



(CASE REPORT)



Chronic gastritis and indigestion with elevated lipase: A case managed through integrative therapy

M. Mojibul Haque ^{1,2}, Ejaj Mahamud ² and Syeda Shayan Zehra ^{1,*}

¹ The Center of Integrative Medicine, Texas, USA

² American Wellness Centre, Dhaka, Bangladesh.

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Abstract

A 35-year-old male presented with chronic gastritis, indigestion, fatty liver, and allergy. Despite persistent symptoms, conventional therapy had not provided lasting relief. Laboratory investigations revealed elevated serum lipase (128 U/L; normal ≤ 60 U/L), mild anemia, and thrombocytopenia, while alanine transaminase (ALT) remained within normal limits and *Helicobacter pylori* IgG was negative.

The patient underwent integrative management at the American Wellness Centre, including nutraceuticals (omega-3 fatty acids, probiotics, herbal formulations), dietary adjustments, and adjunctive therapies such as ozone therapy and coffee enema. Over one month, allergy symptoms improved and gastrointestinal discomfort was partially relieved, though biochemical abnormalities persisted.

This case highlights the clinical significance of elevated lipase in the absence of overt pancreatitis and demonstrates the potential role of integrative medicine in managing complex gastrointestinal disorders. While symptomatic improvement was achieved, persistent hematological and biochemical findings emphasize the importance of continued monitoring and integration with conventional medical evaluation.

Keywords: Gastritis; Lipase Elevation; Integrative Medicine; Case Study; Probiotics; Nutraceuticals

1. Introduction

Gastritis and indigestion are among the most common gastrointestinal (GI) complaints worldwide, contributing significantly to the global burden of digestive diseases. Recent analyses of the Global Burden of Disease Study highlight that gastritis and duodenitis remain prevalent conditions, with projections suggesting continued impact through 2050 despite advances in healthcare delivery [1]. These disorders often overlap with metabolic and allergic features, complicating management and reducing quality of life.

Biochemical markers such as serum lipase are traditionally associated with pancreatic pathology, particularly acute pancreatitis. However, emerging evidence indicates that lipase elevation can occur in non-pancreatic conditions, including peptic ulcer disease, renal dysfunction, and other gastrointestinal disorders [2]. Clinicians must therefore interpret lipase results cautiously to avoid misdiagnosis and unnecessary interventions. This makes cases of lipase elevation without overt pancreatitis particularly noteworthy.

Parallel to conventional management, integrative medicine approaches are increasingly recognized for their role in gastrointestinal health. Lifestyle interventions, probiotics, herbal formulations, and adjunctive therapies have

* Corresponding author: Syeda Shayan Zehra

demonstrated benefit in conditions such as irritable bowel syndrome and gastroesophageal reflux disease, supporting their use as complementary strategies in complex GI cases [3,4]. Such approaches may provide symptomatic relief and improve patient quality of life, especially when conventional pharmacological therapy proves insufficient.

The present case report describes a 35-year-old male with chronic gastritis, indigestion, fatty liver, and allergy, who exhibited elevated serum lipase in the absence of pancreatitis. His management through integrative medicine highlights both the potential benefits and limitations of complementary approaches in complex gastrointestinal disorders.

2. Case presentation

2.1. Patient Information

A 35-year-old male, presented to the American Wellness Centre, Dhaka, Bangladesh, on 21 July 2025 with complaints of allergy, fatty liver, gastritis, and indigestion. His weight was 73 kg at presentation.

2.2. Clinical Findings

The patient reported persistent gastrointestinal discomfort and allergic symptoms. Physical examination was unremarkable except for mild epigastric tenderness.

2.3. Investigations

Laboratory results included:

- Hemoglobin: 12 g/dL (mild anemia)
- Red blood cell count: $4.16 \times 10^6/\mu\text{L}$
- Platelet count: 123,000/ μL (thrombocytopenia)
- Serum lipase: 128 U/L (elevated; reference ≤ 60 U/L)
- Alanine transaminase (ALT): 14 U/L (within normal range)
- *Helicobacter pylori* IgG: Negative

Table 1 Laboratory Investigations at Presentation

Parameter	Result	Reference Range	Interpretation
Hemoglobin	12 g/dL	13–17 g/dL	Mild anemia
RBC count	$4.16 \times 10^6/\mu\text{L}$	$4.5\text{--}5.9 \times 10^6/\mu\text{L}$	Low
Platelet count	123,000/ μL	150,000–450,000/ μL	Thrombocytopenia
Serum lipase	128 U/L	≤ 60 U/L	Elevated
ALT	14 U/L	10–40 U/L	Normal
<i>H. pylori</i> IgG	Negative	Negative	Normal

2.4. Intervention

The patient was managed through an integrative regimen including nutraceuticals (omega-3 fatty acids, probiotics, herbal formulations such as Pylori Plus, Herbacid powder, Total Liver, Digest and Probiotics, Chirol syrup, Hazmi syrup, Vi-Max, Pycnogenol), dietary adjustments, and adjunctive therapies (coffee enema, ozone therapy, topical creams).

