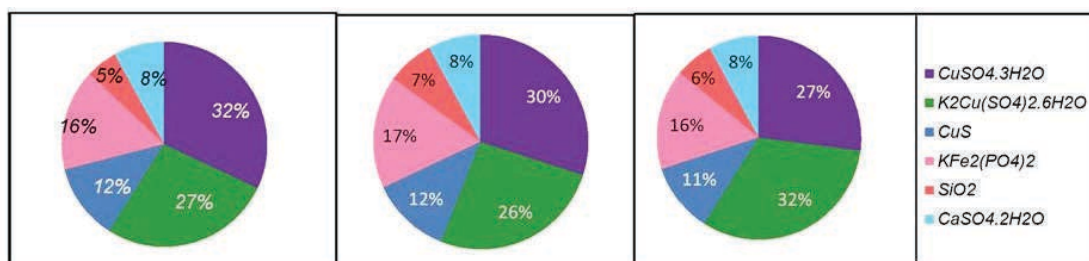


Figure 3: Chemical compositions of final products of the three batches

Result

The analysis of raw materials, in-process and final products showed that there was sequential disappearance of metals during the process. The finished product showed no free metal and comprised of minerals only.

Discussion

Rasa Shastra that originated somewhere around the 1st century came into proper existence around the 8th century.⁶ This science involves various methodologies to convert metals into mineral forms. It is almost impossible to understand the intricate details of each processing which takes many years to convert toxic metals into therapeutically effective non-toxic forms. However, there are always been a big question mark on the chemistry of the finished product and safety and efficacy.

Mercury and Copper are well known metallic elements and Sulphur is a non metallic element. In the present study, these were subjected to repeated grinding and heating using extract of *Luffa echinata* Roxb. and *Clitoria ternatia* L. in lemon juice. The end product converts into a complex mineral compound and does not have any trace of free metals. There is sequential disappearance of metals and formation of mineral complex with increasing number of processing. Hundred times *gandhak jarana* has been used in the three batches and there is a similarity after the last processing.

It seems that the traditional methodology is responsible for the gradual conversion of metals into mineral form. However, these findings cannot be considered as final as changes were being seen with increasing number of processing. More processing should be carried until the change is arrested and stability is gained. The science behind these changes needs to be studied further.

Experimental and clinical studies have demonstrated that this compound has strong pancreatitis protective properties.²⁴ The compound has also undergone acute, sub-acute and chronic toxicity studies and has been found to be absolutely safe (*data on file*).

Rasa Shastra is largely practiced in India in its traditional form. Therapeutics of metals and minerals which are processed following Ayurvedic classical texts have not yet been explored and remain a virgin area of medicine. The chemical analysis of the formulation opens up a new chapter towards the therapeutic potential of *Rasa Shastra*. Further studies are required to understand the mechanism of transformation of metals into minerals and the isomorphic properties of the compound.

Conclusion

The study depicts the fundamentals of '*maran sanskaar*' that means the metal loses its metallic form. This intriguing phenomena of *Rasa Shastra* needs to be studied further.

Conflict of interest

Authors declare no conflict of interest.

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Testimonials from Beneficiaries



Mr Nitin Srivastava, 42 years, Delhi

Diagnosis: Chronic Calcific Pancreatitis (1996)

Diagnostic Hospital: GB Pant Hospital, Delhi;

Poona Hospital, Pune

No. of Attacks & Hospitalizations: 9/9

Symptoms at the onset of AyT (July 1997): Abdominal pain

Current status: Symptom free survival for 24 years

“My body allows me to travel, enjoy my food, play, work, pick up interests and hobbies and lead a very normal life.”

Year 1996 was when it all started. Same year I finished my school and during the month of March-April I suffered from the first pain attack of Pancreatitis. That kind of pain was new to me and initially it felt like a hyper acidity issue. Within 10 minutes, the pain became unbearable and I had to be admitted to a reputed nursing home in Greater Kailash, Delhi. I was fine within 3 days and the doctor presumed it to be stomach or food pipe inflammation. After 2-4 months, I was admitted in a much prestigious hospital but was released in 3-4 days with incorrect diagnosis. I had to undergo through many tests, couple of Endoscopy but no definite reason was concluded.

It took 3 visits, 3-4 severe pain attacks, multiple tests and almost 1 year to diagnose Acute & Chronic Pancreatitis and Calcification of Pancreas. I was treated at GB Pant Hospital and went under allopathic treatment for almost one year (1996-1997). During this tenure I suffered from multiple pain attacks (4-6 times) and every time I had to be admitted. I was recommended to Vaidya Ji by my allopathic doctor and we are glad that we took that recommendation very seriously.

By the end of the year 1997 I met Vaidya Ji and went through the detailed treatment. He assured me that I will just be fine and it will take few months. He clarified that I will still get pain attacks but the intensity and frequency of occurrence will gradually reduce, before it goes away. Within the next 1 year of treatment, I felt the pain only twice and intensity did decrease. Gradually my medication was reduced and restrictions on my diet were relaxed. Within 1.5 - 2 years of Ayurvedic treatment I was eating everything and leading a very normal life. Within 2 - 3 years, the MRI & CT scans confirmed that the calcification growth has ceased and no further damage to Pancreas has occurred. After the year 2000, I only felt the pain 3 more times but they were never severe like before.

All thanks to dear Vaidya Ji, I was able to finish my education and pursue my job properly. My body allows me to travel, enjoy the food, play, work, pick up interests and hobbies and lead a very normal life.

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Mr Amit Garg, 49 years, Rajasthan (Jaipur)

Diagnosis: Chronic Calcific Pancreatitis (1997)

Diagnostic Hospital: G. B. Pant Hospital, Delhi

No. of Attacks & Hospitalizations: 6/4

Symptoms at the onset of AyT (March 1998): Abdominal pain and vomiting

Current status: Symptom free survival for 23 years

"It has been 23 years..I am healthy and completely fine."

In 1991, I had sudden bout of abdominal pain and vomiting. My family rushed me to MBS Medical College at Kota in Rajasthan. There I underwent a laparotomy and was diagnosed for Acute Haemorrhagic Pancreatitis. After four months, I again suffered abdominal pain. I consulted Dr S K Sarin at G B Pant Hospital in Delhi. After examination I was told about formation of pseudo cyst in my pancreas. Dr Adarsh Chaudhary removed that cyst. Afterwards, I remained well for six years.

In year 1997, I developed Diabetes Mellitus. An ultra sound and MRI showed calcification and multiple stones in my pancreas. I also had three to four episodes of mild abdominal pain and indigestion. I tried with few consultants but didn't get any relief. At this juncture, some family friends suggested me to consult Vaidya Balendu Prakash at Dehradun.

I started Ayurvedic treatment with Vaidya ji from 31/03/1998. He gave me few of his own prepared medicines with dietary advice. I responded well and my symptoms came back to normal. I continued these medicines for three years on daily basis. I have got major relief in my digestion and abdominal pain. I didn't notice any side effect of given treatment. However, I still continue to suffer with Diabetes Mellitus (Type II) and calcification and stones in my pancreas remain as it is. (No progression).

Now it has been 23 years since I started Vaidyaji's treatment. After 2001, I haven't taken any medicine for pancreatitis from Vaidya ji or any other doctor and I am still healthy and perfectly fine. For this I am very thankful and grateful to Vaidya ji and his treatment due to which I am absolutely fine now. I wish all patients can be cured from this disease so that they can live their life happily.

Contact : 09414405550 / amitgarg.en@gmail.com



Ms Selma, 43 years, Kerala (Palakkad)

Diagnosis: Chronic Calcific Pancreatitis (1995)

**Diagnostic Hospital: Moulana Hospital, Perintalamanna;
RCC, Trivandrum**

No. of Attacks & Hospitalizations: 30/30

**Symptoms at the onset of AyT (October 1999): Abdominal pain,
anorexia, weight loss**

Current status: Symptom free survival for 22 years

“She gained 12 kg weight during the treatment”

Selma had an episode of severe abdominal pain in 1995 January when she was 17. She was admitted at Moulana Hospital, Perinthalmanna in Mallapuram, Kerala. There she was diagnosed for Chronic Calcific Pancreatitis after undergoing many investigations including X-RAY, ultrasound, CT scan of abdomen. She was treated with IV fluids and painkillers and responded well. She remained asymptomatic for next two years. In the year 1997, she again developed severe pain in abdomen with vomiting and substantial weight loss. She was hospitalized, received IV fluids, painkillers and improved. However, within a fortnight she again suffered with pain abdomen of same intensity and hospitalized for IV fluids and pain killers. But the frequency of attacks increased further in next two years. She used to spend 10-15 days every month in hospital and had nearly thirty attacks of abdominal pain. She also lost overall 20 kgs body weight during this period.

At this juncture she was referred by her treating gastroenterologist at Maulana Hospital to Vaidya Balendu Prakash and admitted under him at the Ayurvedic Research Unit in RCC, Trivandrum, Kerala on 3rd October 1999. She was pale, weak with only 30 kgs body weight and having unbearable abdominal pain (score 60%). Her X-RAY abdomen dated 6 October 1999 showed multiple opacities suggested calcification in pancreatic region and Ultrasound abdomen revealed enlarged pancreas 27/20/80 mm with irregular margins and multiple calculi of various sizes seen in head, body and tail region. She showed dramatic improvement within first week of Ayurvedic treatment and gained 1.5 kgs body weight with no pain. She continued Ayurvedic treatment since April 2000. During this period, she gained 12 kgs weight and remains asymptomatic.

Now she has completed 22 years after starting Ayurvedic treatment. By God's grace, she is doing absolutely normal without any sign and symptom of Chronic Pancreatitis. We are extremely thankful to Vaidya Balendu Prakash ji and the management and doctors of Maulana hospital for referring us to him.

Contact : +919747625970



Mr Jagjivan Malik, 64 years, Jammu & Kashmir (Jammu)

Diagnosis: Chronic Pancreatitis (1999)

Diagnostic Hospital: PGI, Chandigarh; AIIMS, Delhi

No. of Attacks & Hospitalizations: 3/3

Symptoms at the onset of AyT (April 2001): Pain in upper abdomen, weight loss

Current status: Symptom free survival for 20 years

“I have completed nineteen years after Ayurvedic treatment and haven't experienced any pain or discomfort.”

I had been a chronic alcoholic for 25 years until I developed deep jaundice in May 1999. I was taken to PGI Chandigarh where I was diagnosed for Chronic Calcific Pancreatitis with endocrine and exocrine insufficiency with a mass lesion in the head of

pancreas and stricture in common bile duct. Here, I was treated with IV fluids, painkillers and antibiotics. I remained well for fifteen months.

In August 2000, I suffered with acute pain in my upper abdomen which was radiating to back with strong nausea. I was treated locally by a gastroenterologist with IV fluid and painkiller for few days. Afterwards, I used to have continuous and dull pain in my back and upper abdomen with an unexplained weakness and gradual weight loss. This all affected my quality of life badly. I was admitted into AIIMS, Delhi from 13/02/2001 to 28/02/01. The CECT and MRCP of abdomen reconfirmed the diagnosis of Chronic Calcific Pancreatitis. I was treated with painkiller, antibiotics and IV fluids. At this juncture, I was also recommended for some surgical procedure which I refused and came back to my home town in Jammu.

Meanwhile, I heard about Vaidya Balendu Prakash from Dehradun. I contacted him and reached to his clinic on 21/04/2001 in a shabby state of body and mind. My body weight was reduced from 68 kg to 55 kg and I had become an insulin dependent diabetic patient. Vaidya ji treated me with some dietary and lifestyle modifications along with his own prepared medicines called Kamdudha, Amar and Higwasthak Churna. I responded well to his treatment from the day one and gained 3.5 kg body weight within six weeks of Ayurvedic treatment. My daily insulin intake reduced to 36 units/day from 42 units/day. My weight also increased to 62 kg after one year long continuous treatment.

Now, I am 64 years old and I have completed nineteen years after Ayurvedic treatment. My health is good and I didn't experience any pain or discomfort afterwards. I didn't feel any adverse effect of Vaidyaji's treatment.

I am very grateful to Vaidya Balendu Prakash and his team.

Cotact : 9419140401



Ms Neeru Talwar, 50 years, Uttarakhand (Dehradun)

Diagnosis: Chronic Calcific Pancreatitis (2000)

Diagnostic Hospital: CMI, Dehradun

No. of Attacks & Hospitalizations: 50/40

Symptoms at the onset of AyT (May 2002): Abdominal discomfort and mild pain

Current status: Symptom free survival for 19 years

"I even delivered a healthy baby after Vaidya ji's treatment."

I am non alcoholic and non tobacco user. In 2000, I developed severe pain in abdomen with vomiting. I was admitted at CMI Hospital, Dehradun under Dr Sanjay Saxena, DM Gastroentriologist. He advised certain blood test, ultrasound, CT scan & diagnosed me for CP. He put me on daily doses of painkillers and Panlipase three times a day for rest of the life.

However, my condition was worsening. I had lost 12 kg weight and about sixty episodes of abdominal pain & vomiting in two years of time. I was very scared and frightened with the prognosis. My husband consulted many hospitals in Lucknow and Delhi. After deliberate search we consulted Padmashri Vaidya Balendu Prakash on 24 May, 2002. He treated me with his medicines

and dietary advice for one year and stopped all my previous treatment. I did not observe any side-effects of his treatment and regained my health and 10 kg of body weight. I even delivered a healthy baby after Vaidya ji's treatment. I am very thankful to Almighty and Vaidya ji. It has been eighteen years since I stopped his treatment and I am completely fine.

Contact : 8057188062



Mr Ankur Agarwal, 40 years, Delhi

Diagnosis: Chronic Calific Pancreatitis (2005)

Diagnostic Hospital: AIIMS, New Delhi; PSRI, Delhi; Medanta Hospital, Gurgaon

No. of Attacks & Hospitalizations: 8/8

Symptoms at the onset of AyT (November 2010): Abdominal pain, anorexia, weight loss

Current status: Symptom free survival for 10.5 years

"I am disease free and totally symptom free."

Born in an Agarwal Hindu family, we are pure vegetarians, non-tobacco users, and non-alcoholic and always ate home cooked food.

I was quite healthy until I attained the age of twenty & I suffered with acute viral hepatitis (jaundice) in 2001. Within a month I was healthy again. However, in January 2005, there was a sudden onset of acute pain in the middle and upper part of my abdomen associated with bouts of vomiting. Our family physician prescribed painkillers. But when the pain did not subside, he referred me to the emergency of All India Institute of Medical Sciences (AIIMS), Delhi, the nearest specialty hospital from our house.

At AIIMS I was treated with painkillers and antiemetic medicines to control pain and vomiting and underwent CT scan and blood tests that revealed elevated Amylase (860 u/l) and mildly bulky pancreas with fuzzy outlines. I was put on IV fluid, antibiotics and painkillers for five days. Afterwards I was discharged with tablet Zentel, Rantac on daily basis. I recovered well. In October 2006, once again I had sudden onset of abdominal pain associated with vomiting and severe constipation. My family took me to Dr. Rakesh Tandon, a senior consultant gastroenterologist at Pushpawati Singhanian Research Institute for Liver, Renal and Digestive Diseases in Delhi. I was put on liquid diet Tab Pan 40 mg 1BD, Tab Tramazac 50mg thrice a day. I responded well. At discharge, I was given a prescription consisting of tablet Creon 10,000 mg twice a day, Pan 40 mg 1OD, Tab Neutrosec 2 BD and Tab Tramazac 50mg SOS for two months with strict semi-solid diet. I continued the above treatment until April 2010 and was symptoms free during this period.

At this point, I again developed acute abdominal pain with raised Lipase (261 u/l), Amylase (433 u/l) and uric acid 8.3 mg/dl. Now we consulted Dr. Randhir Sud, MBBS, MD, DM, Gastroenterologist at Medanta Hospital, Gurgaon. He reconfirmed the diagnosis of chronic pancreatitis and advised me to do complete mental and physical rest. However in April 2010 there was a severe epigastric discomfort and pain associated with vomiting. Lab investigation showed amylase 395 and endoscopic ultrasound

established the diagnosis of Chronic Calcific Pancreatitis. The doses of Creon was increased to 25000 tds with meals along with Pantocid 40mg od, Ultracet sos and Zevit one cap od. However, in August 2010 there was another severe attack of abdominal pain with vomiting. There was also steep rise in the lipase (1957u/l) and amylase 279u/l. I was put on IV fluid, Painkillers and no oral feeding.

