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# CLINICAL OUTCOMES OF *AYURVEDIC* TREATMENT IN PANCREATITIS: A CASE STUDY

**Acharya Manish[1], Dr. Gitika Chaudhary*[2], Dr. Richa[3], Dr. Vikas Saini[4], Dr. Tanu Rani[5]**

[1]Director, Meditation Guru, Jeena Sikho Lifecare Limited, India.
[2]Senior Consultant, General Surgeon, BAMS, PGDIP, PGDGS, MS (Ayurveda), Jeena Sikho Lifecare Limited, India.
[3]Senior Research Officer, BAMS, PGDIP, CICR, CAIM, CMW, Jeena Sikho Lifecare Limited, India.
[4]Consultant, BAMS, Jeena Sikho Lifecare Limited Hospital, Surat, Gujrat, India.
[5]Research Associate, BAMS, Jeena Sikho Lifecare Limited, India.

***Corresponding Author: Dr. Gitika Chaudhary**

Senior Consultant, General Surgeon, BAMS, PGDIP, PGDGS, MS (Ayurveda), Jeena Sikho Lifecare Limited, India. **DOI:** https://doi.org/10.5281/zenodo.17813884

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## ABSTRACT

Pancreatitis is an inflammatory condition of the pancreas that can be acute or chronic, requiring different management strategies based on severity. Acute pancreatitis typically demands supportive care such as fluid resuscitation, pain control, and early enteral nutrition, while antibiotics are reserved for confirmed infections. Chronic pancreatitis management emphasizes alcohol abstinence, a low-fat diet, pain control, enzyme supplementation, and sometimes surgery. Despite treatment advances, persistent symptoms and complications are common. *Ayurvedic* medicine offers promising complementary strategies. Classical therapies like *Virechana*, *Basti*, and *Ayurvedic* formulations have shown improvements in symptoms and enzyme normalization. Observational studies documented a 93% reduction in attack frequency and a 97% drop in emergency hospitalizations with *Ayurvedic* interventions. *Ayurveda* views pancreatitis as *Agnimandya* with *Ama* and *Pitta Doṣha* vitiation affecting the *Annavaha* and *Raktavaha srotas*, managed through *Shamana* and *Shodhana* therapies. At Jeena Sikho Lifecare Limited Hospital, Surat, Gujrat, India, a 41-year-old male with pancreatitis showed significant improvement after *Ayurvedic* management. Symptoms like diarrhea, weakness, and insomnia resolved, and CA-19-9 levels dropped from 215.72 U/ml to 57.50 U/ml. This case highlights *Ayurveda*'s potential in managing pancreatitis and suggests the need for further structured studies.

**KEYWORDS:** Pancreatitis, *Ayurveda, Madhumeha, Deepan-pachan, Agnimandya and Ama.*

## INTRODUCTION

Pancreatitis is an inflammatory condition of the pancreas that may present as either acute or chronic disease, and its management varies considerably based on severity and chronicity. Effective treatment is crucial to prevent complications and enhance patient outcomes. Acute pancreatitis typically requires supportive care, including fluid resuscitation within the first 24 hours, effective pain control, and early initiation of enteral nutrition.[1,2] Antibiotics are reserved for cases with confirmed infection or systemic inflammatory response syndrome.[2] Interventional procedures like endoscopic biliary decompression or surgical management may be necessary for complications.[2,3] In chronic pancreatitis, the focus shifts to long-term strategies such as alcohol abstinence, a low-fat diet, stepwise pain management, pancreatic enzyme replacement, and in some cases, surgical interventions.[1,2,4]

Several case reports and observational studies suggest that *Ayurvedic* management may offer significant benefits in pancreatitis, including acute, chronic, hereditary, and autoimmune types. Therapies like *Panchakarma* procedures and classical *Ayurvedic* formulations have shown potential in symptom relief, normalization of pancreatic enzyme levels, and

improvement of overall patient well-being. However, the current evidence remains largely anecdotal, necessitating more robust clinical trials to validate these findings and establish standardized treatment protocols.[5,6,7,8,9]

Modern management of acute pancreatitis primarily centers on supportive measures: aggressive hydration, pain management, and nutritional support are key.[1,2] Antibiotics are reserved for documented infections, and interventions like ERCP (endoscopic retrograde cholangiopancreatography) or surgery are applied selectively.[2,3] For chronic pancreatitis, strategies emphasize lifestyle modification (especially alcohol cessation and dietary changes), pain management, pancreatic enzyme replacement, and sometimes surgical options like drainage or resection.[1,4] Despite these therapies, many patients continue to struggle with persistent symptoms and deteriorating pancreatic function, highlighting gaps in current treatment efficacy.

