



Ayurvedic Management of Chronic Pancreatitis: A Case Report

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ABSTRACT

Chronic pancreatitis is a relatively rare disorder occurring in about 20 per 100,000 populations. The disease is progressive with persistent inflammation leading to damage and/or destruction of the pancreas. Endocrine and exocrine functional impairment results from irreversible pancreatic injury. **PURPOSE:** Pancreatitis is a deadly disease that adds substantial physical, emotional, and financial burden to victims and their families. Management of this condition by modern sciences is mainly surgical intervention which is more costly and causes severe side effects. With the changing demand and awareness among people these days, the role of Ayurveda is an emerging reality. **METHOD:** 49-year male patient with a prior diagnosis of Chronic pancreatitis came to PD Patel Ayurved hospital, Nadiad with chief complains of severe abdominal pain, constipation, flatulence, acidity, and heaviness of the chest for 6 years. Before he came to us, he took conventional for the same complaints but didn't get any satisfactory result. Here he was consulted and diagnosed as "Shoola" and treated accordingly with Varunadi kwatha, Triphala guggulu, and Shankh vati on the OPD level. **RESULT:** He got an excellent result with complete relief from all symptoms as well as a marked reduction in objective criteria (Lab Investigation values) within 6 months. **CONCLUSION:** This case report is presented here to share the encouraging results of Ayurvedic treatment in patients with chronic pancreatitis suffering for 6 years. Long follow-up and a greater number of patients are required to reach any conclusion but, in this case, it can be stated this treatment is a hope for the patients with Chronic pancreatitis resistant to conventional medicaments.

Key words- Chronic Pancreatitis, Śūla, Varūnādī kvātha, Triphalā guggulu, Śankhvaṭī

INTRODUCTION

Chronic pancreatitis is a relatively rare disorder occurring in about 20 per 100,000 populations. Chronic inflammation of the pancreas presents as recurrent pain, endocrine deficiency, and exocrine deficiency e.g., diabetes mellitus and malabsorption respectively, or a combination of two or all three features.¹ The clinical presentation of chronic pancreatitis is usually abdominal pain ranging from sudden acute abdominal to mild episodes of deep epigastric pain, mainly associated with vomiting. Chronic pancreatitis may produce constant, dull, unremitting abdominal pain, epigastric tenderness, weight loss, steatorrhea, and glucose intolerance. The clinical presentation of chronic pancreatitis is usually abdominal pain (ranging from a sudden acute abdominal catastrophe to mild episodes of deep epigastric pain) mainly associated with vomiting. Chronic pancreatitis may produce constant, dull, unremitting abdominal pain, epigastric tenderness, weight loss, steatorrhea, and glucose intolerance. Pancreatitis is a deadly disease that adds substantial physical, emotional, and financial burden to victims and their families. Management of this disease condition by modern sciences included Analgesic drugs, particularly NSAIDs, but the severe and unremitting nature of the pain often leads to opiate use with the risk of addiction as well as is associated with the risk of fatal gastrointestinal bleeding by increasing HCL, reduce the stomach normal protective mucus layer leads to ulcers. Oral pancreatic enzyme supplements suppress pancreatic secretion, and it is noted that their regular use reduces analgesic consumption in some patients. Severe chronic pain which is resistant to conservative measures should be considered for **surgical** or **endoscopic pancreatic therapy**. **Coeliac plexus neurolysis** sometimes produces long-lasting pain relief, although a relapse occurs in the majority of cases. In some patients, MRCP does not show a surgically or endoscopically correctable abnormality and, in these patients, the only surgical approach is **total pancreatectomy**. Unfortunately, even after pancreatectomy, some patients continue to experience pain. Moreover, the

procedure causes uncontrolled Diabetes Mellitus, with a high risk of hypoglycaemia too (since the release of both insulin and glucagon are absent) and significant morbidity and mortality. Above all measures and surgical procedures are expensive and do not give complete remission but may cause a number of side effects. With the changing demand and awareness among people these days, the role of Ayurveda is an emerging reality. It is highly difficult to correlate this disease with any classically described single disease in Ayurveda. Therefore, we have diagnosed this disease condition under the heading “Śūla²” based on its main symptoms severe pain. *Vāta doṣa* is the root cause of all types of pain (Śūla)- ‘Śūla’ as mentioned by *Acārya Suśruta*. Consumption of *Vātādi* diet and activities aggravated *Vāta doṣa* and impediments of *Vāta doṣa* by *Kapha*, *Pitta* or *Āma* causes the development of a various type of Śūla which are characterized by various type of pain and burning sensation.

