

## A multifaceted integrative approach to healing chronic pancreatitis

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**A 49-year-old male patient diagnosed with chronic pancreatitis was treated with a combination of healthy diet, Tuina Massage (Chinese Massotherapy), Chi Kung meditation, herbs and supplements over a 60-week period. The treatment resulted in no further attacks, a significant reduction of pancreatic inflammation, and dissipation of an internal blockage in the pancreas. The success of the treatment provides hope for individuals suffering from chronic pancreatitis.**

Treatment	Started on	Started at	Finished on	Finished at
Pancreatic enzymes	2007-01-06	0 weeks	ongoing	
Massotherapy (once/week)	2007-01-18	3 weeks	ongoing	
Massotherapy (twice/week)	2007-05-24	28 weeks	2007-11-1	44 weeks
Chi Kung	2007-02-06	5 weeks	ongoing	
Antioxidants	2007-06-07	27 weeks	2007-11-15	46 weeks
Xiao Chai Hu Tang Wan	2007-07-19	33 weeks	2007-12-25	51 weeks
Shen Ling Bai Zhu San	2008-03-01	60 weeks	ongoing	

### Background

In December 2006 the patient had a pancreatic attack which resulted in a hospital stay of four days and required the use of morphine for pain. He had been suffering with pancreatitis for two years. He blames this condition on the fact that he ate poorly during this time, mostly fast food with lots of fat and sugar. In a two-year period he suffered four pancreatic attacks, and two of these attacks resulted in hospital stays. His doctors ordered a blood test to see if amylase and lipase were elevated. They then confirmed he had pancreatitis by doing a CT scan.

In early 2007, Endoscopic ultrasound imaging showed that “the head of the pancreas was enlarged and very heterogeneous with irregular gland borders, lobularity, hyperechoic and foci. These changes were also clearly identified in the neck, body and tail but were not as severe. The pancreatic duct was hyperchoic and irregular in the neck and body. The pancreas appeared diffusely swollen compared to the last examination. There were new calcifications in the head parenchyma. There was also a 7mm stone inside the main pancreatic duct (level of the head) before the bifurcation.” After he recovered from this attack, the patient adjusted his diet and sought massage therapy.

### **How Chinese Medicine views chronic pancreatitis**

This condition is discussed under abdominal pain and diarrhea in TCM (Traditional Chinese Medicine).<sup>1</sup> The pathogenesis is damp-heat phlegm stasis obstructing the middle jiao. In Western medicine it is seen as chronic inflammation of the pancreas. Cholelithiasis and infection of the biliary tract causing reverse flow of the bile or a narrowed pancreatic duct can cause repeated attacks of pancreatitis. These are the most common causes of pancreatitis. If not successfully treated, this condition can lead to diabetes and/or pancreatic cancer. TCM focuses on strengthening the spleen, transporting dampness, invigorating blood, and clearing heat, which can control the symptoms such as diarrhea, fatty diarrhea, emaciation, malnutrition, and abdominal distending pain. In the patient’s case it was determined he suffered from spleen deficiency with dampness syndrome. The treatment principle determined was to strengthen the spleen and transform dampness.

### **Pancreatic Enzymes**

The patient’s doctor prescribed Cotazym ECS-8, a natural preparation of pancreatic enzymes extracted from pigs. Pancreatic enzyme replacement therapy is warranted in established pancreatic insufficiency where pancreatic enzymes are absent from or present in insufficient amount in the intestine. It is also warranted in pancreatectomy, chronic pancreatitis, cystic fibrosis, statorrhea and other malabsorption syndromes in which fat digestion is inadequate because of the deficiency of pancreatic enzymes.<sup>2</sup> The patient followed the recommended dosage of one capsule before snacks and two capsules before meals.

