

# CLINICAL STUDIES IN VIRAL HEPATITIS

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## ABSTRACT

A Study of 25 cases of viral hepatitis is presented. All cases were treated with Agroyawardhini (Ayurveda Rasashala) and Kumariasawa (Auyrveda Rasashala) and studied for two weeks by weekly biochemical examination and clinical parameters. The fall in levels of serum bilirubin and G.P.T. (ALT) is recorded. Data from other similar studies is compared. The value of Ayurvedic treatment in viral hepatitis is discussed.

## INTRODUCTION

Kamala (Jaundice) is of two types and can occur separately without preceding pandu Roga. Viral hepatitis can thus be classified as Swatantra Kamala.

The incidence of viral hepatitis is very high and it also occurs in epidemic forms. This reminds of the present tragic epidemic of Hepatitis B at Ahmedabad and also of Hepatitis A in Delhi in 1955 in which over 40,000 cases were reported in just 4 weeks. Viral hepatitis is an important disease causing significant morbidity wherein no effective remedy is available in Modern Medicine at present.

## MATERIAL & METHOD

25 Consecutive patients of viral hepatitis attending out patient department of A.P. Nanal Hospital, Pune were included in the trial. 18

patients were hospitalised for 4-7 days as they were having more severe complaints such as anorexia, weakness and vomiting.

The diagnosis was established on clinical grounds and by estimation of serum bilirubin, S.G.P.T. and HBsAg. Other possibilities. There were 13 males and 13 females, 8 females were pregnant. 8 patients (323) were HBsAg positive. 2 patients had associated urinary tract infection and 1 had bacillary dysentery. These were treated separately during the trial period.

All patients were given Agroyawardhini 1gm. T.D.S. and Kumariasawa 20ml. b.d. during trial. The improvement or otherwise was determined clinically on day 4, 7 and 14. Serum bilirubin and S.G.P.T. were examined on day 7 and 14 ( $\pm 1$  day.). The group means of these values were compared.

## OBSERVATIONS & REMARKS

a) Clinical - Anorexia, malaise, weakness, nausea, dark urine, abdominal pain - more in right hypochondrium, vomiting, itching and chilly fever were the most frequently observed symptoms in that order. Tender hepatomegaly was found in all except one patient. All symptoms disappeared almost completely in 4-7 days. Liver tenderness persisted during the trial period but reduced to some extent. Hepatomegaly also persisted and regressed much more slowly. Most of the patients were followed up further for 2 to 9

**TABLE - 1**  
**Reduction in Ser.Bilirubin**  
(Mean) (n=25)

Day	Ser.Bilirubin (mgm/dl)
0	- 6.25
7	- 6.25
14	- 4.87

(Aarogyawardhini 1gm.+d.s.+Kumariasawa 20ml b.i.d.)

**TABLE - 2**  
**Reductin in S.G.P.T.**  
(Mean (n=25)

Day	S.G.P.T. (I.U.)
0	- 295.24
7	- 232.40
14	- 83.84

(Aarogyawardhini 1gm+d.s.+Kumariasawa 20 ml b.i.d.)

**TABLE - 3**  
**ABNORMAL RESPONSES ON TREATMENT**

Case No.	Billirubin mgm/d/			S.G.P.T. I.U.		
Day	0	7	14	0	7	14
Day :-						
8 (VHB)	14.9	16.0	27.0	690	630	92
13 (VHB)	5.75	5.0	15.5	246	790	231
15 (VHB)	9.5	14.0	10.0	97	339	87
17 (VHB)	2.5	11.0	6.0	87	250	87
25 (VHB)	7.6	14.0	12.8	112	336	270

Note : 1) Case No. 8 expired 3 weeks after trial.

