Managing Acute Pancreatitis with Ayurveda – A Case Report

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Abstract— Acute pancreatitis is the sudden inflammation of the pancreas and is histologically characterized by acinar cell destruction of pancreas that may be mild or life threatening. A 40-year alcoholic male patient complained of mild pain in abdomen associated with nausea and vomiting reported in OPD. CT findings suggestive of acute pancreatitis with mild ascites and bilateral pleural effusion (modified CT severity index is 6) with high serum amylase concentrations. Due to resemblance of the chief complaints of patient with the symptoms of Pittaja Gulma, he was treated on the principle of Pittaja Gulma. After 7 days of treatment with Ayurvedic medicines, serum marker returns to its normal range and ultrasonography showed there is no abnormal finding. The effectiveness of the therapy has been found satisfactory and the improvements in clinical as well as laboratory findings are found statistically significant (p < 0.001).

Keywords— Acute pancreatitis, Pittaja Gulma, Sarmsana, Medicated Ghrita.

I. INTRODUCTION

Pancreatitis is a serious clinical condition that manifests in either its acute or chronic forms. The underlying pancreatic disease especially if asymptomatic, the diagnosis can be missed. The etiologies of pancreatic ascites ¹² and pancreatic pleural effusions ³⁴ are identical and not infrequently they are seen together in the same patient. The patient with acute pancreatitis has abdominal pain, persistent vomiting, and fever. The diagnosis is made on the basis of laboratory findings including serum markers such as S. Amylase (table 1), S. Lipase (image 1) and CT abdomen.⁴⁵ (image 2)

II. CASE PRESENTATION

A 40 years old male approached to OPD of Kayachikitsa, All India Institute of Ayurveda hospital, New Delhi on march 2019, with mild epigastric abdominal pain radiating to the back associated with nausea and vomiting. The patient was complained of pain radiating to the back as well as right scapular region that aggravates 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 clinical evaluation. He complained with similar episodes of pain in past that were 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. On examination of vitals - pulse rate was found to be 72/min., 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 17 min and body weight was 45 Kg, having height of 160cm on measurement. He was emaciated; abdomen was of normal contour with no dilated veins, no visible peristalsis, no striae and no any surgical scars. On palpation, tenderness graded as 3 was elicited in the epigastric, umbilical, left hypochondriac and left lumbar region. His laboratory tests revealed haemoglobin level of 14.0 g/dL, serum amylase-118 IU/L, serum lipase -100 IU/L, SGOT-70 u/l and SGPT-84 u/l. CECT abdomen revealed of acute pancreatitis with small peripancreatic fluid collection, mild ascites and mild bilateral pleural effusion.

There is no exact correlation to acute pancreatitis in Ayurveda. It may be correlate with Pittaja Gulma. On the basis of aetiology and presenting complaints the Dosha predominance can be comprehend. As the patient had been taken alcohol for long duration it was very clear that there is vitiation of Rakta ⁶⁻⁷ as per Acharya Charaka verse (Ca. Su. 24:5) and vitiation of Medovaha srotasa (Ca. Vi. 5:16). Rakta is the causative factor for the suppuration as indicated by Acharya Charaka in Gulma treatment (Ca. Chi. 5:37). Now due to Ashraya Ashraayeebhava of Rakta and Pitta, the vitiated Rakta causes vitiation of Pitta which quickly causes suppuration. Considering the aetio-pathogenesis and diagnosis the treatment was planned focusing Pitta-Shamana (pacifying Pitta), Rakta- Prashadaka (blood purifier) and Medovaha Srot-Sodhaka. Based on this treatment principle medicines like Pancha tikta Ghrita Guggulu ⁸, Drakashavela ⁹ and Trivritta churna (table 2) were given for 7 days and restriction of diet is advised.

