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 a rare condition which affects approximately 1 in 50,000 to 100,000 people worldwide¹ usually present in adolescence and is caused due to mutation in the ATB8B1 gene, which lies on chromosome 18 and encodes F1C1 (Familial intrahepatic cholestasis 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 years¹.

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 cholestasis¹.

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 administered with the drugs having the property of amapachana, amlapitahara 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 aggravated since 3 months. Chardi was also present since 6 years. It was projectile and intermittent in nature which got aggravated 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, lymphadenopathy - 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

**SAMPRAPTI GHATAKAS:**

Dosha: Pitta ,Kapha
Dooshya: Rakta, Rasa
Agni: Raktadhavagni, jataragni
Ama: Tathjanya
Udbhavasthaha: Amashayha
Vyaktasthaha: Netra, Mutra, Jihwatala
Srothas: Raktavaha, Rasavaha, Annavaha
Srothodusti: Sanga and vimargagamana
Adhisthaha: Yakrith
Rogamarga: Abhyantara

**INVESTIGATIONS :**

**Haematology:** on 27/09/13
Hb% - 13gm%
HBSAg (Elisa) – Negative
TC- 5900 cells/cm³
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

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bilirubin</td>
<td>9.7 mg/dl</td>
</tr>
<tr>
<td>Direct bilirubin</td>
<td>4.8 mg/dl</td>
</tr>
<tr>
<td>Indirect bilirubin</td>
<td>4.90 mg/dl</td>
</tr>
</tbody>
</table>

**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 kashya 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.

**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 )

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peeta netrata</td>
<td></td>
</tr>
<tr>
<td>PN0</td>
<td>Absent</td>
</tr>
<tr>
<td>PN1</td>
<td>Mild</td>
</tr>
<tr>
<td>PN2</td>
<td>Moderate</td>
</tr>
<tr>
<td>PN3</td>
<td>Severe</td>
</tr>
<tr>
<td>Peeta mutrata</td>
<td></td>
</tr>
<tr>
<td>PM0</td>
<td>Absent</td>
</tr>
<tr>
<td>PM1</td>
<td>Mild</td>
</tr>
<tr>
<td>PM2</td>
<td>Moderate</td>
</tr>
<tr>
<td>PM3</td>
<td>Severe</td>
</tr>
<tr>
<td>Kandu</td>
<td></td>
</tr>
<tr>
<td>K0</td>
<td>Absent</td>
</tr>
<tr>
<td>K1</td>
<td>Mild</td>
</tr>
<tr>
<td>K2</td>
<td>Moderate</td>
</tr>
<tr>
<td>K3</td>
<td>Severe</td>
</tr>
<tr>
<td>Chardi</td>
<td></td>
</tr>
<tr>
<td>C0</td>
<td>Absent</td>
</tr>
<tr>
<td>C1</td>
<td>Mild</td>
</tr>
<tr>
<td>C2</td>
<td>Moderate</td>
</tr>
<tr>
<td>C3</td>
<td>Severe</td>
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</tbody>
</table>
**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\(^1\).

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\(^1\).

So in this case considering the dosha, dushya, agni, avasthapaka of doshas and the bala of the patient, 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 (hepatoprotective) drugs were administered. After patient attained bala a course of virechana was given.

**REFERENCES**


2. Davidson’s principles and practice of medicine, edited by nicki r colledge, brian r walker and stuart h. Ralston. Elsevier, edition - 21\(^{st}\), 2010; pg :


**CONCLUSION**

According to charaka samhita sutra sthana 19\(^{th}\) chapter 44\(^{th}\) 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\(^2\).
8. Sahasra Yoga (Sanskrit Hindi Translation) translated by Dr. Ramanivas Sharma and Dr.Surendra Sharma,Chaukamba Sanskrit Pratishtana, Delhi, 2004, page no-431.
9. Sahasra Yoga (Sanskrit Hindi Translation) translated by Dr. Ramanivas Sharma and Dr. Surendra Sharma, Chaukamba Sanskrit Pratishtana,Delhi,2004,page no-300.

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