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Case Report

The Disappearing Viral Signature: A Clinical Report of Three Cases of Hepatitis B with Subsequent Hbsag Seroclearance Following Individualised Homoeopathic Treatment

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ABSTRACT

Hepatitis B is an infectious disease cause by infection of Hepatitis B virus (HBV). It is one of the major public health problems globally and it also has potential to progress in cirrhosis of liver or hepatic carcinoma. Objective of this article is to evaluates the effects of individualized homoeopathic medicine in patients with hepatitis B infection. In this article a total of three cases has been discussed. These cases primarily diagnosed based on clinical presentation and serological positive finding and treated with individualized homoeopathic medicine (IHM). In all the cases HbsAg became non-reactive and patients also got symptomatic relief. Causal attribution also assessed with Modified Naranjo Criteria for Homoeopathy (MONARCH). Individualized homoeopathic medicinal intervention in cases of Hepatitis B infection may prove effective. Further methodologically rigorous trials are needed to assess proper effectiveness of IHM in cases of HBV infection.

Keyword: Case Report, Hepatitis B, Homoeopathy, Individualised Homeopathic Medicine, Monarch And Viral Hepatitis.

INTRODUCTION

Hepatitis B infection is a viral infection of liver caused by the Hepatitis B virus (HBV), an enveloped, partially double stranded DNA virus from the hepadnaviridae family. [1-3] Hepatitis B infection can present as an acute hepatitis (ICD-11 1E50) or may express as a chronic inflammatory illness of liver (ICD-11 1E51), with a risk of progression to complications like hepatocellular carcinoma or cirrhosis of liver. [4-6] Hepatitis B infection remains a major public health problem globally, with approximately 250-257 million people living with chronic HBV infection, showing wide regional variation.[7] Prevalence reported in India is roughly between 0.95% to 8% in various studies. [8] In west Bengal recent population-based data showed approximately 00.47% among adults and 0.07% in children under five suffering from this infection. [9] Hepatitis B is caused by infection with the hepatitis B virus (HBV), which is mainly spread through contact with infected blood or body fluids, including transmission during childbirth, sexual contact and peripheral exposure. [1] Significant risk factors include residing in endemic area, unsafe injections, multiple sexual partners, intravenous drug use, and inadequate vaccination coverage, all of which contributes to its spread. [10] After entering into the circulation, the Hepatitis B virus lodges into the hepatocytes of liver and infect them. It replicates in hepatocytes and can manifest as either an acute or a persistent infection. [11] The hepatic cell damage in HBV

infection is primarily because of the host's immune response, especially T -cell mediated mechanism, rather than direct viral toxicity. It may lead to inflammation, fibrosis, and eventual progression to cirrhosis and hepatocellular carcinoma. [11] Patients with hepatitis B may either remain without symptoms or develop clinical features like fatigue, fever, anorexia, nausea, right upper abdominal discomfort, and jaundice. [10] In chronic infection, many individuals remain symptoms free for years, while progressive disease may manifest with hepatomegaly, cirrhosis or features of chronic liver failure. [1,10] Chronic hepatitis B infection may progress into significant complications including hepatic fibrosis, cirrhosis, portal hypertension and liver failure. [10,12] Persistent infection is also an important risk factor for development of hepatocellular carcinoma, even in the absence of advance cirrhosis. [10,12] In severe acute presentation, patient may develop fulminant hepatitis associated with widespread hepatic necrosis, encephalopathy, and potentially fatal liver failure. [1,13] Diagnosis of these conditions is chiefly confirmed through serological tests including HBsAg, anti-HBc, HBeAg, and anti-HBs antibodies, which help assess the nature and activity of the infection. evaluation of hepatic involvement and disease severity is carried out using liver function tests like AST, ALT, and bilirubin levels along with HBV DNA estimation and abdominal ultrasonography. [14]. Additional procedure like FibroScan or liver biopsy may be advised in selected cases to assess hepatic fibrosis and detect progression of cirrhosis. [12] Management of Hepatitis B infection mainly consist of antiviral medications like tenofovir and entecavir, along with periodic regular monitoring of liver function and HBV DNA levels, and avoidance of high-risk exposure. [10,12] comprehensive management also involves supportive care, periodic screening for cirrhosis and hepatocellular carcinoma. [3,13] The treatment of hepatitis B is particularly difficult because HBV can persist within hepatocytes in the form of covalently closed circular DNA (cccDNA), making complete elimination of the virus very challenging even with antiviral therapy. [10,11] As conventional management procedures are effective suppressing viral replication and reducing their complications, but complete elimination of the virus remains difficult, due to this reason homoeopathy may be considered as alternative or complementary therapeutic approach. the current case series seeks to present the clinical outcomes observed in three cases of hepatitis managed with individualized homeopathic medicine.

CASE PRESENTATION

Case1

Patient Information:

A 23year age male patient came on June 26th 2013 with complaints of reduced appetite, weakness, jaundice, pain and heaviness of abdomen for last ten days. Pain and heaviness of abdomen was gnawing in character which was aggravating during the afternoon time, amelioration from rest and after applying cold water. Appetite was less but could not tolerate hunger which aggravated the pain. There was physical and mental weakness also for which he was unable to concentrate in his study.

