

# MANAGEMENT OF LIVER CIRRHOSIS WITH HEPATOCELLULAR FAILURE AND CELLULITIS WITH HOMOEOPATHIC MEDICINE- A CASE REPORT

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## ABSTRACT

Liver cirrhosis, an irreversible liver damage and impaired hepatic function, a result of chronic hepatitis, alcohol abuse or nonalcoholic fatty liver disease. It is a prevalent condition in clinical practice characterized by hepatocellular dysfunction, portal hypertension, and associated complications. Cellulitis is a common infectious disease in cirrhosis that develops in 10.5–12.5%. It is responsible for significant morbidity and mortality that may require recurrent hospital admissions for early recognition and appropriate treatment. Management focuses on treating the underlying cause, managing complications, and considering liver transplantation in advanced cases. The 42-year-old male patient, diagnosed with Liver cirrhosis and Chronic Hepatic Failure, presented with altered consciousness and severe fatigue, since 6 months that worsened during the last 1 month. On further examination, jaundice was evidenced with Yellow discoloration in eyes, tongue and nails, edema in both lower extremities and scrotum which increased when standing. Initially the patient had undergone allopathic treatment but later discontinued. After a detailed case taking the patient was prescribed with Phosphoric Acid 30 for 2 months, followed by Arsenicum Album 0/6(10 days) and Arsenicum album 0/7(13 days). This treatment regimen resulted in significant improvement in his symptoms and overall quality of life, as evidenced by clinical investigations. For the cellulitis in his legs and scrotum, he was externally treated with Calendula Mother Tincture every day. The subsequent improvement of the symptoms and the ulcerations, the outcome seemed highly satisfactory to the patient. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and shows a positive role of Homoeopathy in treating Liver Cirrhosis with Hepatocellular failure. However, this is a single case study and requires well designed studies which may be taken up for future scientific validation.

**KEYWORDS:** Phosphoric acid, Arsenicum album, Liver cirrhosis, Cellulitis, Case report

## INTRODUCTION:

Liver cirrhosis represents the final common pathway of chronic liver diseases and is characterized by diffuse hepatic fibrosis, regenerative nodule formation, and progressive loss of liver function<sup>[1]</sup>. With complications such

as ascites and Wernicke encephalopathy, it is a major global health burden, commonly seen in individuals with chronic alcoholism and variceal bleeding contributing significantly to morbidity and mortality<sup>[2]</sup>. Hepatocellular failure, a critical stage of cirrhosis, manifests through deranged synthetic, metabolic, and detoxification functions of the liver, often necessitating lifelong supportive care or liver transplantation<sup>[3]</sup>.

Conventional management of liver cirrhosis focuses on identifying and treating the underlying cause, preventing complications, and managing portal hypertension. However, there remains no definitive pharmacological cure for reversing fibrosis or restoring full hepatic function<sup>[4]</sup>. Additionally, patients with advanced liver disease may experience poor quality of life and often seek complementary and alternative medicine (CAM) for symptomatic relief<sup>[5]</sup>.

Homeopathy, a form of alternative medicine based on the principle of "like cures like," offers individualized treatment aimed at stimulating the body's self-healing mechanisms<sup>[6]</sup>. While evidence from randomized controlled trials remains limited, case reports and observational studies have shown promise in managing chronic conditions, including liver disease, through constitutional homeopathic remedies<sup>[7,8]</sup>.

This case report presents the homeopathic management of a 42-year-old male patient diagnosed with liver cirrhosis and hepatocellular failure with Wernicke's encephalopathy. The aim is to explore the potential role of homeopathy in improving patient outcomes and quality of life in advanced liver disease.

#### **PATIENT INFORMATION:**

A 42-year-old male patient has been suffering from chronic liver disease with portal hypertension. For the past six months, he has experienced severe fatigue and altered consciousness, with a notable increase in these symptoms over the past month which worsens when lying down and upon rising. Additionally, the patient has difficulty breathing and has developed edema in the lower limbs and on scrotum which worsens when walking and standing. Later, developed ulceration over both extremities and scrotum. He also presents with jaundice, as evidenced by the yellowish discoloration of the eyes, tongue, and nails.

#### **History of present illness:**

The patient had a history of alcohol drinking more than ten years. In December 2023, he developed edema in his limbs and constipation. He was admitted to the hospital, where he was diagnosed with chronic liver disease and prescribed allopathic medications. In March, he discontinued his medication and subsequently experienced a recurrence of lower limb edema, along with fatigue and weakness. Upon resuming the medication, his symptoms were relieved. However, about a month ago, he began experiencing jaundice, indicated by the yellowing of his eyes, tongue, and nails, along with generalized body weakness. Four days ago, he also started experiencing memory loss.

#### **Personal History:**

History of alcohol consumption for more than 10 years.

History of taking paan masala for 2 and ½ years.

#### **General Symptoms**

#### **Physical Generals:**

Appetite-No appetite eats only little.

