

Management of Hepatitis-B through Traditional Siddha formulation - *Annabedhi* Capsule : Case Series

Lekha G S *

Research Officer (Siddha), Siddha Regional Research Institute (SRRI), Thiruvananthapuram, Kerala, Central Council for Research in Siddha (CCRS), Ministry of Ayush, Govt. of India.

ABSTRACT:

Hepatitis B virus (HBV) is a major global health concern, chronicity of which may leads to cirrhosis and/or Hepatocellular carcinoma. Siddha system of medicine exemplifies a group of diseases under *Manjal Kaamaalai* in which the clinical manifestation is Jaundice. On this arena, Siddha system explained certain treatment modalities and indicated few formulations which can be applied according to the aetiology and pathophysiology of subjects affected. This article explains case studies on Six Hepatitis B positive subjects by collecting few data from a Traditional Siddha Practitioner. Case 1 reveals the liver function tests of subject before and after treatment with a herbomineral formulation- *Annabedhi* Capsule 500 mg for the period of 2 months. There were gradual reduction of Serum Bilirubin levels of subjects and HBsAg test turned negative within 10 days to 3 months. There were fast clearance of symptoms and no complications i.e, ADR or AE reported during the intake of medicine. There was no recurrence of Hepatitis to the above said subjects until the observational period of 5 years and hence it was concluded that, Hepatitis can effectively be cured by the use of herbomineral formulation. The study with large sample size and detailed investigation is essential to scientifically validate the traditional formulations and to explore the effectiveness of drug for the benefit of public.

KEYWORDS: Bilirubin, Hepatitis B, *Kaamaalai*, Liver function, Siddha.

Received: 30.07.2024 Revised: 20.08.2024 Accepted: 12.09.2024 Published: 21.09.2024



[Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/)

© 2024 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

Quick Response Code



*Corresponding Author:

Dr. Lekha G S

Research Officer (Siddha),
Siddha Regional Research Institute, Thiruvananthapuram,
Kerala, India.

Email: lekha_doctor@yahoo.co.in

INTRODUCTION:

Hepatitis B virus (HBV) is a major global health concern; World Health Organization (WHO) estimated in 2019 that 296 million people were chronically infected and living

with hepatitis B, which is disproportionately high burden in low- and middle-income countries.^[1] Even with universal vaccination programs and availability of efficacious treatment, the burden of HBV-related

disease remains high in developed and developing countries.^[2] India falls in the intermediate hepatitis B virus (HBV) endemicity zone with the prevalence rate of 2–7% (an average of 4%), with a disease burden of about 50 million.^[3] HBV infection still remains the most common aetiology of Hepato cellular Carcinoma (HCC) all over India. A recent all-India survey revealed that 43% of HCC cases are HBV-associated; prevalence among HCC cases is 42% in the south, 39–69% in the north and 82% in the west.^[3]

Hepatitis B is a vaccine-preventable liver infection, which in some individuals can progress to a chronic, life-long infection. Chronic hepatitis B (CHB) can result in serious complications including cirrhosis, liver failure and liver cancer (hepatocellular carcinoma, HCC).^[4] Currently, there are approved therapies to control and manage symptoms, slowing or preventing disease progression to cirrhosis and liver cancer. However, not every person living with CHB is eligible for treatment with these medications.^[5] There is a need of treatments once diagnosed with no symptoms as they can reduce liver cancer-risk.^[5] Research and development of novel treatments to control or eliminate the virus and reduce age-adjusted liver cancer risk are ongoing.^[5,6]

Siddha System one among the Indigenous Medicine, practiced through centuries in southern parts of India; is a holistic approach to health in which treatment and prognosis is total, i.e., relating to all systems in the body and mind. There are lakhs of formulations are available in Siddha system of Medicine; though a few are documented; countless others are still in the form of scripts and palm leaves, classified in nature. The Siddha system of medicine has evolved various methods for transforming inorganic substances into atomic and ionic form via organized processes, which can be easily absorbed in

the body and consequence in highly efficacious products.

According to the Siddha literature, Hepatitis is one among the 13 types of *Manjal Noi* (*Manjal Kaamaalai*) in which the clinical manifestation is yellowish discoloration of urine, eyes, tongue and body. The Vitiated *Azhal* humour in *Manjal Kaamaalai* is being expressed as Jaundice, aversion of food, indigestion, nausea, bitter taste in mouth, etc. The management of *Manjal Kaamaalai* is broadly discussed in Siddha literatures.^[7]

In these Case studies, after assessing the patient and taking consent, the whole treatment was initiated and the diet was planned according to the individual's body condition. There is a need of safe and effective drug for the treatment of Hepatitis B and the ultimate aim of the study is to prevent the development of cirrhosis, liver failure, and HCC. Hence there is a continuous search of novel, safe and effective therapeutics in this field.

