



## CLINICAL EFFICACY OF ERAND SNEHA IN MANAGEMENT OF ACUTE NECROTIZING PANCREATITIS: A CASE REPORT

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<https://doi.org/10.46607/iamj2911122023>

(Published Online: December 2023)

### Open Access

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Article Received: 13/11/2023 - Peer Reviewed: 30/11/2023 - Accepted for Publication: 13/12/2023.



## ABSTRACT

Acute pancreatitis with local and systemic complications should be managed through a multi-disciplinary approach. Delays in assessment or mismanagement may lead to serious consequences. The existing treatment of this disease is mollifying and expensive. Cost-effective management of acute necrotizing pancreatitis with *Ayurveda* medicines within time constraints and without any complications is encouraging. CASE PRESENTATION: In this case study, a 45-year-old male patient's diagnosis of pancreatitis was established on the basis of the revised Atlanta classification. As per morphological classification, the patient was of necrotizing pancreatitis and severity grade was moderate as there were local complications. MANAGEMENT AND OUTCOME: The patient was hospitalized and prescribed *Murchit Erand Sneha* 100ml at 10 pm daily. The result was assessed by applying a numerical pain assessment scale to subjective and objective findings. On the 25th day patient was found free from signs and symptoms. DISCUSSION: In pancreatitis, *Srotorodha* is an important phenomenon, and *Erand Sneha* causes *Sampraptivighatana* by its *Srotoshodhana* effect. CONCLUSION: Management of acute necrotizing pancreatitis by using *Erand Sneha* within time constraints and without any complications is encouraging that needs to be further evaluated on a large number of subjects to bring some concrete conclusions and better treatment modality.

**Keywords:** Ayurvedic treatment in acute pancreatitis, *Erand sneha*, Alcoholic pancreatitis, Acute abdomen.

## INTRODUCTION

Acute pancreatitis is continuing to be a common reason for hospitalization. It has global incidence of 30-40 cases per 100,000 populations per year with 1-5% mortality and significant impact on healthcare resource utilization, morbidity and mortality. The cornerstones to management include aggressive early fluid resuscitation, appropriate nutritional supplementation and management of complications as well as underline cause. Severe AP and pancreatitis with local and systemic complications should be managed through a multidisciplinary approach with involvement of internists, gastroenterologists, hepatobiliary surgeons and interventional radiologists. In present status treatment of this disease is difficult and expensive. Researchers observed that disease recurrence is common and leads to complications. In present case study the diagnosis of pancreatitis was established on the basis revised Atlanta classification. Patient was suffering from severe upper abdominal pain, vomiting, belching, loss of appetite, fever, weakness and sleeplessness. His serum amylase was elevated, and CT abdomen finding was necrotizing pancreatitis with mild ascites. As per morphological classification patient was of necrotizing pancreatitis and severity grade was moderate as there were local complications. Patient was treated in Allopathy hospital for 07 days and given intravenous fluids, pain control medications, antiemetic, proton pump inhibitor and antibiotics. Patient was not responding satisfactorily hence due to deprived economy of patient; he was discharged from Allopathy emergency care unit. Patient was managed in Ayurveda hospital with cost effective *Murchita Erand tailam* oral administration and responded inexplicably.

## CASE PRESENTATION

A 45-year-old male patient was approached for acute abdominal pain since 08 days, after clinical examination severe tenderness was observed in epigastric,

umbilical, left hypochondriac region and bulging in left side umbilical region. Accompanying symptoms were vomiting, belching, loss of appetite, mild fever, weakness and sleeplessness. Symptoms were aggravating during night and after food intake. His vitals were not significantly disturbed.

Before one-year patient was treated for ascites due to alcoholic liver cirrhosis in S G Patel Ayurveda Hospital. Patient was responded completely within 41 days. He discontinued alcohol for one year even though he developed necrotizing pancreatitis. He had no significant personal or family history of other disorders. Physician had treated this case by considering acute Pancreatitis. Diagnosis was confirmed as necrotizing pancreatitis with the help of clinical findings, elevated serum amylase and CT abdomen conclusion. Patient was partially responding to routine management of necrotizing pancreatitis. He was on conservative treatment in Allopathy emergency care. Patient response was symptomatic up to 50% and temporary till the effect of pain medications.

Due to deprived economy of patient, he was discharged from allopathy private emergency care unit. After discharge he approached to SGPAH & MH, New V.V. Nagar due to previous better experience of ascites treatment. Patient's allopathy medications were discontinued and Ayurvedic cost effective general management of *Udarshula* was started.

## MANAGEMENT AND OUTCOME

Patient was hospitalized and prescribed milk diet, *Murchit Erand sneha* 100ml at 10pm daily, *Samshamani Vati* 01gm 12 hourly, *Tenstrim* 380mg 12 hourly and *Draksharista* 40ml empty stomach 12 hourly with lukewarm water. During treatment patient was kept on *Langhana*. After hunger sensation *Mungdal yusha* or Pomegranate or Orange or cow milk was advised to patient in required small quantity.

