



Case Study

AYURVEDA SUCCESSFUL MANAGEMENT OF HEPATITIS B – A CASE STUDY

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ABSTRACT

A successful case study of Ayurveda management of Hepatitis B was reported. A 19 year old patient with classical symptoms of hepatitis B assessed subjectively and objectively and meticulously recorded at all stages. Yellow discoloration of eye, urine, nails and tongue, loss of appetite, generalized itching and fatigue was noted. After enhancing digestive capacity, medicated ghee – '*Vyoshadi grta*,' was administered as per *Shaman* principles in a dose of 10gm twice daily. *Mrudu virechana* (mild purgation) induced by *Trivrtth lehya* 20gm which resulted in 5 to 6 *Vegas* (bouts of loose stools). *Agni* (digestive capacity) has slowly but gradually increased. Diet quantity and quality was rectified as required. *Rasayan* prescribed in one single dose daily was *Draskhavlehya*, after patient showed clinically significant clearance of all symptoms. *Rasayana* and *Ahara vihara* management was continued until blood serum hepatitis antigen B reported negative. Liver Function Test, HB percent in laboratory registered normalization and clinical confirmation showed significant results. Photographs of urine and eye documented periodically. Blood reports showed radical improvements. Physically, mentally and spiritually patient has reported wellbeing. Patient moved towards *Swasthya* (complete wellbeing). This case study guaranteed Ayurveda management as quick, safe and effective. Large scale study was required to reconfirm reports and can be initiated on similar principles and practices.

KEYWORDS: Ayurveda, HBsAg, *Kamala*, Medicated Ghee, *Virechan*.

INTRODUCTION

Hallmark of Hepatitis B, an infective viral disease, records yellow discoloration of conjunctiva, urine, nails, tongue associated with fatigue, loss of appetite, sometimes pale stools and weight loss. Mode of transmission being through sharing needles, sexual contact, mother to child, infected blood and body fluids.^[1] Around 39.1 crore cases of chronic Hepatitis B were seen in 2017 & 14.5 crore cases in acute conditions^[2], having 887 000 deaths in 2015^[3]. In India it is estimated that 3.6 crore are Hepatitis B carriers^[4], with 1.5 lakh deaths annually. The disease is diagnosed by HBsAg (Surface Antigen of Hep-B virus) Test. Chronic hepatitis B (CHB) infection majorly results in chronic liver diseases like cirrhosis, liver failure, hepato cellular carcinoma and premature death.^[5] Biomedicine treatment guidelines include Tenofovir, Entecavir etc, for prolonged treatment period of 240 weeks.^[6] But it may result in nephrotoxicity, peripheral neuropathy, myopathy.^[7] So the demand for Ayurveda management has increased.

In Ayurveda, the term *Kamala* means 'diminished desire'.^[8] This pathological condition is characterized by yellow discoloration of nails, eyes

and tongue. Dark reddish yellow discoloration of urine associated with skin colour similar to the colour of a toad, poor appetite, assimilation, fatigue, generalized itching, burning sensation^[9] and either associated or followed symptoms of anemia are enumerated. Anorexia manifests predominately. Folklore medications with stringent diet followed by western management seems to be the usual pattern and when symptoms do not decrease, Ayurveda shall be the choice in most cases of various hepatitis.

MATERIALS AND METHODS

Case History

Patient aged around 19 years, socio economically not very stable, developed yellow discoloration of eye, nails, tongue and dark red yellow discoloration of urine, pale stool, decreased status of appetite, generalized itching since 4 to 5 weeks. Previous treatments have failed. Objective and subjective symptoms have increased and then patient reported himself at therapy center. History revealed sexual transmission. Patient was not on medication for systemic ailments. Known smoker, consuming alcohol and excessive non vegetarian,

snacking on junk food, irregular appetite and bowels disrupted. General examination revealed malnourishment also associated with anaemia, anxiety, disturbed sleep, generalized itching and constipation were associated symptoms. Objective and subjective parameters were recorded periodically.

