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Homoeopathic management of chronic pancreatitis: A case report

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Abstract

Chronic Pancreatitis is a long-standing inflammation of pancreas that alters its structure as well as function. This condition is developed due to increased alcohol intake over years. Management of such cases have either been palliative or resort to surgical intervention focusing on the cause of the disease. Homoeopathic mode of treatment has always outstood in terms of efficacy in all such cases. This article deals with one such case of Chronic Pancreatitis which showed promising results following administration of Homoeopathic medicines.

Keywords: Chronic pancreatitis, case report, homoeopathy, phosphorus, *Chelidonium majus*

Introduction

Chronic Pancreatitis is a condition pertaining to pancreas which is characterized by inflammation, fibrosis, loss of acinar and islet cells, manifesting itself with severe abdominal pain, malnutrition along with endocrine and exocrine insufficiency. Depending on the causes, following may be the types of pancreatitis, Toxic-Metabolic variety, Idiopathic, Genetic, Autoimmune, Recurrent and severe acute pancreatitis and obstructive pancreatitis. Treatment of cases of Chronic pancreatitis majorly aims at managing pain, correcting the malnutrition, preventing complication like diabetes and exocrine insufficiency^[1]. Alcohol abuse has been attributed to be a major cause leading to pancreatitis. Other causes are cholelithiasis, genetic factor and idiopathic factors that can affect the pancreas and initiate chronic inflammation^[2]. Individualized homoeopathic remedy has always proved itself superior to all other specific prescriptions. A case that has been thoroughly taken and repertorized, following which prescription is done considering the totality of symptom and susceptibility of the patient, will add on to the good prognosis. A remedy pointing towards the most bothersome symptom can only act superficially and give short term relief. The following case report is an example how holistic approach can contribute to the quick improvement of the patient.

Case report

A 39-year-old male patient, Mr. P reported to the outpatient department of Government Homoeopathic Medical College and Hospital on 09.04.2023 with the complaints of pain in upper abdomen radiating to back since 3 years, increased since 6 months.

History of chief complaint

Patient is a known alcoholic in the past 23 years. He was apparently healthy 3 years back. 3 years back patient gradually started developing on and off episodes of pain in epigastrium (without radiation) which was aggravated after food, especially on eating spicy food. These episodes where almost once in 2-3 days and was lasting for 2-3 minutes. When these pains started increasing in severity and duration, he(himself) attributed it to pains from gastritis and started consuming over the counter antacids. This gave him slight relief for 1-2 months.

After 2-3 months, the pain again recurred, now it was present daily and this time with greater intensity and remained for prolonged duration (almost 5 minutes) for which he opted native medicines initially which didn't help him much. He later on visited nearby government hospital. Here, identifying the severity was referred to higher centres for treatment. Then the patient was hospitalized here for almost 15 days and was under allopathic medication. He was strictly advised to give up alcohol if he didn't want the complaints to recur.

Patients says, from then on he had avoided alcohol. But 6 months back without the notice of his wife he once again started consuming alcohol initially few days, but again later on started consuming it on a daily basis as he found the alcohol wasn't affecting his abdominal pain anymore.

3 months back he again started developing mild pain in epigastric region, which was present everyday but only increased after eating, after spicy food. The pain also awakens him at night and due to which his sleep is disturbed. It begins as dull pain in epigastrium initially and gradually followed by pricking sensation at epigastrium initiates and it radiates to right hypochondrium, to inferior angle of right scapula. Pain is better only by bending forward and consuming cold food. Every time with this pain, he feels nauseous.

After which he has again discontinued alcohol (since last 3 months) and has been taking allopathic medications. But the pain is still persisting.

Past History: Has history of haemorrhoids 7 years back for which haemorrhoidectomy was done, WAS on allopathic medications currently for pain. family history: (Table 01)

Table 1: Family history

Father	Known Alcoholic	Died due to RTA
Mother	Known Alcoholic/ DM 8-10 years	Died due to Head injury
Elder Sister	Apparently Healthy	Alive

Personal history

- **Diet:** Mixed
- **Hunger:** Tolerable
- **Appetite:** Reduced
- **Thirst:** Feels thirsty, 3-4L/ day-cold water
- **Craving:** Spicy food++; Cold drinks ++
- **Aversion:** Nothing specific
- **Bowel Habits:** Regular, 1/ day, satisfactory
- **Bladder Habits:** 4-5 times per day; 1-2 time per night
- **Sleep:** Disturbed due to pain
- **Dreams:** Not remembered
- **Perspiration:** Profuse++; over forehead
- **Thermal State:** Chilly
- **Addiction:** Alcoholic since 23 years; Regularly (30-60 ml); Had discontinued for 3 years, has again started consuming it since past 6 months, regularly.

