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International Journal of Biochemistry & Physiology
ISSN: 2577-4360

Hepatic Cirrhosis and its Management via Electro-Homoeopathic Practices

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Editorial

Volume 9 Issue 1

Received Date: April 19, 2024

Published Date: April 26, 2024

DOI: 10.23880/ijbp-16000245

Abstract

Hepatic cirrhosis is known by the development of regenerative nodules in liver parenchyma surrounded by fibrous septa resultant to chronic liver damage. Cirrhosis happens due to necrosis of liver cells followed by fibrosis and nodule formation. The liver organization come to be abnormal and interferes with liver blood flow and function, and eventually pointers to portal hypertension followed by hepatocytic dysfunction. Chronic liver diseases signify a remarkable health problem across the world with liver cirrhosis. The exact prevalence of cirrhosis worldwide was ambiguous due to the clinical continuum ranging from apathetic, asymptomatic to whole liver decompensation. Therefore, recurrent inputs via a series of research in view of various conventional and definite earlier techniques in background, along this thrust medical area, directed an emerging and medically most precise an alternate technique, namely, Electro-Homoeopathic Medical Science that has been presently in practice by a number of practitioners in India and southeast Asian countries enlightening attractive outcome without any significant post therapeutic physiological and/or biochemical side effect concomitant with risk factor. Various clinical practices and survey provide new insights into the development and establishment of an increasingly advanced form of the electro-homeopathic system for a defined diagnosis enlightening a definite root cause and efficient management of Liver Disease as well as its perception.

Keywords: Electro-homoeopathy; Hepatocytic Dysfunction; Hepatorenal Syndrome; Liver Fibrosis; Portal Hypertension

Abbreviations: AST: Aspartate Aminotransferase; ALT: Alanine Transaminase; ALP: Alkaline Phosphatase; CT Scan: Computerized Tomography Scan; MRI: Magnetic Resonance Imaging; LDH: Lactate Dehydrogenase.

Modern science explains, Liver fibrosis is dynamic change in normal wound healing response to different fibrogenic stimuli leading to activation and trans differentiation of liver stellate cells to myofibroblasts that leads to excessive synthesis and deposition of extracellular matrix components like collagen (type I and type III) accompanied by deformation of normal hepatic vasculature, hepatocyte dysfunction, irreversible liver injury, complications, and result in mortality [1]. Cirrhosis represents the common pathway for chronic liver diseases [2-7]. The progression of liver injury to cirrhosis may take place over weeks to years. Patients with hepatitis C may have chronic hepatitis for as long as 40 years before progressing to cirrhosis. Various types of

hepatic injury are marked by fibrosis, defined as an overload deposition of the components of the extracellular matrix (collagens, glycoproteins, and proteoglycans) within the liver. Besides fibrosis, the complications of cirrhosis consist of portal hypertension, ascites, hepatorenal syndrome and hepatic encephalopathy. A few patients with cirrhosis are asymptomatic and have a rationally normal life expectancy while some individuals have severe symptoms of end- stage liver disease and narrow chance for survival, when the cause is not diagnosed in proper time.

According to the concept of Electro-homoeopathy, liver cirrhosis is the result of a "vitiation", which can occur either because of blood, lymph or both. It had been noticed that a person belongs to the Sanguine and Mixed constitution are more prone in comparison to persons of lymphatic constitution [8,9]. General signs and symptoms may come up from decreased liver synthetic function (coagulopathy), reduced detoxification capabilities of the liver (hepatic encephalopathy) or portal hypertension (variceal bleeding) [10-12]. The present editorial is the assemblage of overall studies aiming at pathophysiology, symptoms and diagnosis of 'Liver Cirrhosis' as well as its management through Electro-homoeopathy as follows: Electro-homoeopathy describes that Disease is the result of a Vitiation in the body so, in the absence of Vitiation, the liver plays a vital role in the synthesis of proteins such as albumin, clotting factors, harmonizing factors and detoxification and storage of vitamin A. It is involved in the metabolism of lipids and carbohydrates. Once the vitiation occurred and not managed in time, it leads to hepatitis and steatosis and later in the stage, cirrhosis. Vitiation is also a cause and provides a medium for many microorganisms to develop and reproduce in tissues that contribute more to the propagation of infection [13]. Histopathologic results revealed, in cirrhosis a development of scar tissue replaces normal parenchyma and checks portal blood flow to the organ and affects normal function. Research in modern science reveals the imperative role of the stellate cell in the development of cirrhosis that generally stores vitamin A [14]. Hepatic parenchyma injuries due to the inflammation activate stellate cell, ultimately increases fibrosis followed by obstruction of the blood circulation. The formation of fibrous tissue bands separate hepatocyte nodules, which replace the entire liver architecture, leading to decreased blood flow throughout [14,15]. The spleen becomes congested, and enlarged resulting in its retention of platelets, which are needed for normal blood clotting. Portal hypertension is responsible for the most severe complications of cirrhosis. In addition, stellate cells secrete TGF beta 1 that leads to a fibrotic response and proliferation of connective tissue. Moreover, it secretes TIMP1 and TIMP2, naturally occurring inhibitors of matrix metalloproteinases, which prevent them from breaking down the fibrotic material in the extracellular matrix. The pathologic features of cirrhosis includes regenerating nodules separated by fibrous septa and loss of the normal lobular architecture within the nodules which leads to decreased blood flow throughout the liver. Spleen congestion leads to hypersplenism and increased sequestration of platelets [16] (Figure 1).

