

Effect of Liv.52 on Anorexia of Varied Aetiology

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INTRODUCTION

Anorexia may be defined as a pathological state of loss of appetite. Such loss of appetite may be a presenting symptom or accompany many a clinical disease state. Often it is of short duration but it may be exasperating enough to necessitate consultation and thorough investigation.

Unlike adults, children flowing into the consultation room with the complaint of anorexia are numerous and the paediatrician remains always on the look-out for a suitable drug—more so, because the various enzyme preparations and stomachics would have already been tried. Thus there has been a continuous search for a suitable drug. Therefore an attempt is made here to evaluate the efficacy of Liv.52, an Ayurvedic product (The Himalaya Drug Co. Pvt. Ltd.) on anorexia of varied aetiology.

MATERIAL AND METHODS

The in-patients of the Institute of Paediatrics, formed the subjects from whom a total of 100 children were studied and followed up.

Dosage of the Drug: Infants under 1 year were given 10 drops Liv.52 twice a day, while children between 1-5 years were given 15 drops Liv.52 three times a day, and other children got Liv.52 tablets 1 t.i.d.

Duration of Treatment: The drug was given to patients for one week and discontinued, so as to note whether appetite improved while the child was receiving the drug, and was kept sustained even after its withdrawal.

The time, when the child obtained good appetite following the administration of the drug, was recorded in all the cases. It was considered "Good" when the return of appetite was prompt and quick. In some cases the treatment was prolonged into the second week and if appetite returned, it was considered as "Satisfactory" and the remaining were said to be "Unsatisfactory".

The table showing results also depicts the number of children, disease-wise.

RESULTS

The table on page 2 shows the break-up of the different cases and their response to Liv.52 therapy.

	Diagnosis	Total No. of patients	Appetite			Remarks
			Good	Satisfactory	Unsatisfactory	
1.	Malnutrition including kwashiorkor	26	18	7	1	Expired 1 case was lost to follow- up
2.	Primary complex with mild malnutrition	24	14	6	4	
3.	Amoebic dysentery	7	6	1	0	
4.	Cong. Biliary atresia	1	—	—	—	
5.	Infective hepatitis	2	1	—	—	
6.	Acute infections; measles, whooping cough etc.	10	7	2	1	
7.	Anorexia without any recognised cause	30	8	14	8	

Total	100	54	30	14	2
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OBSERVATIONS

It was observed that in 54 out of 100 cases, the response to the administration of the drug was prompt i.e. in less than a week and in another 30 of the patients response was "satisfactory", i.e. in 84 patients, among the 100 selected, there was a definite response—even though in the second category, the administration of the drug, Liv.52, was continued into the second week.

Patients with various clinical types of tuberculosis of the respiratory system, treated with Liv.52 in addition to the usual anti-tuberculosis drugs—showed improved appetite within 5 days, whereas in the normal course improvement is seen anywhere between 15-20 days.

The response to Liv.52 in cases of Amoebic dysentery was surprisingly good in all cases.

There was a large number of patients (30) who did not have any recognisable disease and whose main complaint was loss of appetite. In these 30 cases the results were good in 8, and satisfactory in 14, revealing that a reasonable degree of improvement can be obtained even in anorexia of unknown aetiology.

Patients whose appetite improved with Liv.52 therapy maintained the improvement after the therapy was discontinued. No untoward reactions whatsoever were encountered in this study, which suggest that the drug is free from toxicity.

SUMMARY

One hundred cases of anorexia of varied aetiology were closely studied. There were 26 cases of malnutrition, 24 cases of tuberculosis of the respiratory system, 7 cases of amoebic dysentery, one of Cong. Biliary atresia and a large series of 30 cases in whom the primary problem was one of anorexia *per se* with no other recognisable cause. In addition to the administration of Liv.52, all cases were also treated for the disease they were admitted for.

The response in all these 100 cases was good in 54% and satisfactory in another 30% i.e. if both these groups are put together, the response rate goes up to 84%; a really reasonable result, showing that this drug has a definite place in the treatment of anorexia in children.

CONCLUSION

The drug Liv.52 is free from toxicity and the physician can obtain good results in children with anorexia.

ACKNOWLEDGEMENT

We thank M/s. The Himalaya Drug Co. Pvt. Ltd. For their generous supply of the drug, throughout the period of the study, and also for the grant of a scholarship to carry out this study.

We will be failing in our duty if we do not thank the Superintendent, King George Hospital for permitting us to carry out the work.