Treatment Protocol was adopted in this case. *Snehapana*, *Virechan* and *Rasayana* was the line of management; *Deepan pachan* achieved by *Panchkola churna* 1 tablespoon in four divided doses with *Ushna jal anupana* followed by 30ml daily of *Vyoshadi*

grita^[10] in two divided doses for 30 days and *Mrudu virechan* administering once *Trivrt lehya*^[11] 20gm after 30days. Two or three days of rest was given followed by *Rasayan*. *Drakshavehya*^[12] was advised after LFT levels reduced. *Nidana parivarjan* (avoiding causative factors)- irregular food habits, snacking on junk food, too spicy, oily, non vegetarian food was advised to be avoided. Suitable *Ahara* (diet), *Nidra* (sleep) and *Bhramacharya* (celibacy) was advised. Very light food, reduction in salt, sweet and sour tastes was advised. Maximum taste advocated was bitter and regularity in lifestyle.

Table 1: Clinical signs and symptoms as per date

Signs and Symptoms	29/1/20	7/2/20	17/2/20	2/3/2020	22/5/20
Yellowish discolouration of Eyes	++++	+++	++	+	-
Yellowish discolouration of Urine	++++	+++	++	+	-
Pale discolouration of Stool	++++	+++	++	+	-
Yellowish discolouration of Nails	++++	+++	++	+	-
Loss of Appetite	++++	+++	++	+	-
Fatigue	++++	+++	++	+	-
Yellowish discolouration of Tongue	++	+	-	-	-
Itching	++	+	-	-	-
Constipation	++	+	-	-	-
Pain in Abdomen	++	+	-	-	-
Icterus	++++	+++	++	+	-
Hepatomegaly	+++	++	+	-	-

Table 2: Showing ingredients of Vyoshadigrita

S. No.	Ingredients	Scientific Name	S. No.	Ingredients	Scientific Name
1	<i>Pippali</i>	<i>Piper Nigrum</i>	11	<i>Musta</i>	<i>Cyprus rotundus</i>
2	<i>Nagara</i>	<i>Zingiber Officinale</i>	12	<i>Patha</i>	<i>Cissampelos pareira</i>
3	<i>Marica</i>	<i>Piper nigrum</i>	13	<i>Vidanga</i>	<i>Embelia ribes</i>
4	<i>Amalaki</i>	<i>Embllica Officinalis</i>	14	<i>Devadru</i>	<i>Cedrus deodara</i>
5	<i>Vibhitaki</i>	<i>Terminalia bellerica</i>	15	<i>Vrichikali</i>	<i>Tragia invilucrata</i>
6	<i>Haritaki</i>	<i>Terminalia chebula</i>	16	<i>Bharangi</i>	<i>Cleodendrum serratum</i>
7	<i>Haridra</i>	<i>Curcuma longa</i>	17	<i>Loha Bhasma</i>	<i>Loha Bhasma</i>
8	<i>Daruharidra</i>	<i>Berberis aristata</i>	18	<i>Go Gritha</i>	<i>Cow's Ghee</i>
9	<i>Bilwa</i>	<i>Aegle marmelos</i>	19	<i>Go Ksheera</i>	<i>Cow's Milk</i>
10	<i>Punarnava</i>	<i>Boerhaavria diffusa</i>			

Table 3: Showing Ingredients of Drakshavehya

S. No.	Ingredients	Scientific Name	S. No.	Ingredients	Scientific Name
1	<i>Draksha</i>	<i>Vitis venifera</i>	4	<i>Yastimadhu</i>	<i>Glycyrrhiza glabra</i>
2	<i>Pippali</i>	<i>Piper longum</i>	5	<i>Shunti</i>	<i>Zingiber officinale</i>
3	<i>Sharkara</i>	Sugar	6	<i>Vamshalochana</i>	<i>Bambusa arundinacea</i>

Table 4: Showing ingredients of Trvrthlehya

S.No.	Ingredients	Scientific Name	S. No.	Ingredients	Scientific Name
1	Trivrit	<i>Operculina turpethum</i>	4	Ela	<i>Elettaria cardamomum</i>
2	Sharkara	Sugar	5	Twak	<i>Cinnamomum zeylancia</i>
3	Madhu	Honey	6	Patra	<i>Cinnamomum tamala</i>

Table 5: Liver Function Test Reports as per date- Matching Clinical Manifestation.

