Dr.Kavitha Chandak

A CASE STUDY OF CHRONIC CALCIFIC PANCREATITIS WITH NEOPLASM,DIABETES,ENLARGEDPROSTATE AND MENTAL TRAUMA- HOMEOPATHY BECAME SAVIOUR!

A 50 years old man visited me with his wife for chronic calcific pancreatitis with intra ductal and parenchymal calculi with significant atrophy and pancreatic neoplasm;enlarged prostate with insulin dependent diabetes mellitus at 4th may 2019.

Present complaints were- Diabetes since 2006. Taking insulin 18 units in morning and 16 units in evening since 2009.

Chronic diarrhea-stool frequency of 7-8 per day.Oily, greacy stools,difficult to flush.

Sleeplessness.

Life space-

By profession he is an engineer. His company terminated him from job in 2006; later on he joined the office with legal permission but there is no work; only fruitless sitting .

Meanwhile he faced lot of mental stress, disappointments and insults.

Almost no work since 2006.Spending time at home. Going for morning and evening walk. Doesn't like to read books. He is very generous person; helping others always. He took anti depressants for 2 years 2006-2008.He has eczema on

his left foot and small finger of right hand since 4-5 years. His main concern is about his stools and his weight. He complaints though he has increased appetite with all gone sensation but still losing weight(fluctuation of 1 -2 kgs in 6 months)and extreme weakness after passing stool was there.He keeps on sending massages to me regarding stool.

Past H/O-Diarrhoea at age of 1&1/2 years.

Measles, Chicken pox and typhoid at age of 6 years.

Polio myelitis at age of 7 years.

Arthritis at age of 14 years. Penicillin injections were given in a tapering way till the age of 18 years.

Pimples (treated with allopathy) at age of 17 years.

Appendicectomy done at age of 22years.

Ayurvedic treatment has taken in 2004 for chronic acidity.

Diabetes diagnosed in 2006.

Swelling and itching in palms in October 2018.Allopathic treatment has been taken. After that there is greasy and oily stool.

His investigations were-

卐

MAHAJAN

DR. SANDIP MAHAJAN MBBS DMRD
CONSULTING RADIOLOGIST
AND SONOLOGIST

DIGITAL X-RAY & ULTRASOUND,
COLOUR DOPPLER,
AND 4D SONOGRAPHY CLINIC

NAME : **31/01/2019**

REF BY : DR VAIBHAV BANAIT MD. DM.

USG ABDOMEN AND PELVIS

- **Liver** is normal in size shape and echotexture , PV and CBD is normal and no evidence of diffuse and focal lesion seen and no evidence of dilatation of intra and extra hepatic billary radical seen.
- **Gall bladder** is well distended and smooth in out line and wall thickness appears normal , no evidence of calculus seen and no evidence of pericholycstic collection seen
- **Pancreas is atrophic and echogenic ? changes due to chronic pancreatitis**
- **Spleen** is normal in size , shape and echotexture and smooth in out line ,Splenic vein appears normal.
- **Both kidney** shows normal size , shape and cortical echotexture , cortico medullary differentiation well preserved on both side , renal sinus appears normal no evidence of renal calculus seen ,no evidence of hydronephrosis seen
- **R. K. MEASURES** 10.8 X 5.0 cm
- **L. K. MEASURES** 11.0 X 5.2 CM
- Both iliac fossa appears normal, no evidence of free fluid seen
- Aorta and IVC normal , no evidence of nodal enlargement seen along major vessel
- Bladder well distended and smooth in out line No evidence of significant amount of residual urine seen
- Full bladder : 176 cc
- Post void : 14 cc
- **Prostate is enlarge in size , normal in echotexture and smooth in out line and measures 45 x 48 x 38 mm volume is 44 cc**

BALWANT APARTMENT, CENTRAL EXCISE COLONY, RING ROAD, CHHATRAPATI SQUARE, NAGPUR. TEL: 2283625

Nagpur Reference Pathology Laboratory & Research Institute Pvt. Ltd., Nagpur.

