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Liv.52 in Anorexia in Paediatric Practice

(Mrs.) Saxena, S., *M.D., D.C.H.,*
Professor of Paediatrics, S.M.S. Medical College, Jaipur, India.

Appetite is ordinarily a significant symptom of a satisfactory state of health. Its disturbances are found in a variety of conditions and anorexia is a very common symptom of many clinical conditions in paediatric practice. Anorexia in a child, otherwise healthy or having a minor disturbance, is a cause of much worry and emotional disturbance in the tense over-anxious parents who may attribute it to a very serious condition.

Anorexia can be a symptom of many disorders and the patient should be thoroughly examined for the evidence of any other disease. Quite often it is a symptom of many ailments like malnutrition, tuberculosis of various types, cirrhosis of liver, infective hepatitis, respiratory infections, anaemia, worm infestation and in the convalescent stage of the enteric group of fevers etc.

Various clinical studies reported by Sheth *et al.,* (1963), Athavale (1966) and observations of Damle and Deshpande (1966), Sule and Sathe (1957) stimulated us to study the clinical effects of medication with Liv.52 either in drops or tablet form to patients of anorexia.

MATERIAL AND METHODS

This study was carried out at the P.B.M. Group of Hospitals, Bikaner, on a series of 800 patients viz. 400 patients on Liv.52 and using the other 400 cases as controls. The distribution of age group and diagnosis was almost identical in each group and hence it was easier to compare the results and the factor of improvement of appetite with the improvement of the clinical condition could be eliminated.

Complete routine physical examination was carried out and the diagnosis was arrived at by the assessment of the clinical condition wherever possible supported by laboratory findings. General examination included estimation of height, weight, malnutrition study, skin and hair changes, evidence of pigmentation, anaemia, adenitis or evidence of any other illness. Family history, dietetic history, social and economic status etc. were also recorded.

Routine urine, stool, blood and fluoroscopic examination and tuberculin test were carried out in all cases. Special investigations like X-ray of the chest, serum protein estimation and liver function tests were carried out where necessary in selected cases.

Liv.52 drops were administered in a dosage of 15 drops t.d.s., to 20 drops four times a day for a period varying from 10 days to 30 days, the average period being 20 days. In older children Liv.52 tablets one t.d.s. or in some 2 t.d.s. were given for a period varying from 10 to 30 days. During this study no other general tonic, appetisers or vitamins were given to the child in either series.

OBSERVATIONS:

Table 1 shows the distribution of 400 cases of anorexia observed and studied by us for therapy with Liv.52. Another 400 cases with similar illness were treated only for the original illness and were not treated with Liv.52 or other drugs for appetite and served as controls in this study.

Out of 400 cases, 246 (61.5%) were cured, 95 (24%) improved and 59 (14.5%) did not respond, giving a satisfactory response in 85.25% of cases.

Table 1				
Diseases associated with Anorexia	Total No. of cases	No. of cases cured	No. of cases improved	No. of cases not responded
Malnutrition	100	60	30	10
Tuberculosis (various types)	50	25	15	10
Cirrhosis liver	25	0	10	15
Infective hepatitis	30	25	5	0
Respiratory infections	40	40	0	0
Diarrhoea	80	50	20	10
Anaemia	25	15	5	5
Worm infection	10	6	2	2
Interic fever	20	15	3	2
Miscellaneous	20	10	5	5
	400	246	95	59

It showed very satisfactory response in malnutrition and tuberculosis (see Table 1).

The patients who responded well showed improvement of appetite, a general feeling of well-being and alertness and gain in weight showing significant and noteworthy anabolic effect of the drug. The control group did not show a similar improvement of appetite or subjective symptom of well-being or gain in weight.

DISCUSSION

Various workers have reported on the effectiveness of this compound Liv.52 (The Himalaya Drug Co.) in the symptomatic treatment of anorexia. Liv.52 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 prepared in the juices and decoctions of various hepatic stimulants. It probably improves the appetite by improving the function of the liver thus bringing about a feeling of subjective improvement and well-being resulting in gain in weight. It is difficult to define the exact mechanism but the experimental work so far published[4,5] seems to show either the protective action or improvement of liver function and this may be the operative mechanism. Joglekar *et al.,*[3] studied the protective value of the drug by using carbon tetrachloride as a hepatotoxic agent. Liv.52 prevented changes in the liver produced by carbon tetrachloride. Karandikar *et al.,* Jal R. Patel *et al.,* and Sheth *et al.,* have shown that Liv.52 affords protection to the liver against carbon tetrachloride in experimental animals. Vyas observed that the cellular infiltration and necrotic changes on liver biopsy showed regression in patients on Liv.52 therapy. Sule and Sathe observed improvement in the general health, appetite and a feeling of well-being in the patients. Damle and Deshpande also observed improvement in appetite and a feeling of well-being while on Liv.52. Recently Prasad and Tripathy found satisfactory results in cases of marasmus and kuwashiorkor. They observed immense increase of appetite in shorter time, better digestion, assimilation and early weight gain. From these studies it could be concluded that Liv.52 administration contributes to the improvement of liver function bringing about better digestion, absorption and assimilation.

Sheth *et al.,* found improvement in 68% cases out of 100 cases of anorexia treated with Liv.52. Athavale, out of 263 cases of anorexia found satisfactory results in 63.5% of cases. The response has been variable in various conditions but overall response is good in most of the conditions. These experimental studies and clinical observations definitely point towards the therapeutic efficacy of Liv.52 drops or tablets in the therapy of anorexia of varied etiology. In the present study the percentage of improved cases of anorexia is higher (85.5%) than that of Sheth *et al.* and Athavale (Table 2).

Table 2: Shows the comparative results	
	% Cure
Sheth *et al.*	68.0%
Athavale	63.5%
Saxena (present series)	85.5%

SUMMARY

Eight hundred cases of anorexia of varied etiology were studied in a controlled study to observe the therapeutic effects of Liv.52 drops or tablets on cases of anorexia.

Four hundred cases with different diagnosis (Table 1) were given Liv.52 drops or tablets in adequate doses for 10 to 30 days and clinical effects were noted. No other drugs such as enzymatic preparations, general tonics, digestive mixtures, appetisers or vitamins were administered in either groups. A similar other group of 400 cases was only given therapy for the illness and not given Liv.52 drops or tablets or other medicine to improve appetite, and served as a control.

Results of Liv.52 therapy showed that 341 (85.25% out of 400 cases showed improvement of appetite, a subjective feeling of well-being and gain in weight. Cases of the control group did not show any appreciable change in appetite or gain in weight.

These studies conclusively show that Liv.52 drops or tablets have a definite and well-established place in the therapy of anorexia of varied etiology and is of great value.

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