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Original Research Paper

Ayurvedic Approach to Chronic Pancreatitis – A Case Report

Medical Science

KEYWORDS : Pancreatitis, Gulma, Soola, Vidradhi, Pippali rasayana

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ABSTRACT

Chronic pancreatitis is one of the most distressing conditions faced by a gastroenterologist and many of the available management protocols are aiming only a symptomatic relief. The pain along with the other dyspeptic symptoms is really distressing for the patient and it definitely affects the quality of his life, due to the relapsing nature. Due to various contributory factors, the organ becomes inflamed affecting its functions, leading to symptoms such as epigastric pain, nausea, vomiting etc. From the Ayurvedic perspective, the condition is to be discussed under the concept of Soola, gulma and of course vidradhi, at its acute stage, as per the clinical scenario. The initial stage is having an association of aama which has to be managed without fail. Fixing the associative dosha in the pathogenesis, along with the main dosha, which is Vatha, helps to fix the protocol, to be framed. The selected Ayurvedic protocol including the internal medication and procedures such as Virechana, Takradhara, Nasya followed by Pippali rasayana has been found effective, in the case of chronic Pancreatitis.

Here the case of a 35 year old man is discussed, who was regularly undergoing conditional allopathic management for his abdominal episodes of pain, resulting from pancreatitis and positively responded to Ayurvedic management.

Introduction

Pancreatitis is a serious clinical condition that manifests in either its acute or chronic forms. The incidence of the acute pancreatitis varies from 10 – 24 cases per 1 lakh population, but the incidence of the chronic one, has not been well studied. There is a higher occurrence rate in the male population. The commonest symptoms are pain localised to epigastrium often radiating to the posterior side, often associated with nausea or vomiting and also worsening with food intake. Chronic pancreatitis leads to steatorrhoea, bloating, indigestion, dyspepsia and diarrhoea. The development of diabetes is also a major complication. Alcohol abuse is the primary cause for chronic pancreatitis in majority of the cases. The management options include fluid resuscitation, antibiotics, antispasmodics and drugs such as Octreotide. The reported outcome as per studies is not as expected.

Case History

A 35 year old emaciated gentleman from the Kadappa district of Andhra Pradesh attended the Gastroenterology OPD of our hospital, presenting with severe abdominal pain, mainly epigastric with episodes of belching, loss of appetite, nausea and vomiting, the current episode being from the last 7 days. The pain was complained of radiating to the back as well as right scapular region and aggravated with food intake, particularly spicy as well as oily food. He was very much disturbed emotionally and was anxious as well as mildly depressed, on our evaluation. He complained with similar episodes managed temporarily, with analgesics and antibiotics. He was addicted to alcohol from almost 5 years with regular intake, which he alleged to have stopped from the last 1 year. He also complained of loss of body weight of approximately 7 Kgs from the last 6 months of the consultation period.

Clinical Examination

On examination of Vitals - pulse rate was 70/mt, regular and of full volume, Heart rate was 70/min, Blood Pressure was 110/70 mm Hg (right arm sitting), Temperature was 98.4°F (armpit), Respiration rate was recorded as 14/min and body weight was 35 Kg, having height of 160cm on measurement. He was emaciated; abdomen was of normal contour with no dilated veins, no visible peristalsis, no striae as well as surgical scars. On palpation, tenderness graded as 4, was elicited in the epigastric, umbilical, left hypochondriac and left lumbar regions. To rule out the suspected pancreatitis, Ultrasonograph of abdomen was suggested along with the blood tests. He was admitted in our IPD for observation and possible management.

He was also having raised SGPT as 96 IU and the serum Amylase value was 234 IU/ dl. The thyroid function tests were normal and done to rule out the hyperthyroidism. His USG report revealed diffuse bulky pancreas with irregular margins, mild pancreatic fat stranding and minimal collection, suggestive of pancreatitis. In addition, there was hepatomegaly and dilated common bile duct as the finding.

Management

Initially the condition was considered as aamaja soola[1] and started with pachana and anulomana drugs, gandarvahasthadi kashaya [2] and Brihat vaiswanara choorna[3] for three days, which doesn't seem beneficial for him, but the constipation, was relieved. Considering the involvement of Pitta dosha in the pathology represented by burning sensation (daha) and giddiness (brama), we switched over to Amrita shadangam[4], Trayantyadi kwatha[5], Ponkaradi gulika[6] and Triphaladi choorna[7]. After continuing the same medications for 4 days, the abdominal pain reduced considerably, but the infra scapular pain persisted.

We altered the kwatham to Mahatiktaka[8] with the rest of the medicines as same and also Parooshakadi lehyam[9] twice daily for the next 7 days, which responded in a very positive manner. Virechana was performed with 25 grams of Avipathy choorna[10] at 7AM, on the 15th day. Three days rest was given and the patient was maintained on strict diet of rice gruel, cooked vegetables, especially fibre rich ones (for enhancing the bowel movements) with minimal oil and salt and also green gram soup.

