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CASE REPORT

NEONATAL JAUNDICE CAUSES, MANAGEMENT AND HOMOEOPATHIC TREATMENT - A CASE STUDY

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Abstract

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Key Word- Neonatal jaundice, Newborn, Lycopodium, Myrica, Miasmatic analysis, Phototherapy, individualization, Homoeopathy, Holistic approach, case study.

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Neonatal jaundice is the yellow discoloration of skin, sclera and mucosa caused by excessive accumulation of Bilirubin in tissues or blood. Jaundice is the most common reason for doing blood test when there is yellowish discoloration of skin, sclera and mucosa. In some neonates serum bilirubin levels may become excessively high, and in rare cases this increase bilirubin may lead to brain damage (Kernicterus). In such conditions it is very important to start treatment quickly. Here we will discuss various types of neonatal jaundice, causes, signs and symptoms, complications, differential diagnosis, prevention, management along with miasmatic analysis and Homoeopathic treatment with a case. Homoeopathic medicines like Lycopodium Clavatum and Myrica was found to have a miracle effects on Neonatal jaundice. Lycopodium Clavatum is a widely used Homoeopathic medicine for the liver, urinary and digestive disorders. Lycopodium, common name Club Moss is inert until the spores are crushed. Its wonderful medicinal properties are disclosed by trituration and succession. Myrica is a homoeopathic medicine prepared from the bark of Bayberry, a shrub grown up to the height of 3 – 8 ft. Its Hindi name is Kafal, Kaaphal of family Myricaceac.

INTRODUCTION

Neonatal jaundice is defined as the yellow discoloration of skin, sclera and

mucosa caused by excessive accumulation of bilirubin in tissues or blood. Normal serum conjugates bilirubin in tissues or

blood. Normal serum conjugate bilirubin level is 1 mg/dl. Neonatal jaundice is classified into 2 categories-

- Physiological and
- Pathological.

Physiological Jaundice: Physiological jaundice is due to physiological immaturity of neonates to handle increased bilirubin production. Physiological jaundice appears on 2nd or 3rd day after birth. It disappears on its own by 7th- 10th days.

Pathological Jaundice: Pathological jaundice appears within 24 hours of birth and persists for more than 2 week in term infants and more than 3 week in preterm infants.

Causes Of Pathological Neonatal Jaundice:

1. Congenital Transplacental

Infection: Jaundice within 24 hours of life may be related to congenital transplacental infection which includes toxoplasmosis, rubella, cytomegalovirus, herpes simplex and syphilis.

2. Excessive red blood cell

hemolysis: Which includes –

a) Haemolytic diseases of newborn like –

- I. Rh incompatibility (common)
- II. ABO incompatibility (Rare).
- III. G6PD deficiency.

IV. Increase red cell fragility-congenital spherocytosis.

V. Thalassemia.

b) **Neonatal sepsis** – It is mostly due to E. coli infections.

3. Defective Conjugation of

Bilirubin: This includes congenital deficiency of glucuronyltransferase like ---

- Crigler Nijjar syndrome.
- Gilbert syndrome.

4. Breast Milk Jaundice:

Breast milk jaundice usually appears by 3rd week of life and continues upto 8 weeks. A diagnosis of breast milk jaundice should be considered if total serum bilirubin is predominantly unconjugated and bilirubin level may rise to 20 – 30 mg/dl by 14th day. Mother should be advised to continue breastfeeding at frequent interval and TBS level usually declined over a period of time. Some babies may require phototherapy. Breastfeeding should not be stopped either for diagnosis or treatment of breast milk jaundice.

5. Metabolic disorder:

- a) Galactosemia
- b) Hypothyroidism.

6. Liver disease:

This includes Hepatitis and biliary atresia.

7. Congenital syphilis: This includes

-
- a) Small blisters in palms and soles.
- b) Papular rashes around the nose, mouth, genitalia and anus.
- c) Lymphadenopathy.
- d) Hepatosplenomegaly.
- e) Failure to thrive.
- f) Irritability
- g) Flat nasal bridge.
- h) Blood stained nasal discharge.
- i) Severe congenital pneumonia.

Signs And Symptoms Of Neonatal Jaundice:

1. Yellow discolouration of skin, sclera and mucous.
2. Palms and sole of the body are deep yellow indicating deep jaundice.
3. Fever is noticeable.
4. Poor feeding
5. Lathergic
6. Small blister on palm and sole.
7. Papular rash around nose, mouth genitalia and anus with much itching.
8. Irritability
9. Hepatosplenomegaly
10. Failure to thrive.

