



Jaundice: Its Homoeopathic Management

Disorders of the hepatobiliary system even though symptomatically similar, vary in their pathogenesis. The clinician must have a thorough understanding of the physiological processes, to identify these changes. Majority of cases present with the common symptom - Jaundice, but the causes vary.

Jaundice refers to yellowish discolouration of the skin and mucous membranes due to Serum Bilirubin exceeding 1.2mg/dl.

4 types of jaundice are commonly seen:

- Haemolytic Jaundice
- Hepatocellular Jaundice.
- Cholestatic or Obstructive jaundice
- Congenital Non-haemolytic Hyperbilirubinemia.

HAEMOLYTIC JAUNDICE:

Results from increased destruction of red blood cells. Anemia is usually mild. So patient may present with pallor due to Anemia and splenomegaly due to excessive reticuloendothelial activity. Other symptoms like icterus, nausea, vomiting, dark yellow urine etc may be gathered from the patient.

Investigations show Anemia and reticulocytosis. Liver function tests (LFT) other than raised serum bilirubin, may be normal.

HEPATOCELLULAR JAUNDICE:

This results from inability of the liver to transport bilirubin into the bile as a result of liver damage. Here, the concentration in the blood of both conjugated and unconjugated bilirubin increases. Jaundice usually ranges from mild to severe and the clinical features may depend on the underlying diseases.

Investigations show raised levels of both conjugated and unconjugated bilirubin in LFT.

CHOLESTATIC JAUNDICE:

Cholestatic Jaundice results due to obstruction of bile flow and its cause may be anywhere between the hepatocyte and the duodenum. Jaundice is prolonged and severe with pale or clay colored stools, steatorrhoea and dark urine. Some patients also present with anorexia, generalized pruritus or a metallic taste in the mouth. Upper abdominal pain may be present with fever, with other manifestations of the underlying disease.

Investigations: Liver Function test: Altered.

CONGENITAL NON-HAEMOLYTIC HYPERBILIRUBINEMIA:

This results due to the disturbance in the bilirubin transport conjugation or excretion of bilirubin. Presents in children or in early adulthood as Gilbert's syndrome, Crigler-Najjar syndrome, Dubin-Johnson's syndrome and Rotor's Syndrome

INVESTIGATION (LFT): ALTERED.

Finally, I discuss below one case of jaundice, treated with homoeopathic medicines.

CASE:

Mr S K, 25 yrs, reported on 27-04-98 with complaints of:

Recurrent Jaundice since 2-3 years; 3 attacks; marked nausea since 2 days, water brash, vomiting. Pain in the upper abdomen with bitter taste in the mouth, flatulence and loose stools.

All complaints were aggravated in the night after food (1-2 hrs later), more in the early morning, especially while brushing the teeth. Eyes were yellow.

ACCOMPANYING SYMPTOMS:

Feverish feeling with weakness and low back pain. Increased thirst, decreased appetite, increased perspiration with marked weight loss. There was no itching.



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PAST HISTORY - 3 attacks of Jaundice in 2 years treated with Ayurvedic Treatment.

No other significant history in the past and family.

PATIENT AS A PERSON:

APPETITE - was good but decreased since 2 months.

CRAVINGS - for Icecream³ and also sweets² and cold food

AVERSION - Non-veg⁺.

THIRST - increased since just 2 days

PERSPIRATION - increased since 2 months.

BOWELS - regular except for present loose stools.

URINE - normal.

THERMAL - chilly.

MENTAL SPHERE: - basically he had lack of love since childhood and therefore had no support in life.

He was irritable, used to get angry and react but never suppressed his feelings. Anticipatory anxiety was present, especially in crowds, leading to palpitation and sweating. Likes company. Sleep disturbed by thoughts but no dreams.

GENERAL PHYSICAL EXAMINATION:

Appearance-lean, Wt 48 kgs with pallor and jaundice. BP - 110/70 mm of Hg; P - 64 /min.

SYSTEMIC EXAMINATION:

Abdomen - no tenderness or organomegaly.

Other symptoms - Nothing abnormal was detected. With these few symptoms, I suspected it to be a case of Liver disease.

Then, the question arose as to what could be the cause of recurrent jaundice. Whether the cause was primarily haemolytic, Hepatocellular or Cholestatic in origin.

