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AYURVEDIC MANAGEMENT OF HEPATITIS B (HBsAg Positive) – A CASE STUDY

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ABSTRACT:

In the present era, Hepatitis B is the common global health problem, caused by Hepatotropic virus B of Hepadnaviridae family. It is characterized by the parenchymal liver cell damage, and due to unawareness of the safety measures more prone to spread. This case report illustrated the effectiveness of the Ayurvedic treatment modality in a patient with a viral load 5400 IU/ml. the patient was treated with basic fundamental principles of Ayurveda, after 2 months of treatment HBV DNA were not detected in reports. Improvement was observed based on hepatitis B virus deoxyribonucleic acid (DNA) polymerase chain reaction (PCR) (hepatitis B DNA PCR). The patient was stable and asymptomatic during the follow-up period of 4 months.

Keywords: Hepatitis B, Ayurveda, Virus, *Jwara*, *Pitta*, HBV DNA.

INTRODUCTION:

Hepatitis is an inflammation of the liver Parenchyma caused by a viral infection and other condition like toxicity, Alcohol intake, Drugs (overdose of PSM), several metabolic disorders, etc. are also responsible. There are 5 main hepatitis viruses, referred to as types of A, B, C, D and E. Hepatitis B is considered acute when it lasts less than 6 months, and chronic when it persists longer. Chronic viral hepatitis refers to hepatic inflammation or necrosis of varying severity due to infection with hepato- tropic viruses such as hepatitis B virus (HBV), hepatitis C virus (HCV), or hepatitis D virus (HDV) (in association with HBV), persisting for at least 6 months; in contrast, infection with hepatitis A virus or hepatitis E virus is usually self- limiting and chronic hepatitis does not occur. The spectrum of disease following these infection ranges from self- limiting infection, mild to severe hepatitis, cirrhosis, and hepatocellular carcinoma (HCC).¹

When the patient, first infected the warning signs includes; Flu like symptoms initially along with malaise, muscle and joint ache, Fever, Fatigue, Loss of appetite, Nausea and vomiting, Abdominal pain, Diarrhea. More specific symptoms include dark colored urine and yellow discoloration of the skin, mucosa, sclera and other tissue fluids. Hepatitis B is caused by Hepatitis B Virus. It is transmitted from person to person through blood, semen and other body fluids. Common routes of transmission include sexual contact, sharing of needles, accidental needle sticks and placental transmission (3rd trimester of pregnancy)².

In Ayurveda, reference of Aupasargika Roga is found in Sushruta Samhita³; 'प्रसङ्गादात्रसंस्पर्शान्निश्वासात् सहभोजनात्, सहशय्यासनाच्चापि वस्त्रमाल्यानुलेपनात्, कुष्ठं ज्वरश्च शोषश्च नेत्राभिष्यन्द एव च,औपसर्गिकरोगाश्च सङ्क्रामन्ति नरान्नरम् '

Distinctive feature of such diseases is "Sankramanti Naraannaram... (spreads from one human to another human)". Modes of spread mentioned are caused by physical contact (Intercourse / frequent coming in contact / involve in any gathering), direct physical touch, exhalation of respiration, eating together, sleeping nearby, sitting nearby, and using cloth, ornaments and emoluments. Some of the examples quoted like Kushtha, Jwara , Shosha, Netraabhishyanda and Aupasargika Roga. '

In Jvara chikitsa Adhyaya, Acharya Charak specially mentioned the concept of Leenadosha⁴, अधिशेते यथा भूमिं बीजं काले च रोहति । अधिशेते तथा धातुं दोषः काले च कुप्यति ।। स वृद्धिं बलकालं च प्राप्य दोषस्तृतीयकम् । चतुर्थकं च कुरुते प्रत्यनीकबलक्षयात् ।।

That is, just as a seed lying in the earth germinates only after getting a favorable time (season), in the same way, the *Doshas* lying in *Dhatus* are also aggravated on favorable time. whenever the favorable circumstances of *Leena Dosha* occurs they cause recurrent episodic fever, so the attempt has been made to understand this disease condition as per the concept of '*Jwara chikitsa*'.

