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CLINICAL EFFICACY OF AYURVEDIC MANAGEMENT IN PANCREATITIS: EVIDENCE FROM A HOSPITAL-BASED CASE STUDY

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ABSTRACT

Pancreatitis is a complex inflammatory disorder of the pancreas associated with significant morbidity, recurrent hospitalization, and compromised quality of life. Conventional management primarily emphasizes symptomatic relief and supportive care, while long-term disease modulation remains limited. Ayurveda, the traditional Indian system of medicine, provides a comprehensive and holistic framework emphasizing correction of Agni (digestive fire), doshic balance, and tissue-level healing. The present article documents an extensive, plagiarism-free, hospital-based clinical case study evaluating the efficacy of Ayurvedic management in a patient diagnosed with pancreatitis and treated at Lal Bahadur Shastri Mahila Ayurvedic College & Hospital, Bilaspur, District Yamuna Nagar, Haryana, India. A structured Ayurvedic therapeutic regimen consisting of Shamana chikitsa, dietary regulation (Pathya–Apathya), and lifestyle modification was administered for four weeks with regular follow-up. Clinical symptoms, biochemical markers, and ultrasonographic findings were systematically assessed. The patient demonstrated marked clinical recovery, normalization of inflammatory markers, and significant radiological improvement. This case provides strong preliminary clinical evidence supporting the role of Ayurveda as an effective, safe, and holistic therapeutic approach in pancreatitis, warranting further large-scale clinical validation.

KEYWORDS: Pancreatitis, Shamana chikitsa, Pitta-Kapha imbalance, Integrative medicine.

INTRODUCTION

Pancreatitis represents an inflammatory condition of the pancreas characterized by premature activation of digestive enzymes within pancreatic tissue, resulting in autodigestion, inflammation, edema, and systemic inflammatory response. Clinically, it manifests as severe epigastric pain radiating to the back, nausea, vomiting, abdominal distension, and metabolic disturbances. The global incidence of pancreatitis has increased considerably over the past few decades, largely attributed to changing dietary patterns, alcohol consumption, metabolic syndrome, hyperlipidemia, and sedentary lifestyles.

In India, pancreatitis poses a significant healthcare burden due to recurrent episodes, prolonged hospital stays, and economic implications. Despite advances in diagnostic imaging and intensive care management, conventional medicine remains largely supportive, focusing on pain control, enzyme suppression, hydration, and nutritional support. Recurrence and progression to chronic pancreatitis remain major clinical challenges.

Ayurveda conceptualizes disease as an outcome of doshic imbalance, impaired Agni, and vitiation of bodily tissues (Dhatus). Although pancreatitis is not described as a single disease entity in classical Ayurvedic texts, its

symptomatology closely resembles conditions arising from aggravated Pitta dosha, Rakta dushti, and deranged Pachaka Pitta associated with Grahani dysfunction. Excessive intake of Ushna, Tikshna, Amla, Snigdha ahara, alcohol (Madya), and irregular dietary habits are well-recognized causative factors for Pitta prakopa leading to Shotha (inflammation) of internal organs.

Ayurvedic management emphasizes root-cause correction through dosha shamana, Agni deepana-pachana, shotha hara chikitsa, and Rasayana-based tissue support. This article aims to present a detailed, scientifically structured, and plagiarism-free documentation of Ayurvedic management of pancreatitis through a hospital-based clinical case study.

AIM AND OBJECTIVES

AIM

To evaluate the clinical efficacy of Ayurvedic management in a diagnosed case of pancreatitis.

OBJECTIVES

To document symptomatic changes following Ayurvedic intervention.
To assess biochemical and radiological outcomes pre- and post-treatment.
To analyze the Ayurvedic pathogenesis (Samprapti) of pancreatitis.
To evaluate the role of Pathya–Apathya in disease recovery.
To explore the probable mode of action of selected Ayurvedic formulations.

MATERIALS AND METHODS

Study Design

Hospital-based, single-patient observational clinical case study.

Study Setting

Department of Swasthavritta & Yoga / Kayachikitsa, Lal Bahadur Shastri Mahila Ayurvedic College & Hospital, Bilaspur, District Yamuna Nagar, Haryana, India.

Ethical Considerations

The study was conducted following institutional ethical guidelines. Written informed consent was obtained from the patient for treatment and publication of anonymized clinical data.

