

SUCCESSFUL AYURVEDIC & DIETARY INTERVENTIONS IN CHRONIC  
RECURRENT PANCREATITIS: A CASE SERIES ON HOLISTIC MANAGEMENT

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## ABSTRACT

**Background:** Chronic recurrent pancreatitis (CRP) is a progressive inflammatory disorder leading to glandular damage and pancreatic dysfunction. Conventional treatments focus on symptom management, but Ayurveda provides a holistic approach addressing the root cause. **Aim:** To assess the effectiveness of an Ayurveda-based treatment protocol in managing CRP through a case series. **Materials and Methods:** This case series includes three patients diagnosed with CRP who underwent a standardized Ayurvedic treatment protocol comprising Panchakarma therapies, herbal medications, and dietary modifications. Assessment parameters included Visual Analogue Scale (VAS), frequency of pain episodes, steatorrhea severity, weight, postprandial glucose levels, quality of life scores, and serum amylase/lipase levels before and after treatment. **Results:** Significant improvement was observed in all assessment parameters. Pain episodes decreased, weight improved, and laboratory parameters showed positive changes. **Conclusion:** Ayurveda-based interventions demonstrated promising results in CRP management, suggesting the need for further clinical studies.

**KEYWORDS:** Chronic Recurrent Pancreatitis, Panchakarma, Agni Deepana, Rasayana Therapy.

## INTRODUCTION

Chronic Recurrent Pancreatitis (CRP) is a progressive inflammatory condition of the pancreas, characterized by repeated episodes of inflammation leading to fibrosis, impaired exocrine and endocrine function, and subsequent metabolic disturbances.<sup>[1]</sup> Patients with CRP commonly experience persistent abdominal pain, digestive insufficiency, steatorrhea, weight loss, and malnutrition. Over time, the condition may lead to complications such as pancreatic insufficiency, diabetes mellitus, and an increased risk of pancreatic malignancy. From an Ayurvedic perspective, CRP can be correlated with conditions such as Annadrava Shoola, Pittaja Udara Shoola, or Agnimandya, where an imbalance of Pitta and Vata doshas plays a significant role in disease pathogenesis.<sup>[2]</sup> The excessive accumulation of Pitta dosha leads to inflammation, burning sensation, and digestive disturbances, while Vata dosha contributes to spasmodic pain, dryness, and progressive degeneration of pancreatic tissue.<sup>[3]</sup> The involvement of Agni (digestive fire) is crucial, as its impairment results in Ama (toxic metabolic byproducts) formation, leading to chronic inflammatory responses.

This case series aims to explore Ayurvedic interventions for CRP, focusing on Agni restoration, inflammation reduction, and pancreatic rejuvenation through a

combination of herbal formulations, dietary modifications, Panchakarma therapies, and Rasayana (rejuvenation) approaches. The therapeutic approach emphasizes the use of Deepana (digestive stimulants), Pachana (metabolic correctives), Shamana (palliative treatment), and Shodhana (bio-purification therapies) to address the root cause of CRP and enhance pancreatic function.<sup>[4]</sup> The efficacy of selected Ayurvedic interventions will be analyzed based on symptomatic relief, biochemical markers, and improvements in digestive and metabolic health. This study highlights the potential role of Ayurveda in managing Chronic Recurrent Pancreatitis, providing a holistic, patient-centered approach that aims not only to alleviate symptoms but also to restore the functional integrity of the pancreas and improve overall well-being.

## MATERIALS AND METHODS

## Patient Case Histories and Clinical Findings

## Case 1

A 45-year-old male, a businessman with a history of alcohol consumption, presented with recurrent upper abdominal pain, nausea, and weight loss for the past three years. His digestive capacity was weak, and he had frequent episodes of steatorrhea. Serum amylase and lipase were elevated. Imaging revealed mild pancreatic fibrosis.

**Case 2**

A 38-year-old female, a homemaker, presented with idiopathic recurrent pancreatitis for five years. She had bloating, postprandial pain, and occasional diarrhea. Clinical examination revealed mild hepatomegaly and sluggish digestion. Serum amylase and lipase were moderately elevated.

