

### **Preface**

Chronic pancreatitis (CP) is a continuing inflammatory disease of the pancreas with irreversible morphologic changes. It is characterized by moderate to severe pain in the upper abdomen radiating to middle of the back associated with nausea, vomiting, weakness and weight loss. Such symptoms might last from hours to two days and eventually could be continuous as the condition get worse. The symptoms may mimic pancreatic cancer as well.

CP is a global disease and studies suggest an increase in the incidences worldwide. CP occurs more often in men than in women, and the condition often develops in people aged 30-40. However, there are cases where the onset of CP may occur at a very young age.

There are many theories towards the cause of CP. Use of alcohol is attributed as its main causing factor. Besides the known factors like, genetic, mutation, malnutrition factors; oxidant stress and trace element deficiency, may also cause CP. Besides, there are 20% cases of idiopathic CP among all type of CP patients. Acute attacks of CP are managed by pain killers, IV fluids, multivitamins, minerals and complete rest. ERCP and surgery might be recommended if blockage is found. CP patients are also prescribed pancreatic enzymes with each meal to help in the digestion. However, CP is a relapsing / remitting disease that may lead to diabetes, cancer, disability and even death.

To treat CP a herbo-mineral compound called AMAR, was formulated by Meerut-based (Late) Vaidya Chandra Prakash. He prepared AMAR after processing mercury, copper and sulphur with certain herb juices over a period of two and a half years. In 1973, AMAR was first used on a 32 year old male who was terminally ill with pancreatic cancer. He recovered miraculously and lived for thirty eight long disease free years. Now prepared in Dehradun, AMAR shows mix results in the treatment of patients suffering with pancreatic cancer. However, AMAR has shown significant success in the management of chronic relapsing pancreatitis but its chemistry and pharmacology largely remains unknown. The XRD analysis of AMAR has proved that it does not contain any free metal. Similarly AMAR has been found absolutely safe in animals. So far, AMAR has not produced any grade II toxicity in patients treated for CP.

**Disclaimer:** This book provides general information only. It is not intended to provide instruction and it is advised not to rely on this information to determine diagnosis, prognosis or a course of treatment. It should not be used in place of a professional consultation with a doctor. The content of this book is based on available evidences or, where no published evidence is available, and on current medical opinion and practice. Every effort is taken to ensure that the information contained in this book is accurate and complete. However, accuracy cannot be guaranteed - rapid advances in medicine may cause information contained here to become outdated, invalid or subject to debate.

## **Chronic Pancreatitis**

### **Definition:**

Chronic pancreatitis has been defined as a continuing inflammatory disease of the pancreas characterized by irreversible morphologic change that typically cause pain and/or permanent loss of function of pancreas.

### **Sign and symptoms:**

- **Recurrent abdominal and back pain**
- **Indigestion**
- **Nausea**
- **Vomiting**
- **Steatorrhea with weight loss**
- **Mild elevation of Serum Amylase and Lipase**

### **How to diagnose Chronic Pancreatitis?**

A gastroenterologist can diagnose CP by assessing clinical, pathological and radiological status of the patient, which includes serum amylase/Lipase, abdominal ultrasound, Endoscopic Retrograde Cholangiopancreatography (ERCP), Magnetic Resonance and Cholangiopancreatography (MRCP).

### Staging of Chronic Pancreatitis:

On basis of severity CP can be divided into mild, moderate and severe. To classify CP Cambridge classification is widely followed. The Cambridge Score is tabulated as below:

Score/ Cambridge Class	Severity	ERCPT	US/CT
Score 1: Class 0	Normal	Good quality ERCPT/US or CT visualising whole gland without abnormal signs	
Score 2: Class 0	Equivocal	<3 abnormal branches	Abnormal sign: main pancreatic duct 2 to 4 mm diameter gland 1 to 2x normal.
Score 3: Class I	Mild	3 or more abnormal branches	2+ abnormal signs: cavities <10 mm, duct irregularity, focal acute necrosis, parenchymal heterogeneity, increased echogenicity of duct wall, contour irregularity of head/body.
Score 4: Class II	Moderate	>3 side branches plus abnormal main duct	As score 3.
Score 5: Class III	Severe	all of above, plus 1 or more of: large cavity >10 mm, intraductal filling defects, duct obstruction (stricture), duct dilation or irregularity	all of above, plus 1 or more of: large cavity >10 mm, intraductal filling defects, duct obstruction (stricture), duct dilation or irregularity, calculi/pancreatic calcification, contiguous organ invasion.

CP remains an enigmatic process of uncertain pathogenesis, unpredictable clinical course and unclear treatment. However, CP is more common among the following:

- Consumption of alcohol in large quantity (though, only 3% alcoholics develop CP)
- Smoking, intake rich fat diet and stress

One of the most commonly used etiological classification of CP is; TIGAR-O (Toxins, Idiopathic, Genetic, Auto immune, Recurrent, Obstructive) Prevalence and impact of CP

- Worldwide increasing incidence
- 4 - 13/100000 in Copenhagen, United states of America and Mexico
- Highest incidence of CP comes from South India. (114/100000)
- Tropical CP – India, Africa and South America
- Burden of CP on Society
- Rising cost of hospitalization and medicines
- Substantial loss of human lives and loss of working hours that may affect an individual's personal, professional and social life.
- 32% mortality (104 months follow up)
- Progression to fibrosis, pancreatic ascitis and cancer
- 340 million dollar annual sale of Creon (Pancrelipase) (*Source: Abbot Pharmaceuticals 2011*)
- *Six more brands\* available in global market; \*Pancreaze, Pertzye, Ultresa, Viokace, Zenpep and Lipancreatin*
- *Total annual sale > one billion US Dollar* Conventional Treatment of CP
- Lifelong enzymes
- Periodical emergency hospitalization – IV fluids, painkillers, anti-inflammatory, enzymes and antibiotic
- ERCP stenting
- Surgical intervention
- Involves high cost, side effects and in many case progression of disease
- **Ayurvedic Treatment for CP**
- Single mineral complex in a daily dose of 125 mg thrice a day, including a high protein diet
- End product is devoid of free metals
- In house animal studies – No Grade II toxicity
- Effects start from the day one and remain sustainable
- One year duration
- Astonishing success stories with no side effects

### Future Direction

- Need of R&D to ascertain reproducibility, characterization, experimental & clinical studies
- Continuity of treatment through Speciality Ayurvedic Clinics (SAC) in India; presently at Dehradun and Kolkata
- Systematic development of New Clinical Entity (NCE)
- Gradual sales and distribution within India and other countries following regulations

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### From the desk of Vaidya Balendu Prakash\*

#### (आर्युवेदिक एवं कौनिक पेन्क्रियाटाइटिस)

आर्युवेद के संहिता ग्रन्थों में 'सी. पी. (कौनिक पेन्क्रियाटाइटिस) एक स्वतंत्र व्याधि के रूप में वर्णित नहीं किया गया है। आर्युवेद के रोग विकृति विज्ञान के शास्त्रों में उदर रोग एवं अम्लपित नामक रोगों का उल्लेख किया गया है। उदर रोग आठ प्रकार के होते हैं ; जिसमें उदर (Abdomen) प्रदेश में दर्द होना सबसे सामान्य लक्षण है। इसके अतिरिक्त वमन, (Vomiting) अरुचि, (Anorexia) थकान, (Fatigue) दुर्बलता, (Weakness) आदि सामान्य लक्षण हैं। सभी प्रकार के उदर रोगों अन्त में जलोदर (Ascites) अवस्था को प्राप्त होते हैं। इस अवस्था को आयुर्वेद में असाध्य कहा गया है। आधुनिक काल के सी. पी. के कुछ लक्षण "अम्लपित" रोग से भी मिलते हैं: जैसे भोजन का न पचना, (Indigestion) बिना परिश्रम के थकावट (Fatigue), मिचली (Nausea). कडवी या खट्टे डकार, (Belching) शरीर में भारीपन, (Heaviness पद the body) हृदय प्रवेश तथा गले में जलन (Burning/Acidity) और अरुचि (Anorexia). आर्युवेद के उपरोक्त वर्णनों के आधार पर कौनिक पेन्क्रियाटाइटिस का निदान सम्भव प्रतीत नहीं होता है। अतैव वर्तमान युग में सी. पी. के डायग्नोसिस का आधुनिक चिकित्सा में वर्णित डायग्नोसटिक विधि के द्वारा ही सी. पी. का डायग्नोसिस तथा उपचार का प्रभाव देखना सम्भव है। इसी कारण वश चिकित्सा में सफलता पाने के लिए आधुनिक दवाइयों के विशेषज्ञ गेस्ट्रोएन्टेरोनोलॉजिस्ट (पेट रोग के विशेषज्ञ) द्वारा सी. पी. के डायग्नोसिस किये गये रोगियों को आर्युवेद चिकित्सा के योग्य समझा गया है।

कौनिक पेन्क्रियाटाइटिस की चिकित्सा में रसौषधि की महत्ता—: 'रस' शास्त्र अर्थात् 'पारद' का शास्त्र। इसके अतिरिक्त इसमें खनिज पादप तथा जान्तव पदार्थों का चिकित्सा में उपयोगिता का उल्लेख किया गया है। रस शास्त्र के प्रायः सभी पदार्थ अपने मूल रूप में मानव शरीर के लिए मृदु से त्रीव रूप में विशाक्त हो सकते हैं। इन विशाक्त पदार्थों को औषधि रूप में बदलने के लिए कई प्रकार की विधियाँ एवं उपकरण तैयार किए गए हैं। खनिज धातुओं जैसे सोना, (Gold) चाँदी, (Silver) ताँबा, (Copper) लोहा, (Iron) राँगा, (Tin) जस्ता, (Lead) आदि का मानव शरीर में स्थित सात धातुओं जैसे रस, रक्त, मांस, मेदए अस्थि, रज्जा, शुक्र से गहन सम्बन्ध है। धातु विज्ञान के विशेषज्ञों के

अनुसार शरीर में स्थित सात धातुओं में जब खनिज धातुओं की कमी या अधिकता होती है, तभी शरीर के वात, पित्त कफ, दोष आदि कुपित होकर रोग पैदा करते हैं, यह तथ्य चरक, सुश्रुत तथा समकालीन संहिता के आचार्यों एवम् विद्वानों को स्वीकार्य नहीं है किन्तु ढाई वर्ष की सतत क्रियाओं के उपरान्त ताम्र, पारद, गंधक व वनस्पतियों के संयोग से एवं अग्नि से संस्कारित किसी भी प्रकार के विशाक्तता रहित योग का कौनिक पेन्क्रियाटाइटिस के रोगी पर सफल एवं स्थाई प्रभाव को देखकर प्रतीत होता है कि ताम्र धातु का सी.पी. के कारण एवं चिकित्सा से कोई गहन सम्बन्ध है।

ताँबा, (copper) पारा (Mercury) एवं गंधक (Sulphur) तीनों अपनी विशाक्तता के लिए जाने जाते हैं। आधुनिक चिकित्सा पद्धति के विशेषज्ञों द्वारा सी.पी. के मरीजों में ताम्र तत्व की वृद्धि खून में पाई गई है। ऐसे में ताम्र का सी.पी. पर विशाक्तता रहित प्रभाव देखकर आश्चर्य भी होता है, इस तथ्य को समझने के लिए बैंगलुरु स्थित 'भारतीय विज्ञान अनुसंधान' (.I.Sc) के वैज्ञानिकों द्वारा इस ताम्र आधारित योग का नॉन डिस्ट्रक्टिव विधि जैसे एक्स आर डी (X-Ray Diffraction) / एक्स आर एफ (X-Ray Fluorescence) आदि के विधियों द्वारा विश्लेषण किया गया। इससे ज्ञात हुआ कि ढाई साल की सतत विधि के उपरान्त बने हुए इस योग में ताम्र पारद एवं गंधक और कोई भी विधि स्वतंत्र रूप से उपस्थित नहीं है। बल्कि यह योग ताँबे के खनिज पदार्थ तत्व में परिवर्तित हो गया है। जिसके कारण इसकी विशाक्तता समाप्त हो गई है। Rat and Mice पर किये गए अवस्थाओं से भी पुष्टि हुई है कि ताम्र आधारित यह योग, किसी भी प्रकार का दुष्प्रभाव पैदा नहीं करता है।

उपरोक्त प्रमाणों को ध्यान में रखते हुए ताम्र आधारित इस योग की संरचना को समझने के लिए इसके निर्माण की प्रारम्भिक से अन्तिम अवस्था तक आधुनिक विज्ञान के विशेषज्ञों के संयोग से गहन अध्ययन की आवश्यकता है।

Chronic Pancreatitis is a global disease which is fatal in nature. In spite of many advances, CP remains incurable in modern medicine. On the contrary, the disease is progressive in nature and affects physical, mental and financial status of the patient and his family. In such a situation, a patient of CP tries to explore alternative medicine. Incidentally, in 1973 a metal based formulation was found to be effective in treating terminally ill patients. The subjected formulation was developed by Meerut-based Vaidya Chandra Prakash Ji who prepared a new formulation using the principles of Rasa-Shastra, one of the eight clinical specialities of Ayurveda. Over 30 years patients have been treated successfully since then. It has been observed that a patient who has under gone a year long Ayurvedic treatment shows no recurrence or progression of the disease. Also, Ayurvedic treatment is well tolerated by the patient and shows no grade II toxicity. Here we present anecdotal data of our clinical practice in the treatment of CP. Though prevailing Ayurvedic formulation could be able to provide significant and sustainable relief to CP patients, there is a need to convert such empirical success into a well established theory by combining traditional knowledge of Ayurveda with tools and methodology of modern science and modern medicine.

