



Case Study

AN AYURVEDIC MANAGEMENT OF PANCREATITIS

Amreen^{1*}, Yogesh Kumar Pandey², Kiran Chandolia¹

*¹PG Scholar, ²Professor, Post Graduate Dept. of Kayachikitsa, CBPACS, New Delhi, India.

Article info

Article History:

Received: 15-04-2026

Accepted: 23-05-2026

Published: 08-07-2026

KEYWORDS:

Ayurveda,
Pancreatitis,
Annadrava shoola,
Serum Amylase.

ABSTRACT

Pancreatitis is a condition characterized by inflammation of the pancreas which may be acute or chronic. Acute pancreatitis is an inflammation of pancreas which can be short term but life threatening. Normally, digestive enzymes released by the pancreas are not activated to break down fats and proteins until they reach the small intestine. However, when these digestive enzymes are activated while still in the pancreas, inflammation and local damage to the pancreas occurs leading to pancreatitis. A 25year old male patient with a history of alcohol consumption for few years, diagnosed as case of acute pancreatitis came to OPD with symptoms of Pain in the epigastric region of abdomen radiating to the back associated with vomiting, indigestion, loss of appetite and flatulence. USG findings suggested pancreatitis, with diffuse peripancreatic, perihepatic and perisplenic inflammatory changes, along with elevated serum amylase and lipase concentrations. Mild splenomegaly, mild ascites, hepatomegaly with grade II fatty liver was also reported in USG. The patient was diagnosed to be suffering from *Annadrava shoola* treated with *Triphala Guggulu*, *Agnitundi Vati*, *Punarnavasav*, *Laghmalini Vasant Ras* and *Aamalaki Churna* mixed with *Haridra Churna*. After 1 month of treatment serum markers returned to normal levels, ultrasonography reports indicated satisfactory changes and symptoms were alleviated.

INTRODUCTION

Pancreatitis is the inflammation of the pancreas, which occurs when trypsinogen, an enzyme normally inactive inside the pancreas, is activated too early. This leads to the release of proteases that start breaking down the pancreas and nearby tissues. It affects between 2 to 28 people out of every 100,000 in the population, and its occurrence has been increasing due to lifestyle choices, metabolic issues, and better diagnostic methods. Although pancreatitis can be a serious condition with an overall death rate of about 10%, most cases around 80% are mild and have a good outcome^[1]. The development and progression of this disease involve a complex mix of genetic factors, exposure to environmental influences, immune system problems, and

metabolic imbalances. Common symptoms include persistent upper abdominal pain that worsens over 15 to 60 minutes and spreads to the back. Nausea and vomiting are also frequent. Early on, there is significant tenderness in the abdomen. In acute pancreatitis fever may occur. Symptoms typically resolve in a few days. In chronic pancreatitis, weight loss, fatty stool and diarrhoea may occur. Complications may include infection, bleeding, diabetes mellitus, or problems with other organs. The two most common causes of acute pancreatitis are gallstones in the gallbladder that block the common bile duct near where the pancreatic duct joins it, and the use of alcohol. ^[2]

Patient information

A young male patient aged 25 years presented with chief complaints of recurrent abdominal pain in the epigastric region radiating to the back region occurring once in every 15 days. Onset of the pain is accompanied with nausea and vomiting. He was suffering from indigestion, loss of appetite and flatulence for the past 2 years. While he has been treated with allopathic medicines for the past two years, he reported that the pain reappears after every 3

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v13i3.2704>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

months, usually in the morning after taking food and persists the whole day. The patient has been taking alcohol for the last few years, which he has stopped from the last 1 year. He has also been fond of spicy food for a long time. Vitals were recorded normal. The body weight was 77.1Kg and height was of 180cm on measurement. Tenderness was recorded in per abdomen examination. Laboratory tests revealed a haemoglobin level of 14.7g/dL, an elevated total leukocyte count of 14,300/cmm, and an ESR of 27mm in the first hour. Serum pancreatic enzymes were markedly raised, with serum lipase at 317.70 U/L and serum amylase at 519.60 U/L. Liver function tests indicated elevated bilirubin levels (total: 2.17 mg/dL; direct: 1.06mg/dL; indirect: 1.11mg/dL) along with an SGPT value of 82.60 U/L. Kidney function assessment showed reduced serum total protein at 5.12 g/dL and serum albumin at 3.19g/dL. Ultrasonography of the abdomen reported hepatomegaly with Grade II fatty liver and findings suggestive of pancreatitis, mild splenomegaly, and mild ascites.

