



Review Article on Treatment of Jaundice with Homoeopathy – An Wholistic Approach

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ABSTRACT

Jaundice is a caused by increased level of bile pigments, typically bilirubin and its conjugates, characterized by yellow discoloration of eyes and skin. In this article metabolism of bilirubin, types, causes and pathophysiology of jaundice, clinical symptoms, investigations, and management of jaundice with totality of symptoms in homoeopathy giving it a wholistic approach has been reviewed.

KEYWORDS – Jaundice,

INTRODUCTION

Jaundice is a caused by increased level of bile pigments, typically bilirubin and its conjugates, characterized by yellow discoloration of eyes and skin. Diagnosed clinically when levels of bilirubin and its conjugates exceed 1.5 mg per 100 ml of blood plasma.

METABOLISM OF BILIRUBIN

- Hemoglobin is broken in the reticulo – endothelial system leading to formation of bilirubin which is transported into blood stream with attachment of albumin in the Breakdown Phase.
- Conjugation of unconjugated bilirubin occurs by glucuronyl transferase into water soluble conjugates bilirubin mono and diglucuronide. Bile transportation of bilirubin mono glucuronide. and diglucuronide takes place through specific carriers on the hepatocyte membrane in the Conjugation Phase.
- Bilirubin reaches the intestines through excretion by bile canaliculi gets converted into stercobilinogen by action of bacteria, a large part of which is reabsorbed from the intestine into portal blood and carried back to the liver and re-excreted into the bile. Stercobilinogen which is not reabsorbed is excreted in stool. (F., 2014)

TYPES OF JAUNDICE

1. **Unconjugated Jaundice** – caused by to increased bilirubin production due to hemolysis, impaired hepatic uptake of bilirubin by receptor, impairment of glucuronyl transferase.
2. **Conjugated Jaundice** – caused by acquired diseases of liver like acute hepatitis or cirrhosis, drug induced, cholestasis.

CLINICAL CLASSIFICATION AND FEATURES

1. **Hepatocellular Jaundice – Causes** - seen in condition of viral hepatitis, hepatic immaturity drug hepatitis, alcoholic hepatitis, leptospirosis, infectious mononucleosis, yellow fever, Cirrhosis.
 - **Clinical Features** - Jaundice is variable, of orange yellow color, Onset is rapid, signs like spider nevae, palmer erythema, gynecomastia and clubbing are seen in acute liver disease. Hepatic encephalopathy, bleeding disorders, and oedema is seen in chronic form of disease.
2. **Obstructive Jaundice – Causes** - Viral hepatitis with cholestasis gallstones, parasitic infections primary biliary cirrhosis, tumor of bile duct, carcinoma of head of pancreas or ampulla of Vater, metastasis in porta hepatis or chronic pancreatitis.
 - **Clinical Features** - Jaundice is deep, of greenish yellow color, with presence of skin itching, bradycardia, anemia, splenomegaly, palpable gallbladder are absent.
3. **Heamolytic Jaundice – Causes** - results from increased destruction of RBC's or their precursors in the marrow causing increased bilirubin production.
 - **Clinical Features** - Jaundice is mild with urine showing no bile pigment. Serum unconjugated bilirubin raised (1-3 mg/100ml serum) Hepatomegaly. Spleen is enlarged in chronic cases. Anemia, Skin itching not present. Dark colored stools due to increased stercobilinogen. (F., 2014)

SYMPTOMS

Patients usually complain of anorexia and weight loss, colicky or epigastric pain radiating through back, Fever accompanied with chills and rigor. Skin itching is present in obstructive jaundice. Stools are clay, brown or tarry in color, acholic or cholic alternately. Urine is dark in hepatocellular jaundice. Anemia is present in heamolytic jaundice. On examination liver is enlarged and tender. Bruit and nodularity are felt in alcoholic hepatitis and cirrhosis respectively. (F., 2014)

INVESTIGATION

- **W.B.C. Count** – Shows Leucopenia in hepatocellular jaundice, Leucocytosis in obstructive jaundice. Eosinophilia in drug induced jaundice.
- **Urine Examination – Urobilinogen** is not present in obstructive jaundice. Present in excess in hepatocellular and heamolytic jaundice. **Bilirubin** is not present in heamolytic jaundice. Present in excess in Obstructive jaundice.

- **Liver Function Tests – Hemolytic jaundice** - Unconjugated hyperbilirubinemia in other L.F.T.'s normal. **Hepatocellular jaundice** – Elevation of conjugated and total bilirubin. Rise in serum transaminases. Reduction of albumin in chronic jaundice. Raised serum alkaline phosphate in cholestasis.
- **Radiography** – can reveal gallstones, metastasis.
- **Liver Imaging Ultrasonography** – for obstructive jaundice. (F., 2014)

GENERAL MANAGEMENT

- Bed rest is advised
- Drink plenty of water.
- Foods containing fat and starch should be avoided.

TREATMENT

Treatment is symptomatic depending on the management of cause of Jaundice.

HOMOEOPATHIC APPROACH TOWARDS TREATMENT OF JAUNDICE

Homoeopathy is an alternative system of medicine based on ``Similia Similibus Curentur`` treating disease with an approach of Totality of Symptoms and Individualization, it includes both general and symptoms (both mental and physical symptoms) of patient which individualize a case of disease to find the most matching remedy symptoms recorded in the homoeopathic Materia medica during proving of homoeopathic medicines, as described in \$7, \$26 and \$105 – 145 of Organon of Medicine thus giving homoeopathy a wholistic approach of treatment; (Das, 2006)

Indications of Homoeopathic remedies for treatment of jaundice

- **Aconite** – Vomiting bilious, mucoid, bloody, and green in color with great fear. Great thirst for cold water. Bitter taste for everything except water. Vomiting after drinking with a feeling that he will die. Red, hot scanty urination. Abdomen sensitive to touch with colicky pains. Stool green in color like chopped herbs.
- **Bryonia alba** – Patient is irritable, tongue coated white, bitter taste in mouth vomiting of bile and water immediately after eating, Liver region sore swollen tense. Stools hard as if burnt, constipation Skin yellow pale in color.
- **Berberis vulgaris** – Catarrh of gallbladder with constipation and jaundice. Stools clay colored with burning sensation in anus and perinium with constant urging Tongue scalded with vesicles. Urine bright red with thick mucus with bubbling sensation in the kidneys.
- **Carduus marianus** – Hyperemia of liver with jaundice, Pain in liver region with sensitiveness of left lobe. Gallstones with hepatomegaly. Taste bitter with vomiting of green fluid. Constipation stools hard, clay colored difficult knotty. Urine cloudy golden in color. Complaints after abuse of beer.
- **Chelidonium majus** – Jaundice due to hepatic and gall bladder obstruction with constant pain under the inferior angle of right scapula. Sheep dung like stools, hard like round balls. Urine yellow color like beer. (WILLIAM, 2017)

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