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A case of alcoholic hepatitis treated with individualized homoeopathic medicine nux vomica

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Abstract

Alcoholic hepatitis is a severe liver inflammation caused by excessive alcohol consumption. It is characterized by the rapid onset of jaundice, liver enlargement (hepatomegaly), and other symptoms like fever, abdominal pain, and fatigue. A 42 year old male patient presented with fever, weakness, nausea, vomiting, headache, body pain since 3 weeks. Patient is alcoholic and the case was treated with the medicine Nux vomica according to the symptom similarity with follow up upto 1 month. This case proves the wonderful effects of homoeopathic medicine.

Keywords: Alcoholic hepatitis, homoeopathy, Nux vomica

Introduction

Alcoholic hepatitis is a syndrome of progressive inflammatory liver injury associated with long-term, heavy intake of ethanol. The pathogenesis is not completely understood. The relative risk of cirrhosis rises significantly for alcohol intake above 60 g/day for men and 20 g/day for women, over a decade.

Patients who are severely affected present with a subacute onset of fever, hepatomegaly, leukocytosis, marked impairment of liver function (eg, jaundice, coagulopathy), and manifestations of portal hypertension (eg, ascites, hepatic encephalopathy, variceal hemorrhage). However, milder forms of alcoholic hepatitis often do not cause any symptoms. Upon microscopic examination, shown below, the liver exhibits characteristic centrilobular ballooning necrosis of hepatocytes, neutrophilic infiltration, megamitochondria, and Mallory hyaline inclusions. Steatosis (fatty liver) and cirrhosis frequently accompany alcoholic hepatitis.

Case Report

A 42 year old male has reported to OPD on 15th April 2025 with the complaint of fever occasionally, nausea, vomiting, headache, body pain and weakness after excessive consumption of alcohol since 1 month. He was also complaining about pain abdomen especially on right hypochondriac region. He had loss of appetite and thirst is increased and also he had constipation with hard stools. There is yellowish discolouration of urine. His perspiration was normal and sleep was adequate. His built was normal and nutrition was good. Blood pressure is 110/70 mm of Hg. Pulse regular 76 bpm, respiratory rate- 19/minute. Temperature 100 degree F. On examination abdomen mild tenderness present on right hypochondrium.

History of presenting complaints

Complaint of the patient started since 1 month as weakness, nausea, vomiting, headache, body pain, pain in abdomen. He took traditional treatment. But no relief.

Physical Generals

- Appetite – Decreased
- Thirst – Increased
- Sleep- Normal
- Stool-Constipated
- Urine- Yellowish discolouration

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- Sweat-Normal
- Desires spicy and fatty foods
- Desires tea, coffee

Mental Generals

Irritable
Angered easily

Therapeutic Intervention**15/4/25**

Weakness
Abdominal pain
Nausea, vomiting
Fever
Serum bilirubin-1.6 mg%
SGOT- 407
SGPT-172
RX
NUX VOMICA 30/3D
ALT DAYS
BT 1-1-1

23/4/25

Weakness better than before but persist
Vomiting better
Nausea persist
Headache persist but better
SGOT-73 IU/l
SGPT- 113 IU/L
RX
NUX VOMICA 200/3D
ALT DAYS
BT 1-1-1

30/4/25

Weakness better
Vomiting better
Nausea better
Headache better
SGOT- 19IU/L
SGPT 25 IU/L
Rx
SL/2D WEEKLY 1D
BT1-1-1

198185

**GOVERNMENT HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL,
IRANIMUTTOM, THIRUVANANTHAPURAM-695 009**

Laboratory Request/Report Form

Patients Name..... Rathna..... Age 42..... Sex M..... OP/IP No. 1138.....
Referred by..... Dr. A. Hampiya..... Date..... 25/4/25.....

CLINICAL PATHOLOGY

1. Haematology Investigations				Urine Analysis Investigations	
Sl. No.	Investigations	Patients Value	Normal Range	Sl. No.	Investigations
1	Total WBC		4000-11000 cell/cmm	1	Albumin
2	Diff. WBC			2	Sugar
(a)	Neutrophils		40-60%	3	Acetone
(b)	Lymphocytes		20-40%	4	Bile Salts
(c)	Eosinophil		2-8%	5	Bile Pigment
(d)	Monocytes		2-6%	6	Phosphates
(e)	Basophils		0-1%	7	Pregnancy Test
3	ESR	<u>8</u>	M-3-5 mm/hr F-5-8 mm/hr	8	Microscopy (Urine)
4	Haemoglobin		M-14-16g% F-12-16g%	(a)	Pus Cells
5	Platelet Count		1.5-4.5 lakhs/mm	(b)	Epithelial Cells
6	Blood Grouping			(c)	RBC
Any other Investigations				(d)	Others

