[*The Indian Practitioner* (1958): (XI), 1, 107-122]

Treatment of Infantile Cirrhosis with an Indigenous Preparation

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Cirrhosis of Liver is a common disease in Infancy and Childhood in Saurashtra. As Liver is the most important organ from metabolic point of view, the disturbed processes of Metabolism in a diseased liver leads to disturbances of functions in other body organs. Liver is an organ very vulnerable to disease in early life and can be affected adversely by various factors. Hence the exact aetiology of infantile Cirrhosis of Liver is still obscure and many causes are attributed to the production of this disease. One of the most important causes is a dietetic deficiency, particularly of the proteins but(1) "One cannot explain all the cases of Infantile Cirrhosis on the basis of dietetic factor alone". Although majority of our cases were semistarved, some were of sound nutritional status. We are also inclined to believe, from our observation in this series that over and above chronic Malnutrition, Chronic Infections, particularly of respiratory and gastrointestinal tracts, may have a role to play in damaging the Liver. It is also felt that if this link of infection is broken, the liver is able to recover in a better way. Infection may damage the liver in many ways. One is that infection leads to malnutrition by its ketabolic activity and reducing the caloric intake. Another is that infection may lead to direct or indirect damage of the liver. The indirect damage may be in the form of an allergic reaction and according to Sarma's theory(2) "Repeated allergic reactions in Liver produce repeated necrosis which ultimately result in Infantile Cirrhosis of the Liver."

Infantile Cirrhosis is still a baffling problem. Coelho writes(3) "Among the affections of childhood that still carry a high mortality rate, Cirrhosis of Liver is the one. It is a disease that is insidious in onset, drawn out in evolution but getting its victim at the end in most of the cases". Hence it is very important to diagnose the disease in the early stage, when chances of cure are better in many cases. But it is not an easy matter to diagnose the disease early, because Liver may be palpable in various disorders of infancy and childhood. This difficulty of early diagnosis can be realised in the words of Coelho(4) "I wonder how many of us and how often are we able to diagnose a Cirrhotic Liver early." He goes on to say(5) "Enlargement of Liver, which may even be firm, is quite common in the various disorders of the first 3 years of life. I grant that there is a derangement of the hepatic function but do not diagnose these cases as Cirrhotic. Some one may say "Why not early Cirrhosis? At the moment I can not answer this question." Initial complaints in this disease are such that it does not lead us to suspect the disease. But we feel that one would be wise to suspect this disease in a long ailing child with complaints of anorexia, occasional vomiting, irregular type of temperature, irritability, crying, inability to thrive, attacks of abdominal distension, particularly in the evening or night, and a palpable, slightly firm and a sharp edged liver. Suspicion and treatment at this stage is likely to arrest the ever onward progress and may lead to cure of the disease.

It may be easier to diagnose a case of early Cirrhosis by needle biopsy of the liver and it may also be ideal to do the biopsy in every case of enlarged and firm liver in infants and children. But there also in some cases it may not be easy to differentiate a fatty liver from a Cirrhotic one. Prof. Achar,(6) who studied the disease from clinical and histological point of view in a big series of children with palpable livers due to diverse causes and divided them into various groups, also found it not easy to say whether a particular liver in group C was Cirrhotic or not.

In the treatment of this disease various Lipotropic and Necrotropic drugs are employed. In this paper are given the results of treatment with an Indian Indigenous drug – Liv.52. The various constituents of this drug are:

1) Capparis spinosa
2) Cichorium intybus
3) Solanum nigrum
4) Cassia occidentalis
5) Terminalia arjuna
6) Achillea millefolium
7) Tamarix gallica
8) Mandur bhasma.