Diagnosis:

- Jaundice is diagnosed by belching the skin with digital pressure under sunlight.

- Dermal Icterus zone gives an approximate indication of serum bilirubin level.
- Diagnosis is made by the following signs, symptoms and investigations.

Investigation:

1. In case of Rh incompatibility – Rh status of mother and infant shows-
 - a) Rh (-)ve mother.
 - b) Rh (+)ve baby.
2. Direct coombs test is positive.
3. In case of ABO incompatibility – ABO status of mother and infant shows—
 - a) a). O(+ve) mother
 - b) b). A or B (+)ve baby.
4. G6PD screening shows deficiency.
5. Complete blood count –
 - a) WBC count – Decrease below $5000/\text{mm}^3$ or increases above $25000/\text{mm}^3$.
 - b) Absolute neutrophil count (ANC) – less than $1000/\text{mm}^3$
 - c) Reticulocyte count – increases.
6. Total Bilirubin level – Raised
7. Unconjugated bilirubin – Highly elevated.
8. Conjugated bilirubin – Lower or absent.
9. Galactosemia screening - +VE
10. Elevated bile salt, cholesterol, AST, ALT, alkaline Phosphate.
11. Urine test shows albuminuria.

12. Quantitative nontreponemal serum of infants such as –

- a) Rapid plasma reagin (RPR) = +VE.
- b) VDRL test = +VE.

Complication Of Neonatal Jaundice:

Serious complications from high bilirubin level includes –

- Cerebral palsy.
- Deafness and
- Kernicterus – Brain damage due to very high Bilirubin level.

Differential Diagnosis

The differential diagnoses of Neonatal Jaundice are

- Breast milk Jaundice.
- Cholestasis.
- Dubin-Johnson syndrome.
- Galactose – 1 phosphate uridytransferase deficiency (Galactosemia)
- Hemolytic disease of newborn
- Hepatitis B.
- Paediatric biliary atresia
- Paediatric Hypothyroidism.

Prevention:

- Antenatal investigation should include maternal blood grouping. Rh (+) VE baby born to RH (-) VE mother is at high risk for Hyperbilirubinemia and require frequent monitoring.
- Ensure adequate breastfeeding.

➤ Parent education regarding danger sign of Jaundice should include – yellow discoloration below knees and elbow or persistent Jaundice beyond 15 days.

➤ High risk babies such as ones with large cephalohematoma or family history of Jaundice should be followed up after 2-3 days of discharge.

Miasmatic Analysis:

In Neonatal Jaundice there is -

1. Overproduction of bilirubin indicates- Psora/sycosis.
2. Increase rate of haemolysis indicate - syphilis.
3. Congenital spherocytosis indicates - Psora/syphilis.
4. G6PD deficiency indicates - Psora.
5. CriglerNajjar syndrome indicates - Psora.
6. Hypothyroidism indicates - Psora/syphilis.
7. Hypothyroidism indicates - Psora/syphilis
8. Skin infection indicates -Psora.
9. Babies with Bacterial or viral infections indicates – Psora/syphilis/sycosis.
10. Cytomegalovirus indicates - Psora/syphilis/sycosis.

So Neonatal Jaundice is a mixed miasmatic disorder with predominance of Psora.

Management:

Management includes-

- Management of the baby (new born)
- Homoeopathic management.

Management of the baby:

1. Encourage mother to breast feed frequently.
2. Exclusive breast feed for first 6 month, no top feed, even water or dextrose water.
3. In case of icterus if the mother is breastfeeding express the breast milk and warmed up to 60 degree centigrade for three days (to destroy the female hormone responsible for the delay of the liver activity). Let cool down and give with spoon and Palade (ARIAS ICTERUS).
4. Phototherapy should be given in severe cases.

Homoeopathic Management:

The selection of remedy is based upon the theory of individualization, constitutional and symptoms similarity using holistic approach. The aim of Homoeopathy is not only to treat neonatal jaundice but to address its underlying causes and individual susceptibility. As far as therapeutic medication is concerned several remedies are available to treat Neonatal Jaundice like Phosphorus, Aconite, Chamomilla, Natrum sulf, Chelidonium, Chionanthus, Collinsonia,

Myrica, Nux vom, Sepia, Sulphur etc. In this article we will discuss a case of Neonatal Jaundice treated with Lycopodium and Myrica.

