Chronic alcoholic pancreatitis with necrotising exacerbation and pseudocyst treated with homoeopathy: A Case Report

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Abstract

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Case Summary: In a case with a combination of pathology, trauma and addiction, arriving at a homoeopathic simillimum can be challenging. The present case study demonstrates the management of a patient in a semi-comatose state with abdominal rigidity and ultrasonographic evidence of pancreatic pseudocyst. The acute exacerbation of pancreatitis with pseudocyst and the chronic state were managed with acute and constitutional homoeopathic remedies selected through Boenninghausen’s and Boger’s approaches, respectively. The causal attribution was assessed by MONARCH inventory. The outcome of the treatment showed complete resolution of the necrotised pancreas and pseudocyst rendering the patient back to his daily living.
Chronic alcoholic pancreatitis with necrotising exacerbation and pseudocyst treated with homoeopathy: A case report

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Dr. M. L. Dhwale Memorial Homoeopathic Institute, Palghar, Maharashtra, India

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Introduction: Chronic alcoholic pancreatitis with necrotising exacerbation and pseudocyst is a condition with a poor prognosis. The disease pathology, along with a history of trauma, and alcohol dependence, adds up to the severity making it more difficult to treat. The main surgical management is cyst drainage. Individualised homoeopathic medicine can resolve this without surgical intervention. Case Summary: In a case with a combination of pathology, trauma and addiction, arriving at a homoeopathic similimum can be challenging. The present case study demonstrates the management of a patient in a semi-comatose state with abdominal rigidity and ultrasonographic evidence of pancreatic pseudocyst. The acute exacerbation of pancreatitis with pseudocyst and the chronic state were managed with acute and constitutional homoeopathic remedies selected through Boenninghausen’s and Boger’s approaches, respectively. The causal attribution was assessed by MONARCH inventory. The outcome of the treatment showed complete resolution of the necrotised pancreas and pseudocyst rendering the patient back to his daily living.

Keywords: Acute, Case report, Constitutional, Pancreas, Surgical

Introduction

The most common causes of acute pancreatitis are alcoholism, cholelithiasis and trauma. Acute pancreatitis varies in severity, from being self-limiting to having a rapid fatal course. Necrotising pancreatitis is associated with a poor prognosis; mortality is approximately 15%, and up to 30–39% in cases of infected necrosis and the line of treatment is mainly invasive.[1] A study reports a 16% prevalence of pseudocysts in cases of pancreatitis in India.[2] 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. It accounts for 10% of acute pancreatitis cases.[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] The challenge lies in treating cases with complications such as necrotising pancreatitis and pseudocyst.[6] Homoeopathy can help in so-called surgical cases of altered susceptibility, in which the characteristic indications are present.

Patient Information

A 50-year-old male was brought to the hospital on 15th January 2019 in a semi-comatose state with abdominal rigidity and ultrasonographic evidence of pancreatic pseudocyst. The acute exacerbation of pancreatitis with pseudocyst and the chronic state were managed with acute and constitutional homoeopathic remedies selected through Boenninghausen’s and Boger’s approaches, respectively. The causal attribution was assessed by MONARCH inventory. The outcome of the treatment showed complete resolution of the necrotised pancreas and pseudocyst rendering the patient back to his daily living.

Keywords: Acute, Case report, Constitutional, Pancreas, Surgical
History of presenting illness
The patient had a similar episode 5 years back, after a blunt trauma to the abdomen, and the second episode 3 years ago. The third episode, for which he was brought to the hospital, was sudden. The patient was transferred from another hospital for further management of necrotising pancreatitis. The patient was apparently a chronic alcoholic. The computed tomography (CT) scan of the abdomen and pelvis dated 30th December 2018 revealed ‘a large necrotic collection in the head of the pancreas; pseudocyst’.

On general examination, the patient was semi-comatose afebrile, with a pulse rate of 120 beats/min and blood pressure of 100/60 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 malaria in 1975, leptospirosis in 2002, Pott’s spine in 2005, urinary tract infection in 2008 and testicular infection in 2009. His mother suffered from osteoarthritis and also had a history of frequent sexual intercourse.

Since he was brought in an acute state, there was moderately reduced thirst and mildly reduced appetite, a marked craving for ice cream; and dreams of being beaten, kicked and abused, causing disturbed sleep. He had a lean body, with an emaciated look, and a wheatish complexion. In general, he had a marked craving for spicy food and ice cream, an aversion to tea and aggravation by lying on the left side, frightful dreams, and nausea after drinking.