Thirst-Increased

Stool-Loose stool, Yellowish

Urine-Dark yellow colour.

Sleep-Disturbed.

Sweat-Generalized

### **CLINICAL FINDINGS:**

Conscious/Unconscious-Altered Consciousness

General built up and nutrition-Weak.

Icterus- Present

Cyanosis- Nil

Oedema- Bilateral pitting pedal oedema

Skin- Redness and swelling on both limbs

Blood pressure - 106/66mm of Hg

Pulse -70 /minute.

Temperature- 98.6 F

Resp.rate - 18 /minute

Others-good.

### **REACTION TO:**

Desire-Cold foods

Desire-Cold water

Desire –Fanning

**THERMAL-HOT PATIENT.**

### **MENTAL GENERALS;**

Shouts when angered

Memory impaired

Mental fatigue

### **Systemic Examination**

Abdomen distended

Enlargement of liver and tenderness felt during palpation

Liver dullness extended

**TOTALITY OF SYMPTOMS:**

Delirium

Liver Cirrhosis

Ascites

Chronic alcoholism

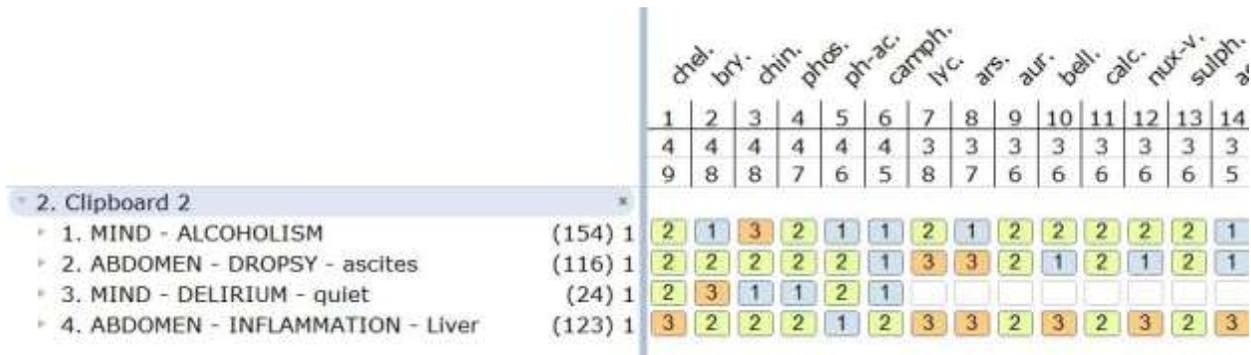


Fig 1

**TIMELINE:**

The patient was initially treated in an Outpatient setting for a period of 2 months. Following this period, the patient was then admitted in the Inpatient on 11/09/2024 and monitored regularly with cleaning and dressing upto 30/09/2024.

Date	Symptoms	Inference	Prescription
10/06/2024	K/C/O Chronic Liver disease with Portal hypertension Severe tiredness and weakness Icterus Edema of lower limbs		Rx Acid Phos 30/ 14 doses (HS)
11/09/2024	Weakness of body Ulcerations over the lower limbs and Scrotum with oozing Burning over ulcerations Generals: Good BP: 100/80mmHg	Persists	Rx Arsenicum album 0/6/ 1 dose in 10 ml aqua 10gtt x 2hrly  Cleaning and dressing
20/09/2024	Weakness of body	Better Better	Rx

	Ulcerations over the lower limbs and scrotum with oozing Burning over the ulcerations Generals: Good BP: 100/80 mmHg	Persists	Arsenicum album 0/7/1dose in 1o ml aqua 10gtt x 2hrly  Cleaning and dressing
30/09/2024	Weakness of body Ulcerations over the lower limbs and scrotum with oozing Burning over the ulcerations Generals: Good BP: 100/80 mmHg	Better	Rx Arsenicum album 0/7/1dose in 1o ml aqua 10gtt x 2hrly  Cleaning and dressing