ISO 9001-2008 Certified

Reach Us :
NRPL House, Plot No. 22/1, Khare Marg, Dhantoli,
Nagpur - 440 012 Tel : 0712- 2455156, 2448769

24/7 & 365 Days Support Service:
Tel. : 8237067627, 8087067628, 7276075693, 8087055164
E-mail : nrplnagpur12@rediffmail.com

Name
Ref. By Dr. SPECTRUM IMAGING CENTRE
Sample Rec/Coll. Dt 12/02/2019
Sample Rec/Coll Time 5:07:15 PM

Age / Sex M /
Sample ID No. 175
190212175
Type of Sample Serum
Recd. From Outside No

BIOCHEMISTRY

Biochemistry done on VITROS 250 Dry Chemistry Analyzer

Test Name	Value	Unit	Biological Ref. Interval
SERUM CREATININE	0.7	mg/dl	0.6 - 1.4

**** End Of Report ****

Dr. Gawal
MD.
Pathologist/Microbiologist

Dr.Lubna Seemi
MBBS,DPB
Pathologist/Microbiologist

Dr. Ashutosh Deshmukh
MBBS, MD
Pathologist/Microbiologist

SPECTRUM
MEDICAL IMAGING CLINIC

NRPL Building, Khare Marg,
Beside Getwell Hospital, Dhantoli, Nagpur - 12.
0712 - 2980048 +91 - 7774046644
spectrumrdc@gmail.com

PATIENT NAME:		AGE/SEX:	50 Years/M
REF.PHYSICIAN:	DR. VAIBHAV BANAIT SIR	DATE:	12-Feb-2019
EXAMINATION:	CECT ABDOMEN AND PELVIS		

TECHNIQUE: Helical CT study of abdomen & pelvis was performed on multislice CT scanner after ingestion of oral contrast, pre & post administration of intravenous 80 cc non-ionic iodinated low osmolar contrast media @ 3 cc/sec with axial, sagittal & coronal reconstruction of images.

OBSERVATION:

The study reveals an ill-defined irregular marginated iso-dense significantly enhancing lesion in pancreatic head.Its measures 3.4(CC)x2.7(AP)x2.8(TR)cms. It shows few small nodular calcification average size 4mm. It is touching the medial wall of second part of duodenum. It is also touching the superior mesenteric vein with no obvious e/o direct infiltration. It is touching the pancreatico-duodenal artery, however there is no involvement of superior mesenteric artery or hepatic artery. There is atrophy of rest of the pancreatic parenchymal with dilatation of MPD measuring 7mm.

Liver shows normal anatomical configuration with uniform density pattern. No area of altered attenuation or blush with IV contrast. No intra or extra-hepatic billiary dilatation. Portal vein is normal.

Gallbladder is optimally distended with usual regular wall thickness. No evidence of high density intra-luminal calculus. No pericholecystic collection.

Adrenals, spleen & stomach do not show any appreciable pathology.

Both kidneys show normal morphology. No focal lesion. No pelvicalyectosis. Juxta renal area is normal. Kidneys show normal excretion & concentration of contrast. Ureters show normal course & caliber. No distortion.

Small bowel appears normal in course and caliber shows optimum opacification with orally ingested contrast. No focal mass or abnormal bowel wall thickening. Large bowel appears unremarkable. Mesentry & mesocolon appears normal. No abnormal nodes. ***Large bowel fecal studded.***

Urinary bladder well distended with normal wall thickness. Perivesical fat planes are well preserved.

Prostate appear normal in size without any obvious focal lesion.

IVC & aorta are normal. No significant retroperitoneal lymphadenopathy.

No free fluid is seen in peritoneal cavity.

Degenerative changes are seen in spine.

IMPRESSION:

- ***CT features reveals an ill-defined irregular marginated iso-dense significantly enhancing lesion in pancreatic head as described above, representing pancreatic neoplasm. Needs histopathological correlation.***

Dr. Akash Mahalle, MD
Consultant Radiologist

Dr. Nishikant Lokhande, DNB
Consultant Radiologist

Dr. Nishant Choudhary, DNB
Consultant Radiologist

AIG HOSPITALS

AIG Lane, Gachibowli,
Hyderabad, Telangana - 500032.
Tel: +91 40 4244 4222
info@aighospitals.com
www.aighospitals.com