*Ayurvedic* treatment has been increasingly recognized for its potential to manage pancreatitis effectively, particularly in chronic and recurrent cases. Research shows that *Ayurvedic* protocols involving *Ayurvedic* formulations, dietary changes, and lifestyle adjustments can significantly reduce the frequency of attacks and emergency hospitalizations. A study on 1,750 patients documented a 93% reduction in attack frequency and a 97% decrease in emergency visits after one year of *Ayurvedic* treatment.[10] In hereditary pancreatitis, the use of metal-based *Ayurvedic* formulations (MBAF) utilizing ATP mechanisms led to a 92.8% reduction in attacks.[5,6] Importantly, *Ayurvedic* therapies were reported to be safe with no significant adverse effects.[10,11] Long-term remission exceeding 26 years was observed in some cases, highlighting *Ayurveda*'s potential for sustainable management.[10] The *samprapti ghataka*[12] of the case is mentioned in **Table 1**

**The *Samprapti ghataka***

| Samprapti Element | Details |
|---|---|
| *Dosha* | *Pitta (pradhana), Vata, Kapha* |
| *Dushya* | *Rasa, Rakta, Mamsa, Meda* |
| *Agni* | *Mandagni / Vishamagni* |
| *Aam* | *Present* |
| *Srotas* | *Annavaha, Rasavaha, Raktavaha, Medovaha* |
| *Srotodushti* | *Sanga (obstruction)* |
| *Udbhava Sthana* | *Amasaya / Grahani (stomach/small intestine area)* |
| *Sthana Samshraya* | *Pittadhara Kala (pancreas area)* |
| *Vyakti Sthana* | *Pancreas* |
| *Roga Marga* | *Abhyantara Marga (internal pathway)* |

From an *Ayurvedic* nosological viewpoint, pancreatitis is primarily understood as a disorder of *Agnimandya* leading to *Ama* formation and vitiation of *Pitta dosha*, manifesting in dysfunction of the *Annavaha* and *Raktavaha srotas*. Conditions like *Pittaja Gulma*, *Yakṛit-Pliha Vikara*, or *Kostha-shrita Pitta duṣhṭi* may correlate clinically. The pathogenesis involves *Ama* and *Pitta* vitiation, often complicated by *Vata* in chronic cases, leading to tissue damage across the *Rasa*, *Rakta*, and *Maṃsa dhatus*. *Ayurvedic* management strategies include *Shamana* (palliative) and *Shodhana* (purification) therapies such as *Virechana* and *Basti*, supported by formulations that balance *Pitta* and strengthen *Agni*.[13,14] This approach was explored in a case study involving a 41-year-old male with pancreatitis, where *Ayurvedic* intervention showed promising outcomes.

## MATERIALS AND METHODS

### I. Case Report

A 41-year-old male visited Jeena Sikho Lifecare Limited Hospital, Surat, Gujrat, on April 3, 2025. His evaluation included a thorough medical history, physical examination, and diagnostics. There was no relevant family history and surgical history. He had a history of Type 2 Diabetes mellitus. He came with the conditions like Diarrhea, general weakness, weight loss, low urine frequency and insomnia. He was diagnosed with Pancreatitis. The *Ashtasthana Pareeksha* during the visit is mentioned in **Table 1.** The basic vitals during the visit is mentioned in **Table 2.** Laboratory investigation results during the treatment period are shown in **Table 3.**

**Table 1: The *Ashtasthana Pareeksha* during the visits.**

| Parameter | Findings |
|---|---|
| | 03-04-2025 |
| ***Nadi*** | *Kaphaj Pittaj* |
| ***Mala*** | *Atisara* |
| ***Mutra*** | *Safena* |
| ***Jiwha*** | *Saam* |
| ***Shabda*** | *Spashta* |
| ***Spashta*** | *Anushna sheeta* |
| ***Drik*** | *Avikrit* |
| ***Akriti*** | *Madhyam* |