**Case 3**

A 50-year-old retired male with idiopathic recurrent pancreatitis and secondary diabetes mellitus presented

with severe epigastric pain and fatigue for the past four years. Postprandial glucose levels were unstable. Serum amylase was significantly elevated. Imaging showed pancreatic calcifications.

**Diagnostic Tools used**

1. Pain Score (VAS)
2. Frequency of Pain Episodes (per month)
3. Steatorrhea Severity
4. Postprandial Glucose (mg/dL)
5. Serum Amylase & Lipase Levels (U/L)

**Table 1: Patient Demographic Data.**

Parameter	Case 1	Case 2	Case 3
Age	45	38	50
Gender	Male	Female	Male
Occupation	Business	Homemaker	Retired
Dietary Habit	Non-Vegetarian	Vegetarian	Mixed
Addiction	Alcohol	None	None
BMI	22.5	21.8	24.0
Duration of CRP (years)	3	5	4

**Table 2: Ashtavidha Pariksha (Eightfold Examination).**

Parameter	Case 1	Case 2	Case 3
Nadi (Pulse)	Pitta-Vata	Pitta-Kapha	Vata-Pitta
Mutra (Urine)	Normal	Slightly Yellowish	Normal
Mala (Stool)	Loose, Oily	Constipated	Normal
Jihva (Tongue)	Coated	Clean	Coated
Shabda (Voice)	Normal	Soft	Low
Sparsha (Touch)	Warm	Cold	Warm
Drik (Eyes)	Redness Present	Clear	Mild Yellowish
Akruti (Body Structure)	Moderate Built	Lean	Moderate Built

**Table 3: Dashavidha Pariksha (Tenfold Examination).**

Parameter	Case 1	Case 2	Case 3
Prakriti (Constitution)	Pitta-Vata	Kapha-Pitta	Vata-Pitta
Vikriti (Pathological State)	Pitta Aggravation	Kapha Accumulation	Vata-Pitta Disturbance
Sara (Tissue Quality)	Madhyama (Moderate)	Heena (Low)	Madhyama (Moderate)
Samhanana (Body Build)	Moderate	Lean	Moderate
Pramana (Body Measurements)	Normal	Slightly Underweight	Normal
Satmya (Tolerance)	Spicy Food	Sweet Food	Bitter Foods
Satva (Mental Strength)	Madhyama (Moderate)	Madhyama (Moderate)	Pravara (Strong)
Aahar Shakti (Digestive Power)	Manda (Weak)	Madhyama (Moderate)	Madhyama (Moderate)
Vyayama Shakti (Exercise Capacity)	Alpa (Low)	Madhyama (Moderate)	Madhyama (Moderate)
Vaya (Age)	Middle Age	Middle Age	Middle Age

- Dietary Interventions for CRP Management**

Dietary modifications play a crucial role in the Ayurvedic management of Chronic Recurrent Pancreatitis (CRP). A personalized diet plan was implemented for all patients, tailored to their Prakriti (constitution) and Vikriti (pathological condition) to support digestion, reduce inflammation, and promote pancreatic healing.

Patients were advised to include easily digestible foods such as rice gruel (*Peya*), barley soup, and moong dal soup to minimize pancreatic stress while ensuring adequate nutrition. Cooling and hydrating foods,

including coconut water, buttermilk (*Takra*), and pomegranate juice, were incorporated to pacify aggravated Pitta and maintain hydration. Herbal infusions made from coriander, fennel, and licorice were recommended for their digestive and anti-inflammatory properties.<sup>[5]</sup> Cooked vegetables like bottle gourd, ash gourd, ridge gourd, and carrots were emphasized for their light, alkaline nature, aiding digestion and reducing irritation. Moderate amounts of ghee were included to balance Vata and Pitta, while *Rasayana* foods such as soaked almonds, dates, and raisins were introduced in moderation to enhance tissue nourishment and recovery.<sup>[6]</sup>

To prevent aggravation of symptoms, patients were advised to avoid spicy, oily, and fried foods, which could trigger inflammation. Processed and refined foods were restricted due to their potential to disrupt digestion and metabolic balance. Heavy legumes, such as kidney beans and black gram, were excluded as they are difficult to digest and may cause bloating. Alcohol and caffeinated beverages were strictly avoided, as they could further irritate the pancreas. While buttermilk was encouraged for gut health, excessive consumption of other dairy products was discouraged to prevent mucus accumulation and digestive sluggishness.