ENDOSCOPIC ULTRASOUND (EUS) REPORT

Patient Name		**UHID**	2000032961
Age	50	**Sex**	MALE
EUS.No	AIGH/2019/0249	**Date**	20.02.2019
Ref.By			

Clinical Diagnosis Chronic calcific pancreatitis

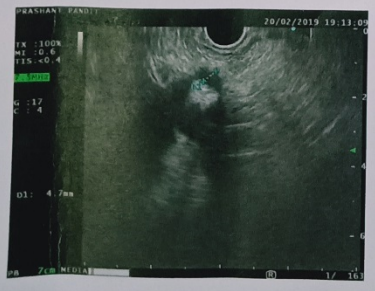
EUS Scope Radial

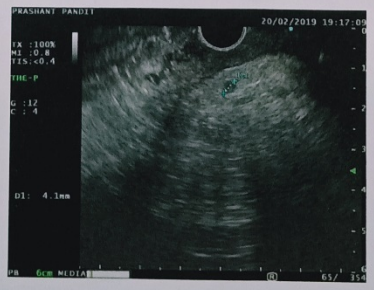
ENDOSCOPY Normal

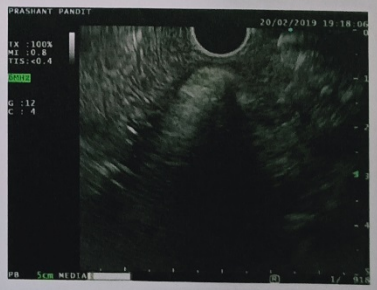
EUS

Gall Bladder - Normal.
CBD - Normal and anechoic till terminal end.
Pancreas - There are multiple calculi involving pancreatic parenchyma and pancreatic duct in head region with mild dilated pancreatic duct in the body (4.7mm). There is relative atrophy of parenchyma in body and tail of pancreatic duct. There are two tiny hypoechoic lesions (<5mm) in size in uncinate process showing no vascularity. There is no evidence of pancreatic focal mass or lymphadenopathy. Spleno-portal axis and celiac trunk are normal.

IMPRESSION Chronic calcific pancreatitis with intra-ductal and parenchymal calculi.







Dr. MOHAN J RAMCHANDANI
Consultant Gastroenterologist & Endosonologist

Dr.NAGESHWAR REDDY
Chief of Gastroenterology

AIG HOSPITALS

AIG Lane, Gachibowli,
Hyderabad, Telangana - 500032.
Tel: +91 40 4244 4222
info@aighospitals.com
www.aighospitals.com

CT REPORT

Patient Information

Patient Name	:	Bill No	: AGOP190028529
Age / Gender	: 50 Yrs 7 Mth	Bill Date	: 21-02-2019 08:59:40
UHID	: 2000032961	Reporting No	: AGRR190007483
Ref. by	: DR. MOHAN RAMCHANDANI	Reporting Date	: 21-02-2019 16:06:35

CT ABDOMEN WITH CONTRAST

TECHNIQUE: CECT abdomen was performed on Philips ingenuity core 128 slice MDCT scanner with detector collimation of 0.625mm, 1mm reconstructions in saggital and coronal planes.
70ml non-ionic IV contrast was used.

FINDINGS:
Liver is normal in size (12.8cm), shape and attenuation. No intrahepatic biliary duct dilatation. No focal lesions.

CBD measures 4mm, normal in caliber.
Portal vein is normal in caliber measures 11.5mm at porta.

Gall bladder is well distended. No evidence of hyperdense calculi. Wall thickness appears normal.
Spleen is normal in size (12.3cm) and attenuation. No focal lesions seen.
Mesentery and omentum are normal.

Pancreas: Significant pancreatic atrophy with heterogeneous and bulky head showing multi focal calcifications. A focal area of differential enhancement measuring 2.2cm seen in the head with no washout.
MPD measures 8.1mm. No peripancreatic collections.

