[***Probe*** (1969): (IX), 1, 25-26]

Treatment of Anorexia by Liv.52

Mukherji, J.P., *B.Sc., M.B.,B.S., M.D. (Paed.)*
Honorary Paediatrician, Moti Lal Nehru Hospital, Jabalpur Cantt., India.

Anorexia is a pathological state of lack of appetite and it is almost always seen in all acute and chronic illnesses; and, in some adolescents, it is seen as a psychological condition–*Anorexia nervosa*. In children, the cause of anorexia at times remains obscure and even after treatment of the primary disease condition, the appetite remains poor and the child fails to gain weight. This becomes a cause of constant worry to the parents of the child who, in turn, worry the doctor. The physician finds that the child is otherwise free from any disease but does not eat well and ascribes it to prolonged antibiotic therapy or psychological aversion to food which is quite common in children whose parents are very keen to feed them against their will!

Favourable results have been reported with Liv.52 in anorexia of varied etiology in children (Sheth *et al.,* 1963, Athavale, 1966).

MATERIAL AND METHODS

Liv.52 (*The Himalaya Drug Co.*) contains Capparis spinosa (*Kabra*), Cichorium intybus (*Kasni*), Solanum nigrum (*Makoi*), Cassia occidentalis (*Kasondi*), Terminalia arjuna (*Arjun*), Achillea millefolium (*Gandana*), Tamarix gallica (*Jhau*) and *Mandur bhasma*. The following clinical study was undertaken to assess the effect of Liv.52 on the appetite of such children. Twenty two children coming for various complaints like respiratory infection, fever, diarrhoea, pain in abdomen, failure to gain weight, liver enlargement; and only 3 for a routine check-up for poor appetite, were taken up for study. They included cases of malnutrition, ascariasis, rickets, diphtheria, tuberculosis, diarrhoea, congenital heart disease, post-hepatitis and Indian childhood cirrhosis, tropical eosinophilia, etc. Their age range was 9 months to 11½ years and there were 18 male and 7 female children in this group.

After attending to the primary complaint for which they came for medical help, these children were put on proteins, iron and multi-vitamins and proper dietetic advice was given. When they showed no signs of improved appetite after 15 days of such therapy, these children were also put on Liv.52. The dose was: for children below 1 year: 10 drops t.d.s.; between 1-3 years: 15 drops t.d.s; and, above 3 years: 1-2 tablets t.d.s. Appraisal was made after 15 days for improvement in appetite and any weight gain.

RESULTS

Although weight gain was not very significant on re-examination after 15 days, there was a marked and definite improvement in appetite noticed in 23 out of the 25 cases in this series. The cases who did not show any improvement included a case of malnutrition with cerebral palsy and mental deficiency and a late case of Indian childhood cirrhosis – the latter showing a further diminution in appetite which could be due to the down-hill stage of the disease as a result of progressive hepatic degeneration. No untoward side effects were noticed in any of the children.

CONCLUSION

I would like to conclude with the comment that those children who did not show any improvement in appetite with haematinics and vitamins in their convalescent period showed a definite improvement in appetite and well-being in 23 out of 25 cases when Liv.52 was added to their treatment and given for 15 days.