Life Space Investigation: Patient hails from low socio economic family background. His father and mother were farmer. He was born and bought up at Hassan. He has one sibling (elder sister) who is 4 years elder to him.

Childhood: He was not very much interested in studies since his initial days. Always secured lower grades in exams but was going to school only because he can play and be around with his friends. He was very talkative since childhood and would easily get along with all new classmates in school. Since he failed in one of the subject in 8th standard his interest in studies still dropped further and decided to discontinue his schooling. Has never regretted this decision of his. His relationship with his sibling was always good. He says, most of his childhood memories were with his friends.

Adulthood: Once discontinued his education he started working as mason and this continued from then on. Since his father and mother were also consuming alcohol, he also gradually got into this habit. Whatever he earned, he started spending it on alcohol during initial days. He didn't try taking up the responsibility of the house. In spite of earning, during his sister's wedding he didn't contribute much (was 16 years old). At around 20 years of his age, when his father expired due to RTA, he then realized he was the one who is supposed to look after the house. But even then alcohol and roaming around with his friends was his routine after working.

Marriage: At the age of 26 years he got married (arranged) and says is happy in his married life. His wife initially had problem with him because of his habit. But then when he didn't pay heed to her words she stopped discussing about it. As he was supporting family financially. (only part of his earning he was spending on alcohol). Wife looks after the household work and his mother. He has 2 sons one of 11 years and another 13 years age, both are obedient. He is attached to both of his sons.

3 years back: When talks regarding distribution of property from his paternal side began, his 2 uncles told him he will not be given his fathers property. He says as it was the only asset that he had for his children and didn't want to loose it. So he informed them that he would deal with it legally just to threaten them. But in reality he never gathered enough courage to even discuss this issue with his uncles again. Hence till date the issue has been not resolved.

Relation with mother: Was more attached to mother since childhood. Would respect her words more than fathers words. When after his 1st episode of pain he was persuaded to discontinue alcohol, it was his mother who convinced him. When his mother expired 6 months back he took it as an excuse to start consuming alcohol again says he thought it would help him to get over the sorrow.

Since the complaints (3 months): Every time there is this attack of pain he feels he would die because of this sickness. He thinks his disease is incurable and will die soon out of this. (He relates it to one of the incident when his friend passed away due to similar complaints). He says he is more worried about his wife and kids, thinking they would be abandoned after him. Since the last episode he is scared to be alone and wants someone to be with him, talk to him constantly.

According to his wife: He was always with his friend when he was good health, drinking with them. Whenever he was asked to give up all these he didn't pay any attention to her words. He was more attached to his mother. Even though he was caring and looked after them, he got more attached to his family after his sickness. Needs someone around him all the time.

Upon Observation: Desires company, Anxious about the complaint

General physical examination

Weight: 64 kg

Height: 171 BMI: 21.8 kg/ mt²

Moderately built and nourished

Pulse: 72 / min, regular rhythm, normal volum Blood pressure: 110/70 mmHg; Right arm, Sitt Respiratory rate: 16 breaths/min; Abdomino-t Temperature: Afebrile at the time of examination

Systemic examination

Examination of GI system

Inspection

Shape of the abdomen: Scaphoid

Skin over abdomen: Circumscribed discoloration around the umbilicus (Figure 01)



Fig 1: Examination of GI system

Umbilicus: Centrally placed and slightly inverted
 Movements with respiration: Abdomino thoracic respiration
 Visible mass/ peristalsis: Absent Auscultation:
 bowel movements/ minute Palpation:
 Tenderness: Over epigastrium, right and left hypochondrium
 Organomegaly: Absent
 Mallet guy sign: Positive at epigastric region VAN ZANT
 Sign: Positive
 Percussion:
 Tympanic note audible all over abdomen except for hepatic dullness.

