



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2024; 8(1): 150-155
Received: 02-10-2023
Accepted: 03-11-2023

Dr. Binuraj SR
Assistant Professor,
Department of Practice of
Medicine, National
Homoeopathy Research
Institute In Mental Health
(NHRIMH), Kottayam,
Kerala, India

Dr. Ayisha EK
Senior resident, Department of
Psychiatry, National
Homoeopathy Research
Institute in Mental Health
(NHRIMH), Kottayam,
Kerala, India

Dr. Ameena S
Senior resident, Department of
Psychiatry, National
Homoeopathy Research
Institute in Mental Health
(NHRIMH), Kottayam,
Kerala, India

Corresponding Author:
Dr. Binuraj SR
Assistant Professor,
Department of Practice of
Medicine, National
Homoeopathy Research
Institute in Mental Health
(NHRIMH), Kottayam,
Kerala, India

Homoeopathic intervention in hepatitis b carrier: achieving significant reduction in viral DNA load: A comprehensive case report

Dr. Binuraj SR, Dr. Ayisha EK and Dr. Ameena S

DOI: <https://doi.org/10.33545/26164485.2024.v8.i1c.1060>

Abstract

Hepatitis B, stemming from the hepatitis B virus (HBV), is a contagious liver ailment. The persistent form, known as chronic hepatitis B (CHB), poses a significant health challenge, representing a prolonged condition where HBsAg persists for a minimum of six months and can potentially result in cirrhosis or liver cancer.

In the general outpatient department (OPD) of the National Homoeopathy Research Institute in Mental Health, a 30-year-old male patient sought assistance and underwent effective treatment with Sulphur using a personalized homeopathic approach.

Keywords: Hepatitis B, HBs Ag, homoeopathy, Sulphur

Introduction

Hepatitis B, an infectious liver disease caused by the hepatitis B virus (HBV), can manifest as a short-term acute illness. The acute phase is defined by the detection of Hepatitis B surface antigen (HBsAg) or hepatitis B virus (HBV) DNA in blood from a patient under 6 months of age, or the detection of HBsAg and IgM antibody to hepatitis B core antigen (IgM, anti-HBc) in blood without prior evidence of HBV infection^[1, 2]. Chronic hepatitis B (CHB), resulting from HBV infection, remains a significant global health issue despite the availability of an effective vaccine. Annually, it leads to approximately 900,000 deaths worldwide due to complications like liver cirrhosis and hepatocellular carcinoma^[3].

In clinical practice, the confirmation of chronic infection often relies on the persistence of HBsAg in two specimens six months apart. This disease has a global impact, with an estimated two billion individuals already infected, and 66% of the world's population residing in areas with high infection rates. Although preventable through vaccination, the World Health Organization (WHO) reported 257 million Hepatitis B surface antigen-positive individuals in 2015^[4].

Acute infections may present with minimal or no symptoms, while others may include jaundice, dark urine, extreme fatigue, nausea, vomiting, and abdominal pain. Transmission occurs through exposure to infective blood, semen, and other body fluids, with possibilities like perinatal transmission from infected mothers to infants, transmission within families during early childhood, and through procedures involving HBV-contaminated blood or injections. Injection drug use also poses a risk for transmission^[5].

Materials and Methods

Initial investigations were undertaken to rule out other potential systemic disorders. A thorough case examination was conducted utilizing a standardized form, and the assessment followed the Kentian method^[6]. The complete set of symptoms was then compiled, and repertorization was performed using the Synthesis Repertory within the RADAR Opus software⁷. The ultimate choice of medication was determined by considering the totality of symptoms, exploring potential differential fields, and consulting Materia medica, all guided by the principle of individualization^[8, 9, 10]. Sulphur, identified as the most appropriate remedy based on symptom severity, was administered in the 30th potency. Regular monthly follow-ups were conducted, and adjustments to medicines and potencies were made in response to the evolving symptomatology. The Modified Naranjo Criteria for Homeopathy-Causal.

Attribution Inventory played a significant role in determining the causal link between the homeopathic intervention and the observed outcomes ^[11].

Case report

30-year-old male patient came with presenting complaints into general OPD of National Homoeopathy Research Institute in Mental Health, on 18/09/2021 presented with sensation of foreign body in right eye for 3 months along with yellowish discoloration of skin over different areas and yellowish urine.