According to Ayurveda, the actions of various constituents are liver stimulants, diuretics and mild laxative. Thus they help in reducing oedema and in regeneration of liver cells. The details of each case and results of treatment with Liv.52 are given in the table form and in the accompanying graph. The age incidence was as follows:

Below 6 months	1
6 months to 1 year	7
1 to 2 years	15
2 to 3 years	11
3 to 4 years	8
4 to 6 years	6
6 to 12 years	2

The sex incidents was as follows:

Males	34
Females	16

The stage of the disease was:

Early	19
Intermediate	19
Late	12

In this series, in addition to Liv.52 most of the patients were given Injection Liver Extract with B. Complex,–Lipotropics, Vitamins and in some cases extra protein powder preparations. But it must be said that in many cases the full dose of Lipotropics, Vitamins and Proteins were not given because of restricted hospital supply or poor economic condition of the patient. Therefore it is felt that addition of adequate amounts of crude Liver Extract, Lipotropics, Vitamins and Proteins are – necessary to accentuate the beneficial effects of Liv.52, because such an addition gave better and quicker results. We have also observed in febrile cases and cases with respiratory and gastro-intestinal tract infections, the use of Sulfa and antibiotics does additional benefit to the patients.

The results of treatment in 50 cases are as follows:

Expired	5 cases
No effect	12 cases
Relief	24 cases
Cured	9 cases

Thus in 66% of cases there was therapeutic benefit.

Expired cases: All 5 cases were in the age group of 1-3 years. Four of these cases had a disease of a rapidly progressive type. They all expired in 5-20 days after the start of treatment. The disease was in late stage in 4 cases, hence, like other drugs, Liv.52 holds no hope in advanced cases.

No effect: Out of 12 cases, the disease was in late stage in 5 and intermediate stage in 7 cases. Ten cases left of the hospital early and so the duration of the treatment was too short to have any beneficial effects. The other 2 cases were treated for 35 and 50 days respectively. In one of them though there was no effect on the size and firmness of Liver, the abdominal distension and oedema were relieved. In the other though there was no effect on size of the Liver and Spleen, the abdominal distension became less and oedema and addition of adequate Lipotropics, Vitamins and Proteins the results might have been satisfactory.

Relief: By relief we mean amelioration in signs and symptoms and reduction in the size of Liver and Spleen. The stage of disease in 24 cases was early in 10, intermediate in 10 and late in 4 cases. There was marked relief in 7 cases and 5 of them were in early stage of the disease. Unfortunately all the 5 cases left the hospital early thus, cutting short the duration of treatment. Marked relief was also seen in 2 other cases or intermediate stage of the disease. Moderate relief was obtained in 3 cases in intermediate stage. Two such cases left the hospital early. Slight relief was obtained in 14 cases, out of which 3 in late, 5 in intermediate and 6 were in early stage of the disease. Ten out of these 14 cases left the hospital early.

Thus, from our observation, we feel that Liv.52 is a nontoxic drug and can be safely given in the dose of 4-6 tablets daily in divided doses irrespective of the age. It keeps the urinary flow and bowel movements free. Its administration should be prolonged till Liver and Spleen become "Not palpable" and all the symptoms subside. It has marked beneficial effects, especially in early stage of the disease. From this clinical study it seems to have both a Lipotropic and anti-necrotropic effects on the Liver. To confirm this Liver biopsy study is essential, which we intend to do in future.

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3,4,5 G. Coelho, "Cirrhosis of the Liver in Children". Indian Journal of Child Health, Vol. I, No. 9, Sept. 1952, P. 455-58.
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GRAPH SHOWING RESULTS OF Liv.52 IN CIRRHOSIS OF CHILDREN (50 cases)

Columns above 0 level show liver enlargements in fingers, before treatment.
Columns below 0 level show liver enlargements in fingers, after treatment.
Dotted column in each case represents right lobe and black column the left lobe.