Respiratory system: No abnormality detected
 Cardio Vascular System: No abnormality detected Nervous System Examination: No abnormality detected Provisional Diagnosis: Chronic Pancreatitis Investigation Done.
 Date: 09.02.2023-USG Abdomen and pelvis.
 Date: 11.02.2023-CT Abdomen:? Hemangioma of liver; Pancreas appear normal, pancreatic oedema, No calcification or necrosis, Minimal free fluid at pelvis.
 Chronic Pancreatitis: Non Necrotising; CT severity score-4/10 (Figure 2 and Figure 3).

Date	S. Amylase u/l	S. Lipase u/l
10.02.23	1260.5	753
24.03.23	194.9	3000

Fig 2, 3: Chronic pancreatitis-non necrotizing CT severity score-4/10

10.04.2023

CBC-Normal ESR-45 mm/ hr LFT-Normal FBS-70 mg/dl
 PPBS-165 mg/dl

Final Diagnosis: Chronic Pancreatitis

Case Analysis: Table 02

Table 2: Analysis of symptoms

Common symptoms	Uncommon symptoms
<ul style="list-style-type: none"> ▪ Pain epigastrium radiating to inferior angle of right scapula. ▪ < Eating after, spicy food ▪ bending forward ▪ Tongue coated yellow ▪ Nausea 	<ul style="list-style-type: none"> ▪ Desires company ▪ Anxiety health about ▪ Anxiety family about ▪ Timidity ▪ Thirsty: Cold water ▪ Craving: Spicy food, Cold food ▪ Sleep disturbed ▪ Chilly patient ▪ Profuse perspiration-forehead ▪ Addiction: Alcohol ▪ Pricking pain abdomen radiating to inferior angle ▪ Right scapula > cold food, < Night

Evaluation of symptoms: Table 03

Table 3: Evaluation of symptom

Mental general	Physical generals	Characteristic particulars
<ul style="list-style-type: none"> ▪ Desires company 3+ ▪ Anxiety health about 1+ ▪ Anxiety family about 2+ ▪ Timidity 2+ 	<ul style="list-style-type: none"> ▪ Thirsty 1+ ▪ Craving: Spicy food 1+, Cold food 2+ ▪ Sleep disturbed 1+ ▪ Chilly patient 2+ ▪ Profuse perspiration-forehead 2+ 	<ul style="list-style-type: none"> ▪ Pricking pain epigastrium radiating to inferior angle of right scapula. 2+ ▪ < Eating after 1+, spicy food 1+ ▪ < Night 2+ ▪ bending forward 2+ ▪ cold food 1+ ▪ Addiction: Alcohol 2+ ▪ Tongue coated yellow 1+ ▪ Nausea 1+

Totality of symptom

Desires company Anxiety family about Timidity
 Craving Cold food
 Profuse perspiration-forehead Addiction: Alcohol
 Chilly patient
 Pain epigastrium radiating to inferior angle of right scapula.

< Night
 > bending forward.

Prescription: Rx: Chelidonium 30 / TID

Follow UP: (Table 04)

Table 4: Follow up

Date	Observation	Prescription
10/04/2023	Pain abdomen radiating to back slightly better < Night-Severity of pain was reduced Sleep: Disturbed; Appetite: Reduced Anxiety and desire to have someone around persists	Rx: Chelidonium 30/TID
11/04/2023	Pain abdomen radiating to back persisting with same intensity Sleep: Disturbed; Appetite: Reduced	Rx: Chelidonium 200/TID
12/04/2023	Pain abdomen radiating to back increased Anxiety and desire to have someone around persists	Rx: PL/ ID
13/04/2023	No major changes	Rx: PL/TID

Follow up plan: Change of remedy

Selection of repertory: Synthesis repertory

Repertorial totality and results: (Figure 04)