Dr Randir Sud also explained to my family about the limitation of ongoing treatment, prognosis and suggested long term treatment of steroids. After all pros and cons my family decided to look for an alternative treatment as I had continuous discomfort and pain in abdomen. After deliberate search we found some information about Dehradun based Ayurvedic physician, Vaidya Balendu Prakash (Vaidya ji) through our relatives who had been successfully cured by Vaidya ji for Acute Pro-Myelocytic Leukemia (APML), a type of blood cancer. I attended the clinic of Vaidya ji on 17/11/2010 at Dehradun as indoor patient for initial two weeks. I was put on three meals and three snacks oral diet with his own prepared ayurvedic formulations consisting of AMAR 125 mg TDS and Hingvashtak churan 1gm TDS during meals. Within seventy two hours of this treatment, I felt big relief in my abdominal pain. My appetite improved and there was a gradual and overall improvement from November to February. I gained four kg body weight as well which had come down to 59kg from 85kg in last few years.

In September 2011, I had a setback in my health due to some physical exertion caused by a tragedy in the family. I was again admitted at Dehradun for five days treatment (regulated diet, lifestyle and medicine). I had instant relief and I came back to Delhi with ayurvedic treatment which I continued until May 2012. During this period I had been leading a normal life. This time I had developed sudden loss of appetite, frequent nasal allergies with fizzy liver. Vaidya ji treated me with one of his own prepared herbo-mineral formulation called IMMBO for eight months. That made me symptoms free.

In May 2012, I developed constant fever with severe body ache. The blood reports revealed presence of typhoid. Vaidya ji treated me for typhoid and I slowly regained normalcy. However, in August 2012, I again felt constant pain in my lower back. Laboratory investigations revealed high ESR. A PET scan dated 12-09-2012 showed FDG avid (SUV max – 9.0) enlarged bilateral cervical and necrotic mediastinal lymphadenopathy and FDG avid lytic destructive lesion in L4 vertebral body with anterior epidural soft tissue component. It was diagnosed as Chronic Osteomyelitis. However, there wasn't any trace of CP at this time. Vaidya ji prescribed me NAVBAL RASAYAN 250mg four times a day with honey for first 30 days and later thrice a day for five more weeks. A follow up MRI dated 12-12-2012 showed marked/significant improvement. And a total dissolution of my disease was seen in next MRI dated 18-03-2013. My ayurvedic treatment was stopped at this time. Today I am disease free and totally symptom free. I can perform all my duties. During this period, I did not observe any side-effects of Ayurvedic treatment.

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Mr Pankaj Garg, 32 years, Rajasthan (Jaipur)

Diagnosis: Chronic Pancreatitis (2006)

Diagnostic Hospital: Fortis Hospital, Jaipur

No. of Attacks & Hospitalizations: 14/12

**Symptoms at the onset of AyT (January 2014): Acidity, constipation
weight loss, epigastric pain**

Current status: Symptom free survival for 7 years

“Medicine is only a part of the treatment at Padaav.”

In 2006, I was 18 when for the first time, I was hospitalized – it was chronic pancreatitis, the doctors said. Thereafter, I knew I had to live with this disease till I breathe my last. But things changed, and today, I am leading a healthy and painless life.

My journey with pancreatitis was painful – periodic episodes of unbearable abdominal pain, numerous hospital visits and repeated medication, until I came to Padaav Ayurvedic Centre in Dehradun. And I must say, Padaav is not just a hospital but is a true care centre.

Before coming to the Centre, this disease affected me and my family financially, morally, psychologically and socially. Actually very little is known about this disease among general public and research on pancreas is not available in the public domain. So I started collecting information about pancreatitis from internet and met different doctors. Based on this knowledge my whole family made significant dietary changes and switched to yoga. With these changes I did not get a single attack for almost 2 years. And in summer of 2009, I went to Germany for an internship. But I had to return to India as I got another attack.

Immediately after coming to India, I made a visit to Dr Sarin, a renowned physician at the GB Pant Hospital in Delhi. Dr Sarin suggested implanting a stent in my pancreatic duct along with a few medications. A stent was implanted through ERCP but failed to prove beneficial. I got another attack while undergoing ERCP and the stent also went away after some time. At this time doctor declared that my acute pancreatitis had converted into chronic pancreatitis.

In 2010, I went to Mumbai for higher education but sudden change in lifestyle and diet I got another attack but after this for the next two years had no attacks. I was back on diet management and yoga. By 2012, I was back in Jaipur, my hometown. However, in January 2013 I got another attack. Frequent attacks now started bothering me. I was put on nine tablets of Panlipase every day for life long duration. I was very scared of my disease and I read extensively about it on the internet. Coincidentally, I heard Dr MS Valiathan during a lecture. After the lecture I got in touch with him over email and he suggested contacting Dr GG Gangadharan in Bangalore, who introduced me to Padamshri Vaidya Balendu Prakash who has successfully treated many cases of Chronic Pancreatitis.

I then visited his website and read a testimonial by Ankur from New Delhi, who recently underwent treatment for chronic pancreatitis offered by Vaidyaji. After reading Ankur's testimonial I decided to meet him in Delhi. Ankur's improved health and confidence in Vaidyaji's treatment boosted my morale and encouraged me to undergo Ayurvedic treatment.

And in January 2014, I went to consult Vaidyaji in Dehradun. Within few days after starting Vaidyaji's medication pain in upper abdomen disappeared, a pain that doctors said would have remained with me thorough out my life.

During my stay at Padaav, I found in-house facility to be amazingly hospitable. It is not a hospital but a care centre where patients are given homely treatment. During this 1 year course I have followed strict diet schedule along with daily exercise. Along with this I did meditation also which also added to better result.

I have taken treatment for 1 year and many changes have come in me during the course of 1 year. Firstly, my confidence level has increased. Today after meeting with so many patients at Padaav centre I don't find myself to be the only one suffering from pancreatitis. Secondly, my weight during this 1 year has increased. Thirdly, earlier when I use to eat fatty food there was lot of indigestion but now I eat fatty food in limited quantity there is no indigestion. Fourthly, earlier I was having a problem of sticky

stool but now there is no such problem. Last but most importantly, I recently got my pancreas scanned through USG. Radiologist has inferred that my pancreas has healed to a significant level. She has also admitted that she did not have any clue of pancreatitis from USG. She came to know only after I told her that I am suffering from pancreatitis.

Vaidya Ji's treatment is based on the concept of "Aahar-Vihar-Aushadh". So patients who want to take ayurvedic treatment must keep in mind that medicine is only a part of the treatment. If one wants to heal fully, he must check his dietary habits (aahar) and lifestyle (vihar) along with medicine (aushadh).

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Mr Ajeet Kumar, 28 years, Uttar Pradesh (Mainpuri)

Diagnosis: Acute on Chronic Pancreatitis (2014)

Diagnostic Hospital: Pushpanjali Singhania Research Institute & Hospital, Delhi; Synergy Plus, Agra

No. of Attacks & Hospitalizations: 12/10

Symptoms at the onset of AyT (July 2015): Abdominal pain, vomiting, backache, weight loss

Current status: Symptom free survival for 6 years

"I am now living my life without fear!"

My name is Ajeet Kumar. I am a vegetarian, non-alcoholic and non tobacco user. In 2013, I felt mild pain in upper abdomen. My father is a doctor and he gave me painkillers and got an ultrasound done. The report was normal and next day I became fine.

On 14 February 2014, I suffered with acute pain in my upper abdomen which was radiating to back with strong nausea. I consulted Dr. Dinesh Garg (M.D, D.M gastroenterologist Agra) who advised to done a CT SCAN. CT SCAN revealed mild acute pancreatitis on a background of chronic pancreatitis and treatment started with Creon 25000 after every meal. I was also advised to avoid alcohol and fatty food. After two months, I became seriously ill again with severe abdominal and back pain with vomiting. I was hospitalised in Pushpanjali Hospital, Agra under Dr. Sameer Taneja (M.D, D.M Gastroenterologist) after treatment he also gave same answer "NO CURE". I lost 14 kg weight and got more than 10 attacks in 2 years. I was very scared and frightened. When I had a mild attack again, I started searching treatment for CP on internet but I could not find even a single hope, always got discouragement.

Fortunately, one day, I read about ayurvedic treatment at Padaav. With my hopelessness, I had no belief on Ayurveda but was also excited to know more about it from my friend Nitin who was also suffering from CP and he also told me about padaav. He was admitted there. I also took an appointment there. On 17th July 2015, I got admitted at Padaav. I was examined by Vaidya Shikha ji and started treatment with Amar capsules. In the starting 10 days, I could not digest Amar and had vomiting. Then day by day, I got relief in my digestion and abdominal pain. I gained around 8 kg weight during the treatment.

I am completely fine even now and I am living my life without fear. I am very thankful to Vaidya Balendu Prakash, Vaidya Shikha Prakash and whole team of Padaav.

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Mr Aman Sahni, 38 years, Haryana (Gurgaon)

Diagnosis: Recurrent Acute Pancreatitis (2014)

Diagnostic Hospital: Medanta Hospital, Gurgaon

No. of Attacks & Hospitalizations: 3/3

Symptoms at the onset of AyT (June 2015): Abdominal pain, vomiting, weight loss

Current status: Symptom free survival for 6 years

HOPE (Hold on Pain Ends :))

It was 24th Oct 2014, I was in gym and doing my exercises. While returning back to my house, I felt there is something wrong near my stomach, thought that might be some muscle stiffness due to my exercises, it kept me hurting for 48 hours. Went to a doctor he suggested ultrasound, but that came normal and I was diagnosed with muscle stiffness but pain was still on. Same night it was intense, I didn't know what to do. I went to Fortis, Gurgaon in emergency and got all tests done and then finally I was diagnosed with Acute Pancreatitis. This was the first time I came to know about this disease Pancreatitis. Doctor said it generally happens due to alcohol and gallstones, but my case was not fitting into any of the group no gallstones no history of alcohol too. He said it might be idiopathic. Anyhow, I was discharged in a confused state after 3 days of treatment.

But it again came to me on 30 Nov 2014, some told me it can be recurring in nature. Now, I went through MRCP, EUS and all other blood tests, MRCP showed some inflammation in head of pancreas and EUS also showed some changes of Acute Pancreatitis. Again after 3 days of initial treatment, I was discharged with some gas tablets along with painkillers. I was doing good, thought it was a bad past which has passed and good times are back but was wrong. I got an attack again on April 16, 2015 and that too with intense pain. Again went through blood tests with repeat EUS and dynamic MRI. This time EUS showed microlithiasis. I thought atleast now I have a reason for the disease. But doctors ruled that out too, they said microlithiasis can be or cannot be the cause for my pancreatitis. 3 days hospitalization and discharged with same medicines. I had another attack on 15 May 2015, now it became matter of concern for me as it was coming too frequently. Visited all possible doctors including big notches of Medicity, AIIMS, Fortis but with the same answer 'No cure, time will guide, hold on!' I spent tons of hours on internet searching treatment for pancreatitis all over the world. I read many blogs and comments on many websites to find out the permanent cure for problem. But I could not find even a single person, doctor or hospital saying that they have overcome this problem. My search landed me to www.ayurvedapancreatitisclinic.com. Not wasting much time, I went there on June 1 for the treatment. In-patient treatment helped me to learn good eating habits and lifestyle. Facilities here are with AC rooms, 24 hour availability of treating vaidyas. All vaidyas here were very helpful and caring to patients even in midnight and early hours. I completed 400 days of Ayurvedic treatment under the guidance of Vaidya Balendu and felt great.

No attacks till date which were frequent before taking Ayurvedic therapy. Even all my blood tests are normal which were elevated before, I have regained my health and confidence, what else needed. Vaidya Ji's treatment is based on the concept of mineral formulation. And all the patients who want to take this treatment must keep in mind that medicine is only a part of the treatment. If one wants to be cured he must check his dietary habits and lifestyle along with medicine. Do not waste your time and effort here and there and suffer with other treatments like stents, surgery, any others. I strongly recommend this treatment for Chronic Pancreatitis no matter what stage it is.

Contact : 9899307449 / amansahni1@gmail.com



Mr. Amit Goyal, 40 years, Haryana (Faridabad)

Diagnosis: Chronic Pancreatitis (2014)

Diagnostic Hospital: Metro hospital, Faridabad

No. of Attacks & Hospitalizations: 4/4

Symptoms at the onset of AyT (July 2015): Abdominal pain, vomiting, weight loss

Current status: Symptom free survival for 6 years

"I am doing everything that I thought I would never be able to do again"

I had my first episode of acute pancreatitis in 2014, in which I had severe unbearable pain and was admitted for fifteen days. Then I came to Taiwan where I live. In 2016 I had another attack and was diagnosed for Chronic Pancreatitis. I kept having episodes every two months and had to be hospitalized many times. We got very worried. Then, we came to know about Padaav through a YouTube video. We considered taking their treatment but my father was against this. He was of the opinion that Ayurveda could not cure it. We had tried so many allopathic hospitals but got no relief.

However, we decided to take a last chance with Padaav. We went for treatment to Padaav in February 2017. Many food items that were strictly prohibited during allopathic treatment were given to us. I felt that I had come to the right place. My treatment continued till 2018. I took my medicines, followed the advised diet and lifestyle and kept myself healthy.

I am completely fine even now. I have gained weight, I can eat everything and my health is also good. Earlier I could not do exercise but now I am doing exercises. I also do *surya namaskara* and ride heavy bikes which earlier I thought I would never be able to do.

Thank you so much Vaidya ji, Shikha ji, Sneha ji, Shakshi ji and Padaav team who gave me new life.

Contact : 9999923376 / amit26positive@yahoo.com



Mr Kapil Singhal, 30 years, Haryana (Gurgaon)

Diagnosis: Chronic Pancreatitis (2009)

Diagnostic Hospital: PSRI, Delhi

No. of Attacks & Hospitalizations: 17/10

Symptoms at the onset of AyT (September 2015): Abdominal discomfort, vomiting, weight loss

Current status: Symptom free survival for 6 years

"It has been about six years and I am still doing great."

Hi! I am Kapil Singhal, a resident of Gurgaon. I had been suffering from the problem of Pancreatitis for 6 years. I had the first attack of CP in 2005. While browsing on the internet, I came to know about Padaav. As I had lost all hopes owing to the fact that

there is no allopathic treatment for this disease, I thought to try this too. Now, I have completed one year of my treatment with Vaidyaji. During this one year, I have had no attacks or hospitalisations, which were very frequent earlier. I strictly followed the prescribed diet and lifestyle during the treatment and am completely fine now. It has been about six years and I am still doing great. I suggest anybody who is suffering from this disease to contact Vaidyaji and get treatment for him for a pain free future.

Contact : 8447037154 / kssinghal980@gmail.com



Mrs Meenu Garg, 62 years, Delhi

Diagnosis: Acute Necrotizing Pancreatitis (2015)

Diagnostic Hospital: Medanta Hospital, Gurgaon

No. of attacks & hospitalizations: 1/1

Symptoms at the onset of AyT (March 2015): Abdominal pain

Current status: Symptom free survival for 6 years

“Vaidyaji is a living miracle and a blessing from the heaven.”

I am Dr. (Mrs.) Meenu Garg living in Delhi. For last few years, I was having several recurring stomach/ back aches, which were misdiagnosed as acidity related pain. Then in Feb 2015 I had another major attack with extreme stomach-ache and back-ache. It was then that I was diagnosed as patient suffering from chronic pancreatitis and was immediately hospitalized. I remained in Max hospital, Pitampura and then in Medicity, Gurgaon under Dr. Randhir Sood for a total of 35 agonizing days. Even after getting discharged, I was very unwell and didn't feel better.

Our family knew Shri Vaidya Balendu Prakashji since last several years. Fortunately my husband had attended his conference on pancreatitis in October 2014. We talked with Vaidji and he agreed to take me on as his patient. I immediately got admitted to his Padaav Clinic in Dehradun. After only a few days of the medicines and diet prescribed by Vaidji, I could feel my overall health improving (pain, weakness & constant fever). I remained in Padaav for 40 days under Vaidji's constant care and supervision. After my pancreas healed a bit I was discharged with strict guidelines regarding diet and medication. Following that for a year, I have regained most of my health which I lost to this life-threatening disease.

I can only describe my ordeal as extremely painful and a feeling of total helplessness. I had lost 23 kgs in two months and had lost all hope of living. Vaidji is a God-sent emissary and the only person in the world with his 'Sanjeevani-Buti'. His constant care, undeterred confidence, patience and magical medicines gave me my life and family back. I and my family will forever be grateful to him.

Vaidji is a living miracle and a blessing from the heaven. He and his medicines are the only cure for this painful and untreatable disease.

Long Live Our Vaidji!

Contact : 09810021577 / vaatikaa@gmail.com



Ms Nikhita Hasani, 31 years, Maharashtra (Chandanpur)

Diagnosis: Chronic Pancreatitis (2013)

Diagnostic Hospital: SL Raheja Hospital, Global Hospital in Mumbai

No. of Attacks & Hospitalizations: 10/7

Symptoms at the onset of AyT (June 2015): Abdominal discomfort, backache, weight loss

Current status: Symptom free survival for 6 years

"I am now absolutely pain free and fear free."

