

## “Development of Use of Medicinal Plants in Treatment of Chronic Pancreatitis”

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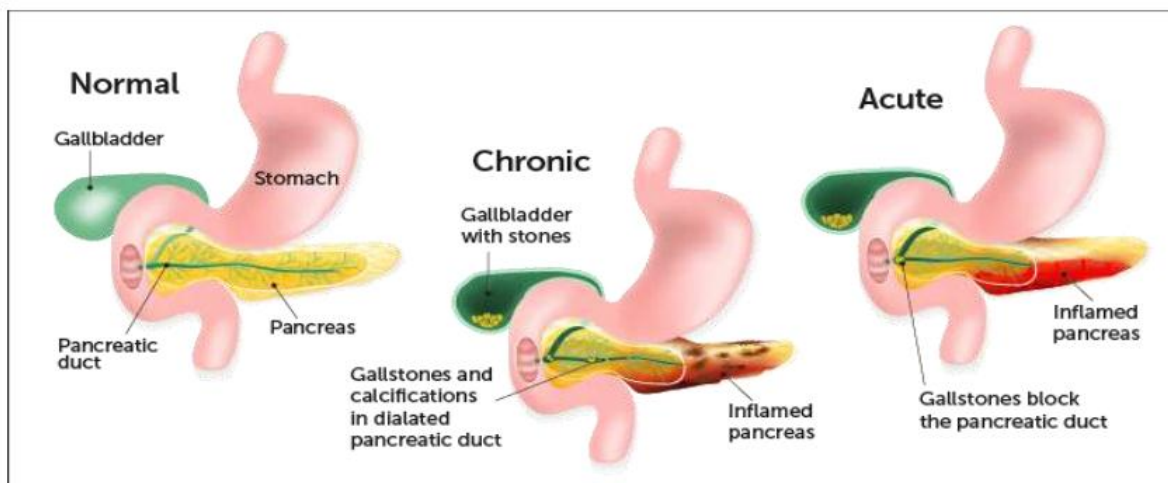
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### ANNOTATION

*Pancreatitis is a disease in which the pancreas becomes inflamed. Pancreatic damage happens when the digestive enzymes are activated before they are released into the small intestine and begin attacking the pancreas. There are two forms of pancreatitis: acute and chronic. Of the many causes of pancreatitis, the most common are alcohol consumption and gallstones. Medicinal plants have essential role in Pancreatitis. This review focuses the various medicinal plants and their phyto-active constituent effect against pancreatitis.*

The pancreas is about 6 inches long and sits across the back of the abdomen, behind the stomach. The head of the pancreas is on the right side of the abdomen and is connected to the duodenum (the first section of the small intestine) through a small tube called the pancreatic duct. The narrow end of the pancreas, called the tail, extends to the left side of the body. The pancreas is a large gland behind the stomach and next to the small intestine. The pancreas does two main functions. It releases powerful digestive enzymes into the small intestine to aid the digestion of food. It releases the hormones insulin and glucagon into the bloodstream. These hormones help the body control how it uses food for energy.

Pancreatitis is a disease in which the pancreas becomes inflamed. Pancreatic damage happens when the digestive enzymes are activated before they are released into the small intestine and begin attacking the pancreas. There are two forms of pancreatitis: acute and chronic. Acute pancreatitis is an acute inflammatory disorder of the pancreas caused by an intracellular activation of pancreatic digestive enzymes. The destruction of pancreatic parenchyma induces a systemic activation of coagulation, kinin, complement and fibrinolytic cascades with liberation of cytokines and reactive oxygen metabolites which, if severe and overwhelming, can lead to shock, acute renal failure and the acute respiratory distress syndrome. In approximately 45% of cases the disorder is associated with cholelithiasis, with ethanol abuse accounting for a further 35% of patients. In 10% of patients no cause may be found. In severe cases, acute pancreatitis can result in bleeding into the gland, serious tissue damage, infection, and cyst formation. Severe pancreatitis can also harm other vital organs such as the heart, lungs, and kidneys



**Pancreatitis**

**Symptoms of Pancreatitis**

**Acute pancreatitis**

Upper abdominal pain, Abdominal pain that radiates to your back, Abdominal pain that feels worse after eating, Fever, Rapid pulse, Nausea, Vomiting, Tenderness when touching the abdomen

**Chronic pancreatitis**

Upper abdominal pain, Losing weight without trying & Oily, smelly stools (steatorrhea).

