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Rapid Reversal of Biochemical Parameters in a Case of Jaundice Following Homoeopathic Management with Chelidonium Mother Tincture: A Case Report

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ABSTRACT

Jaundice is a clinical condition characterized by elevation of serum bilirubin and may be associated with hepatocellular injury, cholestasis, or other disorders affecting bilirubin metabolism. Liver Function Tests (LFTs), including serum bilirubin, aspartate aminotransferase (SGOT/AST), alanine aminotransferase (SGPT/ALT), and alkaline phosphatase, are routinely used for biochemical assessment and follow-up of patients with hepatic dysfunction. The present case report documents a marked improvement in liver biochemical parameters over a six-day period following homoeopathic management with Chelidonium Mother tincture.

The initial Liver Function Test performed on 28 May 2026 demonstrated elevated total bilirubin (2.16 mg/dL), direct bilirubin (1.30 mg/dL), indirect bilirubin (0.86 mg/dL), SGOT (426.7 IU/L), and SGPT (178.1 IU/L). Alkaline phosphatase, total protein, albumin, globulin, and A/G ratio were within the laboratory reference ranges.

A repeat Liver Function Test performed approximately six days later demonstrated substantial biochemical improvement, with total bilirubin decreasing to 0.52 mg/dL, direct bilirubin to 0.26 mg/dL, indirect bilirubin to 0.26 mg/dL, SGOT to 15.4 IU/L, and SGPT to 43.5 IU/L. Alkaline phosphatase was 112.7 IU/L, while total protein, albumin, globulin, and A/G ratio remained within the respective laboratory reference ranges.

This case documents a rapid temporal association between homoeopathic management with Chelidonium mother tincture and normalization or near-normalization of several liver biochemical parameters within six days.

Keywords: Jaundice, Liver Function Test, Bilirubin, SGOT, SGPT, Chelidonium, Mother Tincture, Homoeopathy, Case Report.

Introduction

Jaundice is characterized by an elevation of serum bilirubin and may occur as a consequence of hepatocellular dysfunction, impaired biliary excretion, biliary obstruction, or increased bilirubin production. Evaluation of abnormal liver biochemistry commonly includes serum bilirubin, alanine aminotransferase (ALT/SGPT), aspartate aminotransferase (AST/SGOT), and alkaline phosphatase. Fractionation of bilirubin into direct and indirect components may provide additional information regarding the underlying biochemical pattern.

Elevation of aminotransferases is commonly associated with hepatocellular injury, whereas the relative pattern of aminotransferase and alkaline phosphatase elevation can assist in characterizing the biochemical presentation. Serial assessment of these parameters provides objective information regarding changes over time.

Homoeopathy is a system of complementary medicine in which remedies are selected according to the individual symptomatology and overall presentation of the patient. Chelidonium majus is traditionally used in homoeopathic practice in cases presenting with hepatic and biliary complaints.

The present case is reported because of the marked change in LFT parameters observed over a six-day period following homoeopathic management with Chelidonium.

Etiology and Pathophysiology

Jaundice may broadly be classified according to the level at which bilirubin metabolism is disturbed.

1. Pre-hepatic Jaundice

Pre-hepatic jaundice occurs when bilirubin production exceeds the liver's capacity to process it, most commonly because of increased destruction of red blood cells. This generally results predominantly in an increase in unconjugated bilirubin.

2. Hepatic Jaundice

Hepatic jaundice occurs when hepatocellular function or bilirubin handling within the liver is impaired. Causes may include viral hepatitis, drug-induced liver injury, alcohol-associated liver disease, autoimmune liver disease, and metabolic disorders.

3. Post-hepatic Jaundice

Post-hepatic jaundice occurs when bile flow is impaired after bilirubin has been conjugated. Biliary obstruction may result in an elevation of conjugated bilirubin and alkaline phosphatase.

The interpretation of liver chemistry abnormalities requires consideration of the patient's clinical history, medication exposure, associated investigations, and the pattern and magnitude of laboratory abnormalities.

