

Homoeopathic Approach in Hepatitis A: Review Article

Dr. Sreevidhya J S¹, Dr. Tummala Aarathi Reddy², R. Sundar Kalyan³

¹Associate Professor/HOD, Department of Obstetrics & Gynaecology, MNR Homoeopathic Medical College, Sangareddy, Telangana State.

²Assistant Professor, Department of Obstetrics & Gynaecology, MNR Homoeopathic Medical College, Sangareddy, Telangana State,

³Intern MNR Homoeopathic Medical College, Sangareddy, Telangana State

Corresponding Author: Dr. Sreevidhya J S

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ABSTRACT

Homoeopathy has demonstrated its effectiveness in treating a variety of viral illnesses and is known to function at the immunological level. Hepatitis A cases can be better treated using homoeopathic remedies, and significant symptom relief can also be attained. The best aspect of homoeopathic treatment is that there are no negative side effects and the conditions kept under control while overall health is improved. In this article an attempt is made to explore Hepatitis A and its scope of treatment in homoeopathy.

Keywords: Eyelid, Cyst, Homoeopathy, Symptoms.

INTRODUCTION

A liver inflammation known as hepatitis A can result in a mild to severe sickness. Hepatitis is frequently brought on by the picornavirus known as the hepatitis A virus (HAV). After faecal contamination of the skin or mucous membranes, illness is typically spread from person to person or through oral ingestion; faecal contamination of food or water is less prevalent. In contrast, the adult population in wealthy nations shows declining exposure rates with advancements in sanitation and hygiene³. Positive-strand RNA virus known as the hepatitis A virus (HAV) spreads orally by close contact with another person. Poor

sanitation, overcrowding, or tainted food and water are frequently blamed for outbreaks. Infection in children is frequently asymptomatic, but in adults it frequently manifests as hyperbilirubinemia, hepatitis, jaundice, and stomach pain. Immunoglobulin M antibodies against HAV are used to diagnose the condition, and supportive care is given¹. Less than 30% of infected young children show symptoms, whereas 80% of infected adults have acute hepatitis with noticeably raised serum aminotransferases. Clinical manifestations also vary depending on the age of the host².

PATHOPHYSIOLOGY

HAV is a member of the genus Hepatovirus and the family Picornaviridae. Feinstone et al. initially recognised HAV in 1973. It is a single-stranded, positive-sense RNA virus that mostly replicates inside hepatocytes. Animal studies that found HAV antigen in intestinal crypt epithelial cells and lamina propria cells in the small intestine imply that replication may also take place at these locations. When a virus is swallowed orally, the gastrointestinal system absorbs it, and the HAV particles are then transported via the portal circulation to the basolateral membrane of the hepatocyte. Acute HAV infection causes hepatocellular damage that is mediated by a number of immunological systems. It has been demonstrated that

individuals with acute HAV infection experience cytotoxic interferon-gamma production from virus-specific T cells. Recent mouse models have also shown that HAV causes inflammation and hepatocellular death that are linked to the innate immune response. The diagnostic serologic assays are a result of the humoral immune response. HAV is eliminated in bile and discharged into the faeces after replicating in the liver. The person is most contagious during the two weeks before to the start of jaundice, when the virus concentration in the stool is at its peak. One week after jaundice first manifests, most persons are no longer contagious, at which point stool shedding and viremia are reduced⁴.

RISK FACTORS

Anyone who is susceptible to hepatitis A infection can develop it. In the USA, outbreaks of food-borne illness happen infrequently. People in the following groups should receive the vaccine because they are at an increased risk of contracting HAV:

- Individuals who are homeless.
- Residents who share a home with an infected person.
- The sexual partner(s) of a carrier.
- Tourists going to nations where hepatitis A is widespread.
- Sexual partners who are guys.
- Drug users who inject their drugs.
- Kids enrolled in creche.
- Those who consume seafood that is uncooked or undercooked⁶.

CLINICAL FEATURES

After contracting the virus, hepatitis A symptoms often start to show up a few weeks later. However, hepatitis A does not always cause symptoms to appear. Symptoms of doing so include:

- Unusual weakness and fatigue.
- Diarrhoea, vomiting, and sudden nauseousness.
- Discomfort or pain in the abdomen, particularly on the upper right side under

your lower ribs, where your liver is located.

- A stool with a clay or grey colour.
- Appetite loss.
- A little fever.
- Urinary colour.
- Joint ache.
- Jaundice, or a yellowing of the skin and eye whites.
- Profound itching.

These signs and symptoms could only last a few weeks and be fairly modest. However, hepatitis A can occasionally cause a severe sickness that lasts for several months⁵.