This case studies revealed the application of a traditional Siddha formulation – Herbo-mineral drug - *Annabedhi* Capsule 500 mg which is being used since years for the treatment of Jaundice. The details of few of the cases treated was explained in this article.

PATIENTS' INFORMATION:

Case 1:

A Male Case of 56 years presented with the complaints of malaise, nausea, anorexia, abdominal discomfort, Pain in both limbs and joints. On Physical examination, yellowish discoloration of eyes - Sclera and nail beds was noted. The vital signs were normal and his *Naadi* was *Azhalvali*.

His laboratory report revealed HBsAg Positive and Serum Bilirubin level 4.5mg/dl. After **2 months** of treatment with the above said drug the Serum Bilirubin level reduced to 1.0 mg/dl and HBsAg test turned negative. The Patient was advised to reduce the diets

aggravating *Azhal* and *Vali* humour. The liver function tests of the Patient revealed that Serum Alkaline Phosphatase 439 U/L, SGOT 171U/L and SGPT 196U/L and it was reduced to 156 U/L, 11.8 U/L and 23 U/L respectively after treatment. His complaints also relieved gradually and the patient was followed for 5 years and it was observed that there was no recurrence of Hepatitis. The laboratory reports shown in Table1.

Case 2:

Male Case of 63 years presented with the complaints of Indigestion, anorexia, abdominal discomfort, fatigue, yellowish discoloration of eyes and nail beds. His *Naadi* was *Azhaliyyam*. His laboratory report revealed HBsAg Positive and Serum Bilirubin level 6.4mg/dl. After **2 months** of treatment with *Annabedhi* Capsule the Serum Bilirubin level reduced to 0.9 mg/dl and HBsAg test turned negative. His complaints also relieved gradually.

Case 3:

A 22 years Male Case presented with the complaints of voiding yellowish urine, fatigue, yellowish discoloration of eyes and nail beds. His *Naadi* was *Azhaliyyam*. His laboratory report revealed HBsAg Positive and taken medicine for **2 and half months** after that HBsAg test turned negative and the complaints also relieved gradually.

Case 4:

Male Case of 47 years presented with the complaints of malaise, abdominal pain, indigestion and nausea. His *Naadi* was *Azhalvali* and laboratory report revealed

HBsAg Positive and was turned negative in **1 month** of treatment with the above said drug.

Case 5:

Male Child of 9 years presented with the complaints of abdominal discomfort, malaise and yellowish urination. His *Naadi* was *Azhalvali*. His laboratory report revealed HBsAg Positive and turned negative in **10 days** of treatment with *Annabedhi* Capsule in the dose of 200mg twice a day. His complaints also relieved gradually.

Case- 6:

Male Case of 47 years presented with the complaints of fatigue, intermittent sneezing, rhinorrhoea, anorexia, vomiting and headache. His *Naadi* was *Iyyaaazhal*. His laboratory report revealed HBsAg Positive, after **1 month** of treatment with *Annabedhi* Capsule 500mg twice a day, HBsAg test turned negative. His complaints also relieved. The laboratory reports of five of the patients treated were depicted in Table 2.

During the entire treatment course and follow-ups, the patients were advised not to take oily, junk food. They have advised to take freshly home-cooked food timely, rice and buttermilk, seasonal green vegetables with minimal or no spices. Minimal use of electronic gadgets during the night and proper and fixed night sleep timing (10 PM–5 AM) was also advised to the Patients.

Few more cases with HBsAg Positive have also been treated with the above said drug and turned negative in 3 to 4 weeks. But the data of Investigational parameters were not collected from the Patients.

Table -1: Investigations of the patients before and after treatment:

Investigations	Before treatment	After treatment
Serum bilirubin total (mg/dl)	4.5	1
Direct (mg/dl)	3.1	0.4
Indirect (mg/dl)	1.4	0.6
Alkaline Phosphatase (U/L)	439	156
SGOT(U/L)	171	11.8
SGPT(U/L)	196	23
HBs Ag	Positive	Negative

Table- 2: S. Bilirubin levels of the patients before and after treatment:

Cases	Serum bilirubin total (mg/dl)		Direct (mg/dl)		Indirect (mg/dl)	
	Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Case 2	6.4	0.9	5.2	0.3	1.2	0.6
Case 3	8.26	1.08	5.62	0.24	2.64	0.84
Case 4	1.8	1.2	0.4	0.2	1.4	1
Case 5	2.1	0.9	1.5	0.09	0.6	0.81
Case 6	2.5	2.9	1.8	1.3	0.7	1.6

DISCUSSION:

The Cases explained in this study reported with HBsAg Positive and experienced symptoms like malaise, abdominal discomfort, Jaundice, etc. According to the line of treatment in Siddha System, the predominance of one among the three humours was balanced first using simple formulation - *antivatha* drugs, diuretic and *antibilious* drugs. Then the treatment based on body constitution of the subjects affected was initiated.