History of Presenting Complaints:

Previously for the same complaints he had visited an allopathic physician where he was diagnosed with Jaundice and Hepatitis B. He didn't take any conventional medicine for this and opted for homoeopathic treatment.

Physical General:

Appetite of the patient was less but he cannot tolerate hunger, it makes him angry. Desire for cold food, bitter, meat specially mutton. He prefers to have ice creams. Tongue moist, slight white coated. Thirst was profuse, drinks at little interval but a large quantity. Stool was regular, once daily in morning, semisolid in character, takes less time to complete. Color of urine was slight yellowish in nature. Sweat was less in quantity, more on trunk region. Sleep was good, sleeps better after bathing soles in cold water. Thermal relation was previously hot but now chilly. Palms were hot.

Mental General:

Mentally he was sensitive in nature, got angry easily from slightest cause, especially when his opinion does not match with others and when hungry. Shouts when gets angry. He had a large number of friends and prefer company of them.

Clinical Examination:

On General examination, her body weight was 42kg., Blood Pressure was 100/ 60 mm of hg., Pulse rate was 76 beats per minute. On inspection upper bulbar conjunctiva showed yellowish discoloration. On deep palpation there was tenderness found in umbilical region, no mass was noted. Other systemic examination appeared to be normal.

Diagnosis:

Fig. 1. Hbsag of Case 1 on 20.06.2013

Fig. 2. LFT of Case 1 on 20.06.2013

Based on Hepatitis B surface antigen test done on 20th June 2013 which was Positive (Shown in Fig. 1) and LFT on 20th June 2013 which showed an increased total bilirubin – 8.97mg/dl, C – 7.02mg/dl, Unconjugated bilirubin – 1.95mg/dl, SGPT(ALT) - 1109 IU/L, SGOT(AST) – 892 IU/L (Shown in Fig. 2) this case was diagnosed as a case of Hepatitis B.

Totality of Symptoms:

Mentally sensitive.
Gets angry easily from slightest cause, cannot tolerate contradiction.
Prefers company.
Appetite diminished, cannot tolerate.
Desire for cold foods, ice creams, meat.
Thirst profuse.
Sleeps better after bathing soles in cold water
Thermal relation chilly.

Based upon totality of symptoms of the patients repertorization was done using Homepath ZOMEO Software (Shown in Figure 3). The medicine which came with highest point was Phosphorus with 21 score covering 11 symptoms, next medicine was Lycopodium with score of 24 covering 10 symptoms. Subsequent medicines were Ars., Nux-Vomica, Silicea, Conium, Kali Carb.

Fig. 3. First Repertorization of Case 1

Probable Miasmatic Diagnosis

After analyzing the case and going through the

miasmatic analysis [Shown in Table No. 1] the probable miasmatic background came out to be is Psora with influence of syphilis.

Table No. 1- Probable Miasmatic Diagnosis of Case No. 1

Symptoms	Probable miasmatic background
Mentally sensitive.	Psora
Appetite diminished, cannot tolerate.	Psora
Gets angry easily from slightest cause, cannot tolerate contradiction.	Psora + Sycosis
Desire for cold foods, ice creams, meat.	Psora + Syphilis
Sleeps better after bathing soles in cold water	Syphilis

Therapeutic Intervention

Based upon the totality of symptoms and consulting with Repertory using Homepath ZOMEO Software (Shown in Figure 3) and going through Materia medica the medicine which was selected is Phosphorus. Phosphorus 30, four doses were given. Patient was advised to take each dose of Phosphorus 30 twice in a day, morning and evening for two consecutive days, followed by Placebo, one dose every morning in empty stomach for 21 days. Follow up and outcomes given in Table No. 2.

Table No. 2: Follow Up and Outcome of Case No. 1

Date of Visit	Symptoms	Prescription
26.06.2013	Pain and heaviness of abdomen of gnawing in character aggravated during afternoon ameliorated by rest. Loss of appetite. Weakness. Jaundice. Reports showing case of Hepatitis B (Shown in Fig. 1 & 2)	*Phosphorus 30*, four doses were given, to be taken twice in a day, morning and evening in empty stomach for two consecutive days, followed by Placebo, 21 doses, one dose every morning in empty stomach for 21 days
18.07.2013	Patient was better than before. Pain abdomen decreased. Weakness slightly still persisting. Yellowness of conjunctiva and urine reduced.	Placebo was given to be taken once daily for one month.
10.08.2013	Pain abdomen was better. Appetite less. Weakness reduced. Only heaviness of abdomen was present at afternoon.	Placebo was given.
05.09.2013	Heaviness of abdomen was persisting in afternoon time. Stool was clear. Appetite less.	*Phosphorus 30*, four doses were given, to be taken twice in a day, morning and evening in empty stomach for two consecutive days, followed by Placebo, 28 doses, one dose every morning in empty stomach for 28 days
05.10.2013	Patient was better than before. Stool was semisolid and clear. Appetite less.	Placebo was given. Blood report on 25.09.2013 showed normal LFT with total bilirubin of 1.4mg/100ml, Conjugated bilirubin-0.3mg/100ml, unconjugated bilirubin-1.1mg/100ml, SGPT- 30units/L. HBsAg showed Reactive (20.57 IU/ml.) (Shown in Fig. 4)
16.11.2013	Heaviness of abdomen decreased. Appetite was less. Stool clear.	Placebo was given.
11.01.2014	Patient was better than before. Heaviness of abdomen decreased than before but still persisting.	Placebo was given.

