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A CASE REPORT OF NON- ALCOHOLIC FATTY LIVER DISEASE TREATED WITH INDIVIDUALISED HOMOEOPATHIC MEDICINE

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Non-alcoholic fatty liver disease, Homoeopathy, Phosphorus, Chelidonium.

ABSTRACT

Non-alcoholic fatty liver disease (NAFLD) is a silent disease with few or no symptoms. Certain health conditions and diseases—including obesity, metabolic syndrome, and type 2 diabetes—make you more likely to develop NAFLD. NAFLD can affect people of any age, including Children. Non-alcoholic fatty liver disease (NAFLD) is a common cause of chronic liver disease worldwide. Here is a case of Non- Alcoholic fatty liver disease, treated for three months with individualized Homoeopathic medicines. After a detailed case taking and investigations, PHOSPHORUS was prescribed in 200th and 0/3 potencies based on the totality of symptoms and Chelidonium was prescribed in mother tincture form. There was noticeably, a gradual improvement in the signs and symptoms and the general well-being. The treatment outcome measure provides documentary evidence that homoeopathic medicines are effective in managing Non-alcoholic fatty liver disease by reducing the severity of the suffering and improving the quality of life of the patient.

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INTRODUCTION:

Fatty tissue can also build up in your liver if you drink little or no alcohol. This is known as non-alcoholic fatty liver disease (NAFLD). Severe forms of NAFLD can also lead to cirrhosis[1].NAFLD is more common in people who have certain diseases and conditions, including obesity, and conditions that may be related to obesity, such as type 2 diabetes[2].

This case report deals with the treatment of Non-alcoholic fatty liver disease using Homoeopathic medicines Phosphorus and Chelidonium. Fatty liver is the accumulation of triglycerides and other fats in the liver cells. The amount of fatty acid in the liver depends on the balance between the processes of delivery and removal. In some patients, fatty liver may be accompanied by hepatic inflammation and liver cell death (steatohepatitis).Potential pathophysiologic mechanisms for fatty liver include Decreased mitochondrial fatty acid beta-oxidation and increased endogenous fatty acid synthesis or enhanced delivery of fatty acids to the liver Deficient incorporation or export of triglycerides as very low-density lipoprotein (VLDL)[3].

Stages of Nonalcoholic Fatty Liver Disease (NAFLD) [4]

NAFLD develops in 4 main stages.

Most people will only ever develop the first stage, usually without realizing it. In a small number of cases, it can progress and eventually lead to liver damage if not detected and managed.

The main stages of NAFLD are:

1. Simple Fatty Liver (Steatosis): a largely harmless build up of fat in the liver cells that may only be diagnosed during tests carried out for another reason.
2. Non-Alcoholic Steatohepatitis (NASH): a more serious form of NAFLD, where the liver has become inflamed.
3. Fibrosis: where persistent inflammation causes scar tissue around the liver and nearby blood vessels, but the liver is still able to function normally.
4. Cirrhosis: the most severe stage, occurring after years of Inflammation, where the liver shrinks and becomes scarred and lumpy; this damage is permanent and can lead to liver Failure (where your liver stops working properly) and liver Cancer.

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CASE PRESENTATION:

PRESENTING COMPLAINT:

Bleeding per rectum with small clots since 3 months
Associated with extreme tiredness
Colour of blood: Dark
Onset: Gradual

HISTORY OF PRESENTING COMPLAINT:

A 35 year old female patient came with the complaint of bleeding per rectum since 3 months, with small clots. Associated with extreme tiredness. Colour of blood is dark. She took ultrasound abdomen scan and came to us for the treatment.

PAST HISTORY WITH TREATMENT HISTORY:

Not using any medication.

Chicken Pox at the age of 12 years.

FAMILY HISTORY:

Mother: Migraine patient

Father: Diabetes, Cardiac problems.