As the patient complained of abdominal distension and diffuse pain, we thought of the involvement of Vatha from the resulted rookshata, of the applied procedures and planned of commencing Vasthi. Anuvasana was done with Pippalyadi taila[11] for 2 days followed by madhutailika vasthi[12] on 3 alternate days with Dhanwantara tailam.[13]

On detailed assessment, it was observed that that he was

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having intolerable stress as his spouse and only daughter separated from him, as he was consuming alcohol in a frequent manner. Also the familial relations were also non cordial. He was having the feeling of loneliness with sleep of a very disturbed nature. The psychological status on assessment using the PHQ-9 Patient Depression Questionnaire pointed to the status of mild anxiety and moderate depression.[14] The need of a psychological approach was discussed and we have gone ahead with thakradhara, with mustha and amalaki, on forehead upto 7 days[15]. The radiating pain started reducing by the third day and also the sleep improved, considerably.

As the patient was not satisfied with his sleep quality and also to combat the observed episodes of anxiety, we started marsa nasya with Ksheerabala tailam[16] upto 7 days, with a dose of 1ml to 3 ml. Counselling was also done with the postgraduates from the department, upto one hour twice a week. The abdominal symptoms as well as the sleep, improved with this treatment. With these, the patient was not complaining about the abdominal pain afterwards. The episodes of anxiety were also reduced along with satisfactory sleep.

This was followed by the administration of ayolipta pippali rasayana[17] for 15 days. Pippali was powdered and applied as a paste on ayapathra, removed the next day and was administered along with warm water at 7 AM. The dose was increased from 3 grams to 21 grams and maintained upto 15 days. Strict milk diet was advised during the procedure.

Table -1: Internal medicines

Formulation	Duration (days)	Rationale
Gandarvahasthadi kwatha	3	Pachana, anulomana
Brihat vaiswanara choorna	3	Pachana, Anulomana
Amrita shadanga	7	Pachana, Pittasamana
Trayantayadi kashayam	7	Vidradhi chikitsa
Ponkaradi gulika	7	Soola chikitsa
Triphaladi choorna	14	Anulomana, ropana
Mahatiktaka kwatha	7	Vatha pitta samana
Parooshakadi lehya	7	Soola prasamana
Avipathy choorna	1	Virechana, Pittahara
Ksheerabala taila	7 (nasya)	Vathapitta samana, rasayana

He was discharged following the rasayana with advise to continue Mahatiktakam kwatha along with Arogyavardhini vati[18] twice daily and triphaladi choornam 10 gm at bedtime and also to continue the diet with restriction of food items with excess of amla, katu and snigdha.

Result

After 60 days of treatment, patient got relief from the major symptoms like abdominal pain, distension, belching, constipation etc and was having regular appetite. Also he was very much relieved of the psychological symptoms. He was confident about his future. As he was not willing, we didn't go for a post USG, also considering the clinical improvement noticed as the abdomen was normally palpated. Also the serum Amylase and Liver Function tests were done and recorded as normal, during the follow up assessment. No further episodes were reported for the next three months and further reports are awaited.

Discussion

Digestion and its alteration have been discussed in the Ayurvedic parlance with utmost seriousness. The three doshas are equally involved in the metabolic process of food where a grading is out of question, about the significance. Vatha is the prime dosha to be attempted in any conditions associated with Soola ie. Pain.[19] While discussing the pathogenesis of Parinama soola, Acharya Madhava explains that either the Pitta or Kapha causes avarana or functional obstruction to the Vatha, causing soola[20]. Here the initial management must be for Pitta or Kapha, to relieve the obstruction and hence normalise Vatha. [21].

In this case the pathology is at the locality of Pitta, but there is involvement of Kapha in the initial stages followed by Vatha, in the chronic stage. The intake of madya also resulted in aggravation of Pitta. Also the involvement of aama is to be approached as per the condition. During the aama pachana, one have to use drugs which does not disturb Pitta, to an extent.[22] Shadanga is one such combination mentioned. The use of yogas like gandarvahasthadi and triphaladi choorna is ideal in this situation.

After aamapachana, Pitta samana drugs like trayantyadi kashaya, ponkaradi gulika and parooshakadi lehyam were used. Later the combinations like Mahatiktaka kwatha and Avipathi choorna were administered. Pippali rasayana was used in this condition as it is the first option as rasayana, in conditions affecting the moolasthanas or controlling areas of raktavaha srotus, yakrit and pleeha[23] The procedures takradhara and samana nasya were performed, for the psychological rectification.

Conclusion

In conditions like chronic pancreatitis, we can approach with the luminosity of Ayurvedic principles of gastroenterology. The initial approach of aamaja soola is to be followed by principles of management of Pittaja gulma, especially during the acute episodes. Selected vasthis are having their own role in such situations. The ideal sodhana to be performed is virechana as the samprapthi is localised in the vicinity of Pitta, the drug selected as per the condition. The treatment is to be continued with the rasyanas, like Pippali, Kanmada, Ardhraka vardhamana[24] etc. as per the demand from the situation. The associated dosha is to be diagnosed as per the clinical presentation and the corresponding combinations are selected. The treatment protocol should be repeated based on the attained improvement if needed, with follow-up investigations. The earlier intervention also results in a better prognosis. The unexplored treasure of Ayurveda has to be brought to light and the possibilities of the ancient science in similar cases, has to be reported for the benefit of the society.

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