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Case Study

CASE STUDY ON "BRIC"

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ABSTRACT

The case was diagnosed as BRIC (Benign Recurrent Intrahepatic Cholestasis) in Narayana Hrudayalaya surgical hospital (3rd phase, Devanur. Mysore) in August 2013.

BRIC is rare condition which affects approximately 1 in 50,000 to 100,000 people worldwide[1] usually present in adolescence and is caused due to mutation in the ATB8B1 gene, which lies on chrmose 18 and encodes F1C1 (Femilial intrahepatic cholistasis 1)[2]. It is characterized by pruritis, followed by yellowing of the skin and sclera of the eyes (jaundice), vague feeling of discomfort (malaise), irritability, nausea, vomiting, and a lack of appetite.

After observing the signs and symptoms of the disease the case was diagnosed as koshta shakashrita kamala associated with amlapittavasta and treated by giving shamanaushdhis and a course of virechana. The results were assessed by grading the signs and symptoms at particular intervals and laboratory investigations before and after study. The results reveal the significant response over various subjective and objective parameters.

Keywords: BRIC, Jaundice, Kamala, Amlapitta, Virechana,.

INTRODUCTION

Benign recurrent intrahepatic cholestasis (BRIC) is characterized by episodes of liver dysfunction. During these episodes, the liver cells have a reduced ability to release a digestive fluid called bile. Because the problems with bile release occur within the liver (intrahepatic), the condition is described as intrahepatic cholestasis. Episodes of cholestasis can last from weeks to months, and the time between episodes, during which there are usually no symptoms, can vary from weeks to years[1].

The first episode of cholestasis usually occurs in an affected person's teens or twenties. An attack typically begins with severe itching (pruritus), followed by yellowing of the skin and sclera of the eyes (jaundice) a few weeks later. Other general signs and symptoms that occur during these episodes include a vague feeling of discomfort (malaise), irritability, nausea, vomiting, and a lack of appetite. A common feature of BRIC is the reduced absorption of fat in the body, because of a lack of fat absorption and loss of appetite. Affected individuals often lose weight during episodes of cholestasis[1].

The disease BRIC exactly cannot be correlated to any disease in ayurveda but the signs and symptoms of this disease matches with koshtashakashrita kamala associated with amlapitta. Which will be having the symptoms like haridra netra, haridra twak, haridra nakha and haridra anana, raktapeeta shakrunmutra, bekha varna, hatendriya, daha, avipaka, dourbalya, sadana, aruchi, klama, utklesha, tiktamlodgara, gaurava and hruth kanta daha.

In this study patient had symptoms related to Koshtashakashrita kamala associated with amlapitta Vis-à-vis BRIC. Hence the patient was administerd with the drugs having the property of amapachana, amlapittahara and yakruth rakshana (hepatoprotective). After patient attained bala virechana was administered.

CASE HISTORY

A male patient with name Mr. Ravi (name changed) aged 24yrs, from nandagokulam, Mysore got admitted to bed no 20, Ayu male 1st ward, Govt Ayurveda Medical College, Mysore on 26/09/2013 with OP No 3201, IP No 654. With following complaints ;

Peeta netrata, peetamutrata since 6 years and kandu all over the body since 6 years these are intermittent in nature but aggravated since 3 months. Chardi since 6 years which is intermittent in nature and aggravated since 20 days. Atisara

since 20 days. Dourbalya, aruchi, klama, avipaka since 20 days.

VEDANA VRITTANTA

Patient has given a history of peeta netrata and peete mutrata associated with kandu all over the body since 6 years. It was sudden in onset and intermittent in nature, which was aggrevated since 3 months. Chardi was also present since 6 years. It was projectile and intermittent in nature which got aggrevated since 20 days. Atisara was present 6-8 times per day since 20 days. Along with this patient also complains of dourbalya, aruchi, klama and avipaka since 20 days.

Aggravating and relieving factors for the above said complaints are nothing specific. There was slight relief from peeta netrata and peeta mutrata whenever patient takes treatment, but would re-occur again after he stops treatment.

GENERAL EXAMINATION:

Built: Normosthenic
Appearance-Ill look
Weight - 50 Kg
Height - 5.3 ft
Pallor - Absent
Icterus - Present (+++)
Cynosis - Absent
Clubbing, edema, lyphadenopathy - Absent

SYSTEMIC EXAMINATION:

GIT EXAMINATION

Inspection:
Shape: Scaphoid, Umbilicus: Inverted, Venous engorgement, any visible lump and scar marks: Absent
Palpation: Superficial tenderness, deep tenderness and muscle guarding: Absent.
Visceral: Liver : Not palpable.
Tenderness: Absent
Border: Rounded
Nodularity: Absent
Spleen: Not palpable
Tenderness: absent
Border: Rounded
Auscultation: Bowel sound- heard 2-3/min
Percursion : NAD

SAMPRAPTI GHATAKAS:

Dosha: Pitta ,Kapha
Dooshya: Rakta, Rasa
Agni: Raktadhatvagni, jataragni
Ama: Tathjanya
Udbhavasthana: Amashaya
Vyaktasthana: Netra, Mutra, Jihwatala
Srothas: Raktavaha, Rasavaha, Annavaha
Srothodusti: Sanga and vimargagamana
Adhisthana: Yakrith
Rogamarga: Abhyantara

INVESTIGATIONS :

Haematology: on 27/09/13
Hb% -- 13gm%
HBsAg (Elisa) – Negative
TC- 5900 cells/cmm
DC- P-60% ; E-4% ; L-33%; M-3%
RBS- 119 mg/dl

Urine

Albumin – Nil
Sugar – Nil
Micro – NAD
Bile salts - +++
Bile pigments – +++

LFT: On 30/09/13

Total bilirubin	9.7 mg/dl
Direct bilirubin	4.8 mg/dl
Indirect bilirubin	4.90 mg/dl

USG: Done on 12/12/08 and 2/11/09 : Sludge in gall bladder mild hepatomegaly.