## Treatment given

Date	Medicine	Dose	Sevana kala	Anupana
04May 2023 to 09June 2023	1. Tab Tenstrim	380mg	Empty stomach 7 Am-7Pm	Luke warm water
	2. Samsamani vati	1gm	''	''
	3. Draksharista	40ml	''	''
	4. Erand Sneha	100ml	Before sleep	''

## RESULT

The result was assessed by applying a numerical pain assessment scale to subjective as well as objective findings.



Clinical findings	Rating BT	2 <sup>nd</sup> Day	3 <sup>rd</sup> Day	7 <sup>th</sup> Day	10 <sup>th</sup> Day	20 <sup>th</sup> Day	25 <sup>th</sup> Day
Acute abdominal Pain aggravating during night	08	04	02	01	00	00	00
Pain increased after food intake	08	08	08	02	00	00	00
Vomiting	06	00	00	00	00	00	00
Belching	02	00	00	00	00	00	00
Loss of appetite	08	08	08	08	08	03	00
Fever	02	02	01	01	00	00	00
Weakness	06	06	06	06	06	02	00
Sleeplessness	08	04	03	01	00	00	00
Epigastric tenderness	10	10	10	10	04	01	00
Umbilical tenderness	10	10	10	10	10	04	00
Lt hypochondriac tenderness	06	06	06	06	04	01	00
Bulging in left to umbilical region	02	02	02	02	02	01	00

Patient was sleepless since 08 days due to pain but after *Murchit Erand sneha* dose, he slept for four hours during night on same day. On second day, abdomen pain was fluctuating. Vomiting and belching subsided but clinical findings like tenderness in epigastric, umbilical, left hypochondriac region and bulging in left side umbilical region were as it is. Accompanying symptoms like loss of appetite, mild fever and weakness were unchanged during second day. On third day, upper abdomen pain during night

and mild fever were significantly reduced but pain after food intake, tenderness, bulging, loss of appetite and weakness were continued. On seventh day, pain increased after food intake was significantly reduced but weakness, tenderness, bulging and loss of appetite were persistent. On tenth day, left hypochondriac and epigastric tenderness was significantly reduced but tenderness in umbilical region, loss of appetite as well as weakness were constant. On twentieth day tenderness in umbilical region, loss of appe-

tite, weakness and bulging in left umbilical region were significantly reduced.

On twenty fifth day, after examination patient was

free from illness hence advised investigations to compare before and after variations.

### Significant Investigations BT and AT

Investigations	BT	AT
WBC	12100/ cumm	7200/ cumm
Hb	9.9gm/dl	9.7gm/dl
CRP	67.85mg/dl	1.7mg/dl
Blood sugar (PP)	208mg%	104mg%
SGPT	77.41U/L	9.6U/L
Serum amylase	110 IU/dl	86 IU/L

WBC count reduced from 12100/cumm to 7200/cumm, Haemoglobin was unchanged, CRP changed from 67.85mg/dl to 1.7mg/dl, Blood sugar reduced from (PP) 208 mg% to 104 mg%, SGPT changed from 77.41 U/L to 9.6 U/L and Serum amylase reduced from 110 IU/L to 86 IU/L.

### USG abdomen findings before and after treatment:

USG Impression BT	USG Impression AT
<p><b>26 April 2023</b></p> <p>Mild atrophic pancreatic parenchymal noted, however no evidence of pancreatic calcification.</p> <p>Ill-defined collection noted in pancreatic region with few thin internal septations.</p>	<p><b>27 May 2023</b></p> <p>Pancreas is normal in size and shows few foci of calcification in head region, advice serum lipase to rule out chronic pancreatitis.</p>

USG findings were showing significant change in findings before and after treatment.

## DISCUSSION

In this case USG of abdomen findings in *Samprapti* interpretation are suggestive of *Vata prakopa* due to *Srotorodha* and this is because of *Sthansamshraya* of *Ama*, *Pitta* and *Kapha*. Peripancreatic necrotic collection is suggestive of *Vidradhi* as a complication of *Srotorodha*. Pain was aggravating after 11pm and after food intake is suggestive of increase in *Srotorodha* at that time. Severe *Agnimandya* is suggestive of *Ama* involvement in *Samprapti* which

is *Tridosha* aggravating. Aggravated *Vayu* is also acting as catalytic agent in *Samprapti* phenomenon.

The patient was kept on *Langhana*. After hunger sensation *Mungdal yusha*, Pomegranate or Orange or cow milk was advised to patient in required small

quantity. *Draksharista* was given empty stomach. It will help for *Agni deepan*, *Pachana* and *Srotoshodhan*. *Erand sneha virechana* was given daily for *Ama Pitta Kapha nirharan*, *Vatanuloman* and *Srotoshodhan* to break *Samprapti* Phenomenon. *Samshamani vati* main ingredient is *Guduchi* which is *Vata Sleshma Vibandha Shonit haranam* and *Tridosha shamana* hence helps to relieve *srotorodha* plus balances *Tridosha*. *Tenstrim* chief ingredients are having *Medhya* property which helps for mind wellbeing and better sleep. In this way *Samprapti* was relieved and patient become disease free within 25 days.