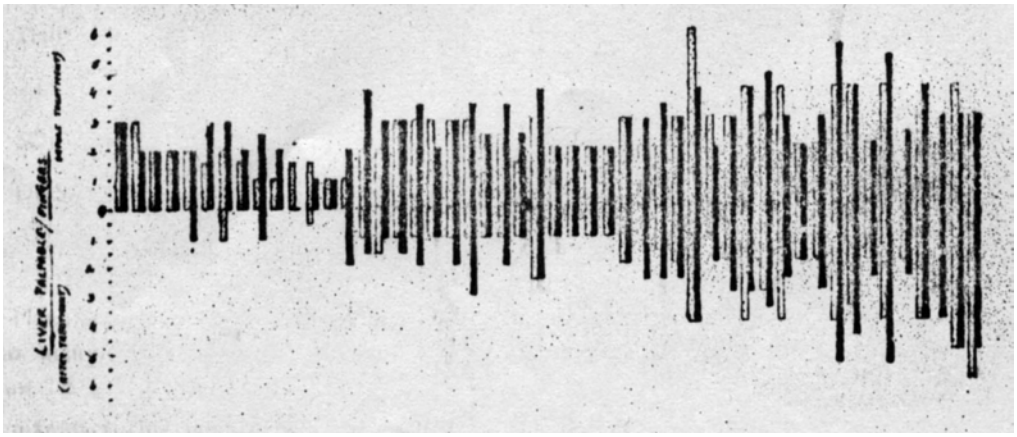

Table showing details of 50 cases treated with Liv.52 (Column 1 to 12)

No.	Age/Sex	Cirrhosis			Duration	Initial palpability		Liv.52 Tablet		Final palpability	
		Rarely	Inter-mediate	Late		Liver (Fingers)	Spleen (Fingers)	Daily dose	Duration days	Liver (Fingers)	Spleen (Fingers)
1	2	3	4	5	6	7	8	9	10	11	12
1.	1/F	–	–	+	6 months	2 both hard	1	4	7	Same	Same
2.	2/M	–	–	+	1¼ months	Rt. 3 Lt. 4 Firm++	4	4	6	Rt. 4 Lt. 4	Same
3.	1½/F	+	–	–	2 months	Rt. 1½ Lt. 3 Firm	–	4	29	N.P.	–
4.	2¼/M	–	–	+	8 months	Rt. 6 Lt. 4 Firm++	2	6	19	4 both	3
5.	1¼/M	–	–	+	10 months	4 both hard	1	6	50	Rt. 4 Lt. 3	3
6.	3/M	+	–	–	1 month	3 both Firm +	2½	6	18	2 both	2
7.	11 months/ M	+	–	–	3 months	2 both firm	2	6	10	1 both	1
8.	1¼/F	–	+	–	20 days	3 both firm ++	–	4	15	Rt. 6 Lt. 5	–
9.	2/M	+	–	–	2 months	Rt. 1½ Firm	–	4	12	N.P.	–
10.	2½/M	–	–	+	3 months	Rt. 2 Ltd. 4 Firm++	1	6	18	Rt. 1 Ltd. 2½	2
11.	1½/F	–	–	+	3 months	Rt. 3 Lt. 3½ Firm++	1½	6	10	Rt. 1 Lt. 3	1½
12.	1½/M	–	+	–	2 months	Rt. 3 Lt. 2 Firm +	2	6	10	Rt. 1 Lt. 2	2
13.	3/F	+	–	–	1 month	Rt. 3 Lt. 4 Firm	–	6	16	2½ both	–
14.	2½/F	–	–	+	1 year	Rt. 4 Lt. 3 Firm ++	2	6	32	Rt. 4 Lt. 2½	5
15.	2/M	–	–	+	3 months	Rt. 3 Lt. 4½ Firm ++	–	4	60	Rt. 3 Lt. 3½	1
16.	11M/M	+	–	–	15 days	3 both Firm	–	6	100	N.P.	–
17.	4/M	–	–	+	2 years	Rt. 4 Lt. 5½ Firm ++	3	4	29	Rt. 4 Lt. 5½	4
18.	10mths/F	–	–	+	10 months	Rt. 1 Lt. 2 Hard	1½	4	6	Rt. N.P. Lt. 2	1½
19.	1 day/F	+	–	–	At birth	2 both Firm	1½	4	20	Rt. N.P. Lt. 1	N.P.
20.	$1^{3}/_{4}$/M	+	–	–	1 year	Rt. 1 Lt. 3 Firm	1	4	26	N.P.	N.P.
21.	6/M	+	–	–	15 days	Rt. 2 Lt. 3 Firm	1	4	8	Rt. 1 Lt. N.P.	N.P.
22.	7 mths/M	+	–	–	5 months	Rt. 1½ Lt. 2 Firm	–	3	75	N.P.	–
23.	2/F	+	–	–	1 month	2 both Firm	–	4	18	N.P.	–
24.	7/F	–	+	–	5 months	4 both Firm +	2	6	45	Rt. 3½ Lt. 4½	3
25.	12/M	+	–	–	3 months	3 both Firm +	1	4	32	Rt. 2 Lt. 2½	1
26.	6/M	+	–	–	4 months	2 both Firm	–	4	26	N.P.	–
27.	5/M	–	+	–	1 year	1 both Firm++	–	4	100	N.P.	–
28.	5/M	+	–	–	1 month	Rt. 1½ Lt. 1 Firm	–	4	7	Rt. ½ Lt. N.P.	–

