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Homoeopathic approach for viral hepatitis

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Abstract
Six different types of Viral hepatitis are known which are hepatitis A, B, C, D, E and G. It is unclear whether the hepatitis G virus (HGV) is pathogenic in humans. Among viral hepatitis types, hepatitis A and hepatitis E are spread by Faeco-oral route usually through contaminated food and water while hepatitis B, C and D are transmitted mainly by blood and body fluids. There are many alternative modes of treatment for viral hepatitis but homeopathy plays a crucial role by having no negative side effects and the overall health of the patient improves. This article aims to summarize the current state of knowledge on each type of viral hepatitis and looks into the repertorial approach for the management of cases of Viral Hepatitis through the Synthesis Repertory.

Keywords: Viral hepatitis, classification, prevention, vaccination, Homeopathy, rubrics, homeopathic remedies

Introduction
Viral hepatitis is a liver inflammation caused by a viral infection. The viruses that cause hepatitis include A, B, C, D, and E. Hepatitis A and E usually cause acute infections, while B, C, and D can cause both acute and chronic infections. Hepatitis D and E are less frequently encountered [1]. Based on the etiology, hepatitis, can range from mild and self-limiting to severe which may require a liver transplant. It can be further classified into "acute" and "chronic" based on the duration of the inflammation in the liver. Inflammation lasting less than 6 months is marked as "acute," and inflammation lasting more than 6 months is called as "chronic." Acute hepatitis is usually self-limiting. While, chronic hepatitis may result in the development of liver fibrosis, hepatocellular carcinoma, cirrhosis which may lead to significant morbidity and mortality [2].

Classification of viral hepatitis
Hepatitis A
Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus belonging to the picornavirus which is a 27 nm virion with single stranded RNA. It is responsible for 1.4 million cases per year globally [3]. The most common mode of transmission of hepatitis A is via the fecal-oral route from contact with contaminated food, water, or objects by fecal matter from someone who is infected. It is often a disease encountered in developing countries where sanitation is poor due to which there is an increased risk of fecal-oral spread. Patients who are infected with HAV usually present with symptoms similar to gastroenteritis such as including tiredness and weakness, nausea and vomiting and diarrhoea, abdominal pain or discomfort, loss of appetite, low-grade fever and jaundice. The usual HAV incubation period is about 2-4 week [4] and symptoms resolve spontaneously in most patients. The standard test for diagnosing acute infection with HAV is the presence of immunoglobulin M (IgM) antibodies to HAV.

Hepatitis B
Serum hepatitis or Hepatitis B has a worldwide incidence with the highest proportion of cases in Western Pacific and African regions. Hepatitis B virus (HBV) is a DNA virus and a member of the *Hepadnaviridae* family. Intact hepatitis B virus virion is known as the Dane particle.
HBV can be detected in serum, semen, vaginal mucus, saliva, and tears but is not found in stool, urine, or sweat. It is transmitted parenterally and sexually after coming in contact with mucous membranes or body fluids of infected individuals. Intravenous drug users,

homosexuals, healthcare workers with exposure to infected body fluids, patients who require frequent and multiple blood transfusions, people who have multiple sexual partners, prisoners, partners of HBV carriers, and persons born in endemic areas are all at high risk for contracting HBV infection.

Transfusion of blood and blood products, injection drug use with shared needles, are examples of parenteral route.. The virus may be transmitted perinatally in infants of women who are HBsAg positive. Up to 90% of those who become infected develop a chronic infection with HBV [5]. Chronic hepatitis B (CHB) viral infections present a major global health threat, in spite of vaccinations and antiviral treatments [6]. The incubation period is approximately 12 weeks, with most patients experiencing mild illness, which is usually self-limiting. Less than 1% may experience fulminant hepatic failure. The documented number of global deaths annually from HBV infection is 780,000 [7].

Evaluating HBV infection can be sometimes complex and some uncommon scenarios should be considered while investigating. A positive HBsAg result indicates an active hepatitis B Infection, Hepatitis B core antibody (anti-HBc): indicates past exposure or current. Liver enzyme tests such as Alanine Aminotransferase (ALT), Aspartate Aminotransferase (AST), Alkaline Phosphatase (ALP), and Gamma-Glutamyl Transpeptidase (GGT) are equally helpful.

Hepatitis C

Hepatitis C caused by Hepatitis C virus (HCV) is an RNA virus and a member of the *Flaviviridae* family. More than 71 million persons worldwide are infected with HCV [8]. Transmission is parenteral, perinatal, and sexual. Those at the highest risk for infection include those injecting illicit drugs, as there tends to be sharing of contaminated needles Chronic HCV infection can occur in 50%-85% of patients, while 15%-45% of patients may present spontaneous clearance of the virus [9]. Most patients with HCV infection are asymptomatic with no nonspecific symptoms such as fatigue, sleep disturbances, nausea, diarrhea, abdominal pain, anorexia, myalgia, arthralgia, weakness, depression, anxiety, and weight loss. Patients who develop cirrhosis are at risk of developing jaundice and ascites. Confusion, drowsiness and slurred speech may result in hepatic encephalopathy. Spiderlike blood vessels on the skin result in spider angiomas or Telangiectasia. Testing for anti-HCV antibodies with a serological test helps in identification of the virus. If the test is positive for anti-HCV antibodies, a nucleic acid test for HCV ribonucleic acid (RNA) is needed to confirm chronic infection.