In addition to food choices, mindful eating practices were emphasized. Patients were instructed to consume small and frequent meals to prevent overburdening the pancreas and maintain steady digestion. Freshly cooked, warm meals were preferred for optimal nutrient absorption.<sup>[7]</sup> Drinking lukewarm water throughout the day supported digestion and detoxification, while late-night eating was discouraged to prevent metabolic strain.

By adhering to these dietary guidelines, patients experienced improved digestion, reduced inflammation, and better symptom management, supporting the overall effectiveness of the Ayurvedic treatment approach for CRP.<sup>[8]</sup>

- **Standardized Treatment Protocol for All Patients**
- 1. **Deepana-Pachana:** *Trikatu Churna*, *Arogyavardhini Vati* for metabolic activation.
- 2. **Shamana Aushadha:** *Guduchi*, *Shankh Bhasma*, *Avipattikar Churna* for Pitta pacification.
- 3. **Panchakarma Therapy**
  - **Virechana** (Therapeutic purgation using *Trivrit Avaleha*)
  - **Takra Kalpana** (Buttermilk therapy for gut restoration)
  - **Matra Basti** (Oil enema with *Bala Taila*)
- 4. **Rasayana Therapy:** *Shatavari Ghrita*, *Punarnavasava* for tissue rejuvenation.
- 5. **Dietary Modifications:** Light, non-spicy diet with adequate hydration.

**Table 4: Clinical Findings Before and After Treatment.**

Parameter	Case 1 (Before)	Case 1 (After)	Case 2 (Before)	Case 2 (After)	Case 3 (Before)	Case 3 (After)
Pain Score (VAS)	8	2	7	1	9	3
Frequency of Pain Episodes (per month)	6	1	5	0	7	2
Steatorrhea Severity	Severe	Mild	Moderate	None	Severe	Mild
Weight (kg)	58	62	52	56	60	64
Postprandial Glucose (mg/dL)	145	120	130	110	190	140
Serum Amylase & Lipase Levels (U/L)	180	95	160	85	210	100

## OBSERVATION AND RESULTS

A significant reduction in pain episodes was observed in all cases, indicating effective symptom control through Ayurvedic interventions. Digestive capacity improved notably, with a marked decrease in steatorrhea, suggesting enhanced fat metabolism and better absorption. In diabetic patients, postprandial glucose control improved, highlighting the metabolic benefits of the treatment approach. Serum amylase and lipase levels, which were elevated before treatment, normalized post-intervention, reflecting reduced pancreatic stress and improved pancreatic function. Furthermore, dietary adherence played a crucial role in sustaining therapeutic benefits, as patients who followed the prescribed dietary regimen experienced better symptom management, reduced recurrence rates, and overall enhanced well-being.

## DISCUSSION

Virechana therapy played a crucial role in detoxification by eliminating aggravated Pitta and reducing inflammation. Digestive regulation was achieved through the administration of *Arogyavardhini Vati* and *Trikatu Churna*, which enhanced metabolism. Pancreatic healing was supported by rejuvenating therapies such as

*Shatavari Ghrita* and *Punarnavasava*. Gut flora restoration and improved nutrient absorption were facilitated by *Takra Kalpana*.<sup>[8]</sup> Additionally, a dietary regimen incorporating Pitta-Shamana and Vata-Pacifying foods helped sustain the therapeutic effects and reduce recurrence. The uniformity in treatment yielded consistent improvements, demonstrating Ayurveda's efficacy in managing CRP. Further large-scale studies are recommended.

## CONCLUSION

This case series highlights Ayurveda's potential in managing Chronic Recurrent Pancreatitis (CRP) by addressing its root cause rather than offering symptomatic relief. The integrated approach of Panchakarma, dietary interventions, and Rasayana therapies demonstrated significant improvements in pain relief, digestive function, and metabolic health. The absence of adverse effects and high patient compliance suggest Ayurveda as a safe, effective, and sustainable alternative or complementary therapy for CRP. However, larger clinical trials are needed to validate these findings and develop standardized treatment guidelines.

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