

Chronic alcoholic pancreatitis with necrotising exacerbation and pseudocyst treated with homoeopathy: A case report

Bipin Sohanraj Jain*, Tanvir Abdul Hamid Sheikh

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

Abstract

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 similitum 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 complaints of sudden onset of severe abdominal pain (right hypochondria, right lumbar, epigastrium and umbilical region) with nausea and profound weakness for the last 16 days. The abdominal pain was severely aggravated by lying on the left side and back, and mildly aggravated by sitting; markedly ameliorated by lying on the right side and by passing stools. On the day of reporting, the pain score was nine on the visual analogue scale (VAS).^[7]

The patient had studied up to 12th standard (high school level), was unmarried and was a musician by profession.

***Address for correspondence:** Bipin Sohanraj Jain,
3/22, Unnat Nagar-2, M. G. Road, Goregaon West, Mumbai - 400 062,
Maharashtra, India.
E-mail: drjainbipin@gmail.com

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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 panic attacks.

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 wheathish complexion. In general, he had a marked craving for spicy food and ice cream, an aversion to tea and aggravation from milk (which led to the heaviness of the abdomen). There was a history of frequent sexual intercourse with multiple partners. Thermally he was ambithermal.

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 irritated him, but he could not express. After he completed his schooling, his father stopped giving him money for further education, and he discontinued his studies in resentment. He then began to work in a recording studio and later performed as a singer at hotels and parties, but frequently changed job places, due to boredom. He was disappointed in love in the years 1989 and 2002; during both instances, he felt lonely, wept when alone and listened to sad music which caused further weeping. Later, he indulged in sexual relations with prostitutes. In 2014, he was robbed and was hit on the chest and abdomen during the hustle. The patient denied that he consumed alcohol, while the information given by his attendant and his clinical state and pathology, indicated otherwise.

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, *Staphysagria* (*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, *Staphysagria* is indicated for the ill effects of mechanical injury,^[8] and wounds.^[9]

Staph. 30 was prescribed every 4 h, but minimal improvement was observed with this. Hence, the case was reviewed, and Boenninghausen's^[10] approach, which lays emphasis to the characteristic modalities, was applied to the case (grand generalisation, modalities and physical generals [Figure 1]).

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,^[11] sensitiveness and inflammation of complaints of the abdomen, and nausea after drinking.^[12]

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.^[13]

Chronic totality was repertorised by Boger's approach^[10] considering tissue affinity, pathogenesis (location and pathology), sensation, physical general and mental state [Figure 2]. Boger's approach was taken due to the presence of pathology more than qualified mentals,^[13] 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*,^[9] *Materia Medica* by S. R. Phatak,^[11] and *Homoeopathy and Minerals*.^[14]

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.

		puls.	nat-m	staph.	phos.	colch.	sep.	spl.	acon.	bar-c.	bry.	kali-c.	nat-c.	thuy.	calc.	meq.		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Clipboard 2		8	8	7	6	6	6	6	6	6	6	6	6	6	6	6	6	6
		17	12	12	14	13	10	10	9	9	9	9	9	8	7	7	7	6
1. GENERALS - LYING - side; on - left - agg.	(91) 1	3	2	2	3	2	2	2	2	2	1	1	1	2	2	1	1	1
2. GENERALS - LYING - side; on - right - amel.	(46) 1	3	2	2	3	1	2	1	2	2	2	2	2	2	2	1	1	1
3. GENERALS - LYING - back; on - agg.	(78) 1	2	1	2	3	2	2	2	1	1	1	1	2	1	1	1	1	1
4. GENERALS - STOOL - after - amel.	(76) 1	2	2	2		3	1	3	1	1	3			1	1			2
5. GENERALS - FOOD AND DRINKS - ice cream - desire	(50) 1	1	1	2	3								2					2
6. STOMACH - THIRSTLESS	(220) 1	3	1	1	1	3	2	1	1	1	1	2	1	1	1	1	1	1
7. MIND - COMA	(155) 1	2	2	1	1	2	1	1	2	2	1	2	1	1	1	1	1	1
8. DREAMS - ABUSED; BEING	(3) 1																	
9. DREAMS - BEATEN, BEING	(10) 1	1	1									1						

Figure 1: Acute totality (Boenninghausen's approach)