Date	SGOT	SGPT	Total Bilurubin	Direct bilurubin	Indirect bilurubin	HbSAg status
29/01/20	425.3	714.0	12.29	5.59	6.70	Positive
7/02/20	325.5	339.7	5.8	4.2		Positive
17/02/20	65	131	3.9	1.6	2.3	Positive
2/03/20	28	35	3.45	1.22	2.23	Positive
22/05/20 *						Negative

22nd may 2020 ---when LFT and HbSAg showed serum negative and no symptoms

Photos depicting and substantiating the results.

29th Jan 2020 - This was patient's condition on day one when treatment was started.



7th Feb 2020 - After 10 days



17th Feb 2020: marked improvement in appetite and energy

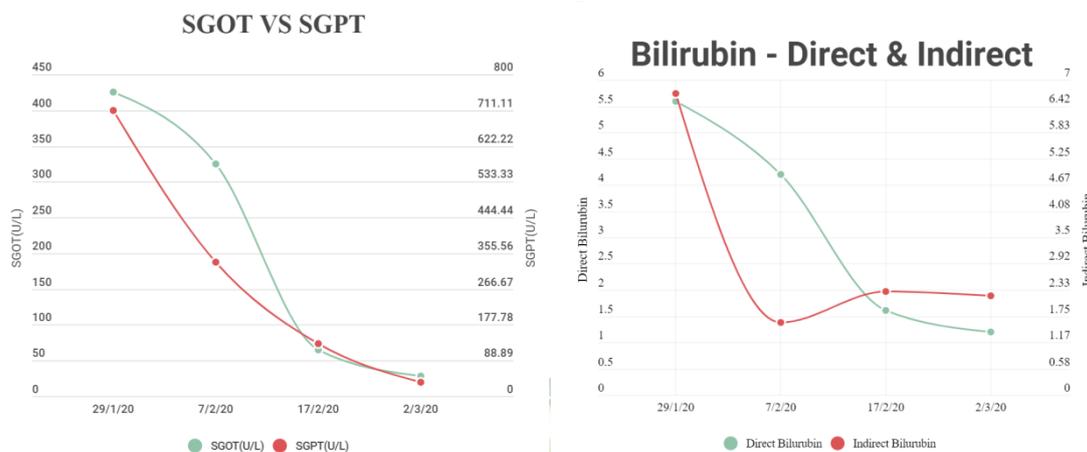


2nd March 2020 ---patient developed confidence as most symptoms showed significant changes



22nd May 2020- HBsAg turns negative

Table VII Graphs of LFT



DISCUSSION

Vyoshadi grita, this medicated *Grita* aids in rectifying, modifying and pacifying all *Pittas*. If *Pitta* is abnormal then- it results in changes in *Alochaka pitta*, (disturbance in vision, colour etc) *Sadhaka pitta*, (mental factors- fear depression, anxiety), *Brajak* (colours in skin, nails, tongue), *Pachak* (digestion metabolism) and *Ranjak* (derangements in blood parameters) distorted so normalizing can be possible by *Snehapana* and *Virechana*. *Virechana* administered by *Trivrth lehya* has been very beneficial as it helps to expel the excessive fluid resulting in abnormality. Patient adopted suggested *Ahara*, *Vihara* and *Nidana parivarjana* which played an imperative role in faster reduction in all symptom. The laboratory reports also concurred with the clinical manifestation. *Drakshadi avalehya* like all *Rasayana* rectified the *Dosha*, *Dhatu* and helped achieve a *Swasth* state of the patient.

CONCLUSION

Ayurveda management of hepatitis B not only ensures faster clearance of all symptoms but also records changes in biochemical parameters, which are worth exploring on large scale as it is a global health morbidity leading to higher mortality. Herbs, herbal formulations, herbo mineral formulations along with diet and lifestyle are significant in enhancing quality life style. Patient moved towards *Swasthya* (complete wellbeing). This case study guaranteed Ayurveda management as quick, safe and

effective. Large scale study was required to reconfirm reports and can be initiated on similar principles and practices.

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Cite this article as:

Shantala Priyadarshini T. R, Pannaga N Teragundi, Pooja S, Harshitha D Iyengar, Roja LD. Ayurveda Successful Management of Hepatitis B: A Case Study. *International Journal of Ayurveda and Pharma Research*. 2020;8(6):80-84.

Source of support: Nil, Conflict of interest: None Declared

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