Hello! Myself, Nikhita Hasani, 31 yrs old from Chandrapur. It all started on September 2012 when I had back pain for the first time. Since it was back pain we thought it is some muscular pain so we visited an orthopaedic doctor and started taking medicines. But even after taking medicines for ten long days there was no sign of improvement then we visited other doctors took other medicines but the pain just became unbearable day by day. After bearing this pain for one and a half months, finally we decided to do an ultrasound and the results were quite shocking I had some nodes near my pancreas and a 6cm cyst covering my right ovary. Our radiologist suggested to quickly move to bigger city for other tests. Though I was not very serious about it and thought it was just a ovarian cyst which is quite common in females but my family was very concerned and wanted me to undergo other investigations. Without wasting time we moved to Mumbai and on November 2, I was operated at Leelavati Hospital and after the biopsy of the ovarian cyst I was diagnosed with Burkitt's Lymphoma of the ovary, a type of blood cancer which is one of the most aggressive type of cancer. After the surgery I took almost 6 cycles of chemo in SL Raheja Hospital, Mumbai but during the 6th chemo the pain in my back and upper abdomen was so severe that I just couldn't complete the chemo and after CT scan, MRI and Endoscopy, I was diagnosed with acute pancreatitis in April 2013.

Since then, I had frequent attacks within few months and every time I had pain we rushed to Global Hospital, Mumbai. After a few attacks acute pancreatitis was declared as chronic. In October 2013 we did stenting after which I was pain free for around one and a half year. In the meantime, I got pregnant and delivered a normal healthy baby in October 2014. I thought I am cured now but in April 2015 again I had a major attack, was admitted in Chandrapur then went to Mumbai leaving my six month old baby behind. Doctors tried to stent again but the PD was so dilated that it was impossible to stent. I was on liquids only for more than a month but there was no solution to my pain and doctors suggested surgery of pancreas. My husband was not ready for it although I was ready to go through anything to get rid of this pain. Meanwhile someone suggested us to try Ayurvedic treatment and my husband found out about Padaav on Internet. As soon as we came to know that they treat pancreatitis we immediately took the appointment and went to Dehradun.

I completed my one year course and touch wood, since then I am absolutely pain free and fear free. Thanks to Vaidya Ji and his team. Special thanks to Vaidya Shikha and Sakshi for cooperating and guiding me throughout the treatment. Hope this helps others.

Contact: 8390000611 / manishhasani@yahoo.com



Mr Pranabir Singha, 32 years, Assam (Silchar)

Diagnosis: Chronic Calcific Pancreatitis (2011)

Diagnostic Hospital: Columbia Asia Hospital, Bangalore

No. of Attacks & Hospitalizations: 7/2

Symptoms at the onset of AyT (August 2015): Abdominal pain, anorexia, weight loss

Current status: Symptom free survival for 6 years

"Slowly my fear of chronic pancreatitis has vanished."

I am Pranabir Singha from Assam. I am sharing a story of my past experience with a dreadful disease called Chronic Pancreatitis. Pardon me if it is a bit lengthy but I cannot wrap up with a few words. Chronic Pancreatitis is the inflammation of the pancreas as we all know but apparently it is not as simple as it sounds. The pain that we all CP patients go through is beyond measurable. I got my first attack when I was in my high school but neither the doctor nor my family knew what the disease was. They all thought it was a gastric attack. Time went by and I got a few more attacks and ate what the local doctors prescribed but during my engineering graduation days in Chennai, I got a massive attack and I was hospitalised but it was not the end it was the beginning of an end. I moved to Bangalore in search of job but unfortunately destiny had something different for me. Within a couple of months, I again got attack and it was like in every months. Forget job and all, I was not even in the position to stand upright and was hospitalised again and again. Got CT scan, MRI and what not done! The report revealed that I had a 8mm stone in my pancreatic duct and the doctor prescribed me to undergo a surgery. I was shocked and heartbroken but the doctor alleviated my anxiety by saying that the surgery will be minimal. It is a procedure called ERCP, underwent that but the doctor failed to retrieve the stone and decided to redo the surgery again after few days. I went to the hospital again but failure caught us..the doctor referred me to specialist doctor in Columbia Asia Hospital in Bangalore for higher operative measures. Finally the day came on Jan 9, 2014, I had undergone pancreatic open abdominal surgery. It was a difficult surgery so I was to stay there in the hospital for 10 days but it was not the end a chain reaction took place. My surgery site got infected and both my kidneys stopped working and I was admitted again. Underwent another advance surgery called bilateral dj stenting where stents have been placed in my kidneys and I have to keep that for 1 month. After 1 month another surgery to remove the stents..within a course of 3 months I had undergone 5 surgeries and dressing of the wound was done every alternate days as it was infected. Finally after six months the wound was healed but a permanent medicine got stuck with me for life time that's CREON 10000. I still got the attack every couple of months. I was shattered to ground as I thought all that surgeries and money were in vain as nothing could get me out the pain. Hospitalization continued every month.

I searched through internet for alternate cure for chronic pancreatitis and I found Padaav at Dehradun. Without wasting any more time and money in allopathic medicine, I met Vaidyaji Balendu Prakash. He is such a good person and full of wisdom that I felt really lucky to meet him and got treatment under his supervision. I was admitted there in Dehradun for 21 days. The hospitality I got there was incredible. After the 21 days in-house treatment, I was advised to take the medicine for 1 year.

I did as advised and now it has been more than five years since the treatment was stopped. I got no more attacks and slowly the fear of chronic pancreatitis has vanished. Thanks to Padaav, Vaidya Balendu Prakash ji, Vaidya Shikha and all the staff of Padaav as they all were very kind and caring... Thank you all for giving me a second life....

Contact : 9435398662/ pksingha7@gmail.com



Mr Prashanth Kubsad, 41 years, Karnataka (Bangalore)

Diagnosis: Chronic Calcific Pancreatitis (2005)

Diagnostic Hospital: Asian Institute of Gastroenterology, Hyderabad

No. of Attacks & Hospitalizations: 7/3

Symptoms at the onset of AyT (June 2015): Abdominal pain

Current status: Symptom free survival for 6 years

“Thank you for giving me a new life, filled with new aspirations.”

It has been six years now since I took treatment for Pancreatitis at Padaav. I am much healthier now than before. I suffered with Pancreatitis for 10 years before I met Vaidya Balendu Prakash in Bangalore and my life changed. I would like to thank Vaidya Balendu Prakash and Vaidya Shikha Prakash for giving me a new life, filled with new aspirations. Following the Diet and Medicines as suggested is the key.

It has been a great journey for me after the treatment. From bottom of my heart, I thank Vaidya Balendu Prakash and Vaidya Shikha Prakash for supporting me and being there for me all these years.

Contact : 9731366733 / prashanth.kubsad@gmail.com



Mr Sagar Agnihotri, 29 years, Haryana (Faridabad)

Diagnosis: Chronic Calcific Pancreatitis (2009)

Diagnostic Hospital: QRG Hospital, Noble Hospital, Fortis Hospital in Faridabad; Medanta Hospital, Gurgaon

No. of Attacks & Hospitalizations: 5/5

Symptoms at the onset of AyT (June 2015): Abdominal pain, nausea, low appetite

Current status: Symptom free survival for 6 years

“Padaav is the place where we have hope to live pain free from Chronic Pancreatitis”

I am a patient of Acute Pancreatitis which turned into Chronic Pancreatitis. I have this problem since 2009. I have had 5 hospitalizations in these years and every time I had to stay in the hospital for 7 to 8 days without food and even water. In May 2015, the doctors advised me to go for ERCP and stenting as I had developed calcification in my pancreas. In the meantime, all the big doctors and big hospitals were consulted which had no permanent cure for this disease and only had the treatment for the disease so instead of going for stenting, we searched on net and found Padaav Centre which cures pancreatitis. We called many people with the testimonials given on their site and everybody had one answer, don't delay and go there soon. 24th June 2015, I landed up in Padaav centre, stayed there for 21 days and started having regular 3 meals and 3 snacks a day at prescribed intervals. With the guidance of Vaidya Balendu Prakashji and Vaidya Shikha, I started my new lifestyle, healthier one of course. I returned home and took my medicines as prescribed. I had three mild episodes of pain in between but they were short and

taken care under Vaidyaji's guidance at home only. Today, I have completed my course of medicines, am pain-free and hope to live like that in future. I have no words to thank respected Vaidya Balendu Prakash Ji for curing my problem. I suggest that there is one place where we have hope to live pain free from chronic pancreatitis, that is Padaav.

Contact : 9811844478 / pramilaagnihotri478@gmail.com



Mr Siva Krishna, 32 years, Andhra Pradesh (Vijaywada)

Diagnosis: Chronic Calcific Pancreatitis (2002)

Diagnostic Hospital: Nagarjuna Hospital, Vijaywada; AIG, Hyderabad

No. of Attacks & Hospitalizations: 8/6

Symptoms at the onset of AyT (May 2015): Abdominal discomfort, fatigue, weight loss

Current status: Symptom free survival for 6 years

"Padaav changed my lifestyle and food habits."

My name is Siva Krishna. I'm a 32 year old and live with my family in Hyderabad and had been a victim of Pancreatitis for over 11 years. In 2002, when I was 14 years old, for the first time I developed severe pain in my upper abdomen when I'm pursuing my +2 and immediately I was admitted in to clinic as the pain was severe. The situation became worst and they referred me to Nagarjuna Hospital, Vijayawada where I had spent almost one week in ICU. I was treated with IV fluids and antibiotics for week to come out of the pain. Later all medical tests and scans they decided that it's a pancreas issue. That's when I got to know I was attacked by Pancreatitis for the first time.

After that for every three to six months I was attacked by the same pain and whenever it came I was admitted in the hospital for medication for at least one week. This became a routine for almost 3 years. Even I went directly from hospital and attended +2 final exams, Engineering counselling. My entire family went down morally and financially with the episodes repeating even after I joined engineering. Even I consulted and went to ASIAN INSTITUTE OF GASTROENTEROLOGY where Dr Nageshwar Reddy did stenting for pancreas. Even then I didn't get any relief from the pain and it attacked me in about 6 Months. The stenting was done about 3 times and yet I see no results of allopathic treatment.

Then by seeing my family's situation and their worries I stopped informing them about my pain and I used to orally take medication (Keterol-DT, Oflomac 400mg, Metrogyl 400mg daily thrice) without informing my parents. I maintained the same for about 9 years even the severe pain lasts about 5-10 days. With all the troubles I finished my post graduation (M.Tech) from a reputed university and went to join an MNC as a S/W engineer. By god's grace I never thought about ending my life suddenly even if it was troubling me a lot as I was stubborn and able to maintain the same till Sep-2014.

By god's grace I got to know about Padaav and I searched for the same on website and went through the testimonials in the website and I called several people who had undergone the treatment to know their experience and I got positive feedback on the treatment. Immediately I called Padaav team and sent them my reports and they recommended me to come for in house

treatment of 21 days and told me that I've to follow the medication for one year. Immediately I joined in Padaav on May-2015 and under went a 22 days treatment where my entire diet and lifestyle got changed. I got know that under the guidance of Padmashri Vaidya Balendu Prakash ji they are following and implementing Rasa Shastra procedures where I see immediate effect of the Rasa Shastra on my body. In Padaav Dr. Shikha helped me a lot in clearing my doubts and advising on my health. I followed the same medication for one year and now I can confidently say that I'm pain free and I put on a weight of 15 kgs in last 1 year. I sincerely like to thank the entire Padaav team especially Dr. Shikha Prakash for her valuable suggestions during the tenure in Padaav and during the one year course.

Hope their project to make this treatment available to everyone will be a grand success and I wish All the best to the entire Padaav team.

Contact : 9703868976 / sivarkce@gmail.com



Mrs Vaishali Chavan, 53 years, Maharashtra (Thane)

Diagnosis: Chronic Pancreatitis (2014)

Diagnostic Hospital: Jupiter Hospital, Thane; Global Hospital, Mumbai

No. of Attacks & Hospitalizations: 1/1

Symptoms at the onset of AyT (October 2015): Acidity, constipation

Current status: Symptom free survival for 6 years

"Anyone suffering from Pancreatitis should visit Padaav."

I am Vaishali Chavan from Thane, Maharashtra. I was diagnosed with Pancreatitis in 2014. I took allopathic treatment for the same from Global Hospital, Mumbai. After one year of treatment, a stent was placed and stone removal was done from my pancreatic duct. Creon was prescribed to me but I did not feel any improvement. I continued having problems of acidity and constipation. Then, I came to know about Vaidyaji. I came to Dehradun and started 21 days initial inhouse treatment under him. Later, I continued the medicines and diet prescribed for one year. I have now completed one year of treatment and have experienced much improvement in my health. I would like to continue the prescribed diet for my entire lifetime because this diet has solved all my problems of acidity and constipation. I suggest anyone suffering from Pancreatitis should definitely come here and get this treatment.

Contact : 9819425965/ c.vaishali20@gmail.com



Ms Anushka, 21 years, Uttarakhand (Dehradun)

Diagnosis: Early Chronic Pancreatitis (2013)

Diagnostic Hospital: Sri Nursing Home, Dehradun

No. of Attacks & Hospitalizations: 3/3

Symptoms at the onset of AyT (May 2016): Abdominal pain, vomiting, weight loss

Current status: Symptom free survival for 5 years

“I am living a pain free, stress free and happy life.”

I am Anushka, an ex CP patient. I was just a 13 year old girl when my pancreas gave me sudden pain attack in 2013. It was Sunday early morning. I woke up with immense pain in my lower abdomen, was not even able to stand, walk or even lie down calmly. Then it was diagnosed as Acute Pancreatitis with some free fluid. For medication, I had those glucose drips, antibiotics and energy boosters too. I had to be in hospital for almost a week..got nothing to eat nothing to drink..it all was fine till the same month June, 2014 when I got the second attack. Same medication was given. This time we went to Meerut and consulted a renowned gastroenterologist there. He suggested me to have Creon – 10,000 before every meal. I took it for about 10 days only. Again it was all fine till June, 2015. I had pain but was not that serious. Then in March 2016, I again had a pancreatitis attack. This time we all were really worried, got depressed, physically and mentally. I was almost giving up on myself, but then a messenger of god, maybe, (My dad's friend) just advised dad to visit Padmashri Vaidya Balendu Prakeshji (My life saviour). We met him and he started my treatment from that very day. That day I felt as if I was in heaven... he gave me food with pure ghee and all. His way of giving treatment is really different, infact, the best. But you just need to follow what he instructed..perfect timings for medicines, for meals and 8 hours sleep... and each meal should be perfectly balanced. I had no pain, nothing in this 1 year of medication under vaidyaji. Vaidya Shikha di is really helpful... she understands me well... she might have scolded me not for following a perfect schedule or for eating something wrong but that was all for my good. Shakshi di, Sneha di are always there for us. They too are very understanding and helpful.

And ever since my treatment got over in May 2017, I never suffered with these attacks. I am living a pain free, stress free and happy life. I just wish no one gets this disease but if you do, then just undergo treatment under Vaidya Balendu Prakash ji and Vaidya Shikha ji. Seriously, they are our life saviours.

Eat Healthy, Live Healthy

Proper Schedule, Proper Life.

Contact : mittalanushka133012@gmail.com

Can always be contacted for doubts



Master Gaurav Shakya, 17 years, Uttar Pradesh (Mainpuri)

Diagnosis: Recurrent Acute Pancreatitis (2015)

Diagnostic Hospital: Global Hospital, Chennai

No. of Attacks & Hospitalizations: 3/2

Symptoms at the onset of AyT (May 2016): Abdominal pain, vomiting

Current status: Symptom free survival for 5 years

My name is Gaurav Shakya. I am from Uttar Pradesh. In 2015, I had an episode of severe pain in abdomen. I was admitted to the hospital for 7 days then I got relief. But after few days, pain started again. Then, one of my father's friends told him about Vaidya ji.

I was admitted to Padaav for 21 days. I followed all the instructions and I started eating things like ghee, dahi, etc. that others doctors asked me not to eat. Gradually, I started recovering.

I completed my treatment in 2017. I have put on weight after the treatment and am leading a completely healthy life.

Contact : 9927992175, 9410605062



Mr Keshav Chandra Agarwal, 67 years, Uttarakhand (Kashipur)

Diagnosis: Chronic Calcific Pancreatitis (2013)

Diagnostic Hospital: Apollo Hospital, Delhi

No. of Attacks & Hospitalizations: 7/2

Symptoms at the onset of AyT (September 2016): Abdominal pain, vomiting, backache, weight loss

Current status: Symptom free survival for 5 years

Now I am 67 years old & have been a patient of chronic pancreatitis. I had first pancreatitis attack in 2013 at the age of 59 years. I underwent allopathic treatment at Apollo Hospital by Dr. S.L. Broor for almost three years. I was prescribed Creon 25000 with restricted diet with less fat consumption. Despite following the advices of the doctor I suffered periodic pains almost three to four times in a year, confined to bed for 6 to 7 days, almost every time of pancreatic attack.