CASE REPORT:

A 39 year young male patient K/C/O of HBsAg Positive (Hepatitis B +ve) came for the treatment to OPD No.4 (P.G. Kayachikitsa department) at Govt. Akhandanand Ayurveda Hospital, Ahmedabad on 4th December 2023, with having following complaints;

- Jwara (fever on & off which is relieved on medication) since 1.5 year
- Dakshina-udara-pradeshe-shoola (Pain in right hypochondriac region which is dull aching & not radiating to any other site) since 1.5 year
- Aruchi (Lake of appetite) since 1.5 year
- Klama (Fatigue) since 1 year
- Sarvangsharire Kandu (Generalized Itching) since 1 year

1.5 year back, patient was suffered from above mentioned symptoms and taken allopathic medication, but did not get relief. Meanwhile, on 15th FEB 2023, he was advised for HBV DNA polymerase chain reaction (PCR). Through the test report he was found to be hepatitis B positive and treated for the same with some antiretroviral drugs & immunomodulators for more than 9 months, but there was no any significant improvements in complaints. Hence along with report of HBsAg positive he came to our hospital for better treatment, On further

history, it was revealed that he did not have any blood transfusions in his life. Neither his children nor his spouse has this infection. No family history of this disease was there. He did not have any surgical history. He had not been vaccinated for hepatitis B.

FAMILY HISTORY – No any specific **PAST HISTORY** - No any specific **PERSONAL HISTORY**

Diet: Vegetarian(spicy food), Junk food (sometimes)

Sleep: 3 to 4 hr /night (disturbed sleep) Bowel Movement: 2-3 time /day

Appetite: decreased

Micturition: 4 to 5 times / day (slight yellowish urination)

CLINICAL FINDINGS:

On physical examination, paleness of face and nail beds were noted. The patient was lethargic and restless. He was conscious and well-oriented to time, date, and place. On abdominal examination, there was no organomegaly, but the right hypochondriac region was tender. There were no signs of ascites. There was no puffiness of the face or edema on the body. No lymphadenopathy, No clubbing. All vitals were normal.

VITALS: (on 4th December 2023)

Pulse: 92 / min

Respiratory rate: 20/min Blood pressure: 118/76 mm hg

Temp.: 99.3 F

INVESTIGATION REPORT:

HBV DNA PCR test, on February 17, 2023; showed viral load: 5400 IU/ml.

LFT, RFT – within normal limit

THERAPUTIC INTERVANTION

After assessing the patient and taking consent, the whole treatment was started as follow;

MEDICINE	DOSE	ANUPANA	
1. Avipattikar churna – 6gm Navayasloha – 250mg Kamdugdha – 250 mg	2 times / day (before meal)	Ghrita	
2. Punarnava mandoor vati	2 tab BD (after meal)	Warm water	
3. Sudarshan ghanavati	2 tab BD (after meal)	Warm water	
4. Arogyavardhini vati	2 tab TDS (empty stomach)	Warm water	
5. Tab. Nirocil	1 tab TDS (empty stomach)	Warm water	
6. Abhayadikwatha + Manjisthadi kwath	40 ml (empty stomach)		

The above mentioned treatment was continued for 2 months. During whole period of treatment patient was put on strict vegetarian diet with less spicy and oily food, with adequate amount of sleep 8-10 hours per day, and less physical exercise for better recovery.

OBSERVATION & RESULTS

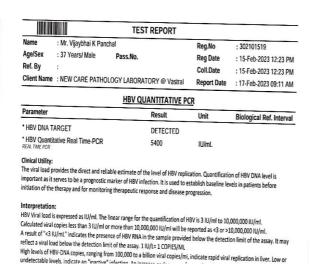
Patient came to our Hospital regularly and medications were continued for 2 months. With the help of our Ayurvedic treatment the patient had started improving in symptoms within 7 days. He got rid of all complaints within 1 months and started felling healthy, and energetic. He was clinically stable also. Routine investigations were repeated, like LFT, RFT and CBC these are within normal range. After a period of 1 month, HBV DNA PCR test were repeated, and HBV DNA was not detected (09/01/24). And after 2 months of treatment HBsAg were also negative. During follow up period, the patient was advised to continue with Pathya. With these treatment c/o indigestion and incomplete bowel evacuation was relieved and appetite of patient were also improved. Clinical observation revealed no toxic effects.