After three days, patient attended OPD for first follow up with relief in abdominal pain, no vomiting on taking semi liquid diet. On abdominal examination there was no tenderness in digastric region. Patient was suggested to continue the same treatment for next 4 days with normal diet. After 4 days, patient attended OPD for second follow up. Patient was suggested to repeat serum amylase and lipase tests and abdominal sonography to evaluate the improvement. The investigations were done and recorded as normal (image 3, 4). Ultrasonography (image 5) of abdomen revealed right renal calculus and few left renal calculi but CT abdomen patient could not repeat again due to restriction of exposure hazard (CT is not permissible to be carried out within 15 days). As
maintenance therapy, he was advised to continue Bhunimbadi kwath 2 table spoon full twice a day with normal water for 15 days. No further episodes were reported for the next three months.

III. DISCUSSION

The present case is worth enough to be discuss as it helps to understand the efficacy as well as utility of fundamentals of Ayurvedic treatment methodology in treating the complicated cases. The case above discuss is a case of acute pancreatitis complicated with pleural effusion and mild ascites. Most of the time, in such cases the patient seeks contemporary medicines due to severe pain, vomiting and restlessness associated with the disease and if rarely anyone took Ayurvedic medicines it may be either as add-on therapy or just to compensate the long-term side-effects caused by the contemporary medicines (if any). And unfortunately in such rare instances most of them remains undocumented, making it difficult to rationalized the treatment protocol. In the above case it is tried to use very simple herbal medicines based on treatment principle that are easily available so that the results can be reciprocal and moreover the rationality of treatment principle can also be adjudicated. Abstinence of alcohol10–12 is itself a big remedy for alcoholic pancreatitis but despite of this confounder it can be assumed that the medicines have profound anti-inflammatory property. During the treatment, the patient neither developed any complications (e.g. Organ failure) nor showed any worsening of symptoms.

IV. CONCLUSION

Acute pancreatitis associated with mild ascites and bilateral pleural effusion is a complicated presentation with significant mortality and morbidity. It requires skill full management plan. Delay in assessing or mismanagement may have serious consequences. Management of such cases with the Ayurvedic medicines within time constrain and without any complications is encouraging that needs to be further evaluate on large number of subjects to bring some concrete conclusion and better treatment modality.

REFERENCES


TABLE 1. Medicines given during treatment period of 7 days

<table>
<thead>
<tr>
<th>S NO.</th>
<th>Intervention</th>
<th>Anupana</th>
</tr>
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<tbody>
<tr>
<td>(a)</td>
<td>Combination of Panchitikat ghrita gaggula 2 table spoon, Trikutah churna 2gm, kutaki churna 2gm</td>
<td>Twice a day, with lukewarm water</td>
</tr>
<tr>
<td>(b)</td>
<td>Combination of Drakshavleha 2gm, Shankha Bhuma 250 mg</td>
<td>Twice a day, with normal water</td>
</tr>
<tr>
<td>(c)</td>
<td>Trivitr churna 5gm</td>
<td>Bed time, with lukewarm water</td>
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TABLE 2. Investigation before and after 7 days of treatment

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum amylase</td>
<td>118 U/L</td>
<td>68 U/L</td>
</tr>
<tr>
<td>Serum lipase</td>
<td>100 U/L</td>
<td>13 U/L</td>
</tr>
<tr>
<td>Serum glutamic oxaloacetic transaminase (SGOT)</td>
<td>70 IU/L</td>
<td>22.04 IU/L</td>
</tr>
<tr>
<td>Serum glutamic pyruvic transaminase (SGPT)</td>
<td>84 IU/L</td>
<td>31.18 IU/L</td>
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<tr>
<td>USG whole abdomen</td>
<td>Acute cholecystitis, Pancreatitis, sludge GB, mild ascites (image 3)</td>
<td>Right renal calculus and left renal few calculi (image 4)</td>
</tr>
<tr>
<td>CT abdomen</td>
<td>Acute pancreatitis, mild ascites and bilateral pleural effusion. CT severity index is 6 (moderately severe disease).</td>
<td>-</td>
</tr>
</tbody>
</table>

Image 1- Serum amylase and Lipase before treatment