CASE STUDY:**Presenting Complaint:**

One month girl baby came to our Homoeopathic OPD of Tomo Riba Institute Of Health Sciences on 10.08.2022. The presenting complaints was-----

- Bluish discoloration of skin and the baby looks very small for her age.
- The baby was very irritable with sickly look face.
- She was treated with conventional system of medicine but instead of decreasing total serum Bilirubin it increases.
- She was passing greenish stool and urine was yellowish with foul smelling.

History of Present Complaint:

- Duration – From one month since birth.
- Causation – Cannot elicit.
- Treatment given –
 - The baby was treated with conventional system of medicine in SNCU, TRIHMS.
 - Phototherapy was also given.

Result –

- Total serum bilirubin - 18.811 mg/dl.
- Direct serum Bilirubin - 1.531 mg/dl.
- Bluish discoloration of skin.
- LBW baby.

Intra Uterine History: NAD

Personal History of the baby:

- **Birth history**—Full Term baby born by C section.
- **Birth weight** – 2.1 kg.
- **Birth Cry** --- Cry immediately after birth.
- **Immunization** --- Done as for age.

Family History:

Paternal side	Maternal side	Own side
Father was having ring worm infection in skin.	NAD	NAD
Grandfather was having vitiligo	NAD	NAD

GENERALITIES

A. Physical Generals:

- **Appearance:** Bluish discoloration of skin, baby is having sickly appearance.
- **Appetite** : Low, does not want to suck breast milk due to weakness.

- **Stool:** Greenish stool passed alternate day.
 - **Urine:** Yellowish in color and very offensive.
 - **Thermal reaction:** Chilly, start crying on uncovering the baby.
 - **Perspiration:** No perspirations
- B. Mind:** very irritable, sickly looks and dehydrated.

Laboratory Diagnosis:

1. LFT on 07.08.2022.

- a) Serum Bilirubin total- 18.811mg/dl - (High)
- b) Serum Bilirubin Direct- 1.531 mg/dl - (High)
- c) ALP - 1719.273 U/L - (High)
- d) Total Protein - 7.38 g/dl - (High)

2. Blood Grouping (ABO & RH typing) - AB Positive.

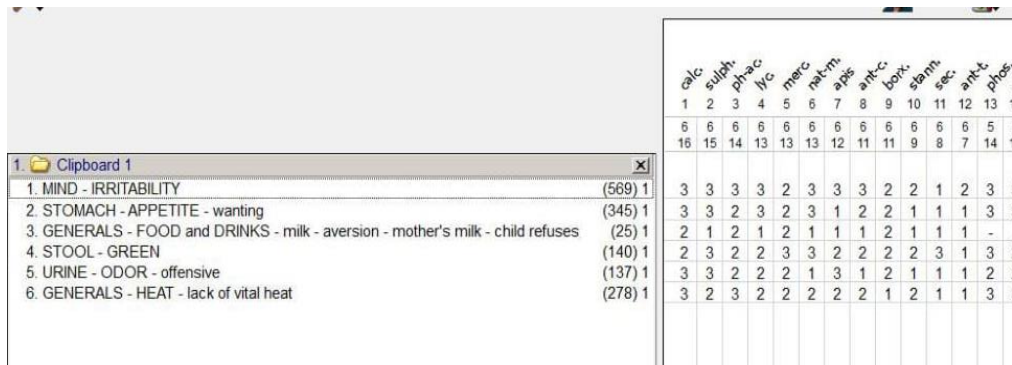
3. USG - Normal study.

Provisional Diagnosis: Neonatal Jaundice with low birth weight baby.

Totality Of Symptoms:

1. Irritability
2. Sickly looks and dehydrated.
3. Bluish discoloration of skin.
4. Appetite – Low
5. Greenish stool passed on alternate day.
6. Urine yellowish with foul smelling.
7. Chilly patient.
8. Serum Bilirubin is increased in the blood.

Repertorization:



Prescription-

Rx

Lycopodium 30 / 5ml.

1 drop x BD x 5 days with mothers milk.

Lycopodium 30 was prescribed on the basis of totality of symptoms and repertorization and lastly consulting to materiamedica.