Pharmacological activity of medicinal plants is often known as a result of millennia of trial and error but they have to be carefully investigated if we wish to develop new drug that meet the criteria of modern treatment. Since time immemorial man has used various parts of plants in the treatment and prevention of many ailments. Historically all medicinal preparations were derived from plants, whether in the simple form of plant parts or in the more complex form of crude extracts, mixtures, etc. Today a substantial number of drugs are developed from plants which are active against a number of diseases. The majority of these involve the isolation of the active ingredient (chemical compound) found in a particular medicinal plant and its subsequent modification. In the developed countries 25 percent of the medical drugs are based on plants and their derivatives and the use of medicinal plants is well known among the indigenous people in rural areas of many developing countries. Various medicinal plants and their Phytochemicals used against Pancreatitis Carvacrol (5-isopropyl-2-methylphenol) is a biologically active monoterpene phenol abundantly present in the essential oils of many Lamiaceae aromatic/ethnomedicinal plants.

The toxic and beneficial (in a dose of 10 mg/kg) properties of carvacrol were assessed by measuring serum  $\alpha$ -amylase and lipase activities, tissue malondialdehyde (MDA) content, and pathohistological changes in pancreatic tissue. Euphorbia kansui is a well-known traditional Chinese medicine.

Euphorbia kansui is a Traditional Chinese Medicine widely used for the treatment of oedema, ascites and asthma. However, its serious hepatotoxicity hinders its safe clinical application. Effects of euphorbia kansui on serum levels of inflammatory factors in patients with severe acute pancreatitis were investigated, and the mechanisms underlying the role of Euphorbia kansui in the treatment of severe acute pancreatitis. According to the experimental results, euphorbia kansui effectively reduced the expression of inflammation related cytokines, such as NF- $\kappa$ B, TNF- $\alpha$ , sTNFR, IL-6, and IL-8, in the serum of patients with severe acute pancreatitis. It was also proposed that euphorbia kansui slowed down the release of inflammatory factors and treated SAP by inhibiting the activation of the NF- $\kappa$ B signaling pathway. Ammi visnaga belongs to the family Apiaceae and it is a herbaceous medicinal plant. Many times, A. visnaga is weed as well as used in many countries as herbal medicine for different purposes. Ancient records reveal various medicinal properties of A. visnaga as

a popular source to cure variety of different ailments. The plant is used directly as a herb or as a component for production of a number of herbal medicines used in the cure of renal colic, ureteric stones, angina pectoris, the coronary vessels, cardiovascular disorders and asthma. Also it is used as a folk medicine for vitiligo and psoriasis.

Visnagin is an organic chemical compound with the molecular formula  $C_{13}H_{10}O_4$  It is a furanochromone, a compound derivative of chromone (1,4-benzopyrone) and furan.

The studied was carried on vasnagin against acute pancreatitis (AP). Visnagin mid dose (30 mg/kg), visnagin high dose (60 mg/kg) and visnagin control (60 mg/kg). AP was induced by six injections of cerulein (50  $\mu$ g/kg, i.p.) on the 7th day and the animals were sacrificed after 6 h of last cerulein dose. Visnagin was found to be effective in reducing plasma amylase and lipase levels, reduced cerulein induced oxidative stress. Visnagin dose dependently decreased the expression of IL-1 $\beta$ , IL-6, TNF- $\alpha$  and IL-17. Above findings indicate that visnagin has substantial potential to prevent cerulein induced AP9. Withaferin A (WA) isolated from *Withania somnifera* (Ashwagandha) has recently become an attractive phytochemical under investigation in various preclinical studies for treatment of different cancer types<sup>10</sup>.

