Chapter-6 Pancreatitis

23 Years of Pancreatitis Pain—Relieved in 3 Weeks; HbA1c Normalized in 1 Month

For the detailed story, scan the QR code.

This documented testimony (video and reports dated **10 January 2026**) presents a striking clinical turnaround in a **30-year-old Assistant Professor, Manoj Kumar**, who had lived with **Chronic Pancreatitis** since the age of seven.

For **23 years**, his life was defined by persistent upper abdominal pain, fatigue, and severe activity limitation. Despite consulting leading specialists across multiple systems of medicine, he was repeatedly advised that the condition was chronic, progressive, and largely limited to symptom management. Even basic activities—brisk walking beyond 30–40 meters, yoga, or an active lifestyle—remained difficult.

Regular medical follow-ups became a routine over decades. In **December 2025**, evaluation revealed an **HbA1c of 7.8%**, indicating emerging glycaemic dysfunction. He was advised to initiate insulin therapy, with the understanding that both **exocrine (pancreatitis)** and **endocrine (diabetes)** pancreatic functions were compromised.

At this critical point, he began **Dr. Raju's Neo Ayurveda protocol** after learning about it through public platforms. What followed was rapid and unexpected:

- **Within 3 weeks:**
  - Long-standing abdominal pain and discomfort—present for over two decades—subsided significantly
- **Within 1 month:**
  - **HbA1c reduced from 7.8% to 6.2%**
- **Functional recovery:**
  - Ability to walk **5–8 km comfortably**
  - Initiation of yoga and active daily routine
  - Marked improvement in energy and overall well-being
- **Biochemical findings:**
  - Previously unassessed pancreatic enzymes (**lipase and amylase**) were found to be within normal range in current reports

Today, he reports living a **near-normal life**, free from the debilitating pain that defined his past.

This case represents an **observational clinical outcome**, not a generalized claim. However, the rapid relief of a **23-year-long chronic condition within three weeks** raises important questions and opens new avenues for scientific exploration.

It suggests that, under specific conditions, even long-standing degenerative dysfunctions may respond in ways that extend beyond current expectations—highlighting the need for **rigorous research, validation, and deeper investigation** into such approaches.

2. A Seven-Year Battle With Pancreatitis — Resolved in 30 Days

S. Bharkat, a young boy from the Chittoor district of Andhra Pradesh, India, had been living with pancreatitis for nearly seven years before he came under my care.

His illness began at the tender age of ten. What initially appeared as recurrent abdominal discomfort gradually evolved into chronic pancreatitis, accompanied by severe back pain that repeatedly disrupted his childhood and adolescence. Over the years, he was placed on multiple medications, including long-term steroid therapy, in an attempt to suppress pain and inflammation.

Despite continuous treatment, his condition failed to improve. Instead, new complications emerged. His body weight increased abnormally, his appetite diminished, and he experienced persistent fatigue and weakness. He struggled with low energy levels and was unable to participate in normal activities for a child of his age. Pain, especially in the back, remained a constant companion. Additionally, unexplained skin rashes began to appear across his body, further indicating systemic imbalance.

By the time he was brought to me in 2022, at the age of seventeen, his quality of life had been severely compromised. He presented with:

- Loss of appetite
- Chronic tiredness and weakness
- Overweight
- Persistent back pain
- Recurrent vomiting sensation
- Generalized skin rashes

His laboratory investigations reflected the seriousness of his condition. The blood reports showed:

- **Lipase: 843 U/L**
- **Amylase: 253 U/L**

These values clearly indicated ongoing pancreatic inflammation and dysfunction.

A structured treatment protocol was initiated, focusing on restoring pancreatic balance, reducing inflammation, and supporting natural healing mechanisms. The approach was carefully monitored and followed with discipline.

Within **30 days** of treatment:

- **Lipase levels reduced dramatically to 52.4 U/L**
- **Amylase levels reduced to 63.8 U/L**

More importantly, the clinical transformation was profound. Symptoms that had persisted for seven long years resolved completely:

- Appetite returned to normal
- Back pain subsided entirely
- Weakness and fatigue disappeared
- Vomiting sensation stopped
- Skin rashes cleared completely
- Energy levels improved significantly

The young boy regained vitality and reported feeling absolutely normal—free from pain, discomfort, and dependency on medications. For the first time in years, he experienced life without the burden of chronic illness.

This case stands as a powerful example of how long-standing pancreatitis, even when it begins in childhood and persists for years, is not necessarily irreversible. With the right understanding, disciplined protocol, and respect for the body's innate healing capacity, recovery is possible—sometimes far faster than conventional timelines suggest.

3. Three Years of Debilitating Pancreatic Pain — Resolved in Three Days

Mr. Subramanyam Hegde, a 23-year-old software engineer, had been suffering from severe and recurrent abdominal pain for nearly **three years** before he came to me for treatment.

During this prolonged period, he sought help from almost every possible medical system available in the country. He consulted more than **twenty doctors**, including specialists from leading modern medical institutions as well as well-established Ayurvedic centers that have been practicing since the 1950s. Despite extensive evaluations, repeated imaging studies, and numerous laboratory investigations, a definitive explanation for his condition remained elusive.