13.03.2014	Heaviness of abdomen more at night Appetite returned, difficult to tolerate hunger. Sweat profuse more on upper part of body. Mentally more sentimental than before. Prefers open air. (Shown in Fig. 5)	*Calcarea Iod.* 200 two doses were given. To be taken once daily in early morning in empty stomach for two consecutive days followed by Placebo once daily for 21days. HbsAg report on 19.02.2014 showed weakly reactive with level of 0.15 IU/ml. (Shown in Fig. 6)
30.04.2014	Patient was better than before. Heaviness of abdomen much reduced than before.	Placebo was given.
20.06.2014	Pain abdomen was better. Weakness reduced. stool clear. Appetite-returned. No more heaviness of abdomen.	Placebo was given.
19.07.2014	Patient was better.	Placebo was given. Serum HbsAg report on (14.07.2014) was non-Reactive (0.04 IU/ml.) (Shown in Fig. 7) Patient was kept under observation for next 3months to notice any recurrence of symptoms.
23.09.2014	No new or recurrence of complaints were observed.	No medicine was given.

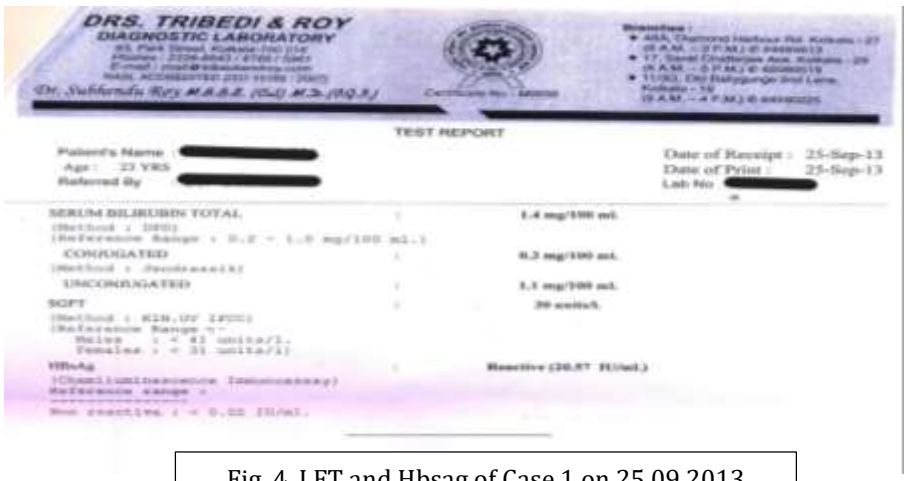

Fig. 4. LFT and Hbsag of Case 1 on 25.09.2013

Remedy Name	Calc-i	Lyc	Puls	Sulph	Arg-n	Ars	Carb-v
Totality / Symptom Covered	11 / 4	11 / 4	11 / 4	11 / 4	10 / 4	10 / 4	10 / 4
[Boericke] [Abdomen]Flatulency, distention, fullness, heaviness, meteorism, tympanitis: ...	2	3	3	2	3	2	3
[Kent] [Generalities]Night: (176)	3	2	3	3	3	3	2
[Kent] [Generalities]Air:Open:Desire for: (84)	3	3	3	3	2	2	3
[Kent] [Generalities]Emaciation: (116)	3	3	2	3	2	3	2

Fig. 5. Second Repertorization of Case 1

Fig. 6. Hbsag of Case 1 on 19.02.2014

Fig. 7. HbsAg of Case 1 on 14.7.2014

Evolution

A 23-year-old male presented with jaundice, weakness, reduced appetite, and abdominal pain and heaviness. He was diagnosed with Hepatitis B based on positive HBsAg and deranged liver function tests. Individualized homoeopathic treatment with Phosphorus 30 followed by Calcarea Iod. 200 led to gradual clinical improvement during follow-ups. Liver function tests normalized by September 2013, HBsAg levels progressively reduced from reactive to weakly reactive, and finally became non-reactive by July 2014. The patient remained symptom-free without recurrence during subsequent observation.

Case 2

Patient Information:

A male patient aged 29 years came on 14th December 2017 with the complaint of recurrent abdominal pain, which is more aggravated at night with nausea, sour brush, gradual weight loss with wasting of muscles and itching eruptions on various parts of the body with a blood HBsAg level of 720.6 IU/ml on 08/12/2017 (Shown in Fig. 8).