### **Chinese Massotherapy**

Sessions included acupressure focusing on points for digestion, specifically points affecting the spleen (spleen 1, 2, 3, 4, 5, 6, 10, 11), the bladder meridian (bladder 17, 18, 19, 20, 21, 22), the triple burner meridian (triple burner meridian 6,7,8), and on the small intestine meridian (small intestine 9,10,11). Kidney 1 on the bottom of the feet also seemed to have a positive effect on the patient. Studies have shown that acupressure can elicit the release of morphine-like substances (endorphins), serotonin and cortisol, which can ultimately lead to pain relief and alter physiological status.<sup>3</sup>

The Division of Digestive Diseases at UCLA School of Medicine has determined acupuncture to be effective against pancreatic pain.<sup>4</sup>

### **Stomach massage**

Abdominal massage was done focusing on the intestinal tract by doing Tai Chi circles clockwise around the navel. This was done to help stimulate the digestive process.

### **Chi Kung**

Chi Kung was added to the patient's treatment program to help him relax and improve his energy and constitution. Studies have shown that Chi Kung increases immunity.<sup>5 6</sup> In one study of 768 subjects in Korea, Chi Kung was found to have the following benefits:

<b>Symptomatic Improvements</b>	
Wound healing	84%
Inflammation	67%
Physical health	67%
Pain reduction	43%
Psychological health	40%
Fatigue reduction	22%
Insomnia reduction	9%

Chi Kung involves breathing exercises, stances and movements designed to restore health. The patient practiced Chi Kung 3-4 times per week for 25 minutes per session. The patient was also given a recording made of a Chi Kung meditation session which he used at home and found to be highly beneficial to his practice.

The patient also reported an unexpected side effect of his Chi Kung practice. In two follow-up MRI (magnetic resonance imaging) examinations, the MRI technician was surprised by the high quality of the images. The MRI technique requires the patient to hold his breath and lay perfectly still for 30 seconds at a time while inside a very small chamber for a full half-hour. Apparently, the deep breathing and relaxation techniques of Chi Kung make it much easier to hold one's breath and remain calm in a claustrophobic environment.

### **Antioxidants**

Studies have shown that antioxidants can help reduce inflammation of the pancreas because patients with chronic pancreatitis tend to have antioxidant deficiencies.

The following table illustrates the daily antioxidant and patent medicine regimen used.

Supplement	Suggested Dosage	Actual Dosage		
		Morning	Evening	Daily Total
Ester-C	500 mg	500 mg	500 mg	1000 mg
Vitamin E	270 IU	200 IU	200 IU	400 IU
Beta-carotene	9,000 IU	10,000 IU	----	10,000 IU
Grape-seed extract	200 mg	100 mg	100 mg	200 mg
Selenium	600 mcg	200 mcg	400 mcg	600 mcg
L-methionine	2,000 mg	2x 500 mg	2x 500 mg	2,000 mg
Alpha-lipoic acid	600 mg	300 mg	300 mg	600 mg
Xiao Chai Hu Tan Wan		6 pills	6 pills	12 pills
Shen Lin Bai Zhu San		6 pills	6 pills	12 pills

**Note:** the actual dosages the patient took are higher than the suggested Manchester study dosages of the supplements because of the availability and strength of antioxidants offered in the health food store.

These antioxidants have been studied and approved as highly effective in treating pancreatitis at the Manchester Royal Infirmary in Manchester U.K.<sup>7</sup> Studies in Wales have shown that pancreatic patients have evidence of multiple antioxidant deficiencies.<sup>8</sup>

### Chinese Herbal (Patent) Medicine

**Initial patent medicine used:** Xiao Chai Hu Tang Wan (Pian), also known as Minor Buplerum Decoction. The herbal monograph in the magazine *Acupuncture Today* says that Xiao Chai Hu Tang Wan is one of the most commonly used herbal formulas used today. Historically, this formula was used to treat Shaoyang Syndrome, which according to Chinese Medicine occurs when pathogens such as cold and wind on the exterior of the body need to be released or “sweated out.” The organs affected are the triple burner, gallbladder, pericardium and liver. Today the formula is used to successfully treat many disorders, including hepatitis, liver fibrosis, liver cancer, jaundice, cholecystitis, cholelithiasis, acute pancreatitis, nephritis, acute tonsillitis, parotitis, and stomatitis.<sup>9</sup>