TREATMENT GIVEN:

27/09/13 to 30/09/13
1. Ajamodadi chu 3grm tid after food with hot water
2. Syp vomitab 15ml SOS
3. Madiphala rasayana 15ml tid before food
4. Pravala panchamrutha rasa 1mg tid before food
5. Tab. Livina 1mg tid After food
6. Patoladi kashaya 15ml BD after food

On 30/09/13
Patoladi kashya was stopped
Tab. Amlycure DS 1mg tid after food
On 4/10/13
Tab.Livina was stopped and other medicines were continued till 20/11/13

After patient attained bala a course of virechana was conducted using sukumara ghrita for snehapana (given in arohana krama) and Nimbabhrita eranda taila for virechana.
After virechana same medicines were continued

METHOD OF ASSESSMENT OF TREATMENT :

For the purpose of assessment two criterions was considered. The first criterion was the relief of symptoms and the second criterion included changes in the biochemical values(LFT and USG abdomen was done before and after the treatment)

Symptoms	**scoring**
Peeta netrata	
PN0	Absent
PN1	Mild
PN2	Moderate
PN3	Severe
Peeta mutrata	
PM0	Absent
PM1	Mild
PM2	Moderate
PM3	Severe
Kandu	
K0	Absent
K1	Mild
K2	Moderate
K3	Severe
Chardi	
C0	Absent
C1	Mild
C2	Moderate
C3	Severe

Atisara		Aruchi	
A0	Absent	Ar0	Absent
A1	Mild	Ar1	Mild
A2	Moderate	Ar2	Moderate
A3	Severe	Ar3	Severe
Dourbalya		Avipaka	
D0	Absent	Av0	Absent
D1	Mild	Av1	Mild
D2	Moderate	Av2	Moderate
D3	Severe	Av3	Severe

Table 1: Showing the effect of intervention before and after treatment according to subjective criteria

Lakshanas	30/09/13	15/10/13	30/10/13	15/11/13	01/12/13
Peeta netrata	PN3	PN2	PN2	PN1	PN0
Peeta mutrata	PM3	PM2	PM1	PM0	PM0
Kandu	K3	K3	K2	K1	K0
Chardi	C2	C1	C0	C0	C0
Atisara	A2	A1	A0	A0	A0
Dourbalya	D3	D2	D1	D0	D0
Aruchi	Ar3	Ar2	Ar1	Ar0	Ar0
Avipaka	Av3	Av2	Av1	Av0	Av0

Table 2: Showing the effect of intervention before and after treatment according to objective criteria

Investigation	25/07/13	19/08/13	30/09/13	13/10/13	24/10/13	17/11/13	02/12/13	20/12/13
Total bilirubin	32.7 mg/dl	21.5 mg/dl	9.7 mg/dl	4.4 mg/dl	2.92 mg/dl	2.6 mg/dl	1.8 mg/dl	1.3 Mg/dl
Direct bilirubin	26.8 mg/dl	16.6 mg/dl	4.8 mg/dl	2.0 mg/dl	0.99 mg/dl	0.6 mg/dl	0.5 mg/dl	0.4 Mg/dl
Indirect bilirubin	5.9 mg/dl	4.9 mg/dl	4.90 mg/dl	2.40 mg/dl	1.93 mg/dl	2.00 mg/dl	1.30 mg/dl	0.90 Mg/dl

USG abdomen report before and after treatment:

12/12/2008	24/10/2013
Sludge in the gall bladder	Normal abdominopelvic scan

DISCUSSION

The prognosis of a genetic condition depends on many factors, including the specific diagnosis and an individual's particular signs and symptoms. Sometimes the associated genetic change, if known, can also give clues to the prognosis. Additionally, the course and outcome of a condition depends on the availability and effectiveness of treatment and management approaches[11].

The prognosis of very rare diseases can be difficult to predict because of few affected individuals have been identified. Prognosis may also be difficult or impossible to establish if a person's diagnosis is unknown. The prognoses of genetic disorders vary widely, often even among people with the same condition[11].

So in this case considering the dosha, dushya, agni, avasthapaka of doshas and the bala of the pateient, the treatment was planned. Depending on patients signs and symptoms that which resembles with shakashrita kamala associated with amlapittavasta. The treatment was planned according to chikitsa sutra of it i.e, amapachana was given, as nirama laxanas were observed amlapittahara and yakruth rakshana (hepatoprotactive) drugs were administered. After patient attained bala a course of virechana was given.

CONCLUSION

According to charaka samhita sutra sthana 19th chapter 44th shloka. Its not possible to name each and every disease and even its difficult to treat each and every disease just by naming. One can treat the disease after considering the dosha and dushya involved, part of the body involved (sthana), origin of the disorder (samuttana) and prakuti of the patient[12].

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