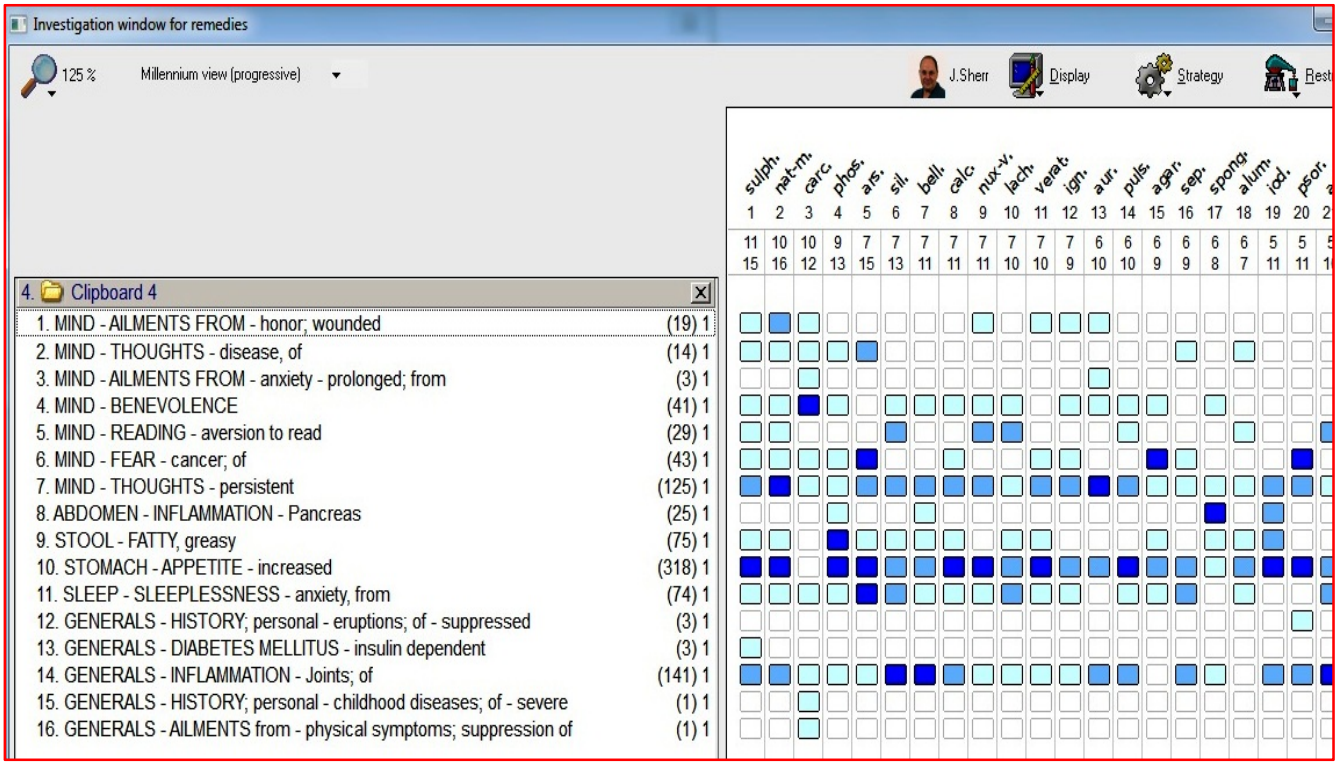
Both kidneys are normal in size, shape and attenuation. No hydronephrosis /calculi noted.
Both adrenal glands appear normal.

