



Case Study

A CASE STUDY ON HEPATITIS B AND ITS MANAGEMENT THROUGH AYURVEDA

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ABSTRACT

Hepatitis B is a serious liver infection caused by the Hepatitis B Virus (HBV). It is primarily transmitted through contact with infected body fluids, such as during childbirth, the sharing of needles, or unprotected sexual contact. In some individuals, the infection becomes chronic, persisting in the body for an extended period. If left untreated, chronic Hepatitis B can lead to severe complications, including liver damage, scarring (cirrhosis), or liver cancer. Hepatitis B can be correlated with *Kamala*, which is caused due to aggravation of *Pittadosha*. Management of *Kamala* in Ayurveda include *Shodhan* and *Shaman* therapy which help in breaking down the *Samprapati* of disease and hence provide complete cure. This article documents the successful treatment of a 15-year-old male patient who presented at the *Kaumarbhritya* Department (Pediatrics) OPD at Government Ayurvedic College and Hospital, Patna, on January 10, 2025 (CR. No. A02490, OPD No. 170). Prior to seeking Ayurvedic care, the patient had been receiving treatment at an allopathic hospital. Despite following the conventional medical protocol, he reported no relief from his symptoms and presented with his existing medical reports confirming his HBsAG (Hepatitis B Surface Antigen) status. The primary focus of this article is to discuss the clinical progression and the positive outcome of this specific case. Through a tailored regimen of Ayurvedic medicine, the patient's condition was successfully managed, demonstrating the potential of traditional therapeutic interventions in treating viral hepatic infections.

INTRODUCTION

Liver is actually the body's ultimate multitasks. It cleans blood, digest food and stores energy. Hepatitis is a virus specifically designed to target vital organs. There is a serious dearth of data regarding the true prevalence of HBV in India. HBsAg positively has been reported to range between 2% and 8% in most studies^[1]. In Ayurveda, this disease has symptomatic resemblance with *Kamala* like, *Haridra Netra* (yellowish discoloration of eyes), *Haridra twak*, *Nakh* (yellowish discoloration of skin nails and face) *Rakta Pitta Shakrita Mutra* (reddish yellow colour of stool and urine), *Hatendriya* (weakness of senses), *Avipaka* (indigestion), *Daurbalya* (general weakness) and


Aruchi (anorexia)^[2]. *Vagbhatta* noted that, it can be a 'complication' triggered by other illness. Because this is considered a *Pitta* disorder (an imbalance of body's fire or bile element), the treatment follows a two-step process.^[3]

1. The deep clean (*Shodhana*): Work as a reset for the liver and gut to flush out the excess bile/toxins from the system.
2. The gentle recovery (*Shamana*): After the body is cleansed, using specific herbs, diet and life style changes to soothe the body and keep the balance stable.

Case Record

Patient Profile

A 15-year-old male patient presented to the OPD of *Kaumarbhritya* at the Government Ayurvedic College and Hospital, Kadam kuan, Patna.

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Chief complaints

- Loss of appetite (*Aruchi*)
- Vomiting 4-6 episodes/day primarily after food intake (*Chhardi*).
- Generalized discomfort in the epigastric/umbilical region (*Shoola*).

History of Present illness on (10/01/2025)

The patient was reportedly in good health until the onset of gastrointestinal distress. He experienced a significant decrease in appetite followed by frequent bouts of vomiting and persistent abdominal pain.

He initially sought conventional medical care. Diagnostic blood investigations were performed, which revealed a positive HBsAg status, indicating a Hepatitis B infection. Despite a course of allopathic treatment, the patient reported no clinical improvement in his symptoms, leading him to seek Ayurvedic intervention.

Clinical Examination (General) on (10/01/2025)

- Built: Average
- Icterus: Positive
- Pulse: 82/min
- Blood pressure: 116/78 mmHg
- Tongue: Coated

Systemic Examination on (10/01/2025)

- Inspection: Distended

Syrup. carminozyme	10ml twice daily
<i>Lavanbhaskar churna</i> 2gm twice daily + <i>Shankha Bhasma</i> 500mg twice daily	
Syrup. Psycholiv	10ml twice daily
<i>Phaltrikadi Kawatha</i>	10ml twice daily before food
Tab. Liv 52HB	1 tablet twice daily
Syrup. Aminity Plus	10ml twice daily

Pathya- Apathya (Diet & Lifestyle)

- *Pathya* (recommended): Light, easily digestible food such as *Lajamand* (parched rice water) and *Mudga Yusha* (green gram soup), boiled water, sugarcane juice and adequate rest, to allow liver regeneration.
- *Apathya* (to be avoided): Spicy, oily, and heavy-to-digest foods (which aggravate *Pitta*), strenuous physical activity or mental stress.

