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Hepatitis C an Ayurvedic approach - A Case Study

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ABSTRACT

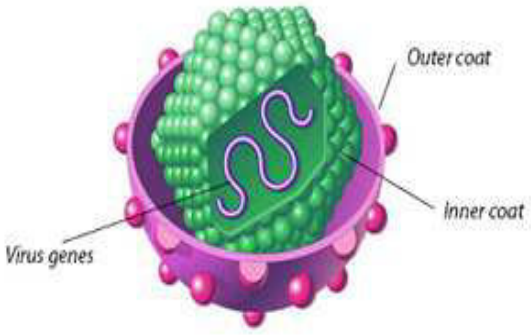
The effect of *Gandharva Haritaki*, *Sudarshana Vati*, *Arogyavardhini Vati* along with *Punarnavadi Kashaya* were studied clinically on a case of Hepatits - C by modern diagnostic tools with USG Abdomen and Hematological investigations. The review of the patient was done on daily basis in IPD and weekly basis after discharge, the clinical features like loss of appetite, heaviness of abdomen and general weakness were completely subsided during the 2nd month of treatment.

Key words: *Hepatits C, Gandharva Haritaki, Sudarshana Vati, Punarnavadi Kashaya.*

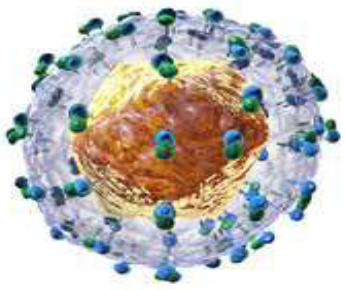
INTRODUCTION

Hepatitis - C is an infectious disease caused by the flavi-like virus, Hepatitis-C virus (HCV) in the genus Hepacivirus with RNA genome of >9000 nucleotides; genetic heterogeneity. Incubation period 7–8 weeks[1] that primarily affects the liver during the initial infection people often have mild or no symptoms. Occasionally a fever, dark urine, abdominal pain and yellow tinged skin occurs. The virus persists in the liver in about 75% to 85% of those initially infected. Early on chronic infection typically has no symptoms. Over many years however, it often leads to liver disease and occasionally cirrhosis. In some cases, those with cirrhosis will develop complications such as liver failure, liver cancer, or esophageal and gastric varices.[2]

HCV is spread primarily by blood-to-blood contact associated with intravenous drug use, poorly sterilized medical equipment, needle stick injuries in healthcare, and transfusions using blood screening, the risk from a transfusion is less than one per two million. It may also be spread from an infected mother to her baby during birth. It is not spread by superficial contact. It is one of five known hepatitis viruses: A, B, C, D, and E. Diagnosis is by blood testing to look for either antibodies to the virus or its RNA. Testing is recommended in all people who are at risk.[2]



Picture of one Hepatitis C Virus



Hepatis C Virus (HCV)

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Epidemiology

An estimated 130–200 million people worldwide are infected with hepatitis C. In 2013 about 11 million new cases occurred. It occurs most commonly in Africa and Central and East Asia. About 343,000 deaths due to liver cancer and 358,000 deaths due to cirrhosis occurred in 2013 due to hepatitis C. The existence of hepatitis C – originally identifiable only as a type of non-A non-B hepatitis – was suggested in the 1970s and proven in 1989. Hepatitis C infects only humans and chimpanzees.[2]

HCV accounts for >90% of transfusion-associated hepatitis cases. IV drug use accounts >50% of reported cases of hepatitis C. Little evidence for frequent sexual or perinatal transmission.

Serology

Hepatitis C testing typically begins with blood testing to detect the presence of antibodies to the HCV, using an enzyme immunoassay. If this test is positive, a confirmatory test is then performed to verify the immunoassay and to determine the viral load. A recombinant immunoblot assay is used to verify the immunoassay and the viral load is determined by an HCV RNA polymerase chain reaction. If there is no RNA and the immunoblot is positive, it means that the person tested had a previous infection but cleared it either with treatment or spontaneously; if the immunoblot is negative, it means that the immunoassay was wrong. It takes about 6–8 weeks following infection before the immunoassay will test positive. A number of tests are available as point of care testing which means that results are available within 30 minutes. Liver enzymes are variable during the initial part of the infection and on average begin to rise at seven weeks after infection. The elevation of liver enzymes does not closely follow disease severity.[2]

Diagnosis

There are a number of diagnostic tests for hepatitis C, including HCV antibody enzyme immunoassay or ELISA, recombinant immunoblot assay and quantitative HCV RNA polymerase chain reaction (PCR).