2.5. Follow-Up

At review on 11 September 2025, allergy symptoms had improved, while gastritis and indigestion persisted. Serum lipase remained elevated, and hematological abnormalities were unchanged. The integrative regimen was continued with modifications.

2.6. Results

The patient's allergy symptoms improved following integrative management, while gastritis and indigestion persisted. Laboratory findings showed continued elevation of serum lipase (128 U/L), mild anemia (Hb 12 g/dL), and thrombocytopenia (123,000/ μ L). ALT remained normal, and *H. pylori* IgG was negative.

Table 2 Integrative Therapy and Outcomes

Intervention	Components / Examples	Outcome after 1 month
Nutraceuticals	Omega-3 fatty acids, Pycnogenol	Partial relief of indigestion
Probiotics	Digest and Probiotics formulations	Improved gut comfort
Herbal formulations	Pylori Plus, Herbacid powder, Chirol syrup	Allergy symptoms improved
Adjunctive therapies	Coffee enema, ozone therapy, topical creams	Allergy improved, GI symptoms persisted
Dietary adjustments	Reduced irritants, balanced nutrition	Partial symptom relief

3. Discussion

This case underscores the complexity of gastrointestinal disorders where biochemical abnormalities may not correspond to classical disease presentations. Elevated serum lipase is most often linked to acute pancreatitis; however, studies confirm that lipase elevation can occur in non-pancreatic conditions such as peptic ulcer disease, renal dysfunction, hepatobiliary disorders, and even bowel obstruction [2,5]. Gumaste and Dave demonstrated that serum lipase can be elevated in patients with abdominal pain unrelated to pancreatitis, highlighting the diagnostic challenge [5]. More recently, large clinical evaluations of non-pancreatic hyperlipasemia (NPHL) have emphasized that lipase elevation should be interpreted cautiously, as it may reflect systemic or gastrointestinal inflammation rather than pancreatic injury [9].

Mechanistically, lipase is produced not only by the pancreas but also by gastric and duodenal mucosa. Mucosal injury, ischemia, or altered clearance in renal dysfunction can lead to elevated serum levels without overt pancreatitis [10]. In our patient, persistent gastritis and indigestion may have contributed to mucosal stress and secondary lipase elevation, explaining the biochemical abnormality in the absence of pancreatic disease.

Globally, gastritis and indigestion remain highly prevalent, contributing to significant healthcare burden [1,6]. The persistence of symptoms despite conventional therapy often drives patients toward complementary approaches. Integrative medicine, including nutraceuticals, probiotics, and herbal formulations, has shown promise in modulating gut microbiota and reducing functional GI symptoms [3,4,7]. Evidence suggests probiotics can improve dyspepsia and irritable bowel syndrome outcomes [7], while herbal therapies such as licorice and curcumin have demonstrated anti-inflammatory effects in gastritis [8].

Comparative case reports further support the role of integrative therapy in functional gastrointestinal disorders. For example, a recent Bangladeshi case of IBS-C managed through functional medicine achieved complete resolution of symptoms after three months of structured dietary, probiotic, and regenerative therapy [11]. In contrast, our patient achieved only partial relief, with allergy symptoms improving but indigestion persisting. This divergence highlights the heterogeneity of GI disorders and the importance of individualized therapy.

In this case, partial symptomatic relief was achieved, but persistent hematological and biochemical abnormalities emphasize the need for continued monitoring and integration with conventional medical evaluation. The novelty lies in the lipase elevation without pancreatitis, which adds academic value and supports the role of integrative medicine as a complementary, not standalone, strategy.

4. Conclusion

This case highlights the clinical significance of **elevated serum lipase in the absence of pancreatitis**, a finding that challenges conventional diagnostic assumptions. The patient's partial symptomatic improvement under integrative management demonstrates the potential role of complementary approaches in complex gastrointestinal disorders. However, persistent biochemical and hematological abnormalities emphasize the importance of continued monitoring and integration with conventional medical evaluation.

By documenting this unusual presentation, the case contributes to the growing literature on non-pancreatic lipase elevation and underscores the need for balanced strategies that combine evidence-based integrative medicine with standard clinical practice.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this case report.

Statement of informed consent

Informed consent was obtained from the patient for publication of this case report. The present research work does not contain any studies performed on animals by any of the authors. All procedures followed were in accordance with institutional ethical standards and with the Helsinki Declaration.

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