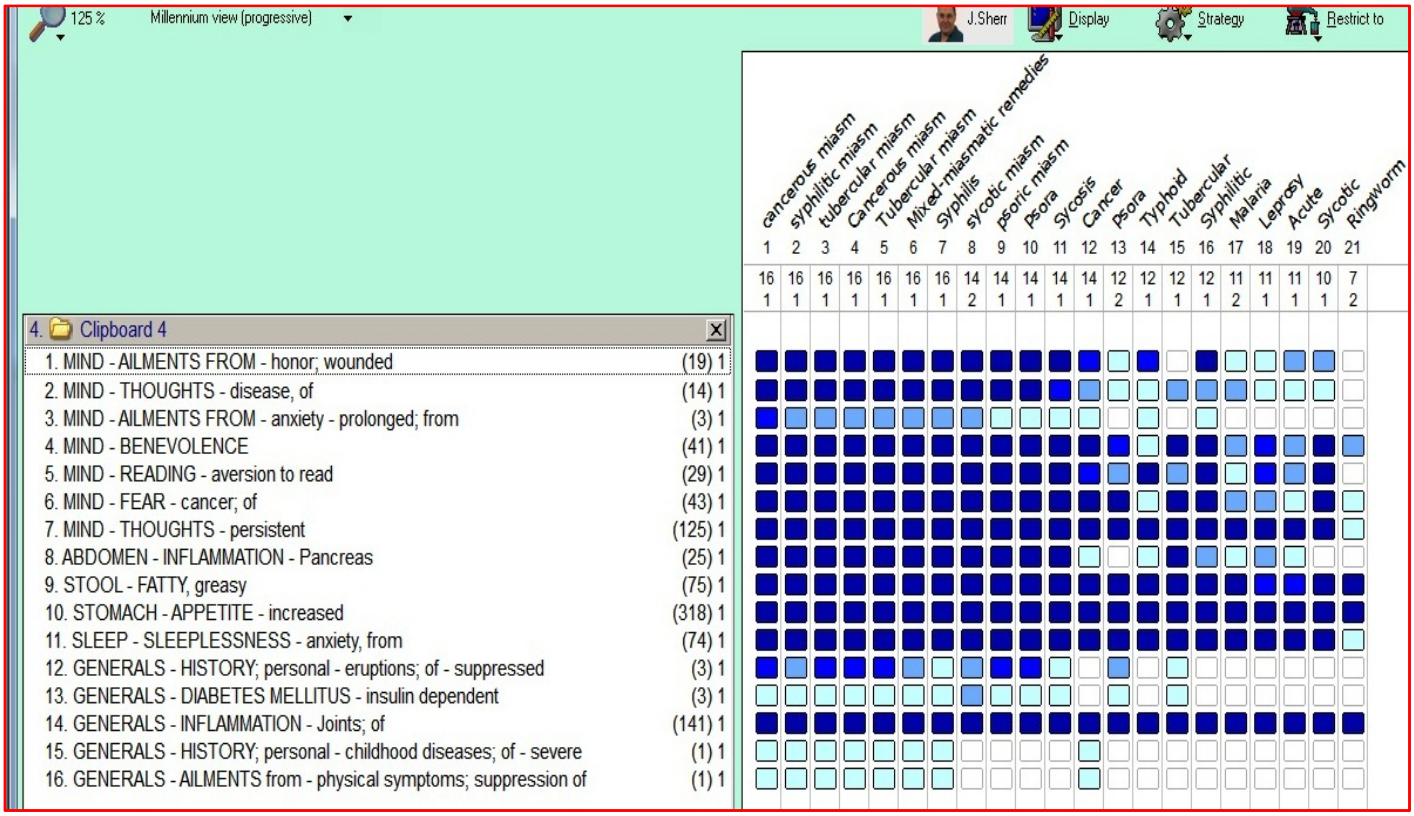
Aorta and IVC are normal.
Urinary bladder is partially distended.
Prostate is normal in size and attenuation.
No free fluid in the peritoneal cavity. No pleural effusion.

IMPRESSION:
-Heterogeneous and bulky head of the pancreas with multiple internal calcifications and significant atrophy in rest of the pancreas. Features likely represent inflammatory mass. No peripancreatic collections.

DR. ASHIRWAD P
CONSULTANT RADIOLOGIST

Rubrics considered were





In the above chart, Carsinosinum, Arsenic Album and Agaricus covered tubercular background.

Prescription-

I decided to prescribe Carcinosinum but before that I thought to make psora calm. So first I prescribed Aurum Met 1m aqua dose in May 2019.

Aurum met was chosen as it covered the main symptoms- honor wounding depression, prolonged anxiety,benovalent behavior,persistant thoughts,increased appetite,bone troubles etc.

Follow ups-

June 2019- Sleep improved. Span is around 4&1/2 hourss.

Stool frequency reduced.

Pain in Right heel-better.

Carsinosinum 200 one dose aqua given to take only one time.

August 2019- Sleep sound for 5&1/2 hours.

No pain in right heel.

Frequency of stool reduced but still greasy.

Post meal Blood sugar -160mg/dl.

Anxiety- same.