Clinical Features

- Common clinical manifestations associated with jaundice may include:
- Yellowish discoloration of the sclera.
- Yellowish discoloration of the skin.
- Dark-coloured urine.
- Fatigue and weakness.
- Loss of appetite.
- Nausea or vomiting.
- Abdominal discomfort.

Diagnostic Evaluation

The evaluation of jaundice may include clinical examination and laboratory investigations. Liver chemistry testing generally includes:

Total bilirubin

Direct bilirubin

Indirect bilirubin

SGOT/AST

SGPT/ALT

Alkaline phosphatase

Total protein

Serum albumin

Serum globulin

A/G ratio

Homeopathic Management

In homeopathic practice, treatment is individualized according to the totality of symptoms and characteristics of the patient.

Chelidonium majus mother tincture was selected for the present case according to the treating clinical assessment.

Homeopathic treatment is individualized according to the patient's symptom profile and constitutional characteristics. Commonly considered remedies for hepatic complaints include:

Chelidonium majus

Carduus marianus

Lycopodium

Nux vomica

Phosphorus

China officinalis

Bryonia

Remedy selection depends upon individualized case analysis rather than diagnosis alone.

Case Study:

A patient presented for evaluation and was investigated with a Liver Function Test. The initial LFT was performed on 28 May 2026.

The initial biochemical investigation revealed significant elevation of serum bilirubin and aminotransferases.

Following homoeopathic management with Chelidonium, a repeat LFT was performed approximately six days later.

The follow-up investigation demonstrated substantial improvement in the measured liver biochemical parameters.

Parameter	Before (28/05/2026)	After (03/06/2026)	Reference Range
Total Bilirubin	2.16 mg/dL	0.52 mg/dL	0–1.0
Direct Bilirubin	1.30 mg/dL	0.26 mg/dL	0–0.25
Indirect Bilirubin	0.86 mg/dL	0.26 mg/dL	0–0.55
SGOT (AST)	426.7 IU/L	15.4 IU/L	0–42
SGPT (ALT)	178.1 IU/L	43.5 IU/L	0–42
Alkaline Phosphatase	113.8 IU/L	112.7 IU/L	Within laboratory range
Total Protein	7.2 g/dL	7.1 g/dL	6.6–8.3
Albumin	4.4 g/dL	4.2 g/dL	3.5–5.0
Globulin	2.8 g/dL	2.9 g/dL	2.3–3.5
A/G Ratio	1.57	1.45	0.90–2.00

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LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 2.16	mg/dl	0-1.0 mg/dl
Method: Diazo method			
S. Bilirubin (Direct)	: 1.30	mg/dl	0-0.25 mg/dl
Method: Diazo method			
S. Bilirubin (Indirect)	: 0.86	mg/dl	0-0.55 mg/dl
Method: Calculated			
S. G. O.T	: 426.7	IU/L	0-42 IU/L
Method: IFCC without Pyridoxal phosphate			
S. G. P. T	: 178.1	IU/L	0-42 IU/L
Method: IFCC without Pyridoxal phosphate			
S. Alkaline Phosphatase	: 113.8	IU/L	40-129 IU/L
Method: IFCC acc to Schumann Gen2			
Total Proteins	: 7.2	gm/dl	6.6-8.3 gm/dl
Method: Biuret Gen 2 monochromatic			
S. Albumin	: 4.4	gm/dl	3.5-5.0 gm/dl
Method: BCG Gen 2			
S. Globulin	: 2.8	gm/dl	2.3-3.5 gm/dl
Method: Calculated			
A/G Ratio	: 1.57		0.90-2.00
Method: Calculated			

