

Liv.52 in Dermatology

Behl, P.N., F.R.C.P.,
Director, Skin Institute, Delhi, India.

INTRODUCTION

Liver disorders are responsible for several skin disorders (Urbach, 1928; Belisario, 1952; etc.) and several dermatoses are responsible for intoxication and resultant hepatic insufficiency (Ramel, 1937). The liver plays an important role in general metabolism performing numerous functions like detoxification, manufacture of blood proteins and bile salts, storage of glycogen, desaturation of fats, reticulo-endothelial phagocytosis, etc. Disturbed liver function and resultant general metabolism may cause or increase susceptibility to irritation of the skin or predispose to the growth of organisms. They may predispose to or accentuate an existing eczematous dermatitis through interference with skin metabolism by hydration or the disposition or increase in the skin of various salts or protein breakdown products. Further important metabolic disturbances are those of carbohydrates (Tillin & Squires, 1941), particularly in the skin itself (Urbach and Sicher, 1928; Pillsbury, 1931; Stokes, 1932) or in the sweat (Usher, 1929). Pruritus in jaundice is a well-known phenomenon. Disturbances of the intestinal flora in liver disorders may cause absorption of predisposing or causative toxins (Burgers, 1927; Urbach, 1943). Liver disorders also affect hormonal balance in the body.

In the last few decades, several drugs have been made available for stimulation of the liver functions. Cortisone and lipotropic factors like methionine and choline have their limitations.

In the practice of dermatology are several dermatoses in which disturbed general metabolism and disordered liver functions have been blamed. Chloasma, systemic pruritus, seborrhoeic dermatitis and endogenous eczema are some of the important dermatoses. There are others like folliculitis, acne vulgaris and urticaria which may be precipitated or aggravated by disordered metabolism. Then there are others where specific causes are not established.

Against this background, Liv.52 was used on an experimental basis at the Skin Institute, Delhi, during the last four years.

Liv.52 (Himalaya Drug Co. Private Ltd.) is an indigenous preparation with the following composition:

Capparis spinosa	24%
Cichorium intybus	24%
Solanum nigrum	12%
Cassia occidentalis	6%
Terminalia arjuna	12%
Achillea millefolium	6%
Tamarix gallica	6%
Mandur bhasma	10%

It is a powerful hepatic stimulant which markedly increases the functional efficiency of the liver. It protects the liver against carbon tetrachloride (Joglekar, Chitale and Balwani, 1963). It has been found useful in infantile cirrhosis (Sheth *et al.*, 1960; Mathur, 1957; Paulose, 1963). It stimulates appetite and promotes a feeling of physical and mental well-being.

The author had initially found it useful in the prevention of the side-effects of prednisolone withdrawal.

MATERIAL AND METHODS

In 1967, the use of Liv.52 was initiated on an experimental basis in several dermatoses. Only those dermatoses were selected which were chronic and resistant to known therapeutic modalities. Most of them had used antihistaminics, corticosteroids and antibiotics with temporary relief. It may be emphasised, at the beginning, that the drug was used as an adjunct and the appraisal was mainly clinical. Comparisons were made with similar dermatoses on the same therapeutic measures without Liv.52 but strict double blind studies were not feasible in a study of this type. Where antihistaminics or corticosteroids were used simultaneously, an appraisal was made to test whether the dosage of these drugs could be substantially reduced while maintaining the same degree of control. Another appraisal was to establish if the period of administration of these potent drugs could be reduced after the introduction of Liv.52 and the side-effects of cortisone withdrawal could be minimised.