**Table 2: The Basic vitals during the visits.**

| Date | 03-04-2025 |
|---|---|
| **Blood pressure (mmHg)** | 100/70 mmHg |
| **Pulse/ min** | 86/min |
| **Weight (Kg)** | 55 Kg |
| **SpO2** | 91% |

**Table 3: Laboratory investigation results on during the treatment period (Fig 1).**

| Parameter | Findings | |
|---|---|---|
| **Date** | **13-03-2025** | **20-04-2025** |
| **CA-19-9** | 215.72 U/ml | 57.50 U/ml |

An accurately designed *Ayurveda* and DIP Diet was provided to the patient to complement the *Ayurvedic* treatments administered for Pancreatitis[15]:

**Treatment Plan**

**I. Dietary Guidelines**

The following dietary recommendations are provided by Jeena Sikho Lifecare Limited Hospital:

ग्रहणीमाश्रितं दोषं विदग्धाहारमूर्च्छितम्।
सविष्टम्भप्रसेकार्तिविदाहारुचिगौरवैः॥७३॥
आमलिङ्गान्वितं दृष्ट्वा सुखोष्णेनाम्बुनोद्धरेत्। फलानां वा कषायेण पिप्पलीसर्षपैस्तथा॥७४॥
लीनं पक्वाशयस्थं वाप्यामं स्राव्यं सदीपनैः। शरीरानुगते सामे रसे लङ्घनपाचनम्॥७५॥
विशुद्धामाशयायास्मै पञ्चकोलादिभिः शृतम्। दद्यात् पेयादि लघ्वन्नं पुनर्योगांश्च दीपनान्॥७६॥
ज्ञात्वा तु परिपक्वामं मारुतग्रहणीगदम्। दीपनीययुतं सर्पिः पाययेताल्पशो भिषक्॥७७॥
किञ्चित्सन्धुक्षिते त्वग्नौ सक्तविण्मूत्रमारुतम्। द्व्यहं त्र्यहं वा संस्नेह्य स्विन्नाभ्यक्तं निरूहयेत्॥७८॥
तत एरण्डतैलेन सर्पिषा तैल्वकेन वा। सक्षारेणानिले शान्ते स्रस्तदोषं विरेचयेत्॥७९॥
शुद्धं रूक्षाशयं बद्धवर्चसं चानुवासयेत्।
दीपनीयाम्लवातघ्नसिद्धातैलेन मात्रया॥८०॥
निरूढं च विरिक्तं च सम्यक् चैवानुवासितम्। लघ्वन्नं प्रतिसम्भुक्तं सर्पिरभ्यासयेत् पुनः॥८१॥[16]

**Foods to Avoid**

- Eliminate wheat, processed and refined foods, dairy, animal-based products, coffee, and tea.
- Avoid eating after 8 PM to promote better digestion and metabolic function.

**Hydration**

- Consume alkaline water 3-4 times a day, along with herbal tea, "living" water, and turmeric water.

**Incorporating Millets**

- Include five types of millets in your diet: *Foxtail, Barnyard, Little, Kodo*, and *Browntop*.
- Ensure that millets are cooked using steel utensils to maintain their nutritional value.

**Meal Timing & Structure**

- Breakfast (9:00 - 10:00 AM): Steamed seasonal fruits (equal to the patient's weight × 10 grams) and steamed sprouts.
- Lunch (12:30 - 2:00 PM): Steamed salad and cooked millets.
- Evening Snacks (4:00 - 4:20 PM): Light, nutritious snacks.
- Dinner (6:15 - 7:30 PM): Same as lunch.

तत्र श्लोकाः
आहारसम्भवं वस्तु रोगाश्चाहारसम्भवाः। हिताहितविशेषाच्च विशेषः सुखदुःखयोः॥४५॥
सहत्वे चासहत्वे च दुःखानां देहसत्त्वयोः[१] । विशेषो रोगसङ्घाश्च धातुजा ये पृथक्पृथक्॥४६॥
तेषां चैव प्रशमनं कोष्ठाच्छाखा उपेत्य च। दोषा यथा प्रकुप्यन्ति शाखाभ्यः कोष्ठमेत्य च॥४७॥
प्राज्ञाज्ञयोर्विशेषश्च स्वस्थातुरहितं च यत्। विविधाशितपीतीये तत् सर्वं सम्प्रकाशितम्॥४८॥[17]

**Special Practices**

- Express gratitude before meals to encourage positive energy.
- Sit in *Vajrasana* after eating to enhance digestion and circulation.