An equivalent condition in Ayurveda is mentioned as *Shoola* which is described to be of eight types. On the basis of presentation such a condition may be diagnosed as *Kapha-Pitta* predominance. Since the pain is reported to be aggravated after taking meals and is accompanied with nausea and vomiting it may be labelled as *Annadravashoola*. The dietary history of the patient is dominated by ultra processed, deep fried food and alcohol is also suggestive of aggravation of *Kapha-Pitta* but *Shoola* itself is primarily manifestation of aggravation of vitiated *Vata*. Further, *Vata* is

reported either due to *Dhatukshaya* or due to *Avarana*. As the pain is episodic in nature and there is no manifestation of weight loss it can be safely assumed that *Vata-Pitta-Kapha* are together vitiated in this patient. Such a condition reported in *Ayurveda* literature is *Annadravashoola* [3]. The increase of *Pitta* and *Kapha dosha* leads to *Shotha (inflammation)* and vitiation of *Vata* leads to pain. The patient's *Prakruti* was assessed as *Kapha-Pitta*.

Personal History

In July 2025 patients visited the emergency OPD where he advised Injection Tramadol 50mg/ml I/V stat, injection Pantop 40mg I/V stat, injection Drotin 40mg I/V stat and medicines prescribed were - Cap Panlipase UC 25000 1 cap TDS, T. Antoxid P 1 BD, T. TAPEL ER 1 TDS, Cap. DDR-D 1 cap bbf, T. Fenolip 145mg 1 OD, Cap Signomega L 1OD, T. Ondem MD 4mg SOS. After taking these medicines the patient only got symptomatic relief but pain reappears unexpectedly

Clinical findings

On general examination, the patient's general condition was fair with normal Vitals. The patient weighed 77.1kg, with no evidence of pallor, icterus, cyanosis, clubbing, or BMI was calculated to be 23.8kg/m². Systemic examination revealed no abnormality in the central nervous system, cardiovascular system, respiratory system, and locomotor system. On gastrointestinal examination, the abdomen was soft with no striae or surgical scars. Tenderness was noted in the epigastric region (++), and bowel sounds within normal range.

Table 1: Important dates & Events in the case

Date	Event
July, 2025	Took allopathy medicine and got symptomatic relief but the pain reappears unexpectedly.
20-08-2025	Presented to Ayurveda OPD with chief complaints pain in the epigastric region radiating to the back region, indigestion, flatulence and loss of appetite.
27-08-2025	Improvement in loss of appetite and indigestion.
10-09-2025	No episode of pain in abdomen and vomiting after Ayurveda treatment is initiated.
17-09-2025	No episode of abdominal pain, vomiting and nausea in past one month

Diagnostic Assessment

A CBC, LFT, KFT, Lipid profile was advised to the patient. The laboratory and imaging investigations reports dated 12 May 2025 revealed hepatomegaly with Grade II fatty liver, sonological findings were also suggestive of pancreatitis, mild splenomegaly, and mild ascites. The complete blood count demonstrated a haemoglobin level of 14.7 g/dL, an elevated total leukocyte count of 14,300/cmm, and an ESR of 27 mm in the first hour. Serum pancreatic enzymes were

markedly raised, with serum lipase at 317.70 U/L and serum amylase at 519.60 U/L. Liver function tests indicated elevated bilirubin levels (total: 2.17 mg/dL; direct: 1.06 mg/dL; indirect: 1.11mg/dL) along with an SGPT value of 82.60U/L. Kidney function assessment showed reduced serum total protein at 5.12g/dL and serum albumin at 3.19g/dL.