In the above said six cases the immunomodulatory and/ or antiviral Siddha formulation - *Annabedhi* Capsule was used according to the health status of the individuals. The patient got relief in the symptoms; bilirubin levels of the above said Patient's reduced gradually and HBsAg turned negative in the treatment duration of 10 days to 3 months as per the health status of the individuals. Regular exercise and intake of more proteinaceous diets were advised to the patient.

Study on Case 1 showed elevated levels of serum transaminases (SGOT and SGPT) and Alkaline phosphatase, that may be due to the intrahepatic lesion – Hepatitis and returned to normal after two months of treatment. This may implicate the healing of hepatic parenchyma and regeneration of Hepatocytes^[8]. There was no complication – Adverse Drug Reaction or Adverse Event reported during the intake of medicines or later on.

The herbo-mineral or herbal formulations commonly used in Siddha system for the treatment of Jaundice were having hepatoprotective activity and they restore the functional efficiency of the liver by protecting the hepatic parenchyma and promoting hepatocellular regeneration. The Pharmacological studies on *Annabedhi* based formulation – *Vediannabedhi Chendhooram* showed significant hepatoprotective activity at the dose of 23.4 mg and no significant adverse effects^[9]. Contempt to the advancement of modern medical facilities,

hepatitis B is a major global concern, fatal or followed with complications till date. Hence there is a need of alternative remedies for hepatitis and other viral diseases. These case studies proved positive outcome and hence further study on larger sample size is recommended to prove the efficacy of the drug.

CONCLUSION:

The case studies explored in this article shows that the HBsAg Positive cases treated with a herbomineral formulation- *Annabedhi* Capsule was cured and there was no recurrence of Hepatitis to the above said subjects. Hence the study with large sample size and detailed investigation is essential to scientifically validate the traditional formulations and to explore the effectiveness of drug for the benefit of public.

Limitation of study:

As the study reports the effect of drug in six cases only, the results of the study should not be generalized and hence we are recommending for the clinical trial in large sample size to prove the effectiveness.

Declaration of patient consent:

The patients were informed of the treatment and consent was obtained prior to the study for treatment and publication of cases without disclosing their personal identity.

Conflict of interest: Author declares that there is no conflict of interest.

Guarantor: Corresponding author is guarantor of this article and its contents.

Source of support: None

How to cite this article:

Lekha GS. Management of Hepatitis-B through Traditional Siddha formulation-

Annabedhi Capsule : Case Series. Int. J. AYUSH CaRe. 2024;8(3):417-421.

REFERENCES:

1. Guidelines for the prevention, diagnosis, care and treatment for people with chronic hepatitis B infection; World Health Organization, Hepatitis B. March 2024.
2. Scaglione and Lok; Effectiveness of Hepatitis B Treatment in Clinical Practice; Gastroenterology 2012; 142:1360–1368
3. Ray G. Current Scenario of Hepatitis B and Its Treatment in India. J Clin Transl Hepatol. 2017;5(3):277-296.
4. Kim SK, Fujii T, Kim SR, Nakai A, Lim YS, Hagiwara S, Kudo M. Hepatitis B Virus Treatment and Hepatocellular Carcinoma: Controversies and Approaches to Consensus. Liver Cancer. 2022;11(6):497-510.
5. Terrault NA, Lok ASF, McMahon BJ, Chang KM, Hwang JP, Jonas MM, Brown RS Jr, Bzowej NH, Wong JB. Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance. Hepatology. 2018;67(4):1560-1599.
6. Papatheodoridis GV, Chan HL, Hansen BE, Janssen HL, Lampertico P, et al. (2015) Risk of hepatocellular carcinoma in chronic hepatitis B: assessment and modification with current antiviral therapy. J Hepatol 62: 956-967.
7. Kuppusamy Mudaliar K. N. Siddha Maruthuvam - Pothu 7th edition. Chennai; Department of Indian medicine and Homeopathy publications; 2007:362.
8. Said S. Moselhy. Hepatoprotective effect of Cinnamon extracts against Carbon tetrachloride induced oxidative stress and liver injury in rats; *Biol Res* 2009, 42: 93-98.
9. G. S. Lekha; Evaluation of hepatoprotective activity of *Vediannabedhi chendbooram* in animal models; J. Chem. Pharm. Res., 2015, 7(10):569-579.