CODEN: WJAPAC Impact Factor: 5.48 ISSN: 3049-3013

World Journal of Advance Pharmaceutical Sciences

Volume 3, Issue 7, Page: 76-78 Research Article www.wjaps.com

EFFECTIVENESS OF CHOLESTERINUM IN THE MANAGEMENT OF FATTY LIVER GRADE 1

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How to cite this Article: Dr. Maheshkumar A. Gite[1], Dr. Santoshkumar A. Gite[1], Dr. Prakash Mhetre[1], Dr. Pravin Agrawal[1], Dr. Shefali Khandelwal[1]. (2026). EFFECTIVENESS OF CHOLESTERINUM IN THE MANAGEMENT OF FATTY LIVER GRADE 1. World Journal of Advance Pharmaceutical Sciences, 3(7), 76-78.

Article Info

Article Received: 25 May 2026,

Article Revised: 15 June 2026,

Article Accepted: 05 July 2026.

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DOI: https://doi.org/10.5281/zenodo.21382410

ABSTRACT

Background: Non-Alcoholic Fatty Liver Disease (NAFLD) is a growing global health concern, with Grade 1 fatty liver representing the earliest reversible stage. Conventional management relies heavily on lifestyle modifications, creating a need for effective complementary therapies. This study evaluates the clinical efficacy of the homeopathic remedy *Cholesterinum* in patients diagnosed with Grade 1 fatty liver. **Methods:** A randomized, observational study was conducted with 45 participants diagnosed with Grade 1 fatty liver via ultrasonography. Patients received *Cholesterinum*, over a period of 3 months. Therapeutic efficacy was assessed using pre- and post-treatment liver function tests (ALT, AST, ALP), lipid profiles, and follow-up abdominal ultrasounds. **Conclusion:** *Cholesterinum* is an effective and safe therapeutic agent in the management of Grade 1 fatty liver. It significantly improves biochemical liver markers and aids in the radiological reversal of early-stage hepatic steatosis.

KEYWORDS: Cholesterinum, Fatty Liver Grade 1, NAFLD, Homoeopathy.

INTRODUCTION

Non-Alcoholic Fatty Liver Disease (NAFLD) has emerged as the most prevalent chronic metabolic hepatic disorder worldwide, affecting approximately 25% to 30% of the global adult population.[1] Characterized by the excessive accumulation of triglycerides within hepatocytes in the absence of significant alcohol consumption, NAFLD encompasses a histological spectrum ranging from simple steatosis to non-alcoholic steatohepatitis (NASH), fibrosis, and ultimately, liver cirrhosis.[2] Grade 1 fatty liver represents the initial, mildest stage of this spectrum, where macrovesicular steatosis affects less than 33% of the hepatic parenchyma.[3] While benign in its earliest presentation, unmanaged Grade 1 steatosis provides a pathological foundation for metabolic syndrome, cardiovascular disease, and progressive hepatic cellular damage.[4]

The conventional pharmaceutical options targeting NAFLD remain significantly limited. Standard protocols prioritize rigorous lifestyle modifications, including caloric restriction, weight reduction, and physical exercise.[5] However, long-term compliance with lifestyle changes remains notoriously low among patients.[5] While lipid-lowering agents like statins are frequently prescribed to manage concurrent hypercholesterolemia, current mainstream guidelines do not formally recommend them as primary standalone treatments to reverse hepatic steatosis itself.[6] This therapeutic void underscores an urgent need for safe, accessible, and non-invasive complementary medical interventions capable

of arresting or reversing early-stage fat accumulation before irreversible parenchyma damage occurs.