Although the patient presented with classical symptoms of pancreatitis, including epigastric region

pain and localized tenderness, the diagnostic process still posed challenges. Ultrasound findings of fatty liver, mild splenomegaly and mild ascites can overlap with several other abdominal conditions, making interpretation difficult. Even with supportive biochemical markers, correlation with clinical findings was essential to differentiate pancreatitis from splenic or hepatic causes. The key clinical finding on systemic examination is localized tenderness in the epigastric region, which anatomically corresponds to the pancreas, spleen, and splenic flexure of the colon.

Laboratory investigations reveal an elevated total leukocyte count (TLC 14,300/cmm), indicating an acute inflammatory or infectious process, which

Therapeutic interventions

supports the diagnosis of pancreatitis. ESR is moderately elevated (27 mm/hr), further suggesting ongoing inflammation. The absence of fever, despite inflammation, can be seen in mild to moderate pancreatitis. The patient was hemodynamically stable, presented no organ dysfunction, and had mild to moderate pancreatitis without complications. Ultrasound findings such as mild splenomegaly and minimal ascites are likely reactive which usually resolve with treatment. Although Grade II fatty liver is present, it does not significantly worsen the short-term outlook. With appropriate management, recovery is expected to be smooth.

Table 2: Interventions in Management of the case

S.No.	Intervention	Intervention	Type of Intervention	Doses & Duration	Rationale of intervention	Outcome of intervention
1	20-08-2025	<i>Triphala Guggulu</i>	Pharmacological	2 BD for 34 days after taking meal	Anti-inflammatory and hypolipidemic effects ^[4,5]	Improvement in loss of appetite and indigestion.
					Reduce <i>Ama</i> (toxins)	
2		<i>Agnitundi Vati</i>	Pharmacological	2 BD for 34 days before taking meal	<i>Agni Deepak</i> (orexigenic or appetizer), <i>Amapachaka</i> (digest <i>Ama</i>), <i>Vatashamaka</i> (pacifies <i>Vata Dosha</i>), and <i>Shoolaghna</i> (analgesic) ^[6,7]	Improvement in loss of appetite and indigestion.
3	27-08-2025	Same above <i>Laghmalini Vasant Ras</i>	Pharmacological	2 BD for 34 days after taking meal	Balances <i>Pitta dosha</i> and vitiated <i>Rakta</i>	Improvement in pain and vomiting.
4		<i>Phala trikadī kwath</i>	Pharmacological	15ml at bed time for 7 days	<i>Aama-pachana</i> , <i>Agnideepana</i> , and <i>Pitta-shamana</i> . ⁽⁶⁾	Stopped after a few days as the patient vomited after taking it.
5		Combination of <i>Aamalaki Churna</i> (3gm) and <i>Haridra Churna</i> (2gm) or (<i>Nishamalaki</i>)	Pharmacological	1tsf with lukewarm water twice for 7 days	Helps in lowering plasma glucose, Antidiabetic efficacy and better antioxidant	
6	10-09-2025	1,2,3, <i>Punarnavas av</i>	Pharmacological	3tsf with equal water twice for 21 days after taking meal	<i>Punarnavasa va</i> has both central and peripheral analgesic and anti-inflammatory action. ^[8]	Relief in pain of abdomen.

Follow up & Outcomes**Table 3: Progress in Clinician/ Patient based outcomes Assessment of the result**

Outcome Parameter	At Beginning	F1	F2	F3
Pain in abdomen radiating to back	+++	++	+	-
Nausea	++	++	+	-
Vomiting	++	+	+	-
Flatulence	+++	++	+	-

Progress in lab based/ radiological outcomes

The patient's laboratory findings at the start of the observation period revealed a markedly high Total Leukocyte Count (TLC) of 14,300/cmm, suggesting an infection or active inflammatory response. Additionally, the serum amylase level was significantly elevated at 519.60U/L, which is frequently linked to pancreatic distress. At the final follow-up (F3), this level had effectively returned to normal at 49U/L. The initial SGOT value for liver function was 26.80U/L, which is within a normal range. The SGPT started out at a high level of 82.60U/L, but by the first follow-up (F1), it had slightly decreased to 77U/L, indicating a slow stabilization of liver enzyme activity during the course of the treatment.