1 HbSAg

2

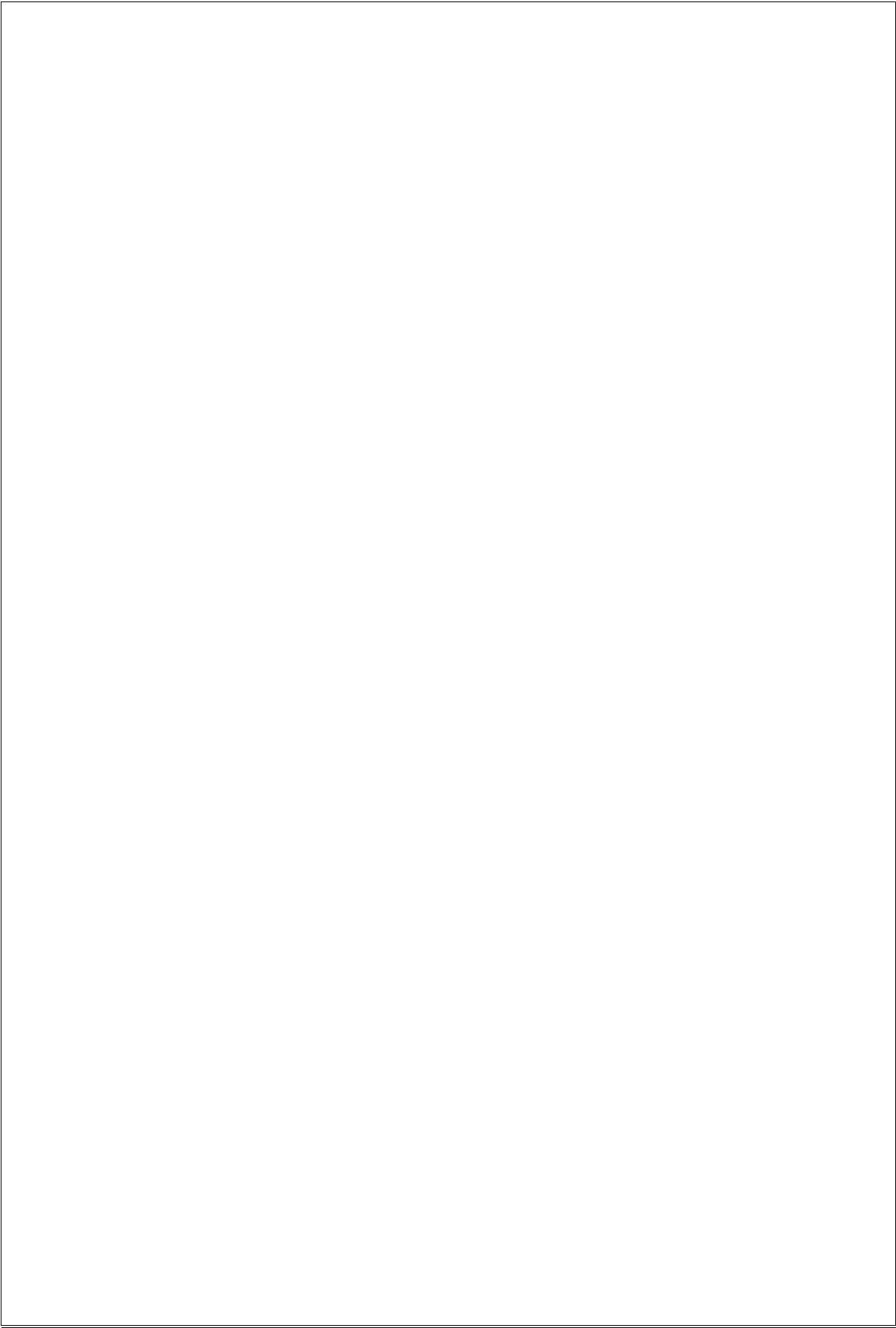
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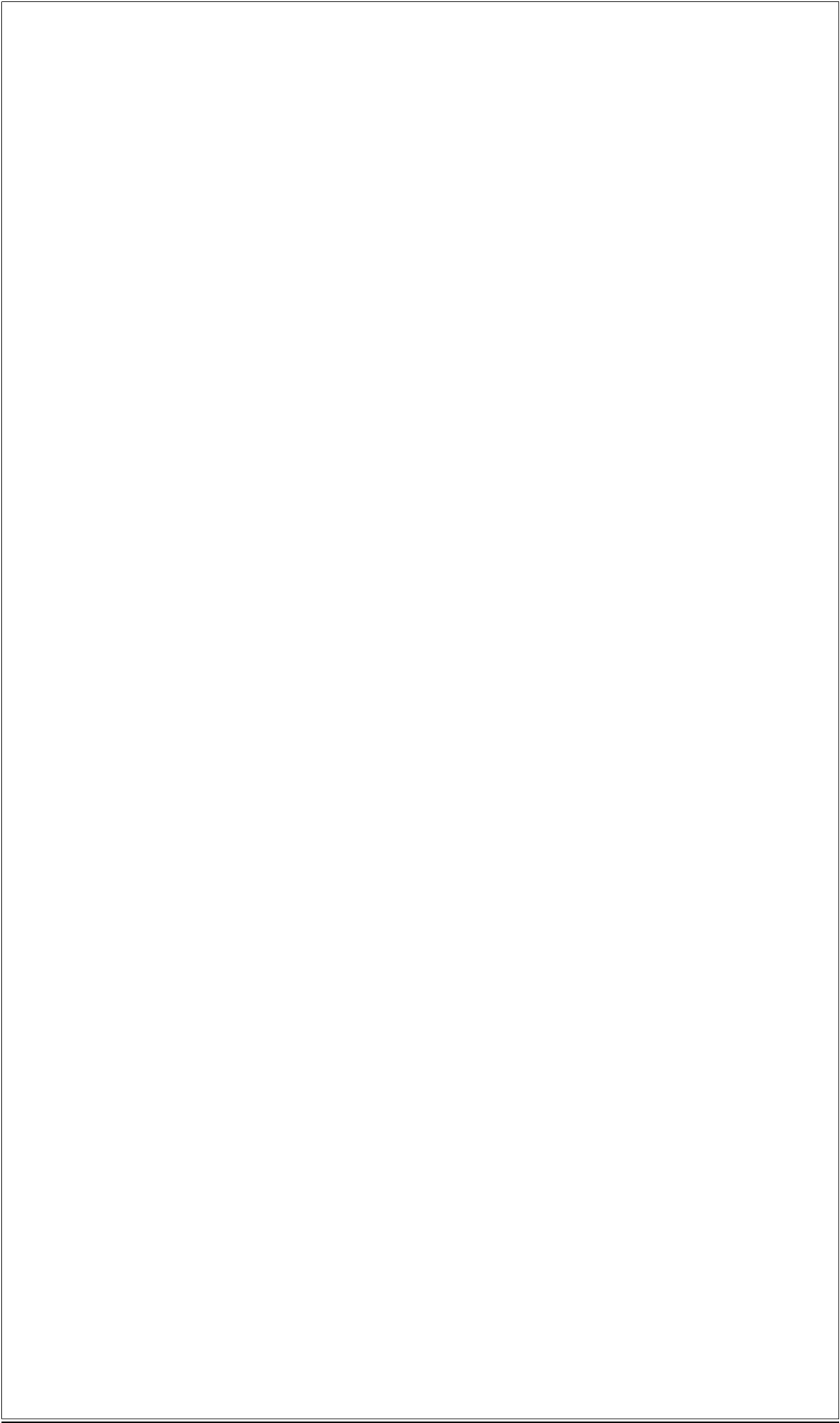
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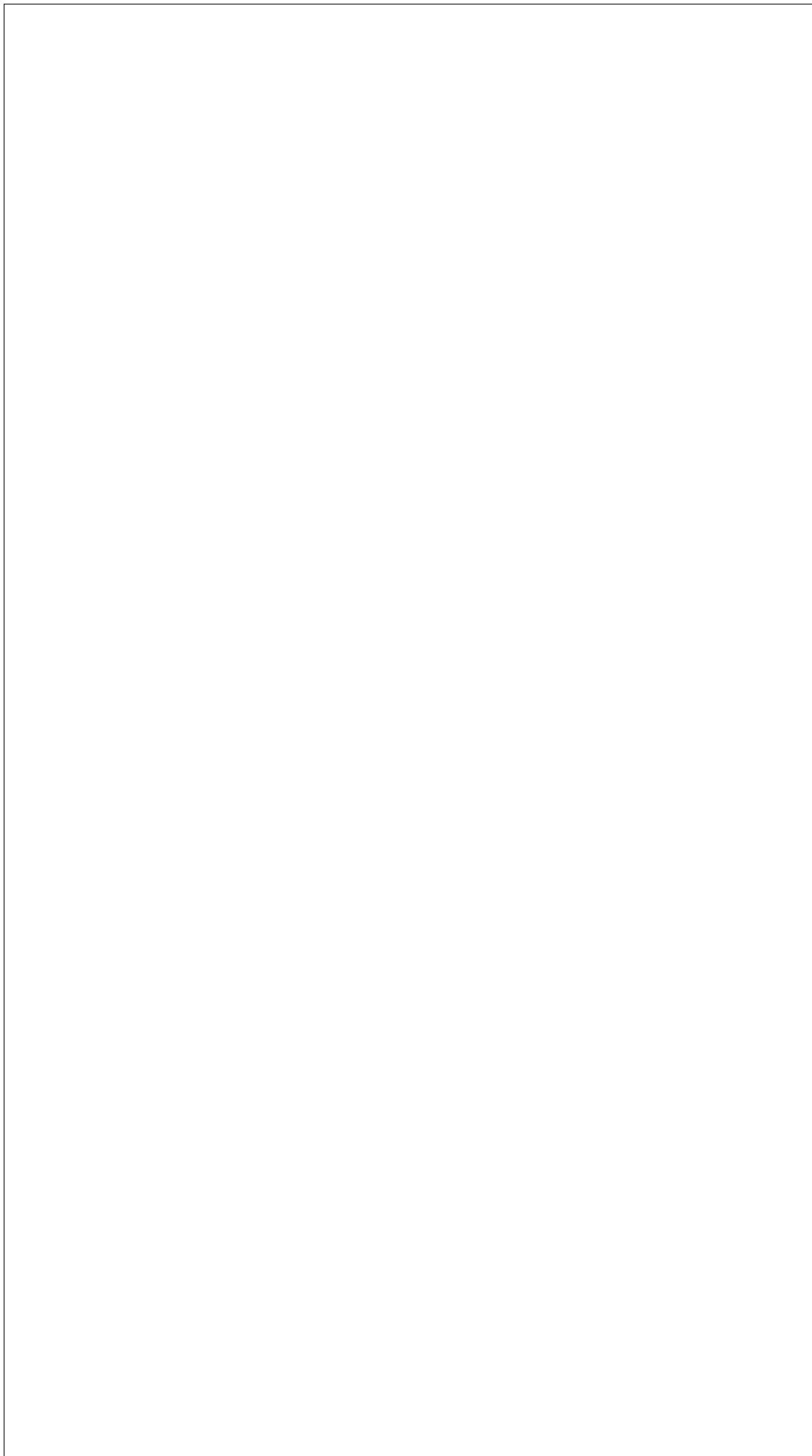
2. Bio-Chemistry				Serology		
Sl. No.	Investigations	Patients Value	Normal Range	Sl. No.	Investigations	Results
1	Blood Sugar			1	R.A. Factor	
	(a) Fasting		70-110 mg%			
	(b) Post prandial		< 140 mg%	2	A.S.O. Titre	
	(c) Random		80-140 mg%			
2	Blood Urea	20	10-50 mg%	3	H.B.S. Ag.	