**II. Lifestyle Recommendations**

- **Sungazing**

Spend 30 minutes in direct sunlight each morning to absorb vitamin D and boost overall health and vitality.

- **Yoga**

Practice yoga daily from 6:00 to 7:00 AM, focusing on flexibility, strength and mental clarity to improve hormonal balance and overall well-being.

- **Meditation**

Incorporate meditation into daily routine to reduce stress, promote mental clarity and enhance emotional well-being.

- **Barefoot Walking**

Walk briskly for 30 minutes daily, preferably barefoot on natural surfaces like grass, to improve circulation and foster a deeper connection with nature.

- **Sleep**

Aim for 6-8 hours of restful sleep each night to support physical and mental recovery, ensuring the body's systems function optimally.

- **Consistent Daily Routine**

Follow a balanced and structured daily routine that supports equilibrium between meals, physical activity and rest, helping to promote long-term health and vitality.

**Medicinal Interventions**

The *Ayurvedic* treatment employed in this case included CIRO-CARE, GE-LIV Forte Syrup and Kutjghan Vati. The medications prescribed for the patient during the treatment is outlined in **Table 4.**

**Table 4: The medications prescribed for the patient during the treatment.**

| Medicines | Dosage with *Anupana* | Ingredients | Therapeutic Effects |
|---|---|---|---|
| CIRO-CARE | 1 TAB BD (*Adhobhakta* with *koshna jala* ) | **Kutaki** (*Picrorhiza kurroa* ), **Nishath** (*Nysarum aristatum* ), **Kampilak** (*Sphaeranthus indicus* ), **Patol** (*Trichosanthes dioica* ), **Makoy** (*Solanum nigrum* ), **Ajwain** (*Trachyspermum ammi* ), **Punarnava** (*Boerhavia diffusa* ), **Sounth** (*Foeniculum vulgare* ), **Pudina** (*Mentha piperita* ), **Gokshur** (*Tribulus terrestris* ), **Draksha** (*Vitis vinifera* ), **Arjun** (*Terminalia arjuna* ), **Aloe Vera** (*Aloe barbadensis miller* ), **Rohitak** (*Tecomella undulata* ), **Panchkol** (*Zingiber officinale, Piper longum, Cuminum cyminum, Coriandrum sativum, Terminalia chebula* ), **Jalodari Ras, Yakrdari Loha, Shankh Bhasm .** | *Pittahara, Shothahara, Raktaprasadana, Vatanuloma, Rasayana, Deepan* and *pachan* |
| GE-LIV Forte Syrup | 10 ml BD (*Adhobhakta* with *sama matra koshna jala)* | **Bhringraj** (*Eclipta alba* ), **Kalmegh** (*Andrographis paniculata* ), **Kutaki** (*Picrorhiza kurroa* ), **Vidhang** (*Argyreia nervosa* ), **Nisoth** (*Operculina turpethum* ), **Daruharidra** (*Berberis aristata* ), **Chitrak Mool** (*Plumbago zeylanica* ), **Bhumi Amla** (*Phyllanthus niruri* ), and **Shadashan** (*Acorus calamus* ) | *Yakirt shodhana, Pittahara, Mutrala, Vatanuloma, Rasayana, Deepan* and *pachan* |
| Kutjghan Vati | 2 TAB BD (*Adhobhakta* with *koshna jala* ) | **Kutajghansatwa** (*Holarrhena antidysenterica* ), **Sudh Atis Churn** (*Aconitum heterophyllum* ), and **Excipients** (*Gum Acacia, Talcum* ) | *Atisaraghna, Grahaniroga hara, Pittahara, Raktasthambana, Srotoshodhana, Deepan* and *Pachan* |

**RESULT**

**Effectiveness of *Ayurvedic* Treatments:** The patient underwent 1 month of *Ayurvedic* regimen, after the treatment he experienced noteworthy development in symptoms, which denotes the interventions used in the study are effective against Pancreatitis**.** After the treatment he was well oriented and got relief from symptoms like diarrhea, weakness, low urine frequency and insomnia which shows that the *Ayurvedic* interventions used in the case study are effective for Pancreatitis. The conditions before and after treatment is mentioned in **Table 5.**