In August 2016, I read an article in the Times of India about ayurvedic treatment of chronic pancreatitis by Vaidya Balendu Prakash. Immediately I got an appointment of Vaidyaji to show all my reports.

I got admitted in September 2016 in Padaav, Dehradun for 21 days for specialized treatment. After completion of treatment I had mild pain twice in one year but I was not hospitalized at all. Now I have fully recovered and taking medicines regularly. Now I can eat almost every vegetarian food.

My heartfelt thanks to Vaidyaji for curing me of a disease that is considered incurable by the medical experts. May the almighty bless him with healthy life so that Vaidyaji can do much more for the well being of mankind and make people healthy.

Contact : 9917630100 / bdcmkashipur@yahoo.co.in



Mr Rahul Kumar Singh, 27 years, Gaya (Bihar)

Diagnosis: Acute Necrotizing Pancreatitis (2012)

Diagnostic Hospital: Madan Mohan Malviya Hospital, Delhi; AIG, Hyderabad

No. of Attacks & Hospitalizations: 3/3

Symptoms at the onset of AyT (October 2016): Bloating, oily stool, weight loss

Current status: Symptom free survival for 5 years

I, Rahul Kumar, from Gaya, Bihar was diagnosed with Acute Pancreatitis in 2012 in Delhi. But major attack was in 2014 during my engineering. On 13 Nov 2014, after having my lunch I had pain in my abdomen. I was taken to the B C Roy hospital in Haldia. Next day, I was referred to Ramkrishna Seva Pratisthan in Kolkata. I was hospitalized for 2 months but had no improvement. Thereafter I returned home and was in contact with Dr Vijay Prakash in Patna. After 2 months of his treatment, I went to AIG, Hyderabad. There I had cystojejunostomy surgery. After one year of surgery, I had same problem of cyst. The doctor of AIG said that it would disappear on its own. During this time I was in contact with Anshuma di of Ajmer. She suggested me to visit Padaav. I with my father reached Padaav on 26 October 2016. I had in-house treatment for 21 days and continued medicine for 1 year. I had gained 3 kg of weight during 1yr itself. Now after almost 5 years of Padaav treatment I am completely fit and fine and happy.

All thanks to Vaidyaji and his team..

Contact : 7562038524 / rahulkumars161@gmail.com



Ms Rinku Kalra, 47 years, Uttar Pradesh (Noida)

Diagnosis: Chronic Calcific Pancreatitis (1994)

Diagnostic Hospital: Sir Ganga Ram Hospital, AIIMS, Max Hospital, ILBS in Delhi

No. of Attacks & Hospitalizations: 1/1

Symptoms at the onset of AyT (March 2016): Abdominal pain, sticky stools, acidity, chest pain, headache

Current status: Symptom free survival for 5 years

I had an acute attack of Pancreatitis in 1994 but was symptom free after discharge. Later, I was diagnosed with chronic pancreatitis in September, 2015 when I visited a doctor for oily stools and weight loss problem. I got to know that my Pancreas was calcified to a large extent. I am mother of two boys and they were only 5 and 8 yr old at that time. My husband also lost job at that time and I was the only earning member of the family. I was very disturbed and was not sure how I would be able to bring them up. I was not sure how long I would be able to survive or be able to live healthy. Only treatment doctor had was Creon and repeated scan to ensure I don't develop other complications.

I was very disturbed and I went for Vipasana. There I met one of the patients' relative Mrs Meera Gupta who told me there is a specialized doctor in Dehradun for Pancreatitis. I discussed, explored and decided to go for the treatment, though it was appearing expensive to me at that time. But it was my last hope. I started my treatment in March 2016. There I met Vaidya Balendu Prakash and Vaidya Shikha. They put me on Amar and few more medicines and took care of each and every parameter like what I eat, when I sleep, my hameoglobin, Vitamin D etc. Initially 3 weeks I was in their treatment centre and Padaav team took good care of me. There were lot of diet restrictions during treatment. The treatment appeared initially very tough to me and so much restrictions on diet was appearing very difficult and I lost weight also during treatment. But with trust on Vaidya Balendu Prakash and Vaidya Shikha, I still continued the treatment along with my job. I was in constant touch with them and used to keep record of what I eat. For any problem, I used to contact them. To my surprise, they used to read the diet chart of each and every patient during 1 year of treatment. I met Dr Shikha in Delhi also few times and she ensured everything was going fine. Finally I was able to complete the 1 year treatment with all their recommendations. After the treatment, my pancreas still has calcification but I am living a healthy life and gaining weight and not taking any medicines. Now I am cautious of what I and my family members are eating and time for our meals. I also learned that 'we eat to live and not live to eat'.

I am really thankful to Vaidya Balendu Prakash and Vaidya Shikha because of whom I am living a healthy life.

Contact : 9871501886/ rinku_kalra@yahoo.com



Ms Yashvi Manish Parmar, 22 years, Kenya (Nairobi)

Diagnosis: Chronic Calcific Pancreatitis (2010)

Diagnostic Hospital: Clinic of Dr Thia, Nairobi; Asian Institute of Gastroenterology, Hyderabad

No. of Attacks & Hospitalizations: 40/0

Symptoms at the onset of AyT (July 2016): Abdominal pain, nausea, vomiting

Current status: Symptom free survival for 5 years

Ms Diya Manish Parmar, 15 years, Kenya (Nairobi)

Diagnosis: Chronic Calcific Pancreatitis (2014)

Diagnostic Hospital: NairobiHospital, Nairobi; Asian Institute of Gastroenterology, Hyderabad

No. of Attacks & Hospitalizations: 25/1

Symptoms at the onset of AyT (July 2016): Abdominal pain, nausea, vomiting, gastritis

Current status: Symptom free survival for 4 years

"I believe only the LUCKY ones find this place."

My both darling daughters Yashvi and Diya have suffered from chronic pancreatitis from a very young age. Yashvi had been in pain since she was 5 years old and was misdiagnosed here in Kenya. In 2011, we brought her to Hyderabad to a world renowned hospital where one of the best doctors in gastroenterology treated her and advised that this condition had no permanent cure and life style management was the way to keep her going (we made various visits to Hyderabad thereafter). Her pain and attacks reduced but after a year or two again the attacks repeatedly started every two weeks. She had severe pain and had to go without food for several days.

Diya similarly had attacks when she was 5 years old and was diagnosed with pancreatitis in 2014. We took her to Hyderabad and they were unable to assist as the pancreas attacks were still fresh and they could only repair the pancreas after damage. They advised that there is no cure for gene mutation thus attacks cannot be stopped. She had repeated attacks every two weeks; severe pain and going without food for several days.

With God's grace, I came across the website of Padaav and was impressed to note that there was indeed a cure for pancreatitis. I had to take this chance rather than see my daughters suffer. By this time they were both suffering from malnutrition, drastically had lost weight and were in bad shape (The whole family was suffering seeing the pain of these two little angels).

We travelled for the first time from Kenya to the lovely city of Dehradun. Both my daughters were admitted at the same time for the 21 days treatment at Padaav. It was not less than a miracle to note that the attacks stopped after a few days of starting the treatment and they started feeding on a good variety of food, ghee, Indian sweets and cakes. After the treatment was over for one year we continued with the recommended diet, rest (avoided school for a few months) and medication. My second daughter's treatment was slightly extended.

Believe it or not, as we talk today both my daughters have been COMPLETELY cured. NO attacks.

Yashvi leads a great lifestyle, eats normal food, goes clubbing, school trips and now proceeding overseas to University. Diya has gained over 10 kgs since the treatment started. She is completely fine and now starting school next term to join the great lifestyle her sister is living.

I have no words to thank Padaav Ayurvedic Treatment Centre. I believe only the LUCKY ones find this place. I have always wished this treatment is more known to the world and many patients can be relieved of their agony from this Curable sickness permanently. Vaidya Balendu Prakash and Vaidya Shikha have proved that in Ayurveda there is a cure for everything.

I pray that this treatment reaches the ENTIRE WORLD and Padaav one day gets a NOBLE PRIZE for this discovery.

Contact : P.O.Box 16285, 00100 / NAIROBI, KENYA / TEL : +254733620473



Mr Anubhav Singla, 39 years, Haryana (Panipat)

Diagnosis: Chronic Pancreatitis (2015)

Diagnostic Hospital: MMI, Raipur; Jaslok Hospital, Mumbai; AIG, Hyderabad

No. of Attacks & Hospitalizations: 4/4

Symptoms at the onset of AyT (January 2017): Abdominal discomfort, fatigue, anxiety, acidity

Current status: Symptom free survival for 4.5 years

“HAVE YOU EVER SEEN GOD?” If somebody will ask me this question then I will answer it confidently – “Yes, I have seen God with my own eyes.”

Respected VAIDYAJI, YOU ARE MY GOD, who has gifted me this new healthy life when my life was lost in the darkness of this problem I was suffering from intolerable agony, had a fully disturbed life and it seemed that the rest of my life will be spent in hospitals with endless medicines. In nutshell, I can say, was living totally useless life, then I closed my eyes and prayed to God to come and take me out from this problem, luckily my prayer was heard and I found vaidyaji as a ray of light in my dark life, who has made my life once again enjoyable and worth living.

We all know Vaidyaji as the “undisputed monarch” of Ayurveda who by treating successfully number of patients of CP has stemmed his authority that this deadly disease can be cured now with his special endeavours...

I got my first attack in March 2015. On that day I got severe pain in my abdomen, after all testings done, I was told that I am suffering with acute pancreatitis problem. I was hospitalized for around 15 days in “Jaipur Golden, Delhi” under very critical situation. After getting discharge, I was recommended to take my medicines continuously; the main was Creon 10,000. I was taking it regularly 3 times per day and advised complete rest, but the problem didn't come to an end. Three months later I got another severe attack...same condition...again hospitalized for a week, this time I was suggested to take Creon 25,000 with a strict diet plan, to avoid further attacks but to my surprise nothing changed, I got frequent attacks, changed the hospital, shifted to “Push-pawati Singhania Research Institute, Saket, South Delhi”. These attacks had become my life partner, Life had become “A hell”, I can say, then one day I read about “Padaav” in my Facebook, I collected the further information and got admitted in Padaav for 21 days, those 21 days are really the unforgettable days of my life, at that time Vaidyaji taught me how to a well disciplined and healthy life. Earlier it was tough to take ayurvedic medicines but hats off to the Padaav team, they made it possible with their unconditional support, love and nice behaviour. “All is well” that ends well, so now with the blessings of “bade vaidyaji” and “Vaidya Shikha Prakash”, I am living a better life free from fear and stress, well disciplined life with my family ...

Special thanks to Ms. Sneha and Ms. Sakshi...Heartily thankful to all of you!!!

P Place for Patients (to live)

A Agony free

D Disciplined

A Audacious (fearless)

A Active

V Vivacious and valuable life

May your charisma spread in all the corners of the world...Thanks a lot for blessing us!!!!

Contact : 9812229447 / anubhav16singla@gmail.com



Mr Aviral Vats, 27 years, Uttarakhand (Kashipur)

Diagnosis: Acute on Chronic Pancreatitis (2008)

Diagnostic Hospital: Jeevan Jyoti Hospital, Bareilly; PGIMER, Chandigarh

No. of Attacks & Hospitalizations: 11/7

Symptoms at the onset of AyT (January 2017): Abdominal pain and discomfort, fatigue

Current status: Symptom free survival for 4.5 years

It all started in 2008 when I was 14 years old. One day, all of a sudden, I had stomach pain, the worst I ever had. It started from the mid section just below the ribs radiating to the right side and then towards the back. Since the doctors were on strike, it was not possible to consult anyone. The condition got worst as the time passed. In the mid night I was rushed to the hospital. The doctor asked to get some tests done and the reports said what the fate had decided for me for next ten years. I was diagnosed with acute pancreatitis. After having treatment for about a week in the local hospital, I was referred to Bareilly. The doctors there treated me for about four weeks. At last when I was stable I was prescribed some medicines and was also told that this could repeat in future. The doctor also told me that there is no cure for this in allopathy. I took those medicines as prescribed but the attacks were still there.

I went to PGI, Chandigarh as well. The doctors there asked me get an MRI done. The reports showed Acute on Chronic Pancreatitis. The doctors gave me the medicines and I took it for some days. For better treatment, I went to Delhi. The doctors there wrote some tests and after seeing the reports came to a solution that it was because of thyroid issue and suggested me to get my thyroid gland removed. My 'Mausaji' is a homeopathy physician. When I told him that the doctors were saying to get the gland removed, he immediately asked me to come back. After that day, it was all of his treatment I went through. Till the year 2012 I had at most one attack a year, but none of it was major one. It was controlled by his medicines. When I was studying for my undergraduate course, the cycle of attacks increased to two per year. Many times it costed me my exams. This continued to 4 years till 2016, during which I had one attack in which I was rushed to hospital again in Jalandhar. In 2016, I was placed in a company in Bangalore. All the things were going good. But one day I got an attack, and since no one was there I rushed myself to the hospital and got admitted. The doctors asked for an MRI to be done. The reports said that there was possibility of formation of a cyst. As and when I got a bit stable, without wasting any time I came back home. After a month, I tried going back to work but all in vain as I experienced some pain again. I came back again.

This time my mom's colleague told her about PADAAB. We then spent some time in going through the testimonials. Being in the same state it took 10 yrs to get me here. This was the time when my life was about to change. With great faith I visited Padaab in January 2017. I met Vaidya Shikha over there. After going through all my reports she told me not to worry and I will be fine. She asked to follow a healthy routine. Since it was not much time I graduated from my college, I was not used to the routine she asked to follow. It sounded to me as some alien thing. I even quitted my job. But those 21 days at Padaab were very relaxing. The beauty of the place made my each day. I met some good souls out there at Padaab.

I never had any attack or felt any of kind pain in the period of 21 days. The same routine followed for the next one year. The first four months were quite boring as I had nothing to do. I felt as if somebody took out all pace from it. Yeah I had some problems in between the treatment but Shikha di was always a call away. Now, after this treatment it feels great. The routine is same as it was while treatment and it feels pretty normal. Thanks Shikha Di for everything. All the best!

Contact : 8288871108, 8474966175 / vaviral@gmail.com



Mr Yeshwanth BR, 23 years, Bengaluru, Karnataka

Diagnosis: Chronic Pancreatitis (2013)

Diagnostic Hospital: BGS Hospital, Vijaynagar

No. of Attacks & Hospitalizations: 12/10

Symptoms at the onset of AyT (January 2017): Abdominal pain, vomiting, weight loss

Current status: Symptom free survival for 4.5 years

“Thank you for helping me get rid of Pancreatitis and lead a pain free life.”

I am Yeshwanth from Bengaluru. I am 23 years old. I was diagnosed for Pancreatitis in 2013 when I was 15 years old. I started looking for a cure. But the allopathic doctors said that there was no cure to this disease. Whenever I had an attack of pain I had to get admitted or take some medicines prescribed by the doctor and give rest to my stomach by stopping oral intake. I kept on getting repeated attacks and had to be hospitalized about thirteen times in three years. I came to know about a Ayurvedic doctor in Bengaluru and started his treatment. I was advised a strict diet and lots of medicines. I lost about 12 kgs weight. After a year I had another attack of Pancreatitis. This happened 2-3 times in four months.

The, the Ayurvedic doctor who was treating me told me about ‘Padaav’, a place where people got rid of Pancreatitis. I did some research on the internet and also spoke to some patients who took treatment from Padaav.

I made my appointment and got admitted at Padaav for twenty-one days indoor treatment. I continued the treatment for a year. It has been three years since I completed my treatment from Padaav. I have had no attacks since then. I am following a healthy lifestyle and enjoying a normal life.

Thank you Vaidya ji and Shikha mam for helping me get rid of Pancreatitis and lead a painfree life.

Contact : 8970036531



Mr Abhijit Patil, 37 years, Maharashtra (Pune)

Diagnosis: Chronic Pancreatitis (2016)

Diagnostic Hospital: Poona Hospital, Pune; Bombay Hospital

No. of Attacks & Hospitalizations: 12/4

Symptoms at the onset of AyT (March 2017): Abdominal pain, weight loss

Current status: Symptom free survival for 4 years

"Padaav helped improve my lifestyle and food habits in a way I could have never imagined."