Life space investigation
The patient was brought to the hospital in a semi-comatose state by a friend (a social activist) as there was poor financial and familial support. He stayed with his bedridden mother who was looked after by him and a caretaker. However after he fell ill, the mother was shifted to an old age home. His childhood was spent with his grandparents, while his parents stayed separately. Yet his father would interfere in the patient’s decisions, which upset; do not express this openly; easily touched by cultural beauty; aversion to the company; aggravation by lying on the left side; holding on; if a relationship is broken up, they will be very upset; do not express this openly; easily touched by cultural beauty; aversion to the company; aggravation by lying on the left side; desires spicy; disturbed by milk; etc., as described closely resembled the patient, such as sadness and depression; holding on; if a relationship is broken up, they will be very upset; do not express this openly; easily touched by cultural beauty; aversion to the company; aggravation by lying on the left side; desires spicy; disturbed by milk; etc., as described in Kent’s lectures on Materia Medica, and Homoeopathy and Minerals.

Diagnostic assessment
The ultrasonography (USG) done on admission showed: Gall bladder (GB) sludge filled with pseudocyst at the head of the pancreas 104 × 84 mm, pancreatic duct 2 mm. The sodium level was 129.9 mEq/L and the white blood cells (WBC) count was 16,800/cm. The CT scan and laboratory investigations could not be repeated later due to the patient’s poor socioeconomic condition. The probable diagnosis was acute necrotising pancreatitis with pseudocyst. It was a case with a poor prognosis considering the clinical state and the pathology.

Therapeutic intervention
An acute remedy, Skaphysagria (Staph.), was prescribed, not based on repertorisation, but based on the patient’s subconscious mental state as the patient had dreams of being beaten, kicked and abused to a history of blunt trauma, which led to the first episode. The first and second episodes were combined to understand the evolution. Furthermore, Skaphysagria is indicated for the ill effects of mechanical injury, and wounds.

Staph. 30 was prescribed every 4 h, but minimal improvement was observed with this. Hence, the case was reviewed, and Boenninghausen’s approach, which lays emphasis to the characteristic modalities, was applied to the case (grand generalisation, modalities and physical generals).

Pulsatilla nigricans (Puls.) was prescribed based on repertorisation, considering its affinity for the pancreas and alcoholism. Puls. has thirstlessness with complaints, aggravation by lying on the left side, frightful dreams, sensitiveness and inflammation of complaints of the abdomen, and nausea after drinking.

Puls. 30C was prescribed two hourly, from 17th January 2019, after further differentiation. The pain assessment was done on the VAS which improved from 9 to 6 (almost 30%). The other symptoms were assessed based on the intensity and frequency. As there was no further improvement and no new indications, hence, in this chronic state, a constitutional remedy was indicated.

Chronic totality was repertorised by Boger’s approach considering tissue affinity, pathogenesis (location and pathology), sensation, physical general and mental state. Boger’s approach was taken due to the presence of pathology more than qualified mental pathology at the level of mind and body.

The patient had features that partially indicated both Phosphorus (Phos.) and Natrum Muriaticum (Nat. Mur.). However, symptoms of Natrum Phosphoricum (Nat. Phos.) closely resembled the patient, such as sadness and depression; holding on; if a relationship is broken up, they will be very upset; do not express this openly; easily touched by cultural beauty; aversion to the company; aggravation by lying on the left side; desires spicy; disturbed by milk; etc., as described in Kent’s lectures on Materia Medica, and Homoeopathy and Minerals.

The factors such as structural irreversible pathology, progression, and poor vitality indicated poor susceptibility, hence guiding towards the need for 50 millesimal potency at frequent intervals.
Follow-up and outcomes

*Nat. phos.* 200c was started every night, but there was no clinically significant change. The posology was revisited after 6 days, and *Nat. phos.* 0/1, 3 times daily, was prescribed. The USG dated 01 February 2019 indicated a pseudocyst measuring 10.2 × 12 × 9.5 cm, with an approximate volume of 600 cc, and 5 mm thickness. However, after a week, the USG dated 08 February 2019 was normal. The VAS also came down to three. The total bilirubin level reduced from 8.02 mg/dl to 5.99 mg/dl, further followed by 3.00 mg/dl and 1.93 mg/dl. The white blood cell (WBC) count was reduced from 10,200/cubic mm to 6400/cubic mm.

