

Liv.52 in the Treatment of Acute Infective Hepatitis

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Many drugs have been tried for the therapy of acute infective hepatitis. Chemotherapeutic agents and antibiotics have been demonstrated to be of little use. Those, which are known to be inactivated by the liver, are best avoided, as most of them are potential hepatotoxic agents. In order to save the liver from further damage it is also not advisable to use potent hepatotoxic drugs.

I was actuated to carry out this study as my father aged about 70 years with ischaemic heart disease and hypertension had an attack of acute infective hepatitis. With conventional therapy with antibiotics and cortisone, vitamins and glucose he did not respond. These were stopped and ultimately he was put on Liv.52 with vitamins and glucose for about a month. He showed remarkable improvement and Liv.52 tablets were stopped after a month. He again developed subacute hepatic necrosis with ascites, 2 months after the first attack. Liv.52 was again started along with vitamins and glucose. Antibiotics or corticosteroids were not used. After two months of regular intake of Liv.52 the patient was completely symptom-free and started his normal work.

Observing the results and the remarkable improvement in this case, I was very interested to know the efficacy of Liv.52 on different patients for such type of acute parenchymal liver disease.

MATERIAL AND METHODS

The present study is based on clinical trials on 45 cases of acute infective hepatitis, observed and followed-up by me and treated with Liv.52 in varying doses.

The criteria of diagnosis were based on established clinical manifestations and wherever possible, laboratory studies. All the cases had shown clinical manifestations like development of jaundice from mild to severe with symptoms like malaise with headache or fever. Anorexia with constipation was the most common early symptom. There was non-colicky upper abdominal pain varying from mild to severe in nature. The liver was tender in almost all the cases with or without clay-coloured stools.

There was an epidemic of acute infective hepatitis and 38 cases were studied in September and October 1972, 3 each in November and December and one in late February. There were 40 males and 5 females.

One patient had B. Coli infection, one pulmonary tuberculosis and one had hypertension with general debility associated with the illness.

Table 1: Signs and Symptoms	
	No. of cases
Hepatic tenderness	45
Anorexia	41
Nausea	26
Vomiting	21
Constipation	23
Enlarged liver	20
Dark-coloured urine	45

Table 2: Degree of Signs			
Signs	Mild	Moderate	Marked
Jaundice	18	15	12
Fever	13	–	18
Rt. Hypochondriac pain	29	–	12
Dark urine	32	12	1

Laboratory studies were carried out in 16 cases. Some showed high blood bilirubin level. Twelve cases showed positive Van den Bergh's reaction.

Routine urine examination, blood bilirubin levels and Van den Bergh's reaction were done and repeated at different phases of the illness not only to confirm the diagnosis but also to follow-up the progress of and response to Liv.52 therapy in individual patients.

All patients received Liv.52, vitamins and glucose. They were advised complete bed-rest and the usual diet. However, because of their poor economic status the advice regarding diet and bed-rest was not strictly followed.

Liv.52 tablets, 2 tablets t.i.d. were given to 31 patients and 4 t.i.d. to one. Liv.52 drops, 5 drops b.d. were given to two patients, 10 drops b.d. to 2 patients, and 15 drops b.d. to one patient. Liv.52 syrup 7.5 ml was given to three patients.

The patients were divided into two groups, A and B. Group A consisted of 26 patients on multivitamins, glucose and Liv.52. Group B consisted of 19 patients who, in addition, received antibiotics (Tetracycline hydrochloride) or corticosteroids or both in appropriate dosage. Thirteen patients received both, corticosteroids and tetracycline for varying periods. Two patients received tetracycline alone for 1 to 3 weeks and four patients received corticosteroids for varying periods. Anti-tubercular therapy was used in one case suffering from pulmonary tuberculosis.

With Liv.52 alone i.e. without the addition of antibiotics and/or corticosteroids the disease was controlled. The addition of antibiotics and/or corticosteroids seems in no way to shorten the course of the disease or improve the signs or symptoms. The time taken with Liv.52 therapy, other factors being the same, was maximum 1-4 weeks in Group A, compared to 3-6 weeks in Group B with Liv.52 and corticosteroids and/or antibiotics. The period of recovery was longer in most of the cases in Group B.

Signs and Symptoms	After one week		After 4 weeks	
	Group A	Group B	Group A	Group B
General well-being	21	11	26	
Appetite	19	10	26	13*
Fever	22	10		
Jaundice	18	7	25 [#]	8 [#]
Liver tenderness	13	5		
Clear urine	13	4	24 ⁺	8 ⁺
* 6 no improvement (Group B) + 2 slightly coloured (Group A) + 11 slightly coloured (Group B) # 1 mild jaundice (Group A) # 11 mild jaundice persisted (Group B)				

The results showed swift recovery in larger number of cases of Group A on Liv.52 than in Group B with additional corticosteroids and/or antibiotics.

	Group A	Group B
Swift recovery	25	8
Slow recovery	1	11
Total	26	19

SUMMARY AND CONCLUSIONS

1. All patients were given Liv.52 and glucose and multivitamins. Twenty six patients (Group A) received Liv.52. Nineteen patients (Group B) in addition to Liv.52, vitamins and glucose received corticosteroids and/or antibiotics.

2. Results showed quick recovery and absence of complications in the Liv.52 (Group A) cases.
3. Liv.52 therapy is useful in mild and moderate cases and no complications or toxic effects were observed in this series. Liv.52 used alone (without antibiotics or steroids) controls the disease fast.
4. Routine therapy with Liv.52 speeds recovery and curtails the duration of illness.
5. Liv.52 when administered at the preicteric stage or at the first sign of jaundice prevents further complications. Timely treatment with Liv.52 makes the use of antibiotics and steroids unnecessary.
6. The treatment of choice in infective hepatitis is Liv.52. It has no side effects or toxicity and can be confidently recommended in every case of infective hepatitis.