Hepatitis D

Liver infection caused by HDV. HDV is known as a "satellite virus" because HDV occurs as a coinfection with HBV or as a superinfection for patients with a chronic HBV infection. Such patients have a severe acute hepatitis and develop chronic HDV infection. It has been found that prevalence is high in South America and Africa as well as among some specific populations such as sex workers in Greece and Taiwan. HDV can cause severe symptoms and can lead to liver damage and death. Symptoms are similar to acute HBV infection. Transmission is parenteral, perinatal, and sexual. High risk individuals include those injecting drugs and sharing needles. A recent epidemiological study examining a cohort of HBV-positive intravenous drug users revealed an alarming increase in HDV seroprevalence from 29% in 1988-1989 to 50% in 2005-2006 [10]. HDV infection is diagnosed by checking for IgM and IgG antibodies to the HDV (anti-HDV).

Hepatitis E

Hepatitis E virus is a RNA virus which causes acute viral hepatitis which is self limiting typically preceded by an incubation period ranging between 2 weeks to 10 weeks. Genotype 1 and 2 spread through faecal-oral route and among the humans while Genotype 3 and 4 can infect humans and animals [11]. The incubation period for HEV is approximately 2 to 10 weeks and the infection is diagnosed by checking for IgM and IgG antibodies to the HEV (anti-HEV).

Prevention of viral hepatitis

Patient education is most important in the prevention and control of viral hepatitis. Instructions should be given to patients with regard to Hygiene maintenance, cleaning of hands, avoiding sharing personal items like razors, avoiding blood contamination, safe and appropriate use of health care injection, safe disposal of sharp objects, using of Sterile equipments for tattoos and blood transfusion, testing of donated blood, protected intercourse, training of health care workers, health promotion and public education.

Those at risk should ensure immunization to prevent infection and co-infection with other viral diseases. Early medical management, regular monitoring for early diagnosis is a must.

Vaccination and viral hepatitis

Hepatitis A vaccine is given at age above 12 months and following dose after 6-12 months of first dose.

Hepatitis B vaccine is given at birth, at 6 weeks and 14 weeks.

Homoeopathy and viral hepatitis

Homeopathic medicines are given in doses that elevate the vital energy of the human body and have shown their effectiveness in the treatment of viral diseases. There are several homoeopathic medicines that can be applied therapeutically based on individuality and homeopathic fundamental principles to bring about management of such cases. In Aphorism 4 Dr Hahnemann states "He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health".

Hepatitis related rubrics and remedies based on synthesis repertory

Synthesis Repertory by Dr. Frederik Schroyens is based on 6th American edition of Kent's repertory and contains rubrics and remedies related to Hepatitis. It maintains the philosophy of Kent i.e. concept of individualization through evaluation of symptoms, following deductive logic, gradation of medicines & it's basis, cross references etc.

This article looks into the repertorial approach through the rubrics in Synthesis Repertory as a tool in treating cases of Viral Hepatitis. Some of the Rubrics and remedies from Synthesis for symptoms of Hepatitis are as follows:

- Abdomen-inflammation-liver (Hepatitis): Acon. Arn. Ars. Aur. Bell. Bry. Calc. Camp. Caps. Card-m Cham.

Chel. Chin. Diosm. Hep. Hippoz.Kali-c. Lach. Laur. LYC. Mag-m. Merc. Nat-m. NAT-S. Nit-Ac. NUX-V. Phos. Podo. Psor. Ptel. Sil. Sulph.

- Accompanied by

Hiccough: Bell.