Total enrolment: from the year 1997 till date;

Treatment completed

Drop out

On treatment

**Treatment completed (n=32)**

**Case No. 01**

**Name/Age/Sex:** Selma, 21 Female

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:** Moulana Hospital, Perintalamanna, Dist. Malappuram 679 322

Regional Cancer Centre, Thiruvananthapuram 695 011

**Diagnostic consultant:** Dr. R. Ravi (MD, DM)

Dr. George Joseph (MD, DMRD)

Dr. Mohammad Ismail (MS, FICS)

**Diagnostic Methods:** USG- abdomen, CT scan- diffuse enlargement of pancreas dilated tortuous PD with multiple nodular calculi inside (8-10cm diameter). A 3cm cystic lesion is noted anterior to neck of pancreas. Fatty infiltration of liver (10/07/1999)

**Symptoms:** Epigastric pain since childhood, once or twice a year

**Conventional Treatment:**

February 1997: pancreatic calculi removed

September 1999: pancreatic sphincterotomy with stone extraction. C-section performed for both deliveries

Tab. Meftal spas, Cap. Nutrolin B, Cap. Farizyme Forte, Syp. Nausifer MPS, Cap. Sporidex 500mg

**Total number of attacks:** More than thirty; progressive disease

**Ayurvedic treatment:** From 03/10/1999 to 01/07/2004. Godanti Mishran 1gm + Kamdudha Ras 250 mg 1 BD, Amar 125 mg TID, Hingwashtak Churna 1gm TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia within a week. Gradually her blood sugar came back to normal. LFT and KFT also reverted back to normalcy after AYT. Since 2004 she didn't come to take medicine.

**Case No. 02**

**Name/Age/Sex:** KM/ 29/ Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:** Moulana Hospital, Perintalmanna, Malappuram Dist. 679 322; IP No- 990016503

Regional Cancer Centre, Thiruvananthapuram 695 011

**Diagnostic Consultant:** Dr. Ravi (MD, DM)

Dr. Mohammad Ismail (MS, FICS)

**Diagnostic Methods:** USG echotexture, multifocal echogenic areas in the MPD region. Pancreatic calculi, bilateral renal calculi

**Symptoms:** Complaints of severe pain in epigastrium region, weight reduced.

**Conventional Treatment:** Subject was treated with Meftal spas TID, Farizyme forte TID, Ciplox 500mg BD, Cyclopam SOS, Inj. Lente, insulin Umez OD, Alprax 0.25mg BD, Diazepam 10mg SOS

**Total number of attacks:** Four; progressive disease

**Ayurvedic treatment:** From 4/10/1999 to Aug 2000. Amar 1 TID, Hingwashtak 1 gm TID, Kamdudha 250mg BD, Arogyawardhani 1gm BD

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is free from AYT treatment now and remains asymptomatic.

**Case No. 03**

**Name/Age/Sex:** Soudha/ 27/ Female

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:**

Moulana Hospital, Perintalamanna, Dist. Malappuram 679 322

Regional Cancer Centre, Thiruvananthapuram 695 011

Ansar Hospital, Prumpilavu

**Diagnostic Consultant:** Dr. R Ravi (MD, DM)

Dr. Mohammad Ismail (MS, FICS)

Dr. Pratibha (MD, DM)

Dr. Najma

**Diagnostic Methods:** USG dilated MPD with multiple intraductal calculi, ERCP dilated pancreatic duct with multiple stones

**Symptoms:** Complaints of severe pain in upper abdomen

**Conventional Treatment:** Subject was treated with Pancreoflat 1 TID, Tab. Meftal Spas 1SOS, Syp. Nausifer MPS 1tsp, Cap. Zevit 1OD, Cap. Spovidex 500mg. Subject was advised to avoid fat in his diet

**Total number of attacks:** One

**Ayurvedic treatment:** From 6/10/1999 to 2/9/2000. Amar 125mg TID, Hingwashtak Churna 1gm TID, Prak-20 BD, Kamdudha Ras 1gm OD, Shoolvarjini Vati BD, Narikel Lavan 1gm BD, Dhatri Loh 1gm BD

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from all treatment and remains asymptomatic.

**Case No. 04**

**Name/Age/Sex:** PK/30/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:** Kasturba Medical College, Manipal, Karnataka

Regional Cancer Centre, Thiruvananthapuram 695 011

Attingal Multi Speciality Hospital, Attangal, Tiruvananthapuram.

**Diagnostic Consultant:** Dr. B Rajan (MD)

Dr. Rachel cherian Koshy (MD)

**Diagnostic Methods:** USG pancreatic duct is mildly dilated and a calculus region, pancreatic calculus, fatty liver, PD dilated.

**Symptoms:** Complaints of severe pain in abdomen, increase in pain after consuming food, constipation, back pain spreading throughout spine.

**Conventional Treatment:** Subject was treated with Tab. Ketorol 10mg, Cisapride 10mg, Alprax 0.5mg HS OD, Cremalax, TWC30, Spasmoproxyvon 1 SOS, TRD Contin BD, Tryptomer 25mg OD, Diclogesic TID

**Total number of attacks:** Four; progressive disease

**Ayurvedic treatment:** From 11/10/1999 to 21/4/2001. Amar 125mg TID, Prak-20 500mg BD, Hingwashtak Churna 1gm TID, Dhatri Loh 1gm BD, Godanti Mishran 1gm TID, Kamdudha Ras 1gm BD, Narikel Lavan 1gm BD, Sootshekhar Ras 250mg BD, Arogyawardhani Vati 1gm BD, Katkadi vati OD, Lavanbhaskar Churna 1gm TID, Panchsakar Churna 1 1/2gm OD, Haritakyadi Churna 1gm TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is free from AYT treatment now and remains asymptomatic.

**Case No. 05**

**Name/Age/Sex:** MC/55/Female

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:** St. Mary's Hospital, Thodupuzha, Kerela 685 511

Regional Cancer Centre, Thiruvananthapuram 695 011

**Diagnostic Consultant:** Dr. JJ

**Diagnostic Methods:** USG pancreas appears bulky, hypoechoic lesion 2.6x2, 4cm, multiple calculi seen, PD dilated 5mm.

**Symptoms:** Complaints of back pain, gas trouble, numbness in hands & legs after consuming food, increase in pain

**Conventional Treatment:** Allopathic Rx

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** From 10/2/2000 to 16/4/2001. Amar 125mg TID, Hingwashtak Churna 1gm TID, Arogyawardhani Vati 750mg TID, Kamdudha 1gm OD, Lavanbhaskar Churna TID, Dhatri Loh 500mg, Rason Vati TID, Shoolvajrini Vati TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is free from AYT treatment now and remains asymptomatic. LFT and KFT also reverted back to normalcy after AYT.

#### Case No. 06

**Name/Age/Sex:** AK/36 (at the time of diagnosis)/Male

Non Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:** Medical College Hospital, Trivandrum

**Diagnostic Consultant:** Dr. Narandranathan

**Diagnostic Methods:** USG done on Aug'99 showed Chronic Calcific Pancreatitis.

**Symptoms:** Complaints of back pain and vomiting.

**Conventional Treatment:** Ocid 2BD, Normaxin 1 OD

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** From 06/03/2000 to 04/02/2001. Amar 125mg TID, Hingwashtak Churna 1gm TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is free from AYT treatment now and remains asymptomatic.

#### Case No. 07

**Name/Age/Sex:** N/32/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:** Regional Cancer Centre, Thiruvananthapuram 695 011

**Diagnostic Consultant:** Dr. B Rajan (MD)

**Diagnostic Methods:** USG pancreatic duct dilated, pancreatic calculus, fatty liver.

**Symptoms:** Complaints of severe pain in upper abdomen.

**Conventional Treatment:** Subject was treated with IVF, pain killers, and tab Ultracet, Panlipase, Rantac

**Total number of attacks:** One; progressive disease

**Ayurvedic treatment:** From 23/3/2000 to 21/11/2000. Lavanbhaskar churna 1gm TID, Lavangadi vati 2 BD Amar 1/8gm TID, Hingwashtak churna 1gm TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia within a week. Gradually his blood sugar came back to normal. Subject gained 5 kg body weight. Subject is free from all treatment

now and remains asymptomatic.

#### Case No. 08

**Name/Age/Sex:** HF/22/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic hospital:** Moulana Hospital, Perintalamanna, Dist. Malappuram 679 322

KMH Memorial Hospital, Kerala

**Diagnostic Consultant:** Dr. Mohamed Ismail (MS), (FICS)

Dr. Jose Antony (DCH)

**Diagnostic Methods:** MRCP done: dilated PD, foci of calcification seen in parenchyma.

**Symptoms:** Complaints of severe pain in upper abdomen, vomiting, loss of appetite.

**Conventional Treatment:** Subject was treated with pain killers, and tab Meftal, Pankreoflat, Antacid

**Total number of attacks:** One; progressive disease

**Ayurvedic treatment:** From 2/5/2000 to 10/7/2001. Lavanbhaskar Churna 1gm TID, Dhatri Loh 500mg TID, Kamdudha 200mg, Aajirnari Vati TID, Amar 125mg TID, Prak-20 500mg TID, Hingwashtak Churna 1gm TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now asymptomatic.

#### Case No. 09

**Name/Age/Sex:** S/34/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic hospital:** Moulana Hospital, Perintalamanna, Dist. Malappuram 679 322

KMH Memorial Hospital, Kerala

**Diagnostic Consultant:** Dr. Ravi R (MD), (DM)

Dr. Jose Antony (DCH)

**Diagnostic Methods:** USG was done, showed minimal parenchyma, dilated pancreatic duct, and foci of calcification seen in parenchyma.

**Symptoms:** Complaints of severe pain in upper abdomen.

**Conventional Treatment:** Subject was treated with tab meftal TID, Rantac BD, Pankreoflat TID, rancid-20 OD

**Total number of attacks:** One; progressive disease

**Ayurvedic treatment:** From 23/10/2001 to 10/12/2002. Narikel Lavan 1gm BD, Rason Vati TID, Katkadi Vati 1 OD, Amar 125mg BD, Hingwashtak 500mg TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia within few weeks. Subject is now asymptomatic.

#### Case No. 10

**Name/Age/Sex:** MK/30/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic hospital:** Kasturba Hospital, Manipal, Karnataka Chest Hospital, Hyderabad

**Diagnostic Consultant:** Dr. M A Moideen (MD), (DM)

**Diagnostic Methods:** ERCP-dilated pancreatic duct, increased parenchymal echotexture interluminal calculi present.

**Symptoms:** Complaints of mild pain and constipation.

**Conventional Treatment:** Stenting was done on 8/6/2001. Subject was treated with Tab. Antoxid TID, Glifit-M BD, Insulin 20U

**Total number of attacks:** One; progressive disease

**Ayurvedic treatment:** From 19/7/2001 to 8/12/2001. Amar 125mg TID, Katkadi Churna 1gm OD

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now asymptomatic.

#### Case No. 11

**Name/Age/Sex:** M/53/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic hospital:** Medical College Hospital, Tiruvananthapuram

**Diagnostic Consultant:** Dr. Narendranathan

**Diagnostic Methods:** USG was done, showed extensive calcification; pancreatic duct is 3-5mm diameter,

**Symptoms:** Complaints of epigastric pain radiating to back (pain severity-90%), non-alcoholic, f/h no, diabetic, smoking from last 30 yrs (no smoke since 1 month of the disease). Food aggravates pain. Pain uncontrollable.

**Conventional Treatment:** Tab. Dolotram 1 SOS, Panircozymin, Pantocid OD, Minerace OD, for diabetes- Tab. Dianic

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** From 12/4/2000 to 16/10/2001. Amar 1/8gm TID, Lavanbhaskar Churna 1gm TID, Dhatri Loh 500mgBD, Hingwashtak Churna 1gm TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia

within few weeks. Subject is now free from AYT treatment and remains asymptomatic.