HCV RNA[3] can be detected by PCR typically one to two weeks after infection, while antibodies can take substantially longer to form and thus be detected. Chronic hepatitis C is defined as infection with the hepatitis C virus persisting for more than six months based on the presence of its RNA Chronic infections are typically asymptomatic during the first few decades, and thus are most commonly discovered following the investigation of elevated liver enzyme levels or during a routine screening of high-risk individuals. Testing is not able to distinguish between acute and chronic infections Diagnosis in the infant is difficult as maternal antibodies may persist for up to 18 months.

Biopsy

Liver biopsies are used to determine the degree of liver damage present; however, there are risks from the procedure. The typical changes seen are lymphocytes within the parenchyma, lymphoid follicles in portal triad, and changes to the bile ducts. There are a number of blood tests available that try to determine the degree of hepatic fibrosis and alleviate the need for biopsy.[4]

Prevention

Exclusion of paid blood donors, testing of donated blood for anti-HCV. Anti-HCV detected by enzyme immunoassay in blood donors with normal ALT is often falsely positive (30%); result should be confirmed by HCV RNA in serum.[5]

CASE REPORT

A male patient of 56 years approached the OPD of PG Kayachikitsa Department**,** Ayurveda Mavidyalaya and Hospital Heggeri, Hubli, with the chief compliants of Loss of Appetite Heaviness of Abdomen and General Weakness since 2 Years. Patient was diagnosed as Hepatitis-C Carrier and USG Abdomen shows Diffused / Enlarged liver with nodular margins. Spleenomegally with gross Ascities and Portal Vein Hypertention Patient approached for the treatment for the same to modern hospital but couldn't get needful , After that he approached our hospital for treatment.

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Clinical Profile

Age: 56yrs, Sex : Male, Occupation : Buisness, Diet : Mixed, OPD NO : 19280, IPD NO : 430 Date : 03-11-2016, Address : Anand Nagar, Hubli.

Case Presenatation and Clinical Examination

The above said patient approached on 3rd November 2016 with the compliants of Loss of Appetite Heaviness of Abdomen and General Weakness since 2 Years. He was diagnosed as Hepatitis-C Carrier and Patient is H/o Diabetes on Regular Treatment and other family history was not contributory.

General examinations and examinations of CVS, RS, CNS revealed no abnormality, P/A shows Heapatomegally with tenderness with mild enlargement of Abdomen was seen.

Laboratory investigations

Haemogram

- Hb - 10.06 gm%
- TC - 5900cells/cumm
- DC - P-76%, L-18, E-01%
- Platelet Count: 1,26,000 Cells/cumm

Blood Chemistry

- RBS - 141.7 mg/dl,

Serology

- HCV - POSITIVE

USG Abdomen Study

- Diffused / Enlarged liver with nodular margins.
- Spleenomegally with gross Ascities
- Portal Vein Hypertention

Ayurvedic Approch

Patient symptoms were correlated with *Kamala, Yakruttodara, Pleehodara* and *Upadrava* of *Arshas*. *Yakrut* and *Pleeha* are the *Raktavahasrotomula*. *Madya Sevana* is one of the *Raktadushti Nidana* explained by Charaka.[6]

Nidana

Excess indulgence in *Vidahi* and *Abhishyandi Ahara* does *Prakopa* of *Raktha* and *Kapha* resulting in long standing *Pleeha Vrudhi*. *Phleeha Vrudhi* takes place on *Vama Parshwa*, i.e left side of the body. As this condition progresess patient will have *Glani* and suffers from *Mandagni, Manda Jwara* and *Upadravas* associated with *Kapha* and *Pitta Dosha's* and becomes *Pandu Varna Yukta* with *Ksheena Bala.*[7]