It started with episodes of stomach pain. I consulted a gastroenterologist for the complaint and he prescribed me some ant-acids. Initially, I used to get relief for sometime but pain would recur and frequency also increased. Then doctor suggested to go for endoscopy and said it is gastritis and again prescribed few antacids and anaesthetic suspensions. Despite of taking medicines, the pain and feeling of discomfort remained. Then I again got pain episodes and doctor confirmed it as pancreatitis with blood tests and chronic pancreatitis with ultrasound endoscopy. I got admitted 4-5 times for the attacks and treatment remained the same, saline and medicines to stop pain. Doctors then started pancreatic enzyme tablets but it was of no use. We started discovering other treatment options and my wife, who herself is an Ayurvedic doctor, found out about Padaav pancreatitis clinic and Vaidya Balendu Prakash ji and his work on pancreatitis. We talked to them and decided to go ahead with the treatment. When I got admitted to Padaav, I was in bad condition with frequent pain. On my first day, Padaav team explained me about my routine and how to take medicines and food. Shikhaji explained me about my treatment and asked me to be positive about it. I spent 21 days at Padaav and got to know about everything that I have to follow during my treatment course. I started feeling better in couple of days after start of my treatment. Vaidyaji would frequently visit me and other patients and we used to have long discussion and he used to motivate us in every way possible. After completing 21 days, I came back home and took rest for 4 months and continued my treatment for one year. I used to be in constant contact with Vaidyaji and Shikhaji over mail and they used to advise me very carefully about my food. Towards the end of my treatment, I started gaining weight and never had any complaint of pancreatitis.

Now I am completely out of it and living my life as a healthy and confident person. The treatment helped improve my lifestyle and food habits in a way I could have never imagined. Vaidyaji and Shikhaji and their constant endeavour to heal patients with pancreatitis is next to none and really admirable. They give patients with pancreatitis a hope and confidence to lead a normal life. I will be thankful to them all my life.

Contact : dr.abhijitapatil@gmail.com



Mr Jaydeep Patel, 42 years, Gujarat (Ahmedabad)

Diagnosis: Chronic **Calcific Pancreatitis (2014)**

Diagnostic Hospital: Navkar Hospital, Ahmedabad

No. of Attacks & Hospitalizations: 4/4

Symptoms at the onset of AyT (February 2017): Abdominal pain, weight loss, gastritis

Current status: Symptom free survival for 4 years

"Thanks for giving me a new life without pain."

I was admitted for the first time in hospital with acute pain in upper abdomen on May 2014. Blood test and ultrasound

confirmed that pain is due to pancreatitis. It was my first episode so; doctor informed me that you are suffering from acute pancreatitis. Before I was discharged doctor prescribed MRI & CT Scan. MRI and CT scan report confirmed that pancreatitis had happened due to pancreatic stricture in head region. I was discharged after 6 days, and I resumed my normal life without any fear.

But in Nov 2016 my real trouble started with serials of recurrent episodes. During the first week of Nov 2016 I was again hospitalised with severe pain in upper abdomen. It was Diwali vacation, but the symptoms doctor had judged that it was recurrent episode of pancreatitis. He advised me on phone call for amylase & lipase test, Ultrasound, and the results of all the three reports came out to be an episode of pancreatitis. Once again doctor prescribed me MRI & CT Scan. And on the basis of that report doctor informed me that now I was suffering from chronic pancreatitis. Doctor recommended stent placement through endoscopy. The recommendation of doctor shocked me and my family too.

Now we decided to consult a good gastroenterologist at Zydus Hospital, Ahmedabad. He prescribed me several types of blood test, stool test to find out reason for chronic pancreatitis. Doctor prescribed digestive enzymes and oral pain killer SOS. But the situation did not improve till 23 January 2017. I was still living with little pain in upper abdomen. Now I was prepared for stent placement by endoscopy and it was scheduled on 23 Jan 2017. Unfortunately stent placement failed; doctors could not place stent due to tightness in stricture. Doctors did not give up and again tried stent placement on next day, but they failed once again. I was discharged without the stent placed in my pancreas on 25 Jan 2017.

The third episode started with severe upper abdomen pain on 27 Jan 2017. I was again hospitalised and was given the same treatments as earlier. Now doctors informed me that they did not have any treatment to for chronic pancreatitis. This time also I had to spend 5-6 days at hospital.

I realised that chronic pancreatitis would not let me and my family live peacefully. If medical science did not have treatment of chronic pancreatitis, then we have to think for other alternatives. One day we googled and found details of Padaav and Vaidyaji Balendu Prakash and we called them in order to get information about treatment and got few references. We booked our treatment for 28 Feb 2018.

Meanwhile, unfortunately fourth recurrent episode started on 23 Feb 2017. This episode was very crucial for me as the pain was not in control up to three days; I was not able to sleep for three days due to severe pain. I was discharged from hospital on 26 Feb 2017 because I had to report at Padaav on 28 Feb 2017.

I reached at Padaav on 28 Feb 2017 noon with pain and few complaints. Snehaji assisted us and I took first lunch at Padaav with fear of pain. She told me to take sufficient food and assured me the pain won't occur. Now Vaidya Shikhaji went through all my previous medical history and informed me about the treatment in next 21 days. They prescribed me protein rich diet, which was denied by doctors earlier. As the treatment was going on, I started feeling improvement from 3rd day, was relieved from pain, started feeling hungry with time and I started gaining control over the fear of pain. My confidence started building up after meeting few patients who completed successful treatment of one year. During my stay I met Vaidyaji 3-4 times; he gave us a lesson on how to live better and healthy life without pain of pancreatitis as well as other difficulties. Vaidyaji explained and answered our concerns in very easy language, which we will never forget. I had a pleasant stay at Padaav. Vaidyaji celebrated his birthday with patients and attendants and we celebrated holi with Shikhaji and Vaidyaji which was one of the memorable moments of our life.

After leaving Padaav I stayed connected with Vaidya Shikhaji by emails and phone calls. She answered all our queries and con-

cerns in a polite manner. Shikhaji and Vaidyaji are such sensible personalities, who really take care of their patients like family members.

I and my family are really thankful to Vaidyaji and Shikhaji for treating me and giving me a new life without pain. I am also thankful to Snehaji and rest Padaav staff that assisted me during my stay.

Thanks...!

Contact : 9998012362/ build_plus@live.com



Mr Kartar Singh, 62 years, Uttar Pradesh (Baghpat)

Diagnosis: Chronic Calcific Pancreatitis (2017)

Diagnostic Hospital: Sir Ganga Ram Hospital, Delhi

No. of Attacks & Hospitalizations: 0/0

Symptoms at the onset of AyT (September 2017): Abdominal pain, weight loss

Current status: Symptom free survival for 4 years

I am Kartar Singh, from Baghpat, Uttar Pradesh. I started having continuous abdominal pain and discomfort. I consulted a doctor and came to know that I have Pancreatitis. We searched on the internet and came to know about Vaidya Balendu Prakash. I came here and met Vaidyaji and Vaidya Shikha ji. They started my treatment. I followed the diet and restrictions advised to me and continued the treatment for one year.

Now I have completed my treatment. I repeated all tests and all my reports are normal now. Diet is the most important part of the treatment. I am very satisfied with the treatment and am fit now.

Contact : 9319318313



Master Kartik Thareja, 8 years, Haryana (Sonapat)

Diagnosis: Recurrent Acute Pancreatitis (2016)

Diagnostic Hospital: FIMS, Sonapat

No. of Attacks & Hospitalizations: 2/2

Symptoms at the onset of AyT (April 2017): Abdominal discomfort, poor appetite, poor growth

Current status: Symptom free survival for 4 years

Hello! My son Kartik was suffering from Pancreatitis since August 2016. He had 2 attacks and was hospitalized each time. Then, we came to know about Padaav. We came to Dehradun for the treatment. We took one year treatment from Padaav, Dehradun and now even after 4 years of treatment he is completely fine.

All his reports are also normal. I would suggest anybody suffering from this disease to come to Padaav for treatment.

Contact : 9068066667/ tina_thereja2004@yahoo.com



Miss Mayuri Sachin Chougule, 19 years, Belgaum, Karnataka

Diagnosis: Early Chronic Pancreatitis (2014)

Diagnostic Hospital: Lakeview Hospital, Belgaum, Karnataka

No. of Attacks & Hospitalizations: 3/2

Symptoms at the onset of AyT (February 1998): Abdominal pain, vomiting

Current status: Symptom free survival for 4 years

“My daughter is now living her life without fear”

My name is Sachin Chougule from Belgaum, Karnataka and I am the father of Mayuri Chougule. First of all I want to express my heartfelt gratitude for giving my daughter a second life, the debt which I may never be able to repay in my whole life. Pancreatitis is a word that I had never heard before this. My daughter's age is 19 years now, but when she was 14 years old, she started getting abdominal pains, which increased in frequency repeatedly. We consulted our local doctors who used to give some medicine but the attacks kept on coming. After about six months, we felt that this is something serious, so we consulted a Gastroenterologist from our city and did all the required tests and then we came to know that it was some kind of pancreas problem. Medicines were going on but the pains were coming again and again. Then we consulted Asian Institute of Gastroenterology in Hyderabad, where the treatment went on for almost two years with many tests like Sonography, Blood test and Endoscopic Ultrasound. To be on the safe side, we even did a Hereditary Pancreatitis test. The doctors said that we have to only manage the symptoms and keep taking medicine. By that time I was so broken up both emotionally and financially as I had no means to tackle this situation.

I started to search the internet for any other treatments when I came across the Padaav website and enquired about the same. The response I got from them was very good and satisfactory. My daughter started her treatment in June 2017 in Dehradun, in-house for 21 days and thereafter for one year. During the treatment year she had some pains, which were managed by the medicines. Our treatment continued for almost 18 months, the latter being maintenance treatment.

During the course of the treatment, Vaidya ji, Shikha Mam and the whole team were very supportive. They gave the step by step instructions to follow the diet and the lifestyle. Our diet mail was checked daily and necessary changes were suggested. Now it is 4 years since the treatment and my daughter is doing good both health wise and emotionally. It is as rightly said by Vaidya ji to live a life without fear. Once again I want to thank all the Padaav team for being so supportive to overcome this.

Contact : 8310396514 / schougule80@gmail.com



Mr Naman Awasthi, 24 years, Uttar Pradesh (Kanpur)

Diagnosis: Chronic Calcific Pancreatitis (2017)

Diagnostic Hospital: Neo Hospital, Noida

No. of Attacks & Hospitalizations: 2/0

Symptoms at the onset of AyT (October 2017): Abdominal pain, vomiting, weight loss

Current status: Symptom free survival for 4 years

"I feel more active and agile now!"

First of all I would like to congratulate team padaav for publishing their upcoming booklet 'Indigenous treatment for pancreatitis' and at the same time I am very thankful for giving me this opportunity to share my experiences through it.

Need of the hour

I would like to begin with one the dohas of Kabir Sahib

"Parvat Parvat main firiya, nain gawaye roye

Woh booti paya nahi jaate jeevan hoye"

Of course in this doha kabir Sahib is referring to those who keep running blindly in darkness for the sake of their so called materialistic happiness without even bothering to know about the possible light of joy which can be attained through spiritual wisdom but if we keep ourselves restricted to the literal meaning of this doha then the case becomes quiet applicable to the patients of pancreatitis. Throughout his life he keeps running behind various hospital and medicines and surgery for the sake of that finite relief (happiness) that he would get through pain killers and steroids without even knowing about an interminable possibility of being cured completely.

Yes you heard it right cure from pancreatitis is possible !! Mark my words not only relief but complete cure.

I am talking to every senior citizen out there who is worrying that how will he take care of himself beyond 60. I am talking to every teenager out there who is worried that what will happen to his future plans and goals. And I am talking to every child out there who is sleeping tight and do not even know that what is human body all about??

Spreading awareness about pancreatitis is the need of the hour and we should extend our support as much as possible to padaav team in doing so in whatever way possible.

The Journey

I still remember that it was 7th June 2017 when my doctor told me that I am suffering from pancreatitis and when I asked about possible cure of it, he kept staring at me in a similar way to that of a student who is about to cry to his examiner that question is out of syllabus. Thereafter we went to AIIMS where I was prescribed with artificial enzymes, antioxidants, painkillers and plenty of condolence and motivational examples of keeping my diet restricted like that of Virat Kohli.

Motivation is good but the question which must be asked that motivation in respect to what???. **Motivation and positivity is good provided that you are on a right path** and to know wheather you are on a right path what do you do??? Ofcourse you will use Google maps or you'll need that sign board which in a way means you need facts you need evidences and no such evidences could be seen in allopathy therefore I shifted to ayurveda and luckily I founded the address of this place called Padaav.

The time period between the date I was diagnosed with pancreatitis and the date I entered into the gates of padaav was hardly of 3 months mainly because I had chosen festive season of Diwali where few patients delayed their arrival and I took the benefit of vacancy that got created.

When I was diagnosed for Pancreatitis I was of the age 20 and had completed my first year of engineering so I had been one of those college teenager running to catch DTC bus on timethen running for Delhi metro and it came in between like a speed breaker which makes you fall from your cycle of life. Physical struggles of pancreatitis compelled me to drop my semester exams and I was totally broken by this. All this made me to develop a very antagonistic way of looking towards life. My weight started falling and I started losing my appetite. When I came to Padaav, my state was such that I was losing the ability to even walk properly.....Thanks to Shikha Ma'am's walking classes -- "Naman dobara door khol ke andar chalke batao". I remember one instance where I was made to walk in front of all the aunties including my mother as Ma'am told me to walk from the gates of Padaav that moment felt like I am giving audition for Mr. India and a bench of judges was sitting in front of me ---"Arrey shoulders bhi hilane hote hain"...!!

Treatment at Padaav:

Apart from normal ayurvedic medicine the uniqueness of Padaav lies in its metal based treatment which is the outcome of blend of Ayurveda with Chemistry and there is no doubt that Vaidya Ji is the ultimate master in this regard. Both Vaidya Ji and Shikha Ma'am are not like those ayurvedic baba's who tells you that "Science ko hatao aur lo humari chooran - chatni" but the entire treatment from manufacturing of medicines to patients diagnosis and to maintenance of patients' statistical data involves heavy use of science in fact there exists a dedicated team working in that area.

The treatment at Padaav can be divided into two phases on the basis of time

- 21 days treatment at Padaav campus
- 1 year treatment from home

Padaav offers a 3 tier treatment which includes - *Aahar, Vihar, Aaushadi*

So within the period of 21 days these three things are being focused on . You will be provided with a diary where you can write your diet and your reflection for the entire day and same you have to repeat throughout the year by breaking your entire year into cycles of 21 days(subject to the food culture and weather conditions where you live) and daily have to send an e-mail to their official mail id.

We ate *pani poori, poori paneer, dahi wada, rasmalai* and played carrom, chess and ludo. Those 21 days never felt like treatment but it was more about interacting with new people. In fact more than half of your fear is gone when you come to know about so many people like you, across the globe, suffering from pancreatitis.

Life after treatment

Much has changed now I feel more active and agile. Now when my colleagues eat aloo paratha in their lunch they soon start feeling exhausted and I remain agile and alert entire day following my padaav diet. There is nothing of the sort like that we have to maintain a strict diet in fact, it is tastier diet using our daily food items in interesting combination with proper nutritional balance.

One more myth which is being circulated and often asked by patients with whom I interact that if you are having pancreatitis then in a way you have to lead a conservative life and compromise your career choices Nothing like this, currently I am pursuing Chartered Accountancy since I decided to dropout from Engineering not because of pancreatitis but it was my own

personal decision.

It of course requires self-discipline but **self-discipline** has been taught to us like there is a **sense of control** therefore, it becomes difficult but when a patient of pancreatitis is taken care of during the indoor treatment of Padaav then you will see that self-discipline is actually taught to him as taking care of his own body which in a way involves **self-love.....and it is one of the greatest lesson that we can learn from Padaav that self-discipline is self-control or self-love that's why even when your treatment is finished you keep walking on the path which was paved by Padaav.**

Contact: 7042081480; awasthinaman25@gmail.com



Ms Nazia Hasan, 29 years, Delhi

Diagnosis: Chronic Calcific Pancreatitis (2008)

Diagnostic Hospital: AIIMS, New Delhi

No. of Attacks & Hospitalizations: 25/6

Symptoms at the onset of AyT (August 2017): Abdominal pain, vomiting acidity, gas, nausea, weakness

Current status: Symptom free survival for 4 years

"My weight has gone from 27 to 40 kgs"

My name is Nazia Hasan. I belong to Purnia district, Bihar and live in Delhi. I have suffered from Chronic Pancreatitis for 12 years. I first had an episode of severe abdominal pain in 2005 but it was diagnosed as normal gastritis. But I kept having such episodes and was diagnosed for Chronic Pancreatitis in 2008. Initially, the pain occurred once in a year or in six months but but gradually I started having episodes every months then every week. I consulted many doctors first in Purnia, then in Patna, and then Delhi. In Delhi, I consulted Apollo Hospital, GB Pant Hospital, PSRI Hospital and AIIMS but my pain didn't stop. The doctor in AIIMS advised surgery considering my young age. In 2016, I got operated in GB Pant Hospital, Delhi but even then there was no relief in pain.