**Table 5: The conditions before and after treatment.**

| Conditions before treatment | Conditions after treatment |
|---|---|
| Diarrhea | Relieved |
| Weakness | Reduced |
| Weight loss | Maintained |
| Low urine frequency | Relieved |
| Insomnia (9/10) | Sound sleep (2/10) |

**Implications for Future Research**

This study focused on a Pancreatitis, yielding promising results. However, due to the small sample size, further research with randomized controlled trials and larger cohorts is needed to confirm the safety, efficacy, and reliability of *Ayurvedic* treatments, helping to establish standardized therapeutic guidelines.

**DISCUSSION**

*Ayurvedic* treatment for Pancreatitis offers a viable substitute for conventional medical methods. This case study describes the application of several *Ayurvedic* treatments to a 41-year-old man who has been diagnosed with Pancreatitis. *Samprapti*[14,18,19] of this case study is illustrated in **Fig 2**.

euberg Abha
CLINICAL LABORATORIES

LABORATORY REPORT

Name : [redacted] Sex/Age : Male / 41 Years Case ID : 50303610559
Ref. By : Dis. At : Pt. ID : 5692535
Bill. Loc. : Pratham Laboratory KATARGAM Surat Pt. Loc :
Reg Date and Time : 13-Mar-2025 22:39 Sample Type : Serum Mobile No. :
Sample Date and Time : 13-Mar-2025 22:39 Sample Coll. By : non NAL Ref Id1 :
Report Date and Time : 14-Mar-2025 09:22 Acc. Remarks : Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---|---|---|---|---|
| Lipase Colorimetric | H 244.55 | U/L | 0 - 60 | ADV: Clinical correlation / repeat with fresh sample |
| CA-19-9 CMIA | H 215.72 | U/mL | 0.0 - 37.0 | Please correlate clinically. |

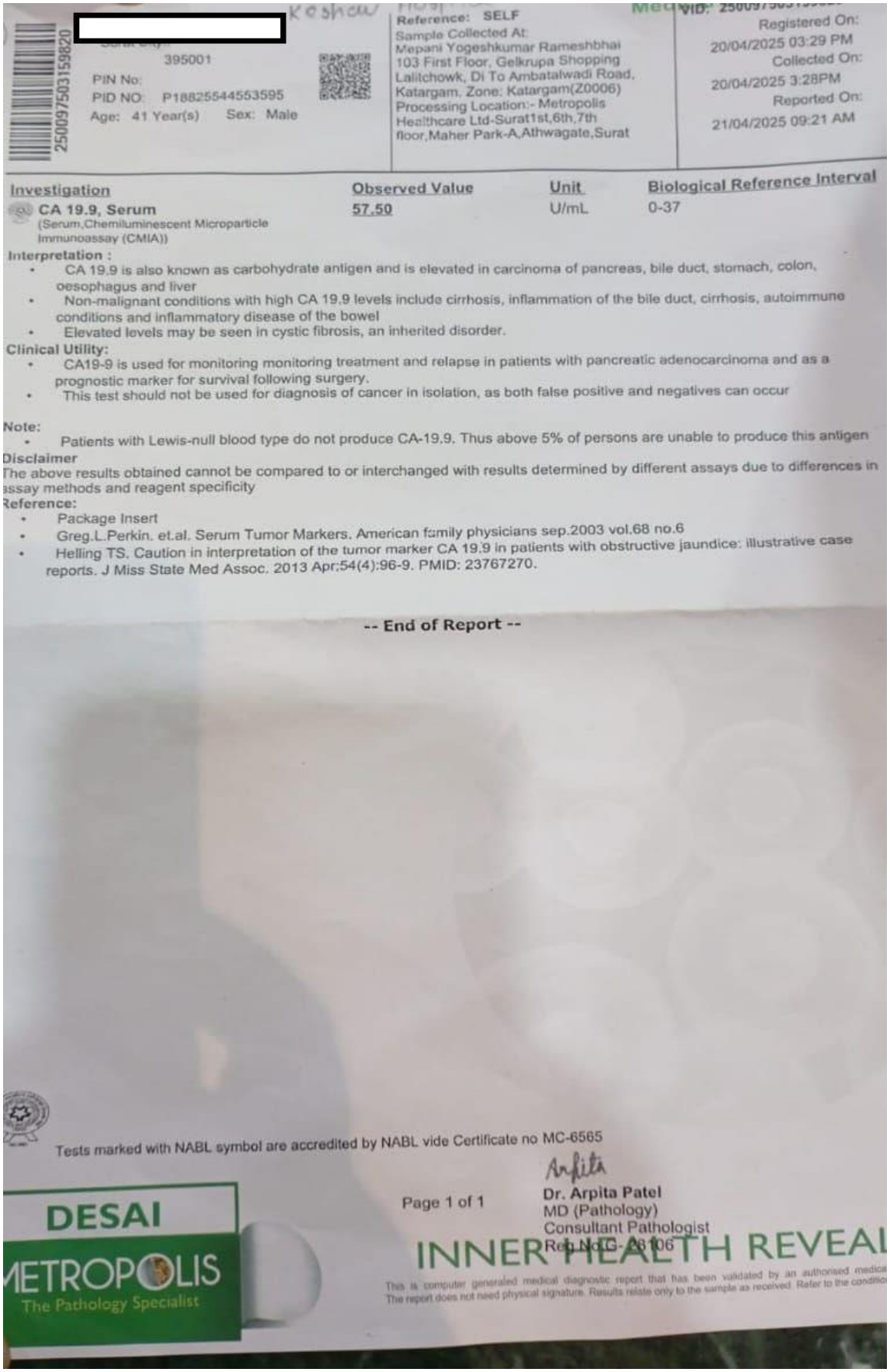
**INTERPRETATION**
Carbohydrate antigen 19-9 (CA 19-9) is a modified Lewis blood group antigen. CA 19-9 may be elevated in patients with gastrointestinal malignancies such as cholangiocarcinoma, pancreatic cancer, or colon cancer.
Serial monitoring of carbohydrate antigen 19-9 (CA 19-9) should begin prior to therapy to verify post-therapy decreases in CA 19-9 and to establish a baseline for evaluating possible recurrence. Single values of CA 19-9 are less informative.
Elevated values may be caused by a variety of malignant and nonmalignant conditions including cholangiocarcinoma, pancreatic cancer, and/or colon cancer.