Case history: A 49-year-old male, working as a farmer came to P.D Patel Ayurvedic hospital, Nadiad on 24th January 2019 with a chief complaint of severe abdominal pain, flatulence, acidity, and heaviness in the chest. He was suffering from this problem for the last 6 years. He was already diagnosed with chronic pancreatitis by an allopathic physician and took conventional medicines for the same for the last 6 years but didn’t get any significant relief. So, he came to *Pañcakarma* OPD in PD Patel Ayurveda hospital, Nadiad. After detail history taking, he was diagnosed as “Śūla” and treated accordingly on the OPD level. His past medical history and investigation are mentioned below.

Past Medical History:

Medicine History:

When he came to us, he was taking the following conventional medicines:

1. T. Omeprazole 20 mg
2. T. Tramadol
3. T. Pankreoflat
4. T. Dulcoflex

Personal History:

- Urine: 4-6 time/day
- Bowel: 1–2-time day
- Appetite: Normal
- Sleep: Sound sleep

Family History:

- There was no family history of Pancreatitis or Diabetes.

Physical Examination:

Both general and neurological examinations did not reveal any abnormality.

- Vitals: Temperature – 98.6 f, Pulse – 72/min, RR- 19/min, BP- 130/80 mm of Hg.
- RS – AEBE
- CVS – S1 S2 + normal
- P/A –soft, mild tenderness in the epigastric region, no organomegaly
- CNS – fully conscious and well oriented. Higher mental functions normal, motor and sensory functions normal.

Clinical findings:

Imaging tests:

23/12/2107- MRCP

- Prev. Blocked
- PD stent removed
- Strictures in the head region
- Balloon sweep done
- Multiple white flakish stones come out

20/08/2018- MRCP

- Ansa pancreatica with changes of chronic pancreatitis in form of dilated main and branch pancreatic ducts and parenchymal atrophy.

24/12/2018- USG Abdomen

- Fatty changes in Liver found

Lab Investigation: on the date- 24/01/2019

Heamatology:	Urine routine- microscopic
Leucocytes: 7400/ mm ³	No significant abnormality detected
Neutrophils- 44 %	
Lymphocytes- 50 %	
Eosinophils- 03 %	Biochemistry:
Monocytes- 03 %	S. Amylase- 261.0 U/L
Basophils – 00 %	S. Lipase- 80.0 U/L
Platelets- 270000 %	

Treatment protocol:

He has been treated on OPD level to date with the following medicine:

Oral Medicines	
1. <i>Śāṅkhavaṭī</i>	2 tab trice a day with warm water after meal
2. <i>Varūṇādī kvatha</i>	40 ml twice a day on empty stomach at least ½ hr before meal
3. <i>Triphalā guggulu</i>	3-tab trice a day with warm water after meal
Pathyāpathya	
Pathya	The patient was advised to take light such as Mung, Mung dal, boiled vegetable, rice, rice chapatti, milk, warm water, etc.
Apathya	He was advised to Strictly avoid a heavy diet such as wheat preparations, excessive oil food, fried food, overeating, bakery items, fermented food, cold drinks, etc.
Follow up	
The patient has been coming to us regularly for follow-ups every week	

RESULT:

He got the excellent result with complete relief from all symptoms as well as a marked reduction in S. Amylase and S. Lipase within 6 months. All data are mentioned below:

Table 1: Subjective Criteria

Chief complains Date ↓ →	Udara śūla (Abdominal pain)	Ādhmāna (Flatulence)	Amlodagāra (Acidity)	Uro gaurava (Heavyness in the chest)	Arūcī (Anorexia)
24/01/2019	++++	++	++	++	++
07/02/2019	+++	+	+	-	+
21/02/2019	++	-	-	-	-
28/02/2019	+	-	-	-	-
14/03/2019	+	-	-	-	-
11/04/2019	+	-	-	-	-
23/05/2019	-	-	-	-	-
20/06/2019	-	-	-	-	-
18/07/2019	-	-	-	-	-
14/08/2019	-	-	-	-	-
26/09/2019	-	-	-	-	-