The timeline of the case management is given in Figure 3.

The causal attribution of the case was assessed by MONARCH inventory for Homoeopathy[15] as shown in Table 1.

**DISCUSSION**

The case shows the affection of the gastrointestinal system, i.e. pancreas, with necrosis and pseudocyst, and the mental state of being deeply affected due to chronic alcoholism, disappointed love and love for art in the form of music. The desire for spicy food and ice cream, and tubercular background were other features that pointed towards the remedy *Natrum phos.*

As there are limited rubrics available on this medicine, it does not come up in repertorisation, but is sufficiently depicted in materia medica. The *Nat. phos.* patients cannot tolerate milk, have an aversion to company, and lying on the left side aggravates their symptoms.[9] They suffer from sadness and depression; if a relationship is broken, they will be very upset, do not express this openly, and are easily touched by cultural beauty.[14] On the other hand, the *Nat. mur.* patients suffer from the ill effects of disappointment and grief; better by lying on the right side; *Phosphorus* is worse by lying on the left side; and have a craving for spicy and cold.[11]

In this case, *Phos.* comes up at the top of the list, but it does not cover the totality, the same holds true for *Nat. mur.* Repertory is a bridge between symptoms and prescription, but the final call for the remedy remains with the homoeopathic materia medica. Our patient lacked openness and sentimentality, along with the exuberant behaviour of *Phos.* The patient is a loner but shows an extroverted nature in front of people, which makes *Nat. mur.* inappropriate for the case. A synthetic approach was taken in this case, which covers the cause, action, communication and response to the grief to reach the medicine. Thus, *Nat. phos.* was selected based on the tissue affinity, pathology, and progress of the case. The Boger’s approach helped in reaching the correct repertorial syndrome.

This case demonstrates managing a typical surgical case with pathological components of necrosis and pseudocyst of the pancreas, with a history of trauma and alcohol addiction, with Homoeopathy. The case was managed first acutely, considering the modalities, physical generals and mental state, repertorised through Boenninghausen’s approach. *Staph.* and *Puls.* were indicated, however, as *Staph.* showed limited change, *Puls.* was prescribed causing much improvement in the state. This was followed by a need for deep-acting constitutional remedy.
Table 1: Assessment by MONARCH inventory for Homoeopathy

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Domains</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the clinical improvement occur within a plausible time frame relative to the medicine intake?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Was there a homoeopathic aggravation of symptoms?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did overall well-being improve? (Assessed clinically)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 A</td>
<td>Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 B</td>
<td>The direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms: – from organs of more importance to those of less importance? – from deeper to more superficial aspects of the individual? – from the top downwards?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Are there alternative causes (i.e. other than the medicine) that – with a high probability – could have produced the improvement? (Consider the known course of disease, other forms of treatment and other clinically relevant interventions)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Was the health improvement confirmed by any objective evidence? (VAS)</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>10</td>
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VAS: Visual analogue scale

Figure 3: Timeline of patient’s treatment and follow ups

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VAS: Visual analogue scale
which was repertorised through Boger’s approach. Many remedies, namely *Nat mur.*, *Phos.*, *Conium*, *Puls.*, *Staph.*, etc., came up, but considering the pathology of necrosis and pseudocyst, mental state of disappointed love and love for art in the form of music, physical generals and tubercular background, *Nat. phos.* was prescribed in 50 millesimal potency, which eventually helped to resolve the pathology.

This case report demonstrates the scope of Homoeopathy in progressive chronic disease, with active maintaining cause, progressing to life-threatening complications where urgent surgical intervention is indicated. 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, if managed under constant supervision. Once the acute state is settled, the constitutional remedy can bring about permanent resolution.

However, 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 homoeopathy has a good scope in managing acute necrotising pancreatitis with pseudocyst, if treated holistically, after a complete understanding of the case.

**Declaration of patient’s consent**

A written informed consent was taken from the patient, and he was assured of anonymity while reporting his case.

**Financial support and sponsorship**

Nil

**Conflicts of interest**

There are no conflicts of interest.

