

Homoeopathic Treatment protocol in the management of Chronic Recurrent Pancreatitis with Pseudo Cyst- A Rare Case Report

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Abstract:

Chronic pancreatitis is a chronic inflammatory disease characterized by fibrosis and destruction of exocrine pancreatic tissue. Pseudo cysts and pancreatic ascites occur in both acute and chronic pancreatitis. Diabetes mellitus occurs in advanced cases because the islets of Langerhans are also involved. The usual treatment protocol is surgical resection and drainage of pseudo cysts. It is evident that in many such surgically labelled diseases Homoeopathy can be used effectively. This is such a case report of a patient with Recurrent Chronic pancreatitis with pseudo cyst successfully managed by Homoeopathic treatment without opting a surgery. A male patient of 36 years age with the complaints of Chronic Recurrent Pancreatitis with pseudocyst was treated with the Homoeopathic Medicines Spongia tosta and Iris versicolor for about 2 years with no recurrence and good quality of life.

Key Words: Homoeopathy, Iris Versicolor Q, Spongia tosta, Pancreatitis, Pseudo cyst.

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Introduction:

The medical reports of a 36 years male patient who was admitted in a Multispecialty Hospital at Coimbatore, Tamil nadu were submitted to me in December 2014. He was suffering from Chronic Pancreatitis with Pseudo cyst of size 6.2 cms x 5.1 cms and suggested for surgery. The usual treatment protocol is surgical resection and drainage of pseudo cysts.^[1-2] He was already treated by Necrosectomy twice and aspirated for the same. At this time he was not willing to undergo for another surgery as there was no assurance about the non-recurrence of the cyst after the surgery. It is evident that in many such surgically labelled diseases Homoeopathy can be used effectively.^[3-4]

Alternatively he decided to get Homoeopathic treatment and as a sequel he sent his reports to me. At that time there was no chance of a detailed case taking as he was suffering from severe abdominal pain and was admitted at a distant hospital. So it was decided to start his treatment pathognomonically and prescribed Iris Versicolor-Q^[5-7] 10 drops three times a day as an initial prescription. By the next day pain started reducing and he was discharged from the hospital in a week without any pain. He was advised to continue the same medicine till his next

visit. He reported in February 2015 with a new set of investigations. This time a detailed case taking was done and the details of the same are given below.

Presenting Complaints:

Patient presented with diffuse pain in the upper abdomen since last 6-7 months on and off. Cramping pain in the upper abdomen extending to back associated with severe hyperglycaemia. Patient reported more pain on night, sitting, erect and standing posture, while felt better by bending forward, standing and having warm drinks. He had H/O occasional alcoholic consumption. He had no H/O Nausea, Vomiting, Fever, Jaundice, etc.,

Patient was thermally Hot⁺; Appetite was Diminished⁺; Normal Thirst; Regular Eliminations; Intolerance to Fat⁺⁺ & Rich Foods⁺⁺ causes Indigestion, Belching or Headache. Patient had good intellect and memory. Patient had anxiety at night especially after midnight. At night perspiration caused anxiety with fear of pain. Anxiety about getting pain provokes the perspiration followed by pain.

On Examination:



Patient was conscious and oriented; dark complexion; moderate built; no pallor, cyanosis, jaundice, lymphadenopathy, pitting pedal oedema, etc., Pulse - 88/min;

Blood Pressure - 126/82 mm of Hg; Resp. Rate - 19/min. On palpation Tenderness++ was Present in the epigastrium and left hypochondrium. No Cullen sign or Grey Turners sign; no signs of ascites; no rigidity and normal bowel sounds heard. Respiratory system, Cardiovascular system and central nervous system were found clinically normal.

