



CASE REPORT

HEPATITIS B CARRIER STAGE- A CASE STUDY

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Summary: A young, asymptomatic male patient of 24 years presented with Positive hepatitis B surface antigen test (HBsAg) and positive Hepatitis B e Antigen (HBeAg) and remarkably high HBV DNA reports and was treated with Ayurvedic medicines for a period of 4 months initially and the investigations like HBeAg and HBV DNA were repeated. The results of the investigations showed that HBeAg became negative and HBV DNA was less than the detectable limit. Follow up for next 6 months showed normalcy of the effect of medicines in the reports. The results of the treatment were encouraging and there were no side effects during the therapy.

Keywords: Hepatitis B Carrier stage, HBsAg, HBeAg, HBV DNA

Introduction: Hepatitis B carrier is a term used to describe those who have hepatitis B surface antigen (HBsAg) in the blood for more than 6 months. Most of them have no symptoms and are unaware of their status as Hepatitis B carrier. Unfortunately, these otherwise healthy people can infect others without knowing it.¹ Chronic hepatitis B virus (HBV) infection can be classified into three phases (or types of immune responses): immune tolerant, immune active, and inactive chronic carrier state. These distinct phases of chronic infection correspond with characteristic serologic patterns and correlate with the patient's immune response to HBV.

Case Report: A young male patient aged 24 years from Najafgarh, New Delhi presented with investigations report of positive Hepatitis B at OPD No. 6 (Neuromuscular) of Chaudhary Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi on 14/12/2012. Patient was asymptomatic and was

diagnosed Hepatitis B Carrier based on the investigations. On Physical examination, no abnormality detected including Per abdominal (P/A) examination. Weight was 60Kg.

Investigations reports were as follows:

1. HBsAg Positive
2. HBeAg Positive
3. HBV-DNA (Quantitative) – 1,56,450
HBV DNA Copies/MI (dated 10/12/2012)

The following treatment was started for 7 days:

1. Liq. Rohitkarishta 4 tsf BD with water after meal.
2. Avipatkar Powder 1 tsf at night
3. Tab. Arogyavardhini Vati 1 TDS
4. Tab. Liv 52 HB (Himalaya) 2 TDS

The patient visited the OPD regularly after 7 days or 15 days and the same medications were continued. On 22/03/2013, patient visited the

OPD with complaint of weakness (Wt-60 kg) and then the following medication was added.

5. Liq. Ashwgandharishta 4 tsf BD with water after meal.

All the investigations were repeated on 19/04/2013. Investigations reports were as follows:

1. HBsAg Positive
2. HBeAg Negative
3. HBV-DNA (Quantitative) – Less than detectable limits-Negative (Dated 23/04/2013)

The same medications were continued. Patient came in OPD again on 5/7/2013 with complaint of mild discomfort/pain in epigastrium. Weakness was cured. The medicine of S.No.5 stopped and following medicines were added with the previous treatment:

6. Tab.M. Shankh Vati 1 TDS before meal.
7. Liq. Drakshasava 2 tsf + Rohitkarishta (2 tsf) BD with water after meal.(Medicine at S.No.1 was stopped)

The above medications were continued for 7 days. The same medications were repeated in next 2-3 visit of the patients. The investigation Viral load by HBV-DNA(Quantitative) was again repeated by Real time PCR (SDS) on 22/10/2013 and the result was <50 HBV DNA copies/ml (Measuring range was 50-10000000 HBV DNA copies/ml) means negative, showing the continued effect of the medicines. Patient weight was 62 kg.

Discussion: Presence of HBeAg (Hepatitis B e Antigen) indicates infective stage means that virus can be passed to others. If the antigen persists in the blood for more than 3 months, chronic liver disease is probable. Measurement of HBeAg may also be used to monitor the effectiveness of the HBV treatment since successful treatment should lead to no HBeAg in the blood. At that time Hepatitis B virus cannot infect others.² As far as Modern system is concerned, Hepatitis B is caused by Hepatitis B

Virus which is krimi according to Ayurveda. Acharya Charak advocated three types of treatment for Krimi viz. Apakarshana, Prakritivighata and Nidanaparivarjana³. Prakritivighata means the person by use of particular diet and lifestyle, should maintain an environment in the body which is opposite to the growth of the microorganisms (Krimi).So this concept can be useful for the treatment of the diseases which are asymptomatic or carrier stage e.g. Hepatitis B carrier stage and Chronic Malaria.

Rohitkarishta is a formulation for Yakrita and Plihavridhi/Vikara mentioned in Ayurvedic text Bhaishjya Ratnavali. Avipatkar powder was used for Virechana/Koshtha shuddhi purpose. Arogyavardhini Vati was used for Malashodhana/Raktadushti.

In this case, the HBeAg became negative and viral load was also less than the detectable limits with the treatment showing the efficacy of the medications. HBsAg remained positive.

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