ASSESSMENT OF DISEASE IMPROVEMENT

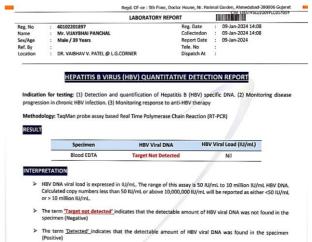
		AFTER TREATMENT			
SYMPTOMS	BEFORE TREATMENT	1 st week	2 nd Week	1 st month	2 nd month
Jwara (fever - on & off)	+++	+	+	_	_
Dakshina-udar-pradeshe - shoola (right upper abdominal pain)	++	++	++	-	_
Aruchi (loss of appetite)	+++	++	+	_	_
Klama (fatigue)	+++	++	+	+	_
Sarvang Kandu(generalized itching)	++	+	_		

INVESTIGATION REPORT

BEFORE TRETMENT - on 15 February, 2023



AFTER TREATMENT - On 9th January 2024



DISCUSSION

In Ayurveda, treatment is of two types: Bio-purificatory methods (Samshodhana) and Internal Medicine (Samshamana) indicated for the complete eradication of Doshas and eliminate the disease. Hence Ayurveda plays an important role in the management liver disorders. The patient was observed with main complain of fever associated with anorexia, fatigue, abdominal pain, etc. since more than 1 year. So line of treatment was selected on the basis of the 'Jwara chikitsa' and 'Samapitta chikitsa' Siddhant. Drugs like Katuki, Kirattikta, Vasa, Kalmegha, Punarnava, Bhuyamlaki etc are substantiated by various clinical and experimental trails and have shown the actions like; Jwaragna (Anti-pyretic), Pitta hara/Pitta rechana, Hepatoprotective properties, *Deepan – Pachan, Rasayana* (Geriatric) and, *Sroto shodhana* (Channel purifier) properties. With

these perspectives, patient was treated with Arogyavardhini vati, Sudarshana ghanvati, Punarnava mandoor vati, Avipattikar churna, Manjisthadikwath + Abhayadikwatha.

Aryogyavardhini Vati (contains mainly Katuki 50%) is anti-inflammatory and anti-viral property. Katu - Tikta Rasa of Aryogyavardhini Vati, which is also Pittarechana in property & has potential Srotoshodhan, Srotoprasadhan action. Aryogyavardhini Vati is considered as a liver tonic, this drug is extensively used in Hepatic disorders. Sudarshana Ghanavati is an classical ayurvedic herbal formulation which was used for its potential action of Pachan, Srotoshodhan, Anuloman, Jwaragna and Pitta rechana. Similarly Punarnava madoor vati has potential Srotoshodhan, Srotoprasadhan, Shothagna and mutravirechan action. Avipatikar churna + Dhatriloha + Kamdugdha rasa combination was given to counter the Pitta-vruddhi and mild Anuloman effect. Bhuyamlaki is a main contain in Tab.Nirocil which is considered as liver tonic. Many study has been done on the hepatoprotective action of *Bhuyamalaki*. Similarly *Abhayadi & Manjisthadikwath* was used. With above management patient got rid of all clinical features within a month he started feeling very well, healthy, enthusiastic and energetic. So to eradicate the *Dhatugata Leenadosha*, these treatment was given as per the condition of patient.

CONCLUSION

Despite the advancement of modern medical facilities and various awareness programs, hepatitis B is fatal till date. This is the need of the era to develop Ayurvedic protocols for various viral diseases. This study provides a lead where a patient who took Ayurvedic medications and turned HBsAg negative along with relief in clinical signs & symptoms.

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