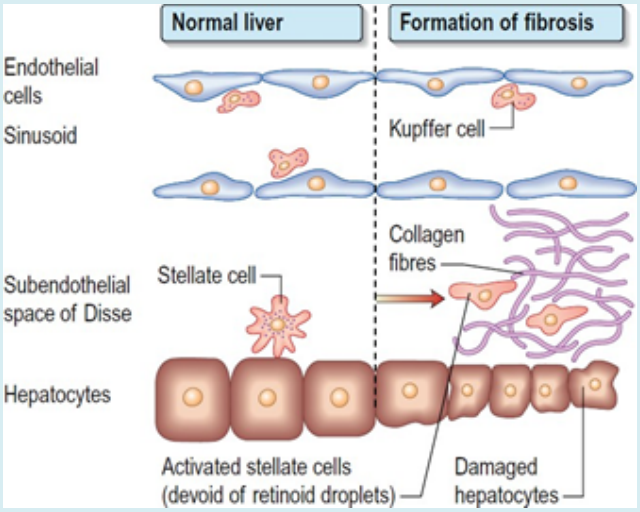

Figure 1: Pathogenesis of fibrosis [16].

Two types of cirrhosis have been described based on the underlying causes

1. Micro nodular cirrhosis in which regenerating nodules size is about less than 3 mm and the involvement of entire liver and often caused by alcohol induced damage or biliary tract disease;
2. Macro nodular cirrhosis in which the variable size nodules are formed and normal acini is seen within the larger nodules and it is often associated with chronic viral hepatitis. In the early stage of cirrhosis there are generally no symptoms. As the Vitiation Progressive, condition causes symptoms viz.

Soreness: in the abdomen;
Gastrointestinal: bleeding, dark stools from digested blood, fluid in the abdomen, nausea, passing excessive quantities of gas, vomiting of blood, or water retention;
Whole body: tiredness, loss of appetite or decreased hormone production;
Skin: a web of blood vessels swollen into the skin or yellow skin and eyes;
Weight: Gain or lose weight;
Also common: bleeding, breast augmentation, bruising, dark urine, itching, mental confusion, muscle weakness, shortness of breath, swelling of extremities, or swollen veins in the lower oesophagus. and various complications are as: (i) Impaired metabolic and endocrine functions; (ii) Splenomegaly due to portal hypertension; (iii) Haematologicalderangements such as thrombocytopenia; (iv) Gastrointestinal varices; (v)

Ascites a severe complication due to portal hypertension; (vi) Spontaneous bacterial peritonitis; (vii) Hepatocellular carcinoma; (viii) Hepatic encephalopathy; (ix) Hyponatremia; (x) Hepatorenal syndrome; (xi) Spider angiomata due to increased estradioldegradation in liver [16,17]. Having past experiences research studies on various conventional and certain earlier diagnostic tools, the diagnosis was accomplished as per the concept of "Electro-homoeopathy", in which it is ascertained on priority that the patient belongs to which type of Vitiation. (Blood, Lymph or Both) [17-20].

It was found mostly the patients suffering with Liver organ disorders and its manifestations belong to the 'Vitiation' of Blood or both and patients suffered with 'Vitiation' of Lymph were low in number with liver problems and its manifestation as compared to "Vitiation of Blood" [21,22]. Therefore, understanding the type of "Vitiation" was the first step of diagnosis in electro-homeopathy which is confirmed on the basis of the patient's constitution. After this, attention is brought to notice the symptoms of the problem and makes the other clinical examinations according to the clinical diagnostic methodology. The symptoms gave an indication of the involvement of the organ system that was sick due to the impact of the diagnosed "Vitiation". This effect of vitiation was verified by studying the patient's iris analysis as shown below for liver manifestations. To verify the impact of Vitiation on Liver, Electro-homoeopathy centers could often take help from the modern diagnostic tools such as: (i) Serological: Aspartate aminotransferase (AST), Alanine transaminase (ALT), Alkaline phosphatase (ALP), bilirubin, prothrombin time, Gamma-glutamyl transpeptidase, albumin, immunoglobulins principally IgG, creatinine level, sodium level, Low sodium reflect severe liver disease as a consequence of excessive diuretic therapy or malfunctioning free water clearance. Albumin level is reduced below 28 g/l, serum creatinine concentration increased above 130 μmol/l and the prothrombin time is extended; (ii) Histological: Liver biopsy is measured as gold standard for diagnosis and sequential histological grading of fibrosis and to corroborate the type and severity of hepatic disease. Stains are required for copper and iron analysist to verify diagnosis of Wilson's disease or iron overload and immunocytochemical stains detect viruses, bile ducts and angiogenic conformation.;(iii) Radiological Techniques:

- **Ultrasonography:** To identify changes in size, shape of the liver and hepatocellular carcinoma. Fatty change and fibrosis produce towering level of echogenicity. In cirrhosis, there may be deformation of the arterial vascular architecture and marginal nodularity of the liver surface. The patency of the portal and hepatic veins are assessed. Elastography is used for diagnosis and follow up observing to avoid liver biopsy.
- **Computerized Tomography Scan (CT Scan):** Arterial phase contrast enhanced scans are important in the detection of hepatocellular carcinoma. This technique reveals the picture of hepatosplenomegaly and collateral vessels enlargement below the anterior abdominal wall due to portal hypertension and dilated collaterals in liver disease.
- **Endoscopy:** For detection and treatment of portal hypertensive gastropathy and varices.
- **Magnetic Resonance Imaging (MRI) Scan:** For diagnosis of benign tumours (haemangiomas). Magnetic resonance angiography picturizes the vascular anatomy and Magnetic resonance cholangiography reveals the biliary tree.

- There have been certain ways of managing Liver Cirrhosis in modern science:
- **Nutrition and Exercise:** Debilitated patients have been reported to get benefit from balanced nutrition concomitant with formal exercise program supervised by a physician [23-27];
- **Vaccination:** Patients with chronic liver disease have been shown to receive vaccination to protect against hepatitis A and as a protective measure, vaccination against influenza and pneumococci;
- **Analgesics:** The use of analgesics in patients with cirrhosis can be problematic. Most hepatologists permits the use of acetaminophen doses of up to 2000 mg/day in patients with cirrhosis. NSAID use in patients with cirrhosis may cause gastrointestinal bleeding. Patients with cirrhosis are at risk for NSAID induced renal insufficiency because of prostaglandin inhibition and impairment in renal blood flow;
- **Drug Hepatotoxicity in the Patient with Cirrhosis:** Medications associated with drug- induced liver disease include NSAIDs, Isoniazid, Valproic acid, Erythromycin, Amoxicillin/ clavulanate Ketoconazole, Chlorpromazine and Ezetimibe. Statins are frequently associated with mild elevations of alanine aminotransferase level and should be used safely in patients with chronic liver disease. Besides, an amino glycoside antibiotic has been reported to cause nephrotoxicity in patients with cirrhosis and should be avoided. Low dose estrogens and progesterone appear to be safe in the setting of liver disease [10];
- **Liver Transplantation:** Liver transplantation has emerged as an important strategy in the allopathic surgical management of patients with cirrhosis [10], providing rather better results as compared to previous four therapies, although with a hope of establishing most sensitive, précised and without any significant side effect (physiological and biochemical), currently electro-homeopathic therapy for management of 'Liver Disease' has been in popular practice. There was a significant improvement in the health of the patients and his

sufferings (Highlight data in the table). It was observed many patients belonging to this disease to fall in the age group of 35 to 65 and was mostly men as compared to women belonging to three different types of constitution and types of Vitiation [27].

The efficacy of the Electro-homoeopathy treatment for Liver Disease was evaluated in the Electro-homoeopathy Health centers over a period of 60 days based on improvement in the subjective parameters and blood investigations of modern diagnostic tool [8,25-27]. The cytokine level in most of the patient starts to normalize within the 30 to 40 days of treatment that result also in balancing the protein loss and thus reducing the body oedema. Liver enzymes get balanced too except the Alkaline Phosphatase (ALP), which takes more time to come back into normal range. Never-the-less, level of Lactate Dehydrogenase (LDH) should also be considered as one of the potential marker enzymes signifying the biochemistry of liver in view of justifying the affinity and efficacy of the Electro-homoeopathy treatment for Liver Disease.

While analyzing the patients, the maximum benefit was observed in the following complaints: Loss of appetite, restlessness, itching and balancing of Liver Enzymes and Cytokine level, concluded to be in the range, 70-80%, reflecting resemblance to the outcome of the study on acute toxicity and hepatoprotective activity against CCl_4 induced toxicity of scrofoloso 5 (S5) and livome electrohomoeopathic herbal preparations [2], immediate recent studies in terms of affinity and efficacy of Electro- homeopathic management of Liver Cirrhosis[26,27].

Conclusion and Future Perspectives

Hepatic Cirrhosis signifies the common histologic pathway for a diversity of chronic liver diseases. The injury to hepatocytes reasons liver dysfunctions. In view of development of affinity and sensitivity of therapeutic practice applying Electro-homeopathic practice has been revealed intriguing outcome in terms of comparatively fast, sensitive, accurate and nontoxic medical technique without any noticeable post therapeutic physiological and/or biochemical side effects. Moreover, critical comments/suggestions from the end of pertinent readers would be advantageous in further advancement of Electro-homeopathic management of Liver Cirrhosis.

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