

Non Alcoholic Fatty Liver Disease (NAFLD) & the Use of Synthesis Repertory in It

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Abstract: *The burden of liver disease is increasing in India, the available data; however, show that cirrhosis and its complications are one of cause of increase in mortality in India. Hepatitis B and C, alcoholic liver disease, and non-alcoholic liver disease are probably the major contributors of cirrhosis and liver cancer-related mortality. These metabolic dysfunctional activities can be corrected by the help of homoeopathic medicine along with the help of homoeopathic repertories containing clinical rubrics. As there is no standardized treatment for fatty liver, it can be treated by treating the underline cause which can reverse the abnormal liver changes to normal one.*

Keywords: non alcoholic fatty liver, homoeopathy, synthesis repertory, liver

1. Introduction

Non alcoholic fatty liver disease (NAFLD) is caused by accumulation of extra fat in the liver cell & which is not caused by alcohol. If it remain untreated it may further lead to liver inflammation, liver fibrosis and cirrhosis & ultimately to liver cancer.

Normally liver store some fat but if its accumulation get increased by 5% to 10% of liver weight then it is called fatty liver (steatosis). [1]

The following are some possible pathophysiologic processes for fatty liver:

- 1) Decreased hepatic fatty acid supply,
- 2) Increased endogenous fatty acid synthesis,
- 3) Decreased mitochondrial fatty acid beta - oxidation with inadequate very low - density lipoprotein incorporation or export of triglycerides (VLDL). [2]

According to Tripodi et al report, procoagulant imbalance advances from steatosis to Meta boliccirrhosis in nonalcoholic fatty liver disease (NAFLD), which may be caused by an increase in factor VIII and a decrease in protein C. The researchers theorize that this imbalance would affect the risk of cardiovascular disease and liver fibrosis, two illnesses that are frequently linked to NAFLD. [2]

Stages of Nonalcoholic Fatty Liver Disease (NAFLD) [3]

NAFLD progresses in 4 successive stages.

Most people will only ever reach the first level, oftentimes without even being aware of it.

If it is not identified and treated, it can occasionally worsen and finally result in liver damage.

The primary NAFLD phases are:

- 1) Simple Fatty Liver (Steatosis): This condition, which is generally painless fat deposition in the liver cells, is only detectable through testing done for another cause.

- 2) Non - Alcoholic Steatohepatitis (NASH), a more severe type of NAFLD in which the liver has swollen.
- 3) Fibrosis: The liver is still able to function normally despite scar tissue being formed surrounding it and the blood vessels nearby as a result of continuous inflammation.
- 4) Cirrhosis: the most serious stage, following years of inflammation, where the liver shrinks and becomes lumpy and scarred; this damage is permanent and can result in liver failure (where your liver stops functioning normally) and liver cancer.

Clinical presentation

Most patients with NAFLD are asymptomatic or have mild right upper quadrant discomfort. Hepatomegaly is present in up to 75% patient but Stigmata of chronic disease are uncommon. Sign of portal hypertension signifies advanced liver fibrosis or cirrhosis but occasionally occur in patients with mild and no fibrosis and severe steatosis. [4]

Symptoms of NAFLD [5]

- Pain in the upper right side of the abdomen
- Fatigue / weakness
- Weight loss
- Fluid and swelling in the stomach (ascites) and legs (edema)
- Jaundice, or yellowing of the skin and eyes

2. Diagnosis

Because fatty liver disease often has no symptoms, one get to know about it when doctor the spot it. Higher levels of liver enzymes (elevated liver enzymes) that turn up on a blood test for other conditions may raise a red flag. Elevated liver enzymes are a sign your liver is injured. [10]

Managing Non Alcoholic Liver Disease Using Synthesis Repertory

Repertory's main function is to make it easier to find the most comparable therapy in the most comprehensive manner

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[6]. Homoeopathy is an art, and the Repertory is a creative integration of the findings of scientific drug proving's [7].

In order to create a constitutional totality, homoeopathic doctors sometime don't receive many symptoms or a clear picture of the condition. And all that is left for us to think about are a few clinical symptoms, a common cause, and concomitants [6, 8].

Furthermore, the patient approaches us after getting overdose in allopathic treatment for a variety of ailments. At this point, Murphy's current synthesis and repertory come into action, which are created specifically to address clinical and unfavourable diseases easily and prevent future difficulties.

3. Case processing

According to modern repertories initially we should analyse a case to determine what needs to be cured in it based on [8].

- 1) Aetiology
- 2) Underlying area of affection and extent
- 3) Relating the condition clinically
- 4) Prognosis of case.

The case analysis must to be focused on the patient's worst life - threatening issue. [4] The disease component to the case, the most severe symptoms, the general concomitant, and finally the clinical rubrics must be considered. In case analysis, there is no set hierarchy. These rubrics can be used in the repertory to differentiate between different remedies, and Materia Medica should be consulted for a final similimum

Table 1: Few useful rubrics of hypertension in Shroyens F synthesis [9]

Chapter	Rubrics
Abdomen	<ul style="list-style-type: none"> • Atrophy - liver • Cirrhosis – liver • Congestion – liver of, • Contraction – liver • Distention – liver • Dropsy – ascitis, accompanied by • Liver cirrhosis • Enlarged - liver • Fatty degeneration of liver • Hard - liver • Inflammation - liver • Obstruction – liver; region of • Pain - liver • Pain - side – right • Swelling – liver • Tension - liver • Touch – agg. - liver • Liver
Skin	<ul style="list-style-type: none"> • Discoloration - yellow
Generals	<ul style="list-style-type: none"> • Dropsy – general; in: Accompanied by; liver complaints • Fatty degeneration – organs

4. Conclusion

Therefore, homoeopathy can accurately prevent or delay the advancement of problems, reduce a patient's overall risk without hurting their quality of life, and effectively treat Non alcoholic fatty liver disease by utilizing the available rubrics in modern repertories and proper case analysis.

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