## CONCLUSION

Severe AP and pancreatitis with local and systemic complications should be managed through a multidisciplinary approach. It requires skill full management

plan. Delay in assessing or mismanagement may lead serious consequences. Management of such cases with the Ayurvedic medicines within time constrain and without any complications is encouraging that needs to be further evaluation on large number of subjects to bring some concrete conclusion and better treatment modality.

#### DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained appropriate patient consent. The patient has given his consent for his images and other clinical information to be reported in the journal. The patient is willing to expose his identity, images and clinical information for the well-being of patients even though we tried to keep concealed.

#### PATIENTS PERSPECTIVE

I was not able to sleep since 08 days due to abdomen pain. I had taken treatment from Allopathy Hospital, but my disease was not responding. My CT abdomen was showing problems in my Pancreas. The doctor asked me about my alcohol intake, but I had left alcohol to take since one year. Before one year, I was admitted to S G Patel Ayurveda Hospital for ascite treatment. At that time, my ascites was not responding to allopathy treatment, but this Doctor had treated me completely within 41 days. Now, for the treatment of Pancreatitis, I had paid thousands in allopathy emergency care, and I had no money for further treatment. I was afraid of eating because after eating, my pain was aggravating. I requested this Doctor to treat my disease, but he advised me to go to a Civil hospital. He told me that your disease is complicated and difficult to cure. It needs treatment in well-equipped emergency unit under emergency specialist. But my mind was not ready to go to another center. My belief was on this doctor because of better experience of my ascites treatment. I strongly requested him to treat my disease. Then he told me that your disease is difficult to cure, and we have no well-equipped emergency unit here. I felt depressed. I told him that you can take

any type of consent but please treat me. At last, he agreed, he took consent and admitted me. He started treatment and my pain severity was reduced, and I was able to sleep three to four hours during first night of this hospital. Gradually my symptoms reduced and now I am disease free.

#### REFERENCES

1. Petrov MS, Yadav D. Global epidemiology and holistic prevention of pancreatitis. *Nat Rev Gastroenterol Hepatol*. 2019;16(3):175–184. doi: 10.1038/s41575-018-0087-5. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
2. Walkowska J, Zielinska N, Tubbs RS, Podgórski M, Dłubek-Ruxer J, Olewnik Ł. Diagnosis and Treatment of Acute Pancreatitis. *Diagnostics (Basel)*. 2022 Aug 15;12(8):1974. doi: 10.3390/diagnostics12081974. PMID: 36010324; PMCID: PMC9406704.
3. Casillas J, Sleeman D, Ahualli J, Ruiz-Cordero R, Echenique A. Acute Pancreatitis (AP). *Multidisciplinary Teaching Atlas of the Pancreas*. 2015 Mar 31:681–749. doi: 10.1007/978-3-662-46745-9\_14. PMCID: PMC7120089.
4. Walkowska J, Zielinska N, Tubbs RS, Podgórski M, Dłubek-Ruxer J, Olewnik Ł. Diagnosis and Treatment of Acute Pancreatitis. *Diagnostics (Basel)*. 2022 Aug 15;12(8):1974. doi: 10.3390/diagnostics12081974. PMID: 36010324; PMCID: PMC9406704.
5. Dr. Pooja Sharma, Dr. Nitin Sharma, and Dr. Divya Kajaria, “Managing Acute Pancreatitis with Ayurveda – A Case Report,” *International Research Journal of Pharmacy and Medical Sciences (IRJPMS)*, Volume 3, Issue 6, pp. 31-33, 2020.
6. Michael A. Mederos, MD; Howard A. Reber, MD; Mark D. Girgis, MD, Acute Pancreatitis A Review, *JAMA* January 26, 2021, Volume 325, 4.
7. Siregar GA, Siregar GP. Management of Severe Acute Pancreatitis. *Open Access Maced J Med Sci*. 2019 Aug 30;7(19):3319–3323. doi: 10.3889/oamjms.2019.720. PMID: 31949538; PMCID: PMC6953950
8. Szatmary P, Grammatikopoulos T, Cai W, Huang W, Mukherjee R, Halloran C, Beyer G, Sutton R. Acute Pancreatitis: Diagnosis and Treatment. *Drugs*. 2022 Aug;82(12):1251–1276. doi: 10.1007/s40265-022-01766-4. Epub 2022 Sep 8. PMID: 36074322; PMCID: PMC9454414.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Nirali H. Solanki et al: Clinical efficacy of erand sneha in management of acute necrotising pancreatitis: a case report. *International Ayurvedic Medical Journal* [online] 2023 [cited December 2023] Available from: [http://www.iamj.in/posts/images/upload/3146\\_3150.pdf](http://www.iamj.in/posts/images/upload/3146_3150.pdf)