#### Case No. 12

**Name/Age/Sex:** S/43/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic hospital:** Moulana Hospital, Perintalamanna, Dist. Malappuram 679 322

**Diagnostic Consultant:** Dr. Venugopalan

**Diagnostic Methods:** CT scan- pancreatic duct dilated. Foci of Calcification.

**Symptoms:** Complaints of severe pain in upper abdomen.

**Conventional Treatment:** Subject was treated with IV fluids, pain killers, and Inj. Tramadol, Creon 25k OD, Pantocid BBF

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** From 31/1/2001 to 14/1/2002. Chandraprabha Vati 2 BD, Amar 125mg TID, Rason Vati 2 OD, Prak-20 500mg TID, Hingwashtak Churna 1gm TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from AYT treatment and remains asymptomatic.

#### Case No. 13

**Name/Age/Sex:** ALA/16/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis, May 2000

**Diagnostic hospital:** Moulana Hospital, Perintalamanna, Dist.

Malappuram 679 322

KMH Memorial Hospital, Kerala

**Diagnostic Consultant:** Dr. Ravi R (MD), (DM)

Dr. Mohamed Ismail (MS), (FICS)

Dr. Jose Antony (DCH)

**Diagnostic Methods:** USG was done two times, showed minimal parenchyma, dilated pancreatic duct, foci of calcification seen in parenchyma.

**Symptoms:** Severe pain in upper abdomen. Pain is less when medicines taken but increases as stop medicine. Frequency of pain 3-4 times in a month, which subsides after consuming antacid and painkillers.

**Conventional Treatment:** Subject was treated with pain killers, and Tab. Meftal, Pankreoflat, Antacid

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** From 2/5/2000 to 5/12/2001. Amar 125mg TID, Lavanbhaskar Churna 1gm TID, Sootshekhar Ras 2 OD, Narikel Lavan 500mg BD, Rason Vati 2 TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from AYT treatment and remains asymptomatic.

#### Case No. 14

**Name/Age/Sex:** VP/50/Female

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, 2001

**Diagnostic hospital:** Dr. R C Mishra Clinic

**Diagnostic Consultant:** Dr. R C Mishra

**Diagnostic Methods:** MRCP

**Symptoms:** Complaints of severe pain in upper abdomen.

**Conventional Treatment:** Subject was treated with pain killers, and Tab. Ultracet, Panlipase

**Total number of attacks:** One; progressive disease

**Ayurvedic treatment:** From 21/3/2001 to 11/2/2004. Amar 125mg TID, Kamdudha Ras 250mg BD, Hingwashtak Churna 1gm BD, Ajeernari Vati 2 TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from all treatment and remains asymptomatic.

#### Case No. 15

**Name/Age/Sex:** JJM/44/Male

Vegetarian, alcoholic and tobacco user no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, January 1999

**Diagnostic hospital:** All India Institutes of Medical Sciences, Department of Gastroenterology, New Delhi 110 029

**Diagnostic Methods:** MRCP in 2001, CECT was done.

**Symptoms:** Complaints of severe pain in upper abdomen, weight loss, diabetic (insulin -dependent), alcoholic.

**Conventional Treatment:** 2001 MRCP revealed exacerbation in head of pancreas with benign stricture, lower end of CBD leading to dilation of the biliary tree, cystic lesion in head, IHBR dilated. Subject was put on antioxidants pancreatic enzymes and insulin and Panzymor-N, BD, Lanzol 30mg OD

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** From 21/4/2001 to 24/1/2012. Kamdudha

Ras 250mg BD, Amar 125mg TID, Hingwashtak Churna 1gm BD

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within a week. Gradually his blood sugar came back to normal; Insulin reduced from 42 to 36IU, Insulin 36-38 stable-5/8/2002, insulin 18-22-18/3/2003, insulin 14-12 stable condition-13/1/2005 Subject is free from all treatment now and remains asymptomatic.

#### Case No. 16

**Name/Age/Sex:** NS/18 (at the time of first diagnosis)/Male  
Non Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, 1996

**Diagnostic Hospital:** GB Pant Hospital, Poona Hospital and Research Centre Pune 411 030, [Regn No. I/0503435]

**Diagnostic Consultant:** Dr. S.K.Sareen  
Dr Thorat Vinay K

**Diagnostic methods:** ERCP was done, which revealed mildly dilated fluid in the pancreatic region.

**Symptoms:** Complaints of constant epigastric pain.

**Conventional Treatment:** Tab. Ceftum, Pantocid, tab. Ketonol, Meva. Subject was put on IV fluid during the treatment

**Total number of attacks:** Nine; progressive disease

**Ayurvedic treatment:** From 1/7/1997 to 05/02/2008. Amar 125mg TID, Dhatri Loh 1gm TID, Hingwashtak Churna 1 gm TID, Prak-20 1gm TID, Triphla Churna 1.2gm OD, Shivakshar Pachan Churna 3gm BD, Rason Vati 2 BD.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia

and pain within a week. Subject gained 2 kg body weight. Subject is now free from all treatment and remains asymptomatic. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 17

**Name/Age/Sex:** NU/31(at the time of diagnosis)/Female  
Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis (2000)

**Diagnostic hospital:** CMI, Dehradun

**Diagnostic Consultant:** Dr.Sanjay Saxena, (DM Gastro)

**Diagnostic Methods:** USG, CT Scan

**Symptoms:** Complaints of mild epigastric pain.

**Conventional Treatment:** Subject managed with intra venous nutrition and discharged, treated with pain killer injections and tab. Panlipase 3 TID

**Total number of attacks:** Fifty-sixty episodes of pain

**Ayurvedic treatment:** From 24/5/2002 to 25/9/2002. Amar 125mg TID, Hingwashtak Churna 1.5gm TID, Haritakyadi Churna 1gm BD, Ajeernari Vati 2 TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within a week. Subject is now free from all treatment now and remains asymptomatic. LFT and KFT also regained normalcy after Ayurvedic treatment. Delivered one healthy baby.

#### Case No. 18

**Name/Age/Sex:** MG/26/Male  
Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, March 2002

**Diagnostic hospital:** Jaipur Golden Hospital, New Delhi 110 085

**Diagnostic Consultant:** Dr. Rakesh Upadhyay

**Diagnostic Methods:** USG, MRCP blurring of the peripancreatic fat, enlarged swollen pancreas.

**Symptoms:** Complaints of epigastric pain, acidity, vomiting.

**Conventional Treatment:** Inj. Omez 20mg BD, Creon 1 TDS, Taxim O 200mg BD, Tab. Perinorm SOS, Tab. Omez 20mg, Inj. Voveron, Inj. Tramadol, Inj. Taximax, Inj. Octrade, Inj. Perinorm, Inj. Fortwin, Inj. Phenargan, Tab. Crocin

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** From 14/2/2003 to 12/5/2005. Amar 125mg TID, Hingwashtak 1gm TID, Haritkhyadi Churna 1 1/2gm BD, Gumbe ki Jad BD, Narikel Lavan 1gm BD, Sarpagandhaghan Vati BD, Kamdudha Ras 250mg TID, Smrutisagar Ras OD, Lakshmvilas Ras OD, Sanjeevani OD, Dhatri Lauh 1gm TID, Lavangadi Vati, Sootshekhar Ras 250mg BD

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from Ayurvedic treatment and remains asymptomatic.

#### Case No. 19

**Name/Age/Sex:** VM/20/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis with Diabetes milletus, hyperthyrodism

**Diagnostic hospital:** M L General Hospital, Yamuna Nagar

Pushpawati Singhania Research Institute, New Delhi-110017

Combined Medical Institute

D R sexena Memorial Asra Nursing Home

**Diagnostic Consultant:** Dr. J C Vij

Dr. Sanjay Prakash Saxena

Dr. S P Saxena (DM)

**Diagnostic Methods:** MRCP and USG showed dilated pancreatic duct, calcification in pancreas, difuse fatty infiltration of liver

**Symptoms:** Complaints of severe pain in upper abdomen.

**Conventional Treatment:** subject was kept on IV fluid during the treatment, and treated with Tab. Meftal Spas BD, Domstel, Ocis 200mg BD, Tinibe 500mg BD, Inj. Perinorm 1amp, Inj. Pantocid 1amp, Inj. Voveron 1.5ml, Biopank 2 TDS, Dom DT 20mg TID, Shelcal BD, Cap Zincovit BD, Lactobacilli cap TID, Toxin -O 200mg BD, Tab. Metrigyl TID, Eltroxin 100mg 1 OD, Fitril 1tf OD, Tab. SatrogylBD, Cinlox BD, Creon cap, Tab. Zintac 150mg

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** From 23/3/2003 to 22/2/2004. Amar 125mg TID, Kalmeghnwyas Loh BD, Methipani 10gm OD, Prak-20 1gm BD

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from Ayurvedic treatment and remains asymptomatic.

#### Case No. 20

**Name/Age/Sex:** ARA/19/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, Aug 2003

**Diagnostic hospital:** Dhanwantari Tomer Hospital, Bareilly 243 001.

Vivekanand Polyclinic, Lucknow 226 007

Pushpawati Singhania Research Institute

**Diagnostic Consultant:** Dr. Arun kumar

Dr. Sushil Tondon

Dr. R K Singh

**Diagnostic Methods:** CT scan of abdomen & MRCP

**Symptoms:** Complaints of severe pain in upper abdomen.

**Conventional Treatment:** RT drainage, IV fluids, Inj. cal. Gluconate BD, Inj. Cemex 1gm BD, Inj. Metrogyl 100ml OD, Inj. Aciloc 1amp OD, Inj. Octreotide 100mcg OD, Inj. Trumazac 1amp SOS, Tab. Nizonide (nitazoxanide) 500mg BD, Tab. Norbid (norfloxacin-400mg), Sateogyl 300mg BD, Tab. Domel 10mg TID, Tab. Zanicin BD, Tab. Metrogyl TID TID, pankroflat OD,

**Total number of attacks:** Eight; progressive disease

**Ayurvedic treatment:** From 16/12/2004 to 22/1/2009. Hingwashtak Churna 1gm BD, Amar 125mg TID, Prak-20 1gm BD, Chitrakadi Vati 2 TID, Gumbe ki Jad 1 OD, Kamdudha Ras 250mg, Shivakshar Pachan Churna 3gm BD

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia within few weeks. Subject is now free from Ayurvedic treatment and remains asymptomatic. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 21

**Name/Age/Sex:** RM/38(at the time of diagnosis)/Female

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis with pancreatic atropy, 9/3/2006

**Diagnostic hospital:** MLN Medical College Allahabad  
Swaroop Rani Nehru Chikitsalya, Allahabad

**Diagnostic Consultant:** Dr. M. Dwivedi

**Diagnostic Methods:** ERCP, CT scan & USG- dilated pancreatic duct, large intraductal calculi

**Symptoms:** left side pain in abdomen, burning sensation, back pain, weakness.

**Conventional Treatment:** ERCP revealed CCP with pancreatic atropy & fatty replacement in region of head & uncinata process. Subject was treated with Tab. Calpol TID, Zofer MD BD, Inj. Forturin 1amp, Inj. Perinorm 1amp, Inj. Pantium 1amp, inj voveron 1amp BD, tab pansure 40mg BD, tab enzan forte TID, tab meftal spas TID, cap zevit OD. Subject was kept on IV fluid during the treatment

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** From 1/6/2006 to 17/8/2012. Amar 125mg TID, Hingwashtak churna 1gm TID, Narikel lavan 1gm BD, Gumbe ki jad BD, Shoolwajrini vati BD, SSD 1 OD, Ayas 1 OD, Numax1 BD

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few days. Subject is free from AYT and remains asymptomatic.

#### Case No. 22

**Name/Age/Sex:** DC/48/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis,

**Diagnostic hospital:** Mullana Medical College, Mumbai

**Diagnostic Consultant:** Dr. Arun Kumar

**Diagnostic Methods:** USG- dilated pancreatic duct and stricture of terminal CBD dilated

**Symptoms:** Complaints of pain in abdomen, acidity, indigestion.

**Conventional Treatment:** Allopathic treatment

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** From 3/6 2006 to 17/11/2007. Prak-20 1gm BD, Amar 125mg TID, Hingwashtak Churna 1gm TID, Katkadi Churna 2gm, Narikel Lavan 1gm BD

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from Ayurvedic treatment and remains asymptomatic.

### Case No. 23

**Name/Age/Sex:** GM/38 (at the time of diagnosis)/ Male

Non vegetarian, alcoholic and tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis, August 2003

**Diagnostic hospital:** Hinduja Hospital, Mumbai

Tata Memorial Hospital, Mumbai

Sir Ganga Ram Hospital, Delhi

City Hospital, New Delhi

Asian Gastro Institute, Hyderabad

Stephen Hospital, Delhi

**Diagnostic Consultant:** Dr.Vijay Mehta (MD-Medicine), (DM), (DNB Gastroenterology)

Dr. Randhir Sood (Senior Gastroenterologist)

**Diagnostic Methods:** Elevated amylase and lipase, ERCP was performed twice: dilation and insertion of plastic stent into the MPD. ERCP-Multiple collaterals present in the duodenal wall, peripancreatic region, cannulation of MPD, 2007 ERCP stenting was done two times

**Symptoms:** Upper abdominal pain radiating to back, vomiting

occasional, weight loss 50 kg.