FOLLOW UP:

Date	Symptoms	Medicine	Remark
10.08.2021	1. Baby was very irritable. 2. Sickly looks and dehydrated. 3. Appetite – Low does not want to suck breast milk due to weakness. 4. Greenish stool passed alternate day. 5. Yellow and foul smelling urine. 6. Chilly patient. 7. Serum Bilirubin – Elevated.	Lycopodium 30 1 drop mixed with breast milk x BD.	
15.08.2021	1. Appetite –Improved 2. No irritation,baby looks hydrated. 3. Stool became regular and normal in color. 4. But bluish discoloration of skin	Myrica Q/ 4 drops x BD x 8 days mixed with breast milk.	Advice – LFT after 8 days

	was still there.		
23.08.2021	<ol style="list-style-type: none"> 1. The baby was overall better. 2. looks healthy. 3. Bluish discoloration of skin disappears. 4. LFT report shows – Normal Bilirubin level. 	Myrica Q was continued for next 7 days.	Baby is now healthy and is of 10 month maintaining normal milestone and used to visit us for mild cough and cold.

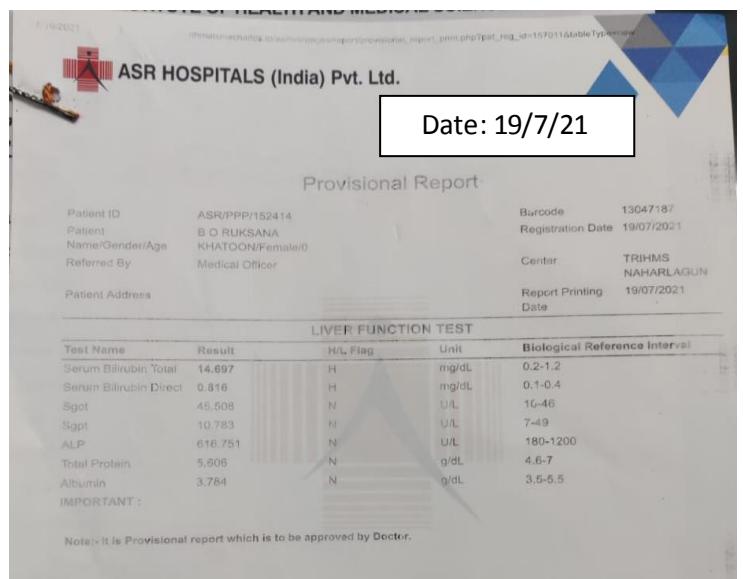
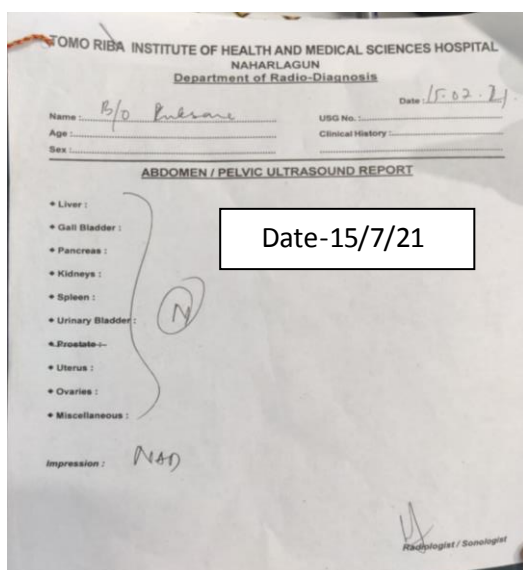
BEFORE TREATMENT