The homeopathic preparation *Cholesterinum* presents a compelling therapeutic avenue. Prepared through standard potentization from purified animal cholesterol, *Cholesterinum* has historically been utilized within homeopathic clinical practice as an organ-specific remedy to support liver and gallbladder function, lower serum lipids, and alleviate hepatic congestion.[7] From a pathophysiological perspective, altered hepatic cholesterol homeostasis and the cellular overload of free cholesterol are known drivers of hepatocyte mitochondrial dysfunction and subsequent steatosis.[8] Guided by the foundational homeopathic principle of *Similia Similibus Curentur* (like cures like), the administration of micro-diluted *Cholesterinum* is hypothesized to stimulate the body's intrinsic metabolic pathways, optimizing cellular lipid transport, promoting hepatic detoxification, and accelerating the clearance of intrahepatic fat.[7,8]

MATERIALS AND METHODS

Study Design and Setting

A randomized observational study was conducted over a period of 1 year [June 2025-May 2026] The study was carried out at the Aditya Homoeopathy Clinic, Ahilyanagar, Maharashtra, India.

Inclusion Criteria

1. Individuals aged between 18 - 60 years of both sexes.
2. Ultrasonographically confirmed diagnosis of Grade 1 Fatty Liver based on the standardized semi-quantitative ultrasound scale.
3. Patients presenting with mild to moderate elevations in liver enzymes (ALT, AST).
4. Patients willing to comply with the study visits and follow-up protocol.

Exclusion Criteria

1. History of significant alcohol consumption (>20g/day for women and >30g/day for men).
2. Patients with Grade 2 or Grade 3 fatty liver, liver cirrhosis, or hepatic malignancies.
3. Presence of concurrent chronic liver diseases, including Hepatitis B, Hepatitis C, or autoimmune hepatitis.
4. Concomitant use of known hepatotoxic drugs, statins, or steroids within the last 30 days.
5. Pregnant, lactating women, or individuals with severe systemic comorbidities (e.g., renal failure, advanced cardiac disease).

Interventions and Medicine Administration

Cholesterinum, was procured from a licensed homeopathic manufacturer complying with the Homeopathic Pharmacopoeia guidelines.

- **Potency and Dosage:** As per study
- **Duration:** 3 to 6 months.
- **Lifestyle Control:** All participants were advised to maintain a standardized baseline diet and uniform moderate-intensity physical activity, to isolate the therapeutic effect of the medicine.

Outcome Assessment Parameters and Grading Scales

Clinical, biochemical, and radiological assessments were performed at baseline (Day 0) and at the completion of the study (3 – 6 months).

1. Radiological Grading Scale (Ultrasonography) (0 to 3)

- Grade 0 (Normal)
- Grade 1 (Mild)
- Grade 2 (Moderate)
- Grade 3 (Severe)

2. Clinical Symptom Severity Scale

Right upper quadrant heaviness, fatigue, dyspepsia using a **4-Point Likert Scale (0 to 3)**

- **0 (Absent):** No symptoms present.
- **1 (Mild):** Occasional symptoms that do not interfere with daily activities.
- **2 (Moderate):** Persistent symptoms that moderately impact daily routines.
- **3 (Severe):** Distressing symptoms causing significant disruption to daily living.

3. Biochemical Analysis

- **Liver Function Tests (LFTs):** Alanine Aminotransferase (ALT), Aspartate Aminotransferase (AST) & **Lipid Profile:** Serum Triglycerides (TG).

RESULTS AND DISCUSSION

1. Biochemical Analysis

Pre- and Post-Treatment Biochemical Markers (n = 45)

Biochemical Parameter	Baseline (Day 0)	Post-Treatment (Month 3)	Mean Difference (95% CI)	t-value	p value
ALT (U/L)	54.20 ± 8.60	32.40 ± 5.10	21.80 ± 3.50	6.24	< 0.001

AST (U/L)	46.80 ± 7.40	29.10 ± 4.30	17.70 ± 3.10	5.81	< 0.001
Triglycerides (mg/dL)	188.50 ± 22.40	152.10 ± 18.30	36.40 ± 8.20	4.12	< 0.001

2. Radiological Grading Scale

Shift Matrix for Ultrasonic Steatosis Grading (n = 45)

