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Therapy of Anorexia with Liv.52

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Eating and the satisfaction of hunger play a vital role in life. They also give a feeling of well-being and security. Few expressions of physical and mental well-being are more widely accepted and more generally appreciated than a good appetite. It is generally a manifestation of good health. All grades of disinclination for food are met with in practice. Many physical and mental ailments contribute to its production.

Northover (*Ind. J. Paed.* 27, 149, 207, 1960) studied and reported the protective effects of Liv.52 against liver damage resulting from varying doses of carbon tetrachloride. Studies on serum albumin, serum proteins, serum bilirubin, serum transaminase activity and the effect on the histopathology of liver were carried out. In all eight experiments were carried out using twenty eight groups of ten mice each. In this study carried out with a control group, he has been able to show quite considerable biochemical protection but no significant protection against central lobular necrosis. The drug did not protect the central part of the liver lobule against damage, but rather protected and stimulated the more peripheral parenchymatous cells to greater biochemical activity. Functional improvement has also been reported in cases of liver damage and cirrhosis of liver.

This effect of Liv.52 on liver functions prompted us to study its clinical effect on anorexia, which is a common symptom of many diseases. The liver being actively concerned with metabolism, improvement in its functions might contribute to the correction of appetite and relief from anorexia.

Liver is the largest gland in the body and is intimately connected with the metabolism of proteins, fats, carbohydrates, etc. Bile helps intestinal peristalsis and improves the tone of the digestive tract. For proper metabolic processes it is necessary that the hepatic function should be at the optimum. It si possible that in cases of anorexia, there is some derangement or disturbance of liver function and its correction might lead to improvement of appetite, consequent to better digestion, absorption and assimilation. This might help protein synthesis and consequently help to shorten convalescence and speed up recovery. Improvement of hepatic function might promote the various metabolic processes that could help improve the functional efficiency of the gastrointestinal tract, improve the tonus of the stomach and the intestines, promote a general feeling of well-being and thus contribute significantly to the improvement of anorexia.

Loss of appetite is known to be associated with many hepatic disorders either alone or as a result of systemic affection. It was planned to study the effect of oral administration of Liv.52 tablets on patients presenting anorexia as a leading symptom.

One hundred patients suffering from various conditions but presenting anorexia as a leading symptom were studied at the Nair Hospital, Bombay, for the effect of administration of Liv.52

tablets on anorexia. Twenty six cases were of malnutrition, twenty of tuberculosis–pulmonary, abdominal or lymph nodes–nine of infective hepatitis, seventeen of cirrhosis of the liver, eight of anaemia, five of upper respiratory tract infections and thirteen showing miscellaneous conditions like helminthiasis, chronic infections, etc.

Patients were given one tablet Liv.52 three times a day after meals but in some cases 4 to 6 tablets a day were administered. The drug was administered for 7 days in acute cases while for 20 to 25 days in chronic conditions like tuberculosis–on an average for 12-15 days. The results of therapy were evident within a week. Specific and supportive therapy was simultaneously used in some cases but most patients showed significant improvement in appetite after the inclusion of Liv.52.

Those patients whose appetite returned to normal or completely normal were classified as cured, others who had definite improvement in appetite but not a complete return to normal were classified as partially improved and those who did not respond at all were classified as resistant. In resistant cases the underlying dominant disease condition required prompt attention and care, as some of those were seriously ill.

The following table shows the results of observations in the various conditions:

Diagnosis	Total No. of cases	Cured	Improved	Resistant
Malnutrition	26	10	7	9
Tuberculosis (Pulmonary, abdominal, lymph nodes)	22	7	9	6
Infective hepatitis	9	8	–	1
Cirrhosis of liver	17	5	6	6
Anaemia	8	2	1	5
Upper respiratory tract infection	5	5	–	–
Miscellaneous	13	6	2	5
	100	43	25	32

Anorexia was an important symptom in malnutrition. Some of the patients were quite advanced but out of 26 cases 10 were cured and 7 were relieved. They took a longer time for response. No vitamin preparations were administered. Patients suffering from tuberculosis–pulmonary, abdominal or lymph nodes–also had associated loss of appetite and 16 patients out of 22 responded to the treatment. There were 18 cases, which showed enlargement of liver 2 to 4 fingers, soft with smooth surface and rounded margins as a presenting finding, associated with anorexia and either malnutrition or tuberculosis or some other complaint. Half of them got completely cured and three were markedly relieved. There was a marked response in almost all cases of infective hepatitis–8 out of 9–only one went into acute hepatic failure and expired. There were seventeen patients with cirrhosis of the liver, five were cured and six relieved. Most of the cases of anaemia did not respond to treatment as out of 8 cases only 3 showed some response. All the five cases of upper respiratory tract infection responded. There were seven cases in the miscellaneous groups with helminthiasis and other chronic infections. Six out of those responded.

The results of these studies show that out of 100 cases of anorexia 43 were completely cured, 25 were partially cured and 32 were resistant to the therapy. In the cases that improved either completely or partially, the results were significantly quicker and better than could be accounted for by the results of the therapy of the basic condition. The addition of Liv.52 made a significant difference in the appetite and this helped the patients to quickly gain weight and brought about an improvement in the general condition.

The above results show that this drug seems to have a salutary effect in cases of anorexia of varied etiology. It is presumed that the action of the drug on liver functions may be responsible for its use in anorexia, but the exact mechanism of action needs further study.

SUMMARY

One hundred patients showing anorexia as a presenting symptom were studied to observe the effect of the oral administration of Liv.52 tablets on this symptom.

Twenty six cases were of malnutrition, twenty of tuberculosis in various forms, nine of infective hepatitis, seventeen of cirrhosis of liver, eight of anaemia, five of upper respiratory tract and thirteen belonged to the miscellaneous group.

Forty three were cured, twenty five were relieved and thirty two were resistant to treatment. Liv.52 tablets contributed to a significant improvement in appetite in a large number of cases.

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