**Conventional Treatment:** Subject was put on soft fat free diet, Tab. Taxim-O200mg 1BD, Tac Creon 25k,1TDS, Tab. Razo 20mg 1OD, Tab. Dom DT 10mg 1 TDS for vomiting, Cap Zevit 1 OD, Tab. Ultracet 1 SOS (Painkiller), Inj. Perinorm 2ml, Inj. Rablet, Inj. Tramacip, IVF RL 500ml (viaflex)(baxter), IVF DNS (Viaflex), inj MVI, IVF Dextrose 5% 500ml (viaflex)(baxter), Tab Trabest, Inj. Cefatal 1gm

**Total number of attacks:** Five; progressive disease

**Ayurvedic treatment:** From 20/4/2007 to 12/3/2011. Amar 125mg TID, Hingwashtak Churna 1.5 gms 1 TID, Kamdudha Ras 250gm TID, Gumbe ki Jad 1 BD, Chitrkadi Vati 2 TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few days. After 18 months of Ayurvedic treatment weight the subject increased 30 kg. Subject is now free from Ayurvedic treatment and remains asymptomatic.

### Case No. 24

**Name/Age/Sex:** VB/17/ Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Acute Pancreatitis with fatty liver, February 2008

**Diagnostic Hospital:** Pentamed Hospital, Delhi 110 009.

**Diagnostic Consultant:** Dr. Rajesh Gupta

**Diagnostic Methods:** USG bulky pancreas, peripancreatic fat planes are hazy, hepatomegaly & diffuse fatty infiltration of liver.

**Symptoms:** Sudden onset pain right hypochondriac region (severe colicky, radiating to back) and increased pain associated with nausea and vomiting.

**Conventional Treatment:** Fat free soft diet, IV fluid, Tab. Tarivid

400mg, Pantocid 40mg OD, Cap. Augpen LB625mg BD, Tab. Creon 10k, Inj. Augmentin, Inj. Tarivid, tab Tarivid 400mg BD, Enterogermina oral amp. 1 Amp PO TID Inj. Zosyn, Inj. Raciper, Inj. Contramol, Creon 10k TID

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** From 4/5/2008 to 3/8/2010. Prak-20 1gm BD, Amar 125mg TID, Narikel Lavan 1gm OD, Rason Vati 2 TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from Ayurvedic treatment now and remains asymptomatic.

#### Case No. 25

**Name/Age/Sex:** AA/24 (at the time of diagnosis)/ Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis (APACHE II) score of 2 with unknown aetiology

**Diagnostic hospital:** Department of Gastroenterology, All India Institute of Medical Sciences, New Delhi, Pushpawati Singhania Research Institute, New Delhi

Medanta-the medicity, Gurgaon

**Diagnostic Consultant:** Dr. Rakesh Tandon

Dr. Dinesh K Singhal (MD), (DM) (Senior Consultant – Gastroenterology)

Dr. Randhir Sud

**Diagnostic Methods:** Haematological examinations consisting of CBC, Biochemistry, elevated serum amylase 860 U/L. Ultrasound of abdomen showed heterochoic bulky pancreas. CECT abdomen showed mildly bulky pancreas with fuzzy out length.

**Symptoms:** Continuous, severe and acute onset of pain in epigastria associated with nausea and vomiting. No h/o alcohol, trauma and No f/h of pancreatitis.

**Conventional Treatment:** Cap. Spasmoproxyvin, Inj. Tramadol, Inj. Rantac, Cap. Zevid, Tab. Tramazec 50mg 1TDS, Tab. Vogarol 50mg SOS, Cap. Antoxid for one week, Tab. Pantocid 40 mg 1 BD, Tab. Voveran 50mg 1 TDS, Tab. Ultraspas SOS, Tab. Antoxid 1BD, Tab. Creon 25000 1 TDS for three months; Inj. Pantocid, Inj. Voveran and Inj. Tramadol. During the treatment subject was put on soft liquid diet and IV fluid

**Total number of attacks:** Eight; progressive disease

**Ayurvedic treatment:** From 19/10/2010 to 25/8/2014. Amar 125mg TID, Hingwashtak Churna 1.5gms TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within a week. His amylase, lipase and MRCP are quiet normal subject didn't report any toxic effect or any adverse effect of ayurvedic treatment. Subject is now free from Ayurvedic treatment and remains asymptomatic.

#### Case No. 26

**Name/Age/Sex:** APS/24 (at the time of diagnosis)/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, September 2010

**Diagnostic hospital:** Apollo Hospital

**Diagnostic Consultant:** Dr. Ajay Kumar

**Diagnostic Methods:** MRCP, CT Scan

**Symptoms:** Complaints of mild epigastric pain.

**Conventional Treatment:** Treated symptomatically with Creon

(painkiller)

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** From 09/8/2011 to 5/8/2012. Cap. Amar 125mg TID, Dhatri Loh 1 gm BD, Katkadi Churna 2gm OD, Imambo 1gm BD, Narikel Lavan BD, Hingwashtak Churna 1gm TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within a week. Subject is now free from all treatment and remains asymptomatic. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 27

**Name/Age/Sex:** MM/23 (at the time of first diagnosis)/ Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis but strong family history of Diabetes mellitus

**Diagnosis:** Chronic Pancreatitis.

**Diagnostic Hospital:** All India Institute of Medical Sciences, Delhi

Smt. Mani Devi Basia Dhararth Chikitsalaya, Delhi

Indrapastha Apollo Hospitals, Delhi

Saroj Hospitals & Heart Institute, Delhi

Bhagwan Mahavir Hospital & Heart Institute

Jaipur Golden Hospital, New Delhi

**Diagnostic Consultant:** Dr. Arvind K Khurana

Dr. Brij Mohan (MBBS)

Dr. S K Mundhara (MD)

Dr. N Bhatt MD

Dr. S P Dembla

**Diagnostic methods:** MRCP- pancreatic parenchymal thinning with dilated PD, intra-luminal tiny pancreatic duct, mildly bulky PD,

fatty liver, heteroechoic, mildly bulky pancreatic head, CECT-enlarge pancreas with fuzzy margins, inflammatory changes and fat stranding, mild ascites were seen.

**Symptoms:** Complaints of upper abdominal pain, epigastric tenderness

**Conventional Treatment:** DNS, Inj. Voveron 1 amp, Inj. Rantac 1amp, Tab. Razo 20, Tab. Antoxid TID, Tab. Pancreoflat TID, Tab. Ultracet 1 SOS, Pantocid, Zintac 300mg, Enzas Forte, Tab. Nucoxis 120mg, Dampan BD, Camopan TID, Meftal Forte, Tab. Festal, sp calcium 1/2mg BD, Spanacid, dom DT SOS, Inj. Unitrax 1.5gm, Inj. metrogyl 100ml, Tab. Creon, Emset, Inj. Calcium Gluconate, N S 100ml, R L 500ml, I/V Canula no.20 OD Reinflon, Inj. Tramazac, Inj. Oflin 100ml, Tab. Pantodac 40mg OD, Emigo MD SOS, Tab. Meftal spas SOS, Tab. Mahacy OZ BD, Aivloe 150mg BD, Anafatan ½ tab SOS, Rautac 50mg, Amikacin 500mg BD, Inj. Fortwin, Inj. Phenaze SOS, Tab. Ceftum 250mg BD

**Total number of attacks:** One; progressive disease

**Ayurvedic treatment:** The subject is being given Narikel Lavan 1gm BD, Imambo 1gm BD, Amar 125mg TID, Sootsekhar Ras 250gm BD, Rason Vati TID, Haritkhyati Churna 1gm TID.

**Post Ayurvedic treatment status:** Subject responding well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. No weight loss after Ayurvedic treatment.

#### Case No. 28

**Name/Age/Sex:** AP/21 (at the time of diagnosis)/ Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, Aug 2011

**Diagnostic hospital:** Asopa Hospital and Research Centre, Agra

**Diagnostic Consultant:** Dr.H S Asopa (MS) (FRCS)

Dr. Mukesh Garg

**Diagnostic Methods:** ERCP- done two times.

**Symptoms:** Complaints of pain, anorexia, weight loss, poor appetite, weakness, constipation, maldigestion, flatulence.

**Conventional Treatment:** 2011 Ultrasound, 2012 ERCP multiple small densely echogenic foci of calcification were seen, PD was not dilated, treated with anti-amoebic medicines, enzymes, and Vitamins, Panlipase with each meal for rest of life.

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment (AYT):** From 31/3/2012 to 9/8/2014. 1/8 TID, Hingwashtak Churna 1gm TID, Kamdudha Ras 250mg BD, Lavanbhaskar Churna 1gm TID, Numax Cap. 1 BD, Arogyawardhani Cap.1 BD.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within a week. Subject is now free from all treatment and remains asymptomatic.

#### Case No. 29

**Name/Age/Sex:** AA/7/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, January 2013

**Diagnostic hospital:** Medanta Global Health Pvt Ltd, Gurgaon, India

**Diagnostic Consultant:** Dr. Neelam mohan

**Diagnostic Methods:** CT scan

**Symptoms:** Repeated episodes of abdominal pain and vomiting. Vomited almost after eating anything

**Conventional Treatment:** Subject was treated with fat free diet, Inj. Zosyn (pip-tazobactam), Tramadol, Ocid, Antaoxide, Emset, Diliv, and Lanzol Junior (1BD)

**Total number of attacks:** Multiple small attacks

**Ayurvedic treatment:** From 05/2/2013 to 18/7/2013. Amar Cap. 125mg TID, Narikel Lavan 250mg BD, Kidgrow Tab. 2 TID, Sootshekhar Ras 125mg BD, Kamdudha Ras 125mg OD.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia within few weeks. Subject is now free from any Ayurvedic treatment and remains asymptomatic

#### Case No. 30

**Name/Age/Sex:** ASG/18 (at the time of diagnosis)/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, 9/7/2004

**Diagnostic hospital:** Sir Ganga Ram Hospital, New Delhi 110 060, (Reg No- 43865)

Medanta Global Hospital

**Diagnostic Consultant:** Dr. Randhir Sood

Dr. Neelam Mohan

**Diagnostic Methods:** MRCP- PD dilation in the region of head, body & tail. Duct appears tortuous and beaded. ERCP-mild fatty liver, MPD dilated

**Symptoms:** Complaints of abdominal cramps during travelling associated with nausea.

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** From 10/7/2004 to 08/8/2013. Amar Cap. 125mg TID, Imambo 1gm TD, Narikel Lavan 1gm BD, Hingwashtak Churna 1gm TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within a week. Subject is now free from Ayurvedic treatment now and remains asymptomatic.

#### Case No. 31

**Name/Age/Sex:** SS/27/ (at the time of diagnosis)/ Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Acute chronic Pancreatitis with pancreatic divisum, fatty liver, 23/6/2012

**Diagnostic hospital:** Fortis Hospital, Bangalore

**Diagnostic Consultant:** Dr. Sanjay P Saxena

Dr. Sanjay Vinayak

**Diagnostic Methods:** ERCP- MPD dilated, LFT & KFT was done

**Symptoms:** Suddenly acute pain in upper abdomen, difficulty in digestion & weight loss (9kg) non alcoholic.

**Conventional Treatment:** ERCP + Stenting, USG abdomen showed fatty liver & swelling in pancreas, GB removed. Subject was treated with Inj Octricle, Metrogyl, Drotin, Tab Offem, Pantocid, Librium, Udiliv and Creon. During all the treatment subject was kept on liquid diet.

**Total number of attacks:** Six; progressive disease

**Ayurvedic treatment:** Since 10/6/2013 to 05/09/2014, Amar Cap. 125mg TID, Hingwashtak Churna 2gm TID, Kalmeghnwyyas Loh 1 BD, prak-20 2 BD,

**Post Ayurvedic treatment status:** All allopathic medicines were stopped. Subject responding well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. LFT and KFT also reverted back to normalcy after Ayurvedic treatment.

#### Case No. 32

**Name/Age/Sex:** AKJ/38/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis with Diabetes mellitus, 2007

**Diagnostic Hospital:** Sir Ganga Ram Hospital

**Diagnostic Consultant:** Dr Samiran Nundy [(MA), (Mchir), (FRCS), (FRCP) Department of Gastroenterology]

**Diagnostic methods:** ERCP done two times in 2007 & 2010, which revealed PD stricture in head.

**Symptoms:** Complaints of recurrent pain in abdomen, poor appetite and gradual weight loss

**Conventional Treatment:** 2007 ERCP, 2010 ERCP stenting, 2013 ERCP tight stricture, and stenting couldn't be performed. During each such episode subject was put on IV fluid, IV antibiotics, Fat free diabetic normal diet. Subject responded well and was put on following treatment for rest of the life: Pantocid DSR OD, Panlipase 25000U TID, Evion OD, Syrup Cremaffin 4 STF OD and Glucenorm SR 500 mg OD. Injection Tramazac 50 mg SOS for the management of severe pain

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** From 14/6/2013 to 07/05/2014. Muli Kshar 250 mg BD, Kalmegha Navayas Lauha 1 gm BD, Amar 125 mg TID, Hingwashtak Churna 1 gm TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia within a week. Gradually his blood sugar came back to normal. Subject gained 5 kg body weight. Subject is now free from all treatment and remains asymptomatic. LFT and KFT also reverted back to normalcy after Ayurvedic treatment. He is currently working abroad.

