

Role of Liv.52 in the treatment of infective hepatitis

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INTRODUCTION

Infective Hepatitis is very common in Cachar District of Assam. Most patients when referred to the hospital are in fairly advanced stage with deep jaundice and deranged state of mind, etc. Pathological estimation, specially of serum bilirubin is not available. There is a scarcity of beds in the hospital, hence all the patients cannot be admitted nor can they be kept in the hospital till the full recovery period of 6 to 8 weeks.

With this background we have observed several drugs, clinically, as other facilities are not available in the hospital. Out of the drugs I have observed till now, Liv.52 of The Himalaya Drug Co. impressed me the most.

MATERIAL AND METHODS

The patients were graded into two groups, according to the degree of signs and symptoms, viz.,

1. Loss of appetite
2. Nausea and vomiting
3. Colour of the urine
4. Colour of the eyes and skin, nails etc.
5. Hypochondriac pain
6. Fever, if any
7. State of mind.

In Group A where signs and symptoms were less serious, the patients were treated at the O.P.D.

The others in whom signs and symptoms appeared to be more serious were hospitalised and designated as Group B.

Group A patients (100 cases whose records had been kept and could be followed for one year) were advised Liv.52. Adults received 2-3 tablets t.i.d. for 2-3 weeks; children received Liv.52 drops ½ teaspoonful 3-4 times a day for 3 weeks, along with glucose, Vitamin C and Vitamin K, diet restriction and bed rest. They were all treated at the O.P.D. and asked to report on the 8th day.

OBSERVATIONS AND RESULTS

To my surprise, in 96 cases out of 100 all signs and symptoms including the size of the liver regressed sufficiently within 7 days. These 96 patients were advised to take Liv.52 t.i.d. for 2 more weeks and were asked to report thereafter. The remaining 4 cases who responded only partially were admitted to the hospital and were included under Group B as mentioned in Table 1. 96 patients under Group A became completely symptom-free after a total treatment of 3 weeks. They were further advised to take Liv.52 only 1 t.i.d. for 3 more weeks and report thereafter. All 96 patients were found to have recovered their original health. They were asked to report for follow-up within one year but none reported.

Group B comprising 60 cases (56 + 4 from Group A) were advised Liv.52 (adults 3-4 t.i.d. for 5 days and children Liv.52 drops 1 teaspoonful + all other treatment as in Group A) for one week.

Out of these 60 cases 4 cases died within 72 hours after hospitalisation. Of the remaining 56 cases, signs and symptoms including general sense of well-being sufficiently improved in 45 cases (80%). These 45 cases were given the same treatment for 20 days more. All the signs and symptoms disappeared within 20 days. They were discharged from hospital and advised Liv.52 2 t.i.d. for further 1 month and report thereafter. All these cases were found to be fully fit and back in their original health after the period. None of the patients reported any complaint within one year.

Eleven cases which did not improve much within 5 days were given steroids in small doses and 4 cases who had fever were also given broadspectrum antibiotics for 5-6 days in addition to Liv.52 + supportive therapy. Dramatic improvement was noticed and all other treatment except Liv.52 was discontinued, after 6 days. Liv.52 was continued as in 45 cases mentioned above. These 11 cases responded to Liv.52 as well as in the other 45 cases.

Groups	No. of patients	Recovery			Dosage	
		After 1 week	After 3 weeks		3 weeks	Later
Group A	Nil	Partial		Full		
Group A: O.P.D.	100	4 hospitalised	96	96	2 t.i.d.	1 t.i.d. for 3 weeks
Group B: Hospitalised	60	4 died 11 + steroids + antibiotics	45	56	3-4 t.i.d.	2 t.i.d. for 1 month

CONCLUSIONS

From the results of this study, the following conclusion can be drawn:

1. The duration of treatment is cut short with Liv.52 administration. Most of the patients can be treated from O.P.D. and this solves the problem of hospital beds.
2. In complicated cases where steroids or antibiotics are needed, Liv.52 helps to reduce both their dosage and duration.
3. The cost of the treatment with Liv.52 is very economical and within reach of the patients.
4. Relapse or aftermath of infective hepatitis like chronic active hepatitis etc. can be averted with Liv.52.
5. The drug is very safe, as no untoward effect was observed in any of the cases.

ACKNOWLEDGEMENT

I am grateful to The Himalaya Drug Co. for the liberal supply of samples of Liv.52 for this study.