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SCOPE OF HOMOEOPATHY IN THE MANAGEMENT OF CHRONIC PANCREATITIS – A CASE REPORT

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ABSTRACT

Chronic pancreatitis is a progressive inflammatory disorder that leads to irreversible destruction of exocrine and endocrine pancreatic parenchyma caused by atrophy and/ or replacement with fibrotic tissue. Functional consequences include severe abdominal pain, diabetes mellitus, and malabsorption. Homoeopathy is undoubtedly one of the most sought-after therapies, primarily due to the unsatisfactory side effects of conventional medicinal treatments. Here is a case of Chronic Pancreatitis from our OPD, treated for three months with individualized homoeopathic medicines. After detailed case taking, physical examination and analysis, IRIS VERSICOLOR was prescribed in 30th potency based on the totality of symptoms. There was noticeably, a gradual improvement in the signs and symptoms and the general well-being. Lab reports show marked improvement in the case which is used to measure the disease activity in the past 2 months. Individualised homoeopathic medicines prescribed based on homoeopathic principles had reduced the severity of the disease significantly. The post-treatment outcome measure provides documentary evidence that homoeopathic medicines are effective in managing

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Chronic pancreatitis by reducing the severity of the suffering and improving the quality of life of the patient over 2 months.

KEYWORDS: Chronic Pancreatitis, Homoeopathy, Iris Versicolor, Centesimal potency.

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INTRODUCTION:

Chronic pancreatitis comes under ICD 10 Code K86.1.[1] The pancreas is an organ located behind the stomach. It makes enzymes, which are special proteins that help digest your food. It also makes hormones that control the level of sugar in your bloodstream.[2] Pancreatitis occurs when the pancreas becomes inflamed. Pancreatitis is considered acute when the inflammation comes on suddenly and only lasts for a short period of time. It's considered chronic when it keeps coming back or when the inflammation doesn't heal for months or years. The prevalence, often epidemiologically regarded as "the tip of the iceberg," has been reported between 41.76 and 91.9 per 100,000 inhabitants. [3] Chronic pancreatitis can lead to permanent scarring and damage. Calcium stones and cysts may develop in the pancreas, which can block the duct, or tube, that carries digestive enzymes and juices to your stomach. The blockage may lower the levels of pancreatic enzymes and hormones, which will make it harder for your body to digest food and regulate your blood sugar. This can cause serious health problems, including malnutrition and diabetes.[2][5] The Toxic-Metabolic, Idiopathic, Genetic, Autoimmune, Recurrent and Severe Acute Pancreatitis, Obstructive (TIGAR-O) classification system categorizes known causes and factors that contribute to chronic pancreatitis. Although determining disease aetiology provides a framework for focused and specific treatments, chronic pancreatitis remains a challenging condition to treat owing to the often refractory, centrally mediated pain and the lack of consensus regarding when endoscopic therapy and surgery are indicated. Further complications incurred include both exocrine and endocrine pancreatic insufficiency, pseudocyst formation, bile duct obstruction, and pancreatic cancer. Medical treatment of chronic pancreatitis involves controlling pain, addressing malnutrition via the treatment of vitamin and mineral deficiencies recognizing the risk of osteoporosis, and administering appropriate pancreatic enzyme supplementation and diabetic agents. Cornerstones in treatment include the recognition of pancreatic exocrine insufficiency and administration of pancreatic enzyme replacement therapy, support to cease

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smoking and alcohol consumption, consultation with a dietitian, and a systematic follow-up to assure optimal treatment effect.[4] Such treatments may potentially have adverse effects while homoeopathy could help the patient with rapid and gentle mode of improvement through the law of similars.

CASE PRESENTATION:

The 29 years old unmarried male patient came to the OPD on 23.09.2022. The patient was suffering from pain in epigastrium extending to right umbilical region in the past 11 years which is increased in the last 1 week. The patient has pulsating type of pain which is worse on taking fatty oily food, warm food and meat. Pain feels slightly better on eructation. The patient was apparently normal until 2011. He got sudden pain in abdomen and was admitted in hospital for acute pancreatitis. The patient was a kabaddi player and he got frequently hit on the abdomen during the game. In the past 11 years he is having recurrent attacks of abdominal pain once in 4-6 months. He was admitted in allopathic hospital on every acute attack. He stopped taking allopathic medicine in the last 2 years and started taking siddha treatment. On the physical level, the patient had desire for sweets. She prefers cold bathing and intolerance to heat. Mentally, the patient is oversensitive to others opinion, cannot bear insult, Weeps easily and consolation aggravates his sufferings, Throws things away when angry. On clinical investigation, the level of serum pancreatic amylase was elevated.

Table 1: Analysis of case:

COMMON	UNCOMMON
Pulsating pain in epigastrium extending to right umbilical region < fatty, oily food < warm food >eructation	Oversensitive to others opinion Cannot bear insult Weeps easily <consolation Throws things away when angry Desire sweets Desire cold bathing Desire fanning Intolerance to heat

Fully developed chronic miasmatic disease - PSORA

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Evaluation and totality of symptoms of this case includes oversensitive to others' opinion, cannot bear insult, weeping easily <consolation, throwing things away when angry, Desire sweets, Desire cold bathing, Desire fanning, Intolerance to heat, Pulsating pain in epigastrium extending to right umbilical region < fatty, oily food, warm food, >eructation

PRESCRIPTION:

Rx,

1. IRIS VERSICOLOR 30 (3 x TDS)
2. B. Pills 3 x TDS
3. B. Tab 1 x QDS

Table 2: Follow up of the case

Date	Symptoms	Inference	Prescription
24.9.22	Pulsating pain in epigastrium extending to right umbilical region < fatty, oily food, warm food < after eating >eructation Generals: loose stool in less quantity BP 113/69 mmHg	Persists	Rx, 1. IRIS VERSICOLOR 30 (3 x TDS) 2. B. Pills 3 x TDS 3. B. Tab 1 x QDS For 1 week
30.9.22	Pulsating pain in epigastrium extending to right umbilical region < early morning < lying supine Generals: good BP 124/68 mmHg	Persists Slightly better	Rx, 1. IRIS VERSICOLOR 30 (3 x TDS) 2. B. Pills 3 x TDS 3. B. Tab 1 x QDS For 1 week
7.10.22	Pain in epigastrium and left hypochondrium < morning > After drinking water	Better	Rx, 1. IRIS VERSICOLOR 30 (3 x TDS) 2. B. Pills 3 x TDS

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	Generals: good BP 120/70 mmHg		3.B. Tab 1 x QDS For 1 week
14.10.22	Pain in epigastrium reduced but persists on lying down Generals: good BP 128/80 mmHg	Better	Rx, 1.IRIS VERSICOLOR 30 (3 x TDS) 2. B. Pills 3 x TDS 3.B. Tab 1 x QDS For 1 week

Figure 1: laboratory investigations before treatment


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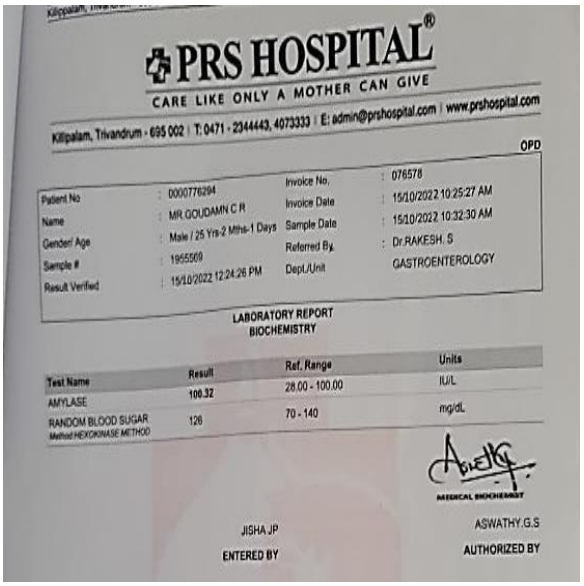
OPD
Patient No : 0000776294
Name : MR.GOUDAMN C R
Gender/ Age : Male / 25 Yrs-1 Mths-22 Days
Sample # : 1946584
Result Verified : 07/08/2022 01:47:30 PM
Invoice No. : 116223
Invoice Date : 07/08/2022 12:18:47 PM
Sample Date : 07/08/2022 12:45:06 PM
Referred By : Dr.RAKESH. S
Dept./Unit : GASTROENTEROLOGY
LABORATORY REPORT
BIOCHEMISTRY

Test Name	Result	Ref. Range	Units
AMYLASE	178.50	28.00 - 100.00	IU/L

ANJANANAIR.T.S
LAB TECHNICIAN
ENTERED BY
Dr. KRISHNA MOHAN.V.E
AUTHORIZED BY

BEFORE

Figure 2: laboratory investigation after 2 months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OPD
Patient No : 0000776294
Name : MR.GOUDAMN C R
Gender/ Age : Male / 25 Yrs-2 Mths-1 Days
Sample # : 1955509
Result Verified : 15/10/2022 12:24:26 PM
Invoice No. : 076578
Invoice Date : 15/10/2022 10:25:27 AM
Sample Date : 15/10/2022 10:32:30 AM
Referred By : Dr.RAKESH. S
Dept./Unit : GASTROENTEROLOGY
LABORATORY REPORT
BIOCHEMISTRY

Test Name	Result	Ref. Range	Units
AMYLASE	100.32	28.00 - 100.00	IU/L
RANDOM BLOOD SUGAR Method HEXOKINASE METHOD	126	70 - 140	mg/dL

JISHA JP
ENTERED BY
ASWATHY.G.S
MEDICAL BIOCHEMIST
AUTHORIZED BY

AFTER

OBSERVATIONS & DISCUSSION

Based on the totality of symptoms, IRIS VERSICOLOR was the first choice of remedy that was given in 30th potency as daily dose which showed marked improvement by the end of 2 months. The measurement of S. Amylase on 07/08/2022 was 178.50 IU/L, which is suggestive of high disease activity. Post-treatment outcome measurement of S. Amylase was 100.32 IU/L 0n 15/10/2022 which was normal in range and suggestive of less disease activity. Hence, the analysis of the before and after treatment measurement serves as positive evidence that the

quality of life of the patient suffering from Chronic Pancreatitis has been subsequently improved by administering individualised Homoeopathic medicine in minimum dose and accurate potency according to the susceptibility of the patient.

Hahnemann recommended using a single, well-chosen homoeopathic remedy at a time. This single remedy should be based on the totality of symptoms, and he cautioned against using multiple remedies simultaneously to avoid confusion in assessing the effectiveness of treatment.[6]

CONCLUSION

Early diagnosis and holistic treatment of Chronic Pancreatitis can substantially slow down the progression of damage in many numbers of patients, thereby preventing irreversible disability. Homoeopathy treats the individual as a whole. Homoeopathic medicine is given not only to control the ongoing inflammatory process in Chronic Pancreatitis but also to stimulate the vitality to prevent the tendency towards it thereby reducing the chance of further complications of the disease.

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