INVESTIGATIONS

In addition to the clinical, pathologic, and epidemiologic data, tests for abnormal liver function, such as serum alanine aminotransferase (ALT) and bilirubin, should be performed.

1. Demonstration of HAV particles or particular viral antigens in the faces, bile, or blood might lead to a diagnostic hepatitis A test diagnosis. From around 2 weeks before the development of jaundice to 2 weeks after, HAV can be found in the stool.
2. About two weeks following the rise of liver enzymes, anti-HAV peaks in the IgM fraction during the acute phase. Within 3-6 months, Anti-HAV IgM levels typically decrease to undetectable levels. Soon after the disease first manifests, anti.HAV IgG emerges and lasts for decades. Therefore, the presence of IgM-specific anti-HAV in the blood of a patient with an acute infection establishes the presence of hepatitis A. The preferred technique for calculating HAV antibodies is ELISA⁷.

COMPLICATIONS

Jaundice and itchiness from cholestatic hepatitis can linger up to 18 weeks.

Core relapsing with second hepatitis flare 30–90 days later; this clears up without persistent after effects.

PREVENTION

- Compliance with handwashing
- Consuming food only from clean sources.
- Prevent going out to dine when it's raining, as water-borne illnesses are prevalent at this time of year.
- Avoid using personal care items like toothbrushes, razors, towels, etc. That have been used by infected people.
- Consuming heated water.

HOMOEOPATHIC MANAGEMENT

• **CHELIDONIUM MAJUS**

Constipation: Stool, hard, round balls like sheeps dung. Alternate constipation and diarrhea. Hepatic disease with jaundice and pain in right shoulder.

• **CARDUUS MARIANUS**

Pain in liver region. Left lobe very sensitive. Fullness and soreness, with moist skin. Constipation with hard, difficult, knotty stools. Constipation alternates with diarrhoea. Hyperaemia of liver with jaundice. Cirrhosis with dropsy.

• **PHOSPHORUS**

Abdomen feels cold. Sharp cutting pains. A very weak, empty, all gone sensation felt in whole abdominal cavity. Liver congested. Acute hepatitis. Fatty degeneration. Large yellow spots on abdomen. Constipation with feces slender, long, dry, tough and hard, voided with great straining and difficulty.

• **ARSENICUM ALBUM**

Gnawing, burning pains like coals of fire, relived by heat. Liver and spleen enlarged and painful. Ascites and anasarca. Abdomen swollen and painful. Pain as from a wound in abdomen on coughing.

• **CINCHONA OFFICINALIS**

Excessive flatulence of stomach and bowels. Fermentation. Belching gives no relief. Worse from after eating fruits. Colic at a certain hour each day. Worse at night and after eating, better bending double.

Tympanitic abdomen. Liver and spleen enlarged with jaundice. Internal coldness of stomach and abdomen.

• **KALI CARBONICUM**

Stitches in region of liver. Old chronic liver trouble with soreness. Jaundice and dropsy. Distension and coldness of abdomen. Pain from left hypochondrium through abdomen. Excessive flatulence, everything she eats or drinks appears to convert into gas.

• **BRYONIA ALBA**

Patient cannot sit up from nausea and faintness. Constipation with stool large, hard, dark, dry, as if burnt. Liver region is swollen, sore, and tense. Burning pain and stitches. Worse by pressure, coughing, breathing. Tenderness of abdominal walls.

• **PTELEA TRIFOLIATA**

Having a voracious or low appetite, and liver pain made worse by lying on the left side. develops a dislike for eating animal products, and fats like butter and creamy puddings-which he loves-exacerbate his hepatic symptoms.

• **LYCOPodium**

Sore pain in the right hypochondrium which is aggravated by touch. Intense flatulence by 4 p.m. as if everything that he takes turns into gas or wind, better by warm drinks.

• **CORNUS CIRCINATA**

Deranged liver, resulting in hurting eyes, restless sleep, morning weakness, stomach pain, and an enlarged abdomen. vesicular eruption on the face, burning in the anus, and dark, odious stools.

CONCLUSION

One of the most well-known holistic medical approaches is homoeopathy. By employing a holistic approach, the principle of individualization and similarity of symptoms is used to determine the best treatment. The patient can only regain full health in this way by getting rid of all of the signs and symptoms that are causing them.

Homoeopathy aims to treat the fundamental cause of Hepatitis A infection as well as individual vulnerability. Several effective medications are available to treat hepatitis as far as therapeutic medication is concerned. a treatment that can be chosen based on the cause, sensation, and complaint methods. The patient should see a licenced homoeopath in person for personalised remedy selection and treatment.

Declaration by Authors

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