**References**

La pancrétatite alcoolique chronique se caractérise par une exacerbation nécrosante et un pseudo kyste : Un rapport de cas

Introduction: La pancrétatite alcoolique chronique avec exacerbation nécrosante et pseudo kyste est une affection de mauvais pronostic. La pathologie de la maladie ainsi que des antécédents de traumatisme et de dépendance à l’alcool s’ajoutent à la gravité, ce qui la rend plus difficile à traiter. La prise en charge chirurgicale principale est le drainage des kystes. La médecine homéopathique individualisée peut résoudre ce problème sans intervention chirurgicale.

Résumé de cas: Dans un cas avec une combinaison de pathologie, de traumatisme et de dépendance, arriver à un similimum peut être difficile. La présente étude de cas démontre la prise en charge d’un patient dans un état semi-comateux avec rigidité abdominale et preuve échographique de pseudo kyste pancréatique. L’exacerbation aiguë de la pancrétatite avec pseudo kyste et l’état chronique ont été gérés avec des remèdes homéopathiques aigus et constitutionnels sélectionnés par les approches de Boenninghausen et de Boger. L’attribution causale a été évaluée par l’inventaire MONARCH. Le résultat du traitement a montré une résolution complète du pancréas nécrosé et du pseudo kyste, permettant au patient de reprendre sa vie quotidienne.

Chronische alkoholische Pankreatitis mit nekrotisierender Exazerbation und Pseudozyste - ein Fallbericht


Pułapka: Nekroticaką pankreatyda su exacerbationą nekrotizingią ir pseudozystą - vienas pateikimas

Pirmiausia, nekroticako pankreatytos su exacerbationiu ir pseudozystiu, yra ligos, kuriame gali būti greitai nukentėjimas, kuriame gali būti sunki medicininė veikla. Žmogui su antebendrančia patologija, renginiu ir alkoholio subrendimu įveikti šią ligą gali būti sunku. Chirurginė veikla yra pagrindinės atvejų veiklos. Tačiau, gydytojas taip pat gali naudoti homoeopatiją, tokią kaip individualizuota homoeopatija, kuri gali padėti nusistatinti padėjėją ir padėti išlaikyti pasaulį be chirurginės veiklos. Čia pateikiamas pateikimas, kurioje buvo naudojami homoeopatijos priemonės, ir rezultatai buvo geri, taip pat buvo įvertinti pagal MONARCH inventorių. 

Pancreatitis alcohólica crónica con exacerbación necrotizante y pseudoquiste- A case report

Introducción: La pancreatitis crónica alcohólica con exacerbación necrotizante y pseudoquiste es una enfermedad de mal pronóstico. La patología de la enfermedad junto con antecedentes de traumatismo y dependencia del alcohol aumenta la gravedad y dificulta el tratamiento. El principal tratamiento quirúrgico es el drenaje de los kystes. La medicina homeopática individualizada puede resolverlo sin intervención quirúrgica. Resumen del caso: En un caso con una combinación de patología, traumatismo y adicción, llegar a un similimum homeopático puede ser todo un reto. El presente estudio de caso muestra el tratamiento de un paciente en estado semicomatoso con rigidez abdominal y evidencia ultrasonográfica de pseudoquiste pancreático. La exacerbación aguda de pancreatitis con pseudoquiste y el estado crónico se trataron con remedios homeopáticos agudos y constitucionales seleccionados mediante los enfoques de Boenninghausen y Boger, respectivamente. La atribución causal se evaluó mediante el inventario MONARCH. El resultado del tratamiento mostró una resolución completa del páncreas necrosado y del pseudoquiste, con lo que el paciente volvió a su vida cotidiana.
慢性酒精性胰腺炎坏死性加重伴假性囊肿 - 一列病例报告。

引言：慢性酒精性胰腺炎坏死性加重和假性囊肿是一种后不良的疾病。疾病病理学加上史和酒精依加起来很难治。主要的外科治疗是囊肿引流，个体化的治疗可以在没有手术干预的情况下解决这个。

病例：在一个病理学、和成相合的病例中，得出治法的相似性可能具有挑战性。本病例研究明了一例昏迷状下腹部僵硬和胰腺假性囊肿超声据的患者的处理方法。分别通过Boeninghhausen和Boer方法选急性性和体治法。胰腺炎急性加重伴假性囊肿和慢性状。通过MONARCH存因因果。治果示坏死的胰腺和假性囊肿完全消退，使患者恢复了日常生活。