PERSONAL HISTORY:

Physical makeup: Obese, tall stature, well nourished, dark complexion

No addictions, Diet: Non-vegetarian, no specific habits, Hobbies: playing with kids

PHYSICAL GENERALS:

Appetite: Irregular dietary habits due to excess work

Desires: Chicken biryani

Thirst: 3-4 lit/day

Aversion: Not specific

Sleep: Disturbed (mental disturbance)

Intolerance: Not specific

Dreams: Unremembered

Thermal: Chilly

Stool: Regular, satisfied, once in a day

Urine: 2-3 times/day, no pain (sometimes involuntary while sneezing and coughing)

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Perspiration: Generalized all over the body on exertion

MENSTRUAL HISTORY:

Menarche: 11 years

Flow: Normal flow, 3 days, no offensive odour, small clots

Regularity of cycle: Sometimes irregular

No. of pads: 2-3/day

LIFE SPACE INVESTIGATION:

She was born in a middle class family. She is the 2nd child to her parents. She has completed her MCA and now working as a software employee. She is a very joyful person, friendly with others. Due to long working hours, her lifestyle is completely disturbed. She works for 10 to 12 hours a day in sitting position. She has gained more weight. She is very much disturbed from few years as her marriage is getting delayed. She is in love with a person from 8 years. But his parents are not accepting her. She was apparently healthy before 3 months, but now she is suffering with bleeding per rectum.

MENTAL GENERALS:

Disappointed love, Joyful, friendly behaviour.

DIAGNOSTIC CRITERIA:

USG reports showing elevated SGOT and SGPT levels.

TOTALITY OF SYMPTOMS:

1. Bleeding per rectum with small clots
2. Involuntary urine while sneezing
3. Involuntary urine while coughing
4. Thermal – Chilly
5. Disappointed love

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REPERTORIAL TOTALITY :

Synthesis Repertory is used for Repertorisation.

1. Mind – Love, disappointed
2. Bladder – Urination – Involuntary – Cough agg. during
3. Bladder – Urination – Involuntary – sneezing agg.
4. Abdomen – Fatty degeneration of liver
5. Generals – Fatty degeneration - Organs

PRESCRIPTION:

Rx

PHOSPHORUS 200 /2 doses and SL powder 2 doses alternate weeks at night X 1month

CHELIDONIUM Q – 15 drops TDS

FOLLOW UP OF THE CASE:

DATE	FOLLOW UP AND OUTCOME	PRESCRIPTION
25/02/23	Bleeding stopped completely, Patient feeling so much better, her sleep and appetite improved a lot. SGOT and SGPT levels came to normal	SL/ 1 week
27/03/23	Slight bleeding reappeared	PHOSPHORUS 0/3 – 10 drops QDS / 1 week.
04/04/23	No bleeding, patient feeling better.	SL/ 1 week