History of presenting complaints

Patient was apparently healthy before 3 months and suddenly presented with symptoms of yellowish discoloration over different areas of skin and mucous membranes along with yellowish urine. No itching or discharge of the skin. Then the patient had sensation of foreign body in right eye with irritation of eye without any pain or discharge. No pain or itching during urination.

On investigation it was found that, Hepatitis B viral DNA quantitative RTPCR was 14248.8IU/ml (Figure No:1). HbSAg was positive and Hepatitis B surface antigen was reactive (Figure No: 2 & 3).

History of past illness

Hepatitis A – 18 yrs of age – No treatment taken
 COVID-19 positive – Feb 2021- No treatment taken.

Family history

Father - Diabetes mellitus
 Paternal grandfather – Colon cancer
 Maternal grandfather – Colon cancer

Maternal grandmother – Cancer of throat

Personal history

Education – B. Tech (Mechanical)
 Marriage – 4 years ago
 Number of children – 1 Male child
 Addictions – Nothing particular

Physical generals

Appetite- Normal
 Thirst- Normal
 Desire- Tapioca, sweets++, beef+, fish
 Aversion- Nothing particular
 Intolerance- Nothing particular

Eliminations

Stool – Regular
 Urine – Normally voided
 Sweat – Generalized

Thermal state: Towards chilly

Mental generals

Reserved, anxious about his job, guilty feeling.

Lab investigations

USG Abdomen (11/09/2021): Grade 1 fatty liver; Mild splenomegaly
 Liver function test (Figure No:1-3):
 Bilirubin: 0.60 mg/dl
 AST: 28.6 IU/L; ALT: 54 IU/L
 HbSAg: Positive; Hepatitis B surface antigen: Reactive.
 Hepatitis B viral DNA Quantitative RTPCR: 14248.8IU/ML.

Report : 12-Sep-2021 / 09:23 AM
Print : 13-Sep-2021 / 16:42 PM

Investigation	Observed Value	Unit	Specimen								
HEPATITIS B VIRAL DNA (HBV DNA) QUANTITATIVE, R-T PCR	14,248.8 IU/ml		EDTA Plasma								
<small>Method Real Time PCR (RT-PCR)</small>											
Comments:											
<p>Hepatitis B Virus (HBV) is a small, enveloped DNA virus in the family Hepadnaviridae and is responsible for acute and chronic HBV hepatitis. HBV is transmitted by percutaneous or mucosal exposure to the blood or body fluids of an infected person, from an infected mother to her new-born, through close contact with an infected child, through unsterilized blood transfusion or unsafe injections in healthcare settings, through injection drug use, and from sexual contact with an infected person.</p> <p>The presence of HBV DNA in serum is a reliable marker of active HBV replication. HBV DNA levels are detectable by 20-30 days following infection, generally reach a peak at the time of acute hepatitis, and gradually decrease and disappear when the infection resolves spontaneously. In cases of acute viral hepatitis with equivocal HBeAg test results, testing for HBV DNA in serum may be a useful adjunct in the diagnosis of acute HBV infection, since HBV DNA can be detected approximately 21 days before HBeAg typically appears in the serum.</p> <p>Generally, if the HBV viral load is high, treatment is considered necessary, as there is risk of progressive liver disease (Cirrhosis, HCC).</p>											
Clinical Use:											
<p>1. Detection and quantification of hepatitis B virus (HBV) DNA in plasma of patients with chronic HBV infection (ie, hepatitis B surface antigen-positive). Monitoring disease progression in chronic HBV infection. Monitoring response to anti-HBV therapy.</p> <p>2. Monitoring anti-HBV therapy.</p> <p>3. Reactivation of inactive chronic HBV infection (HBeAg-negative disease) - detection of HBV DNA is the only reliable marker of active HBV replication, as HBeAg may be undetectable in serum.</p>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Test</th> <th>Analytical Sensitivity</th> <th>conversion Factor</th> <th>Detection range</th> </tr> </thead> <tbody> <tr> <td>HBVQS</td> <td>10.2 IU/ml</td> <td>1 IU/ml is equal to 8.21 copies/ml</td> <td>31.6 x 10⁴ IU/ml to 2 X 10⁷ IU/ml</td> </tr> </tbody> </table>				Test	Analytical Sensitivity	conversion Factor	Detection range	HBVQS	10.2 IU/ml	1 IU/ml is equal to 8.21 copies/ml	31.6 x 10 ⁴ IU/ml to 2 X 10 ⁷ IU/ml
Test	Analytical Sensitivity	conversion Factor	Detection range								
HBVQS	10.2 IU/ml	1 IU/ml is equal to 8.21 copies/ml	31.6 x 10 ⁴ IU/ml to 2 X 10 ⁷ IU/ml								
<small>Linear Reporting range of the assay 10.2 – 2X10⁷ IU/ml</small>											

