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Efficacy of Homoeopathy in Chronic Calcific Pancreatitis: A Case Report

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ABSTRACT:

Introduction : Chronic pancreatitis is characterized by ongoing inflammation of the pancreas that results in atrophy and/or replacement with fibrotic tissue. Epidemiology is poorly defined, but incidence worldwide seems to be on the rise. Smoking, drinking alcohol, and genetic predisposition are the major risk factors for chronic calcifying pancreatitis. Functional consequences include recurrent or constant abdominal pain, diabetes mellitus and maldigestion. Later stages show variable fibrosis and calcification of the pancreatic parenchyma, dilatation, distortion and stricturing of the pancreatic ducts, pseudocysts, etc.

Methodology : A 31-year-old male patient a known case of chronic pancreatitis presented with the complaints of intense abdominal pains after meals, maldigestion and weight loss. The ultrasonography (USG) report atrophic pancreatic parenchyma with multiple calculi in pancreatic duct – indicating chronic calcific pancreatitis. Detailed case was taken, case was analysed, totality was formed, repertorisation was done and lycopodium 200 was prescribed on the basis of homeopathic principles.

Result : Within 10 months of treatment patient was relieved from his complaints considerably as a whole. A report of USG abdomen revealed the absence of pancreatic calculi and reduced calcifications and thickness with no signs of inflammation.

Conclusion : Homeopathic medicine Lycopodium, selected on the basis of totality of symptoms was found effective in this case of chronic pancreatitis. Chronic pancreatitis can be treated effectively by Homoeopathy. Further trials for the study are desirable.

Keywords : Homeopathy, Chronic Pancreatitis, Pancreatic Stone, Individualised treatment.

Introduction :

Chronic pancreatitis (CP), is a progressive, fibroinflammatory disease and the resultant loss of pancreatic parenchyma leads to endocrine and exocrine failure, which manifests eventually as leads to diabetes mellitus and steatorrhea^{[1][2]}.

Chronic pancreatitis is characterized by ongoing inflammation of the pancreas that results in atrophy and/or replacement with fibrotic tissue. Epidemiology is poorly defined, but incidence worldwide seems to be on the rise.^[3]

Recurrent inflammation leading to pancreatic injury results in chronic pancreatitis. It involves chronic inflammation and parenchymal injury leading to glandular dysfunction.^[4]

Pancreatitis commonly presents with steady pain with boring sensation in the epigastric and periumbilical region, which may radiate to the back, chest, flanks and lower abdomen, with abdominal tenderness, positive Cullen's and/or Turner's sign.^[5]

Smoking, drinking alcohol, and genetic predisposition are the major risk factors for chronic calcifying pancreatitis.^[6] Functional consequences include recurrent or constant abdominal pain, diabetes mellitus and maldigestion. Later stages show variable fibrosis and calcification of the pancreatic parenchyma, dilatation, distortion and stricturing of the pancreatic ducts, pseudocysts, etc.^{[7][8]}

Severe pancreatitis manifests as organ failure and/or local complications such as abscess, necrosis, or pseudocyst. Acute necrotising pancreatitis occurs when more than 30% of the gland is affected with necrosis.^[9]

Patient Information :

A 31-year-old male patient, who was a known case of chronic pancreatitis presented with the complaints of intense abdominal pains after meals (right hypochondria, right lumbar, epigastrium and umbilical region) with nausea and profound weakness, maldigestion and weightloss since 9 months. Also he had flatulent distention of abdomen which contributed to the pain.

The abdominal pain was severely aggravated by lying on the left side and back, and mildly aggravated by sitting; markedly ameliorated by lying on the right side and by passing stools.

History of presenting illness :

The patient had similar episodes since 2-3 years, but since 9 months the symptoms are intensified and are constant. Ultra Sonography scan of the abdomen and pelvis dated 30th September 2023 revealed 'atrophic pancreatic parenchyma with multiple calculi in pancreatic duct – indicating chronic calcific pancreatitis'.

On general examination, the patient was conscious, afebrile, with a pulse rate of 92 beats/min and blood pressure of 130/80 mm Hg. The abdominal rigidity was moderate with a hard mass palpable in the right hypochondriac and umbilical region. He had a significant history of repeated infections in the past; with typhoid in 2001, renal calculi 2007 and 2016. His father suffered from hypertension and mother had a history of panic attacks.

There was diminished thirst and marked reduced appetite, a desire for sweet food, warm food and cold drinks. Due to pain, he had disturbed sleep. He had a lean, weakened body, with an emaciated and exhausted look. In general, he had a marked craving for hot food after which he felt better than the regular food and aggravation from spicy, oily fatty food (which led to the heaviness of the abdomen). Patient complaint about the sour taste and sour smell of the discharges like sweat, stool and eructations.