Lakshanas

Lakshanas also compaired mainly with *Yakruttodara / Pleehodara* viz., Hepato/ Spleenomegaly, *Avipaka, Aruchi, Trushna, Anaha, Avasada, Moorcha, Kasa, Swasa, Mandagni, Krushata, Asyavairasya, Udara Shoola* and *Pandu.*[8]

It can also be co related to *Kostashrita Kamala*[9] in other words Hepatic/Infective jaundice, symptoms explained in classics are yellowish discolouration of nails, skin eyes and mouth, Discolouration of urine and stool, Indigestion, weakness, lassitude, anorexia and burning sensation.

Chikitsa

According to *Acharya Charaka treatment* principle is mainly *Shodhana Karma* for *Udara* i.e. *Yakruttodara Chikitsa*[10] and *Kamala Chikitsa*[11] i.e. *Virechana* with *Tikta Rasa Dravyas* along with *Gomutra*.

Materials and Methods

Drugs selected for the study

1. *Gandharva Haritaki Churna*[12] (Arya Vaidya Shala)
2. *Sudarshana Vati*[13]
3. *Arogyavardhini Vati*[14]
4. Tab. *Punarnavadi Kashaya*[15]

Treatment schedule

Gandharva Haritaki with warm water, *Sudarshana Vati, Arogyavardhini Vati* along with Tab. *Punarnavadi*

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Kashaya each 1 tablet *Sukoshna Jala* as Anupana after the food for 10 days during admission.

Diet

Patient was advised to avoid tomato, cauliflower, non vegetarian, cheese, curds and excessive intake of fried and spicy foods.

Fruits, Vegetables like cucumber, snake guard, bitter guard, green gram and poddrige etc. were advised as regular food items.

Observation and Results

Chronology of clinical observations

1. Patient admitted in the IPD on 03-11-2016 with laboratory findings as above.
2. Patient was subjected to the above said scheduled treatment and kept under regular observations.
3. Patient got completely relived from the clinical symptoms like loss of appetite heaviness of abdomen and general weakness during the 2nd week of the treatment.
4. Patient was continued the medication for 2 months.
5. Patient was discharged with said above treatment to continue for 3 months.

Investigations after treatment

Haemogram

- Hb - 11.06 gm%
- TC - 8000cells/cumm
- DC - P-35%, L-59, E-06%,
- Platelet Count - 1,69,000 Cells/cumm

Blood Chemistry

- RBS - 130.0 mg/dl,

Serology

- HCV - Negative

Discussion

The need for the discussion of Hepatities - C *(Kamala and Udara Roga)* becomes important due to the gravity of the problem. It is the commonest infective disorder all over the world and forms a major problem of mankind especially in a country like India due to low socio-economic status, illiteracy and unhygienic conditions in a major part of the population.

Hepatities - C is an infective origin disease where it need *Nidana Parivarjana* first and most i.e. with various aetiologies like *Asatmyabhojana*, *Atimadyapana*, *Kshara*, *Nishpava*, *Pinyaka*, *Krodha*, *Bhaya* that increase *Vata* and *Pitta*. These are *Apatarpanakaraka*. This *Apatarpana* may be grossly taken as, the inadequate dietary intake which can cause *Kamala*.

Conclusion

Hepatities - C is *Kasta Sadhya Vyadhi*, if it is having the *Lakshanas* viz., *Netra Shotha* (odema over the eyes), hard penis (*Kutil Upastha*) wet and thin Skin (*Klinna Twacha*), emaciated (*Karsha*) odema over vital parts (*Swayathu*), exessive thirst, hunger, hiccup (*Ati Trushana, Hikka,* and *Swasa*) associated with vomitting and diarrhoea (*Chardi* and *Astisara*) it is *Kasta Sadhya*. Hence can be treated with effective *Tikta*, *Katu* along *Ushna Dravyas* as *Virechana* therapy plays an important role to get rid of the infection in many patients, in present study the patient shows excellent results along with improved symptoms.

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