

Management of Infective Hepatitis

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INTRODUCTION

The term Infective Hepatitis is confusing. Viral Hepatitis is the appropriate term. It includes Infective Hepatitis, Serum Hepatitis and Hepatitis caused by yellow fever. It is probable that Infective Hepatitis and Serum Hepatitis are caused by 2 different strains of the same virus. In Infective Hepatitis, the onset is acute with an incubation period of 20 to 40 days, while in Serum Hepatitis the onset is insidious with an incubation period of 2 to 5 months. The former is spread by contact with carriers and faeces, while the latter is caused by transfusions or due to injecting with unsterile needles and syringes. Infective hepatitis occurs as an epidemic or in sporadic outbreaks. Unless complicated, the mortality rate is low.

Clinical Classification with Signs and Symptoms:

1. *Pre-icteric Stage*: lasts for a week. The presenting symptoms are loss of appetite, headache, vomiting, nausea, distension and fever. The liver is enlarged and tender.
2. *Active Stage*: lasts for 3 weeks. At this stage, icterus sets in, fever subsides, the urine is dark yellow or red in colour and stools are pale. The liver is enlarged and tender and more often than not, the spleen is enlarged. There is vomiting, loss of appetite, pain in the right upper abdomen.
3. *Convalescent Stage*: lasts for a month in which the return of the sense of well-being sets in. The appetite comes to normal and urine and stools return to their normal colours; the size and tenderness of the liver gradually decreases.
4. *Fatal hepatitis*: The patient develops the disease rapidly, hepatic coma sets in. The patient becomes drowsy, confused, develops vomiting, tremors and rigidity. Delirium sets in with fever and widespread haemorrhages, haematemesis and melaena. The outcome is fatal.
5. *Subacute Infective Hepatitis*: is rare and mostly confined to young women who develop mild fever, jaundice, loss of appetite and interest. There is persistent vomiting, enlarged liver and spleen, signs of hepato-cellular failure like vascular spiders, ascites, hypotension and tremors when coma sets in. The disease either leads to death or recovery with Cirrhosis of liver with hepato-cellular failure.
6. *Cholestatic Hepatitis*: In this condition, intrahepatic bile obstruction occurs with obstructive type of jaundice. The patient has severe itching and clay-coloured stools. However, the prognosis is good.

Laboratory Investigations:

- i. *Urine Investigations*: In pre-icteric and acute stages, bile salts and bile pigments are present with increased urobilinogen. In subacute type, urine shows bilirubin and urobilin.
- ii. *Blood Chemistry*: Abnormal bilirubin, positive Thymol Turbidity test, Zinc sulphate test and cephalin cholesterol test. SGOT and SGPT are elevated; serum alkaline phosphatase is raised to 30 KA. Units.

In subacute Infective Hepatitis, serum albumin is low. Gamma globulin is increased. Serum flocculation tests are positive. ESR is very high.

In Cholestatic Hepatitis, there is increase in Alkaline phosphatase, Serum flocculation tests are elevated. Transaminase reactions, cholangiography, prednisolone tests and liver biopsy reveal the diagnosis.

MATERIAL AND METHODS

Sixty five cases were included in this study. Almost all the patients attended our O.P.D. either in preicteric or acute stages. Soon after the diagnosis was made clinically, and conducting the laboratory investigations for confirmation, we first reassured the patients, educated the inmates and contacts to take prophylactic measures. Our treatment was based on treating the disease, as well as administering prophylactic measures to the inmates, contacts and the employees of our factory. The following regime was followed by us.

- i. *Prophylactic*: All the inmates, contacts and workers were administered Liv.52 tablets, 1 to 2 thrice daily. Spotting the areas, where there was epidemic, we administered Liv.52 tablets, 2 t.d.s. to the adults residing in that area and Liv.52 syrup 1 teaspoonful t.d.s. to children. We warned them to dispose off the urine and faeces of the patients with care.
- ii. *Curative*: We made the patients take rest. We advised them to take a diet containing more carbohydrates and proteins and restricted fat. Readily available fluids like glucose, sugar cane juice, fruit juices, sweet potatoes and buttermilk were advised. The patients and contacts were made to take boiled water and boiled foods. The patients were administered Liv.52 tablets in higher doses, 4 tablets thrice daily, Prednisolone 30 mg per day in divided doses and B. Complex capsules one per day.

Out of the 65 patients we attended, there were 25 mild cases, 25 moderate cases and 15 severe cases, their age varying from 2 years to 60 years. Disappearances of jaundice, (evident from negative bile salts, bile pigments and urobilinogen) and decrease in the size and tenderness of the liver, started from the 7th to 15th day. Urine and faeces came to normal colour. We gradually tapered the dose of prednisolone. We continued with higher doses of Liv.52 tablets and syrup for one more month and later on decreased the dose to 2 tablets t.d.s. for 4 months.

DISCUSSION

We could obtain 100% results in all cases. Diet restrictions on the patients, educating the inmates and contacts and prophylactic administration of Liv.52 to the contacts were advocated. This prevented the contacts from getting infected with Viral Hepatitis. Our suggestion in seeing that the urine and faeces of the patients was disposed off carefully also helped in preventing the contacts getting infected. We did not administer Human Serum Gamma Globulins as we personally feel that they are not free from reactions, may cause temperature, urticaria, pain at the site of injection and may even predispose to Serum Hepatitis, apart from high cost of the medicine.

ADMINISTRATION OF Liv.52

Interestingly, Liv.52 increased appetite, weight gain, freedom from insomnia and alertness among the patients as well as the contacts. Underweight children gained weight, complaints like dyspepsia, abdominal cramp decreased and a sense of well-being was noted. Two patients suffering from tingling and numbness since several years, despite the administration of B₁, B₆ and B₁₂ reported to us that there was some relief after taking Liv.52 tablets.

SUMMARY

We could obtain 100% cure, in Viral Hepatitis by administration of Liv.52 tablets and syrup. We noticed its stimulant properties on appetite as well as decrease in hyperacidity and increased alertness and relief of insomnia and gain in weight. We did not however observe any side effects with Liv.52. We did not notice any adverse effects even when we administered Liv.52 drops in infants with neonatal jaundice caused by umbilical sepsis. Our findings encouraged us to conduct further study on Liv.52 – whether it has any relaxant effects and whether it acts on hypothalamus and endocrinal systems, in stimulating the appetite centre, and on sleeping centre in the hypothalamus and produces orexonogenic effects.

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