He was repeatedly told that:

- His organs appeared structurally normal
- No deformity or anatomical abnormality could be detected
- Scans showed the pancreas to be within normal limits

Clinicians broadly explained that pancreatitis commonly presents in three patterns:

1. **Chronic pancreatitis**, with clear structural and functional changes
2. **Severe pancreatitis associated with multi-organ involvement or failure**

3. **A fluctuating or idiopathic form**, characterized by intense pain and digestive symptoms without clear diagnostic findings on imaging

Mr. Hegde was categorized under the third group—where symptoms were severe and persistent, yet conventional investigations failed to identify a clear cause. As a result, no definitive treatment pathway was offered.

Over time, his symptoms progressively worsened. He experienced:

- Constant stomach and back pain
- Severe gastric discomfort and acid reflux
- Poor digestion and inability to tolerate food
- Chronic weakness and fatigue
- Insomnia
- Continuous sensation of acidity and bloating

At one stage, he was advised to follow a **liquid-only diet for an entire year**. However, even this extreme dietary restriction failed to provide relief; pain would still occur after consuming liquids.

When he presented to us, his biochemical markers told a different story than his imaging reports:

- **Serum Lipase: 2236 U/L**
- **Serum Amylase: 198 U/L**

These values clearly indicated active pancreatic inflammation despite the absence of structural abnormalities on scans.

A structured treatment protocol was initiated, focusing on restoring pancreatic balance, reducing inflammation, and supporting digestive recovery.

Clinical Response

Within **three days**, the patient experienced something he had not felt in three years—**complete relief from pain**.

Initially, he assumed this improvement might be temporary, as he had experienced brief symptom relief in the past, only for the pain to return. To test the stability of his recovery, he deliberately consumed foods that were previously considered difficult for him to digest. To his surprise, no pain or discomfort followed.

Over the next **3–5 days**, all major symptoms resolved:

- Stomach and back pain disappeared
- Gastric irritation and acidity subsided
- Digestion normalized
- Weakness and fatigue resolved

- Sleep improved significantly

Fifteen days after initiating treatment, repeat blood investigations showed remarkable biochemical normalization:

- **Serum Lipase reduced from 2236 U/L to 72.4 U/L**
- **Serum Amylase reduced from 198 U/L to 64 U/L**

In his video testimony, the patient summarized his experience succinctly:

"Three years of pain disappeared in three days."

This case highlights a crucial but often overlooked reality—pancreatic dysfunction can exist at a **functional and biochemical level** even when imaging studies appear normal. When such dysfunction is addressed correctly, recovery can be rapid, stable, and complete.

Suggested Closing Line for This Case

This case demonstrates that severe pancreatic pain without radiological findings does not imply the absence of disease. When the underlying functional imbalance is corrected, even long-standing suffering can resolve within days.

4. Twenty Days of Acute Pancreatic Pain — Resolved in Three Days With Rapid Enzyme Normalization

Mr. Sudhindra, a 32-year-old male, experienced a sudden onset of **severe acute abdominal pain** in June 2025. The pain was intense and persistent, significantly affecting his daily functioning for nearly **twenty days**.

A blood investigation conducted on **13 July 2025** revealed extremely elevated pancreatic enzymes:

- **Serum Lipase: 3531 U/L**
- **Serum Amylase: 1710 U/L**

These values clearly indicated **acute pancreatic inflammation** of a severe nature. Given the alarming biochemical profile and clinical presentation, treatment was initiated immediately.

A structured and closely monitored protocol was started with the objective of:

- Rapidly reducing pancreatic inflammation
- Stabilizing digestive enzyme secretion
- Supporting recovery of pancreatic function

Clinical Progress

Within **three days** of starting treatment, the patient reported a dramatic reduction in pain. The severe pain that had persisted for nearly three weeks subsided almost completely, leaving only mild residual discomfort.

A follow-up blood test was conducted on **28 July 2025**, just **ten days** after initiation of treatment. The results showed striking biochemical improvement:

- **Serum Lipase reduced from 3531 U/L to 98.8 U/L**
- **Serum Amylase reduced from 1710 U/L to 98.1 U/L**

On the same day, the patient personally communicated that:

- Severe pain had completely disappeared
- Only minimal discomfort remained
- Overall digestion and well-being had significantly improved

Shortly thereafter, the patient discontinued treatment and reported returning to a **normal, symptom-free state**.

Clinical Observation and Rationale

In cases with such unusually high enzyme levels, I maintain close clinical observation. In this instance, I shared my personal contact details with the patient to:

- Monitor the pace of recovery
- Track symptom resolution
- Obtain timely laboratory confirmations

Based on prior clinical experience, I advised repeat testing at **ten days**, rather than waiting for the more commonly recommended 15 days or one month. This decision was guided by clinical intuition developed through repeated observation of similar cases, where significant normalization often occurred earlier than expected.

This case once again reinforces an important clinical insight: **even in acute pancreatitis with extremely elevated enzyme levels, rapid recovery is possible when timely and appropriate intervention is initiated**.

Suggested Closing Line for This Case

This case demonstrates that the severity of biochemical abnormality does not necessarily predict prolonged suffering. With prompt intervention, even extreme pancreatic enzyme elevations can normalize within days.