Years of study: 1967-1970

Number of cases: 560

Clinical Pattern:

Chloasma	96
Endogenous dermatitis	131
Seborrhoeic dermatitis	248
Neuro-dermatitis	10
Urticaria	57
Folliculitis	5
Miscellaneous: like psoriasis, lichen planus etc.	13
Total	560

CASE REPORTS

1. H.B., 10 years old, male, was first seen on 15-5-70 with the salient features of itchy, non-specific, dull, popular eruption on dorsa of hands and feet, dryness and roughness over these parts, marginal blepharitis; dry, unhealthy integument of one year duration. There was past history of cradle cap. General health was poor; also easy fatiguability. The patient had been administered antihistaminics and different ointments without benefit. Haemoglobin 11 Gm per 100 cc, R.B.C. 3.7 million.

The patient was put on Liv.52 Drops and longifene once daily. Within 8 days, there was definite improvement. On 8-6-70 longifene was withdrawn and only Liv.52 was continued. The regimen was continued. The patient continued to improve and the integument got a healthy look. General health improved. Eruption gradually faded. In early August, he had a mild miliarial rash due to playing in the hot sun but there was no recurrence of rash. On 12-9-70 he was discharged as relieved.

2. Mrs. N.K., 30, was referred by Dr. J.C. on 21-4-70 with recurrent eczematous eruptions on trunk and arms of eight years' duration. General health was poor. There was history of pulmonary tuberculosis several years ago. Physical examination revealed dry eczematous eruption on lateral sides of abdomen, forearms, hands and lower limbs. There was considerable worry because of the disease and her sleep was very disturbed. Allergy tests-intradermal-did not reveal any specific allergy. Stools: NAD; Urine: NAD; TLC: 8000 per cmm; DLC: Polymorphs 55 pc; Lymphos: 33 pc; Eosinophils 2 pc; Haemoglobin 11.5 gm per 100 cc. The patient had used antihistaminics, triamcinolone tablets etc. without relief.

She was put on Protamyl at night time, Liv.52, 2 tablets twice a day and calamine cream. Protamyl was used to control insomnia. By the second week of May 1970, she felt much better, itching was much less and she was sleeping better. Protamyl was stopped and she was asked to continue with Liv.52 and calamine cream. When she reported for a check-up on 5-6-70, she had improved considerably. Itching was less. There were a few lesions which dried up rapidly. Improvement was maintained through July and August. When last seen on 26-8-70, she had almost completely recovered. There was only an occasional lesion with itching.

3. G.K., 9 year-old child, presented herself on 23-4-70 with itching, erythematous eruption on the face, scalp, abdomen and groins; universal dry integument which appeared to be somewhat thickened, involvement of palms and soles. The condition started at birth in the form of a red skin which used to peel off; later there were erythematous and oozing lesions all over the body. These lesions used to subside in summer, becoming worse again in winter. The elder sister has a similar condition. With the provisional diagnosis of congenital ichthyiform erythroderma, the patient was put on Liv.52 Drops, calamine cream and oil massage. She showed continuous improvement except one attack of impetigo bullosa in early June which was controlled with penicillin. She is much more comfortable. The integument is smoother. Itching is less.
4. M., 3 year-old (HFH), was referred in early January 1970 with bad recurrent infective eczematoid dermatitis with purulent discharge on the scalp, ear and umbilical regions. A few lesions were also present on other parts of the body. There was history of epileptic fits. The child had been hospitalised several times and treated with antibiotics, antihistaminics, etc. She had been thoroughly investigated without much help. Her general condition was poor; she had a bloated tummy and looked miserable and irritable.

The patient was given a short course of sulphonamide tablets, 1 percent brilliant green in calamine cream and Liv.52 Drops. The purulent condition had been controlled within a week and the eczematous lesions dried up. The treatment was continued with Liv.52 and calamine cream containing 1 percent brilliant green. The patient's general health improved; he became less irritable. He had a mild setback once which was controlled with a long-acting sulphonamide for a few days. When last seen in late August 1970, he had shown remarkable improvement. He looked healthy and the skin looked normal except for the pigmented stains. Recovery was impressive.