2) Case No. 6 delivered baby with cor triatrium.

further 50.3% at the end of 2 weeks. (Total 70.6%) (See Tabel-2) this is graphically shown in figure1. Serum bilirubin returned to normal in 9 (36%) cases and was less than 3 mgm/dl in another 6(24%) cases at the end of 2 weeks. Serum bilirubin is a fairly valuable guide and the disappearance of bilirubin suggests therapeutic efficacy of the treatment.

c) Abnormal responses - (See Table 3) 5 (20%) of those cases showed an abnormal response. 4 out of these were cases of hepatitis B. In these patients, either serum bilirubin or S.G.P.T. increased substantially during first or second week. One of these patients, a case of hapatitis B with small liver (acute yellow atrophy) died 3 weeks after trial period in a state of hepatic

encephalopathy one more patient of hepatitis B was detected to be pregnant 2 weeks after the trial period. She delivered a male child with cor triatrium. The child expired at the age of one month due to cyanotic heart disease.

Although most of the cases responded favourable, it is difficult to predict as to which case will not respond to this therapy, unless HBsAg is tested. It seems that cases of virus hepatitis B are not likely, to respond favourable to this treatment.

## OTHER STUDIES

1) Dwivedi et al (1984) from New Delhi used aarogyawardhini 800 mgm b.d. and phalatrikadi Kashay 25 gm/d. with dietetic restrictions in 20 mixed cases of jaundice. 7 were alcoholic, 3 had oedema and 2 had hepatoma. Bilirubin returned to normal in 25%, 40% and 25% cases in 1,2 and 3 weeks respectively. The entire clinical picture also improved except tender hepatomegaly, oedema and diarrhoea.

2) Antarkar et al (1980) from Bombay used Aarogyawardhini 750 mgm t.d.s. in a double blind trial in 38 cases of viral hepatitis. Clinical improvement in the form of morbidity index was apparent but no statistical test were applied. serum bilirubin and S.G.P.T. levels also reduced significantly (P. O. 005) as compared to the placebo group.

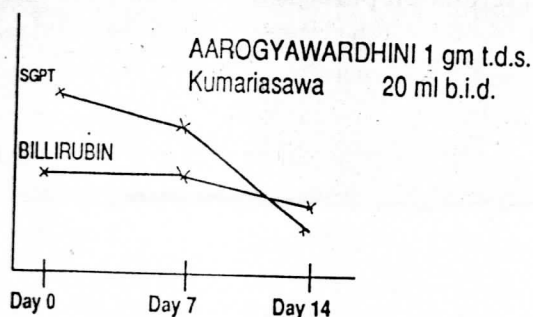


FIG.1. Reduction in Billirubin & SGPT (n = 25)

## Other Drugs in Viral Hepatitis

A short list of other single drugs worked out in clinical or animal experiments is given below for ready reference :-

- 1) katuka (Picorrhiza Kurrooa) - a) increases bile flow in dogs

- b) Excellent clinical response in 20 cases c) Protects from  $\text{CCl}_4$  included liver injury in rats.
- 2) Brhingaraja (Ecilpta alba) - a) Increases bile flow in experimental rats b) Inacctivates HBsAg.
- 3) Kumari (Aloe indica) - Increases bile flow in dogs.
- 4) bhoomyamalaki (Phyllanthus nureri) - a) protects against  $\text{CCl}_4$  hepatotoxicity b) Inacctivates HBsAg, Inhibits hepatitis B Viral DNA-polymerase.
- 5) Daruharidra (Berberis aristata) 50 gm decoction-80% fall in bilirubin in  $17 \pm 6$  days.
- 6) Kalmegha (Andrographis paniculata) - 40 gm decoction - 8-% patients became completely normal in 24 days.
- 7) Erana (Ricinus communis) - a) Fresh Juice - significant (P.O.001) results in 25 cases at the end of 7 days. b) Beneficial in  $\text{CCl}_4$  induced hepatotoxicity.
- 8) Nimba (Azadirecta indica) - a) Cold aqueous extract - 80% cases showed significant curative effect. b) Beneficial in  $\text{CCl}_4$  induced hepatotoxicity.
- 9) Sharapunkha (Tephrosia purpurea) - 516 cases in double blind study showed encouraging results.

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