### Details of patients on treatment (n=19)

#### Case No. 33

**Name/Age/Sex:** NK/23 (at the time of first diagnosis)/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic Hospital:** Asian Institute of Gastroenterology, Hyderabad July, 2011

**Diagnostic Consultant:** Dr. Talukdar Rupjyoti

**Diagnostic methods:** ERCP done two times

**Symptoms:** Complaints of sticky stool, coating on tongue, bloating after eating, excessive thirst, wakes up with cold, recurrent pain in abdomen, poor appetite and gradual weight loss.

**Conventional Treatment:** In July 2011 subject was admitted in Asian Institute of Gastroenterology at Hyderabad (AIG) and underwent ERCP and PD stent placement was done. After a period of 9 months, the said stent was spontaneously migrated. Thereafter, on 29/5/2013, subject was again admitted at AIG wherein, it was diagnosed Acute on Chronic Pancreatitis. On 03/06/2013, ERCP was done and 5 Fr stent was placed in the pancreatic duct.

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** From 20/6/2013 to 20/05/2014. Muli Kshar

250 mg BD, Kalmegha Navayas Loh 1 gm BD, Amar Cap. 125 mg TID, Hingwashtak Churna 2 gm TID, Shivakshaar 1.5gm TID. From 05/08/2014 till date: Amar 125 mg TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within a week. No weight loss after Ayurvedic Treatment. Subject remained asymptomatic until August 2014, after which the subject developed mild pain after a strenuous schedule. Subject is on Amar 125mg TID once again and remains asymptomatic.

#### Case No. 34

**Name/Age/Sex:** SK/24/Male

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic hospital:** St. John's Medical College Hospital, Bangalore

**Diagnostic Consultant:** Dr. Nagaprasad (M.B.) (D.M.R.D),

Dr Ravindra (BS), (MBBS), (MD), (DNB), (DM)

**Diagnostic Methods:** CT scan (Abhaya Hospital), ERCP (St. John's Hospital)

**Symptoms:** Complaints of epigastric pain, acidity, gas, indigestion, constipation.

**Conventional Treatment:** Subject was treated with Tab. folvite 5mg, Evion 400mg, Digimax, Pantocid 40mg, Inj. eldervit

**Total number of attacks:** Ten; progressive disease

**Ayurvedic treatment:** Subject is on Ayurvedic treatment since 4/11/2013 and was being given Amar Cap. 125mg TID, Imambo BD, till 18/05/2013. From 15/07/2014 till date, is being given Narikel Lavan BD, Prakal BD, Amar 125mg TID, Hingwashtak Churana 1.5gm TID,

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia, constipation and pain within few weeks. Subject is still on Ayurvedic with no major symptoms at present.

#### Case No. 35

**Name/Age/Sex:** PKG/17 (at the time of diagnosis)/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:** Fortis Escorts Hospital, Jaipur 302 017 (Patient ID UHID: 000274781)

G B Pant Hospital

**Diagnostic Consultant:** Dr. Ajay Desai (MD)

**Diagnostic Methods:** ERCP- Pancreatic Divisum, S.Lipase 1400, S. Amylase 309, MRCP-bulky pancreas + pseudo cyst (16/7/2006), Cystic Lesions

**Symptoms:** Complaints of acidity, constipation, and mild epigastric pain, disturbed sleep (occasional), weight loss (20kg), symptoms of TB were seen in 2008.

**Conventional Treatment:** Subject was put on enzymes since 2006, 2009 ERCP stenting, 2011 MRCP – inflamed pancreatic duct. Cap. Leptos, Subject was treated with ATT for 2 months. Subject had an attack of Bell's palsy on 12<sup>th</sup> November, 2012 and was treated with steroids for the same

**Total number of attacks:** Twelve; progressive disease

**Ayurvedic treatment:** From 26/1/2014 to 25/8/2014. Amar Cap. 125mg TID, Immbo 1gm TD, Narikel Lavan 1gm TD, Hingwashtak Churna 1.5gm TID.

**Post Ayurvedic treatment status:** Subject responded well to

Ayurvedic treatment and started showing improvement in anorexia within a week. Subject is now free from all treatments and remains asymptomatic and has gained over 5 kg of weight.

#### Case No. 36

**Name/Age/Sex:** SD/30 (at the time of diagnosis)/Female

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis.

**Diagnostic Hospital:** Kailash Group of Hospitals, Greater Noida 201 308, (No.IPD/7/13457) 8/9/2007.

**Diagnostic Consultant:** Dr. Ribhu Rajpal (MBBS), (MPH)

**Diagnostic Methods:** CT scan showing extensive dystrophic calcification of pancreas. ERCP done two times in 2009 and 2013 which revealed cannulation of PD,

**Symptoms:** Complaints of continuous pain in epigastrium radiating to back, lasting for 7 days, associated with vomiting & nausea, loose motions.

**Conventional Treatment:** Stenting was done on 5/11/2013 and on 9/2/2009 stent was replaced. During each such episode subject was put on IV fluid. Subject responded well and was put on following treatment for rest of the life: Tab.Creon 25k, Tab.Rabium 20, Tab.Satragyl (for 8 months). Liquids followed by fat free soft diet Tab. Cepodem 200mg Tab. Razo 20mg Tab. Dom-DT10mg Cap. Zevit 1 OD, Tab. Ultracet 1 SOS. Subject improved symptomatically (Prescribed by Dr. Neeraj Sharma (SR. Resident) & Dr. Randhir Sud; M.D (Med) D.M (Gastro), A.I.I.M.S; F.I.A.M.S, Gastroenterologist & therapeutic Endoscopist). Inj. Zostum, Inj. Tiniba, Inj.Raipar, Syp. Ulgr, Tab. Creon (Dr. Sandeep Gulati)

**Total number of attacks:** Sixteen; progressive disease

**Ayurvedic treatment:** From 24/5/2014 till date. Amar Cap. 125mg TID, Hingwashtak Churna 1gm TID, Kalmegh 1.5gm TID Ayas 1OD.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia within a week. Gradually his blood sugar came back to normal. No weight loss during Ayurvedic treatment. Subject is now free from all treatment and remains asymptomatic.

#### **Case No. 37**

**Name/Age/Sex:** VSSR/58 (at the time of diagnosis)/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Acute Pancreatitis.

**Diagnostic hospital:** Medicity Hospitals, (Adm. No.-1005890) SaiVani Super Specialty Hospital (Vishwa Health Institute Pvt. Ltd), Asian Institute of Gastroenterology, Hyderabad

**Diagnostic Consultant:** Dr. Sashidhar K,

Dr. R V RaghavendraRao,

Dr. Gangadhar V

**Diagnostic Methods:** MRCP, ERCP and USG

**Symptoms:** Complaints of severe pain in upper abdomen

**Conventional Treatment:** ERCP DPT stent was placed in CBD. Subject was treated with injalerta 1gm IV OD, Cap. Pan-L OD, capcreon 10k TID, Tab. Dolo 650mg TID, Cap. Perinorm CD BD, Sypbevon 2tsp OD, HQ PRO 2 tsp with soft diet. Tab. Zostum-O 1 BD, Metrogyl 400mg TID, Pantocid 40mg OD, Tramazac-P SOS, Voveron-SR BD, SypLacti hep 20ml, Cap.Be von

**Total number of attacks:** Four; progressive disease

**Ayurvedic treatment:** Subject is on Ayurvedic treatment since 20/6/2014 to till date on Amar TID, Hingwashtak Churna 1.5gm TID,

Kamdudha Ras 250gm BD.

**Post Ayurvedic treatment status:** Subject responding well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks.

#### **Case No. 38**

**Name/Age/Sex:** ST19, Male at the time of diagnosis

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic hospital:** Army Hospital (R&R), (Reg. No.-EA127) Delhi Cantt

Asian Institute of GI

**Diagnostic Consultant:** Col. Sandeep Thareja (VSM)

**Diagnostic Methods:** ERCP MRCP ESWL was done. ERCP revealed dilated CBD, dilated MPD with calculi. MRCP-pancreas appears bulky with a fuzzy outline with peripancreatic fat haziness.

**Symptoms:** Continuous, severe pain in upper abdomen associated with vomiting, epigastric pain, and severe back pain leading to hospitalization.

**Conventional Treatment:** USG revealed CP with dilated MPD + calculi. Repeat ERCP+ Stent deployed. CECT abdomen showed PD stent with 2 small intraductal calculi. Subject was put on I/V fluid and treated with tab Creon 25k 1TDS, Pantoprazole 40mg OD Tab. Antioxidant 1BD, Antoxyl Forte, avoid saturated fat.

**Total number of attacks:** Twenty five; progressive disease

**Ayurvedic treatment:** since 29/6/2014 to till date is being given Amar Cap. 125mg TID, Hingwashtak Churna 1.5gm TID, NL 1gm BD Immo BD, Prakal 2gm BD

**Post Ayurvedic treatment status:** Subject responded well to

Ayurvedic treatment and showed improvement in anorexia and pain within a few weeks. LFT and KFT also regained normalcy after Ayurvedic.

#### Case No. 39

**Name/Age/Sex:** RKG/23 (at the time of diagnosis)/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:** Dr. Ashok Garg Hospital at Sri Ganganagar  
Phoenix Hospital

Modern Health Centre (Raisingh Nagar)

**Diagnostic Consultant:** Dr. Ashok Garg (MD)

Dr. Alok Mishra (MD), (DM)

Dr. Gurmeet Singh (MD)

**Diagnostic Methods:** USG done two times showed pseudo cyst, CECT abdomen revealed non- necrotizing pancreatitis with bilateral pleural effusion & Ascites.

S.amylase:863.2,

**Symptoms:** Suddenly acute pain in upper abdomen, continuous mild onset of pain in epigastric associated with insomnia, flatulance, bloating. No h/o alcohol.

**Conventional Treatment:** CECT, USG was done. USG abdomen showed fatty liver & swelling in pancreas. Subject was treated with pain killers, antibiotics without any type of oral feed. Tab. pankreoflat TDS, Multivitamin, Tab. Pantocid, Declonorm, Enzer, Librox, Esogosal, Cap. Lizal, Ivoral Forte, Rebacus, Monaese, Cefpod. During all the treatment subject was kept on I/V fluid.

**Total number of attacks:** Five; progressive disease

**Ayurvedic treatment:** since 5/7/2014 to till date is being given Amar

TID, Hingwashtak Churna 1.5gm TID, Prakal 2gm BD, NL 1gm BD, Dhatri Loh 1gm BD

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and showed improvement in anorexia and pain within few weeks. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 40

**Name/Age/Sex:** RN/25 (at the time of diagnosis)/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic hospital:** Mullana Medical College, Mumbai

Medanta Institute of Digestive & Hepatobiliary Sciences, Gurgaon Haryana, (Pt ID-MM00551316)

**Diagnostic Consultant:** Dr. R Sood

Dr. Narendra Singh Choudhary

Dr. R Puri

**Diagnostic Methods:** 2012 USG was done showed pancreatic parenchyma contains hyper echoic foci, hyper echoic strands & lobulation and soft calcification, in July 2012. 2014 ERCP dilated PD obstruction secondary to stone stricture.

**Symptoms:** Complaints of severe pain in upper abdomen, pseudo cyst removed weight loss.

**Conventional Treatment:** Subject was kept on I/V fluid during the treatment. And treated with Creon 10,000, FBS-210, RBS-294

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** Since 17/7/2014 to till date is being given Amar TID, Hingwashtak TID, Giloya Satwa 250mg BD, Haritkhyati 100gm, Tab. Ulta D3 60 k, weekly.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 41

**Name/Age/Sex:** JS/52/Male

Vegetarian, alcoholic and tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Acute chronic Pancreatitis

**Diagnostic hospital:** Gut & Liver Clinic, Delhi 110 092, (Patient ID-Jairajsharma618)

Max Hospital, Delhi

SMH-Curie Cancer Centre

**Diagnostic Consultant:** Dr. Deepak Lahoti.

Dr. G.C Gupta

Dr. M Moitra (MD)

**Diagnostic Methods:** MRCP was done two times. Peripancreatic mesenteric fat stranding and calcification in pancreatic duct was seen. USG bulky pancreas with dilated MPD and CBD with prominent central IHBR

**Symptoms:** Complaints of severe pain in epigastrium radiating to back, and irregular use of disprin.

**Conventional Treatment:** Subject was treated with Creon 25,000, Oral pain killer, Meftal Spas, Tramadol, Diaspar, Neksium, Cap. Neopride, Tab. Augmentum, Etogem, Inj. Voveran 1amp IM SOS, Tab. Methylcobal BD, Rabonik-DSR 40mg I Cap. OD, Paniplase 25k OD, Ornicef BD, Taxim-O 200mg BD, Ultracet 1 tab SOS, Cap. PAN-D BD, Zevit 1OD. Subject was and kept on I/V fluid during the treatment.