		phos.	con.	staph.	nat-m	puls.	lyc.	spong.	calc.	staph.	aur-mn	med.	acon.	aur.	nux-v	iod.	bell.	ar.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Clipboard 3		9	9	9	8	8	8	8	7	7	7	7	7	7	6	6	6	6	
		17	15	13	15	11	10	10	15	13	10	10	8	7	12	11	10	9	
1. ABDOMEN - INFLAMMATION - Pancreas	(31) 1	1	2			1		3					1			2	1		
2. GENERALS - TUMORS - cystic	(42) 1	3	2	1			1	1	3	1	1	2	1		2			1	
3. GENERALS - NECROSIS	(77) 1	1	1	1		1	1		2	1		1			2		2	1	
4. GENERALS - INJURIES - concussion	(59) 1	1	1	2	2	1		2					1	2	2	2	2	2	
5. MIND - ALCOHOLISM	(154) 1	2	1	1	2	1	2	1	2	2	1	2	1	1	2	2	2	2	
6. GENERALS - FOOD AND DRINKS - milk - agg.	(160) 1	2	3	3	2	2	2	1	3	3	1	1	1	1	2	1	1	1	
7. GENERALS - FOOD AND DRINKS - spices - desire	(136) 1	3	1	1	1	2	1	1	3	2	1	2	1	1	2				
8. GENERALS - FOOD AND DRINKS - ice cream - desire	(50) 1	3		1	1	1	1	1	2	2		2	1					2	
9. MIND - AILMENTS FROM - love; disappointed	(57) 1	1	2	3	4				1	1	2		1	1	3	1	1	2	
10. MIND - WEEPING - music, from	(33) 1	1		1	1		1			1	1	1	1		2				
11. MIND - WEEPING - alone, when	(14) 1		2		2	1	1	1			2								

Figure 2: Chronic totality (Boger's approach)

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,

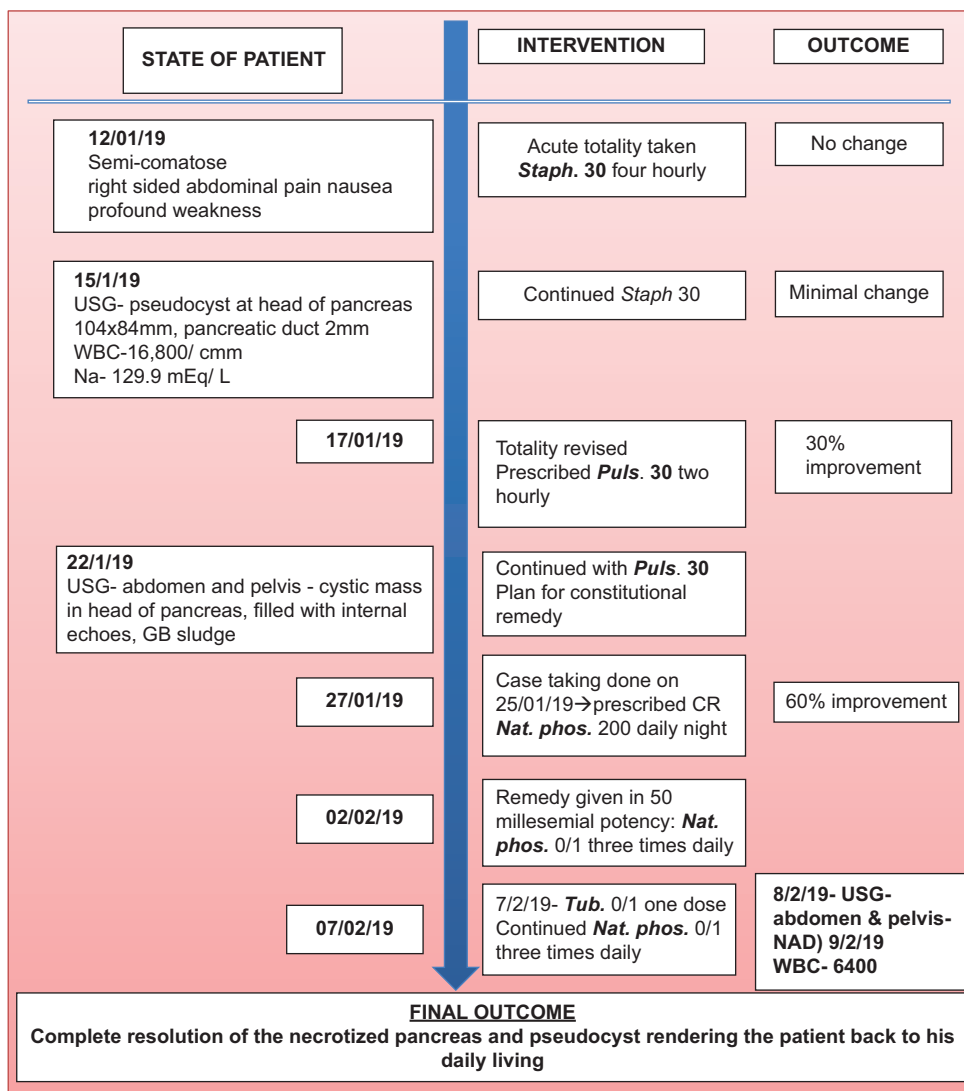


Figure 3: Timeline of patient’s treatment and follow ups

Table 1: Assessment by MONARCH inventory for Homoeopathy

S. No.	Domains	Yes	No	Not sure
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1		
3	Was there a homoeopathic aggravation of symptoms?		0	
4	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)?	+1		
5	Did overall well-being improve? (Assessed clinically)	+1		
6 A	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6 B	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?	+1		
7	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?		0	
8	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)		+1	
9	Was the health improvement confirmed by any objective evidence? (VAS)	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?		0	
Total			10	

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.