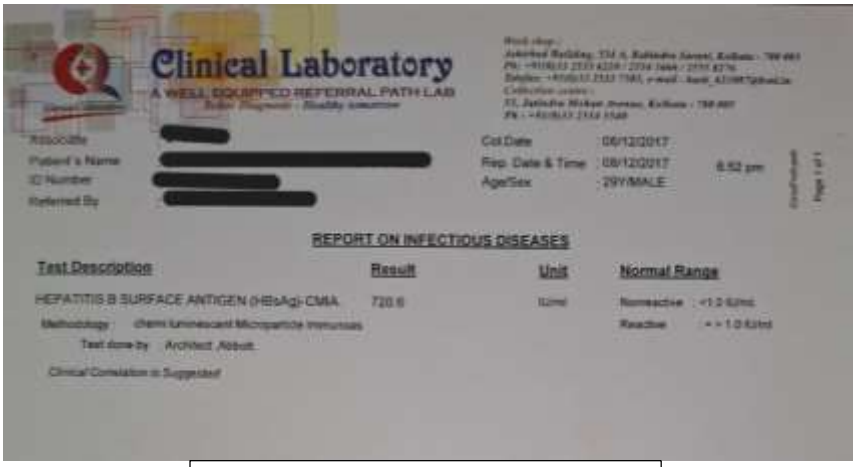

Fig. 8. HbsAg of Case 2 on 08.12.2017

History of Presenting Complaints:

The above-said complaints appeared near about 7-8 months ago and were treated with allopathic medicines, but there were no remarkable improvements. Patient had also a history of blood transfusion about 1 year ago. After that, the patient developed recurrent abdominal pain, nausea, sour brush and itching eruptions on various parts of the body.

Past History:

1. Jaundice at the age of 8 years.
2. Appendectomy at the age of 12 years.
3. Lung tuberculosis 3 years ago.
4. Recurrent tonsillitis since childhood.

Family History: Nothing significant

Physical General:

Thermal relation hot patient, desire for open air. Susceptibility to take cold easily with recurrent

tonsillitis. Appetite was good; cannot tolerate hunger. Desire for meat, pungent, sour, hot food. Tongue white-coated with less thirst, drinks water while eating. Sweat profuse, on face and palms. Stool was semisolid, incomplete and offensive.

Mental General:
Mild, prefers company, slow in activity, having weeping and sentimental mood.

Clinical Examinations:
The patient was alert, conscious, and cooperative. Ill-nourished with general emaciation, body weight 46 kg. Nothing significant detected on local examinations.

Diagnosis:
His blood test was done 08th December 2017 for HBsAg level which came 720.6 IU /ml. (Shown in Fig. 8) with the clinical symptoms and test report, diagnosis is made.

Totality of Symptoms:
After analyzing the case, characteristic mental and physical symptoms were taken into account. The following symptoms guided the formation of the totality of symptoms, which are as follows: mild, prefers company, slow in activity, having weeping and sentimental mood, thermal relation hot patient, desire for open air. Easily catches cold with recurrent tonsillitis, recurrent abdominal pain, which is more aggravated at night, past history of lung tuberculosis, general emaciation and gradual weight loss with wasting of muscles.

Repertorial Analysis:
Considering the above-mentioned symptoms Repertorization was done using Hompath ZOMEO software (Shown in Fig. 09). Calcarea iodata. covered 5 rubrics with score of 14 followed by Arsenicum album (score 13), Calcarea Carbonicum. (Score 12), Iodum (Score 12).

Fig. 9. Repertorization of Case 2

Probable Miasmatic Analysis:
After analyzing the case and going through the miasmatic analysis (Shown in Table No. 3) the predominant miasm came out to be is Psora with influence of syphilis.

Table No. 3- Probable Miasmatic Diagnosis of Case No. 2

Symptoms	Probable Miasmatic Background
Thermal Relation Hot Patient With Desire For Open Air	Psora
Appetite Good, Cannot Tolerate Hunger	Psora
Susceptibility To Take Cold Easily With Recurrent Tonsillitis.	Psora
Pain Aggravates More At Night	Syphilis
General Emaciation	Psora
Gradual Weight Loss Wasting Of Muscles	Syphilis
Past History Of Lung Tuberculosis	Psora + Syphilis

Treatment Given:
After forming the totality of symptoms, repertorization and analyzing of miasmatic background and consulting with Materia Medica choice of medicine come to Calcarea iodata 200, two doses were given and he was

advised to take the medicine on an empty stomach once in the morning for two consecutive days. Followed by placebo for 28 days. He was asked to come for follow-up after 1 month. The follow-up is given in Table No. 4.