Fig 1: Laboratory report before treatment

Order Date - 09/09/2021 2:22PM	Bill No. - OPCA22/235731
Lab No: 8455411 OP	Study Date- 09/09/2021 3:22PM
Referred By: Dr. G N Ramesh	Result Finalized Released Date: 09/09/2021 7:54PM
HBS AG / CLIA	
Hepatitis B surface Antigen (EBI)	Reactive
Test Value	7820
Hepatitis B (Rapid)	Reactive
Order Date - 09/09/2021 2:21PM	Bill No. - OPCA22/235731
Lab No: 8455403 OP	Study Date- 09/09/2021 3:23PM
Referred By: Dr. G N Ramesh	Result Finalized Released Date: 09/09/2021 5:35PM
ALPHA-FETOPROTEIN (AFP)	
Alpha- Feto Protein AFP	4.13 ng/mL < 10.00
LIVER FUNCTION TEST (LFT)	Result Finalized Released Date: 09/09/2021 5:35PM
Bilirubin Total	0.60 mg/dl < 1.20
Bilirubin Total	10.26 umol/L < 20.50
Bilirubin Direct	0.20 mg/dl < 0.20
Bilirubin Direct	3.42 umol/L < 3.42
Bilirubin Indirect	0.40 mg/dl < 1.10
Bilirubin Indirect	6.84 umol/L < 18.80
AST/SGOT	28.6 U/L < 35
ALT/ SGPT	H 54 U/L < 45
Alkaline Phosphatase	64.6 U/L 40 - 129
Protein Total	7.6 g/dl 6.4 - 8.3
Albumin	4.5 g/dl 3.6 - 5.1
Globulin	3.1 g/dl 2.0 - 3.5