Withaferin A This study was carried out Withaferin A (WFA) against Cerulein-induced acute pancreatitis in mice. Increased levels of MDA, NO, and expression of myeloperoxidase and nitrotyrosine in the parameters estimated add evidence to the role of oxidative stress and inflammation in acute pancreatitis. WFA evidently altered these conditions upon pretreatment. The result revealed that this novel steroidal compound has potent anti-inflammatory property. Natural compounds can therefore be good remedies against many diseases if incorporated in routine diet as dietary supplement. *Coreopsis tinctoria* (Asteraceae) occurs only in North America and certain provinces of China Flowers of this plant are widely used in folk medicine for diabetes, hypertonia, hyperlipidemia, coronary disease, and as an agent for insomnia, an anti-inflammatory, and a natural antioxidant.

**CONCLUSION.** Acute pancreatitis is frequently encountered on the emergency surgical take. Once the diagnosis is made, clinical efforts should concurrently concentrate on investigating for the underlying etiology and managing the condition by anticipating its complications, which can be aided by using any of the severity scoring systems described. Management of acute pancreatitis is largely supportive. For diagnosis of acute pancreatitis, serum amylase is commonly used for early diagnosis of acute pancreatitis while lipase is used to confirm acute pancreatitis in a patient with elevated amylase level. Medicinal plants are of great significance to the health of individuals and communities. Due to their great importance, demand of medicinal plants has increased numerous folds. The present review focuses important medicinal plants which is effective against pancreatitis. The present literature gives pathway for further study and processing of Phytoceuticals of various medicinal plants which used as supplement to cure pancreatitis.

## References

1. Sleisenger MH, Fordtran JS, editors. *Gastrointestinal Disease: pathophysiology, diagnosis, management*. 5th Ed. Philadelphia: WB Saunders Co; 1994. pp. 798–799. [Google Scholar]
2. Domino FJ, Editor. *The 5-Minute Clinical Consult*, 2008. 16th Ed. Philadelphia, PA: Lippincott Williams and Wilkins; 2007. [Google Scholar]
3. Zhuang X, Li LM. An epidemiological study of risk factors for cholelithiasis. *Zhonghua Liuxingbing Xue Zazhi*. 1999;20:181–183. [PubMed] [Google Scholar]
4. Biliary Surgery Unit of Surgical Society of China. 10 years of change about cholelithiasis in China. *Zhongguo Shiyong Waike Zazhi*. 1995;33:652–658. [Google Scholar]