After all these attempts, one day my husband was searching for some treatment of Chronic Pancreatitis abroad while he stumbled upon a link of Chronic Pancreatitis treatment by Vaidya Balendu Prakash at Padaav Speciality Ayurvedic Treatment Centre. My husband went through the site and read all the reviews. We then met Vaidya Ji in 2018. We were told that it was a one year long treatment with initial three weeks indoor treatment at Padaav. And after the initial 21 days treatment we can complete rest of the treatment from home.

Padaav treatment is based on medicine, life routine and a strict diet plan. When I first met Vaidya Ji in 2018, my weight was 27 kg and now it is 40 kg. I am glad for the gain in my weight and my pain has also stopped completely since the treatment. Now, I am living a normal life and for that I am very thankful to Vaidya Ji, Vaidya Shikha and all Padaav team.

Contact : 9999284499, 7011735587 / abu.quaiser@gmail.com



Mr. Sujal Yadav, 27 years, Uttar Pradesh (Ghaziabad)

Diagnosis: Chronic Calcific Pancreatitis (2013)

Diagnostic Hospital: Local Nursing Home, Ghaziabad

No. of Attacks & Hospitalizations: 45/2

Symptoms at the onset of AyT (May 2017): Abdominal pain, vomiting, weight loss

Current status: Symptom free survival for 4 years

“Their constant endeavor to heal patients with pancreatitis is next to none”

I heard about Vaidya Balendu Prakash's Speciality in pancreatitis disease. In the very first meeting (May 2017), Vaidya Ji told me that he will cure my disease. And he was true to his words!

Vaidya ji and Shikha mam and their constant endeavor to heal patients with pancreatitis is next to none and really admirable. Vaidya ji's treatment came as a blessing to me and I cannot thank him and his team enough now in 2021. I'm perfectly fine and all the credit goes to Padaav Ayurvedic Treatment Center.

Contact : 7906721329 / sujalyadav146@gmail.com



Mr Vaibhav Shukla, 19 years, Uttar Pradesh (Varanasi)

Diagnosis: Chronic Calcific Pancreatitis with Pseudocysts (2013)

Diagnostic Hospital: Ramakrishna Mission Hospital, Varanasi; Medanta, Gurgaon

No. of Attacks & Hospitalizations: 10/3

Symptoms at the onset of AyT (September 2017): Abdominal pain, weight loss, vomiting

Current status: Symptom free survival for 4 years

“Thank you Padaav for giving me the life I lost hope of.”

Hello, I'm Vaibhav Shukla from Varanasi, Uttar Pradesh. It has been almost 3 years now that I'm living a completely normal life after suffering from Chronic Pancreatitis for over 5 years. Words could never express our gratitude for everything Vaidya Ji, Shikha Ma'am and team Padaav did and continue to do for all the patients like me.

Currently I'm 19 years old, it all started when I was 14 years old. Stomach pain showed up intermittently over months which at first seemed like general gastric pain and was treated by local doctors with the help of pain relievers digestion syrups. I'd started losing weight, frequency of attacks and severity of pain was increasing week by week and one day unbearable pain along with this not able to digest anything happened and I was admitted to Rama Krishna Mission Hospital Varanasi. The tests done here revealed the name of this lethal disease I acquired - Chronic Pancreatitis. After getting discharged everything was okay for 5-6 months after that every 3-4 months, I suffered pancreatic attacks and continued to lose weight during that time. Local Doctors, Gastroenterologists prescribed "Creon"/Painkillers at the time of attack. In 2015 looking for a permanent cure we decided to go to Medanta Hospital, New Delhi. A stent was placed in my pancreatic duct for 3 months after that it was removed, temporary relief was there but soon attacks started again. Starting of 2017 I was rapidly losing weight and eventu-

ally at the end of march I was 32kg from 45-48kg. Condition deteriorated and was very severe. We went to Asian Institute of Gastroenterology Hyderabad stenting was repeated and attacks continued thereafter.

We came to know about Vaidya Balendu Prakash and Padaav by a newspaper as Vaidya Ji had some seminar on CP in BHU and in a hope to find more about sir I googled and researched a bit about Padaav and in the month of September, 2017 I got an appointment. It was 21-day admission at Padaav, Dehradun and 1-year medicine continuation at home. In general, it was 1 year course but the tests done at Padaav revealed my undiagnosed condition of hepatitis so my treatment took a bit long but finally due to the hard researched diet, medication and disciplined way of living as taught by team Padaav has finally given my normal life back after hustle of years. During the treatment in any difficulty pain or any doubt everyone helped & supported me, after that too whenever I called Vaidya ji or padaav team whether it was day or middle of night in any pain they immediately picked and gave necessary suggestion on what to do next. We were given booklet to record our diet, sleep time, any symptoms faced, even during 1 year course I had to send email of that record every day they reviewed and sent back important suggestions and remarks.

Once again thank you so much Vaidya Ji, Shikha Ma'am, Sneha Ma'am, Sakshi Ma'am and whole team Padaav for giving me the life I lost hope of.

Contact : 9794949486



Mr. Anirban Mukherjee, 28 years, West Bengal (Kolkata)

Diagnosis: Recurrent Acute Pancreatitis (2013)

Diagnostic Hospital: Neelima Nursing Home, Uttara para, West Bengal

No. of Attacks & Hospitalizations: 8/3

Symptoms at the onset of AyT (December 2017): Abdominal pain, weight loss, vomiting

Current Status: Symptom free survival for 3.5 years

“I can now live a normal life and focus on my work”

My name is Anirban and I am from Kolkata. In 2013, I had an attack of pancreatitis for the first time. I was hospitalized for about a week. Then after few months I had another episode and then another...I had to be admitted many times. I took allopathic treatment for many years but nothing was beneficial. I lost weight and had no appetite. In 2017, I had 7-8 attacks in 2-3 months. I was hospitalized at that time and the doctors also said that there is no cure for this disease.

I was very disappointed. Once I was searching on the internet about Pancreatitis and read about Padaav Ayurvedic Center in Dehradun. It specializes in Pancreatitis treatment. I visited their website, watched a lot of videos and testimonials and decided to take this treatment. Then, I took one year treatment and followed the same diet and healthy lifestyle as Vaidya Ji advised. I also gained weight during this period. After that my health gradually improved and during treatment I did not have any problem. It has been more than two years since I completed treatment and I have had no problem. I still follow the same lifestyle and diet that I was advised. I am very happy with this treatment. I can now live a normal life and focus on my work.

Whoever is suffering from Pancreatitis like I was, I would suggest you to consider ayurvedic treatment and wish you all the best.

Contact : 9804908083/ mukherjee.ani.799@gmail.com



Mr. Parag Bhandiye, 25 years, Goa

Diagnosis: Chronic Calcific Pancreatitis (2016)

Diagnostic Hospital: Borkar Hospital, Ponda

No. of Attacks & Hospitalizations: 7/2

Symptoms at the onset of AyT (December 2017):

Abdominal pain, vomiting, weight loss, nausea

Current status: Symptom free survival for 3.5 years

"Forever Grateful"

Hello, my name is Parag Bhandiye and I'm from Goa. I was diagnosed with severe acute pancreatitis in January 2016 when I was 20 years old. It was a sudden onset of pain in the upper abdominal region which was unbearable. I was rushed to a nearby doctor and he told to do a blood test and an ultrasound of the abdomen ASAP. Reports stated that my pancreas was inflamed and the amylase and lipase were also high.

Immediately, I got admitted in a hospital and was rushed into the ICU where I spent four nights not knowing what day it was. It was all very scary for my family as we had no idea about this disease. Later, I was discharged after a week with medicines and enzymes tablets in particular that I had to take along with my low fat meal for lifetime as told by the doctor.

Fast forward to 2017, the attacks returned with less severity but the frequency was high. I had about 5-6 attacks within 4 months' time span and my weight was down by 12 kg-15 kg. Now, it turned to chronic calcific pancreatitis. In distress, I started looking for alternatives and that is when I stumbled upon a video by Padaav for pancreatitis. That was the day..I researched about Padaav centre and Dr. Balendu Prakash ji and read every detail about them.

I sent them an email regarding my case and soon booked an appointment for 21 days indoor treatment. This was a very crucial decision for me as I didn't want to be on medication for the rest of my life. As soon as I reached Dehradun centre, I was treated very nicely by Vaidya Shikha Prakash. Their staff members are very professional yet very friendly. They started with their formulated medications and gave a time table along with it for us patients to follow.

You won't believe it but we were pleasantly surprised when they served us meals that we thought we'd never have again in our life such as pizza, cake, rabdi, idli and coconut chutney, dhokla and much more. This completely instilled the confidence in me about their medicines and I left their centre after the indoor treatment was completed with no second thoughts.

Now, I just had to follow their instructions for one year and I would have said goodbye to pancreatitis forever. But I messed it up after 5 months. I violated their instructions like daily diet and lifestyle. As a result, I was sick again and immediately contacted Shikha ma'am. She addressed the issue and suggested that I should follow the instructions very strictly and also added one more medicine to which my body responded very well. I successfully completed this course which went on for a bit more than a year due to my fault.

After that as advised, got an MRCP and various other tests and had a consultation with Shikha ma'am. She was happy with my reports and gave a simple advice. It was no rocket science. She mentioned about the importance of aahaar and vihaar - a healthy diet and a good & balanced lifestyle is all we have to follow for the rest of our lives for our well being.

Since then, I am totally off medications and completely fine. Thanks to Vaidya Balendu Prakash ji, Shikha ma'am, Sneha ji, Pooja ji, Sakshi ji and the co-operative staff of Padaav.

Contact : 7798103303 / paragb420@gmail.com



Baby Advita Gadge, 6 years, Maharashtra (Pune)

Diagnosis: Recurrent Acute Pancreatitis (2018)

Diagnostic Hospital: Jupiter Hospital, Pune

No. of Attacks & Hospitalizations: 5/1

Symptoms at the onset of AyT (August 2018): Abdominal pain, vomiting

Current status: Symptom free survival for 3 years

On April 4 th 2018, my three year old daughter complained of Loose-motion, lower abdominal pain and till evening she had severe watery loose-motion. We took her to Pediatrician; he has given some syrup for this ailment.

Whenever she tried to consume medicine, soon she started vomiting and due to this she lost her energy. So looking at her condition, Doctor wanted to get her hospitalized in "Jupiter Hospital, Pune". We agreed and hospitalized her with very heavy heart and then treatment has been started via IV (intravenous solution).

Doctor's diagnosis was "ACUTE GASTROENTERITIS WITH BACILLARY COLITIS". Treatment consisted of Antibiotics through IV and some syrup along with some light food to consume. After two days her frequency of loose motions decreased to around 4-5 times. Blood test was initiated to verify exact reason for this disease.

After 5 days of hospitalization, loose-motions frequency comes to 2-3 but still she did not completely recover. As she was too young to get this type of treatment and we could see her mental stress and frustration in hospital. So Doctors decided to discharge her and gave one week medicines, as we planned to go home.

Her symptoms of loose-motions are completely stopped, after taking one week of Antibiotic and other prescribed medicines. So by 15 th April 2018 we are happy she got cured and can eat healthy food. Her Mother and grand Mother started giving her lots of fruits and home-made food by applying Ghee (Clear Butter).

On 24 th April 2018, she woke up with pain in lower and upper abdominal. Pain was that severe that she continuously agonized and cried, so we gave her one spoon juice of "Honey + dry Ginger". She felt little relief and we contacted same Pediatric doctor who treated her in Jupiter Hospital and he suggested us to visit Specialist Pediatric Gastroenterologist of "Dinanath Mangeshkar Hospital", Pune. In first instance, Doctor found something serious has occurred and want us to test her Amylase and Lipase Enzymes along with MRI of Abdomen. As we are completely unaware of this disease and what will be the consequences. On the same day evening Blood test report came and it confirmed she got diagnosed with "ACUTE PANCREATITIS".

Due to unavailability of Specialist doctor (travelling abroad and he is the only Pediatric Gastroenterologist in Pune) we have decided to hospitalized her again in "Jupiter Hospital, Pune" under same General Pediatric doctor. He initiated CT Scan, Ultra sound and X-Ray, scan and Ultrasound and confirmed of Acute edematous Pancreatitis with high values of Amylase and Lipase enzymes. She was treated with IV with no food and no water for two days for giving rest to her pancreas. After two days again enzymes test initiated but not much improvement seen in enzyme levels.

Known homeopathy doctor told that she has medicines for this ailment and we have to give her in 15 minutes interval for two days. But after two days blood test report shows very high value of enzymes level. Me and My family observed that the doctor was short of methodologies to treat this ailment and waiting to move her to ICU. On the same day we took discharge from Jupiter Hospital and contacted Paediatric Gastroenterologist of "Dinanath Mangeshkar Hospital" to get hospitalized her. Doctor started medicines via IV. Next day we initiated blood test which gave us positive result as enzymes level comes nearby to normal range. Here she was hospitalized for three days, on the day of discharge her Amylase enzyme level came to normal range but Lipase enzyme level above normal range. Doctor suggested further treatment can be done at home. Dietitian suggested low fat diet and watery food in her daily meal routine.

After 10 days, she again complained of abdominal pain and doctor suggested Enzymes test. Her test confirmed enzymes level are triggered again, doctor prescribed pain killer tablet. After consumption of pain killer tablet she was in sleepy mode for two days due to this she could not take her food and do other activities. Surprisingly this pain diluted and again occurred after 10 days. Similar blood test and pain killer was occurring for 3-4 instances. As a father I cannot see this happen to my daughter and I had a talk with some known Adult patients of Pancreatitis and they suggested "Asian Institute of Gastroenterology hospital, Hyderabad" for further treatment. Without wasting any time I visited Hyderabad and took appointment of "PANCREATOLOGIST".

After looking her case doctor diagnosed her with "RECURRENT ACUTE PANCREATITIS". Blood test, Ultrasound and Colour Doppler report shows enzymes level on higher side but Ultrasound shows Pancreas normal in size and echo texture. Doctor prescribed "Anti-Oxidant" tablet for next six months. This tablet worked well and she was able to digest food with no pain. Routine was been followed for more than a month and parallel I talked to multiple pancreatitis patients (especially kids parents) and came to conclusion that "Anti-Oxidant" medicine will work till one or two years after that same pain triggered to most of the patients and their Acute phase turns to Chronic Pancreatitis. So I decided to check some alternative to tackle this ailment before it turns to severe.

In mid-August 2018, I came to know about Ayurveda treatment under Vaidya Balendu Prakash in Dehradun. I read testimonial of treated patients over there and I found 4-5 cases of treated Pancreatitis in children but still my daughter was younger to all of them. I had a talk with parents of treated patients and they all gave me positive output of Ayurveda treatment and without wasting any time I contacted "PADAAV, Ayurveda hospital" and enrolled for treatment.

From September 1st 2018, my daughter was hospitalised for 21 days and her treatment started from first day. As a father I still had some doubt, how will be my 3 year old baby able to consume this Ayurvedic medicine and what will be the effect on her. I am very much thankful to "Vaidya Shikha Prakash" and her staff for giving extra care to my daughter with respect to Medicine doses and quantity. Initial days she had some light pain during breakfast but after some days everything went smoothly. My daughter was able to pass stool on daily basis and started gaining weight as per her age. PADAAV trained us to follow discipline in meals timings and daily routine.

Now we have completed a year of strict discipline towards meals, medicines and rest. For this year, my daughter never experiences Pancreatitis pain or any side effect of medicines. Hopefully we will follow the same routine for her until she is able to understand the benefits of this discipline in her life.

Contact : 9689898640



Mr. Nishant Goel, 30 years, Delhi

Diagnosis: Chronic Pancreatitis (2007)

Diagnostic Hospital: St. Stephen's Hospital, Delhi

No. of Attacks & Hospitalizations: 25/14

Symptoms at the onset of AyT (March 2018): Abdominal pain, vomiting, weight loss

Current status: Symptom free survival for 3 years

“Padaav changed my life!”

My name is Nishant Kumar Goel. I had my first pancreatitis attack in 2007. I used to often eat at restaurants back then. I and my family felt that it was normal pain that would heal on its own. But gradually the pain increased and became unbearable. I had bouts of vomiting too. When we understood it was something severe we went to the hospital. I was admitted and some blood tests, ultrasound, CT scan were done. The doctor then informed us that I had developed acute pancreatitis. I remained hospitalized for fifteen days and lost 20 kg weight. No cause of pancreatitis could be identified in my case as it is usually caused by regular consumption of alcohol, drugs or due to gall bladder stones. I was told to follow diet restriction and take low fat diet which I followed for three months. After that I went back to my normal routine and thought I was fine.