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** Since 13/8/2014 to till date he is being given Amar 125mg TID, Prak-20 BD, NL 1gm BD, Hingwashtak Churna 1.5gm TID, Kamdudha Ras, Ajirnari Vati 2 TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 42

**Name/Age/Sex:** AJ/31 (at the time of diagnosis)/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:** Fortis Escorts Hospital, Delhi

Medanta Global Health Pvt Ltd, (UHID-MM00284033)

Maharaja Agrasen Hospital, NewDelhi 110 026

**Diagnostic Consultant:** Dr. Rajesh Puri (MBBS), (MD), (DNB), (MNAMS)

Dr. Garima Gerg (MBBS), (MD), (DNB)

Dr. Nisha (MD)

Dr. Monika Jain

Dr. Suresh Mittal

Dr. R S Raman

**Diagnostic Methods:** CECT revealed fatty liver with bilateral pleural effusion, gross ascitis and non enhancing pancreatic parenchyma with 30% necrosis. MRCP pancreatic parenchymal atrophy and minimal residual inflammatory change, cystogastrostomy a cystic lesion was seen in lesser sac, pseudo pancreatic cyst. ERCP walled off pancreatic necrosis with splenic vein thrombosis and portal hypertension.

**Symptoms:** complaints of pain in epigastrium radiating to back, urine retention, abdominal distension, nausea and vomiting.

**Conventional Treatment:** CECT, MRCP was done several times. Subject was kept on I/V fluid and treated with Tab. Creon 40k 1 Tab. TDS, Inj. Tramadol, Emset, Alprax25k IU, Drotin-SOS, Tab. ultracet 1BD, rantae 300mg, levoforte 500mg 1OD, syp gremattin BD, vorth TP 50mg (in place of ultracet), cap antoxid v1OD, evion 1OD, cap syscan 200mgOD, tab pantocid 40mg BD, Perinorm 10mg TDS Syp A to Z 2tsf OD, Inj. Colistin 2MU iv TDS, Meropenem 1g iv, Razo Easy Sachet OD BBF, Tab. Crocin 500mg SOS, Oflox 200mg BD, Syp Sparacid DS 10ml, Xylocaine Viscous (before meal), Inj. Monocef 1gm, Voveron SOS, Tab. Faronem/Ferobact 200mg 1Tab. BD, Lesuride OD 75mg 1 Tab. OD, Cap. Spasmo, Proxyvon 1 SOS, Tab. Anbid 500mg BD, Anleo-DSR OD, Cap. Vitoxy BD, Syp Meftal Spas 2tsf, Domstal 10mg, Ram-DT 10 mg. Subject was advised to take low fat meal.

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** From 13/8/2014 to 1/9/2014. Amar Cap. 125mg TID, Imambo TID, Narikel Lavan 1gm BD, Hingwashtak Churna TID, Prak-20 BD, Ultra D3-60K, Gokshuradi Guggul 2 BD, Lavan Bhaskar 1gm TID, Chitrakadi Vati 2 TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 43

**Name/Age/Sex:** AS24, Male at the time of diagnosis

Non Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic Hospital:** Apollo Hospitals, Bhubaneswar 751 005, (No.ORB1OPP758458), 11/06/2014.

**Diagnostic Consultant:** Dr. Ashutosh Mohapatra (MD), (DM), Gastroenterologist&Hepatologist.

**Diagnostic Methods:** MRCP showing diffuse bulky pancreas with increased parenchymal signal in tail region. CT cut show multiple calcific foci

**Symptoms:** Complaints of continuous pain in epigastrium radiating to back, lasting for 7 days, associated with vomiting & nausea, loose motions.

**Conventional Treatment:** During each such episode subject was put on IV fluid. Subject responded well and was put on following palliative treatment: Tab-Sompraz, Inj.Drotin DS. Subject improved symptomatically.( Dr. Ashutosh Mohapatra, MD, DM, Gastroenetrologist& Hepatologist.). Inj. Zostum, Inj. Tiniba, Inj.Raipier, Syp. Ulgr, Tab. Creon (Dr. Sandeep Gulati).

**Total number of attacks:** Two; progressive disease.

**Ayurvedic treatment:** From 16/08/2014 till date. Amar Cap.125mg TID, Hingwashtak Chrna 1gm TID, Prak-20 2 BD.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia within a week.

#### Case No. 44

**Name/Age/Sex:** AM/23/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic Hospital:** Advance Centre of Endoscopy, Mumbai, (2005)

Yashoda Specialty, Ghaziabad

Asian Institute of Gastroenterology, Hyderabad.

**Diagnostic Consultant:** Dr. Amit Maydeo

Dr. Nageshwar Reddy D

**Diagnostic Methods:** USG, CT scans showing pancreatic duct, ESWL-for breaking stone; MRCP-endoscopy of pancreas, parenchymal echotexture was altered, dilated pancreatic duct.

**Symptoms:** Severe abdominal pain associated with nausea & vomiting, severe constipation.

**Conventional Treatment:** 2008 stenting, subject was treated with Tab. Creon 10,000(twice a day), Multivitamins.

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** Since 13/8/2014 to till date and is being given Mulikshar 2 BD, Kalmeghnwayas Loh 3gm BD, Amar Cap. 125mg TID, Hingwashtak Churna 1.5gm TID, Ajirnari Vati 2 TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 45

**Name/Age/Sex:** GK/21/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic Hospital:** Relief Hospital, Gwalior (M.P) 2013

Sir Ganga Ram Hospital, New Delhi 110 060

Liver & Gastro Clinic, Gwalior

Parivar Hospital, Gwalior

Birla Hospital, Gwalior

**Diagnostic Consultant:** Dr. Anil Arora (MD), (DNB), (DM), (AIIMS), (FIMS), (FRCP)

Dr. Anshumaan Somani (MD), (DM)

**Diagnostic Methods:** ERCP was done. Hyperechoic strands, foci and lobularity were seen PD was dilated in head region.

**Symptoms:** Continuous, severe & acute pain in upper abdomen with nausea & vomiting. No h/o Alcohol, & No f/h of pancreatitis, weight loss 15kg.

**Conventional Treatment:** ERCP USG was done. Subject was treated with Tab. Decclane 1BD, Paniplase 25k, Tab. Sompraz D40 OD, and Razo-D.

**Total number of attacks:** Four; progressive disease

**Ayurvedic treatment:** Since 3/10/2014 to till date and is being given Amar Cap. 125mg TID, Prakal 2gm BD, Hingwashtak Churna 1.5gm TID

**Post Ayurvedic treatment status:** Subject responding well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks.

#### Case No. 46

**Name/Age/Sex:** NS/22/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic calcific Pancreatitis

**Diagnostic hospital:** Sir Ganga Ram Hospital, Delhi 110 060, (Patient ID-ER093217)

BSF Hospital Gwalior

Sonipat at Rawal Hospital

Medanta Hospital, Gurgaon

Asian Institute of Gastroenterology

Sai Vani Hospital

**Diagnostic Consultant:** Dr. Randhir Sood (MD), (DM)

Dr. Amit Rawal

Dr. Madan mohan Muggdal (MBBS), (MS)

**Diagnostic Methods:** ERCP Selective cannulation o pancreatic duct done, Pancreatogram revealed prominent and irregular pancreatic duct, CBD bulky pancreas

**Symptoms:** Complaints of severe abdomen pain radiating to back, vomiting.

**Conventional Treatment:** 2009 stenting, 2011, 12 restenting two times. Subject was advised for liquid, followed by fat free soft diet, Tab. Creon 25k, Inj. Piplaz, Tab. Lisoride Tab. Cafetum 500mg, Tab. Panlepaste 25k, Tab. Razo 200mg, Tab. Domstol, Tab. Ultracet 10mg, Cap. Antoxid, Oflox 200mg, Sompraz 40mg, Dom DT 40mg, Rekool 200mg, ketanox, Tab. Digestal, Reciper 40mg, Meftal Spas. Subject was kept on I/V fluid during the treatment.

**Total number of attacks:** Ten; progressive disease

**Ayurvedic treatment:** since 13/10/2014 to till date is being given Amar 125mg TID, Hingwashtak 1.5 TID, Ajirnari Vati 2 TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. He is on treatment now.

#### Case No. 47

**Name/Age/Sex:** AS/40 (at the time of diagnosis)/Female

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis, but history of laparoscopic cholecystectomy on 23/9/2013

**Diagnosis:** Chronic calcific Pancreatitis, July 2014

**Diagnostic Hospital:** Continental Hospital, Hyderabad (Pt ID-

CH0000021303)

Asian Institute of Gastroenterology

**Diagnostic Consultant:** Dr. G V Rao (MS), (MAMS), (FRCS)

Dr. D Nageshwar Reddy (MD), (DM), (FAMS), (FRCP), (D.Sc)

**Diagnostic Methods:** USG abdomen and pelvis revealed acute pancreatitis, MRCP-showed status post cholecystectomy, features of primary sclerosing cholangitis, partial pancreatic divisum, and mild acute pancreatitis and diffuse irregular normal thickening of CRD

**Symptoms:** Sudden onset abdominal pain in the night, central in location, severe crampy pain, 1-2 loose stools.

**Conventional Treatment:** Subject improved gradually on I/V fluids, PPI's and analgesics for two days followed by reintroduction of oral diet and was tolerating oral diets and fruits. Medication included Tab. Ursocol 300mg BD, Tab. Oflox 400mg, Cap. Creon 10k BD, Tab. Pan 40mg, Emset 4mg SOS, Ultracet 1tab SOS

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** Since 14/10/2014 to till date and is being given Amar 125mg TID, Hingwashtak Churna 1gm TID, Haritkyadi Churna 1.5gm BD, Khumb Rasayan 250mg BD, NL 1gm OD, Prakal 2gm OD, Ajirnari Vati 2 TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment.

#### Case No. 48

**Name/Age/Sex:** M/15/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic hospital:** Military Hospital, Bareilly Cantt. Command Hospital, Lucknow

Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly (Pt IP No 1925128/2287272)

Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow 226 014

**Diagnostic Consultant:** Lt Col. Hakam Singh (classified surgery)

Dr. Rajneesh Varshney

**Diagnostic Methods:** MRCP was done two times. Mildly dilated pancreatic duct, atrophic pancreas with heterogeneous signal intensity. USG abdomen revealed CBD at porta. Heterogeneous pancreatic echo texture with bulky tail.

**Symptoms:** Continuous severe and acute onset of pain in epigastrium. No h/o C.P

**Conventional Treatment:** MRCP, Biochemistry test was done. Subject was treated with pain killer injections, Tab. Oflox, Cap. Pantocid, Tab. Pancroflat, Cap. Becaule, Tab Urgendot, Cap. Betamol G, Tramadol-SOS

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** Since 15/10/2014 to till date is being given, Amar 125mg TID, Hingwashtak Churna 1.5gm TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from all treatment and remains asymptomatic. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 49

**Name/Age/Sex:** GB/33 (at the time of diagnosis)/Female

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic hospital:** Civil Hospital, Ahmedabad

Asian Institute, Hyderabad

Milestone Multispecialty Hospital, NewDelhi 110 026

Navchetan Surgical Hospital,

Ansh Clinic, Ahmedabad

**Diagnostic Consultant:** Dr. Achalia

Dr. Kunal (MD)

Dr. Sundeep Lakhtakia (MD), (DNB), (DM)

Dr. P Manohar Reddy (MD), (DNB)

Dr. K K Rawal (MD), (DM)

Dr. G G Guha

Dr. Sanjay Rajput

Dr. Raju M. Valiya (MS)

**Diagnostic Methods:** MRCP, USG cystic lesion, mildly bulky pancreas with surrounding fat stranding, suggest changes of acute oedematous pancreatitis. Small calcified foci of head of pancreas. Mild free fluid noted in POD.

**Symptoms:** Complaints of upper abdominal pain.

**Conventional Treatment:** PD stenting. Creon 25k TID, Pantocid 40mg OD, Zofer SOS, Ultracet, Tab. O2 BD, Selvit Cap. BD, Symp Duphalac 30ml, Nourish Plus 3 scoops TID, Dolo SOS, Pancreoflat D OD, Pantop D OD, Vit C 500mg TID, MVIBC BD, Unienzyme TID, Symp Ulgel 2tsp TDS, Tab. Leof 500mg OD, Bunfen 400mg TID, Chymonal Forte TID, Tramadol BD, Cap. Augmentin 625mg TID, Rantac 150mg BD, Centra TID, Phlogam TID, veloz-D BD, Epasmoepoxivon OD, Cap.gluconete I/V, Metro I/V only, Panlipase 25k TID, Inj. Taxim 1gm I/V, Levoflox 100ml I/V OD, Pantodac I/V OD, Dynapar AQ 2cc in O I/V, Fortwin SOS, RL/ inj DNS 80ml/ Hospital, HR I/V Drip inform SOS.