5. R., 8 year-old female, presented herself on 3-6-69 with Prurigo popularise like eruption on the lower extremities, forearms, hands and lower trunk with sharp upper border at the nipple level. Itching was severe and there were inter-current complications of secondary pyoderma. She is the only child; there is no history of atopy in the family. Her general health is poor; appetite poor. She had been prescribed different topical and systemic, corticosteroids, antihistaminics, multivitamins, tranquillisers and indigenous preparations etc. without any relief.

She was treated with Liv.52, phenegran 10 mg and ghee massage. Secondary infection, whenever it occurred, was controlled with a long-acting sulphonamide or broad spectrum antibiotics and local dressings of bacitracin. Once a few injections of calciosteilin with B₁₂ were also given when itching was very severe and intolerable. She responded slowly but surely. The integument became softer, itching slowly decreased, papular lesions became flatter. By 1st September, 1969, there was at least 25 percent clearance. Phenegran was given S.O.S. afterwards. On Liv.52 alone, she continued to maintain improvement. She showed 90 percent clearance by 13-5-71. The integument is almost normal. She still gets bouts of itching, but much less frequently. In September 1970 there was slight increase following an

attack of 'flu' and a course of antibiotics. The integument is almost normal now and general health is better.

6. Mrs. S. (ASR), 35 years-old was seen with chronic discoid psoriasis; she had been unfortunately using triamcinolone 4-16 mg daily for several years. Lesions were still appearing but she had developed corticosteroid facies. Liv.52 was used to assist in withdrawal of triamcinolone along with a few injections of ACTH while conservative therapy was initiated for her psoriasis. In three months, triamcinolone was gradually withdrawn without any complication. Her general health improved and she slowly shed her corticosteroid appearance. She has been observed for over a year. On Liv.52 and conservative therapy, she has maintained progress all around without need to resort to triamcinolone at any time.

RESULTS AND DISCUSSIONS

A Clinical study of 560 cases over a period of about four years revealed that Liv.52 did prove a fairly useful adjunct in the following conditions:

1. Seborrhoeic dermatitis
2. Endogenous dermatitis
3. Chronic urticaria
4. Withdrawal of corticosteroid in cases of pemphigus, psoriasis, exfoliative dermatitis, etc.

All these conditions can develop from liver disorders and metabolic upsets. With the limited therapeutic modalities available in the treatment of these chronic and often recalcitrant dermatoses, this therapeutic adjunct was found useful in controlling the troublesome complaint, improving general health and well-being, improving appetite and eventual recovery. Our experience with Liv.52 in chloasma was not impressive; only a few cases showed little to moderate improvement which was equally seen in cases without Liv.52. In a large number of cases of chronic urticaria doses of antihistaminics used were much smaller while taking Liv.52, than without it, and also the degree of control of the lesions was much better. In the absence of a controlled double blind study, results cannot be truly classified but the general impression was that the majority of patients did fairly well. Here patients with poor general health and disturbed digestion did better than those with good general health and digestion. Few case reports reproduced above substantially bring out these conclusions. Another impression was that if the drug was to prove effective, improvement was noticed within the first 4-6 weeks. In case no improvement was noticed, the drug was withdrawn.

1. Over a period of four years, 560 patients with chronic dermatoses recalcitrant to known modalities of treatment were treated with Liv.52 as supportive therapy in addition to usual treatment. Strict double blind studies were not feasible but comparisons were made with similar dermatoses on the same therapeutic measures without Liv.52.
2. Patients with seborrhoeic dermatitis, endogenous eczemas and chronic urticaria showed fair to good response when compared with the control group. Lesser doses of antihistamines or antibiotics or corticosteroids were required for better control of the lesions.
3. Acuteness of the disease, severity of symptoms and duration of the disease were reduced.
4. General well-being improved.
5. No side effects were noticed.
6. It facilitated the withdrawal of corticosteroids.
7. It can be safely recommended as a safe supportive therapy in chronic, resistant dermatoses without known specific aetiology.

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