Fifty patients with acute pancreatitis showed marked improvement when treated with acupuncture, modified Xiao Chai Hu Tang Wan and atropine. The average duration of treatment was 6.8 days, with most patients showing improvement after about 3 days.<sup>10</sup> Also pancreatic rat genes treated with this herbal combination showed complete recovery.<sup>11</sup>

**Note:** This herbal combination was discontinued after 18 weeks when the patient decided to stop taking the Chinese patent medicine and antioxidants because he believed they were ineffective. He also decided to modify his diet and eat smaller meal portions, and continued with Massotherapy sessions once per week.

Next, a classical formula used in treating chronic pancreatitis was added. Shen Ling Bai Zhu San is recommended for “Spleen Qi Deficiency with Dampness.” It contains:

- Ginseng, Poria and Atractylodes Powder
- Four Gentlemen Decoction plus Dioscorea 1 part
- Semen Dolichoris 3/4 part
- Lotus Seeds 1/2 part
- Coix 1/2 part
- Cardamom 1/2 part
- Platycodon 1/2 part

Shen Ling Bai Shu San harmonizes the stomach, leaches out dampness, protects the lungs and tonifies spleen qi. Citri reticulatae can be added to strengthen the formula's ability to benefit the spleen and expel dampness. The formula also treats loose stools or diarrhea, lowered appetite, weakness of the extremities, weight loss, distention and a stifling sensation in the chest and epigastrium, pallid and wan complexion, pale tongue with white coat, thin, moderate or deficient pulse, possible vomiting, and cough with sputum.<sup>12</sup>

In this case study, raw herbs were not used as all formulae are available in pill form. The patient's current dosage is 6 pills 2 times/day.

## **Results**

In the summer of 2007 biopsy results indicated that the patient's pancreas showed no signs of cancerous activity. Endoscopic ultrasound found that the 7mm blockage was gone and the inflammation of the pancreas was greatly reduced. The patient has had no further attacks. He attributes his success to eating smaller meals, limiting fat, eliminating alcohol from his diet, continued Chi Kung practice and weekly Chinese acupuncture massage. He uses no prescriptions or over-the-counter medications.

## References

<sup>1</sup> Liu, C., Tseng, A., Yang, S., 2005. Chinese Herbal Medicine: Modern applications of Traditional Formulas, 449.

<sup>2</sup> <http://www.ucb-group.com/>

<sup>3</sup> Shulte, E., 1996. Complementary therapies: Acupuncture: Where East meets West, *Research Nursing*. 59(10): 55-57

<sup>4</sup> Diel DL. 1999. Acupuncture for gastrointestinal and hepatobiliary disorders. *J Altern Complement Med Feb*; 5 (1): 27-45.

<sup>5</sup> Ryu H, Jun CD, Lee BS, Choi BM, Kim HM, Chung HT, 1995, Effect of qigong training on proportions of T lymphocyte subsets in human peripheral blood. *Am J Chin Med*, 23(1); 27-36.

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<sup>7</sup> McCloy, Rory., 1998. Chronic Pancreatitis at Manchester U.K., Focus on Antioxidant Therapy. *Digestion* (59) 36-48.

<sup>8</sup> Gareth JM, Bowrey DJ, Oiesky D, Davies M, Clark G, Puntin M. The antioxidant profiles of patients with recurrent acute and chronic pancreatitis. 1999. *The American Journal of Gastroenterology* 94 (8), 2135-2140.

<sup>9</sup> <http://acupuncture.com/education/zf/spdmpheat.htm>

<sup>10</sup> Zhong Y. 1982. *Journal of Chinese Medicine* (9) 40.

<sup>11</sup> Su S, Mootoo Y, Xie M, Sakai J, Taga H, Sawabu N, 2001. Pancreatology, Effect of Herbal Medicine Keishi-To (TJ-45) and its components on rat pancreatic ancinar cell injuries in vivo and in vitro, (1) 102-109.

<sup>12</sup> <http://www.acupuncture.com/education/zf/spleen1.htm>