Selection of Remedy & Potency:

The symptoms of the patient were duly considered and a Repertorial totality was achieved comprising 14 important rubrics using Synthesis Repertory.^[8] The Repertorial Chart is given below. Totally 14 symptoms were considered and the medicines Spongia (21/11), Sepia (14/8),

China (13/8), Calc.carb (12/8) & Caust (12/8) were at the top. Hyperglycaemia was never considered for selection of remedy as it was secondary to the pancreatic inflammation, which will be lowered when inflammation subsides. But daily doses of 'Insulin' were administered as directed by the Diabetologist to rest the pancreas and the dosages were modified accordingly throughout the course of treatment. '*Spongia tosta*'^[9] was selected as it covers all the generals and was also highly indicated with 1st grade under the Rubric 'Abdomen, Inflammation, Pancreas'. As the patient had a longstanding pathology it was decided to start with 30th potency & planned to increase the potency after seeing the response.

		<div>spong. sep. sulph. chin. ars. ferr. Cal. Caust. Carb-v. nux-v. phos. rhust-t. nit-ac. thui. puls. bry. graph. lyc. kn. Colch.</div> <div>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</div> <div>21 14 14 13 13 13 12 12 11 11 10 10 10 10 10 10 9 9 9 8 8</div> <div>11 8 7 8 7 7 8 8 6 6 8 7 6 6 4 8 7 5 6 5</div>																			
1.  Clipboard 1 																					
1. MIND - ANXIETY - night - midnight - after	(24) 1	3	-	-	1	3	-	1	-	-	3	-	2	-	-	-	-	1	1	-	1
2. MIND - ANXIETY - perspiration - during	(54) 1	2	3	3	3	3	3	1	1	2	1	2	1	3	2	1	1	1	1	-	-
3. MIND - THINKING - complaints - agg.: thinking of his complaints	(86) 1	2	1	-	-	1	-	1	2	-	2	1	-	2	1	-	1	1	-	1	2
4. GENERALS - SLEEP - after sleep - agg.	(114) 1	3	2	3	1	2	2	1	2	2	1	2	1	-	1	2	1	1	2	1	-
5. GENERALS - FOOD and DRINKS - fat - agg.	(111) 1	2	2	2	1	2	3	1	2	3	1	1	-	2	2	3	1	3	2	-	2
6. GENERALS - FOOD and DRINKS - rich food - agg.	(46) 1	1	2	1	-	1	1	1	1	3	-	1	-	2	1	3	2	-	-	-	-
7. STOMACH - APPETITE - easy satiety	(106) 1	1	2	2	3	1	2	-	2	1	2	2	1	1	2	-	1	-	3	2	2
8. ABDOMEN - PAIN - cramping - standing, while - bent amel.	(1) 1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. ABDOMEN - PAIN - cramping - sitting, while	(11) 1	1	-	-	1	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-
10. ABDOMEN - PAIN - cramping - night	(43) 1	-	1	2	2	-	1	3	1	-	-	-	2	2	-	-	1	1	-	2	-
11. ABDOMEN - PAIN - drinks - warm - amel.	(8) 1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. ABDOMEN - INFLAMMATION - Pancreas	(24) 1	3	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
13. ABDOMEN - PAIN - extending to - Back	(36) 1	-	1	-	1	-	-	1	1	1	-	1	-	-	-	-	-	1	-	1	1
14. ABDOMEN - PAIN - night - bed, in	(7) 1	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-

Repertorial Chart

Prescription & Follow Up:

Follow up	Homoeopathic Prescription	Allopathic Prescription	USG Report	Blood Glucose Analysis
Feb 2015	Spongia.30 2 Doses	Insulin 20 Units Morning & Night	Pancreatitis with Pseudo cyst measuring 6.8 x 4.9 cms (Report-1)	Fasting: 229 mg/dl PP: 372 mg/dl HBA1C: 12.2% (Report -2)
March to May 2015	Spongia.30 2 Doses Per Month	Insulin 15 Units Morning & Night	-	Apr 2015: Fasting: 187 mg/dl PP: 280 mg/dl
June 2015	Spongia.200 2 Doses	Insulin 10 Units Morning & Night	Pancreatitis with Pseudo cyst measuring 3.9 x 3.4 cms (Report-3)	Random: 163 mg/dl (Report -4)
July to Dec 2016	Spongia.200 2 Doses per Month	Insulin 05 Units Morning & Night	-	-
Jan 2016	Spongia. 1 M 2 Doses	Insulin 10 Units in Morning & 05 Units in Night	Chronic Pancreatitis No cyst (Report - 5)	Fasting: 283 mg/dl PP: 219 mg/dl HBA1C: 13.8% (Report -6)
Feb to May 2016	Spongia. 1 M 2 Doses per Month	Insulin 05 Units Morning & Night	-	-
Jun 2016 to Jan 2017	Spongia. 10 M 2 Doses per Month	Insulin 05 Units Morning	-	Jun2016: Fasting: 146 mg/dl PP: 239 mg/dl
Feb 2017	Spongia. 10 M 2 Doses per Month	Insulin is withdrawn completely	Chronic Pancreatitis No cyst (Report -7)	Fasting: 124 mg/dl PP: 171 mg/dl HBA1C: 7.8% (Report -8)

Discussion:

Initially prescribed Iris versicolor-Q^[5-7] gave an analgesic and anti-inflammatory effect over the Pancreas. It was prescribed on an acute basis to control the pain and

impede the spread of infection. Later on the case was analysed and prescribed with the 'Similimum'^[9] based on the principles of Homoeopathy which not only controlled the disease but also prevented its recurrence.

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 E-mail : gemhospital@gmail.com Website : www.gemhospitalindia.com

DEPARTMENT OF RADIOLOGY & IMAGING

REF NO : 1502US03326 DATE : 11-FEB-15
 NAME : RUTHRAMOORTHY PT REG NO : O1312021019
 AGE/SEX : 37Yr(s)/MALE REF DR. : Dr. C. Palanivelu
 DEPT/UNIT : SGE3/ WARD/ROOM : /

ULTRASOUND OF ABDOMEN AND PELVIS

CLINICAL FINDINGS
 F/u/c Chronic pancreatitis with pseudocyst / Insicional hernia.

FINDINGS
 Liver is normal in size and echotexture.
 No focal lesions seen.
 Intrahepatic biliary radicles and CBD are normal in calibre.
 Portal vein is normal in calibre.
 Gall bladder is moderately distended.
 GB walls are smooth and there is no calculus.
 Spleen is normal in size and echopattern.
 Pancreas - Head and body shows heterogenous echotexture. Collection measuring 6.8 x 4.9cm seen in tail region of pancreas.
 Both kidneys are of normal size and cortical echoes.
 Collecting systems and ureter are not dilated.
 No calculus seen.
 Urinary bladder is normal.
 Prostate is of normal size and echoes.

IMPRESSION
 A case of Chronic pancreatitis with pseudocyst at present shows
CHRONIC PANCREATITIS WITH PSEUDOCYST TO TAIL OF PANCREAS.

DR.DEVALATHA. S.
 2398



Report - 1

GEM HOSPITAL & RESEARCH CENTRE PVT. LTD.,
 45-A, Pankaja Mill Road, Ramanathapuram, Coimbatore-641 045.
 Phone : 0422-2325100, 2325105 Fax : 2320879
 E-mail : gemhospital@gmail.com Website : www.gemhospitalindia.com

BIOCHEMISTRY Page : 1 of 1

Lab Ref No. : 1502B005917 Reg. No : O1312021019
 Received Date : 11/02/15 08:33 Reporting Date : 11/02/15 13:12
 Name : Mr. RUTHRAMOORTHY Age : 37Yr(s) Dept/Unit : HPB //
 Address : NADU STREET, 5/20 JADAR PALAYAM, PARAMATHI VELUR, NAMAKKAL, TAMIL NADU, INDIA

