

Liv.52 therapy in acute infective hepatitis

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Infective Hepatitis is a viral disease affecting mainly the hepatic parenchyma, producing changes typical of acute hepatitis, changes in biochemical parameters and histopathological changes in the liver. It is characterised by passing of highly coloured or yellow urine, poor appetite, pain and tenderness in the right hypochondriac region, enlarged liver and jaundice of varying degrees accompanied by low or high fever. It is a difficult clinical condition to treat as no specific therapy is available. The liver being a major metabolic organ of the body, great general and systemic disturbances are produced. The clinical, biochemical and histopathological criteria take some time to return to normal. In some cases of Acute Infective Hepatitis, progressive liver damage occurs. Such cases become fulminant or go into a stage of chronic active hepatitis.

Liv.52 has been very favourably reported by a large number of workers to bring about improvement of appetite, reduction in the intensity and duration of jaundice and normalise serum bilirubin level and liver function tests, resulting in rapid clinical and biochemical recovery. Liv.52 is reported to promote regeneration of hepatic cells and prevent residual liver damage. This promoted us to treat cases of Acute Infective Hepatitis in our care with Liv.52.

MATERIAL AND METHODS

150 adults and 75 children i.e. in all 225 patients of Acute Infective Hepatitis were treated. Control of vomiting, restoration of appetite, absence of bile salts and bile pigments in the urine and change in the degree of jaundice were carefully noted.

The dosage of Liv.52 depended on the clinical picture and severity of the condition in each patient. Liv.52 2 tablets q.i.d. were given for 4 days and then one q.i.d. for 15 days and then one t.i.d. for 2 to 3 months. Children were given Liv.52 syrup one teaspoonful q.i.d. for four days and then one teaspoonful t.i.d. for two months. All the cases were personally treated and observed by me and their conjunctiva and liver were carefully examined for the clinical progress and urine was repeatedly examined for the presence of bile salts and pigments. The results are summarised in Table I.

Table I : Showing the results of Liv.52 therapy				
Drug	No. of patients	Control of vomiting in days	Restoration of appetite in days	Absence of bile salts and pigments in urine in days
Liv.52 tablets	150	Within 24 hours	2 to 3 days	10-15 days
Liv.52 syrup	75	Within 24 hours	2 to 3 days	10-20 days

Vomiting was controlled within 24 hours. Appetite was restored in 2 to 3 days and jaundice disappeared and urine became free from bile salts in 10 to 20 days.

Early diagnosis and initiation of Liv.52 therapy could bring about a quick response, speedy recovery and early ambulation. Liv.52 was found to be very effectively in cases of Acute Infective Hepatitis both in adults and children. There were no toxic or untoward effects on prolonged Liv.52 therapy.

SUMMARY

1. Two hundred and fifty five cases of Acute Infective Hepatitis. 150 adults and 75 children were treated with Liv.52 tablets or syrup in appropriate dose.
2. Vomiting was controlled within 24 hours and appetite returned within 2 to 3 days in all cases.
3. Jaundice disappeared and bile salts and pigments were absent in urine in 10-15 days in adults and 10-20 days in children. There was speedy recovery and early ambulation in all cases.
4. There were no toxic or untoward effects in prolonged Liv.52 therapy.