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# Pathophysiology and Pharmacotherapy of a Patient with Hepatitis: A Case Study

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Case Report

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#### Abstract

Hepatitis B and C is an inflammation of the liver if it is not treated then ultimately leads to liver cirrhosis. Hepatitis spread by several causes like due to having sex with an infected person and from an infected mother to her newborn babies. A 35 years old lady was a patient whose laboratory tests performed by the doctor after checking her symptoms. The doctor observed from tests that she was affected with Hepatitis C and also some symptoms of Hepatitis B. Doctor prescribed him a medication for her treatment after using medication she became feel well. We concluded from this case study that proper doctor check-up will perform after symptoms appeared and well diagnosed by the doctor. Proper medication schedule and regularly check-up also under consideration by patients.

Keywords: Pathophysiology; Pharmacotherapy; Hepatitis B and C

# Introduction

The word Hepatitis is an inflammation of the liver. Hepatitis is most often caused by several viruses. There are different types of hepatitis but most familiar types of Hepatitis are Hepatitis B and C. Hepatitis B is a liver disease caused by Hepatitis B virus (HBV). It ranges in severity from mild to long lasting illness, which can lead to liver disease or liver cancer [1-4]. On the other hand hepatitis C caused by hepatitis C virus (HCV). Hepatitis C virus infection sometimes results in an acute illness but most often becomes a chronic condition that can lead to cirrhosis of the liver. Both types can be spread by contact with the blood of an infected person, from an infected mother to her newborn babies and having sex with an infected person.

#### **Case Presentation**

A lady of age 35 was suffering in a disease of hepatitis B and C. At the start, she felt pain in bones, in muscles, in shoulders and in joint. Her sleep reduced. Gradually these symptoms increased more severely. And then it was difficult for her to walk. She also felt restlessness. She also wanted to eat sand. She also felt pain in stomach. When she consulted to a doctor [5-7], he gave her some blood test. From these test, it has been proved that she was suffering from Hepatitis B and C. Gradually Hepatitis B is finished rather Hepatitis C is under treatment.

# Laboratory Diagnosis

At a start, the doctor gave her blood tests and its results are following from which it has been proved that she suffered from Hepatitis B and C.

# Pharmacotherapy

In its treatment doctor prescribed him Omeprazoe 40 mg once a day before breakfast, Carvedilol 12.5 mg for to treat her hypertension twice a day, Pregesic (Caffeine+Chlorpromazine+Paracetamol) thrice a day, Lactulose syrup for constipation when required, Tocopherol 400 mg twice a day and Etoricoxib 60 mg once daily given to a patient for her treatment. Patients used these medications regularly and slowly her symptoms were eradicated and she became feeling well.

# Serology and immunology

HBs Ag Rapid Screening=Positive

Anti-HCV Ab Rapid Screening=Positive

From these tests, it has been confirmed that patient was suffering from Hepatitis B and C. Then from time to time doctor gave her blood tests to check the condition. Every time there occur variations.

Hemoglobin level	ESR	Platelets
10.9 g/dl	115 mm/h	118000/cmm
11.8 g/dl	81 mm/h	145000/cmm
11.6 g/dl	65 mm/h	168000/cmm
12.0 g/dl	80 mm/h	132000/cmm

Sometime uric acid level also increases 6.4 mg/dl. But gradually Serology:

HBs Ag ELISA=0.2675 Non-Reactive

Anti-HCV ELISA=2.792 Reactive

So Hepatitis C is under treatment.

# Discussion

Hepatitis B and C is mostly transmitted through exposure to infective blood, semen and body fluids. Active hepatitis C is found in more than 50% of dually infected patients. Besides, HCV can be successfully eradicated in at least 70% of patients with chronic HCV mono-infection using combination therapy of Peg-IFN and RBV in Asian-Pacific region [8].

