



Case Study

AYURVEDIC MANAGEMENT OF PANCREATITIS

Snehal Patel^{1*}, N. Sridhar²

*1PG Scholar, ²HOD and Professor, Dept. of Shalya Tantra, Dr. BRKR Govt. Ayurvedic Medical College, Hyderabad, Telangana, India.

Article info

Article History:

Received: 19-12-2023

Accepted: 13-01-2024

Published: 04-02-2024

KEYWORDS:

Pancreatitis,
Agnashayashoth,
Pitta Dosh,
Pittodara, *Shankha*
vati, *Kravyadi ras*,
Arogyavardgani vati.

ABSTRACT

Pancreatitis is the life threatening metabolic pathology of the gastrointestinal system. It progressively damages the pancreas and result in the loss of its functions. The prevalence rate of pancreatitis in India is 7.9 per 10, 0000. For male and female respectively 8.6 and 8 in India. With overall 10 year and 20 year survival rates are estimated to be about 70% to 45% respectively. In the contemporary science the treatment protocol is limited to painkillers, intravenous fluids and pancreatic enzymes. Despite of advance techniques in the allopathic science the prognosis of the disease is unclear. Ayurvedic formulations of mineral complex including a diet and moderate rest have shown excellent result. In this case report a 40 year old male patient a known case of chronic pancreatitis with recurrent abdominal pain which radiates to back, nausea, vomiting, tenderness, anorexia, along with elevated serum amylase level was managed effectively with Ayurvedic medications by the Department of PG Study in Shalyatantra OPD Dr.BRKR Government Ayurvedic Medical College and Hospital, Hyderabad. In Ayurveda this condition can be correlated *Agnashayashoth* which comes under *Pittodara*. And it was successfully treated with the medications like *Shankha vati*, *Kravyadi ras*, *Arogyavardgani vati*. Within 4 months of treatment patient become normal. There was no pain abdomen, nausea, vomiting, bloating of abdomen. And serum amylase came to its normal level. This shows that Ayurvedic herbo mineral formulations showing promising result in the management of pancreatitis.

INTRODUCTION

Pancreas is an elongated retroperitoneal organ. It performs both endocrine and exocrine functions. Exocrine part secretes pancreatic juice which helps in digestion of proteins, carbohydrates and fats. P- type amylase is synthesized by acinar cells and secreted into the intestinal tract via the pancreatic duct.^[1] Endocrine part constitutes islets of pancreas which is distributed more numerous in tail of pancreas. This help to digest carbohydrate. In pathological condition of pancreas the amount of amylase get increase into the blood. β cells of islets secrete insulin. α cells secrete glucagon. Which are involved in the homeostasis of blood glucose and involve in control of upper GI motility and function.

The major enzymes involved in the digestion of proteins are trypsinogen and chymotrypsinogen. Pancreas have cluster of cells called pancreatic acinar cells and these cells produces digestive enzymes and travel through the pancreatic duct to small intestine. In the pathological conditions of pancreas that is pancreatitis there is inflammation of part of the pancreas and acinar cells got damaged and release digestive enzymes including amylase into the surrounding structure of the pancreas. And because of the enzymes not release into the pancreatic duct and damages the cells and vasculature of the surrounding area. Amylase level increases into the blood level. There is structural and functional damage of the pancreas. It is a life threatening condition. Clinical manifestation includes chronic adnominal pain, nausea, vomiting, indigestion, steatorrhea, diabetes, weight loss, and many acute and chronic complications.^[2] The probable causes includes *Vidagdha aahar sevana*, *Adhaysana*, *Anashana* etc which causes imbalance in *Agni* and according to modern science alcohol, malnutrition factors, gall stones, any pathological condition which causes

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ijapr.v12i1.3099
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

obstruction of pancreatic duct, injury to pancreas, certain medicine side effects, high cholesterol and high calcium levels in the blood, autoimmune disease, genetic etc.

Healthy state of body and diseased condition depends entirely on *Agni*. *Vata* stimulates the digestive fire. *Jatharagni* is important because it facilitates secretions of various chemicals, enzymes etc which helps in proper digestion and proper functioning of body. According to Ayurveda disturbed function of *Agni* is considered as the root cause of the all diseases. A poor diet and unsupportive life style and can easily hinder the function of the *Agni*.

