PANCREATITIS
(Sub-Acute)

1. Pre-Disposing Factors and Clinical Indicators: As indicated below, acute pancreatitis is a serious problem and if present the patient should be referred for evaluation as hospitalization with IV feeding is often required. Common serum changes include increased ALP, increased amylase, increased AST/SGOT, CA 19-9 (rule out pancreatic cancer) and CA 242 increased, decreased carnitine, increased eosinophils, increased HgB A1c, increased lipase, decreased magnesium, increased neutrophils with decreased lymphocytes, decreased vitamin A and decreased fecal chymotrypsin.

a. Alcoholism.
b. Digestive dysfunction (pancreas, biliary/liver, hypo or hyperchlorhydria).
c. Type I or V Hyperlipoproteinemia.
d. Excess consumption of refined carbohydrates.
e. Food allergy/sensitivity.
f. Parathyroid dysfunction.
g. Psychological stress.

2. Dietary Suggestions:

a. Eliminate all refined carbohydrate, processed foods, alcohol and caffeine.
b. Eliminate all hydrogenated fats and oils. Use only raw and fresh oils.
c. Eliminate all fried foods.
d. Drink at least 8 full glasses of pure water daily (no well water or city water).
e. Avoid fruits and vegetables high in fast acting sugars.
f. If the patient is not emaciated, limit total carbohydrate intake to 60 grams per day.
g. Increase quality protein and low carbohydrate raw food.

3. Primary Supplemental Support in order of need: In the acute phase, the patient should be examined by a qualified doctor and hospitalized if needed. IV feeding is frequently required in the acute phase.

a. **Intenzyme Forte** - 10 stat then 5 qid a day with or at the end of the meal.
b. **Gastrazyme** - 4 tid, increase until the stool has a green tinge and then begin to decrease and **Cytozyme-Parotid TS** – 2 tid (parotid dysfunction is very common with pancreatitis). Use for 30 days only.
c. **Bio-6 Plus** - 4 tid with meals.
d. **Cytozyme-PAN** – 3 tid with meals.
e. **Acetyl- L-Carnitine** – 2 tid..
f. **Bio-Ae-Mulsion Forte** – 2 drops bid,

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4. Other Considerations:

a. After the patient is free of symptoms, reduce **Intenzyme Forte, Gastrazyme** and **Bio-6 Plus** to 2 each tid and add **Hydro-Zyme** at 2 tid in the middle of each meal (increase to stomach tolerance), **Beta-TCP** at 2 tid and **Ca/Mg Plus** at 2 tid just before meals. Continue this therapy for another 21 to 30 days.
b. Viral infection in the pancreas is a frequent finding with sub-acute pancreatitis. If present add **Cytozyme-THY** 7 tid, **21st Century Homeopathic for Chronic Stress** 1 1 capful bid, **Se-Zyme Forte** at 1 tablet twice a day or **Selenomethionine**- 1 capsule twice a day along with **Iodizyme-HP** - ½ to 1 tablet daily.
c. If psychological stress is present add **DeStress** - 2 bid and **Stress Homeopathic** - 15 drops tid (Zorex product).
d. B complex deficiency is a common finding with pancreatitis. If present, add **Bio-B 100** at 2 per waking hour for 10 days than 3 tid.

With pancreatic insufficiency an inability to correctly absorb fat soluble vitamins can be assumed. *H* pancreatic insufficiency is present always, add Bio-AEDK Mulsion to the patient's protocol at 10 drops daily.

Recent peer reviewed literature indicates there is a strong correlation between pancreatitis and parotid dysfunction (Cytozyme Parotid-TS - 1 tid).