



THE COMBINATION OF SIDDHA MEDICINES IN THE TREATMENT OF ACUTE ON CHRONIC PANCREATITIS

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ABSTRACT

Siddha is a great subject and explains a reputed indigenous medical and health system. It contributes significantly to the health care of the human society. The present study was to introduce a new combination of siddha medicines could be effective in curing the Acute pancreatitis. Acute pancreatitis is a multi system disease with an unpredictable clinical course and significant morbidity and mortality. Approximately 20% of patients develop multi organ failure requiring management with a critical care environment. A 23 year women with the symptoms of upper abdominal pain, pain radiates to the back, loss of appetite, avoidance of food reported to the OPD of NIS, Chennai. The patient was diagnosed that chronic calcific pancreatitis with? Acute pancreatitis in MR Cholangiopancreatogram and the serum amylase 240.4U/L, lipase 264.0U/L, CRP 13.6mg, HB 9.5gm/dl. She was administered with a combination of siddha medicine with specified dietary regimen for four months. After 4 months of treatment the above symptoms were relieved and the serum amylase 97.3u/l, lipase 86.0u/l/HB 10.3gm/dl, CRP 2.5mg and the USG abdomen report showed that only few classifications noted in pancreas. The other blood parameters LFT, RFT, Lipid profile and urine test were within normal before and after administering the siddha medicines. Her physical conditions i.e temperature, PR, HR, RR, BP, Body wt etc were normal. No recurrence has been observed till date. In this case report we could find the siddha system of medicines holds out a tall promise in the successful management of this challenging acute pancreatitis.

Keywords: Acute pancreatitis, siddha medicines, single case



INTRODUCTION

Siddha system of medicine is one among the oldest trio medical systems of India i.e. Siddha, Ayurveda and Unani. Actually its roots and origin hail from the southern peninsular of India particularly in the land of Tamils. The contribution of Siddhars through various Siddha literatures with its boundless therapeutics and wonderful pharmaceutical preparation of medicines is acclaimed par excellence even in this 21st century and worthy of its remarkable results. Many diseases considered incurable in western medicines can be treated successfully with Siddha Medicine. The Siddha treatment is not only curative but also preventive and promotive. Acute pancreatitis is a sudden inflammation of the pancreas that may be life threatening disease with high mortality rate. Oxidative stress has been shown to be involved in the pathophysiology of Acute pancreatitis¹. A group of herbal medicines, Keezhanelli chooranam, Tripala chooranam, Bavana Kadukkai, Sombu Theeneer, Nellikkailegium and Madulai Manappagu have promising cure for acute on chronic pancreatitis. This paper focuses on one such OPD case that has been treated from June 2012 onwards to till date. This presentation on clinical profile, prognosis and outcome of the patient will throw more light on devising the Siddha system of clinical management in Acute pancreatitis.

CASE HISTORY

A 23 year old women initially (19.02.2012) had the complaints of upper abdominal pain, pain radiates to the back, loss of appetite, Nausea and vomiting. Suddenly the patient was admitted and treated at a private hospital in Chennai. She was diagnosed as chronic pancreatitis in the USG abdomen and chronic calcific pancreatitis with? acute pancreatitis through the MR Cholangiopancreatogram. At that time the serum amylase 240.4U/L, Serum lipase 264.0U/L, Hb10.3 gm/dl, PCV 28.0%, Blood Sugar ® 144 mg/dl, CRP13.6 mg. The other Haematological Parameters, lipid profile, LFT, Serum Calcium and Serum phosphorous were normal. The UGI Scopy report was normal. After 40 days (31.3.12) the patient suffered with the same symptoms and got admission in the same hospital for treatment. On investigation the serum amylase 51.0U/L, Serum lipase 148.0U/L, Hb 9.5 gm/dl, pcv 27.3%, MCV 71.0 ft., MCH 24.6 pg, ESR ½ hr – 15 mm, 1 hr – 36mm. Then third time (19.5.12)



the patient was suffered with the same symptoms and the serum amylase 240.4U/L, Sereum lipase 264.0U/L.