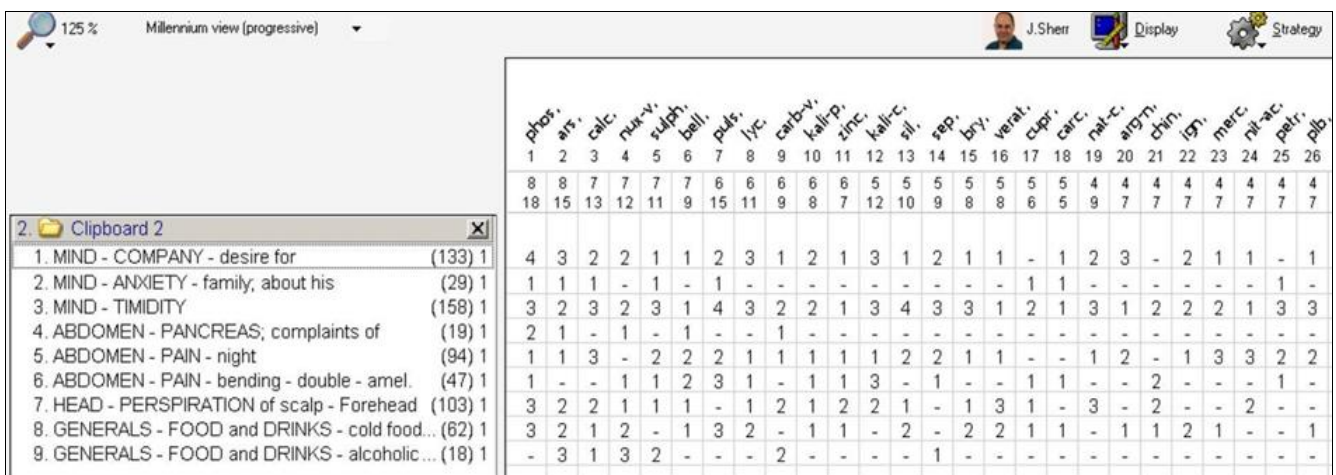


Fig 4: Repertorial totality and results

Prescription: Date: 14.04.2023: Rx: Phosphorus 30/BD

Follow UP: (Table 05)

Table 5: Follow up

Date	Observation	Prescription
15/04/2023	Pain abdomen radiating to back-number of episodes reduced; intensity of pain-reduced; radiation persisting Nausea absent Sleep: Slightly better; Appetite: Reduced Anxiety and desire to have someone around persists	Rx: PL/ BD
18/04/2023	Pain abdomen radiating to back-reduced, occasionally (once in a day); intensity of pain-reduced; radiation persisting, Nausea absent Sleep: Improved; Appetite: Improved Anxiety and desire to have someone around reduced.	Rx: Phosphorus 30/ BD
25/04/2023	Pain abdomen radiating to back-reduced, occasionally (once in a day), intensity of pain-reduced; radiation persisting, Nausea absent Sleep: Improved, Appetite: Improved Anxiety better	Rx: PL/BD Advice: CBC Serum Amylase Serum Lipase
27/04/2023	DATE: 26.04.2023 (Figure 05) CBC-Normal Serum Lipase-110 U/L Serum Amylase-160 U/L	Rx: PL/ BD
02/05/2023	Pain abdomen radiating to back + Occasional pains only at epigastrium with reduced intensity and duration of pain Nausea absent Sleep: Improved; Appetite: Improved Anxiety and desire to have someone around better	Rx: PL/BD x 1 day Rubrum/TID x 30 days SL (SOS) Advice: CBC Serum Amylase Serum Lipase USG-Abdomen and pelvis
27/05/2023	Pain abdomen better-occasional episodes only on consuming spicy food intensity reduced No radiation of pain No nausea Generals: Improved Anxiety much better Date: 26.05.2023(Figure 06) Serum Lipase: 88 U/L SERUM AMYLASE: 139 U/L	Rx: PL/ BD x 1 day Rubrum/TID x 30 days SL (SOS)
27/08/2023	Pain Abdomen-Absent/No nausea/Retro sternal burning Generals: Improved Anxiety better O/E: Abdominal tenderness: Absent Habits of alcohol-discontinued	Rx: PL/ BD x 1 day Rubrum/TID x 30 days SL (SOS)

Source: Walkin
Collected at: No 52, 2nd Floor, 41st Stage Basavanthwara, Bangalore - 560079