No.	Age/Sex	Cirrhosis			Duration	Initial Palpability		Liv.52 tablets		Final palpability	
		Rarely	Inter-mediate	Late		Liver (Fingers)	Spleen (Fingers)	Daily dose	Duration days	Liver (Fingers)	Spleen (Fingers)
1	2	3	4	5	6	7	8	9	10	11	12
29.	4/M	–	+	–	6 months	2½ both Firm +	–	4	50	1 both less firm	–
30.	5/M	–	+	–	1 month	Rt. 2 Lt. 3 Firm +	2½	4	36	Rt. 1 Ltd. 2½	2
31.	2/F	–	+	–	1 month	Rt. 2 Lt. 3 Firm +	–	4	10	Rt. 2 Lt. 3	–
32.	3/M	+	–	–	1 month	2 both Firm	–	4	13	1 both	–
33.	2/M	–	+	–	1 month	Rt. 4 Lt. 5 Firm ++	1	4	15	Rt. 4 Lt. 5½	2
34.	1¼/M	–	+	–	3½ months	Rt. 2 Lt. 3½ Firm +	–	4	20	Rt. 1½ Lt. 2½	–
35.	4/M	–	+	–	1 month	3 both Firm+	1½	4	15	Rt. 1 Lt. 2	N.P.
36.	4/M	+	–	-	12 days	Rt. 2½ Lt. 3½ Firm	–	4	20	Rt. 1 Lt. 2	–
37.	1/M	–	–	+	1½ months	3 both Firm ++	2	4	6	Rt. 1 Lt. 1½	2
38.	1/F	–	+	+	4 months	2 both Firm+	–	4	14	Rt. 2 Lt. 2½	1
39.	$1^{3}/_{4}$/M	–	–	–	1 month	Rt. 3 Lt. 1 Firm	–	4	33	N.P.	1
40.	3/M	–	–	+	1 month	Rt. 4 Lt. 3 Firm +	–	4	5	5 both	2
41.	3/M	+	–	–	4 months	Rt. 1 Lt. 2½ Firm	–	4	22	Rt. N.P. Lt. 1	–
42.	1½/M	–	+	–	12 days	Rt. 2 Lt. 3 Firm +	–	4	22	Rt. 3 Lt. 4	–
43.	3½/M	–	+	–	6 months	3 both Firm ++	–	4	12	Rt. 2 Ltd. 3	1
44.	2½/M	–	+	–	6 months	2 both Firm +	1	4	16	1 both	N.P.
45.	2/M	–	+	–	3 months	2 both Firm +	–	4	17	Rt. 1 Lt. 2	–
46.	4/F	–	+	–	5 months	Rt. 3 Lt. 3 Firm +	–	4	16	Rt. 1 Lt. 2	–
47.	3/M	–	+	–	3 months	Rt. 3 Lt. 2 Firm +	1	4	36	1 both	N.P.
48.	4/F	+	–	–	2 months	Rt. 1½ Lt. 2 Firm +	1	4	36	1 both	–
49.	1/F	–	+	–	6 months	Rt. 3 Lt. 3½ Firm +	1	4	30	Rt. 1 Lt. 2	1
50.	3/F	–	+	–	1 month	Rt. 1 Lt. 2½ Firm ++	1	4	35	Rt. 2 Lt. 2½	1