**Total number of attacks:** Ten; progressive disease

**Ayurvedic treatment:** 3<sup>rd</sup> November 2014 till date is being given NL 1gm BD, Prakal 2gm BD, Amar 125mg TID, Ajirnari Vati TID.

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from all treatment and remains asymptomatic. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 50

**Name/Age/Sex:** RRS/38 (at the time of diagnosis)/Male

Vegetarian, previously alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, April 2014

**Diagnostic hospital:** Ganga Ram Hospital, Dehli

**Diagnostic Consultant:** Dr. Mandip Singh

**Diagnostic Methods:** ERCP EPT cannulation of CBD, dilated CBD, hepatomegaly with bilobar pneumobilia, calcification in head region

**Symptoms:** complaints of upper abdominal pain associated with vomiting.

**Conventional Treatment:** PD stenting. Tab. Cetil 500mg BD, Pan 40mg OD, Cap. Neucobal Forte OD, Cap. Zevit OD, Tab. Amaryl 1mg OD, Cap. Tramadol 50mg 1SOS, Tab. Dom DT10mg BD, Panlipase 25k IU 1TDS, Tab. Evion 400mg 1OD, Neucabal Forte 1 OD, Tab. Pantocid DSR 1 OD, Inj. Human Mixtard 30/70 10 units, Tab. Pan-40 1tas, Tab. Antoxid 1 OD, Tab. Tramease SOS

**Total number of attacks:** One; progressive disease

**Ayurvedic treatment:** Amar 125mg TID, Hingwashtak 1.5gm TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from all treatment

and remains asymptomatic. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Case No. 51

**Name/Age/Sex:** MK/32 (at the time of diagnosis)/Male

Non Vegetarian, previously alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis, 28/10/2014

**Diagnostic hospital:** Ganga Ram Hospital, Dehli

**Diagnostic Consultant:** Dr. Anil Arora

**Diagnostic Methods:** MRCP (PD dilated), fatty infiltration of Liver

**Symptoms:** complaints of upper abdominal pain associated with vomiting.

**Conventional Treatment:** Was hospitalized for two days. Managed with I/V fluids. Prescribed with Tab.Panlipase TID, Tab.Noramxin 1TID, Cap. Sueria DSR 1BD for five days.

**Total number of attacks:** One; progressive disease

**Ayurvedic treatment:** SVV tab 2BD, Prak-20 2TID, Amar 125mg TID, Rason Vati 2TID

**Post Ayurvedic treatment status:** Subject responded well to Ayurvedic treatment and started showing improvement in anorexia and pain within few weeks. Subject is now free from all treatment and remains asymptomatic. LFT and KFT also regained normalcy after Ayurvedic treatment.

#### Details of patients drop-outs (n=3)

#### Case No. 52

**Name/Age/Sex:** SJ/30 (at the time of diagnosis)/Male

Non Vegetarian, Alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis,

**Diagnostic Hospital:** AIIMS New Delhi, Institute of Nuclear Medicine & Allied Sciences

**Diagnostic Consultant:** Dr. Vineet Ahuja

Dr. Mitra Babu (MD)

**Diagnostic Methods:** USG abdomen revealed bulky pancreas and heterogenous echogenicity. Free fluid is seen in lesser sac.

**Symptoms:** severe abdominal pain

**Conventional Treatment:** Subject was treated with Tab. Pan 40mg OD, Allrite DC 1OD, Continues Thyroid Supplements, Enzar HS 25k IV, Pantocid 40mg OD, CCM BD, Rantac 150 BD, Betamase G TID, Isabghol Husk, Deupieyllin, Droxde T, Inj. Aruditol

**Ayurvedic treatment:** Since 28/10/2011 to 30/03/2014. Amar 125mg TID, Imambo BD, Hingwashtak Churna 1gm TID, Avipattikar Churna 3gm

**Total number of attacks:** One; progressive disease

**Post Ayurvedic treatment status:** Subject started improving gradually. Drop out due to irregular treatment. Subject took medicine irregularly. He consumed treatment with break or less dosage and finished 302 treatments in 510 days of follow up.

#### Case No. 53

**Name/Age/Sex:** TA/39/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Calcific Pancreatitis

**Diagnostic hospital:** MGM Hospital, Mumbai.

**Diagnostic Consultant:** Dr. Sharda

Dr. Nitesh Jhawar

Dr. Sudhiv Sharma

Dr. Satish Kulkarni

Dr. Vipul Roy Rathore.

**Diagnostic Methods:** MRCP, MRI, abdominal sonography- mild fatty, infiltration of liver. Lt. Renal pelvic calculus with mild hydronephrosis, mild Prostatic Hypertrophy

**Symptoms:** Complaints of mild epigastric pain.

**Conventional Treatment:** Treated symptomatically with Creon and painkillers, underwent stenting in sept. 2010 for two times

**Total number of attacks:** Three; progressive disease

**Ayurvedic treatment:** From 27/7/2012 to 23/10/2012. Amar Cap. 125mg TID, Dhatri Loh BD, Alag 10ml OD

**Post Ayurvedic treatment status:** Subject dropped out from Ayurvedic treatment.

No Relief.

#### Case No. 54

**Name/Age/Sex:** PK/28/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis

**Diagnostic Hospital:** G B Pant Hospital,

Life Care Hospital

**Diagnostic Consultant:** Department of Gastroenterology

**Diagnostic Methods:** PET-CT, MRI, MRCP

**Symptoms:** severe abdominal pain, indigestion

**Conventional Treatment:** subject was treated with Tab panlipase 25k, pantocid 40mg BD, zevit, T. TRD comitin 1SOS

**Total number of attacks:** Five; progressive disease

**Ayurvedic treatment:** Since 29/8/2013 to 15/11/2013. NL 1gm BD, Imambo 1 BD, Amar 125mg TID, Hingwashtak Churna 1gm TID

**Post Ayurvedic treatment status:** Subject wanted to quit treatment.

The reason for this was psychiatric problem.

### Case No. 55

**Name/Age/Sex:** SR/30/Male

Vegetarian, non alcoholic and non tobacco user, no trauma and family history of pancreatitis

**Diagnosis:** Chronic Pancreatitis,

**Diagnostic Hospital:** AllIMS New Delhi, Institute of Nuclear Medicine & Allied Sciences

**Diagnostic Consultant:** Dr. Vineet Ahuja

Dr. Mitra Babu (MD)

**Diagnostic Methods:** USG, CT scans MRCP

**Symptoms:** Severe abdominal pain

**Conventional Treatment:** Subject was treated with Tab. Pan 40mg OD, Allrite DC 1OD, continues thyroid supplements, Enzar HS 25k IV, Pantacid 40mg OD, CCM BD, Rantac 150 BD, Betamase G TID, Isasghol Husk, Deupieyllin, Droxde T, Inj. Aruditol

**Total number of attacks:** Two; progressive disease

**Ayurvedic treatment:** Since 04/09/2013 to 19/12/2013. Amar 125 mg TID, NL BD, Imambo BD, Hingwashtak Churna 1.5gm TID, Sudhashtak OD, Vit B Complex OD Rason Vati 2TID.

**Post Ayurvedic treatment status:** Subject started improving gradually but wanted to quit the treatment. The reason was that the subject wanted to gain weight immediately.

### Testimonials by patients

I am 29 years old government employee. From past 4 years, I had been suffering from chronic calcified pancreatitis and was undergoing allopathic treatment. Medication included Creon 25000 TDS and Pantaprazole OD.

I read about Vaidya Balendu Prakash ji through internet on March

2014 and reported to Padaav Ayurveda Centre in Dehradun on 29 June 2014. Before reporting I got my blood test done on 06 June 2014 wherein results were alarming, I was diagnosed with high blood sugar fasting : 185 , PP: 275 and I started taking Tab. Pioglit MF15 to control my sugar level as per doctor's advice; Uric acid: 8.2 Triglycerides : 190. These reports made me rush to Vaidyaji.

On the day of reporting i.e. 29 June 2014, I was counselled by the staff and was assured that my diabetes originated due to pancreatitis would subside and was curable. I started in-house treatment at Padaav along with regularised six meal diet and Ayurvedic medicine. Interestingly, from day 1, I was put off from Creon 25000 tablet, which the doctors prescribed for lifelong. For 14 days I took in-house treatment at Vaidyaji's hospital and then returned back to my job. There after I followed the directives of medicine and diet strictly. After one month of Ayurvedic medication, I got my blood test done again, and I was astonished to see the results. My reports were as follows:

Sugar Fasting: 90, PP: 116, Triglycerides: 124, Uric acid: 4.3

My allopathic medicine for sugar was converted to half tablet of Mopaday HS once a day which is 1/4th the power of Pioglit. Again on 3 September 2014, I got the blood test done and this time also my results were normal. Now I have been directed by Vaidyaji to stop Mopaday HS completely. I am undergoing treatment of Vaidyaji and I have found it miraculous and very effective. Next I am waiting to see the result of my chronic calcified pancreatitis getting cured and I am sure that it will happen soon.



My name is Pankaj Garg and I am 25 years old. I come from a traditional Hindu family and have been a vegetarian throughout. When I was 17, I got my first acute pancreatic attack and I was hospitalized for the next 18 days. But even when I was hospitalized I got another attack. My reports indicated high levels of both amylase (309 U/L) and lipase (1400 U/L), an indicator of bad/non-functional pancreas. At the hospital, I was treated using painkillers, antibiotics and IV fluid.

When I regained normalcy, I was discharged. But at the time of discharge I felt discomfort in my upper abdomen. This discomfort was because of a pseudo cyst (112 x 99 mm). And within a month's time after discharge I was struck with another pancreatic attack. And this time too I was hospitalized following the same treatment protocol.

Since then every month pancreatic attacks were usual. Soon I started monitoring my diet and joined Yoga. A change in diet and lifestyle, possibly worked and the pancreatic attacks reduced to once in two months and gradually once in a year. And no more hospital visits. I was put on liquid or semi liquid diet during those infrequent attacks though of milder nature. However, in the course I developed symptoms that like of tuberculosis and was put on an anti-tuberculosis treatment regime along with pancreatic enzymes.

In summer of 2009, I went to Germany for an internship and during this time I again got a pancreatic attack. This time I had to discontinue my internship and was forced to return to India.

Immediately after coming to India, I made a visit to Dr Shiv 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.

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 Pancrelipase 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 with whom I later got in touch over email and he suggested contacting Dr GG Gangadharan in Bangalore. Dr. Gangadharan told me about Padamshree 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 visit him in Delhi. Meeting with Ankur was an experience in itself. His improved health and confidence in Vaidyaji's treatment cleared all my apprehensions about trying Ayurvedic treatment. And in February 2014, I went to consult Vaidyaji in Dehradun and since then I am following his treatment protocol. Soon after I started the medication, I felt better. Apart from the medication I found in-house facility to be amazingly hospitable. Ever since then I have put on 5 kilograms and cannot complain of getting any better, I am pain free

now. Vaidya Ji's treatment is based on the concept of "Aahar-Vihar-Aushadh". With this concept he has treated many cases of chronic pancreatitis and other fatal diseases. In this perspective his contribution to the society and our nation is enormous. His medicine is saving colossal amount of "man-days" which could have been lost if the disease left untreated.

His innovation should reach wider mass. My general appeal to all is that we should promote his innovation and Ayurveda at large. It should not be the privilege of the few 'class' but should be accessible to masses. It will help the humanity to decrease "global burden of disease".

**P a n k a j** **G a r g**  
**Plot no 19, Sector 7, Malviya Nagar, Jaipur 302 017, Rajasthan**  
**Mobile: +91 97826 13830 | pankaz.mnit@gmail.com**



My name is Gopal Mehtani. Now, I am 45 year old and live with my family in Ahmedabad. I was a smoker for twenty years, consuming twenty cigarettes a day. I was also fond of very spicy non-vegetarian food and alcohol. I weighed eighty-five kg. In August 2003, when I was 34 years, for the first time, I developed severe pain in my upper abdomen and back with frequent vomiting. I consulted Dr. Haribhakti, a surgical Gastroenterologist diagnosed Duodenal Ulcer after carrying endoscopy and started my treatment accordingly. Though, I stopped smoking, I continued taking alcohol during this treatment. Meanwhile, I travelled to Delhi to attend a wedding, where I became seriously ill with severe abdominal and back pain and vomiting. There I was hospitalized for fifteen days and I was diagnosed Acute Pancreatitis. Later, I visited Hinduja Hospital in Mumbai where the diagnosis was confirmed. And I started treatment at Ahmedabad under Dr. Vijay Mehta, M.D. (Med.), D.M., DNB (Gastroentrology).