Test Name	Result	Reference Range
BLOOD GLUCOSE(F) (Hexokinase (GOD - POD M))	229 mg/dl	70 - 110
HBA1C	12.2 %	NON-DIABETICS 4-6%, TARGET OF THERAPY < 7, CHANGE OF THERAPY > 8%
BLOOD GLUCOSE-PP (Hexokinase (GOD - POD Met))	372 mg/dl	80 - 140

End of the Report

Authorized Signatory

B L O


Report - 2

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DEPARTMENT OF RADIOLOGY & IMAGING

REF NO : 1506US12861 DATE : 03-JUN-15
 NAME : RUTHRAMOORTHY. PT REG NO : I1506001823
 AGE/SEX : 36Yr(s)/MALE REF DR. :
 DEPT/UNIT : HPB/3 WARD/ROOM : IIIB/321

ULTRASOUND OF ABDOMEN AND PELVIS



17/6/15 USG-Review DR. KUPPURAJU. P. DMRD
 969

→ PANCREAS → Not adequately assessed.
 → Collection noted in the region of tail of pancreas
 pancreas ng → 39x34 mm.

Dr. K. MATHY,
 RADIOLOGIST.

Report – 3

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BIOCHEMISTRY Page : 3 of 3


Lab Ref No. : 1506B022721 Reg. No : I1506001823
 Received Date : 03/06/15 09:20 Reporting Date : 03/06/15 11:35
 Name : Mr. RUTHRAMOORTHY Age : 37Yr(s).1 Dept/Unit : HPB 3 / IIIB/321
 Address : NADU STREET, 5/20 JADAR PALAYAM, PARAMATHI VELUR, NAMAKKAL, TAMIL NADU, INDIA

Test Name	Result	Reference Range
BLOOD GLUCOSE HEXOKINASE(GOD-POD METHOD)	163(R) mg/dl	F-70-110 R-80-120 PP-80-140
SERUM TSH	0.78 mIU/L	0.35 - 5.50
CHLORIDE	97 mEq/l	96 - 106
BICARBONATE (ISE Method)	23 mEq/l	21 - 28
CALCIUM	8.2 mg/dl	8.5 - 10.5


End of the Report Authorized Signatory

BLOOD

Report - 4



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DEPARTMENT OF RADIOLOGY & IMAGING

REF NO : 1601US00700	DATE : 09-JAN-16
NAME : RUTHRAMOORTHY.	PT REG NO : O1312021019
AGE/SEX : 37Yr(s)/MALE	REF DR. : Dr. C. Palanivelu
DEPT/UNIT : HPB/	WARD/ROOM : /

ULTRASOUND OF ABDOMEN AND PELVIS

CLINICAL FINDINGS

A case of Chronic calcific pancreatitis with pseudocyst of pancreas - For follow up.

FINDINGS

Liver normal size, parenchymal echoes appear normal.
 No focal lesion seen. IHBR dilatation not seen.
 Portal vein appears normal.

CBD not dilated.
 Gall bladder moderately distended. Calculus not seen.

Spleen normal in size, parenchymal echoes appear normal.

Pancreas : Head of pancreas visualized shows coarse echotexture.
 Body and tail of pancreas are not visualized.

Paraortic region appear normal.

Right kidney : Normal size normal parenchymal echoes. Cortico medullary differentiation present.
 Pelvicalyceal system not dilated. No evidence of calyceal calculus.

Left kidney : Normal size normal parenchymal echoes. Cortico medullary differentiation present.
 Pelvicalyceal system not dilated. No evidence of calyceal calculus.


Urinary bladder moderately distended. No calculus.
 Prostate normal size.

No free fluid in abdomen.
 No dilated bowel loop.

IMPRESSION

CHRONIC PANCREATITIS.