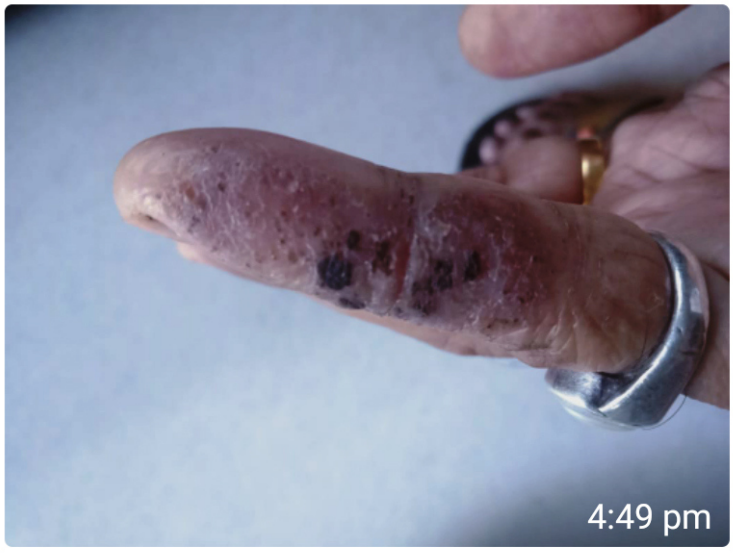
Carsinosinum 200 one dose aqua given to take only one time.

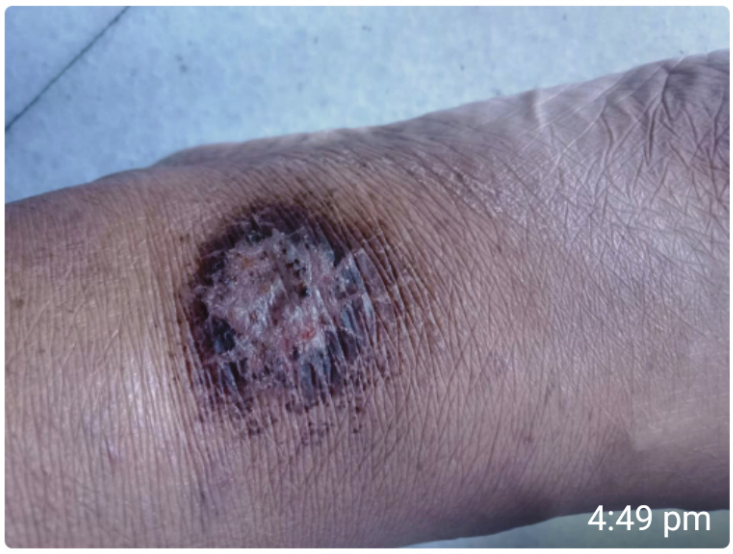
September 2019- eczema increased..

3:46

last seen today at 2:45 pm

25 SEPTEMBER 2019





Exima on my left foot and right hand small finger is agrevated though I am applying lavender oil 4:51 pm

Placebo given

October 2019-

Stool-same.

Insecurity of mind; anxiety health.

Post meal blood sugar- 186mg/dl.

Argenticum Nitricum 30 BD given for 5 days with placebo for

January 2020-

Stool frequency increased.

Pepsinum 200 one aqua dose given.

February 2020-

Stool same.

Hungry even after food so I was thinking about Sulphur.

but he said-'when I look in mirror,I feel I am reduced too much!

(weighing scale shows difference of 350 gms only)

I observed; patient had a delusion that he was getting thin!

Thuja 1M one dose followed by Pepsinum 200 one dose after 8 days.

March 2020-

Weakness++

Sugar increased.

Stool same.

Weight stable.

Carcinosinum 1M one aqua dose given.

Advised- Milk restriction.

April 2020-

Patient was better in all aspects excluding his greasy fatty stool.

I was firm with my medicine so Carsinosinum 10 M one aqua dose given.

May 2020-

Here is the Ultrasound scan report.

CHANDAK
RADIOLOGICAL LABORATORY

DIGITAL X-RAY • 3D & 4D COLOUR DOPPLER SONOGRAPHY • ECHO • MAMMOGRAPHY • OPG

MR. [redacted] DT. 29.4.2020

DR. KAVITA CHANDAK MD.