**Table 1**



**Fig 2**



**Fig 3**

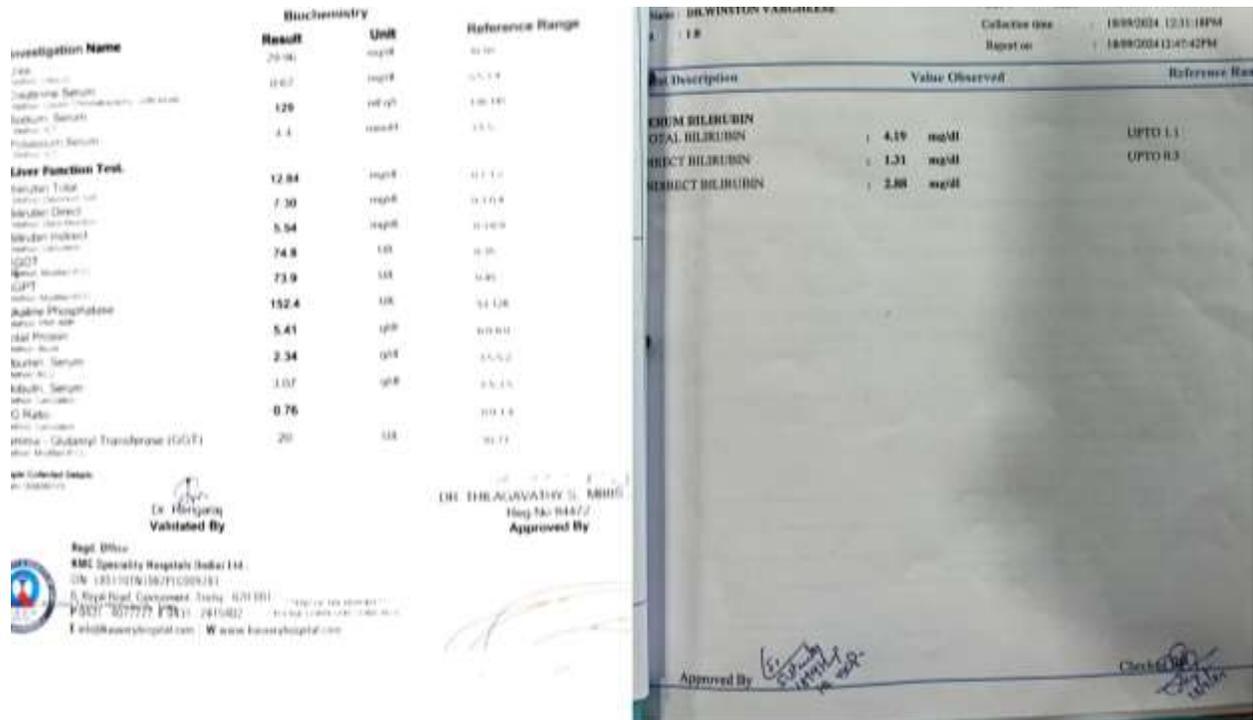


Fig 4

### THERAPEUTIC INTERVENTION:

On considering the totality of the patient symptoms along with the pathological condition, the patient was initially administered with Phosphoric acid 30 which has strong action on metabolism. daily dose for a period of 2 months. After the initial phase of treatment, the patient approached after 2 months with oedema and additionally ulcerations with burning and oozing in the lower limbs and the scrotum. With the change in symptomatology, the patient was then prescribed with Arsenicum album 0/6 in aqua as a daily dose for a period of 10 days followed by Arsenicum album 0/7 in aqua as a daily dose for the next 10 days. The ulcers were regularly cleaned and dressed with Calendula glycerine. The subsequent improvement of the symptoms and the ulcerations, the outcome seemed highly satisfactory to the patient.

This treatment regimen resulted in significant improvement in his symptoms and overall quality of life, as evidenced by clinical investigations. For the cellulitis in his legs and scrotum, he was externally treated with Calendula Mother Tincture every day.

### DISCUSSION:

The 42-year old male patient with the history of chronic alcoholism and Pan masala, diagnosed with Chronic Liver Disease with portal hypertension presented with symptoms such as severe fatigue and altered consciousness, difficulty breathing and edema in the lower limbs, which worsens when walking and standing. He also exhibits jaundice, as evidenced by the yellowish discoloration of the eyes, tongue, and nails. Despite allopathic treatment offering temporary relief, the patient approached for Homoeopathic treatment.

After a detailed case taking and consideration of the pathology of the disease, the patient was prescribed with Phosphoric acid and Arsenicum album which helped in bringing significant improvement in the patient.

With reference to Phosphoric acid in Kent lectures, the similar mind symptoms of the patient are mentioned under the term “Mental enfeeblement” where the mind seems tired, when questioned he answers slowly or does not speak, but only looks at the questioner, he is too tired to talk or even think, he says: “Don’t talk to me; let me alone” his state is found in both acute and chronic diseases. He is so tired in mind, perfectly exhausted.<sup>[9]</sup> Based on this Phosphoric acid 30, daily dose for a period of 2 months. After the initial phase of treatment, the patient approached after 2 months with oedema and additionally ulcerations with burning and oozing in the lower limbs and the scrotum. With the change in symptomatology, the patient was then prescribed with Arsenicum album 0/6 in aqua as a daily dose for a period of 10 days followed by Arsenicum album 0/7 in aqua as a daily dose for the next 10 days. The ulcers were regularly cleaned and dressed with Calendula glycerine. The subsequent improvement of the symptoms and the ulcerations, the outcome seemed highly satisfactory to the patient.

This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and shows a positive role of Homoeopathy in treating Liver Cirrhosis with Hepatocellular failure. However, this is a single case study and requires well designed studies which may be taken up for future scientific validation.

**PATIENT PERSPECTIVE:** With no significant improvement after taking allopathic treatment, the patient had approached for Homoeopathic treatment and had satisfactory improvement in both physical and mental aspects.

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