5. Шукуруллаева Г.Ж., Рахимов З.К.. СОВЕРШЕНСТВОВАНИЕ МЕТОДОВ ЛЕЧЕНИЯ СОЧЕТАННЫХ ПЕРЕЛОМОВ СКУЛОВОЙ КОСТИ, СТЕНКИ ГЛАЗНИЦЫ И ВЕРХНЕЙ ЧЕЛЮСТИ// НОВЫЙ ДЕНЬ В МЕДИЦИНЕ 2020, С. - 350-352.
6. Шукуруллаева Г. Ж.. ЁНОҚ-КЎЗ ВА ЮҚОРИ ЖАҒ БЎШЛИҒИ ДЕВОРИ СИНИШЛАРИ БИЛАН ЖАРОҲАТЛАНГАН БЕМОЛЛАРДА ТРАВМА ХАРАКТЕРИ ВА ЛОКАЛИЗАЦИЯСИ // Journal of Advanced Research and Stability Volume: 02 Issue // 2022, P.- 196-200.
7. Shukrullayeva G. J.. Analysis of Investigations in Trauma Patients with Cheek-Eye and Maxillary Wall Fractures // Research Journal of Trauma and Disability Studies // 2022, P. – 20-24.
8. Shukrullayeva G. J.. APPLICATION OF TITANIUM MINI-PLATES AND CATHETER FOLEYA IN OSTEOSYNTHESIS OF CHEEK-EYE AND MAXILLARY WALL // Web of Scientist: International Scientific Research Journal // 2022, P. – 661-663.
9. Shukrullayeva G. J.. EVALUATION OF EXAMINATIONS IN PATIENTS WITH CHEEK EYE AND OREONTRAL CLEFT FRACTURES // Horizon: Journal of Humanity and Artificial Intelligence // 2023, P. – 575-578.
10. Г.Ж. Шукуруллаева. ЁНОҚ-КЎЗ ВА ЮҚОРИ ЖАҒ БЎШЛИҒИ ДЕВОРИ СИНИШЛАРИ БИЛАН ЖАРОҲАТЛАНГАН БЕМОЛЛАРДА ТРАВМА ХАРАКТЕРИ ВА ЛОКАЛИЗАЦИЯСИ// Journal of Advanced Research and Stability// 2022, Б. – 196-200.
11. Shukrullayeva G. J.. ANALYSIS OF FRACTURES OF THE FACIAL BONE// Horizon-Journal of Humanity and artificial intelligence// 2023, P.- 53-55.
12. Shukrullayeva G. J.. STATISTICS AND CHARACTERISTICS OF COMMON INJURIES OF THE MIDDLE PART OF THE FAC// Horizon-Journal of Humanity and artificial intelligence// 2023, P.- 59-61.
13. Г.Ж. Шукуруллаева. Юз ўрта қисми умумий жароҳатларининг статистикаси ва характеристикаси // Amaliy va Tibbiyot fanlari ilmiy jurnali, <https://sciencebox.uz/index.php/amaltibbiyot/article/view/7767> // 2023, Б. – 5-8.
14. Шукуруллаева Г.Ж.. Применение титановых минипластин и катетера Фолея при остеосинтезе щечно-глазной и верхнечелюстной стенки // Amaliy va Tibbiyot fanlari ilmiy jurnali, <https://sciencebox.uz/index.php/amaltibbiyot/article/view/7769> // 2023, Б. – 12-14.
15. Шукуруллаева Г.Ж.. Характер и локализация травмы у больных с переломами стенки скуло-глазной и верхнечелюстной полости. // Amaliy va Tibbiyot fanlari ilmiy jurnali, <https://sciencebox.uz/index.php/amaltibbiyot/article/view/7770> // 2023, Б. – 15-19.
16. Хайруллаева Дильнора Хислатовна. ДИАГНОСТИЧЕСКОЕ ЗНАЧЕНИЕ ПОЛИМОРФИЗМА ГЕНА В ТЕЧЕНИИ ВИРУСНОГО ГЕПАТИТА С// INTERNATIONAL BULLETIN OF APPLIED SCIENCE AND TECHNOLOGY, 3(4), <https://doi.org/10.5281/zenodo.7882474> // 2023, P - 969–972.
17. Yuldasheva D.H., Xayrullayeva D. X. DIAGNOSTIC SIGNIFICANCE OF GENE POLYMORPHISM IN THE COURSE OF VIRAL HEPATITIS B AND C // INTERNATIONAL BULLETIN OF MEDICAL SCIENCES AND CLINICAL RESEARCH, 2(11), <https://doi.org/10.5281/zenodo> // 2022, P - 29–31.
18. K.D. Khislatovna, S.M. Avezova. Changes in hormonal in adverse environmental condition // World Journal of Pharmaceutical Research // 2020, P -
19. K.D. Khislatovna. DIAGNOSTIC SIGNIFICANCE OF GENE POLYMORPHISM IN THE COURSE OF VIRAL HEPATITIS B AND C//BARQARORLIK VA YETAKCHI TADQIQOTLAR// 2022, P. – 113-115.

20. D.H. Yuldasheva, D.X. Xayrullayeva. DIAGNOSTIC SIGNIFICANCE OF GENE POLYMORPHISM IN THE COURSE OF VIRAL HEPATITIS B AND C // Евразийский журнал медицинских и естественных том 2(8) // 2022, P. - 50-53.
21. K.D. Khislatovna. Condition of Discirculatory Encephalopathy in Hypothyroidism // EUROPEAN JOURNAL OF INNOVATION IN 2(5)// 2022, P. - 255-257.
22. K.D. Khislatovna. Indicator of Dyscirculatory Encephalopathy in Hypothyroidism // International Journal of Human Computing Studies, 2(6)// 2020, P. - 34-37.