DISCUSSION

In this case study clinical symptoms i.e., pain in abdomen (epigastric region), nausea, vomiting, flatulence indicating that there is vitiation of *Vata* due to *Pitta dosha*.

Triphala Guggulu has analgesic, anti-inflammatory, and wound-healing properties.^[9] By stimulating *Agni* (digestive fire). Also acts on *Tridosha*. *Guggulu* improves appetite, facilitates nutrient absorption, and helps prevent gas, bloating, and indigestion. Due to its *Katu*, *Tikta* and *Kshaya ras* it also shows *Shothahar* properties (anti-inflammatory).

As *Agni Deepana*, *Agnitundi Vati* assisted with metabolic correction and ensured that no *Aam* remained. *Agnitundi Vati* also aids in correcting *Dhatvagni* and separating the vitiated *Doshas*^[10] also correct *Vata-Kapha* imbalance.

In *Laghmalini Vasant Ras* the main mineral component is *Rasaka Bhasma* (Zinc Calx) essential for immune function, tissue repair, and hormonal balance. *Laghmalini Vasant Ras* serves as a *Srotas-Shodhana* agent by utilizing *Maricha* and *Nimbu Swarasa* to eliminate *Ama* (toxins) and remove blockages within the micro-channels. It is particularly effective in purifying the *Rasa*, *Rakta*, and *Artava Srotas*, helping to balance *Pitta* to avoid inflammation and promote the unobstructed flow of nutrients.^[10]

Phalatrikadi Kwath is a powerful *Srotas-Shodhana* (channel cleanser) that clears bile blockages and inflammatory *Ama* by focusing on the *Annavaha*

and *Raktavaha Srotas*. By balancing *Pitta* and *Kapha* within the same metabolic pathways, bitter (*Tikta*) herbs like *Katuki*^[11] and *Guduchi* provide an anti-inflammatory impact that lessens pancreatic congestion, controls digestive enzymes, and prevents tissue necrosis.

Nishamalaki, a powerful anti-inflammatory and cytoprotective drug that targets the *Annavaha Srotas*, is a synergistic combination of *Haridra* and *Amalaki*. Its *Tikta-Kashaya* (bitter-astringent) qualities aid in the removal of ductal obstructions and counteract the "autodigestive" effects of aggravated *Pitta* in pancreatitis, and its rich antioxidant profile effectively stabilizes the *Agni* and lowers systemic inflammation by preventing oxidative damage and pancreatic tissue fibrosis.

Punarnavaasav, also known as *Yakrut-uttejaka*, has a hepatoprotective effect by increasing hepatic blood flow and bile secretion. It relieves strain on the shared bile channel between the pancreas and liver and prevents biliary stasis. The formulation aids in the more effective removal of metabolic toxins and inflammatory mediators from the bloodstream by increasing the liver's ability to detoxify.^[12]

Strength of the management

The patient was diagnosed to be suffering from acute pancreatitis and on the basis of the dominant clinical manifestation of abdominal pain i.e., *Annadravashoola* and treatment was advised accordingly. The relief in the symptoms and normalization of elevated serum amylase levels is suggestive of the fact that acute pancreatitis can be managed on the basis of principles of the treatment of *Annadravashoola*.

Limitation of management.

The case was managed in general OPD of government hospital wherein the decisions are guided by the availability of medicines in the pharmacy of the hospital so while deciding the treatment the best available pharmacological interventions were prescribed.