Life Space :

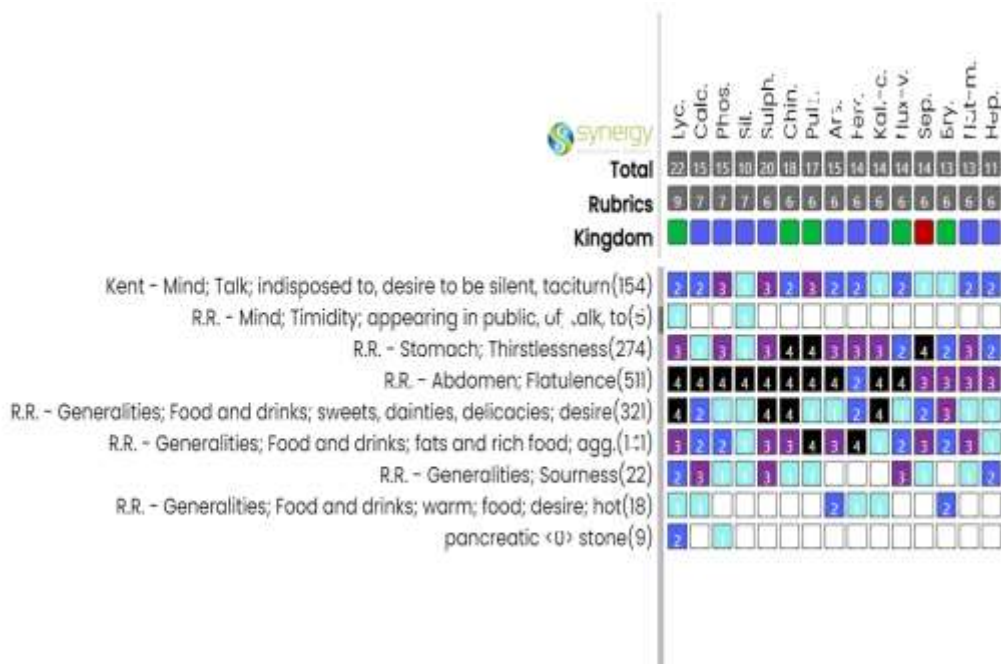
Since childhood he was intelligent, in school and college he was ambitious and good student. He always had poor confidence during exams even though he used to study well and got good grades. During lockdown years he used to work from home on his laptop. But as the lockdown got lifted and he began to go out of his home, he felt very anxious so much so that always wanted to go home immediately. He used to get homesick even around his friends. He started to fear in appearing and interacting with the public. His attendant friend said the patient has become quiet and doesn't speak much. The patient denied that he consumed much alcohol, while the information given by his attendant and his clinical state and pathology, indicated otherwise.

Diagnostic assessment

The ultrasonography (USG) Abdomen and Pelvis showed: 'atrophic pancreatic parenchyma with mild heterogenous echotexture. Dilated and mildly thickened pancreatic duct with multiple calculi within – indicating chronic calcific pancreatitis.'

Therapeutic intervention :

Repertorisation was done using Synergy Homeopathic Software. By Repertorising through Kent's Repertory and Reliable Repertory, *Lycopodium* (*Lyc.*), was selected based on repertorisation given below.