**CAUTIONS**
Carbohydrate antigen 19-9 (CA 19-9) is neither specific nor sensitive enough to be used as a cancer screen.Some individuals do not express CA 19-9. Consequently low values in these individuals are not informative regarding cancer recurrence.
Do not interpret serum CA 19-9 levels as absolute evidence of the presence or the absence of malignant disease. Use serum CA 19-9 in conjunction wi information from the clinical evaluation of the patient and other diagnostic procedures.
Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedures, may have circulati antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.
**Tumor marker results obtained can vary due to differences in assay methods and reagent specificity. Patient results determined by assays using different manufacturers for methods may not be comparable.**

**ILUTION PROTOCOL:**
t our lab with kit, manual dilution protocol has been validated for CA 19-9 up to 1:20 dilution and result up to 24000 U/ML. After above dilution, it will one manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution.

---------- End Of Report ----------

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specime nder. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.



[redacted]
395001
PIN No:
PID NO: P18825544553595
Age: 41 Year(s) Sex: Male

Reference: SELF
Sample Collected At:
Mepani Yogeshkumar Rameshbhai
103 First Floor, Gelkrupa Shopping
Lalitchowk, Di To Ambatalwadi Road,
Katargam, Zone: Katargam(Z0006)
Processing Location:- Metropolis
Healthcare Ltd-Surat1st,6th,7th
floor,Maher Park-A,Athwagate,Surat

Registered On:
20/04/2025 03:29 PM
Collected On:
20/04/2025 3:28PM
Reported On:
21/04/2025 09:21 AM

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| CA 19.9, Serum (Serum,Chemiluminescent Microparticle Immunoassay (CMIA)) | 57.50 | U/mL | 0-37 |

**Interpretation :**
- CA 19.9 is also known as carbohydrate antigen and is elevated in carcinoma of pancreas, bile duct, stomach, colon, oesophagus and liver
- Non-malignant conditions with high CA 19.9 levels include cirrhosis, inflammation of the bile duct, cirrhosis, autoimmune conditions and inflammatory disease of the bowel
- Elevated levels may be seen in cystic fibrosis, an inherited disorder.