According to Ayurveda, *Pitta* can be considered as "*Agni*"^[3] and the term of *Pitta* is derived from "*Tap santape*" means to heat or burn. And its characters are *Pachana*, *Dahana*, *Parinamana*, *Pakti*, *Raag*, *Ushama*. A type of *pitta* that is *pachak* *pitta* may refer to the gastrointestinal enzymes which include a wide variety of digestion secretions like bile, pancreatic juice and intestinal secretions. Like *Pitta* describe in Ayurveda the enzymes perform similar function like *Sanghatbheda* (splitting), *Parinamana* (transformation), *Pravruti* (mutation), *Dahana* (oxidation).^[4] Thus in *Pitta* have substance exactly similar to enzymes.

Based on some similar clinical features of pancreatitis this condition can be correlated with to the *Pittodar*. Symptoms of *Pittodar* like *Daha*, *Jvara*, *Murcha*. "Cellens sing" - the bluish discoloration around umbilicus can be correlated with *Nila* and *Pitta vrana tamraraji* over the abdomen which is described in *Pittodara*.^[5]

Case Report

A 40 year old male patient a known case of pancreatitis for the last 1 month visited to OPD of Shalya tantra department, Dr. BRKR Ayurveda Medical College, Hyderabad, on 19th April 2023 with complains of dull pain in the abdomen which radiates to back, indigestion, decreased appetite, burning sensation in the chest and nausea for the 1 month. So he visited our hospital for better treatment. His personal history revealed that he has habit of intake of alcohol and irregular dietary patterns.

Personal History

General condition: Fair, pallor appearance

Jihva: *Sama* (coated)

Aakruti- *Madhyam*

Abhyavaharan (power of appetite): *Avara* (poor)

Jaranshakti: *Avara* (poor)

Mala: Regular

Mutra: *Daha yukta*

Habits: addicted to alcohol, H/O alcohol intake more than 5 years (type of alcohol is beer. Typically 2 to 3 beer per session, 4 to 3 times a week).

Diet: mixed

Diagnostic Criteria

On general examination the patient was seen as pallor in appearance with tenderness in the epigastric region, recurrent abdominal pain and discomfort, anorexia, burning sensation in chest and indigestion with nausea were the major complains similar clinical feature have been described in the context of *Pittodara*, where indigestion, burning sensation, nausea are present.

On Auscultation: Bowel sound present

On palpation

- Tenderness in epigastric region+ (grade-1)
- No organomegaly
- No rebound tenderness
- Murphy's sign - negative
- Fluid thrill absent

His other systemic examinations reveal no abnormality.

Finding of ultra-scan of abdomen revealed chronic pancreatitis, serum amylase level increase more than three times to normal value. Based on history, clinical symptoms, examination and investigation findings a diagnosis of pancreatitis have been made.

Therapeutic Intervention

Therapeutic outcome obtained after a full course of *Shodhan* and *Shamana chikitsa* for four months. The patient becomes ultimately symptoms free, after starting medication which are described below in table.

Medication for Starting Six Weeks

S.No	Medication
1.	<i>Shankh vati</i> 2TID/BF
2.	<i>Kravyadi rasa</i> 2TID/BF
3.	<i>Arogyavardhini vati</i> 2TID/AF

Medication for next six weeks

S.No	Medication
1.	<i>Laghu sutshekhar ras</i> 2TID/BF
2.	<i>Bhringrajasava</i> 5TSF/TID/AF with equal quantity of water

Follow Up and Out Come

The patient visited on the 5th, 14th, 21st, and 42nd days for clinical assessment. On day 5th relief in pain abdomen was noted, on 14th day absent of tenderness and improved appetite. On the 21st day complete relief of symptoms. On the 42nd day the patient showed complete improvement and serum amylase level came to normal level.

Assessment of Symptoms Before and After Treatment

Symptoms	Before Treatment	After Treatment
Constant dull pain in upper abdomen and discomfort	4+	0
Low appetite	4+	0
Nausea	3+	0
Burning sensation in chest	3+	0
Tenderness over epigastric region	2+	0
Loss of weight	3+	1+