ULTRASOUND SCAN OF FULL ABDOMEN BY COLOUR DOPPLER

Known case of pancreatitis.
Both lobes of liver are enlarged. There is no sonic evidence of hepatic space occupying lesion. There is no dilatation of intra or extra hepatic biliary radicals. Hepatic & portal vasculature appear normal. Gall bladder is normal in capacity, show normal wall thickness and does not contain in calculi.

Pancreas is having heterogenous echopattern with illdefine margin.
No calcification in pancreas seen. No lymph nodes seen in epigastric region.
Spleen show normal size with normal echo pattern.

Right kidney is measuring 9.8 x 4.6 cm and left kidney is measuring 9.9 x 4.6 cm. The echogenicity of both kidneys is normal. There is no dilatation of collecting system seen. Both ureters are not imaged. No abnormal space occupying lesion or calculus seen in both kidneys. Both suprarenal regions do not imaged any abnormal space occupying lesion. Bladder is normally distended. Both iliac fossa appear normal.

Prostate is measuring 3.8 x 3.2 x 3 cm (about 18.1 gm).
No free fluid in abdomen seen. No abnormal mass seen.
Ultrasound however does not show the functional status of these organs.

OPINION;

Known case of pancreatitis.
Hepatomegaly.
Please correlate clinically.

Dr. Priya N. Chandak
M.B.B.S, D.M.R.D
MMC No. 2010/03/0716

Dr. Suresh V. Chandak
M.D (Radiology), D.M.R.D
MMC No. 36352

No calcification, atrophy and neoplasm seen in Pancreas!

Stool frequency is reduced upto the mark.

Blood sugar is maintained.

No complaints about weight and weakness.

No fear of cancer. Anxiety reduced and the most important change was- started reading books! Oops!

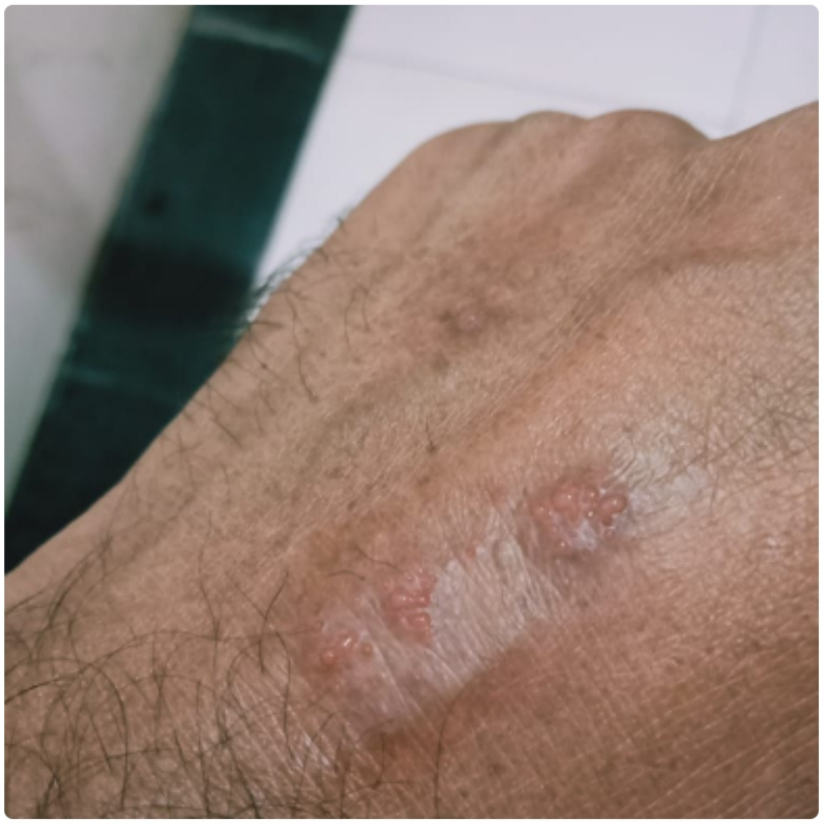
For Hepatomegaly and pancreatitis- Mercurius Iodata 3X - BD suggested for 90 days.