Table showing details of 50 cases treated with Liv.52 (Column 13 to 17)

No.	Signs and symptoms	Other drugs	Effect on signs and symptoms	Results	Remarks
1	13	14	15	16	17
1.	Abd. Dist. ++	Nil	Pt. became drowsy, later semi comatose	No effect	–
2.	Icterus ++ Oedema feet Legs, face Abd. Dist ++ Ascites +	Nil	Nil	No effect	–
3.	Abd. Dist. +	Inj. Strepto. Inj. Liver	Abd. Dist disappeared	Cured	Elder brother died of cirrhosis
4.	Oliguria Dark Urine Abd. Dist ++ Ascites ++ Veins ++ Icterus ++	Multivit Inj. Liver and B. 12 Proteisn	Had malaena ascites and Icterus increased Abd. Dist more developed. Oedema feet and legs.	Expired	Post infective Hepatitis
5.	Veins + Ascites + Abd. Dist ++ Slight oedema feet and legs	Multivit Inj. Liver and B Comp. Lipotropic	Ascites more Icterus more Veins more Oedema more developed smell	No effect	Four previous children died of cirrhosis
6.	Diarrhoea Pallor Oedema feet and legs	Inj. Liver B comp.	Oedema less Pallor less	Slight relief	Patient left early
7.	Low fever Cough Occ vomiting	Inj. Strepto and Penicillin Iron Inj. Liver B. Comp. Multivit	Fever cough subsided No vomiting	Slight relief	Patient left early
8.	Abd. Dist ++ Fever Dark urine Oedema feet and legs	Inj. Liver and Lipotropics	Developed smell, white stools Vomiting Icterus in 5 days. Abd. Dist and smell increased in 9 days became drowsy 14th day.	Expired	2 previous children died of cirrhosis. Acute course.
9.	Abd. Dist + Vomiting Diarrhoea	Sulfa & Strepto orally. Inj. Liver B Comp.	No abd. Dist Vomiting and Diarrhoea	Cured	–
10.	Fever Abd. Dist Smell + Icterus + oedema feet and legs Restless Sleepless	Proteins Liportopics Inj. Liver B comp. Multivit	Oedema and Icterus Increased rapidly drowsy	Expired	Acute course
11.	Icterus ++ Oedema ++ Abd. Dist. ++ Ascites ++ Veins ++ Fever vomiting	Lipotropics Inj. Liver B Comp.	Symp. Increased and patient left in coma.	No effect	LIV reduced size of liver but no effect on clinical condition.
12.	Icterus ++ Oedema ++ Abd. Dist. ++ Ascites ++ Veins ++ Smell ++ Fever vomiting	Inj. Liver B Comp. Proteins	Developed ascites smell increased Abd. Dist more	Slight relief	–
13.	Oedema feet, legs and face. Cough Veins + Abd. dist +	Multivit Milk powder Inj. Liver B Comp. Iron	Oedema only slight Abd. dist. Less	Slight relief	–