In this case report, we can identify that a patient affected with hepatitis by examining her physically, after laboratory test doctor confirmed that a patient was infected with reactive hepatitis B virus and non-reactive hepatitis C virus. Omeprazole advised by doctor to patient for her stomach maintenance and paracetamol advised for fever because hepatitis patients mostly having high body temperature [9-14].

#### Conclusion

We concluded that hepatitis is an inflammation of the liver which can lead to liver cirrhosis and ultimately death occurs. Therefore we must follow proper check-up procedures and identify the disease by laboratory tests and use proper medications for the specific time.

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It's the duty of physicians and pharmacists to inform a patient about hepatitis dangers and preventive measures. [15].

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#### References

- Qureshi H, Bile KM, Jooma R, Alam SE, Afridi HUR (2010) Prevalence of hepatitis B and C viral infections in Pakistan: Findings of a national survey appealing for effective prevention and control measures. Eastern Mediterr Health J 16: 15-23.
- 2. Tibbs CJ, Smith HM (2001) Clinicians' guide to viral hepatitis. Arnold Headline Group London.
- Bashir T, Asim M, Ahsan M, Zeeshan, Hussain K, et al. (2017) A case report: Patient with the history of Hepatitis C virus. Journal of Antivirals & Antiretrovirals 09: 055-057.
- Street AC, Weddle TZ, Thomann WR, Lundberg EW, Jackson GW, et al. (1990) Persistence of antibody in healthcare workers vaccinated against hepatitis B. Infection Control & Hospital Epidemiology 11: 525-530.
- Bassily S, Hyams KC, Fouad RA, Saman MD, Hibbs RG (1995) A high risk of hepatitis C infection among Egyptian blood donors: The role of parental drug abuse. Am J Trop Med and Hyg 52: 503-505.
- Raimondo G, Brunetto MR, Pontisso P (2006) Longitudinal evaluation reveals a complex spectrum of virological profiles in hepatitis B virus/hepatitis C virusco-infecte patients. Hepatology 43: 100-107.

- 7. Chen DS (2011) Fighting against viral hepatitis: Lessons from Taiwan. Hepatology 54: 381-392.
- Villa E, Grottola A, Buttafoco P (2001) High doses of alpha-interferon are required in chronic hepatitis due to coinfection with hepatitis B virus and hepatitis C virus: Long term results of a prospective randomized trial. Am J Gastroenterol 96: 2973-2977.
- Liu CJ, Chen PJ, Lai MY, Kao JH, Jeng YM, et al. (2003) Ribavirin and interferon is effective for hepatitis C virus clearance in hepatitis B and C dually infected patients. Hepatology 37: 568-576.
- Hung CH, Lee CM, Lu SN (2005) Combination therapy with interferon-alpha and ribavirin in patients with dual hepatitis B and hepatitis C virus infection. J Gastroenterol Hepatol 20: 727-732.
- 11. Liu CJ, Chu YT, Shau WY, Kuo RNC, Chen PJ, et al. (2013) Treatment of patients with dual hepatitis C and B by peginterferon alfa and ribavirin reduced risk of hepatocellular carcinoma and mortality. Gut Hepatology 58: 1111A.
- European Association For The Study Of The Liver (2011) EASL clinical practice guidelines: Management of hepatitis C virus infection. Journal of Hepatology 55: 245-264.
- 13. Liaw YF, Kao JH, Piratvisuth T (2012) Asian-Pacific consensus statement on the management of chronic hepatitis B an update. Hepatol 6: 531-561.
- Marrone A, Zampino R, D'Onofrio M, Ricciotti R, Ruggiero G, et al. (2004) Combined interferon plus lamivudine treatment in young patients with dual HBV (HBeAg positive) and HCV chronic infection. J Hepatol 41: 1064-1065.
- Coppola N, Stanzione M, Messina V (2012) Tolerability and efficacy of anti-HBV Nucleus(t)ide analogues in HBV-DNA-positive cirrhotic patients with HBV/ HCV dual infection. J Viral Hepat 19: 890-896.

Page 2 of 2