Gender: M Contact No.: 984511216
Ref. No. Referring Dr.: DR PRAGNA

Visit Id: R10809824



ANAND DIAGNOSTIC LABORATORY
A HANBERG ASSOCIATE

Registered: 26/04/2023 09:19
Reported: 26/04/2023 13:33
Report Status: Final

HAEMATOLOGY

Test Name	Test Result	Biological Reference Range	Sample
MEAN PLATELET VOLUME CALCULATED	11.1 fL	9-12.9	BLD
RED CELL DISTRIBUTION WIDTH CALCULATED	12.9 %	11-16 %	BLD
ERYTHROCYTE SEDIMENTATION RATE (ESR)			
ERYTHROCYTE SEDIMENTATION RATE	20 mm/hr	Max 0-20 mm/hr	BLD
RED CELL AGGREGATION BY KINETO AUTOMETRY			

----- End of HAEMATOLOGY Report -----

Reviewed By
AUTO

V. Pradeep Kumar V
Dr. Pradeep Kumar V
Pathologist
Reported On: 26/04/2023 12:25
KMC No: 97304

BIO-CHEMISTRY

Test Name	Test Result	Biological Reference Range	Sample
SERUM AMYLASE			
AMYLASE	160 U/L	50 - 110 U/L	SER
ESRifame Blockup/ATG?			
SERUM LIPASE			
LIPASE	110 U/L	11 - 53 U/L U/L	SER
COLORIM FRET			

Fig 5: Serum Lipase-110 U/L Serum Amylase-160 U/L



Fig 6: Serum Lipase: 88 U/L Serum Amylase: 139 U/L

Discussion

In the above case, Chelidonium initially acted as a palliative to reduce pain due to its anti-inflammatory, analgesic and hepatoprotective action.³ But it couldn't sustain the effects for long. It was then that the entire case was retaken and phosphorus was prescribed as a constitutional remedy.⁴ This case report upholds the efficacy of Individualized homoeopathic remedy in managing the intensity and frequency of symptoms of chronic pancreatitis. In this case the Serum Amylase and Serum lipase levels, which are diagnostic for cases of chronic pancreatitis has been drastically brought down from 1260.5 U/L to 139 U/L (Serum Amylase) and 753 U/L to 88 U/L (Serum Lipase)

following administration of Individualized homoeopathic remedy. The following case adds to the fact that Homoeopathy has not only contributed as a palliative action in many of the progressive disorders but also has played a vital role as a curative mode of treatment in majority of cases.

Also, in the following case the changes in the casual attribution were assessed using Modified Naranjo Criteria⁵ (Table 6). Total score as per the criteria in this case is (+9) which is relatively close to the total of +13 which signifies the positive casual attribution of individualized homoeopathic remedy to the clinical outcome.

Table 6: Assessment of modified naranjo criteria score

Modified Naranjo Criteria		Yes	No	Not sure	Case
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1
3.	Was there an initial aggravation of symptoms?	+1	0	0	0
4.	Did the effect encompass more than the main symptom or condition i.e. were other symptoms ultimately improved or changed?	+1	0	0	+1
5.	Did overall well-being improve?	+1	0	0	+1
6.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0
	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms from organs of more importance to those of less importance from deeper to more superficial aspects of the individual from the top downward.	+1	0	0	+1
7.	Did old symptoms defined as non-seasonal and non-cyclical that were previously thought to have resolved reappear temporarily during the course of improvement?	+1	0	0	0
8.	Are there alternate causes other than the medicine that with a high probability could have caused the improvement? (Consider the known course of the disease, other forms of treatment, and other clinically relevant interventions).	-3	+1	0	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2	0	0	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0
Total score (Maximum score= +13; Minimum score =-6)					+9

Conclusion

Chronic Pancreatitis has been a major health issue affecting majority of younger age group of people as a result of excessive alcohol consumption. Chronic Pancreatitis has significantly affected the quality of life of individuals suffering from this condition. If not managed efficiently it may lead to complications like diabetes mellitus, malnutrition and so on. This case is evidence for homoeopathy having greater scope in such cases of Chronic

Pancreatitis since the basis of prescription here has been upholding the importance of holistic and individualistic approach; further verification of the fact with larger sample size has been suggested to evaluate the effectiveness of homoeopathy treatment in chronic pancreatitis.

Conflict of interest: None

Financial support: Not available

Declaration of patient consent: Patient consent was taken for images to be reported for this article.

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