Rationale of conclusions

Traditionally, Ayurveda physicians manage the case of acute and chronic abdominal pain as *Shoola*. The *Shoola* which is constant irrespective of the meal is

diagnosed as *Annadravashoola*. As per Ayurveda literature *Annadravashool* is characteristically manifested due to vitiation of *Vata Dosha* along with *Pitta-Kapha Dosha* and *Ama*. So, elimination of *Ama Dosha* along with pacification of vitiated *Vata Dosha*, *Pitta Dosha* and *Kapha Dosha* is a logical approach for management of *Annadravashoola*.

Take Away of the Study

The cases of acute pancreatitis can be managed on the basis of principles of *Annadravashoola*. Ayurveda pharmacological interventions not only alleviate abdominal pain but also normalize elevated serum amylase.

Patient perspective: The patient experienced sudden epigastric region pain and was anxious about possible complications. He expected relief from pain and improvement in digestion. During treatment with supportive care and Ayurvedic medications, the patient noticed gradual reduction in pain, improved appetite, and overall well-being. The recovery increased their confidence in managing lifestyle and diet to prevent recurrence.

REFERENCES

1. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. Davidson's principles and practice of medicine. 24th ed. Edinburgh: Elsevier; 2022. p. 850
2. "Pancreatitis". The National Institute of Diabetes and Digestive and Kidney Diseases. National Institutes of Health. August 16, 2012. Archived from the original on 7 March 2015.
3. Madhavakara. Madhava Nidana (with Madhukosha commentary). Shoola Nidana, Chapter 26, p. 184. Varanasi: Chaukhambha Sanskrit Sansthan
4. Satyavati GV. Commiphora mukul: A study of anti-inflammatory activity. Rheumatism. 1969; 4: 141.
5. Satyavati GV, Dwarakanath C, Tripathi SN. Experimental studies on hypocholesteromic effect of Commiphora mukul. Indian J Med Res. 1969; 57: 1950-62.
6. Tripathi B Sharangadhar-Samhita. 19983rd Varanasi Acharya Sharangdhara Surbharati Prakashan: 311
7. Gabhane SM. Clinical evaluation of Agnitundi Vati in management of Gridhrasi with special reference to sciatica Int J Ayur Med. 2020; 11: 76-80
8. Mehdi Samad, Mehdi Samad and D'Costa, N. M. and Ashraf-ul-Kabir, Ashraf-ul-Kabir and Hannan, J. M. A., 20133105741, English, Journal article, India, 2231-0894, 3, (1), New Delhi, European Journal of Medicinal Plants, (146-162), Science Domain International, Investigation on central and peripheral analgesic and anti-inflammatory activity of Punarnavasava, An Ayurvedic Preparation., (2013)
9. George, Alsha Thankam; Hiranya, Shivananda; Dayakar, Mundoor Manjunath. Analgesic, anti-inflammatory, and wound healing efficacy of Triphala guggulu and ketorolac tromethamine after periodontal flap surgery: A randomized double-blind clinical trial. International Journal of Ayurveda Research 6(1): p 32-37, Jan-Mar 2025. | DOI: 10.4103/ijar.ijar_135_24
10. Tiwari A, Tiwari PV. Yogratnakar. Part 1. Varanasi: Haridas Ayurveda Series; Chapter 2, Jwaradhikar; p. 280, Shloka 546-549.
11. Sharma PV. Dravyaguṇa-Vijñāna. Vol. II. Varanasi: Chaukhambha Bharati Academy; p. 443.
12. Vaidya BG. Nighaṇṭu Ādarśa. Vol. II. Varanasi: [Chaukhambha Bharati Academy] (https://chaukhamba.co.in/?utm_source=chatgpt.com); p. 293, Punarnavadi Varga.

Cite this article as:

Amreen, Yogesh Kumar Pandey, Kiran Chandolia. An Ayurvedic Management of Pancreatitis. AYUSHDHARA, 2026;13(3):558-562.

<https://doi.org/10.47070/ayushdhara.v13i3.2704>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Amreen

PG Scholar,

Dept. of Kayachikitsa,

CBPACS, New Delhi

Email: amykhan6797@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.