However, I had no respite from the episodic attacks of vomiting and abdominal pain. By this time, I had lost nearly twenty kgs in seven months (March 2004). At this point, some cysts also formed in my Pancreas. I was again admitted for fifteen days and all the cysts were drained out. But my problem continued to persist. In December 2004, I was brought to Dr. Randhir Sood (Senior Gastroenterologist) at Ganga Ram Hospital, Delhi, and here I underwent ERCP and a stent was placed in my pancreatic duct. This treatment kept me well until August 2005, till I suffered with another attack of Pancreatitis. Now

my stent was removed and the diagnosis of Chronic Pancreatitis was re-established. I remained asymptomatic until March 2006. But when I visited Delhi to attend a business exhibition, stress caused another episode of abdominal and back pain. I consulted Dr. Sood in Delhi who again induced ERCP stent. He also found some calcification in my pancreatic duct and made the diagnosis of Calcific Chronic Pancreatitis. The whole family was in panic to see my disease progressing. And they took me to Asian Gastro Institute in Hyderabad for an expert opinion. There, another stent was placed in my pancreatic duct in September 2006. This procedure was also short lived and I suffered with another attack In November 2006. I was treated with a new stent at Stephen Hospital in Delhi.

By February 2007, my condition further deteriorated. In less than four years, I succumbed to several attacks, inspite of best medical treatment. My body weight reduced to forty eight kg with an aggregate loss of forty three kg .I also became very weak physically and mentally and was not able to carry my business activities. Apparently I had lost all hopes for my life.....

At this crucial juncture of my life, my uncle Mr. Nanak Jaisinghani from Delhi introduced me to Padma Shri Vaidya Balendu Prakash, who asked me to visit his clinic in Dehradun for one month. I reached his residential clinic on 24 April 2007. There, I was treated with Ayurvedic medicines along with a diet regime of three meals and three snacks a day, and complete rest. When I began Ayurvedic treatment, I weighed forty five kg with elevated Serum Amylase (514U/L) and Serum Lipase (2127U/L). Within a few days, I felt the change: my appetite improved, my body felt light and I gradually gained weight. I returned home on 23<sup>rd</sup> May2007 with one month medicines. I continued medicines for eighteen months regularly.

During this period my weight increased to seventy five kg.

I am still in contact with Vaidya ji and his associate Vaidyas at Dehradun. I also take these medicines occasionally for a short period though I don't have any symptom of the disease. I did not experience any side effect of Ayurvedic treatment. I run my business and lead an active life in Ahmedabad. I am very grateful to the Almighty and my uncle Mr. Nanak Jaisinghani for introducing me to Vaidya Balendu Prakash. I have no hesitation to state that I got a second life through Vaidya Ji's treatment. He is like living God to me. We, all family members, term the entire episode, as a miraculous cure for Chronic Pancreatitis. Gopal Mehtani Ahmedabad, India

Mobile: +91 98253 66007

Nanak Jaisinghani

Vasant Vihar, New Delhi Mobile: +9198100 52092



For 25 years, I was a chronic alcoholic until I developed severe 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, pain killer and antibiotics. I remained well for fifteen months. But in August 2000, I suffered acute pain in my upper abdomen which radiated to back with strong nausea. I was treated locally by a gastroenterologist with IV fluid and pain killer for a few days. Afterwards I used to have continuous dull pain in my back and upper abdomen with an unexplained weakness and gradual weight loss. This all affected my quality of life. I was admitted to AIIMS, Delhi (CR-639186) from 13/02/2001 to 28/02/01. The CECT and MRCP of abdomen re confirmed the diagnosis of chronic calcific pancreatitis. I was treated with pain killers, antibiotics and IV fluids. At this juncture, I was also recommended a surgical procedure, which I refused, and came back to my home town in Jammu.

Meanwhile, I heard about Vaidya Balendu Prakash in Dehradun. I contacted him and reached his clinic on 21 April 2001. When I arrived in Doon I weighed 55kg (I reduced from 68 kg to 55 kg), and I was taking insulin to treat my diabetes. Vaidya ji prescribed diet and life style changes in support to the Ayurvedic drugs (self-prepared) namely Kamdudha Ras, Amar and Higwasthak Churna.

From day one I responded well to his treatment and gained 3.5 kg

within six weeks. My daily insulin intake also reduced to 36 units/ day from 42units/day. After a year long treatment I now weighed 62 kg. Now, I am 58 years old and I have completed twelve years after Ayurvedic treatment. My health is good and I didn't experience any pain or discomfort since. I didn't feel any adverse effect of Vaidyaji's treatment.

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

**Jagjivan Malik Jammu**

**Mobile: 09419140401**



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 year 1997, she again developed severe pain in abdomen with vomiting and substantial weight loss. She was hospitalized, received IV fluids, pain killer 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. On October 3 1999, she was admitted under him at the Ayurvedic Research Unit in RCC, Trivandrum, Kerala. She was pale, weak, weighed 30kgs and had unbearable abdominal pain (score 60%). Her X-ray abdomen (dated 6 October 1999) showed multiple opacities suggesting 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 remained asymptomatic. She has now completed 23 years after stopping Ayurvedic treatment. By God's grace, she is doing absolutely normal without any sign and symptoms of Chronic Calcific Pancreatitis. We are extremely thankful to the management and doctors of Maulana hospital for referring us to Vaidya Balendu Prakash.

**Selma Mobile: +91 97476 25970**

**Palakkad  
July 22, 2013**



I was born in a middle class family in Agra. We are strict vegetarians, non tobacco and non alcoholic. I lost my father when I was eleven years old. He was a teacher and my mother is a housewife. At the age of fourteen I started earning to meet family expenses by giving tuitions in my home town. When I turned nineteen I developed anorexia (loss of appetite, indigestion, weakness and gradual weight-loss). Local doctors treated me for digestion with enzymes, vitamins and anti-amoebic medicines. Those had partial impact on my health for a while. But I continued to lose more weight and also developed continuous pain in the middle of my back. On the advice of Dr. Mukesh Garg, a renowned surgeon of Agra, on 30 Aug 2011 I underwent ultrasound of my abdomen. The tail region of the pancreas showed irregular outline with multiple small calcifications in the parenchyma. He told me that I had been suffering with chronic pancreatitis and prescribed Panlipase with each meal for rest of my life. I read about this disease and was very scared as Chronic Pancreatitis (CP) could be a lifelong treatment and it may be life threatening, as there was no known cure.

Somehow one day I read a story of a patient on internet who had CP and recovered completely after undergoing Ayurvedic treatment from Dehradun based Vaidya Balendu Prakash. I contacted his office and reached there on 31 March 2012. I was examined by Vaidya Naveen Sharma who prescribed me three types of ayurvedic medicines with certain dietary and life style

modifications. He stopped all ongoing allopathic medicines. There was an instant relief in my back pain within a week's time after this treatment. I started feeling energetic as well. Now I have completed one year of ayurvedic treatment. During this one year, I received my treatment periodically from Vaidya ji's clinic. Now, I feel absolutely normal and carry all duties. I didn't experience any adverse or side effect of his treatment. Today I am happy as Vaidya ji has stopped my treatment for CP and have asked me to start butter, ghee and homemade fried items. I hope that his treatment will help many others in coming future.

**Akash Pachauri**

**Agra**

**Mobile: +91 99175 69117**

**July 22, 2013**



I was born to an Agarwal Hindu family on 15 October, 1981 in Delhi. I have two siblings- a brother and a sister. In 2001, I graduated in commerce from DU. My family is pure vegetarian, and I have never used tobacco or alcohol in my life time. I always ate home cooked food. I was quite healthy until I turned twenty. In April 2001, I contracted acute viral hepatitis (Jaundice), which subsided in thirty days with rest and home medicine. Later, 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. We consulted our family physician but failed. Two unsuccessful attempts to control the symptoms by injecting many pain killers. Finally, he referred me to the emergency of All India Institute of Medical Sciences, Delhi. At AIIMS, I was treated with pain killers and antiemetic medicines to control pain and vomiting from 14/01/2005. I and underwent CT scan and blood test that revealed elevated Amylase (860 u/l) and mildly bulky pancreas with fizzy outlines. I was put on IV fluid, antibiotics and pain killers for next five days. Afterwards I was discharged and prescribed tablets with tablet Zenteel, Rantac on a 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 Tab. 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 (261u/l), Amylase (433u/l) and uric acid 8.3 mg/dl. Now we consulted Dr. Randhir Sud, a MBBS, MD, DM, and 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 epic gastric discomfort and pain associated with vomiting. Lab investigation showed amalyse 395 and endoscopic ultrasound established the diagnosis of Chronic Calcific Pancreatitis. The doses of Creon were 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 lipase (1957u/l) and amylase 279u/l. I was put on IV fluid, Pain killers and no oral feeding. Dr Randhir Sood 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 one of our relatives who was successfully cured by Vaidya ji from Acute Pro-myelocytic Leukaemia (APML), a type of blood cancer. I attended the clinic of Vaidya ji on 17 November 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 his treatment, I felt 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 an instant relief and I came back to Delhi with prescribed 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, and this made me symptoms free. In May 2012, I developed constant fever with severe body ache and blood test confirmed Typhoid. Vaidya ji put me on milk and fruit diet and prescribed NAVBAL RASAYAN 250 gm TDS with honey for six weeks. I soon got better.

But in August 2012, I again felt constant pain in my lower back. Laboratory investigations revealed high ESR. Later, on 12 September 2012, a PET scan indicated 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. This time Vaidya ji prescribed me NAVBAL RASAYAN 250mg four times a day with honey for first 30 days and later a dose of 250mg thrice a day for next five

weeks. A follow up MRI on 12 December 2012 indicated significant improvement in my condition. By 2013 when another MRI was taken, my disease showed complete dissolution. After which my Ayurvedic treatment was stopped. Today I am disease free and totally symptom free. I can perform all my duties. While on Ayurvedic treatment, I did not observe any side effect.

**Ankur Aggarwal**

**(New Delhi) Mobile: +91 98106 62633**

**July 28, 2013**

MM\* is a 39 year old married male from Delhi. He had off and on digestive problem but always improved with home remedies or generic medicines. However, he experienced massive pain in his upper abdomen with bouts of vomiting in August 2000. The family admitted him in Jaipur Golden Hospital at Rohini under Dr. S.P. Demble. He was treated with IV fluids, pain killer, antibiotics and antacid for three days. The laboratory investigation showed elevated serum amylase in his blood. Here, for the first time, he heard of Chronic Pancreatitis (CP). He remained well for 18 months and in January 2002 while he was visiting Moga (Punjab), he felt severe pain in upper abdomen. This time he was admitted under Dr. B K Goel at Apollo Hospital for three days and improved after receiving IV fluids, painkiller and antacids. Later, he experienced six more episodes of CP between January 2003 to July 2011. During these years he was treated by renowned gastroenterologists at Apollo, Fortis and AIIMS, Delhi. By this time he lost 14 kg body weight and developed profound weakness both mental and physical. At this stage he was referred for Ayurvedic treatment by one of his neighbor and he was admitted for a few weeks at Dehradun on 22nd August, 2011. He has completed 2 years of ayurvedic treatment with substantial improvement at all levels. The last MRCP dated 6 May 2013 still shows signs of CP. However, he is clinically asymptomatic with no adverse effect of ongoing ayurvedic treatment

**MM (identity hidden)**

It was in 1996 when it all started. Te very same year I finished my school and during the month of March-April I suffered from the first pain attack of Pancreatitis. That pain that i felt was new to me and initially it felt like hyper acidity. 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 it was called out as some stomach or food pipe inflammation. After 4-6 months I again felt the same pain and had to be hospitalized. Although I was discharged in 3-4 days, a diagnosis could not be made. I had to undergo many tests, endoscopy, but no definite reason was concluded.

After almost a year from my first incidence of pain, 3 visits, 3 severe pain attacks and multiple tests and that I was diagnosed with Acute & Chronic Pancreatitis and Calcification of Pancreas, for which I was treated at GB Pant hospital. The treatment continued for almost a year (1996-1997). During this tenure I suffered from multiple pain attacks (3-4 times) and every time had to be hospitalized. One of my treating doctors recommended me to Vaidya Ji. And I decided to take the advice.

In end of 1997, I met Vaidya Ji and went through the treatment. He assured me that I will be fine but it may take a few months. He also clarified that I may still get pain attacks but the frequency and intensity of pain may reduce over the period before fading away. Within a year of treatment, I felt the pain only twice and intensity came down. My medication was also reduced and the restrictions on my diet were also relaxed. Within one and a half year of takin Ayurvedic treatment, I was eating everything and leading a normal life. After 2 years, MRI & CT scans confirmed in 2 years that the calcification growth stopped and no further damage to pancreas was seen. After 2000, I only felt the pain thrice but not that severe. I can say these painful attacks were primarily because of my ignorance. Thanks to Vaidya ji I could finish my education and then pursue my job. My body also allowed me to travel, enjoy outside food, play, work, and pick up interest and hobbies to lead a healthy and normal life.

**Nitin Sriwastva**  
**New Delhi**