**Clinical Utility:**
- CA19-9 is used for monitoring monitoring treatment and relapse in patients with pancreatic adenocarcinoma and as a prognostic marker for survival following surgery.
- This test should not be used for diagnosis of cancer in isolation, as both false positive and negatives can occur

**Note:**
- Patients with Lewis-null blood type do not produce CA-19.9. Thus above 5% of persons are unable to produce this antigen

**Disclaimer**
The above results obtained cannot be compared to or interchanged with results determined by different assays due to differences in assay methods and reagent specificity

**Reference:**
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-- End of Report --

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-6565

Page 1 of 1

Dr. Arpita Patel
MD (Pathology)
Consultant Pathologist
Reg No.G- 26106

DESAI METROPOLIS The Pathology Specialist

INNER HEALTH REVEAL

This is computer generated medical diagnostic report that has been validated by an authorised medical
The report does not need physical signature. Results relate only to the sample as received. Refer to the condition

**Fig. 1: Laboratory test reports.**

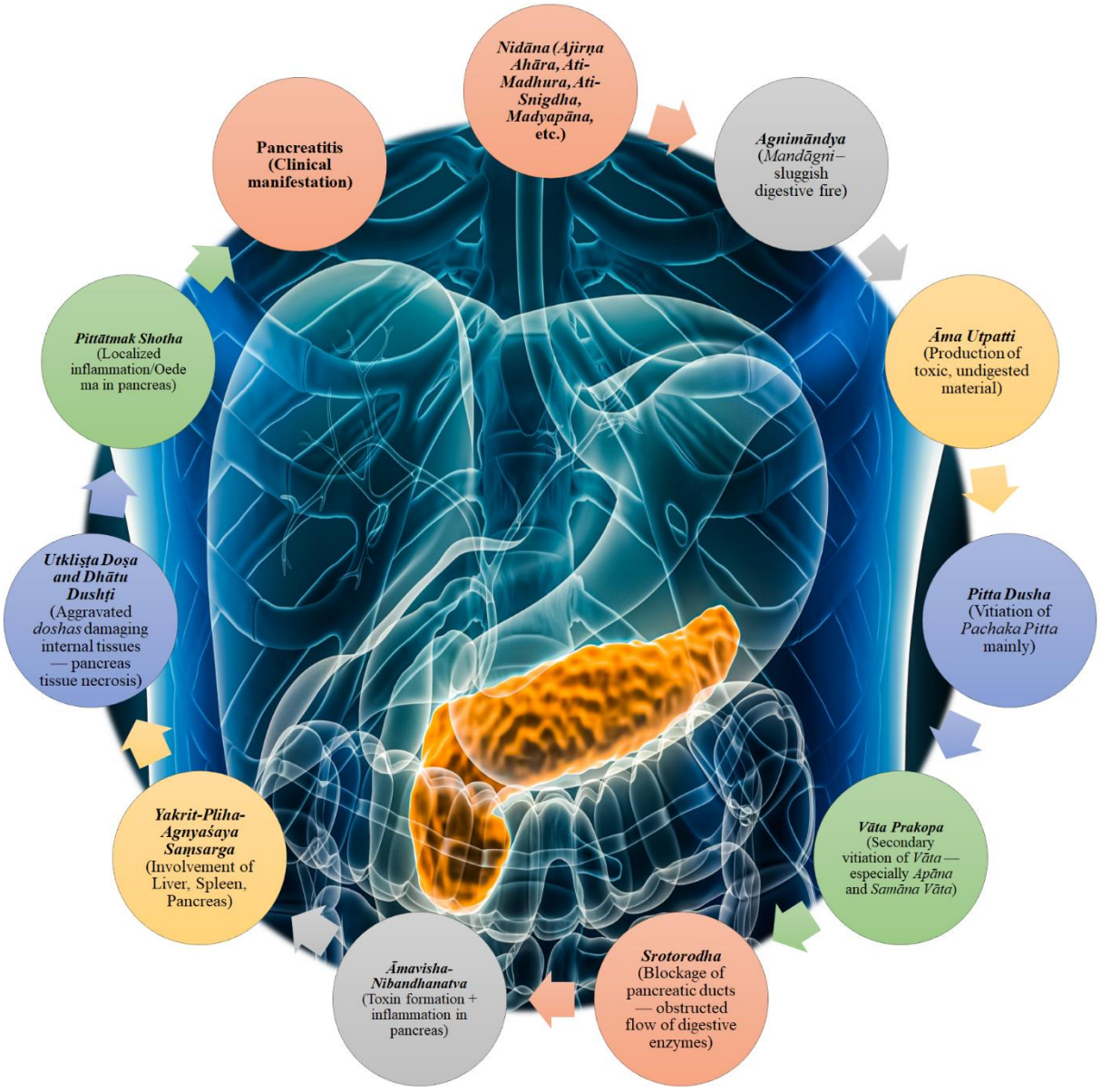


**Fig 2: *Samprapti* of this case study.**

During his one month of *Ayurvedic* treatment, he underwent *Ayurvedic* therapy regimen. In *Ayurveda*, the *samprapti* of pancreatitis primarily begins with the intake of *ahita ahara* and *vihara*, such as excessive oily, spicy food and alcohol consumption, leading to *agniduṣhṭi*, especially *jatharagni mandya*. This state results in the production of *ama*. The accumulation of *ama* causes the vitiation of *doṣhas*, mainly pitta and *kapha*. The vitiated *doṣhas* along with *ama* obstruct the channels (*srotorodha*), particularly affecting the pathways of digestion (*amashaya*, *paṇḍuvasrotas*) and *madhyamarga*. Consequently, the tissues (*dushyas*) involved, especially rasa *dhatu* and *rakta dhatu*, and later *meda dhatu* become affected, resulting in inflammation localized at the pancreas. Clinically, the manifestation includes *udarashoola* (abdominal pain), *chardi*, *atisara*, *jvara*, *trishṇa*, and other symptoms dominated by *pitta* and *kapha doṣhas*. If untreated, complications can occur leading to systemic infection and severe *sannipataja* (*tridoṣaja*) conditions.