No.	Signs and symptoms	Other drugs	Effect on signs and symptoms	Results	Remarks
1	13	14	15	16	17
14.	Oedema feet legs Abd dist +++ Ascites +++ Veins ++ Smell ++ Chr. Diarrhoea	Inj. Liver B Comp. Sulfa.	Veins + Ascites + No oedema Smell less finally no ascites	Slight relief	Tapped towce. LIV good effect on clinical condition, but very little on size of liver. Spleen increased.
15.	Fever Oliguria Smell ++ veins ++ Ascites + Abd. dist +++ Oedema feet and legs Icterus+ Dark urine	Lipotropics Inj. Liver B Comp.	Smell +++ Icterus ++ Spleen incrased. Haemetemesis Rise in temp. General Anasarca	Expired	One child died of cirrhosis
16.	Fever Abd. Dist + Ascites + Veins +	Lipotropics Inj. Liver	Ascites - Nil Abd. dist - Nil Veins - Nil Appetite better More lively	Cured	One aspirated six ozs.
17.	Ascites ++ Pallor + Smell + General anasarca Abd. dist ++	Multivit Inj. Liver	Oedema much less Smell less No ascites	Slight relief	LIV good effect on clinical condition but none on size of liver and spleen.
18.	Abd. dist ++ Vomiting Fever Smell +	Inj. Liver B Comp.	Nil	Slight relief	–
19.	–	Lipotropics	–	Marked relief	Previous 3 children died of cirrhosis.
20.	Occ. Fever Vomiting Cough Abd. dist ++	Inj. Liver Vit. A.D. Lipotropics	Abd. dist. - Nil No fever No vomiting	Cured	–
21.	Fever Cough Vomiting	Inj. Strepto. Inj. penicillin Sulfa.	No fever or cough or vomiting	Marked relief	–
22.	Cough Smell + Urine dark	Vit. A.D. Multivit Inj. Liver B Comp. Folic acid and B_{12} Drops	Urine clear No smell No cough	Cured	–
23.	Oedema feet, legs and face Chr. Diarrhoea	Inj. Liver B. Comp. Sulfa. Vit. A.D. Oral Liver	Ascites nil No oedema Abd. dist less	No effect	Symptomatic relief but no effect on liver and spleen.
24.	Abd. dist ++ Ascites + Veins + Fever cough Later Oedema feet legs	Multivit Inj. Liver B. Comp. Iron & Proteins	Ascites nil No oedema Abd. dist less	No effect	Symptomatic relief but no effect on liver and spleen.
25.	Chr. Diarrhoea Pallor ++ Pain abd.	Multivit Iron Proteins Lipotropic sulfa	Pallor less No diarrhoea	Slight relief	–
26.	Chr. Diarrhoea Vomiting Low fever Oedema feet legs, face Abd. dist ++	Sulfa Multivit Iron Proteins	No oedema NO abd. dist. No vomiting No fever	Cured	–
27.	Abd. dist. +++ Ascites +++ Veins ++ Slight oedema feet legs Oligurea	Inj. Liver B Comp. Lipotropics	No oedema No ascites Urine free	Cured	After initial tapping of 4½ Pints fluids never collected again but gradually disappeared.
28.	Oedema feet Cough, Vomiting Pain Abd.	Sulfa Piperazine Inj. Liver B. Comp. Multivit Proteins	Oedema much less Vomiting and cough less	Slight relief	–