Table No. 4: Follow Up and Outcome of Case No. 2

Date	Symptoms	Prescribed Treatment
14/12/2017	Recurrent Abdominal Pain, Which Is More Aggravated At Night With Nausea, Sour Brush, Gradual Weight Loss And Itching Eruptions On Various Parts Of The Body.	Calcarea Iodata 200, 2 Doses Were Given And He Was Advised To Take The Medicine On An Empty Stomach Once In The Morning For Two Consecutive Days. Followed By Placebo For 28 Days Once InMorning
12/01/2018	Nausea And Sour Brush Slightly Reduced	Calcarea Iodata 200 2 Doses Were Given And Advised To Take The Medicine On An Empty Stomach Once In The Morning For Two Consecutive Days. Followed By Placebo For 28 Days Once In Morning
10/02/2018	Abdominal Pain, Nausea, Sour Brush And Itching Slightly Reduced	Calcarea Iodata 200 2 Doses Were Given And Advised To Take The Medicine On An Empty Stomach Once In The Morning For Two Consecutive Days. Followed By Placebo For 28 Days Once In Morning
12/03/2018	Better Than Before	Placebo Was Given
15/04/2018	Much Better Than Before	Placebo Was Given
17/05/2018	There Was No Tendency For Nausea And Occasional Sour Brush, Reduced Abdominal Pain, And A Weight Gain Of 6 Kg.	Calcarea Iodata 200 2 Doses Were Given And Advised To Take The Medicine On An Empty Stomach Once In The Morning For Two Consecutive Days. Followed By Placebo For 28 Days Once In Morning.
16/06/2018	Better Than Before, Tendency To Recurrent Tonsillitis Reduced.	Placebo Was Given
18/07/2018	Better Than Before With Weight Increases	Placebo Was Given
18/08/2018	There Was No Nausea Or Sour Brush, But Occasional Abdominal Pain With A Body Weight Of 56 Kg.	Calcarea Iodata 1M 2 Doses Were Given And Advised To Take The Medicine On An Empty Stomach Once In The Morning For Two Consecutive Days. Followed By Placebo For 28 Days Once In Morning
20/09/2018	Symptoms Much Improvement Than Before	Calcarea Iodata 1M 2 Doses Were Given And Advised To Take The Medicine On An Empty Stomach Once In The Morning For Two Consecutive Days. Followed By Placebo For 28 Days Once In Morning
24/11/2018	All Presenting Physical Complaints Were Gone, And The Blood Hbsag Level Became 0.36 IU/Ml (Shown In Fig. 10) With A Body Weight Of 61 Kg.	Placebo Was Given

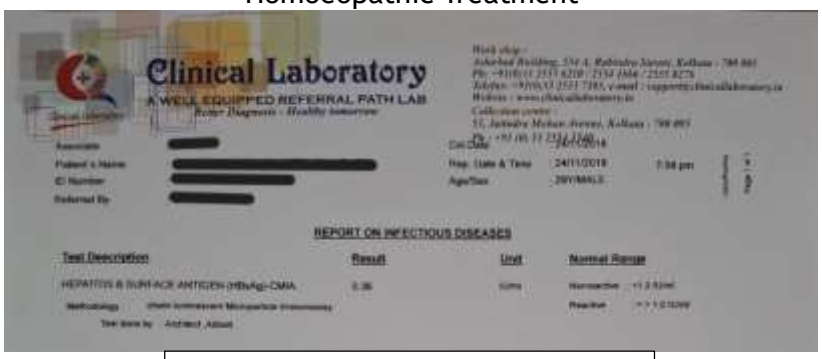

Fig. 10. HbsAg of Case 2 on 24.11.2018

Evaluation

A male patient of 23 years age has come to OPD on 14th December 2017, with symptoms of recurrent abdominal pain, sour brush, weight loss etc. with a blood HBsAg level of 720.6 IU/ml on 08/12/2017. Individualised homoeopathic medicine Calcera Iodata 200, 2 doses were prescribed with placebo. On the next visit on 12th January 2018, the nausea and sour brush slightly reduced, and after several visits, with repeated prescription of calcarean iodata 200 and placebo intermittently, on 24th November 2018, all presenting physical complaints were gone, and the blood HBsAg level became 0.36 IU/ml (Shown in Fig. 10). Ultimately, he was free from any symptoms and gained some weight. Another complaint of the patient was of readily catching cold with recurrent tonsillitis also subsided in the due course of treatment.

Case 3

Patient Information:

A male patient of age 46 years came on 15th October 2019 with complaints of fever, weakness for last one week. The episode of fever was coming every day at evening time along with burning sensation in eyes without any redness or watery eye. Color of urine was yellowish.

History of Presenting Complaints:

Previously he went to allopathic physician where laboratory investigation revealed Jaundice with high bilirubin level and high value of Hepatitis B surface antigen. He didn't take the prescribed medicine and looked for homeopathic treatment.

Physical General:

Appetite was present, could tolerate hunger. Desire for pungent, cold or mild hot food. Aversion to sweet, hot food. Thirst was less. Tongue was dry, white coated with imprint of teeth. Stool was semisolid, white in color, regular, once daily, with offensive smell. Urine was yellowish color without any burning sensation. Sweat was moderate, more on face. Thermal relation was chilly. Palms were hot. Sleeps good and dreams of regular activities.

Mental General:

Patient was cooperative, gentle but short tempered, gets angry easily from slight causes that irritates him. Whenever he gets angry it makes him restless and sometimes it causes headache. Preferred to do his works speedily but now he have become slow. Preferred company of known people.