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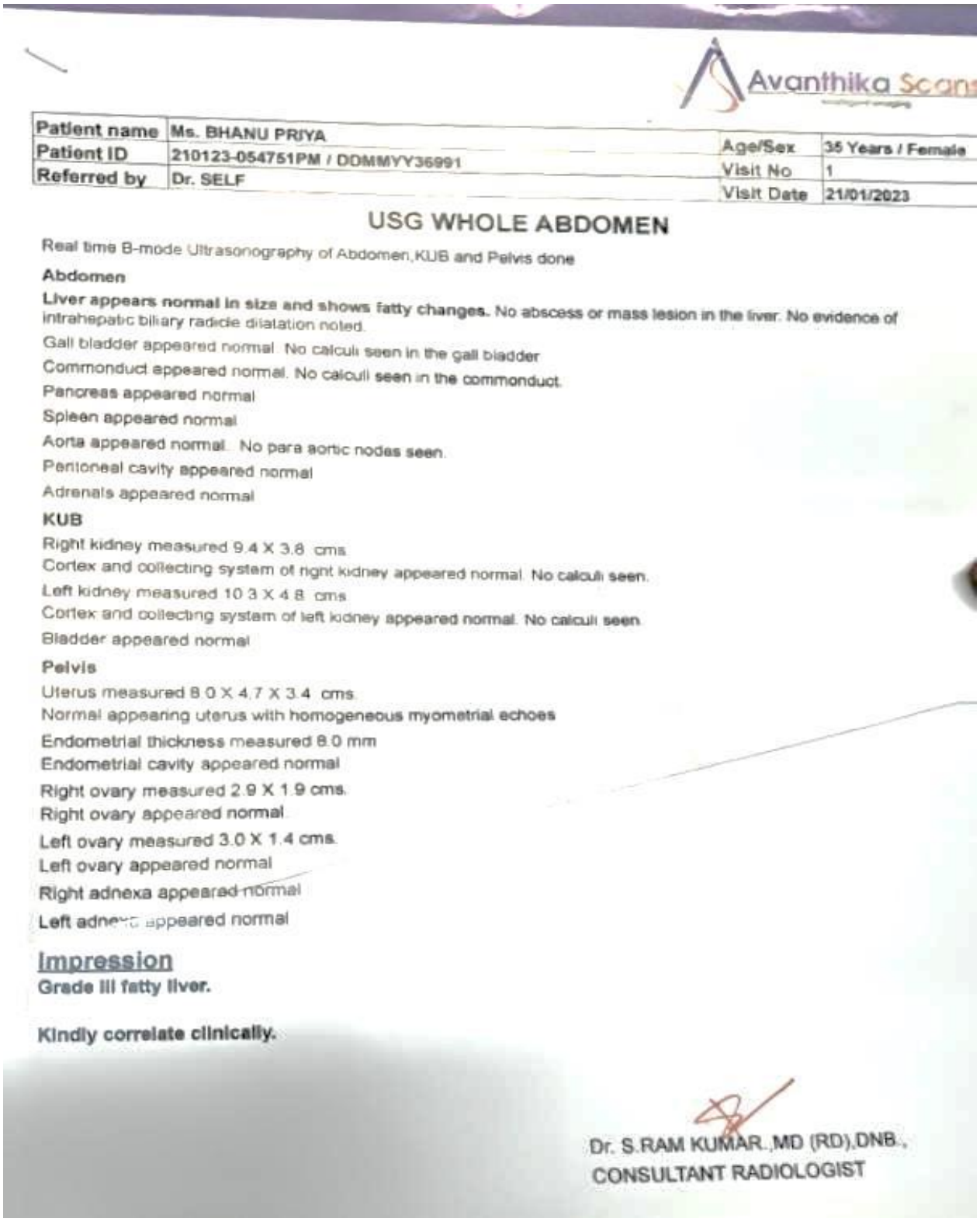
INVESTIGATION REPORTS :



Avanthika Scans

Patient name	Ms. BHANU PRIYA	Age/Sex	35 Years / Female
Patient ID	210123-054751PM / DDMMYY36991	Visit No	1
Referred by	Dr. SELF	Visit Date	21/01/2023

USG WHOLE ABDOMEN

Real time B-mode Ultrasonography of Abdomen,KUB and Pelvis done

Abdomen

Liver appears normal in size and shows fatty changes. No abscess or mass lesion in the liver. No evidence of intrahepatic biliary radicle dilatation noted.

Gall bladder appeared normal. No calculi seen in the gall bladder

Commonduct appeared normal. No calculi seen in the commonduct.

Pancreas appeared normal

Spleen appeared normal

Aorta appeared normal. No para aortic nodes seen.

Peritoneal cavity appeared normal

Adrenals appeared normal

KUB

Right kidney measured 9.4 X 3.8 cms.

Cortex and collecting system of right kidney appeared normal. No calculi seen.

Left kidney measured 10.3 X 4.8 cms.

Cortex and collecting system of left kidney appeared normal. No calculi seen.

Bladder appeared normal

Pelvis

Uterus measured 8.0 X 4.7 X 3.4 cms.

Normal appearing uterus with homogeneous myometrial echoes

Endometrial thickness measured 8.0 mm

Endometrial cavity appeared normal

Right ovary measured 2.9 X 1.9 cms.

Right ovary appeared normal

Left ovary measured 3.0 X 1.4 cms.

Left ovary appeared normal

Right adnexa appeared normal

Left adnexa appeared normal

Impression

Grade III fatty liver.

Kindly correlate clinically.