RESULT

Following the initiation of treatment, the clinical progress was monitored over several intervals:

- First Follow-up (After 2 months): A significant clinical improvement was noted, with all primary

- Palpation: Tenderness noted in the right hypochondriac and epigastric region. No significant organomegaly.
- Auscultation: Normal bowel sounds present.

Aashtavidha Pariksha (10/01/2025)

- *Mutra: Vikrutha Varna*
- *Mala: Vikrutha varna*
- *Jihwa: Coated*
- *Sabdha: Normal*
- *Sparsha: Normal*
- *Drik: Pitta Varna*
- *Aakriti: Madyam*

Diagnostic Assessment (10/01/2025)

S.G.O.T.: 256 U/L	(0-40)
S.G.P.T.: 271 U/L	(0-45)
Bilirubin total: 0.8mg/dL	(0.3-1.2)
Bilirubin direct: 0.4mg/dL	(0-0.4)
Bilirubin indirect: 0.4mg/dL	(0-0.8)
HBsAg: 2445	(-ve<=421/+ve>421)

Proposed Management Plan

The treatment protocol focuses on *Yakrit-Rakshana* (hepatoprotective), *Anulomana* (regularizing bowel movements), and *Deepan-Pachana* (improving digestion).

symptoms- including vomiting, abdominal pain, and loss of appetite, being completely reduced.

- Second Follow-up (After 4 months): The patient remained asymptomatic and was found to be in excellent general health.
- Third Follow-up: The patient presented with a new set of comprehensive blood reports. These laboratory findings confirmed a total biochemical and serological recovery.

Before and After Diagnostic Assessment

The comparative analysis of the patient's blood reports before and After the Ayurvedic intervention is summarized in the table below:

Blood Test	Before Treatment	After Treatment	Normal values
S.G.O.T.	256 U/L	18	(0-40)
S.G.P.T.	271 U/L	15	(0-45)

Bilirubin total	0.8mg/dL	0.5	(0.3-1.2)
Bilirubin direct	0.4mg/dL	0.2	(0-0.4)
Bilirubin indirect	0.4mg/dL	0.3	(0-0.8)
HBsAg	2445(+)	53(-ve)	-ve<=421/+ve>421)

DISCUSSION

The core of the treatment focused on breaking the *Samprapti*, or the proregression of the disease. While the patient had previously tried conventional (allopathic) treatments without relief, the Ayurvedic approach targeted the root cause by cleansing the liver.

- For digestive and carminative support, Syrup Carminozyme was given. It contains *Kalmegh* and *Bhringaraj* act as a hepatoprotective, and contain *Trikatu*, *Sunthi*, *Ajowain* to address *Aruchi* (loss of appetite) and improve enzyme secretion.
- Lavanbhaskar churna* and *Shankha Bhasma* was given to manage *Shool* (Abdominal Pain) and balance *Agni*. *Lavanbhaskar* stimulates digestive enzymes (*Deepan/Pachan*), while *Shankha Bhasma* helps soothe the stomach lining, treating anorexia, indigestion and blotting. While *Lavanbhaskar* is warm, it is often combined with *Shankha Bhasma* to balance *Pitta* (acidity) and manage gastric issues.
- For hepatoprotective and antiviral therapy, Syrup Psycholiv was given, which act as liver stimulant and help in reducing elevated SGPT level. *Phaltrikadi kwatha* contain *Kutuki* which help in managing liver pathology and clearing *Ama*.
- Liv 52 HB specially formulated for Hepatitis B management and improving liver function. It contains *Mustaka* (*Cyperus rotundus*) and *Nagarmustaka* (*Cyperus scariosus*). A 6 months extended therapy gives comparatively better result in terms of viral clearance and helps in managing the hepatitis B infection^[4]. Treatment with this medicine also renormalize liver enzymes and thus improving loss of appetite^[5].
- For immunomodulatory support Syrup Aminity Plus was given to strengthen the *Vyadhikshamatva* (immunity) of the patient against the viral load.

CONCLUSION

This case demonstrates that Ayurvedic management, when structured with targeted hepatoprotective agents and a strict *Pathya- Apathya* (dietary) regimen, can lead to complete clinical and biochemical recovery in HBsAg- positive cases. The transition of HBsAg from a high positive titer to a negative status within two months suggests that Ayurvedic approach can be a potent alternative or adjunct to conventional antiviral therapies, particularly in pediatric patients where long-term medication safety is a concern.

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