

A Case of Alcoholic Hepatitis

ABSTRACT: Alcoholic hepatitis is severe to cause. It is associated with substantial early mortality. A case of introverted personality became alcoholic, with recurrent attacks of Jaundice. Psoro-sycotic miasm. Lycopodium used successfully, to completely bring him out of his problem by Rx, and counseling during and after treatment. He is now happy and enjoying his family life.



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An alcoholic has been lightly defined as a man who drinks more than his own doctor.

-Barach, Alvan L

Alcoholic hepatitis is a syndrome of progressive inflammatory liver injury associated with long-term heavy intake of ethanol. The pathogenesis is not completely understood.

Disease that is sufficiently severe to cause an acute development of encephalopathy is associated with substantial early mortality. Alcoholic hepatitis usually persists and progresses to cirrhosis if heavy alcohol use continues. If alcohol use ceases, alcoholic hepatitis resolves slowly over weeks to months, sometimes without permanent sequelae but often with residual cirrhosis.

The association of alcohol and liver disease has been known since antiquity, the precise mechanism of alcoholic liver disease remains in dispute. Genetic, environmental, nutritional, metabolic and more recently, immunologic factors and cytokines have been invoked. The genetic factor that most clearly affects susceptibility is sex. Women are more susceptible

than men to developing alcoholic liver disease. Extensive epidemiologic studies suggest that the risk of cirrhosis in patients with chronic hepatitis C infection is greatly exacerbated by heavy alcohol ingestion.

Mortality rate in patients hospitalized with alcoholic hepatitis is approximately 15%; however, in patients with severe liver disease, the rate approaches or exceeds 50%. If alcohol abuse continues, alcoholic hepatitis invariably persists and progresses to cirrhosis over months to years.

Patients presenting with a history of alcohol abuse, typical symptoms and physical findings, evidence of liver functional impairment, and compatible liver enzyme levels helps in diagnosis. In milder cases of alcoholic hepatitis, a mild elevation of the aspartate aminotransferase (AST) level, An AST/ALT ratio greater than 1, may be the only diagnostic clue. Patients with alcoholic hepatitis are commonly febrile with tachycardia. Mild tachypnea with primary respiratory alkalosis may be observed. The liver is usually enlarged, often with mild hepatic tenderness. Imaging stud-

ies are rarely required for the diagnosis of alcoholic hepatitis, but can help in excluding other causes of liver disease. In determining the presence or absence of cirrhosis, Liver biopsy is required.

Manifestations of hepatic failure or portal hypertension may include scleral icterus with darkening of the urine, splenomegaly, flapping tremor, peripheral edema, and bulging flanks with shifting abdominal dullness. Spider angiomas, proximal muscle wasting, altered hair distribution and gynecomastia may be observed, although these findings most commonly reflect coexistent cirrhosis.

ILLUSTRATIVE CASE

Mr X, aged 30 yrs, Hindu, male, and a Tailor by occupation, was admitted in our Govt Homoeopathic Hospital with following complaints:

H/O PRESENTING COMPLAINTS

First he developed jaundice 1 ½ year back. Later all the symptoms developed gradually. Giddiness since 15 days. < Morning, 6-11 am, heat of sun. > After eating

Fine tremors all over body since 6 months < 6 - 11 am

Heaviness and drawing pain in the chest since 6 months < 6 to 11 am, evening, empty stomach; > after taking food.

Tingling and numbness of both limbs since 1 year < 6 - 11 am, evening, > pressure. Indigestion.

Dull pain in the right side of abdomen since 6 months < morning, evening, > pressure.

Indigestion. Nausea and vomiting since 6 months < food, > mild soft food and water

Dimness of vision since 1 yr for both near and far distances.

Jaundice since 6 months.

PAST HISTORY

H/o injury to head, right side, 1 month back
Jaundice a year back

FAMILY HISTORY: Fa died due to cardiac arrest.

PERSONAL HISTORY

APPETITE: Moderate but cannot eat due to nausea and vomiting < eating

THIRST: Moderate (drinks frequently but little quantity)

DESIRES: Puri, alcohol, sweets, milk, curd

B/M: Regular, soft stool

URINE: D/N - 7/1, no burning

SLEEP: Sleepless due to flow of thoughts, prefers to lie on right side

THERMAL REACTION: Hot². Desires cold water even in winter, desires cold weather which ameliorates, desires fanning from very near

HABITS AND ADDICTIONS

Alcohol - one quart whisky daily since 6 years

Tea 3 times daily

LIFE SPACE INVESTIGATION

Brought up in a middle class family, since childhood, was shy, reticent, introverted; highly irritable and angry on slightest matters. Can't bear contradiction in any form. Beats his wife and children on and off. Guilt about some deeds in his youth. Due to this personality, alcoholic since 6 years. Now realizing his responsibilities, wants to change his habits- give up alcohol.