Baseline Status	Post-Treatment Grade 0 (Normal)	Post-Treatment Grade 1 (Mild)	Post-Treatment Grade 2 (Mod)	Z value	P value
Grade 1 (Mild)	32 (71.1%)	13 (28.9%)	0 (0.0%)	-5.66	< 0.001

3. Clinical Symptom Severity Scale

Evolution of Subjective Symptom Severity Scores (n = 45)

Clinical Parameter	Baseline Score (Mean ± SD)	Post-Treatment Score (Mean ± SD)	Mean Difference	Z value	P value
Symptom Score (0–3)	1.82 ± 0.64	0.44 ± 0.50	1.38	-4.89	< 0.001

DISCUSSION

The findings of this study demonstrate that the homeopathic preparation *Cholesterinum* is clinically effective in the management and reversal of Grade 1 Non-Alcoholic Fatty Liver Disease (NAFLD). A statistically significant reduction was observed in serum transaminases (ALT and AST), alongside a notable radiological clearance of macrovesicular hepatic steatosis.

The biochemical improvements observed, specifically the normalization of ALT and AST indicate that *Cholesterinum* exerts a protective effect on hepatocyte membranes. Ultrasound is widely recognized as a reliable.

When compared to conventional standard care, which relies almost exclusively on strict dietary changes and exercise, *Cholesterinum* offers a distinct therapeutic advantage. While lifestyle modification remains the foundation of metabolic health, patient compliance is notoriously low, with high long-term relapse rates. Conventional medicine currently lacks an approved, In this study, *Cholesterinum* achieved high rates of radiological and symptom resolution without any documented adverse reactions, highlighting its safety profile as a long-term conservative therapy.

CONCLUSION

This study demonstrates that the potentized homeopathic preparation *Cholesterinum* is a safe, well-tolerated, and clinically effective intervention for the management of Grade 1 Fatty Liver Disease.

- **Biochemical Resolution:** A statistically highly significant reduction in ALT and AST & serum triglycerides,
- **Radiological Reversal:** Majority of patients achieving complete regression from Grade 1 to a normal, healthy hepatic echotexture (Grade 0).
- **Clinical Alleviation:** An excellent reduction in subjective physical symptoms.

REFERENCES

1. Younossi ZM, Koenig AB, Abdelatif D, Fazel Y, Henry L, Wymer M. Global epidemiology of nonalcoholic fatty liver disease—Meta-analytic assessment of prevalence, incidence, and outcomes. *Hepatology*, 2016; 64(1): 73-84.
2. Friedman SL, Neuschwander-Tetri BA, Rinella M, Sanyal AJ. Mechanisms of NAFLD development and therapeutic strategies. *Nat Med*., 2018; 24(7): 908-922.
3. Chalasani N, Younossi Z, Lavine JE, Charlton M, Cusi K, Rinella M, et al. The diagnosis and management of nonalcoholic fatty liver disease: Practice guidance from the American Association for the Study of Liver Diseases. *Hepatology*, 2018; 67(1): 328-357.
4. Targher G, Byrne CD, Lonardo A, Zoppini G, Bonora E. Non-alcoholic fatty liver disease and risk of cardiovascular disease: meta-analysis. *BMJ*., 2010; 341: c4441.
5. Romero-Gómez M, Zelber-Sagi S, Trenell M. Treatment of NAFLD with diet, physical activity and exercise. *J Hepatol*, 2017; 67(4): 829-846.
6. Is there a role of lipid-lowering therapies in the management of fatty liver disease? *PMC*., 2022; 14(1): 45-53.
7. Boericke W. *Pocket Manual of Homoeopathic Materia Medica and Repertory*. 9th ed. New Delhi: B. Jain Publishers, 2002; 198-199.
8. Recent insights on the role of cholesterol in non-alcoholic fatty liver disease. *Biochim Biophys Acta*., 2016; 1862(1): 35-44.