Dr. S.RAM KUMAR, MD (RD),DNB.,
CONSULTANT RADIOLOGIST

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30/01/2023

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16, Vijayaraghava Road, I Lane, T.Nagar, Chennai - 600017
CIN - U85100TN2022PTC150858
support@mfine.co, www.mfine.co
Toll Free Number - 990 0599005

Processed by LifeCell Diagnostics

Mrs. BHANV PRIYA			Lab ID	:	30100502018
DOB	:		Collected	:	30-01-2023 10:10
Age	:	35 Years	Received	:	30-01-2023 13:40
Gender	:	Female	Reported	:	30-01-2023 15:10
CRM	:	230982010013	Status	:	Final
Location	:	CHENNAI	Client	:	Zion Clinical Laboratory
Ref DOC	:	C/ ZION LAB			
Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
LIVER FUNCTION TEST				
Bilirubin - Total, Serum	0.46	mg/dL	0.1 - 1.3	DIAZO
Bilirubin - Direct, Serum	0.05	mg/dL	<0.3	DIAZO
Bilirubin - Indirect, Serum	0.41	mg/dL	0.2-1	Calculated
SGOT, Serum	**40.17**	U/L	<31	IFCC without PLP
SGPT-ALT	**54.22**	U/L	<35	IFCC WITHOUT PEP
Alkaline Phosphatase, Serum	73.0	U/L	42 - 98	AMP
GGT (Gamma Glutamyl Transferase), Serum	**52.62**	U/L	<38	G-glutamyl-p-nitroanilide
Total Protein, Serum	7.06	gm/dL	6.4-8.8	BIURET
Albumin	3.97	gm/dL	3.5 - 5.2	BCG
Globulin, Serum	3.09	gm/dL	1.9-3.9	Calculated
A:G ratio	1.28		1.1 - 2.5	Calculated

28/02/2023

mfine /diagnostics

16, Vijayaraghava Road, I Lane, T.Nagar, Chennai - 600017
CIN - U85100TN2022PTC150858
support@mfine.co, www.mfine.co
Toll Free Number - 990 0599005

Processed by LifeCe Diagnostic

Mrs. BHANUPRIYA			Lab ID	:	30200502360
DOB	:		Collected	:	28-02-2023 08:45
Age	:	35 Years	Received	:	28-02-2023 14:17
Gender	:	Female	Reported	:	28-02-2023 16:54
CRM	:	230982010059	Status	:	Final
Location	:	CHENNAI	Client	:	Zion Clinical Laboratory
Ref DOC	:	C/O ZION LAB			
Sample Quality	:	Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
LIVER FUNCTION TEST				
Bilirubin - Total, Serum	0.36	mg/dL	0.1 - 1.3	DIAZO
Bilirubin - Direct, Serum	0.06	mg/dL	<0.3	DIAZO
Bilirubin - Indirect, Serum	0.30	mg/dL	0.2-1	Calculated
SGOT, Serum	27.53	U/L	<31	IFCC without PLP
SGPT,Serum	**35.76**	U/L	<35	IFCC WITHOUT PEP
Alkaline Phosphatase, Serum	67.1	U/L	42 - 98	AMP
GGT (Gamma Glutamyl Transferase), Serum	**53.21**	U/L	<38	G-glutamyl-p-nitroanilide
Total Protein, Serum	6.72	gm/dL	6.4-8.8	BIURET
Albumin	4.00	gm/dL	3.5 - 5.2	BCG
Globulin, Serum	2.72	gm/dL	1.9-3.9	Calculated
A:G ratio	1.47		1.1 - 2.5	Calculated

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OBSERVATIONS AND DISCUSSION:

Based on the totality of symptoms, PHOSPHORUS was the first choice of remedy, that was given in 200th potency 2 doses in a month. In the second follow up SGOT and SGPT levels came to normal, Bleeding stopped completely, Patient felt so much better, her sleep and appetite improved a lot. Then after a month slight bleeding reappeared, Phosphorus 0/3 was given for given for 1 week. In the next visit, patient didn't complaint about bleeding and any discomfort.

CONCLUSION:

Non-alcoholic fatty liver disease is a life style disorder caused by sedentary life and faulty dietary habits. In this case, Phosphorus was prescribed based on the prominent symptoms. Patient's condition improved a lot after using Homoeopathic medicines. This shows the efficacy of Homoeopathic medicine PHOSPHORUS in the management of Non-alcoholic fatty liver disease.

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