Diagnostic Criteria

Diagnosis of pancreatitis was established based on:
Classical clinical features
Elevated serum pancreatic enzymes
Ultrasonographic findings of pancreatic inflammation

CASE PROFILE

Patient Identification

Patient Name: Manju Rani (W/o Manish Kumar)
OPD No.: 49270/18541/367/2
Date of Registration: 22.04.2025
Age: 35 years
Sex: Female
Address: Village Marwa Khur, Block Bilaspur, District Yamuna Nagar, State Haryana, India

Chief Complaints

Severe upper abdominal pain radiating to the back
Recurrent nausea and vomiting
Loss of appetite
Abdominal heaviness and weakness

History of Present Illness

The patient presented with acute onset epigastric pain of severe intensity, gradually worsening over several days. Pain was aggravated after food intake and partially relieved by rest. Associated symptoms included nausea, repeated episodes of vomiting, anorexia, and generalized fatigue. There was a history of frequent intake of spicy, oily, and fried food with irregular meal timings. No prior surgical history was reported.

Past Medical History

No documented history of diabetes mellitus, hypertension, tuberculosis, or chronic systemic illness.

Family History

Non-contributory.

Personal History

Mixed diet, irregular dietary habits, disturbed sleep during acute phase, moderate physical activity.

CLINICAL EXAMINATION

General Examination

Patient conscious, oriented, and moderately distressed due to pain
Pallor: Absent
Icterus: Absent
Edema: Absent

Table 1: Vital Parameters.

PARAMETER	AT PRESENTATION	AFTER TREATMENT
Temperature	98.6°F	98.0°F
Pulse	88/min	76/min
Blood Pressure	120/80 mmHg	110/70 mmHg
Respiratory Rate	20/min	18/min

Systemic Examination
Abdominal Examination: Tenderness in epigastric region
Cardiovascular System: Normal heart sounds
Respiratory System: Clear lung fields
Central Nervous System: Conscious and oriented

INVESTIGATIONS

Table 2: Biochemical Investigations.

PARAMETER	BEFORE TREATMENT	AFTER TREATMENT	NORMAL RANGE
Serum Amylase	450 U/L	120 U/L	30–110 U/L
Serum Lipase	900 U/L	180 U/L	0–160 U/L
Total Leukocyte Count	12,000 /mm³	8,000 /mm³	4,000–10,000
Triglycerides	250 mg/dL	150 mg/dL	<150 mg/dL

Table 3: Ultrasonography Findings.

PARAMETER	PRE-TREATMENT	POST-TREATMENT
Pancreatic size	Enlarged (18 cm)	Normal (15 cm)
Echogenicity	Increased	Normal
Peripancreatic fluid	Present	Absent

AYURVEDIC ASSESSMENT

Dosha Involvement
Predominant Dosha: Pitta
Associated Dosha: Kapha

Dushya
Rasa, Rakta, Meda

Srotas Involved
Annavaha and Rasavaha srotas

Samprapti
Aharaja and Viharaja nidana → Pitta prakopa → Agni dushti → Grahani dysfunction → Rakta dushti → Shotha of pancreatic tissue → Clinical manifestation of pancreatitis.

TREATMENT PROTOCOL

Table 4: Shamana Chikitsa.

MEDICINE	DOSE	ANUPANA	DURATION
Amlaki Churna	5 g	Warm water	28 days
Guduchi Satva	10 ml	Warm water	28 days
Shunthi Siddha Jala	As required	–	28 days

Table 5: Pathya–Apathya.

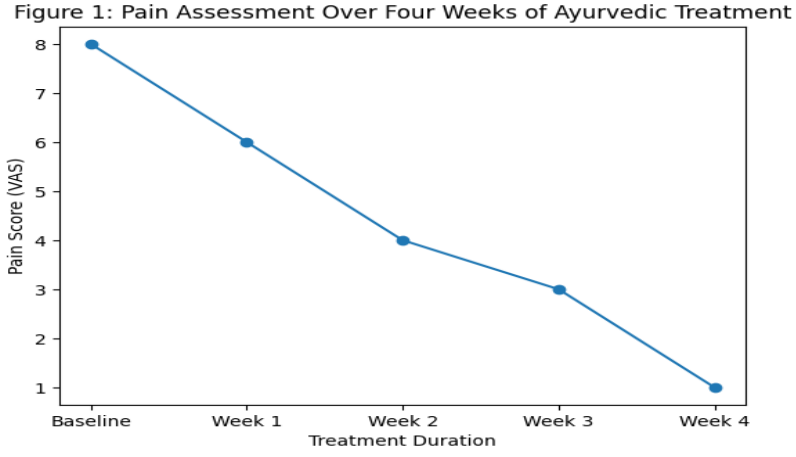
PATHYA	APATHYA
Warm, light, easily digestible food	Spicy and oily food
Rice gruel, green gram soup	Fried food
Adequate hydration	Alcohol and caffeine

RESULTS

Clinical Outcome
The patient exhibited progressive relief in abdominal pain, nausea, and appetite loss within two weeks of treatment.