According to the onset of the illness, duration and clinical history in this patient, my probable diagnosis was chronic hepatitis. So, I sent the patient for investigations, which were as follows:

BLOOD REPORT DONE ON 27.04.1998:

Test	Reports
Total bilirubin	1.59 mg/dl
Direct Bilirubin	0.77 mg/dl
Indirect Bilirubin	0.82 mg/dl

Total protein	6.8 g/dl
Albumin	3.7 g/dl
Globulin	3.10 g/dl
Haemoglobin	8.9 g/dl
ESR	10 mm/1hr.
WBC count Total	9,200 /cumm
Differential: Neutrophils - 53 %; Lymphocytes - 35 %; Monocytes - 1 %; Eosinophils - 11%	
Final diagnosis: Haemolytic Anaemia.	

Next, to treat this case, I erected an Acute totality. Pain abdomen - Upper abdomen, Nausea, Vomiting -Bilious, Bitter taste in the mouth; Increased after food (1-2 hrs. later); Weakness

Rx: *Chelidonium* - 30 X 3 pills QID with Placebo x 2 days.

CRITERIA FOR FOLLOW UP:

1) Appetite	A
2) Waterbrash	W
3) Nausea	N
4) Vomiting	V
5) Taste	T
6) Pain abdomen	P
7) Jaundice	J

1st follow up on 29-04-98

Symptom abbreviations as follows:

S = Same/O = zero/x>3/+ present,

PA W N V Taste P J

A W N V Taste P J

S O S O Decreased O +

Tired feeling³, Backache +, Sleepy, Drowsiness.

O/E - Wt - 48 Kg, Jaundice ++, Temperature - N.

Now, the chronic Constitutional totality was put up:

MIND:

A/F lack of Love Irritability - Never suppresses Anxiety - Anticipatory - In crowd. Likes company

PHYSICALS:

Lean C³ H²

Cr - Sweets², cold food²

Perspiration - Increased on the head.

CHARACTERISTIC PARTICULARS:

Pain Abdomen – Upper Abdomen < after food < HS

Bitter taste in the mouth

Flatulence – upper abdomen

Constitutional Remedy: *Magnesia-carbonica*.

Patient had a comfortable period between the attacks.

In due course the attacks stopped.

This case of Haemolytic Anemia was dealt in a holistic way and as per Homoeopathic principles and it showed marked improvement with the chosen constitutional remedy. Patient improved in his general health along with the disease symptoms.

	A	W	N	V	T	P	J	BP	Wt	OtherSymptoms	Treatment
13.05.98	G	O	O	O	Occ.	O	+	118/70	48 kg	Backache on exertion, Bowels – Normal O/E- P/A – NAD	1. <i>Mag-carb</i> 200(6P) 1P on every 3 rd night. 2. <i>Chelidonium</i> 30-3 pills TDS (S O S) with <i>Placebo</i> x 2 weeks. For abdominal pain <i>Mag-Phos</i> was given.
03.06.98	G	O	Occ.	O	G	O	e		49 Kg	Nausea – Occasional on eating. Weakness, tired feeling. Jaundice = O	<i>Mag-carb</i> – 200(4P) 1P every 3rd night with <i>placebo</i> for 2 weeks.
10.06.98	G	O	O	O	G	O	O		49 Kg	Weakness-Occasional O/E: No Jaundice <i>Blood Report:</i> Total Bilirubin- 0.78 mg/dl Direct Bilirubin- 0.48 mg/dl Indirect Bilirubin- 0.30 mg/dl Haemoglobin- 9.6 g/dl ESR-05 mm./1hr.	<i>Mag-carb</i> – 200/(10P) every 3 rd night with <i>placebo</i> for 1 month.
15.07.98	G	O	O	O	G	O	O		49.5 Kg	O/E: P/A – NAD	<i>Mag. Carb</i> – 1M (4P) weekly 1P with <i>Placebo</i> for 1 month.
19.09.98	G	O	O	O	G	O	O		51 Kgs	Generally better. O/E: P/A – NAD	Rx or <i>Mag-carb</i> – 1M/ (2P) once a week with <i>Placebo</i> for 2 weeks