[*The Antiseptic* (1970): 67, 615]

Therapy of Anorexia with Liv.52

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The term anorexia denotes a pathological absence of appetite. At all ages anorexia is a constant accompaniment of all acute and chronic diseases, except in certain neuro-endocrinological disorders like diabetes, hyperthyroidism, brain tumours etc. Sometimes a negative behaviour in children may lead to a reduced food intake. Drugs often influence appetite. Antibiotics increase appetite presumably by controlling infection, but on prolonged use may decrease appetite by destroying the normal bacterial flora of the digestive system. Vitamin B_{12} in large doses also increases appetite. Reserpine increases food-intake and may, therefore, cause obesity. Amphetamine accelerates weight-loss by inhibiting food intake i.e., causes anorexia. The thyroid hormone increases appetite but does not cause weight-gain. Anabolic steroids and testosterone increase the weight without tangible effect on the appetite. Corticosteroids increase the appetite though the exact mechanism is not known. But they cause retention of fluids and other side effects.

Liver undoubtedly plays an important role in determining the appetite. When the liver is damaged – e.g., in infective hepatitis, immediate loss of appetite is manifest. The essential nutrients are converted into metabolites in the liver after every meal, and finally enter the blood circulation. These metabolites may stimulate the feeding centre or inhibit the satiety centre, and lead to greater food consumption.

Kale *et al.,* have shown that by administering Liv.52 to albino rats, a significant gain in weight was noticed during the 3rd and 6th weeks.

Sheth *et al.,* observed in a clinical study that the administration of Liv.52 relieved the symptom of anorexia due to various causes.

Damle and Deshpande[1] reported that Liv.52 had a marked anabolic effect both in tuberculosis and non-tubercular patients and the gain in weight noticed was from 2 to 6 lbs in one to two months.

Athavale in his clinical study of 400 cases noticed a marked increase in appetite, gain in weight and general sense of well-being.

MATERIAL AND METHODS

In order to assess the effect of Liv.52 on the appetite a clinical study was under taken on 100 children, up to 12 years of age, while another 100 children who were not given Liv.52 tablets or drops served as control. These studies were made on children admitted to the paediatric ward of the S.V.R.R. Hospital at Tirupati.

Thirty of these 100 children suffered from malnutrition, which was manifest as marasmus and kwashiorkor, twenty five from tuberculosis – (pulmonary, abdominal or lymph nodes)–two from

infective hepatitis, six from cirrhosis of the liver, ten from anaemia, twelve from upper respiratory tract infections and fifteen from anorexia with negative behaviour.

DOSAGE OF Liv.52

Infants below two years were given 10 drops 3 times a day. Children between two and five years were given 20 drops three times a day, and children above five years were given 2 tablets 3 times a day.

The drug was administered for seven days in acute cases and for 20 to 25 days in chronic conditions like tuberculosis–average being 12 to 15 days. The beneficial results of treatment were evident within a week. Specific and supportive therapy was also given simultaneously for some patients but most of them showed significant improvement in their appetite after the inclusion of Liv.52. In the control series on a placebo, though there were the same type of patients, the anorexia remained unaffected.

Those patients whose appetite returned to near 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 them were seriously ill.

Showing the results of observations in various conditions

Diagnosis	Total No. of patients	Cured	Improved	Resistant
Malnutrition	30	10	15	5
Tuberculosis (Pulmonary, abdominal, lymph nodes)	25	10	11	4
Infective hepatitis	2	2	–	–
Cirrhosis of liver	6	3	2	1
Anaemia	10	5	4	1
Upper respiratory tract infections	12	10	1	1
Anorexia	15	15	–	–
Total	100	55	33	12

Anorexia was an important symptom in malnutrition. Some of the patients were quite advanced but ten out of the 30 patients were cured and 15 were relieved, and took a longer time to show adequate response. No vitamin preparations were given. Twenty one out of the 25 patients suffering from tuberculosis (pulmonary, abdominal or lymph nodes) who suffered also from associated loss of appetite responded to the treatment. There were 20 patients, who showed enlargement of the liver (two to four 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 the rest were markedly relieved. There was a marked response in almost all cases of infective hepatitis. Of six patients with cirrhosis of the liver, three were cured and two were relieved. Most of the patients with anaemia responded to treatment, nine out of 10 patients showing response.

Out of 12 patients with upper respiratory tract infections, 11 responded.

The results of these studies show that 55 out of 100 patients with anorexia, were completely cured, 33 were partially cured and 12 did not respond. In patients who 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 difference in the return of the appetite and this helped the patients to regain weight rapidly and have a marked improvement in their general condition.

Liv.52 therefore, appears to have a significant effect on patients with anorexia of varied aetiology. The probable 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, using another hundred cases as control, to assess the effect of the oral administration of Liv.52 tablets and drops on the anorexia.

Thirty patients had malnutrition; 25 tuberculosis in various forms, 2 infective hepatitis, six cirrhosis of the liver, 10 anaemia, 12 upper respiratory tract and 15 belonged to the miscellaneous group with anorexia as the main presenting symptom.

Fifty five were cured, 33 were relieved and 12 did not respond. Liv.52 tablets and drops produced a significant improvement in the appetite in a large number of patients.

No toxic effects were observed and no reduction in weight was noticed in any of our patients. With the improvement in appetite there was a marked feeling of well-being followed by a gain in weight which was more significant in underweight children.

ACKNOWLEDGEMENT

We offer our grateful thanks to the Superintendent, S.V.R.R. Hospital, Tirupati for permission to publish this paper and also to M/s. The Himalaya Drug Co. for a liberal supply of the Liv.52 tablets and drops used in this study.

REFERENCES

1. Damle and Deshpande, (1966) – *The Ind. Pract.,* 19: 357.

2. Sharma, E.N.B.: Surgeon, S.V.R.R. Hospital, Tirupati, *Personal Communication.*

3. Sheth *et al.,* (1963) – *Probe*, 4: 137.