Clinical Examination:

Patient was well built with body wight of 65kg. Blood pressure was 120/86 mm of hg. Pulse rate was 80 beats per minute. Palms were hot to touch and yellowish in color. Bulbar conjunctiva was yellowish.

Diagnosis:

He had done blood test for Hepatitis B surface antigen (HbsAg) on 09.10.2019 which came out as Reactive with a value of 139.6 COI. (Shown in Fig. 11) LFT showed high total bilirubin level 12.89mg/dl, Conjugated bilirubin- 6.73mg/dl, Unconjugated bilirubin- 6.16mg/dl, SGPT(ALT)-41 U/L, SGOT(AST)-
119U/L. (Shown in Fig. 12) Based upon the clinical presentation and laboratory investigation this case was diagnosed as a case of Hepatitis B with Jaundice.

Fig.12. LFT of Case 3 on 09.10.2019

Fig. 11. HbsAg of Case 3 on

Totality of Symptoms:
Mental irritability.
Gets angry from slightest cause with ailments from it.
Evening rise of temperature with burning pain in eyes.
Desire for cold food.
Aversion to warm food.
Thirst was less in quantity
Tongue dry, white coated.
Palms were hot.
Stool was white in color with offensiveness.

After forming the totality repertorization was done with the help of Homepath ZOMEO Software (Shown in Figure 13). *Pulsatilla* was the medicine which scored highest with a score of 29 and covering 11 symptoms. Next medicine was *Lycopodium* with score of 22 covering 11 symptoms followed by *Phos., Ars., Nux-Vomica, Aconite, Belladonna.*

Fig. 13. Repertorization of Case 3

Probable Miasmatic Analysis
After analysing the case and going through the miasmatic analysis (Shown in Table No. 5) the probable miasmatic background came out to be mixed miasmatic condition with predominancy of Psora with influence of syphilis.

Table No. 5- Probable Miasmatic Diagnosis of Case No. 3

Symptoms	Probable Miasmatic Background
Mental Irritability	Psora
Gets Angry From Slightest Cause With Ailments From It.	Psora
Thirst Was Less In Quantity	Psora
Desire For Cold Food.	Syphilis
Aversion To Warm Food.	Syphilis

Stool Offensive	Sycosis

Therapeutic Intervention:

Based upon the totality of symptoms and consulting with Repertory using Homepath ZOMEO Software (Shown in Figure 13) and going through Materia medica the medicine which was selected is Pulsatilla. Pulsatilla 200, four doses were given. Patient was advised to take each dose of *Pulsatilla* 200 at four-hour interval, followed by Placebo, twice daily at morning and evening in empty stomach for two weeks. Follow up and outcomes given in Table No. 6.

Table No. 6: Follow Up and Outcome of Case No. 3

Dates	Symptoms	Prescription
15.10.2019	Fever in evening with burning eyes. Weakness. Yellowish urine.	*Pulsatilla* 200, four doses were given. Advised to take medicine in empty stomach at four-hour interval followed by placebo twice daily for two weeks.
28.10.2019	Patient was better. Episodes of fever were absent. Urine color normal. Weakness present. Thirst slight increase.	Placebo was given. To be taken once daily in empty stomach for one month.
26.11.2019	No more recurrence of fever. Burning of eyes decreased. Weakness less than before. Sour taste in mouth for last few days during evening time better by drinking cold water	Pulsatilla 1M, Two Doses have been given. To be taken once daily in empty stomach in early morning followed by placebo once daily for one month. LFT done on 12.11.2019 showed improvement of the patient with reduced levels of total bilirubin (1.89mg/dl), conjugated bilirubin (1.10mg/dl), Unconjugated bilirubin (0.79mg/dl), SGOT/AST (21.5 U/L), SGPT/ALT (24.7 U/L) (Shown in Fig. 14)
24.12.2019	Patient was better. Thirst increased. Absence of sourness in mouth and weakness. Urine color normal	Placebo was given. On 22.12.2019 HbsAg Card Test showed non-Reactive result. (Shown in Fig. 15) Patient was kept under observation for next three months.
06.04.2020	No recurrence of symptoms was seen.	No medicine was given.

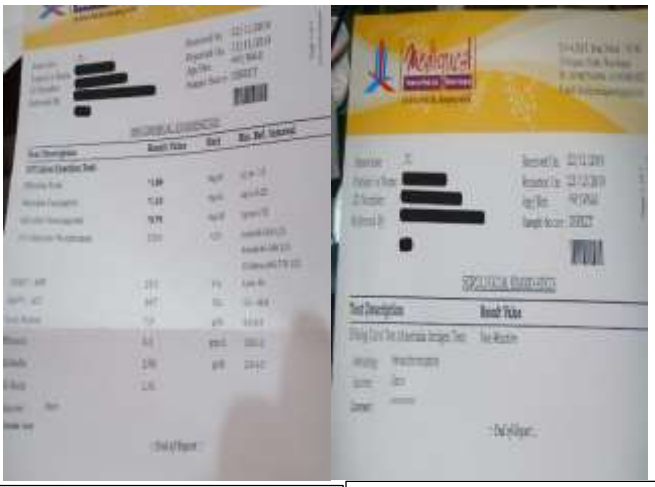

Fig.15. HbsAg of Case 3 on 22.12.2019

Fig.14. LFT of Case 3 on 12.11.2019

Evolution:

A 46-year-old male presented with complaints of evening rise of fever, weakness, burning sensation in eyes, and yellowish urine for one week. Investigations revealed Hepatitis B infection with reactive HBsAg (139.6 COI) and jaundice with elevated bilirubin levels (Total bilirubin 12.89 mg/dl). Based on clinical findings and laboratory investigations, the case was diagnosed as Hepatitis B with jaundice. After detailed case taking and repertorization using Homepath ZOMEO Software, Pulsatilla was selected as the constitutional remedy. Pulsatilla 200 was prescribed initially, followed later by Pulsatilla 1M according to symptom changes. Gradual improvement was observed in fever, weakness, burning of eyes, urine colour, and general condition. Follow-up investigations showed marked improvement in liver function parameters with normalization of bilirubin and liver enzymes. On 22 December 2019, HBsAg card test became non-reactive. The patient remained symptom-free without recurrence during further observation till April 2020.

DISCUSSION

The present case series describes the clinical and laboratory improvement observed in three patients diagnosed with Hepatitis B who were managed with individualized homoeopathic treatment. Across the cases, improvement was noted not only in subjective symptoms such as weakness, anorexia, dyspepsia, abdominal discomfort, and jaundice, but also in objective laboratory parameters including liver function tests and serological markers. The individualized prescription strategy, based on totality of symptoms and constitutional characteristics, was followed in all cases. In addition, the Modified Naranjo Criteria for Homoeopathy (MONARCH) (Shown in Table No. 7) was applied in all three cases to assess the causal attribution between the intervention and clinical outcome, and positive scores were obtained in each case, supporting a likely association between the individualized homoeopathic treatment and the observed improvement.

Table No. 7: Assessment of the Cases According To MONARCH (Modified Naranjo Criteria for Homeopathy)

Domains	Case 1	Case 2	Case 3
1. Was There An Improvement In The Main Symptom Or Condition For Which The Homeopathic Medicine Was Prescribed?	+2	+2	+2
2. Did The Clinical Improvement Occur Within A Plausible Timeframe Relative To The Drug Intake?	+1	+1	+1
3. Was There An Initial Aggravation Of Symptoms?	0	0	0
4. Did The Effect Encompass More Than The Main Symptom Or Condition (I.E., Were Other Symptoms Ultimately Improved Or Changed)?	+1	+1	+1
5. Did Overall Well-Being Improve? *(*Suggest Using Validated Scale*)*	+1	+1	0
6A. *Direction Of Cure:* Did Some Symptoms Improve In The Opposite Order Of The Development Of Symptoms Of The Disease?	+1	+1	+1
6B. *Direction Of Cure:* Did At Least Two Of The Following Aspects Apply To The Order Of Improvement Of Symptoms: □ From Organs Of More Importance To Those Of Less Importance? □ From Deeper To More Superficial Aspects Of The Individual? □ From The Top Downwards?	0	0	0
7. Did "Old Symptoms" (Defined As Non-Seasonal And Non-Cyclical Symptoms That Were Previously Thought To Have Resolved) Reappear Temporarily During The Course Of Improvement?	0	0	0
8. Are There Alternate Causes (Other Than The Medicine) That—With A High Probability—Could Have Caused The Improvement? (Consider Known Course Of Disease, Other Forms Of Treatment, And Other Clinically Relevant Interventions)	+1	+1	+1
9. Was The Health Improvement Confirmed By Any Objective Evidence? (E.G., Laboratory Test, Clinical Observation, Etc.)	+2	+2	+2
10. Did Repeat Dosing, If Conducted, Create Similar Clinical Improvement?	0	+1	+1

Total Score	9	10	9

Hepatitis B virus (HBV) infection continues to be a major global public health problem, affecting millions worldwide despite advances in vaccination and antiviral therapy. According to the World Health Organization (WHO), approximately 254 million people were living with chronic Hepatitis B infection in 2022, and nearly 1.1 million deaths annually are attributed to complications such as cirrhosis and hepatocellular carcinoma (WHO, 2024). The WHO Global Hepatitis Report 2024 further emphasized that viral hepatitis remains responsible for nearly 3,500 deaths per day worldwide, while nearly 6000 new infections occur daily worldwide, highlighting the continuing burden of the disease and the gaps in access to diagnosis and treatment. Hepatitis B accounts for about 83% of hepatitis-related deaths, whereas hepatitis C contributes about 17%. Only 13% of people with hepatitis B are diagnosed, and merely 3% receive treatment. The report concludes that urgent action between 2024 and 2026 is necessary to achieve the global target of eliminating viral hepatitis as a public health threat by 2030.[15]