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Conflicts of interest

There are no conflicts of interest.

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

Introduction: La pancréatite alcoolique chronique avec exacerbation nécrosante et pseudokyste 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 similitimum homéopathique 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 pseudokyste pancréatique. L'exacerbation aiguë de la pancréatite avec pseudocyste 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 pseudokyste, permettant au patient de reprendre sa vie quotidienne.

Chronische alkoholische Pankreatitis mit nekrotisierender Exazerbation und Pseudozyste - ein Fallbericht

Einleitung: Chronische alkoholische Pankreatitis mit nekrotisierender Exazerbation und Pseudozyste ist eine Erkrankung mit einer schlechten Prognose. Die Krankheitspathologie zusammen mit einem Trauma in der Vorgeschichte und einer Alkoholabhängigkeit erhöht den Schweregrad, was die Behandlung erschwert. Die wichtigste chirurgische Behandlung ist die Drainage der Zyste. Mit individualisierter homöopathischer Medizin kann die Erkrankung ohne chirurgischen Eingriff behoben werden. **Zusammenfassung des Falles:** In einem Fall mit einer Kombination aus Pathologie, Trauma und Sucht kann es eine Herausforderung sein, ein homöopathisches Similitimum zu finden. Die vorliegende Fallstudie zeigt die Behandlung eines Patienten in halbkomatösem Zustand mit abdominaler Rigidität und ultrasonographischem Nachweis einer Pankreas-Pseudozyste. Die akute Exazerbation der Pankreatitis mit Pseudozyste und der chronische Zustand wurden mit akuten und konstitutionellen homöopathischen Mitteln behandelt, die nach dem Ansatz von Bönninghausen bzw. Boger ausgewählt wurden. Die Kausalattribution wurde mit dem MONARCH-Inventar bewertet. Das Ergebnis der Behandlung zeigte eine vollständige Auflösung der nekrotisierten Bauchspeicheldrüse und der Pseudozyste, so dass der Patient sein tägliches Leben wieder aufnehmen konnte.

क्रोनिक अल्कोहोलिक पैक्रियाटाइटिस के साथ नेक्रोटाइज़िंग एक्ससेर्बेशन और स्पूडो सिस्ट - एक केस रिपोर्ट

परिचय: नेक्रोटाइज़िंग एक्ससेर्बेशन और स्पूडो सिस्ट के साथ क्रोनिक अल्कोहोलिक पैक्रियाटाइटिस का पूर्वानुमान उचित नहीं होता | रोग की पैथोलॉजी तथा पुराने किसी आंतरिक आघात और शराब की लत रोग की गंभीरता को बढ़ा देते हैं जिससे इलाज करना अधिक कठिन हो जाता है। मुख्य इलाज शल्य चिकित्सा के द्वारा सिस्ट से तरल पदार्थ निकालना होता है। व्यक्तिगत होम्योपैथिक दवा द्वारा बिना शल्य चिकित्सा के इसका समाधान संभव है। **केस सारांश:** पैथोलॉजी, आघात और लत के संयोजन वाले मामले में, होम्योपैथिक सिमिलीमम पर पहुँचना चुनौतीपूर्ण हो सकता है। यह केस पैक्रियाटिक स्पूडोसिस्ट के अल्ट्रासोनोग्राफिक साक्ष्य के साथ अर्ध-कोमा की स्थिति और पेट की कठोरता में एक रोगी के प्रबंधन को दर्शाता है। पैक्रियाटाइटिस और स्पूडोसिस्ट की एक्यूट तीव्रता और क्रोनिक अवस्था को क्रमशः बोएनिंगहौसेन और बोगर के दृष्टिकोण के आधार पर चुने गए एक्यूट और कॉस्टीट्यूश्रल होम्योपैथिक उपचार से प्रबंधित किया गया। मोनार्क इन्वेंटरी द्वारा कारण निर्धारण का मूल्यांकन किया गया। उपचार के परिणाम दर्शाते हैं कि नेक्रोटाइज़्ड पैक्रियाज(अग्न्याशय) और स्पूडोसिस्ट का पूर्ण समाधान हुआ, जिससे मरीज़ अपना दैनिक जीवन पहले की तरह जीने लगा।

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 del quiste. 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 similitimum 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 - 一例病例报告。

引言：慢性酒精性胰腺炎伴坏死性加重和假性囊 是一种 后不良的疾病。疾病病理学加上 史和酒精依 ，加
起来更 治 。主要的外科治 是囊 引流。个体化的 势 法 物可以在没有手术干 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 势 法的相似性可能具有挑战性。本病例研究 明
了一例半昏迷状 下腹部僵硬和胰腺假性囊 超声 据的患者的处理方法。分别通过Boenninghausen和Boger方法选
急性和体 势 法治 胰腺炎急性加重伴假性囊 和慢性状 。通过MONARCH 存 估因果归因。治 果 示
坏死的胰腺和假性囊 完全消退，使患者恢复了日常生活。