But after another three months, I got second attack. I then realized how serious the condition was. I consulted many hospitals and also followed the advised diet. Everything was back to normal, but after one and a half year, I had third episode which was more severe than the first two. The frequency of these episodes increased to 2-3 times a year. My disease progressed to chronic pancreatitis. I was following a very strict diet and was also taking daily allopathic medicines but still in between 2007– 2018 I had about 30 episodes of pain and I had to be hospitalized 14 times.

Since 2014, I have had regular complaints of acidity, burps, bloating, oily stool. I was taking medicines and painkillers on regular basis. During this time I also tried homeopathic treatment but I was not benefitted. I have consulted AIIMS, ILBS, Sir Ganga Ram Hospital, and many more but could not receive any beneficial advice. Some doctors suggested me to get my pancreas operated, some advised to get the gall bladder removed. I was not convinced because even after surgery, I was not getting assurance that I would not get these episodes again. I started being very tensed..I wasn't able to work as well. I was always afraid that an attack could happen anytime. Apart from the physical and mental stress, it was also a financially draining experience.

In 2018, a relative told us about Padaav. We did our research and talked to some ex-patients too. This increased our trust but still we were doubtful about Ayurveda. However, after getting positive feedbacks, we thought of considering Ayurvedic treatment because allopathy & homeopathy was not working for me. I was admitted for 21 days at Padaav in March 2018. I was given Ayurvedic medicines in these 21 days and my routine and diet was changed. I could stop creon which I had been taking for years. I could feel a lot of improvements in the 21 days itself. My symptoms like acidity, oily stools, bloating, etc got better. My Ayurvedic treatment lasted for a year, in which I had to follow the lifestyle and diet as prescribed. I had 2-3 episodes during the treatment but the intensity was low and I got better at home only. I ate many such food items during ayurvedic treatment which were prohibited during allopathic treatment. Now it has been 3 years since the treatment got over. I have had no problem. I still follow the diet advised at Padaav and stay in touch with them. I am leading a completely normal life.

I was told everywhere that there is no cure for pancreatitis. But after my treatment at Padaav, my diet and lifestyle has improved. I feel energetic. In simple words, Padaav changed my life and for this, I want to say thank you to Vaidya Shikha Prakash ji who cured me with her constant efforts and motivation.

I will suggest all Pancreatitis patients to not lose hope and consider Ayurvedic treatment for pancreatitis.



Mr. Pravas Chudal, 27 years, Nepal (Kathmandu)

Diagnosis: Chronic Calcific Pancreatitis (2007)

Diagnostic Hospital: CMC, Nepal; AIG, Hyderabad; AIIMS, Delhi

No. of Attacks & Hospitalizations: 8/7

Symptoms at the onset of AyT (February 2018): Abdominal pain, weight loss

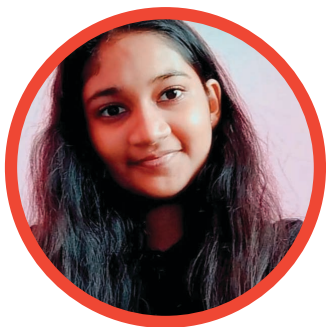
Current status: Symptom free survival for 3 years

“Thank you for helping me gain confidence to lead a happy and healthy life”

My name is Pravas Chudal and I am from Nepal. I got my first attack of pancreatitis back in 2007. Since then, till 2017 I had several attacks and had to get hospitalized for around 4 to 5 days every time. I took my treatment from AIIMS and AIG but wasn't satisfied. Then, in 2018, I got to know about Padaav from my sister.

We contacted some patients and finally decided to go to Padaav in February 2018. We did my treatment in Padaav for 21 days under Vaidya Shikha Prakash Mam and later continued her advice for one year. Now, I can feel the change in my health and lifestyle. I am living my life happily. I would like to thank all the Padaav members, Shikha Mam and Vaidya ji for putting me at ease and helping me gain confidence to lead a happy and healthy life ahead. Thank you!

Contact : +977-9845055362 / pravaschudal123@gmail.com



Miss Ridhi Bahety, 15 years, Assam (Guwahati)

Diagnosis: Hereditary Pancreatitis (2017)

Diagnostic Hospital: International Hospital, Apollo, Guwahati; AIG, Hyderabad

No. of Attacks & Hospitalizations: 3/3

Symptoms at the onset of AyT (April 2018): Abdominal pain, vomiting, weight loss

Current status: Symptoms free survival for 3 years

“My daughter is in good health now.”

My name is Sanjay Baheti. I am from Guwahati. My daughter had her first attack of pancreatitis in 2017. We did not even know what pancreatitis was. Doctors diagnosed her for Acute Pancreatitis through an MRCP. The disease later progressed to chronic pancreatitis. Treatment was done in the leading hospitals of Guwahati but there was no benefit. So, we took her to AIG, Hyderabad for consultation. The doctors there also told that the disease had no permanent cure and that she will have to take Creon with her meals. They advised us to keep visiting at regular intervals to keep a check on the developments. Months passed but there was no improvement. She lost weight and became very weak.

I searched on the internet and came to know about Padaav. But I was not sure about the credibility of the place. So, I sent my brother to meet Vaidya ji. He visited Padaav and was satisfied with the arrangements in the hospital. In 2018, we went to Padaav for indoor treatment for 21 days. We were guided on the diet and lifestyle to be followed during the treatment. During the treatment, she again suffered with mild attacks but they were not as severe as before and her condition started improving slowly. Now it has been two years since we stopped the treatment but she has had no attack. My daughter's health is good and her weight has also increased. I keep getting blood tests done and they are all normal. I am thankful to Vaidya ji and Shikha mam for their support.

I would suggest any patient who is suffering with pancreatitis to consult Padaav once and get the benefit of their treatment.

Contact : 9435018619 / bahetysanjay.rcc@gmail.com



Miss Shyama Saraf, 21 years, Rajasthan

Diagnosis: Chronic Pancreatitis (2013)

Diagnostic Hospital: Sarvodaya Hospital, Hisar; Apollo Hospital, New Delhi; AIG, Hyderabad

No. of Attacks & Hospitalizations: 13/10

Symptoms at the onset of AyT (September 2018): Abdominal pain, vomiting, weight loss

Current status: Symptom free survival for 3 years

“Now I'm doing amazing things in life!”

I am writing this to thank everyone at Padaav Ayurvedic Institute. I was suffering from chronic pancreatitis from 2013.

Since 2013, I had been hospitalized at many hospitals such as Apollo, Delhi, AIG, Hyderabad and some other hospitals too. I went through around 15 pancreatic attacks. It was a terrible journey for me and for my family. In 2018, When I passed my 12th Standard, my friend told me about Padaav. I thought there was no cure to this disease as I was told by the doctors too. I was tired of these attacks and the terrible pain. But I decided to try yet again, and thus started my treatment from September 2018. Since then, I didn't experience even a single attack. I don't have enough words to thank Shikha ma'am and whole padaav institute.

Thank you so much, I'm so grateful!!

I completed a year of my treatment in October 2019. I am still under Shikha madam's care. Now I'm doing amazing things in life. All thanks to Shikha ma'am and her entire team, to my family and the friend of mine who told me about Padaav.

Contact : 8696748999



Mr Somansh Garg, 22 years, Uttarakhand (Dehradun)

Diagnosis: Chronic Calcific Pancreatitis (2017)

Diagnostic Hospital: Chandra Hospital, Dehradun; Sir Ganga Ram Hospital, Delhi

No. of Attacks & Hospitalizations: 3/1

Symptoms at the onset of AyT (May 2018): Abdominal pain, vomiting, weight loss

Current status: Symptom free survival for 3 years

"Padaav taught me that everything is curable with the right approach and determination."

My name is Somansh Garg. I am from Dehradun. I am years old 23. In 2014-15 I used to have frequent stomach pains but nothing was diagnosed. I 2016, I got my first severe attack of Pancreatitis. They told us that there was some infection in the pancreas and suggested me to get hospitalized for a week. I was admitted for about 3 weeks and such episodes then continued. We consulted a leading gastro here. He told us that this is CP. It is a severe issue and my family got alarmed. Most doctors told us that my eating habits, obesity were the problems. I was about 80 kgs at that time.

We went to SGRH, Delhi. We thought under these leading doctors I will be cured. My doctor asked me if I took alcohol or smoked. I was 18 and had never smoked or taken alcohol. He then told me that I would need a surgery but for now we would do stenting. First stent was placed. After the couple of months, pain occurred. The doctor exchanged the stent. I had to undergo stenting four times. The experience of endoscopy was horrific. I was very painful. I was giving medicines regularly but my disease was not curing. I had so many medicines that it occurred to me that medicines were the primary source of nutrition for my body. I was eighteen, was taking medicines regularly, was not able to eat well, was losing weight drastically and had reached to about 42 kg. It was getting more and more difficult for me every day.

If you search about CP on the internet, you will find heart-wrenching articles of people who were not able to cope up with the disease and fell under worse health conditions. I was scared! We asked the doctor for a permanent solution. He said he would

operate and remove my pancreas but that I could not expect to be able to lead a normal life after that.

Somehow a year passed. In 2018, I came to know about Vaidya Balendu Prakash ji. We met Vaidya Shikha Ma'am for the first time. She told me there is nothing to worry about. I was doubtful! The whole modern medicine is telling me that I don't stand a chance. I was very skeptical. I saw the place where we had to be admitted for the initial indoor treatment. It looked more like a hostel located in an area close to nature. I went to their website..I search about them. I called many testimonials and saw a pinch of hope. Those 21 days were like a vacation. I saw people of my age and even younger who had Pancreatitis. I made some friend there. We supported each other. We took our medicines, diet and lifestyle. Initially, my body took some time to be able to tolerate the medicine. But gradually things got better.

After going from there, I was supposed to take utmost precautions with my diet and lifestyle and take my medicines. I maintained the schedule strictly. All the hard work and dedication paid off when after a year I could say that I was finally free from Pancreatitis. I had seen testimonies back then and here I am giving my own testimony. I have had no pain in these years and am leading a normal life.

Going to Padaav was a crucial step in my life that changed my life completely. I understand my body and my limitations and do everything accordingly. My anxiety is gone. Padaav taught me that everything is curable with the right approach and determination.

I would like to say that Vaidya Shikha Ma'am is my saviour..she healed me when all the doctors seemed to have given up on me.

Contact : 8449203857



Mr. Updesh Garg, 25 years, Punjab (Bhatinda)

Diagnosis: Recurrent Acute Pancreatitis (2013)

Diagnostic Hospital: Health Street Hospital, Delhi Heart Hospital, Bhatinda

No. of Attacks & Hospitalizations: 10/8

Symptoms at the onset of AyT (July 2018): Abdominal pain, Vomiting

Current status: Symptom free survival for 3 years

"Padaav is the solution to Pancreatitis!"

I am Updesh Garg. I was a patient of Pancreatitis before I took treatment from Padaav. I had my first attack of Pancreatitis in 2013. I started my treatment at Padaav in June 2018 which continued till June 2019. Since then it has been one and a half years. I am off all medicines and leading a completely normal life. I have had no health issues in this period and have gained around 18 kgs weight.

I would strongly recommend Padaav to anybody suffering from Pancreatitis. This is the place where you can get a solution to your problem.

Contact : 7986280391/ updesh9@gmail.com



Mr Gaurav Kumar, 35 years, Delhi

Diagnosis: Acute Necrotizing Pancreatitis (2015)

Diagnostic Hospital: Sir Ganga Ram Hospital, Delhi

No. of Attacks & Hospitalizations: 3/2

Symptoms at the onset of AyT (January 2019): Abdominal pain, weight loss, vomiting

Current status: Symptom free survival for 2.5 years

“Padmashri Vaidya Balendu Prakash ji has brought hope to my hopeless life.”

I was diagnosed with pancreatitis in 2015 and acute necrotising pancreatitis in 2018 though I used to have severe abdominal pain from 2011 and had many hospitalisations in allopathy. But when I came to know that pancreatitis has no cure in medical field of allopathy, I lost vigour to live with a sorrowful painful life.

In 2018 December, I got to know about Vaidyaji, though I was bit reluctant after living a miserable life. But PADAAN ayurvedic speciality treatment centre by Vaidyaji at Rudrapur has provided me another chance to live. Their 21 days indoor treatment protocol and 1 year medicine taught me new lifestyle with healthy diet. I can now take all good foods especially milk products which was big no for me earlier. Vaidyaji has literally gifted me this new life.

I will recommend every pancreatitis patient to contact Padaan. They cure root cause unlike allopathy which only can do pain management. Me and my family are indebted our whole lives to vaidyaji.

Gratitude boundless to You. God always bless You.

Contact: 9717756722



Miss Heta Fatania, 25 years, Kenya (Nairobi)

Diagnosis: Chronic Calcific Pancreatitis (2012)

Diagnostic Hospital: Local Hospital, Nairobi

No. of Attacks & Hospitalizations: 15/7

Symptoms at the onset of AyT (December 2018): Abdominal pain, vomiting

Current status: Symptom free survival for 2.5 years

“I can do excreces..go around..and even party”

My name is Heta Fatania. I am 24 years old. I was born and brought up in Kenya. In 2012, I was diagnosed with Acute Pancreatitis. I had severe abdominal pain and had to be admitted to the hospital. We thought it was some sort of an infection but it turned out to be Acute Pancreatitis. Life changed since then! I wasn't allowed to eat junk foods, could not do much physical activity and felt tired always. I had about fifteen episodes and was hospitalized seven times.

In late 2017, I was diagnosed with Chronic Calcific Pancreatitis and it was not good news! Being a medical student, I tried to find out why it was happening to me. But no doctors could answer me..it was idiopathic. I was not even allergic to any food. But the episodes would not stop. I had to miss school for many days. I even went for an exam once while I was on IV fluid. One of my neighbours spoke to my dad about someone in their community who had the same condition and underwent Ayurvedic treatment in India. His name is Mr Manish Parmar. Both of his daughters had Pancreatitis. Initially, we were a little skeptical but after coming to know Manish Uncle's daughters' story we decided to give it a try.

In November 2018 I went for inhouse treatment to Padaav. The initial week was very bad..I had countered some infection and wanted to run away. But the staff was friendly and convinced me to hold on. There were some restrictions but I got used to it. I met other patients there and even made a few friends. We used to take walks together, take our meals together and discuss about our experiences.

It was good. Later I continued with the advice after returning from Padaav. The first three months was a little tricky because I had to follow the schedule and diet plan but I convinced myself that it was for my good health. Gradually I got used to it and is a part of my lifestyle now. I am much better now. I have put on weight..am eating everything. I have no pain.

Now I can do exercises, go around and party..do whatever I like, but of course not at the cost my health.

I am very thankful to Vaidyaji and his team for healing me.

Contact : +254731094333



Ms Shailika Kishore, 35 years, Uttarakhand (Haldwani)

Diagnosis: Acute on Chronic Pancreatitis (2012)

Diagnostic Hospital: AIG, Hyderabad

No. of Attacks & Hospitalizations: 9/5

Symptoms at the onset of AyT (May 2019): Abdominal pain, vomiting

Current status: Symptom free survival for 2 years

"I felt a lot of difference in the initial three weeks itself"

My name is Shailika and I live in Dubai. I was diagnosed for Pancreatitis in 2012 and I had around 30 attacks till 2019. These attacks were very painful. I consulted a lot of doctors in India and is Dubai but there was no difference. The pain used to come every six months. Then in 2019 I came to know about Vaidya ji, so I consulted Vaidya ji and met Sneha too. As soon as I entered Padaav I was told that you are at Padaav now you will be alright. It was a big deal for me because I had lost all hopes. After that, I took 21 days treatment and followed a daily schedule with fixed sleeping and eating timings. Morning 8am Breakfast, 11am snack, 1pm lunch, 4pm evening snacks, 7pm dinner then post dinner snack at 9:30 pm became my daily schedule. I could feel a lot of difference in the initial three weeks itself.

I was very happy. After 21 days, I continued the one-year treatment with three months proper rest and strictly followed all instructions. The overall experience was very different and positive. I have now completed two years after treatment and I feel great. All this was possible only with the support of Vaidya ji, Shakshi, Sneha and Pooja.

I just want to say that anyone who is suffering from pancreatitis, please visit Padaav. Consult Padaav, start your treatment and have faith. You too can be absolutely fine.

Contact: 9105148086/ Shailika.kishore@gmail.com



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Master Kavya Anand, 15 years, Punjab (Jalandhar)

Diagnosis: Chronic Pancreatitis (2019)

Diagnostic Hospital: Dr. M.K. Arora Hospital, Jalandhar; DMC, Ludhiana; Medanta Hospital, Delhi

No. of Attacks & Hospitalizations: 6/4

Symptoms at the onset of AyT (January 2020): Abdominal pain, weight loss

Current status: Symptom free survival for 1.5 years

“My son has recovered completely and is pain free now.”