For therapeutic management, *Ayurvedic* formulations like CIRO-CARE, GE-LIV Forte Syrup, and Kutajghan Vati help in breaking this pathological chain (*samprapti vighatana*). CIRO-CARE, with its *tikta rasa* and *deepana-pachana* properties, reduces inflammation (*pitta shamana*), digests *ama* (*amapachana*), and clears obstructed channels (*srotoshodhana*). GE-LIV Forte Syrup improves *jatharagni*, pacifies *pitta*, strengthens the liver and pancreas (*rasa-raktadhatu poshana*), and clears mild *ama*. Kutajghan Vati acts as a *grahi* (absorbent), *pachana*, and *pitta-shamaka*, managing *atisara* and stabilizing intestinal and pancreatic function. Thus, the holistic *Ayurvedic* approach focuses on stimulating *agni* (*deepana*), digesting *ama* (*pachana*), clearing channels (*srotoshodhana*), pacifying *pitta* and *kapha doṣhas*, and restoring tissue health. The *samprapti*

*vighatana* is thus achieved by addressing *agnidushti*, *doṣa prakopa*, *srotorodha*, and *dhatu dusti* in a systematic manner.

This case study highlights the potential benefits of *Ayurvedic* treatment for managing Pancreatitis. *Ayurvedic* treatment, offer a more accessible, cost-effective approach, addressing underlying imbalances that contribute to pancreatic dysfunction. While promising, further research is needed to confirm the effectiveness, safety, and reliability of *Ayurvedic* treatments in Pancreatitis management.

## CONCLUSION

This case study evaluating the treatment of Pancreatitis through *Ayurvedic* interventions yields the following findings:

**Symptoms:** Upon visit, the patient presented with diarrhea, general weakness, weight loss, low urine frequency and insomnia. After *Ayurvedic* treatment, significant improvements were observed. The patient reported relief from diarrhea, general weakness, and insomnia, with no new symptoms emerging, suggesting a marked improvement in pancreatitis and overall health.

**Vitals and Investigations:** There was a notable reduction in diarrhea, general weakness, and insomnia, reflecting positive changes in both lifestyle and diet. The CA-19-9 reduced from 215.72 U/ml to 57.50 U/ml.

In summary, holistic *Ayurvedic* therapies for Pancreatitis showed promising results, including improvements in laboratory test results, vital signs, and symptoms. The *Ayurvedic* treatments appears to alleviate Pancreatitis symptoms, and improve overall health.

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