3	Creatinine	0.7	0.6-1.2 mg%	4	C. R. Protein	
4	Uric Acid	9.1	M-3-7 mg% F-2.5-6 mg%			
5	Serum Cholesterol		< 200 mg%	Thyroid Function Test		
6	Triglyceride		< 150 mg%			Normal Range
7	HDL		40-60 mg%			(0.75-1.79) micro gram/dl
8	LDL		< 130 mg%	T3		
9	VLDL		< 30 mg%			
10	Serum Bilirubin		0.2-1.0 mg%			
	(a) Total	1.6	0.6-1.2 mg%	T4		Normal Range
	(b) Direct		0-0.3 mg%			(5.3-12.1) micro gram/dl
	(c) Indirect					
11	SGOT	407	ADULT 8-20			
12	SGPT	172	ADULT 10-40			
13	Alk Phosphatase	145	0-5 Year 60-321 (IU/L)	TSH		Normal Range
			5-10 Year 110-360 (IU/L)			(0.3-5) micro IU/ml
			10-12 Year 103-373 (IU/L)			
			12-16 Year 67-382 (IU/L)			
			> 16 Year 36-113 (IU/L)			
14	Total Protein	7.5	6.4-7.8 g%			
15	Albumin	4.9	3.5-4.6 g%			

(Signature of Medical Officer)

(Signature of Lab Technician)







Conclusion

Case of alcoholic hepatitis by symptom similarity and individualization Nux vomica was selected and the complaints resolved.

Conflict of Interest

Not available

Financial Support

Not available

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