

MANAGEMENT OF HEPATIC ENCEPHALOPATHY WITH SUBDURAL HEMATOMA BY AYURVEDA

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ABSTRACT

Hepatic encephalopathy is an altered level of consciousness as a result of liver failure. Onset may be gradual or sudden. Other symptoms may include movement problems, changes in mood, or changes in personality. In the advanced stages it can result in a coma. Hepatic encephalopathy can occur in those with acute or chronic liver disease. Episodes can be triggered by infections, GI bleeding, constipation, electrolyte problems, or certain medications. The underlying mechanism is believed to involve the buildup of ammonia in the blood, a substance that is normally removed by the liver. The diagnosis is typically made after ruling out other potential causes. It may be supported by blood ammonia levels, an electroencephalogram, or a CT

scan of the brain. The symptoms of hepatic encephalopathy may also arise from other conditions, such as cerebral hemorrhage and seizures. In a small proportion of cases, the encephalopathy is caused directly by liver failure; this is more likely in acute liver failure. The mildest form of hepatic encephalopathy is difficult to detect clinically, but may be demonstrated on neuropsychological testing. It is experienced as forgetfulness, mild confusion, and irritability. The first stage of hepatic encephalopathy is characterized by an inverted sleep-wake pattern (sleeping by day, being awake at night). The second stage is marked by lethargy and personality changes. The third stage is marked by worsened confusion. The fourth stage is marked by a progression to coma. A male patient named XYZ of 65yrs old came in emergency with the diagnosis Hepatic Encephalopathy with subdural hematoma, the case is as follows-

KEYWORDS:

- Patrapottali sweda with kottamchukadi tail n kottamchukadi choorna along with aswagandha and bala choorna.(14 days).
- Annalepana was done over left lower limb. (14days).

After Treatment

Catheter was removed. Patient was able to walk with the support of walker. Patient had sufficient sleep at night. There was no irrelevant talk. Patient was discharged with oral medicines at home and regular follow up was taken.

DISCUSSION AND CONCLUSION

In this case, the patient when came in our hospital, he was in first stage of hepatic encephalopathy. From ayurvedic point of view, this stage in that patient was considered to be – one reason is vardhakyajanya awastha, and there was vitiated rasa and raktavaha srotasa. Due to vitiation of rasa dhatu, the ahararasa not formed in proper form and quantity, also the rakta dhatu got formed in excessive amount and there was kshaya of further dhatu. Also, the another cause of dhatukshaya was vardhaknya avastha. In this case, the rakta dhatu got formed in excessively and liver is the mulsthana of rakta dhatu and there was functional vikruti of liver no anatomical vikruti confirmed by ultrasound. As, the patient was catheterized, the poonarnavashtaka kwath was given which increases the proper renal function. Only the lipids can cross the blood brain barrier, as majja dhatu is one of the four snehas, the treatment was given accordingly. Kutaki kwath was given, kutaki is the most effective drug on liver. Its function is bhedana at cellular level and pitta rechana. Due to pittarechana there was elimination of excessive blood. It also maintains the proper function of liver. The another name of kutaki is tikta, it is explained shreshtha in tikta rasa and pachnarth due to this rasa dhatu is formed in its own quantity and quality. The panchakarma was given as balya for mansa and asthi dhatu. Thus, it was concluded that ayurvedic treatment is very useful in first stage of hepatic encephalopathy where liver is anatomically normal.

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