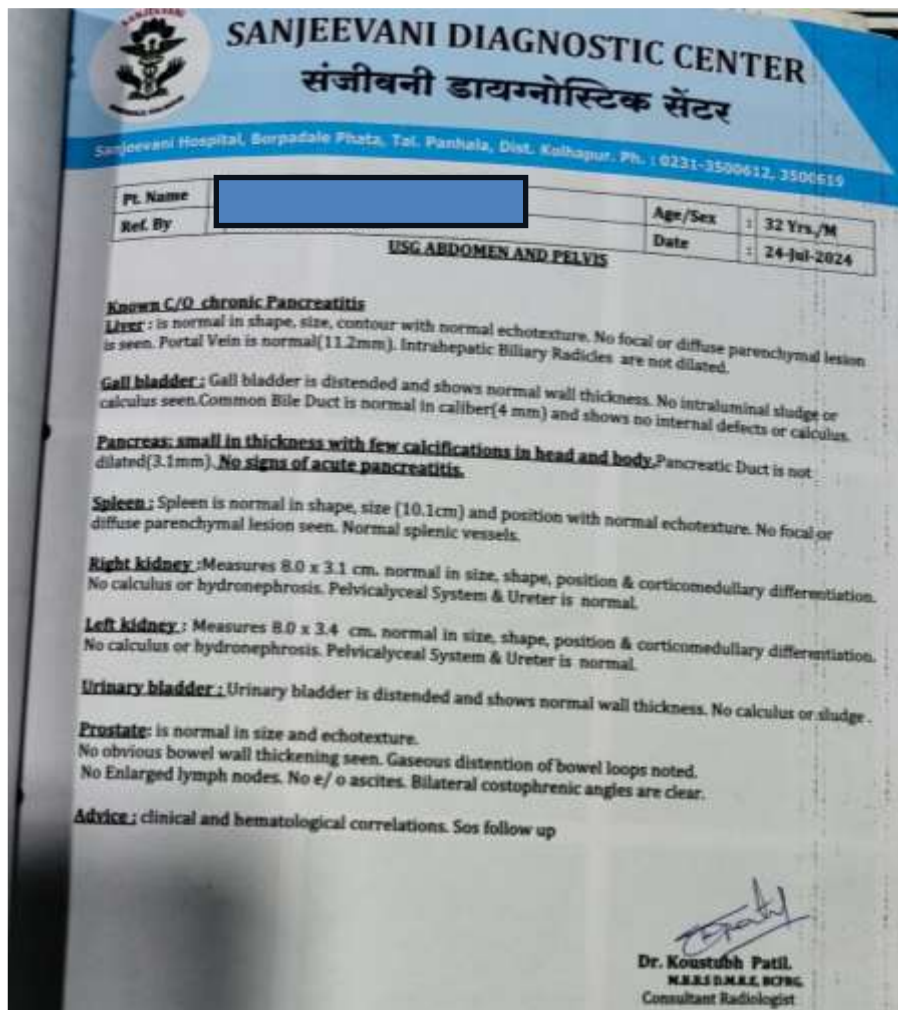


Lycopodium 200C was prescribed on the basis of Homeopathic principles. Monthly follow ups were recorded and medicine was repeated whenever necessary.

Follow Ups and Outcomes :

Follow Up Chart		
10/10/23	Patient felt overall better with slight improvement in his digestion and appetite. Mentally fresh.	Placebo for 30 days
8/11/23	No further improvement	Lyc 200 single dose Placebo for 30 days
12/12/23	Sleep was considerably improved. Sour smell of the stool and sweat had reduced	Placebo for 30 days
15/01/24	Slight improvement in the thirst and appetite.	Placebo for 30 days
12/02/24	No further improvement	Lyc 200 single dose Placebo for 30 days
18/03/24	Flatulence reduced. Pain in abdomen reduced. Patient feels confident.	Placebo for 30 days
9/04/24	Appetite further improved with thirst. Weight gain by 2 kgs.	Placebo for 30 days
12/05/24	Stools improved. Now can tolerate oily spicy food.	Placebo for 30 days
19/06/24	Pains further reduced along with nausea.	Placebo for 30 days
10/07/24	Patient felt energetic and wanted to go out by himself.	Placebo for 30 days
13/08/24	Much better. USG report shows improvement in the pancreatic parenchyma with less calcifications and no stones.	Placebo for 30 days

The USG Abdomen and Pelvis report dated 24th July 2024 stated that: 'Pancreas: small in thickness with few calcifications in the head and the body. Pancreatic duct is not dilated'.



Discussion :

The case shows the affection of the gastrointestinal system, i.e. pancreas, with calcifications and dilated pancreatic duct with multiple stones within it and the deeply affected mental state. The desire for hot food and sweets, and the sourness in general along with taciturnity and timidity in public pointed towards lycopodium clearly.

This was a classic case of Lycopodium as it covered the major points of anxiety and fear when interacting with others, ambitious, intelligent, sourness, flatulence and craving for sweet and hot food. Along with that there was a history of renal calculi and the presence of stone in pancreatic duct again pointed towards the lithic diathesis of the lycopodium remedy. Doses were repeated only when indicated as per organon of medicine^[10].

This case demonstrates managing a typical surgical case with pathological components of calcification of the pancreas, with alcohol addiction and mental symptoms, with Homoeopathy. This case report demonstrates the scope of Homoeopathy in progressive chronic disease, with active maintaining cause, progressing to life-threatening complications.

Homoeopathy not only relieves the acuity but also resolves the end result of ongoing pathology along with the chronic process. It also prevented the need for surgery which is the strength of the case. Hence, such cases with acute, life-threatening complications, having characteristic indications, can respond favourably to Homoeopathy, by constitutional medicinal approach.

While the case is still under observation and this is a stand-alone case report of its kind, which needs further research with adequate samples to drive take-home directions.

Conclusion :

This case shows that Homoeopathy has decent utility in managing the cases in which degenerative pathological changes have took place, by holistic constitutional approach.

Chronic, deep seated diseases like Chronic Calcific Pancreatitis can be well managed by Individualised Homoeopathic treatment.

Homoeopathy plays an important role in the recovery if not cure especially of the diseases of psychosomatic origin.

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