Fig 2: Laboratory report before treatment

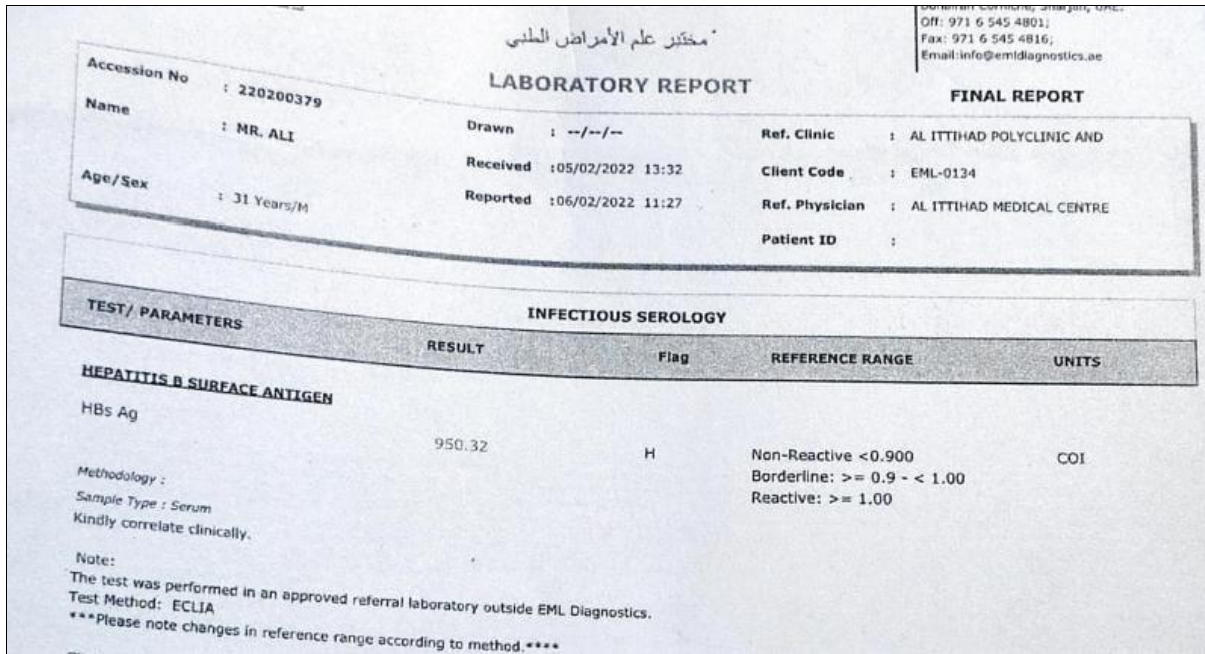


Fig 3: Laboratory report before treatment

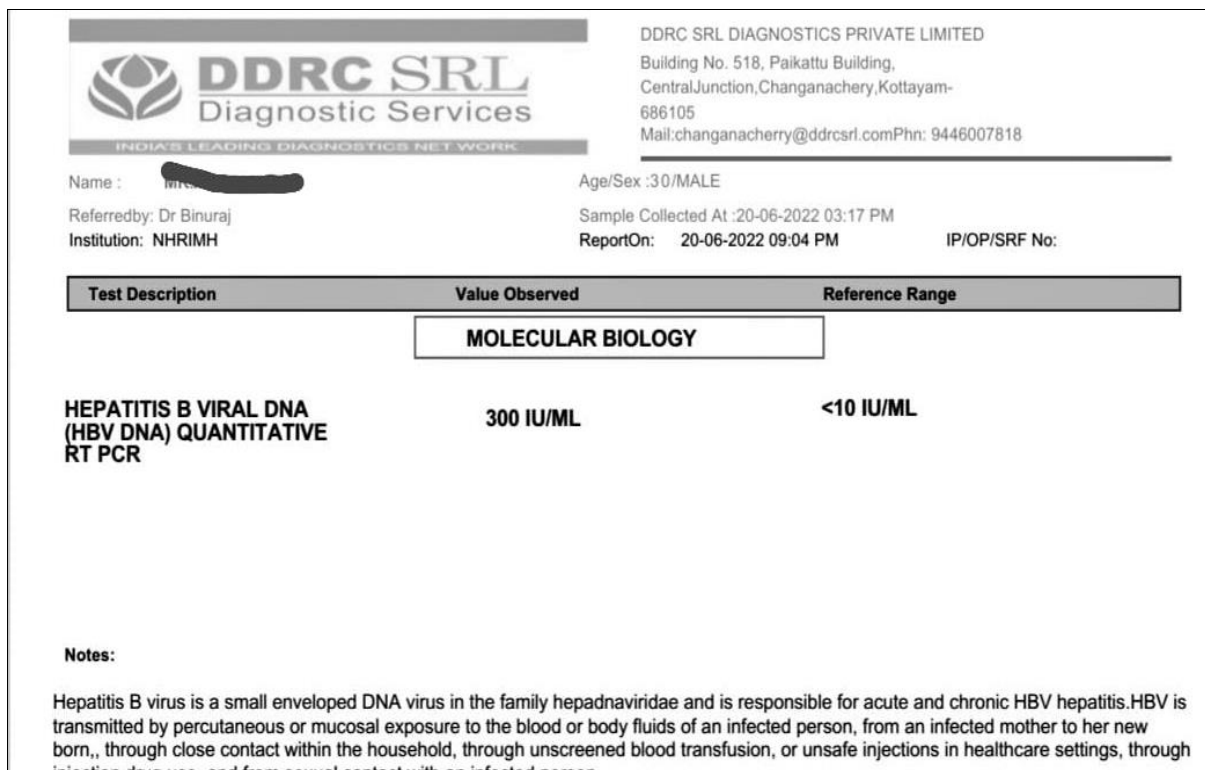


Fig 4: Laboratory report after treatment

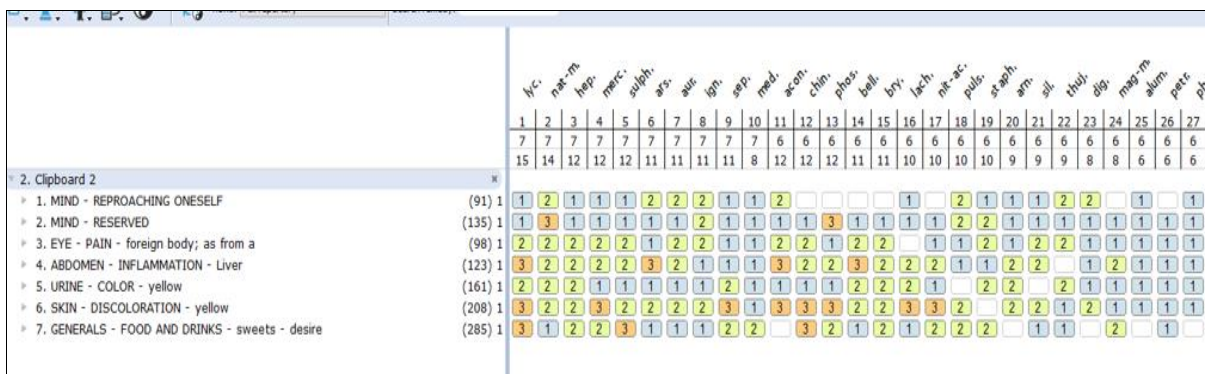


Fig 5: Repertory chart

First prescription

on 18/09/2021. Four doses were given for 2 weeks.

Considering the totality of the case, Sulphur 30, was given

Table 1: Follow up

Sl. No	Date	Observation	Prescription
1.	04/10/2021	Foreign body sensation in eye aggravated initially.	SULPHUR 200/4D
		Sleep- good.	Weekly once
		Generals – good.	For 1 month
2	15/11/21	General relief of all complaint	SULPHUR 200/4D
		Foreign body sensation in eye- Nil jaundice-reduced	Weekly once
		Generals – good.	For 1 month
3	13/12/2021	General relief of all complaint	SULPHUR 200/4D
		Foreign body sensation in eye- Nil	
		Jaundice-Nil	Weekly once
		Generals – good.	For 1 month
4	10/1/22	General relief of all complaint	SL
		Generals – good.	
5	09/02/2022	General relief of all complaint	SL
		Generals – good.	
6	21/3/22	General relief of all complaint Generals – good.	SL
		Hepatitis B viral DNA Quantitative RTPCR: IU/ML-300 IU/ML (Figure No: 4).	

Results

Considered symptoms for evaluation were guilty feeling, reserved, sensation of foreign body in eye, inflammation of liver, yellowish colored urine, yellowish coloured urine and desire for sweets. First five remedies in repertory chart were Lycopodium, Natrium mur, Hepar sulph, Mercurius and Sulphur (Figure No: 5). Sulphur was the remedy most similar to the totality of symptoms. A significant improvement in the general well being of the patient was observed after 2 months of the treatment. Yellowish urine and foreign body sensation in eyes were reduced significantly after 3 months. Gradual improvement of the condition was noticed in the time of 6 months with corresponding reduction in the Hepatitis B viral DNA load (Figure No:4).

Discussion and Conclusion

This case report highlights the efficacy of personalized homeopathic remedies in treating Hepatitis B. The patient's symptoms and physical characteristics were considered for

repertorization using RADAR Opus, and Sulphur was chosen after consulting Materia Medica. The selection of the 200C potency was based on the patient's susceptibility.

In a study conducted by Barbara Sarter *et al*, titled "Successful Control of Chronic Viral Hepatitis through High-Dilution Medicine," two individuals resistant to conventional therapies received homeopathic interventions. Both patients experienced extended remissions lasting over two years after discontinuing traditional treatments and transitioning to ultradilute natural medicines. Currently, both individuals maintain good health and lead normal lives in their home environments more than two years post-treatment initiation [12].

Following the administration of Sulphur 200, a significant improvement was observed during the follow-up. The patient continues to undergo treatment, considering Sulphur's notable antipsoric properties. It's important to note that this report represents a single case, and further extensive studies with diverse designs and larger sample sizes are necessary for a comprehensive understanding.