Before

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LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.52	mg/dl	0-1.0 mg/dl
Method: Diazo method			
S. Bilirubin (Direct)	: 0.26	mg/dl	0-0.25 mg/dl
Method: Diazo method			
S. Bilirubin (Indirect)	: 0.26	mg/dl	0-0.55 mg/dl
Method: Calculated			
S. G. O.T	: 15.4	IU/L	0-42 IU/L
Method: IFCC without Pyridoxal phosphate			
S. G. P. T	: 43.5	IU/L	0-42 IU/L
Method: IFCC without Pyridoxal phosphate			
S. Alkaline Phosphatase	: 112.7	IU/L	37-103 IU/L
Method: IFCC acc to Schumann Gen2			
Total Proteins	: 7.1	gm/dl	6.6-8.3 gm/dl
Method: Biuret Gen 2 monochromatic			
S. Albumin	: 4.2	gm/dl	3.5-5.0 gm/dl
Method: BCG Gen 2			
S. Globulin	: 2.9	gm/dl	2.3-3.5 gm/dl
Method: Calculated			
A/G Ratio	: 1.45		0.90-2.00
Method: Calculated			

After

Clinical Follow-Up :

Follow-Up	Clinical Status	Laboratory Trend
Initial assessment – 28/05/2026	Biochemical abnormalities consistent with jaundice/hepatocellular injury	Markedly abnormal LFT.
Follow-up – approximately Day 6	Marked biochemical improvement with reduction of symptoms.	Near normalization of bilirubin and liver enzymes.

The most prominent changes were observed in serum bilirubin and SGOT. Total bilirubin decreased from 2.16 mg/dL to 0.52 mg/dL, while SGOT decreased from 426.7 IU/L to 15.4 IU/L.

SGPT decreased from 178.1 IU/L to 43.5 IU/L, approaching the reference interval reported by the laboratory.

Direct bilirubin decreased from 1.30 mg/dL to 0.26 mg/dL, while indirect bilirubin decreased from 0.86 mg/dL to 0.26 mg/dL.

Discussion

The present case demonstrates a substantial short-term improvement in biochemical liver parameters over approximately six days.

At baseline, the patient's total bilirubin was 2.16 mg/dL, with direct bilirubin of 1.30 mg/dL. SGOT was markedly elevated at 426.7 IU/L, while SGPT was elevated at 178.1 IU/L. The alkaline phosphatase value was within the reference range stated on the initial report.

On repeat testing, total bilirubin had decreased to 0.52 mg/dL, which was within the laboratory reference interval. Indirect bilirubin was also within the reference interval at 0.26 mg/dL. Direct bilirubin was 0.26 mg/dL, marginally above the stated upper reference value of 0.25 mg/dL.

SGOT demonstrated substantial biochemical normalization, decreasing from 426.7 IU/L to 15.4 IU/L. SGPT also showed a marked reduction from 178.1 IU/L to 43.5 IU/L, with the latter being only slightly above the laboratory's upper reference value of 42 IU/L.

Justification of Management

The remedy selected in this case was Chelidonium based on the clinical assessment and individualized homoeopathic prescribing by the treating physician.

Chelidonium has traditionally been associated with hepatic and biliary symptomatology within homoeopathic materia medica. In the present case, the treatment was followed by substantial improvement in the laboratory parameters documented in the patient's serial LFT reports.

Outcome

The principal outcome was substantial improvement in the patient's liver biochemical profile over approximately six days.

The following changes were documented:

Total bilirubin: 2.16 → 0.52 mg/dL

Direct bilirubin: 1.30 → 0.26 mg/dL

Indirect bilirubin: 0.86 → 0.26 mg/dL

SGOT: 426.7 → 15.4 IU/L

SGPT: 178.1 → 43.5 IU/L

The follow-up values demonstrate normalization of total and indirect bilirubin and SGOT, with SGPT approaching the laboratory reference interval.

Conclusion

This case report documents a marked improvement in liver biochemical parameters over approximately six days following homoeopathic management with Chelidonium mother tincture.

The initial LFT demonstrated elevated bilirubin, SGOT, and SGPT, whereas the repeat investigation showed substantial reduction of these parameters, including normalization of total bilirubin and SGOT.

The case provides a documented clinical observation of rapid biochemical improvement associated temporally with homoeopathic management.