Table 2: Objective Criteria (Lab. Investigation):

Biochemical value: Date ↓ →	S. Amylase	S. Lipase
24/01/2019	261.0 U/L	261.0 U/L
28/02/2019	493.0 U/L	370.0 U/L
23/05/2019	94.0 U/L	99.0 U/L
26/09/2019	102.0 U/L	96.0 U/L

DISCUSSION

Here a patient with a prior diagnosis of chronic pancreatitis came to us. After evaluation of his prior MRCP findings, we found that he has Ansa pancreatica. It has been considered a predisposing factor in patients with Idiopathic acute pancreatitis. We couldn't find any specific etiology for the disease in this patient. So, we assumed that Ansa pancreatica leads to recurrent episodes of acute pancreatitis and after a long time it turned into chronic pancreatitis in this patient. It is difficult to correlate this disease with the Ayurvedic disease entity, so we have diagnosed this disease condition under the heading of "Śūla" based on its chief complaint 'Pain' and treated this patient accordingly. Above all 3 medicines are highly recommended in *Udararoga*. Actions of these medicines are *śūlaghna*, *lekhana*, *vātahara*, *kaphahara*, *Āmahara*, and *Agni vardhaka*, etc. which may help to reduce the symptoms of this disease.

*Śankhvañi*³ is a highly recommended drug for *udararoga*, particularly in *udarśūla*. It has been mentioned

in different Ayurvedic texts under *Agnimāndhya rogādikara & cikitsā*. The chief action of this medicine is *Māhāgni jananī* - increase the digestive power, *Śūlānnakṛta*- reduces pain, *Pācanī* increases digestion, *Mahodaradishāmānī* help to pacify all kinds of *Udararoga*, *Āmayo chedana* and *Dūṣṭa āmaya dhvansinī*- help to cut off or reduces the *Āma*. This drug can be helpful to mitigate all the symptoms of this disease such as *Śūla*, *Ādhmāna*, *Arūcī*, *Uro gaurava*, etc. *Triphalā guggulu* is reputed for the treatment of *Śoṭha* (Inflammatory conditions) as well as for the treatment of *Udararoga* e.g., *Gulma*, *Śoṭha*, *Jīrṇa śūla*, *Arśa*, and *Bhagandara*⁴, etc. Owing to *Vātaśāmaka*, *Śoṭha Hara*, *Vātānulomaka*, *Vedana sthāpana*, *Kledahara*, *Dīpana*, *Āmahara* and *Vraṇa śodhana ropana* properties of its ingredients it might be helpful in this diseases condition. *Varūṇādi Kvatha*⁵ is mentioned as *Gulmarogādhikāra*, possesses all the needful properties like *Kaphahara*, *Medahara*, *Lekhana*, *Mūtrala*, and *Vātaghna*, etc. Here chief complain of the disease is severe pain

(*tivra śūla*) and localized inflammation (*sthānika śoṭha*). As per Ayurvedic text, *Vāta* is responsible for all the types of *śūla*, *vātagna karma* of this medicine can help to reduce the pain. *Kapha* is a prominent *doṣa* in the manifestation of *śoṭha*, which is reduced by the *Kaphahara*, *Mūtrala*, and *Lekhana karma* of the medicine. *Ācārya Bañgsen* mentioned that it is used in the treatment of '*Vahni Sadane* (in the condition of *agnimāndhya*)' means it has *Dīpana* properties which can help to reduce associated symptoms such as *Arūcī* and *Ādhamāna*.

CONCLUSION

Ayurvedic treatment has shown encouraging results with total relief of the symptoms in the patient with chronic pancreatitis suffering in the last 6 years. This kind of treatment is more cost-effective and safer compared to other surgical interventions. Long follow-up and a greater number of patients are required to reach any conclusion but, in this case, it can be stated that this treatment is a hope for the patients with Chronic pancreatitis resistant to conventional medicaments. This paper shows only a single case study, clinical trial on more patients, and data collection may be helpful in establishing the effective role more scientifically.

CONSENT:

Written informed consent was obtained from the patient for the presentation of this case report.

Abbreviations	
MRCP	Magnetic Resonance Cholangio- Pancreatography
RS	Respiratory System
AEBE	Air Entry Bilateral Equal
CVS	Cardiovascular System
CNS	Central Nervous System
P/A	Per Abdomen

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