Then the patient came to NIS OPD on 11.6.12 with the complaints of abdominal pain radiates to the back, loss of appetite and no complaints of nausea, vomiting. On arrival to our hospital the patient's general condition was normal with a height of 151 cms and body weight of 50 kg. On general examination the patient was afebrile with a heart rate of 84/min, pulse rate of 84/min, Respiratory rate of 21/min and Blood pressure recording was 90/60 mm Hg. There was no icterus, cyanosis, clubbing, pedal oedema and Lymphadenopathy. She had no history of mild anaemia and no history of diabetes mellitus, hyperlipidaemia, Hypocalcaemia. The patient was under going treatment with kezhanelli chooranam 2 tablets (1gm), Thiripala chooranam 2 tablets (1gm), Bhavanakadukkai 2 tablets (1gm), Sombu theener 10 ml, Nellikai legium 5 gm and Madulai Manappagu 10 ml twice a day before food. The patient was advised to take low fat diet and higher antioxidant foods. After one month of Siddha treatment, the patient developed again abdominal pain due to the fried rice intake in fast food stall. Since then she is being given treatment in NIS OPD. She is married and having one male child. She is working in a private company as an accountant.

DISCUSSION AND RESULTS

Before the Siddha treatment the patient had suffered by abdominal pain which radiates to the back at three episodes. In each episode there was a fluctuation in the serum amylase and the lipase levels with positive CRP (13.6mg). The investigation revealed that dilated pancreatic duct noted measuring 10-12 mm, parenchyma of pancreas appears atrophic features suggestive of chronic pancreatitis in USG abdomen and entire pancreas shows prominent acinar lobulations with minimal surrounding peripancreatic fat stranding, beaded dilatation of the entire (More pronounced in the head 25mm or 5 mm), Multiple chunky nodular calcifications visualized within the entire length of pancreatic substance. All features are suggestive of chronic calcific pancreatitis with ? acute pancreatitis. After 4 months of Siddha treatment (14.10.12) the serum amylase was 97.3U/L and the serum lipase was 86.0U/L and the USG abdomen report showed that pancreas appears normal in size and it



shows few calcification. During this treatment period the abdominal pain reduced and appetite improved and there was no recurrence of pain. In further follow-up also, after 7 months (11.05.2013) the serum amylase was 57.9 U/L and Serum lipase was 88.0U/L, CRP was 2.5 mg. There was no fluctuation of serum amylase and lipase level on Siddha treatment. The hematological parameters, Lipid Profile, Liver Function Tests, Serum Calcium, phosphorous and Urine Test were normal before and after treatment.

Most alternative therapies have not yet been studied for use specifically in pancreatitis, although some evidence indicates that antioxidants may have beneficial effects². *Emblica Officinalis* is a powerful antioxidant and one of the richest natural sources of Vitamin C. One recent animal study found treatment with *E.Officinalis* reduced severity of acute pancreatitis (induced by L-arginine in rats). It is also promoted the spontaneous repair and regeneration process of the pancreas occurring after an acute attack³. An experiment in dogs with acute necrotising pancreatitis showed that the rise in serum amylase was significant in the control pancreatitis group but not in the others and microscopical examination revealed that cell damage and inflammation in *phyllanthus emblica* treated group was lower than the untreated pancreatitis group⁴.

Study show that intra gastric administration of *phyllanthus amarus* inhibits pancreatic carcinogenesis, not only by modulating lipid peroxidation and antioxidant status but also by preventing azaserine induced histopathological changes⁵. *Phyllanthus amarus* is an antioxidant and liver protective agent used in chronic pancreatitis among other conditions⁶.

In a test tube study published in 2008, researchers discovered that triphala helped inhibit the growth of human pancreatic cancer cells⁷.

Pomegranate juice is a polyphenol rich juice with high antioxidant capacity. In studies of human and Marine models, pomegranate juice has been shown to exert significant antioxidant, anti carcinogenic and anti-inflammatory effect⁸. Pomegranate contains alpha lipoic acid which is a powerful antioxidant aids in protecting the liver and pancrease and effective against acute pancreatitis.

The water extent of *pimpinella anisum* seeds exhibited greater antioxidant capacity than that of ethanol.



CONCLUSION

Herbal formulations are better alter native natural remedies to prevent various disease. They are safe, simple effective, self administrative source of treatment. Many people rely on traditional medicine, plant derived drugs products for their primary health care. In the administration of the above Siddha herbal drugs, the abdominal pain, Anorexia, avoidance of food relieved in this patient. The serum amylase and lipase were within the normal level. No recurrence of pain and no fluctuations of serum amylase and lipase have been observed till date. USG abdomen also revealed that pancrease appears normal in size and it shows few calcifications. It is concluded that the combination of this Siddha herbal treatment is effective in the management of acute on chronic pancreatitis.

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