Serum Amylase Impression

Date	Value
21/04/23	1510 U/L
4/5/23	246 U/L
23/7/23	98U/L

Discussion and Probable Mode of Action of the Drug

Udara roga is *Tridoshaja vyadhi*. The prime cause of *Udararoga* is *Agnidusti* along with *Dusti* of *Udaka vaha* and *Rasavaha srotas*. The *Moola sthana* of *Udaka vaha srotas* is considered as *Talu* and *Kloma*.^[6] According to *Archarya Shushruta kloma* ^[7] can be correlated with the pancreas. *Srotas* are the micro channels which provide platform for activities of *Tridosha*, *Dhatu*, and *Agni* etc physiological perspective of *Srotas* plays vital role towards the normal health Status of an individual. If any disturbed improper physiological function of *Srotas* can lead many pathological conditions. The *Srotomoola* can be compared with the root of tree any injury to the roots of tree leads to the destruction of the tree similarly malfunctioning of *Srotomoola* can affect the whole *Srotas*. So *Moolas* can be the physiological controlling center of the *Srotas*. The entire range of health and disease depends on the integrity of the *Srotas* which is prone to vitiate and lose its integrity due to lifestyle disorder and faulty food habits resulting in pathological conditions. Any macro or micro obstruction in the channels leads to *Stroto dusti* which causes malfunction at the *Stroto* level. In the normal condition pancreas produces digestive enzymes which travels through pancreatic duct and empty into the duodenum. There are various cause which leads to pancreatitis among them one is narrowing or obstruction^[8] of pancreatic duct which forces digestive and proenzymes of the pancreas to backup and accumulate into the pancreas leading to inflammation of pancreas and ultimately leading to pathological condition called pancreatitis. And the acinar cells of pancreas got damaged and release digestive enzymes including amylase into the surrounding structure of the pancreas. There are various conditions which leads to obstruction or narrowing of ducts are like gallstone, pancreas cancer,

heavy alcohol intake, injuries from trauma or surgery etc. in this case patient was habituated to intake of alcohol and had history of unhealthy food and lifestyle. With prolonged alcohol intake protein is precipitated in pancreatic juice within the ductules leading to ductular obstruction and increased pressure within the ductules^[9] and by premature activation of digestive enzymes within acinar cells of pancreas. Based on similar clinical features this condition can be correlated with *Pittodar*. *Madhya* is *Amalaras Pradhan*, *Ushnayavirya* and *Amla vipaki dravya*^[10] so *Adhik Madhya* seven leads to vitiation of *Pitta dosa*. So vitiated *Pitta*, *Vata* and *Kapha* leads to malfunctioning of the *Kloma* (pancreas). The main objective of the treatment was to manage the symptoms and restore the normal function of pancreas. The first choice in *Udara roga* is *Virechan aushadha* because *Nitya virechana*^[11] is the line of treatment here. Since *Srotorodha* occurs in *Udara*, it is necessary to go for *Srotoshodhana* in order to remove the obstruction using the *Teekshna* and *Ushna guna* of *Virechana dravyas*. The best treatment for *Pitta* and *Udar roga* is considered as *Virechan*. So *Murudu virechan* is indicated here. *Kravyadirasa*^[12] is indicated in the context of *Udararoga*, *Agnimandhya*, *Mandagni*, and *Ajeerna*. *Arogyavardhani vati* ^[13] have *Deepani*, *Pachani*, *Tridosha samak* and *Malasudhikari* actions. It promotes digestive fire and clears the body channels. *Kravyadiras* and *Arogyavardhani vati* both contains. *Parada*, *Gandhaka*, *Loha bhasma* and *Tamra bhasma* are main ingredients. *Tamra bhashma* have *Udhva* and *Adho marg shodak guna*^[14] means it clears *Strosanga* in *kloma* and act as *Virechak dravya* and eradicates *Dushita pitta*. *Loha bhasma* is known to have *Pitta* balancing effect^[15]. Its absorption is quite easy from the digestive tract so it can enter smoothly into the microchannel of the body and helps in removal of obstruction. *Shankha vati* ^[16] is mainly indicated in the disorders of gastro intestinal tract conditions like

Shoola, Grahni, Vata and Pitta disorders, Udara roga, Amlapitta, Agnimandhya etc. Classically *Shankha bhasma* have *Sheeta veerya*. It has acid neutralizing capacity which helps to reduce the symptoms like nausea, burning sensation in the chest and removes the *Agnimandhyata*. Here *Amla guna* of *Pitta* becomes *vidagdha*. Hence *Laghu sutshekar ras* [17] mainly acts on *Pitta dosa*. *Bhringrajasava*[18] have *Guna* like "*Krishanam mahapusti kurute*" and *Mahabala kara* it is also indicated in the conditions like *Dhatukshyaya*. So in this case patient was complaining about weight loss. So *Bhringrajasav* is indicated here it also helps to restore the normal function of digestive fire. Hence patient was treated with the integrated approach of *Shodhan, Shanama, Deepana, Pachana* and *Vatanuloman chikitsa*. So *Aushadha, Nidana parivarjana, Pathya apathy palan* plays most important role in the management of pancreatitis.