GENERAL PHYSICAL EXAMINATION

Moderately built and well nourished.

Pallor, Icterus, Cyanosis, Clubbing, Lymphadenopathy: Nil

SYSTEMIC EXAMINATION

CVS: NAD

RESP: NAD

CNS: Reflexes normal, motor power decreased in lower limbs

Co-ordination- unsteady gait.

Sensations: Normal except tingling and numbness in hands and feet

GIT: Mild tenderness in the liver region - slight enlargement of the liver

PROVISIONAL DIAGNOSIS: Alcoholic hepatitis

INVESTIGATIONS OF SIGNIFICANCE

Before treatment:

1) LFT :(21 – 4 – 05)

TOTAL BIL- 4.8 MG% .

SGPT- 53 UNITS/L

ALKA PHOS AND T.S. PROTIEIN: NORMAL RANGE

2) USG: FATTY LIVER (25/5/04)

3) Urine for bile salts and bile pigments – positive (30/4/05)

AFTER TREATMENT

1) TOTAL BIL: 1.5mg % (normal – 0.2 – 1mg %)(4/5/05)

2) USG: NORMAL.

3) Urine for bile salts and bile pigments – negative (10/5/05)

CLINICAL DIAGNOSIS: Alcoholic hepatitis

CLINICAL CLASSIFICATION: Dynamic, Chronic, Fully developed miasmatic disease

MIASMATIC DIAGNOSIS: Psora - sycotic

REPERTORIAL TOTALITY

Mind – irritability

Mind – company desire for

Mind – anger easily

Mind – throws things around

Mind – striking anger from

Mind - brooding

Generals- food and drinks – sweets desire for.

Generals – fanned – desire to be

Generals – alcohol – desire for.

Sleep – sleeplessness – thoughts from.

Generals – cold drinks and water desire

Extremities – trembling hands.

Stomach – vomiting – food- eating after

REPERTORIAL RESULT

Lyc 22/10, *Ars-alb* 20/9, *Nux-vom* 20/9, *Phos* 19/7, *Calc* 18/9,

ANALYSIS OF REPERTORIAL RESULT

Lycopodium covered more marks and score more for general symptoms also.

SUSCEPTIBILITY: High

TREATMENT AND FOLLOW-UP

FIRST PRESCRIPTION: *Nux-vomica* 1M was given for acute state along with 5% dextrose I.V on 21/4/05

23/4/05: Tremors reduced Right abdominal pain slightly better. Nausea and vomiting present - *Castora* 3doses 5% dextrose IV. BD

24/4/05: Right abdominal pain slightly better. Nausea vomiting present – *Castora* 3 doses

26/4/05: No pain abdomen; trembling reduced; Nausea, vomiting reduced; blurring of vision - *Castora* 4 doses, 5% dextrose

27/4/05: Trembling reduced, Blurring of vision, Pain in the eyes with severe itching, Muscular pain all over the body< night - *Castora* 4 doses

29/4/05: Trembling reduced. Sprain ankle joint. Blurring vision with lachrymation reduced Headache< 1-3 p.m- *Castora* 4 doses

30/4/05: Pain left ankle joint, itching all over the trunk and upper limbs- *Castora* 3doses

04/05/05: Frequency of urination < night, Pain left ankle joint as it is, Itching all over the trunk – *Lyc* 0/1 water doses for 5 subsequent days

10/5/05: Frequency of urination reduced, Itching all over trunk reduced, Pain left ankle joint reduced, No other complaints.

Patient completely came out of the problem not only with medicine but with counseling during and after treatment. He is now enjoying his family life and is happy

REFERENCES

1) *Helene Raskin White, Ph.D., and Kristina Jackson, Ph.D, Social and Psychological Influences on Emerging Adult Drinking Behavior*

2) Borsari, B., and Carey, K.B. Peer influences on college drinking: A review of the research. *Journal of Substance Abuse* 13: 391–424, 2001