Conventional therapy primarily focuses on antiviral agents such as nucleos(t)ide analogues and interferon-based therapy aimed at suppression of viral replication and prevention of disease progression rather than achieving complete functional cure, thereby necessitating continued exploration of newer and complementary therapeutic approaches.[16] Although these therapies have significantly reduced mortality and disease progression, they rarely achieve complete viral eradication or functional cure. Kazmi et al. (2024) noted that antiviral resistance and long-term disease progression continue to remain significant concerns in chronic HBV infection management. [17] Prolonged treatment duration, adverse effects, development of resistance, the need for prolonged monitoring and financial burden remain important limitations of conventional management. [18] [19]

Consequently, increasing attention has been directed toward integrative and complementary therapeutic approaches that may enhance patient well-being and provide supportive care. Previous literature in homoeopathy has reported encouraging outcomes in hepatic disorders, including viral hepatitis and chronic liver diseases, with individualized homoeopathic prescriptions showing improvement in symptoms, liver function parameters, and overall quality of life. Sarter et al. reported two cases of chronic viral hepatitis that had failed conventional therapy but subsequently demonstrated sustained remission following treatment with homoeopathic medicines, with follow-up monitoring of viral markers and liver function tests.[20] A retrospective observational study titled "An Evidence Based Clinical Study on Homoeopathic Treatment of Hepatitis B Patients" evaluated 18 confirmed Hepatitis B cases treated with individualized homoeopathic medicines and assessed outcomes using HBV DNA quantitative investigations during follow-up.[21]

These three cases in the case series exhibited heterogenous clinical manifestation of Hepatitis B infection. Case 1 and case 3 manifested symptoms like jaundice, generalised fatigue, discoloration of urine abdominal pain, and raised serum bilirubin level. In case 1 additionally presented with raised hepatic transaminase, suggestive of substantial hepatocellular injury. In case 2 mainly presented with prolonged constitutional pattern characterised by recurrent abdominal pain nausea, sour eructation, progressive weight reduction and loss of muscle mass. case 3 showed comparatively rapid symptom relief along with early normalisation of biochemical levels. patient became clinically stable without recurrence of the symptoms and HbsAg testing later became non-reactive. Likewise, in case 1 marked biochemical and clinical improvement was seen. Serial monitoring of HbsAg revealed gradual decline from reactive to weakly reactive and ultimately to non-reactive status during continued observation. Compared to other two cases, case 2 showed more gradual but persistent course of improvement extending over several months. Follow up assessment revealed gradual relief of symptoms and reduction in hbsag value from 980 iu/ml to 0.36 iu /ml.

In all three cases the therapeutic approach was individualised homoeopathic prescribing based on totality of symptoms, considering patients disease as a whole rather than solely on the basis of disease pathology. pulsatilla, phosphorus, calcarea iodata were selected on distinct characteristic and constitutional features observed through drawing the portrait of the disease, on the basis of totality of symptoms at different phases of illness.

Decision regarding remedy repetition and placebo administration were made according to periodic assessment of symptoms evaluation during follow-up. In case 1 prescription was subsequently modified from phosphorus to calcarea iodata following the emergence of modified symptoms totality, thereby highlighting the dynamic and individualised approach to homoeopathic therapeutics.

The novelty of this case series lies in the documentation of individualized homoeopathic management of confirmed Hepatitis B cases with serial laboratory monitoring and outcome assessment through MONARCH scoring. The integration of objective biochemical investigations with standardized homoeopathic outcome assessment strengthens the scientific reporting of the cases. The observed improvement in serological and biochemical parameters alongside symptomatic recovery may indicate a possible therapeutic role of individualized homoeopathic intervention; however, definitive causality cannot be established through a case series alone.

The number of cases included is small, limiting the generalizability of the observations. Chronic Hepatitis B may demonstrate variable clinical behaviour over time, and therefore improvement cannot be conclusively attributed solely to the intervention. Viral load monitoring, longer follow-up periods, and controlled comparative studies would further strengthen future research in this area.

The scientific rationale for the conclusions presented in this case series is based on the temporal relationship between individualized homoeopathic treatment and sustained improvement in both clinical symptoms and laboratory parameters, supported by positive MONARCH scores in all three cases. Remedy selection was guided by classical homoeopathic principles of individualization and symptom similarity. The consistency of improvement across all cases, together with favourable outcome assessment, suggests that individualized homoeopathic treatment may have contributed to the observed recovery. Nonetheless, further large-scale, controlled, and reproducible studies are required to establish stronger scientific evidence regarding the role of homoeopathy in Hepatitis B management.

CONCLUSION

This case series demonstrates improvement in clinical symptoms and laboratory parameters among three patients with Hepatitis B managed with individualized homoeopathic treatment. Positive MONARCH assessments in all three cases supported a likely association between the intervention and the observed outcomes. Although individualized prescribing remained the basis of treatment, *Calcarea iodata* emerged as a promising medicine in these cases and may warrant further clinical exploration in Hepatitis B and hepatic disorders. The findings suggest that individualized homoeopathy may offer a supportive and patient-centered therapeutic approach in selected cases; however, larger controlled studies are necessary to validate these observations and establish stronger scientific evidence.

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