CONCLUSION

This single case study shows that *Shodhana* and *Shaman chikitsa*. Using the fundamentals of Ayurveda we can effectively manage case of pancreatitis. This case study will provide a model for future Ayurvedic research in gastrointestinal disorders.

REFERENCES

1. SRB's Manual of surgery 5th edition by Sriram Bhat M. Schapter no: 14
2. A Concise textbook of surgery by S. Das 11th edition. Chapter no 39
3. C.Dwarkanath introduction to Kayachikitsa. 3rd edition Varanasi. Chaukhamba Orientalia, 1996. Chapter no: 14, p.194
4. Ibid
5. The Vrajajivan Ayurvijnana Granthmala, Charaka Samhita by Acharya vidyadhar Shukla and prof Ravi Dutt Tripathi foreword by Acharya Priy Vrata Sharma, Chaukhamba sanskrit Pratishthan Delhi (vol. 2) chapter no:13, Chikitsa sthana, p.295
6. The Vrajajivan Ayurvijnana Granthmala, Charaka Samhita by Acharya vidyadhar Shukla and prof Ravi Dutt Tripathi foreword by Acharya Priy Vrata Sharma, Chaukhamba sanskrit Pratishthan Delhi (vol.1) chapter no:5, Nidana sthana, p.591
7. Susruta Samhita of maharsi susruta, edited with Ayurveda- Tattva-Sandipika, Hindi Commentary, scientific analysis etc, by Kaviraja Ambikadutta Shastri, A.M.S, Part-1, Chaukhamba sanskrita sansthan Varanasi, sharer sthana, chapter 4, shloka no:30, p.42
8. A Concise textbook of surgery by S. Das 11th edition. Chapter no 39, p.918
9. Ibid
10. The Vrajajivan Ayurvijnana Granthmala, Charaka Samhita by Acharya vidyadhar Shukla and Prof Ravi Dutt Tripathi foreword by Acharya Priy Vrata Sharma, Chaukhamba Pratishthan (vol.1) sutrasthana, chapter no: 27, p.406
11. The Vrajajivan Ayurvijnana Granthmala, Charaka Samhita by Acharya vidyadhar Shukla and prof Ravi Dutt Tripathi foreword by Acharya Priy Vrata Sharma, Chaukhamba sanskrit Pratishthan Delhi (vol.2) Chikitsa sthana, chapter no:13, shloka no: 61,p.301
12. Bhaisajya ratnavali of kaviraj Govind das sen edited with siddhiprada Hindi commentary by Prof. Siddhi Nandan Mishra, Chaukhamba Surbharati prakashan, Varanasi, Agnimandhya roga dhikar, chapter no:10.
13. Bhaisajya ratnavali of kaviraj Govind das sen edited with siddhiprada Hindi commentary by Prof. Siddhi Nandan Mishra, Chaukhamba surbharati prakashan, Varanasi, Kustharogadhikara, chapter no: 49.
14. Rasendra cudamani by Acharya somdeva, translated by Dr. Siddinandan Mishra, chaukhambha, orientalia, Varanasi-1, third edition: 2004, chapter14, p.246
15. Bhaisajya ratnavali of kaviraj Govind Das sen edited with Siddhiprada Hindi commentary by Prof. Siddhi Nandan Mishra, Chaukhamba surbharati prakashan, varanasi, shoshan Maran gunadiprakaranam. chapter no:3.
16. Bhaisajya ratnavali of kaviraj Govind das sen edited with siddhiprada Hindi commentary by Prof. Siddhi Nandan Mishra, Chaukhamba surbharati prakashan, Varanasi, Agnimandhya roga dhikar, chapter no:10.
17. Rastantrasaar and Siddhaprayog sangraha Kharaliya Rasayana pg. no 274 Krishna Gopal Ayurved bhawan, 22nd edition, 2013
18. Gada nigraha, pratham prayoga khanda, by Shree Shadhal, published by Yadava Sharma, Aasavarogadhikar, p.183

Cite this article as:

Snehal patel, N. Sridhar. Ayurvedic Management of Pancreatitis. International Journal of Ayurveda and Pharma Research. 2024;12(1):62-69.

<https://doi.org/10.47070/ijapr.v12i1.3099>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Snehal Patel

PG Scholar,

Department of Shalya tantra

Dr. BRKR Govt. Ayurvedic Medical

College, Hyderabad, Telangana

Mobile number: 9924525331

Email:

patelmsnehal1997@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.