Report – 5



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BIOCHEMISTRY

Lab Ref No. : 1601B001277

Page : 1 of 1

Received Date : 09/01/16 10:33

Reg. No : O1312021019

Name : Mr. RUTHRAMOORTHY

Reporting Date : 09/01/16 15:52

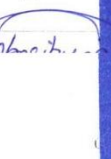
Age : 38Yr(s) Dept/Unit : HPB //

Address : NADU STREET, 5/20 JADAR PALAYAM, PARAMATHI VELUR, NAMAKKAL, TAMIL NADU, INDIA


Test Name	Result	Reference Range
BLOOD GLUCOSE-PP (Hexokinase (GOD - POD Met))	219 mg/dl	80 - 140
SERUM CREATININE (JAFKE/KINETIC METHOD.)	0.7 mg/dl	0.4 - 1.4
BLOOD GLUCOSE(F) (Hexokinase (GOD - POD M))	283 mg/dl	70 - 110
HBA1C	13.8 %	NON-DIABETICS 4-6%, TARGET OF THERAPY < 7%, CHANGE OF THERAPY > 8%

REPORT


End of the Report

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Report – 6



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DEPARTMENT OF RADIOLOGY & IMAGING


REF NO : 1702US04238 NAME : RUTHRAMOORTHY. AGE/SEX : 39Yr(s)/MALE DEPT/UNIT : /	DATE : 25-FEB-17 PT REG NO : 01312021019 REF DR. : Dr. C. Palanivelu WARD/ROOM : /
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ULTRASOUND OF ABDOMEN AND PELVIS

CLINICAL FINDINGS
Chronic calcific pancreatitis.


FINDINGS
 Liver is normal in size and echotexture.
 No focal lesions seen.
 Intrahepatic biliary radicles and CBD are normal in calibre.
 Portal vein is normal in calibre.
 Gall bladder is moderately distended.
 GB walls are smooth and there is no calculus.
 Spleen is normal in size and echopattern.
 Pancreas : Head shows coarse echotexture. Body and tail are not visualised.
 Few specks of calcification seen in the head region.
 No peripancreatic fluid collection seen.
 Both kidneys are of normal size and cortical echoes.
 Collecting systems and ureter are not dilated.
 No calculus seen.
 Urinary bladder is normal.
 Prostate is of normal size and echoes.

IMPRESSION
CHRONIC PANCREATITIS.


DR.DEVALATHA. S.
2823

Report – 7



SRI RAM CLINICAL LABORATORY
 (Computerised Semi Auto Analyser - Hematology Blood Cell Counter Attached)
ஸ்ரீராம் இரத்த பரிசோதனை நிலையம்
 Shuttari Complex, Near Sona Collage, Junction Main Road, Salem-636 005.

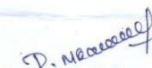
Cell : 8608857006, 9787377346

REPORT

Name : Mr.Ruthra moorthy Age/Gender: 39Y/M Date: 18-03-2017

Ref By Dr :

Investigation Done	Result	Reference Range
Blood Sugar (F)	: 124.0 mgs%	(60 - 110 mgs%)
Blood Sugar (PP)	: 171.0 mgs%	(80 - 140 mgs%)
HbA1c	: 7.8 %	(Normal : < 6.0 %) (Good Control : 6.0 - 7.0 %) (Fair Control : 7.0 - 8.0 %) (Un Satisfactory : 8.0 - 10.0 %) (Poor Control : >10.0 %)


Lab Technician

Report – 8

Conclusion:

The Pancreatic Pseudo cyst disappeared completely with Homoeopathic treatment in ten months of time. Further the patient was monitored for the next one year with no recurrence of the cyst. The hyperglycaemia was initially managed with insulin supplementation, latter on completely withdrawn. This case stands as an example that Homoeopathy can be more efficacious in treating chronic pathological diseases like chronic pancreatitis. Further study on more number of patients is needed for concrete conclusion.

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Conflict of interest: Author declares that there is no conflict of interest.

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