

Pancreatitis

Acute Exacerbation of Chronic Pancreatitis

Mr. S. G. 31years Male

Acute Episode in Pre-Diagnosed Case of Pancreatic Ascites with Pancreatic Duct Leak

Investigations

Very High Serum Amylase - 2240 IU/L (Normal -35 to 145 IU/L)

ERCP Report - Ascites due to PD Leak, PD could not be visualized beyond the site of leak

Ascitic Fluid Amylase - > 30,000 IU/L

Considering Intensity, Mortality & Morbidity

Acute Pancreatitis 80% Ca Head of Pancreas

Considering Intensity, Mortality & Morbidity Acute Pancreatitis 80% Ca Head of Pancreas Patient approached

HOMOEOPATHIC CANCER CARE CENTRE on 7th Sept 2005

Presenting Complaints

Excruciating pain in epigastric region - Radiating to Back - Not responding to analgesics & even Sedatives

Breathlessness worsening least exertion, Difficult movements due to ? Pain / ? Fatigue

Frequent, loose, mucoid, dark blackish, offensive ++ stools (Such stools indicate internal bleeding)

Reduced urine output

Significant weight loss - 12 kg over 4 mths.

On Examination Findings were

CT Scan -Huge Ascites with Pancreatic Duct leak + Left Pleural Effusion.

Tachycardia & Hypotension (80 Heart Rate, 80 B.P.)

Appetite, Thirst - was lost, Sleeplessness due to severe pain.

E Poor General Condition

Abdominal Girth in standing position was 76 cm due to Ascites - 7th Sept 2005



Bad Prognostic Criteria

Hypotension.
Tachycardia.
Hepatic Parenchymal Disease.
Gastro Intestinal Bleeding
(All covered by this Patient)

Grading as per Severity Index

Grade IV - Pancreatitis
(2 or more Peri pancreatic fluid collections)

Ascites S. Amylase

Left Pleural Effusion
2240 IU / L

(Ref. :- Harrison's Principles of Internal Medicine)

Patient was prescribed only one single Homoeopathic Medicine strictly as per Guidelines & Principles of Homoeopathy & was observed daily in Clinic

Follow Up after 4days

Patient was feeling a bit comfortable although the intensity of complaints was almost same

C/o - Lightening pain-Left mid axillary line

Spasmodic pain in epigastrium, more in evening time, temporary relieved after eating.

Breathlessness, increasing after exertion

Sticky Salivation with Thirst less ness.

Follow Up after next 4days

Much better in General for 1 day, again complaints increased...

Persistent pulling pain in Epigastrium & below ribs

Burning pain in Abdomen more at night, Relieved after eating

Sense of Well being established

(Most important from Homoeopathic point of view - which indicates that direction of treatment is right)

Urinary Output↑↑, Appetite↑↑, Thirst ↑ a bit, Sleep - much comfortable

Breathlessness & Fatigue "â†"â†"

Stools, Ascites & Oedema on Legs - Same, No Change.

USG Abdomen - Moderate to Gross Ascites

As Patient was improving symptomatically but pathology was unchanged we Reconsidered our Prescriptions & necessary changes in the Medication were done...

Follow Up after next 4days(17 Sept 2005)

Much well in General, Pain Subsided (which did not respond to analgesics & even sedatives in the past)

Stools improved - indicates control over internal bleeding

Appetite, Thirst, Sleep & Weakness - Improvement maintained

Ascites Reduced - Abdominal Girth - 69cm, Weight loss 1.5 kg indicating weight of Ascitic fluid.

17 Sept 2005



Follow Up after next 4days (21 Sept 2005)

Much well -mild pain in epigastrium increasing at 3am & 4pm

Abd. Girth "â†"â†" - 66.5 cm

USG Abd. - Moderate Ascites

Follow Up after next 12days (5 Oct 2005)

Mild pain in epigastrium - off & on

Flatulence

S. Amylase -141 IU / L (Previously 2240 IU/L)

Patient is now living Absolutely Normal Life without any dietary restrictions