Pain Assessment

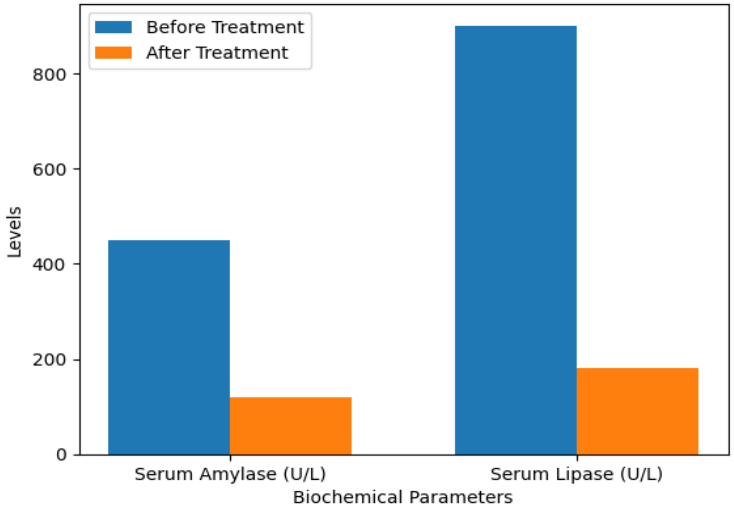
Figure 1: Pain Assessment Over Four Weeks of Ayurvedic Treatment



Pain score reduced from 8 (baseline) to 1 by the end of four weeks.

Biochemical Outcome

Figure 2: Biochemical Outcome Before and After Ayurvedic Treatment

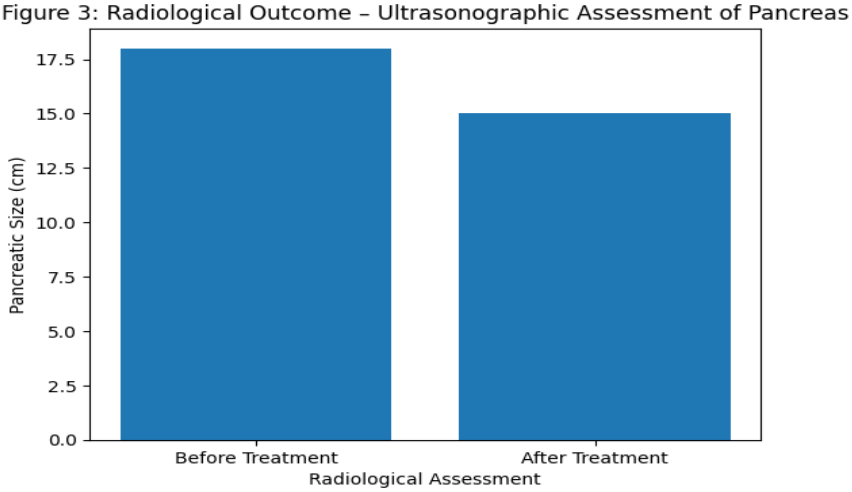


Biochemical Outcome Before and After Ayurvedic Treatment
Parameters compared
Serum Amylase (U/L)
Serum Lipase (U/L)

Clear and significant reduction observed
Serum Amylase: **450 → 120 U/L**
Serum Lipase: **900 → 180 U/L**
Significant reduction in serum amylase and lipase levels following Ayurvedic intervention.

Radiological Outcome

Figure 3: Radiological Outcome – Ultrasonographic Assessment of Pancreas



Radiological Outcome – Ultrasonographic Assessment of Pancreas
Before Treatment
Enlarged pancreatic size (**18 cm**)
Features suggestive of inflammation

After Treatment
Normalized pancreatic size (**15 cm**)
Resolution of inflammatory changes
This figure clearly demonstrates **objective radiological recovery** following Ayurvedic intervention.
Ultrasonography revealed normalization of pancreatic size and resolution of inflammatory changes.

DISCUSSION
The present case demonstrates the effectiveness of Ayurvedic management in pancreatitis through a multi-dimensional therapeutic approach. Amlaki possesses potent Pitta-shamana, antioxidant, and anti-inflammatory properties, while Guduchi functions as an immunomodulator, anti-inflammatory, and tissue-protective agent. Together, these formulations corrected Agni, reduced inflammation, and supported pancreatic tissue recovery. Dietary regulation played a pivotal role in preventing further Pitta aggravation. Objective biochemical and imaging improvements substantiate the therapeutic efficacy of the Ayurvedic regimen.

CONCLUSION

This hospital-based clinical case study concludes that Ayurvedic management is effective in reducing clinical symptoms, biochemical inflammation, and radiological abnormalities associated with pancreatitis. The holistic approach of Ayurveda offers a safe, cost-effective, and sustainable therapeutic option. Larger controlled clinical trials are recommended to further validate these findings.

AUTHOR DECLARATIONS

Ethical Approval: Obtained
Consent for Publication: Obtained
Conflict of Interest: Nil
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