Nausea: Chel

- Alcohol; from: med.nux v.
- Chronic: Arn. Card-m. Lach, Lyc. Nat-m. Nat-S. Nit-Ac. Nux-V. Phos. Psor. Sulph.
- Hepatitis A: card-m. chel. chion. hydr. lept. lob. merc. Myric. nat-s, sulp.
- Mortification, after: Lyc
- Subacute: Phos
- Vexation, after: Cham
- Stomach-nausea-jaundice with: bry, lach.
- Stomach-indigestion: Bar-C, Calc, Carb-V, Chin, Hep, Lyco, Nux-V, Petro, Puls, Sulph
- Stomach-appetite-lack of: Ars, calc, chel, chin, lyco,nux-v, phos, puls, sep, sulp
- Stomach-pain-extending to Liver: arg-n. asaf. hyper. nat-m rhus-t.
- Abdomen-enlarged-liver: Chin. Lyco. Mag-M. Nat-Sulp. Nux-V.
- Abdomen-Hard-liver: Ars. Chin. Graph. Iod. Mag-M. Phos. Rat.
- Abdomen-pain-liver: Acon. Aesc. Bell. Chel. Chin. Lach. Lept. Lyc. Mag-M. Merc. Nat-S. Nit-AC. Nux-V. Podo. Sep.
- Stool-yellow: Chel. Dulc. Gamb. Grat. Lyco. Merc. Merc. C. PH-AC. Pic-AC. Podo. Rhus-T. Sec. Thuj.
- Urine-Colour
- Fever-Intermittent-liver; with enlarged: Lyc. NIT-AC.
- Skin-Discolouration- yellow (= jaundice, etc.): Acon. Card-M Chel. Chin.Chion. Con. Crot.- H IOD. LACH. Lyc. Merc. Nat_S. NIT-AC. Nux-V. Nit-AC. Phos. Sep.

A few Homeopathic remedies

- ***Aconitum napellus*:** Vomiting, bilious mucuous and bloody greenish with fear and profuse sweating, physical and mental restless. Bitter taste in mouth with Intense thirst for cold water. Abdomen hot, tense and tympanitic. Sensitive to touch. Colic, no position relieves. Fever with cold face and cold perspiration. Aggravation: lying on affected side. Amelioration: Abdominal symptoms better after warm soup.
- ***Bryonia alba*:** Works on all the mucous membranes affecting the right side. Swelling & inflammation of the liver. Sore and tense appearance of the liver region. Burning, stitching pain, lying on painful side. Vomiting of bile and water immediately after eating. Aggravation: pressure, coughing, breathing, warm drinks. Amelioration: lying on the painful side, with the application of pressure, rest and cold food.
- ***Chelidonium majus*:** Constant pain under the lower and inner angle of right scapula. Tongue coated thick yellow, large and flabby showing imprint of teeth. Distention, fermentation and sluggish bowels with Stool hard and constipated. Liver enlarged. Yellow grey discoloration of skin. Aggravation: worse in the morning, motion, touch, and change of weather. Amelioration: eating relieves temporarily and from the application of pressure.
- **Hepar sulphur:** Prone to swollen glands, weak muscles. Stitching pain in the liver region on movement - walking, coughing, breathing or touching it. Hepatitis, abscess; abdomen distented, tense. Chronic abdominal infections. Clay coloured and soft stools. Aggravation: worse by dry and cold air, touch, and on lying on the painful side. Amelioration: post meals.
- **Lachesis:** Sensitivity in the liver region. Inability to tolerate anything around the waist. Abdomen tympanitic, sensitive and painful. Empty swallowing more painful than than swallowing solids. Aggravation: Worse on the left side, worse after sleep, application of pressure or constriction around the affected region, hot drinks. Amelioration: warm applications and appearances of discharges.
- ***Nux vomica*:** Flatulent distension with spasmodic colic, Liver engorgement with stitching pain and soreness. Colic with upward pressure, causing shortness of breath and a desire to defecate. Weakness of abdominal ring region. Wants to vomit, but can't. Tendency to faint from odours in morning, nausea constant, constipation and diarrhoea alternative. Aggravation: mornings, over eating, stimulants, narcotics, spices, cold air. Amelioration: evening while at rest, lying down and strong pressure.
- ***Lycopodium clavatum*:** Bloating immediately after a light meal, right-sided pain, nausea and vomiting. Constant sense of fermentation in the abdomen. Liver sensitive. Hepatitis, atrophic form of nutmeg liver. Desire for sweet, brown spots on the abdomen, Urine red sand, shooting pain (from right to left) across the lower abdomen. Aggravation: 4 pm to 8 pm, right side. Amelioration: warm foods and drinks.
- ***Natrium sulphuricum*:** A liver remedy. Hepatitis. Jaundice, sour, bilious vomiting, region of the liver feels sore on touching. Yellow complexion. Diarrhoea sudden, urging, gushing, much flatus. Brown coating on tongue with a bitter taste in mouth. Thirst for cold things. Aggravation: before breakfast, lying left side. Amelioration: Dry weather, pressure, sitting up, changing position and open air.
- ***Mercurius solubilis*:** Stabbing pain, with chilliness. Boring pain in right groin. Flatulent distention with pain. Liver enlarged; sore to touch, indurated. Jaundice. Bile secreted deficiently. Putrid eructation, intense thirst for cold water, Weak digestion with continuous hunger. Stool: greenish, slimy and bloody. Aggravation: worse at night, damp, lying on right side, bed warm.

Conclusion

Homeopathic medicines can be highly effective in management of cases of viral hepatitis, if treatment plan is followed along the homeopathic principles. Through this article the approach for selecting Homoeopathic similimum with the help of Synthesis Repertory was explored. Various remedies can be seen in Synthesis Repertory for hepatitis which can be selected according to the individuality of the patient.

Declaration by authors

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