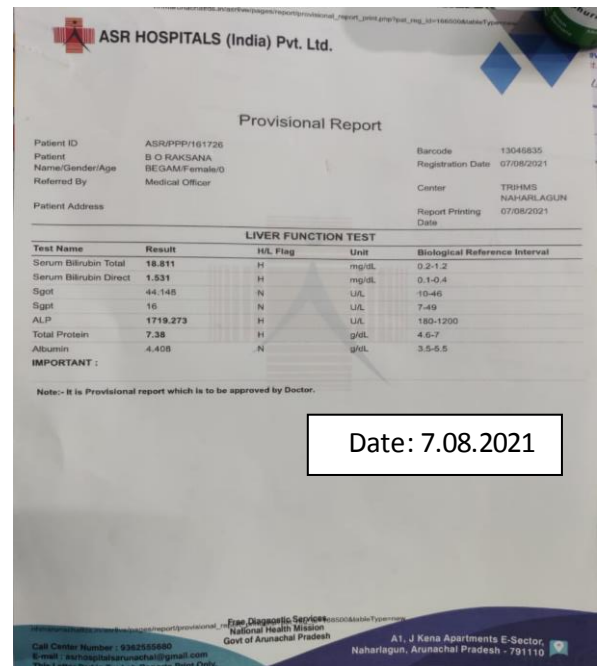
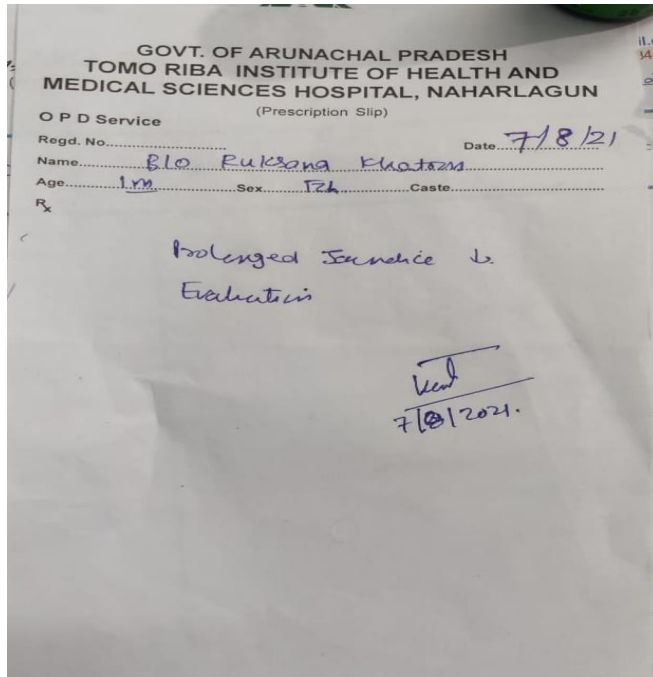


AFTER TREATMENT

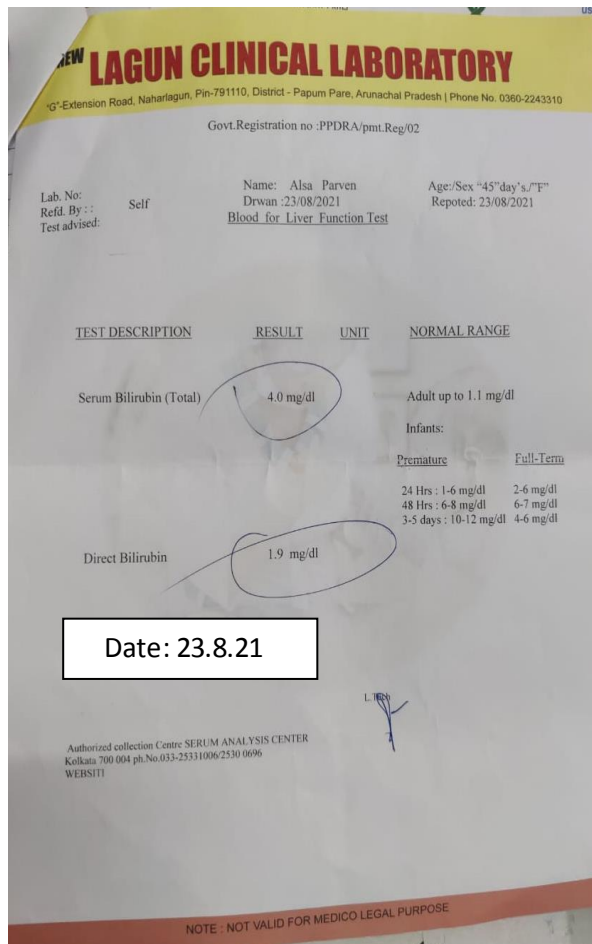


REPORTS BEFORE TREATMENT





REPORTS AFTER TREATMENT



CONCLUSION

From the above discussion we can conclude that Homoeopathic medicines plays an effective role in curing Neonatal jaundice on the basis of totality of symptoms with proper management of the baby. Any newborn discharged from the hospital prior to 72 hours after birth should be evaluated again in the next 48 hours for adequacy of breast-feeding and progression of jaundice.

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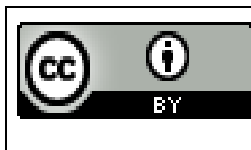
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