No.	Signs and symptoms	Other drugs	Effect on signs and symptoms	Results	Remarks
1	13	14	15	16	17
29.	Abd. dist ++ Low fever Cough Chr. Diarrhoea Oedema feet, legs, face Smell + Veins +	Inj. Strepto. Sulfa Lipotropics Inj. Liver B. Comp.	No abd. dist. Veins less prominent Oedema less	Moderate relief	–
30.	Chr. Diarrhoea Fever Cough Oedema feet legs, face Pallor ++ Abd. dist. ++ Ascites +	Sulfa Inj. Liver B. Comp. Multivit Lipotropics	Oedema less Ascites less Abd. dist less Pallor less	Slight relief	–
31.	Abd. dist. ++ Pallor ++ Veins ++ Ascites + Smell + Fever Dark urine Oedema feet legs face hands	Lipotropics Inj. Liver B. Comp. Iron	Smell less No fever Oedema same Developed Icterus	No effect	–
32.	Chr. Diarrhoea Abd. dist + Veins + Slight oedema feet legs	Sulfa Lipotropics	Diarrhoea less No oedema Abd. dist same Veins less	Slight effect	–
33.	Abd. dist ++ Fever cough Chr. Diarrhoea Oedema feet legs Ascites + Veins +	Lipotropics Sulfa Inj. Liver B Comp. Inj. Stepto Penicillin	Ascites more Oedema more Urine dark Smell + Later drowsy	No effect	–
34.	Fever Anorexia Irritibility Oedema feet legs Abd. dist. ++ Ascites +	Vit. A.D. Inj. Liver B. Comp.	Symptoms and signs slightly less	Slight relief	LIV checked progress.
35.	Fever cough (Prim. T.B.) Ascites + Abd. dist. ++	Sulfa Inj. Strepto. INH Multivit	No ascites Fever cough subsided	Moderate relief	–
36.	Abd. dist + Veins + Slight ascites Repeated attacks of URT Inf. and diarrhoea	Vit. A.D. Inj. Liver B. Comp.	No abd. dist. No ascites	Marked relief	–
37.	Low fever Oedema feet legs Dark urine Abd. dist ++ Veins ++ Smell + icterus +	Lipotropics Inj. Liver B. Comp.	Icterus more Ascites + General Anasarca Became drowsy	No effect	Liver shrank rapidly acute course.
38.	Chr. Diarrhoea Fever Oedema feet legs Abd. dist. + Pallor +	Iron Inj. Strepto. Sulfa Inj. Liver B. Comp. Lipotropics	Abd. dist. Same Oedema same	No effect	–
39.	Fever cough Oedema feet legs face Slight icterus	Inj. Liver B. Comp. Inj. Strepto Sulfa	No Icterus No Oedema No fever cough	Cured	–
40.	Abd. dist. ++ Veins ++ Ascites ++ Icterus + Oedema feet legs face Fever cough	Inj. Liver B. Comp. Sulfa Lipotropics	More smell Consistent vomiting	Expired	Acute course Spleen increased.

No.	Signs and symptoms	Other drugs	Effect on signs and symptoms	Results	Remarks
1	13	14	15	16	17
41.	Fever cough Occ. Vomiting Otitis Media Oedema feet legs face Abd. dist +	Sulfa Inj. Strepto Penicillin Inj. Liver B. Comp.	No oedema Abd. dist less	Moderate relief	–
42.	Fever cough Vomiting Abd. dist ++ Veins +	Multivit Inj. Liver B. Comp.	Abd. dist more Ascites +	No effect	–
43.	Fever cough (Prim. T. B.) Occ. Vomiting Abd. dist ++ Veins +	Inj. Strepto. INH Inj. Liver B. Comp. Lipotropics	Abd. dist same Same Symptoms	No effect	Spleen increased
44.	Irregular Fever Abd. dist. ++ Veins +	Inj. Strepto and Liver B. Comp. Lipotropics	NO fever Abd. dist and veins less	Slight effect	–
45.	Fever cough Abd. dist ++ Veins +	Inj. Liver B. Comp. Lipotropics	Abd. dist same Veins same Fever less	Slight effect	–
46.	Fever cough ((Prim. T.B.) Oedema feet legs Later ascites +	Proteins Lipotropics Inj. Strepto INH	Oedema much less Ascites less	Moderate relief	–
47.	Abd. dist ++ Fever cough Chr. Diarrhoea Veins + Oedema feet legs Later dark urine and oliguria	Inj. Liver B. Comp. Inj. Strepto Penicillin Lipotropics	Abd. dist much less Urine free Colour normal	Marked relief	–
48.	Fever cough Abd. dist + Veins + Repeated DRT Inj.	Sulfa Vit. A.D. Inj. Liver B. Comp.	Fever cough less Abd. dist. Much less	Marked relief	–
49.	Abd. dist ++ Veins + Smell + Slight ascites	Inj. Liver B. Comp. and Strepto.	No ascites No smell Abd. dist much less	Moderate relief	–
50.	Chr. Diarrhoea Fever Oedema feet legs face Abd. dist. ++	Sulfa Multivit Proteins Lipotropics Inj. Liver B. Comp. Piperasine.	Abd. dist. Less Oedema less	No effect	Good effect on symptoms, but nil on size of liver and spleen.