Table 2: Modified naranjo criteria

S. No.	Modified naranjo criteria	Yes	No	Not sure
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+2	-2	0
3.	Was there a homoeopathic aggravation of symptoms?	+1	0	0
4.	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed?	+1	0	0
5.	Did overall well-being improve?	+1	0	0
6.	(A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease? (B) Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: • From organs of more importance to those of less importance • From deeper to more superficial aspects of the individual • From the top downward	+1	0	0
7.	Did 'old symptoms' (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8.	Are there alternative causes (other than the medicine) that- with a high probability- could have produced the improvement?	-3	+1	0

(Consider known course of disease, other forms of treatment and other clinically relevant interventions)			
9.	Was the health improvement confirmed by any objective data?	+2	0 0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0 0
Total score-9			

The Modified Naranjo criteria (Table 2) were used to assess the connection between a prescribed medicine and improvements in a patient's condition, resulting in a total score of 9. This high score suggests a strong likelihood of a link between the administered medicine and positive outcomes. Key factors supporting this assessment include significant improvement in the main symptom, timely clinical amelioration, initial symptom aggravation, extended effects beyond the primary condition, overall enhancement of well-being, and confirmation of health improvement through objective evidence. Additionally, the reappearance of old symptoms during improvement and the absence of alternate causes further support the association. In summary, the prescribed medicine, according to the Modified Naranjo criteria, played a significant role in the observed positive changes in the patient's health.

Patient consent statement

The authors confirm that they have obtained proper consent from all relevant patients.

Financial support and sponsorship:

No financial support or sponsorship was received.

Conflict of interest

There are no conflicts of interest to disclose.

References

- Ralston SH. editors. Davidson's Principles and Practice of Medicine. 23rd ed. Elsevier Health Sciences; c2018.
- Krishna Das KV. Textbook of Medicine. Jaypee Brothers Medical Publishers Pvt. Limited; c2008 Nov 1. p. 1490.
- Liu R, Zhao L, Cheng X, Han H, Li C, Li D. Clinical characteristics of COVID-19 patients with hepatitis B virus infection-a retrospective study. *Liver International*. 2021 Apr;41(4):720-30.
- Guvenir M, Arikan A. Hepatitis B Virus: From Diagnosis to Treatment. *Polish Journal of Microbiology*. 2020;69(4):391-399. DOI: 10.33073/pjm-2020-044.
- Khan RS, Tahir F, Tariq T, Tahir F, Tariq S. Awareness of Hepatitis-B amongst Non-Medical Staff of Teaching Hospital, Dera Ghazi Khan.
- Kent JT. Lectures on Homoeopathic Philosophy. Presented by Dr Robert Séror. Available from: <http://www.homeoint.org/books3/kentlect/index.htm>
- Homeobook. Radar Opus software information. Available from: <https://www.radaropus.com/>
- Hahnemann S, Boericke W, Dudgeon R. *Organon of Medicine*. New Delhi: B. Jain Publishers Private Ltd.; c2011.
- Boericke W, Boericke O. *Pocket Manual of Homoeopathic Materia Medica Comprising of the Characteristic and Guiding Symptoms of all Remedies (Clinical and Pathogenetic)*. New Delhi: B. Jain Publishers Private Ltd.; c2012. p. 309-12.
- Kent J. *Repertory of the Homoeopathic Materia Medica*. 6th ed. New Delhi: B. Jain Publishers Private

Ltd.; c2013.

- Lamba CD, Gupta VK, Van Haselen R, Rutten L, Mahajan N, Molla AM, *et al.* Evaluation of the Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homeopathic Intervention as Presented in Case Reports. *Homeopathy*. 2020;109(4):191-197. DOI: 10.1055/s040-1701251.
- Sarter B, Banerji P, Banerji P. Successful Treatment of Chronic Viral Hepatitis With High-dilution Medicine. *Global Advances in Health and Medicine*. 2012;1(1):26-29. DOI: 10.7453/gahmj.2012.1.1.007.

How to Cite This Article

Binuraj SR, Ayisha EK, Ameena S. Homoeopathic intervention in hepatitis b carrier: achieving significant reduction in viral DNA load: A comprehensive case report: A case report. *International Journal of Homoeopathic Sciences*. 2024;8(1):150-155.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.