I am Rakesh Anand from Jalandhar, Punjab. Since about one year we were suffering from the disease Pancreatitis as my son, Kavya Anand is a patient of this disease. We visited many hospitals for consultation of my son but he did not get much relief. I can't even describe in words what we went through during this period.

Then we got to know about Padaav. We started their treatment with a hope that my son will be free of this disease soon. He followed the one year treatment plan strictly and has now completed the treatment. I am so glad that my son recovered completely and is pain free now. My utmost gratitude to Vaidya Balendu Prakash Ji and Vaidya Shikha Prakash Ma'am who guided us on every step. I don't have enough words to be able to thank them. Thank you so much for giving a new life to my son.

Contact : 9815209299 / rakeshanand950@gmail.com



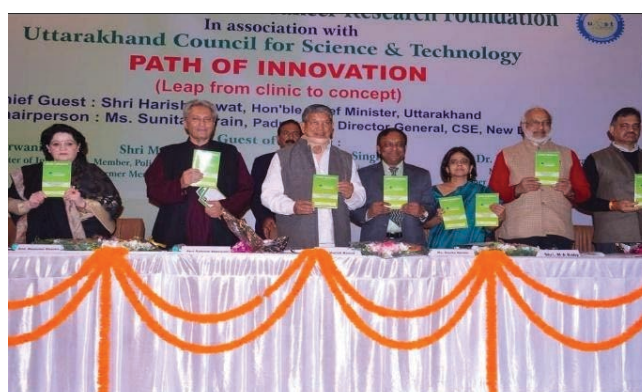
The truth about any treatment can only be described by those who have experienced the agony of the disease.

We are grateful to all the patients who have been generous enough to share their personal details in the form of testimonials in the interest of other Pancreatitis patients and scientific development of the treatment.



Events Gallery

A seminar entitled 'Path of Innovation' was held on 23rd November 2014 where few Pancreatitis patients, benefitted by Ayurvedic treatment, were presented. Ms Sunita Narayan, Director, Centre of Science and Environment, presided over the ceremony and Shri Harish Rawat, the then Chief Minister of Uttarakhand, was the Chief Guest of the occasion. The Chief Minister announced complete government support to the project. A booklet with data on first 55 patients was also released on this occasion.



A project 'Development of Herbo-Mineral Formulation for Chronic Pancreatitis' was launched on 14th January, 2015 under the aegis of Uttarakhand Council of Science and Technology. The second phase of the project was inaugurated on 13th October, 2015 by Shri Harish Rawat, the then Chief Minister of Uttarakhand in the gracious presence of Shri Dinesh Agarwal, the then Hon'ble Cabinet Minister and Dr Rajendra Dobhal, Director General, UCOST, Uttarakhand.



Inauguration of Shashi Chandra Rasa Shala, a new manufacturing unit for medicines, located at Village Sikrora, Bilaspur, District Rampur, Uttar Pradesh was done on 14th May, 2016. The inauguration was done by Dr Dinesh Katoch, the then Advisor Ayurveda, Ministry of AYUSH, GOI, Dr G. S. Toteja, the then Director, Desert Medicine Research Centre, Jodhpur, and Dr Sushil Tandon, a senior surgeon from Bareilly.



Vaidya Balendu presented his work on Pancreatitis in Vidhan Sabha, New Delhi as part of a lecture series on 22 nd July, 2016.



Foundation ceremony of Padaav – Speciality Ayurvedic Treatment Centre, Ratanpura, Gadarpur, District Udham Singh Nagar, Uttarakhand was held on 26 th November, 2016. A booklet on Pancreatitis with data of 555 patients was also released during this event.



Padaav – Speciality Ayurvedic Treatment Centre, Ratanpura, Gadarpur, District Udham Singh Nagar was inaugurated on 1 st October, 2018. The ceremony was presided by Shri Ajay Bhatt, then President of Uttarakhand BJP. Shri Salim Sherwani, Former Union Minister, GOI and Shri Arvind Pandey, then Education minister, Uttarakhand Government graced the ceremony as Guests of Honor. Dignitaries, including Shri Ajit Sharan, Former Secretary, Department of AYUSH, GOI, Dr G. S. Toteja, Director, DMRC, Jodhpur, Shri Rajkumar Thukral, MLA, Rudrapur constituency, were present on the auspicious occasion.

A booklet with the data of 555 Pancreatitis patients was also released on this occasion.



An MoU has been signed between Vaidya Balendu Prakash and GB Pant University of Agriculture and Technology, Pantnagar on 26 th June, 2021 to take forward the developments in the innovative treatment of Pancreatitis under 'Mission Nobel Prize'.



Media Buzz

दिव्य हिमगिरि शखिर्स

'लाइलाज बिमारी' के

भारत में आयुर्वेद चिकित्सा पद्धति चौराधिक समद से घली अरु हलने में देरानु देर पदमश्री वैद बालेदु प्रकाश का बहा वरु को विवरुदक पर पयान कर एक नवा इतिहास रचा है। वैद लाइलाज बिमारी का इलाज कर सवोय समान पदमश्री से म लाइलाज समान मिला है। इसके अलावा हाल से मने इने टाटुस किने वरु समान मिला है। इसके अलावा हाल से मने इने टाटुस वैद बालेदु प्रकाश ने पैंक्रियाटाइटिस रोग के इलाज में आरु अमेरिका में भी बताने जा रहे हैं। सिलबर में अमेरिका में आरु अमेरिका में वैद बालेदु प्रकाश को स्वीकार के रूप में आमंत्रित है जिनको इस इन्टरनेशनल कांफेंस में बुलाया गया है।

10 Garhwal Post | www.garhwalpost.in | Dehradun, 16 Jan, 2015 | Deh

Govt approves project for development of CP treatment

By OUR STAFF REPORTER
DEHRADUN, 15 Jan: Chronic pancreatitis (CP) is a global and rising disease which is fatal in nature. Till date, CP remains incurable in the world of medicines. Dehradun's Ayurvedic physician Vaidya Balendu Prakash claims to have established prima facie an effective cure for this disease.

At the behest of Chief Minister Harish Rawat, an investigation team headed by Dr. Rajendra Dubhal, DG, UCOIST, examined the claims of Vaidya Balendu Prakash. Following WHO guidelines of new drug development from traditional system of medicines. Accordingly, a seven year project was structured to this effect and was forwarded to experts for their comment. These include Prof (Dr) Parash M Parash, an acclaimed oncologist and Member, Board of Studies, Maharashtra Institute of Health Sciences, Mumbai, Prof (Dr) Y K Gupta, Head, Department of Pharmacology, AIIMS, Delhi, Prof (Dr) Anand Chaudhary, Head, Department of Rasa Shastra at BIRL, Varanasi, and Dr. CK Kulkarni, an acclaimed Ayurveda Industry Expert and CEO Technical Health Care, Emami Ltd, Kolkata. All of them endorsed the project and proposed the modus operandi. In the above context, an event was held on 23 November, 2014, in Dehra-

Many beneficiaries of CP treatment from various states of India, medical experts, senior scientists, policy makers shared their views in the presence of Chief Minister Harish Rawat. He appreciated the efforts of Vaidya Balendu Prakash and announced support for the development of this innovation with the active support of the government through UCOIST. CP is a gastrointestinal disorder in which the pancreas starts deforming. In absence of a cure for this disease, a patient suffers from pain, nausea, vomiting, weight loss, diabetes, etc. According to available data, statistics, 32% of patients die annually due to this disease. This disease primarily is found affecting the

youth in Ayurveda, also, this disease is not well described. Vaidya Prakash, who claims to have treated nearly 60 patients of CP so far, prepares his medicines following the principles of Rasa-Shastra, one of the branches of Ayurveda. The formulation is prepared using Copper, Mercury and Sulphur as raw material and subjected to grinding in the direction of two herbs and lemon juice and constant heating for 72 hours. The process of grinding and heating is repeated 100 times. Thus, this takes nearly ten and half years, to complete one batch of CP medicine. A study carried at IISc, Bangalore has shown that the end product doesn't have any free metal and has converted into complex mineral forms. The

बुधवार, 30

प्रमाणिकता के

आवास चिकित्सालय
स्व आधारित चिकित्सा
का अध्ययन करेगी।

वैद बालेदु के स्व. पिता
काश द्वारा विकसित पारद,
के योग से बनी औषधि
टिस के इलाज में प्रभावी
वैद बालेदु के अनुरोध पर
श्री हरीश रावत ने इसकी
द्रीय आयुष मंत्री को दी
बाद से औषधि को
म से विकसित करने की

पैंक्रियाटाइटिस: वैद्य

New drug for chronic pancreatitis developed

अमर उजाला व्यूरो
देहरादून।

रस शास्त्र पर आधारित औषधियों से जानलेवा पैंक्रियाटाइटिस को ठीक किया जा सकता है। पदमश्री वैद्य बालेदु ने राजपुर रोड स्थित डब्ल्यूआईसी में आयुर्वेदिक चिकित्साधिकारियों के जागरूकता कार्यक्रम में यह बात कही। उन्होंने कहा कि उनके पिता चंद्र प्रकाश ने 70 के दशक में इस विधि से कई लोगों को इस घातक बीमारी से छुटकारा दिलाया।

उन्होंने कहा कि अन्य देशों को अपना भारत में इसके मरीजों की संख्या अधिक है। देश के दक्षिण राज्यों में यह रोग एक लाख में दो सौ लोगों में पाया जाता है। उनके पास आने वाले सभी रोगियों के उपचार के बावजूद हर साल वह ऐसे मरीजों को देखते रहें हैं, लेकिन आयुर्वेदिक चिकित्सा से लाभान्वित किसी भी रोगी में रोग को बुझ नहीं देखी गई। उन्होंने बताया कि पैंक्रियाटाइटिस को वैज्ञानिकों ने ट्यूमरल क्रोमिक

राजपुर रोड स्थित डब्ल्यूआईसी में आयुर्वेदिक चिकित्सा अधिकारियों का कार्यक्रम

सेमिनार में बोलते वैद्य बालेदु प्रकाश।

है। महिलाओं के साथ इस रोग से पूरुष अधिक पीड़ित हैं। देश में इसकी भयवहता का अंदाजा इसी से लगाया जा सकता है कि इससे पीड़ित 30 फीसदी मरीजों की 20 साल के भीतर मौत हो जाती है। जबकि 90 फीसदी में डायबिटीज हो जाती है। रेडियोलॉजिस्ट डा. हरीश भाटिया ने पैंक्रियाटाइटिस की डायग्नोसिस एवं

Dehradun: Haridwar-based Ayurvedic practitioner Vaidya Balendu Prakash has claimed that a drug which is a combination of copper, mercury, sulphur and rare herbs can cure hard to treat chronic pancreatitis. Chronic pancreatitis is inflammation of the pancreas which prevents digestion of food and production of several enzymes.

The padmashree awardee said that his research has found that the disease linked

meals and deficiency of minerals in the body causes the disease. Ninety percent of the patients are not alcoholic, Prakash said. He claimed that 76 patients have been permanently cured of the disease within one year from the onset of treatment.

"To take our drug to the market, we require manufacturing licence for which Uttarakhand government has formed a committee headed by Uttarakhand State Council

एलोपैथ हुआ लाचार तो आयुर्वेद ने दिया उपचार

खनिश सिंह
वाराणसी। एएसएनबी

पेट दर्द, उल्टी के चलते एक निवृत्त भी पेट में न जाने से बेटे के निवृत्त निवृत्त देख खनिश बालक के इलाज के लिए मांवाय एलोपैथ से लेकर मेडिकल तक भागी रहे, तबकि उनके बच्चे का इलाज से मने। सभी पहले सोसा, देते फिर कहते कि ऐसे ही चलेगा।

पैसा होते हुए भी मांवाय को किसी ने यह भरोसा नहीं दिलाया कि वह उसे ठीक कर देंगे। इलाज मांवाय पर जैसे दुर्गो का पहाड़ टूट पड़ा हो। नामी-निरामी चिकित्सकों के हथ खूब कर देने के बाद मांवाय की दशा देख पीड़ित बच्चे ने गुमन

क्रान्तिक पैंक्रियाटाइटिस से कराहते बच्चे को लेकर बीएचयू से मेडिकल तक दौड़ते रहे मां-बाप पर नहीं मिला समाधान

अपने भात-पिता के साथ वैद्य बालेदु प्रकाश।

वह इन्फे मात्र 21 दिन के ट्रीटमेंट में कर चुकित व एक पुर वैभव है। वैभव को

कार-वार चिकित्सकों द्वारा इन्फेक्शनी की जाति और स्ट्रेच डबल जाता। ख पूरा गाय कि कब कर मेरा बच्चा ठीक हो जाएगा, डाक्टर कहते कि इसे बच दिखाने हेतु इन्फेक्शन ट्रीटमेंट होगा। इन्फेक्शन बचने में गुमन पर सर्व कर देखा तो देहरादून के वैद्य बालेदु प्रकाश द्वारा इस रोग के सकल इलाज की बात सामने आई और वह इलाज के लिए देहरादून मांवाय के साथ गया। 21 दिन के इलाज में ही उसमें चमत्कारिक परिवर्तन दिखा। उसका पेट दर्द, उल्टी बंद हो गया और वह निर्विकल के अलावा डाइट भी लेने लगा। कुछ महीने में इलाज चला रहा है और वैभव सामान्य जीवन व्यतीत कर रहा है। इस वकाल वैद्य बालेदु बताते हैं कि पूरी उम्मीद है कि वह

वर्षों शोध कर तैयार की औषधि
वाराणसी। आयुर्वेदिक मेडिकल कॉलेज चौराहा में आर्बोसिटर राष्ट्रीय सेमिनार में भाग लेने देहरादून से आये जाने-माने वैद्य बालेदु प्रकाश ने बताया कि वर्षों के शोध के बाद विकसित किया गया उनका उपचार इन बीमारी को रोकने और उसे ठीक करने में कारगर प्रभावी है।

दिलायुष बात है कि उनके उपचार से बेटे हुए कुछ मरीज भी इस कार्यक्रम में मौजूद थे। उन्होंने बताया कि औषधि तैयार करने में लांवाकर्मियों

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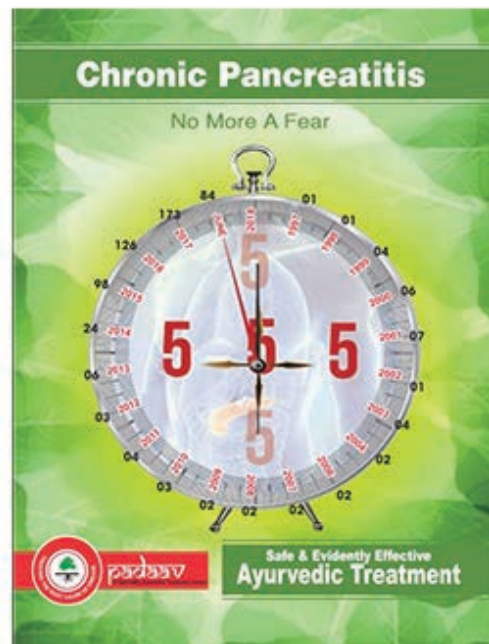
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Our Other Publications





Padaav - Speciality Ayurvedic Treatment Centre is conceptualized by Padmashri Vaidya Balendu Prakash. Vaidya Balendu Prakash is an acclaimed Ayurvedic Physician, who also served as Physician to the President of India, Shri K. R. Narayanan. Born in the family of a Rasa Vaidya, Prakash mainly practices Rasa Shashtra, combining the traditional knowledge of Ayurveda with modern science. During his nearly four decades of clinical experience, Prakash has conceptualized and developed research-based products, all based on classical references mentioned in Ayurvedic texts, including a few developed by his father Vaidya Chandra Prakash, who was also a Rasa vaidya. These products have been based on clinical evidence created by Prakash following good clinical practice. Some of his innovative treatment

protocols for diseases like Recurrent Acute/ Chronic Pancreatitis, Anaemia, Migraine, Multiple Sclerosis, Allergic Rhinitis, Acute Promyelocytic Leukaemia (APML), and Childhood Asthma have benefitted many patients and their families.

Vaidya Balendu Prakash has travelled extensively around the globe in relation to treatment of patients and to attend conferences, seminars and symposiums with more than 300 foreign trips so far. He was conferred the Padmashri in 1999 by the Government of India for his contributions in treating APML, which later received national and international patent, and fetched him life membership of the Indian Cooperative Oncology Network (ICON). He is also the member of the International Headache Society and American Pancreatic Society. He has authored about 32 research papers in both national and international journals of repute. He has delivered more than 250 lectures in seminars and webinars across the country.

He has also presented his work at various international conferences, including 3rd International Conference on Hepatobiliary and Pancreatic Disorders, Philadelphia, USA, 4th World Congress on Digestive and Metabolic Diseases, San Francisco, USA, and 50th Joint Annual Meet of American Pancreatic Association and Japan Pancreas Society, Hawaii, USA.



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