June 2020 – Psora still evolving; severity less.

9:16

Prashant Pandit
last seen today at 8:53 pm

16 JUNE 2020



Kavita mere hath par aise ho raha hai. Kya karu ? 9:27 pm

Wait. 9:46 pm

But its oozing 9:50 pm

Conclusion-

When the case is multimiasmatic with multiple diagnosis; single remedy is not sufficient!

MIXED MIASMATIC STATES AND THEIR TREATMENT

The above case was dominated by tubercular miasm but evolution of Psora was there since childhood. One disease suppressed, took the form of other disease.

So, at the onset we are to select one 'A' grade anti-psoric medicineon the basis of the present totality of symptoms ,it should be also anti-mixed miasmatic.

Hence Aurum met was prescribed to cover psora and syphilitic background.

All 'syphilitic' remedy-types have an obsessional tendency.Resentment. On the physical level it manifests as ulceration, wasting and congenital malformations.

The disorders of glands, bones and blood vessels cause more pathological changes.

It also has a tendency to develop weak joints.

Anything regarding hard tissues, whether in vertebral column, long bones, nails or tooth, basic miasm is syphilitic. So naturally tubercular will come there.

This anti-psoric medicine to be continued as long as the patient continues all round improvement as per the 6^{th} edition of Organon .

Psora and syphilis together form tubercular miasm.

After evolution of symptoms it is seen that the present totality of symptoms revealing the 'tubercularstate', has come out after anti-psoric treatment.

So the second prescription will be a ' A' grade anti-tubercular medicine; which should cover multimiasms.

Symptoms covering Tubercular miasm in this case were-Extreme hunger with "all gone‘ sensation.Great weakness with feeling as if vitality is leaving, especially after evacuation, and sudden progress of gastro intestinal complaints are the main features.Always dissatisfied and changeable. They display both lack of tolerance

and perseverance. In the above case, dominant miasm was tubercular, and hence a remedy covering this miasm was desirable.

Hence carsinosin has been prescribed .

Why Carsinosin?

In the above case, anxiety is running throughout the case since years. There are ailments from mental trauma and his self esteem has been crushed many times. Generous patient; aversion to reading; H/O severe childhood diseases(measles, chicken pox, Rheumatoid Arthritis, Polio Myelitis) and H/O lot of treatment taken to suppress all these physical troubles; made me to select Carcinosinum.

Dormant or suppressed sycotic condition may be aroused after anti-psoric and anti tubercular treatment; hence hepatomegaly is there.

Hence, the third prescription will be a 'A' grade anti-sycotic medicine which must be anti mixed miasmatic too; hence Mercurius Iodum was prescribed.

Sycotic patients are prone to have fibro muscular affections like Reumatism and various arthritic conditions.Slow recovery, is the cardinal point we can observe in many sycotic patients. In any disease, they may have a history of slow recovery, whether it is acute or chronic. In acute diseases, there is a tendency to slip back after improvement.

Majority of viral infections on the skin are fundamentally sycotic in nature whether it is chicken pox or measles.

In sycosis miasm,Patient feels that joints are weak, but there won't be any structural abnormalities. If you take an X-ray that will be normal but patient feels his joints are weak.

Lack of power to do any work; all it is due to mental phenomenon.

Sycosis and syphilis: There is suppression of abnormal discharges.

In this way treatment and management of patients of mixed miasmatic states are to be followed.

Argenticum Nitricum was used to reduce anxiety. Pepsinum was used to balance digestive enzymes, Mercurius Iodum was prescribed for inflammation of pancreas and liver as mercury covers syphilitic trait and Iodum having good action on glands and controls appetite.

All 'A' grade anti-miasmatic medicines are also anti mixed miasmatic ones .

'A' GRADE ANTI-MIXED MIASMATIC REMEDIES

Argenticum metallicum
Medorrhinum
Phytolacca
Thuja
Aurum Metallicum
.Mercurius solubus
Psorinum
Tuberculinum
Lycopodium
Mercurius iodum flavus.
Bacillinum
Mercurius iodum ruberum
Calcarea sulph.
Nitric acid.
Staphysagria
Carcinocin
Sulphur
Syphillium