

Liv.52 in Anorexia in Children

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SUMMARY

A study was undertaken with regard to the appetite-stimulating effect of Liv.52. A total of 100 children having anorexia as a predominant effect were studied in this project. 64% were cured, 20% improved and 16% had no response. The addition of Liv.52 in the regimen markedly increased the appetite in 64% of the cases and improved it in 20%, which is quite a gratifying response.

INTRODUCTION

Infant nutrition has been a major issue of paediatrics. Growth and general development are closely interwoven with adequacy of food and digestion. Each child presents an individual pattern of personality. Appetite, to be sure, is reduced in times of physical illness. Sick children usually do not eat as well as healthy ones. But it cannot be concluded that anorexia is always a sign of physical disorder. Quite a fair number of feeding problems occurs in children with healthy bodies. Emotional factors are as important as physical ailment. The factor of parent-child relationship is no less important. The liver, no doubt, plays an important role in determining appetite. It is well known that many hepatic disorders produce loss of appetite. Sheth *et al.*, reported the positive effects of Liv.52 against liver damage. Experimental and laboratory studies after administration of Liv.52 confirmed the protective effects. Athavale and others observed in a clinical study that Liv.52 distinctly improved the diminished appetite due to various causes.

MATERIAL AND METHODS

Children up to 12 years who had anorexia as a leading symptom were selected for this study. A total number of 100 cases were taken up in this work. These children were suffering from various diseases as mentioned in Table 1, but had anorexia as a prominent symptom. A thorough clinical examination was done and the following investigations were undertaken depending on the clinical suspicion: complete blood picture, E.S.R., urine and faeces, Mantoux test, an X-ray of the chest, and in some cases liver function tests. Twenty six cases were of chronic enteritis; malnutrition claimed 17; anaemia accounted for 11; recurrent U.R.T. infection 8; primary complex 7; tuberculous abdomen 12; Indian childhood cirrhosis 6; helminthiasis and recurrent pyrexias 11 and 2 respectively. Patients above six years were given one tablet of Liv.52 drops three times a day. The drug was administered for 15 days to each child. The underlying diseases were treated appropriately. The response was observed at the end of one week. Patients whose appetite returned to satisfactory levels of normality were classified as "cured". Those who showed some improvement were classified as "improved". The rest not responding were called "no response".

Table 1

Underlying diseases	Total No. of cases	Cured	Improved	No response
Chronic enteritis	26	20	6	—
Malnutrition	17	10	3	4
Anaemia (hypochromic)	11	5	2	4
Recurrent URT infection	8	2	3	3
Primary complex	7	6	1	—
TB abdomen	12	7	2	3
Indian childhood cirrhosis	6	4	1	1
Helminthiasis	11	8	2	1
Recurrent pyrexia	2	2	—	—
Total cases	100	64	20	16

RESULTS

Anorexia was a predominant feature in chronic enteritis. The patients were worried more about the anorexia than the loose motions as these children were stubbornly refusing feeds. The improvement in appetite in these children was observed within five to seven days in 20 cases and the parents were very gratified. There was no increase in the number of loose motions. The malnutrition cases were all in advanced state with generalised oedema, skin and hair changes, etc. Their successful treatment depended upon giving a high-protein, well-balanced diet. But anorexia prevented the whole regimen from working satisfactorily. Liv.52 came very handy in these cases because of the distinct improvement in their appetite within ten days of treatment with the drug. Out of the 17 cases, ten were cured, three improved and in only four cases no improvement could be noticed. Out of 11 cases of anaemia, five were cured, two had definite improvement and four failed to respond. In eight cases with recurrent U.R.T. infection, two were cured, three improved and in the remaining three the response was poor. Primary complex and TB abdomen claimed 19 cases, of which 13 showed a good response. Out of six cases of Indian childhood cirrhosis, in four the response was good in seven days. There were 11 cases of helminthiasis and two of recurrent pyrexia, of which eight helminthiasis and two having recurrent pyrexia showed very good response.

DISCUSSION

The above-mentioned study reveals that 64% were cured, 20% improved and in 16% the response was nil. These anorexia cases were receiving specific treatment for their underlying diseases for the previous few weeks, but their appetite had not improved. With the addition of Liv.52 in their regimen, there was a significant improvement in their appetite within seven to ten days. They ate better, gained in weight and responded satisfactorily to the drug treatment of their concomitant disease. It is evident from this study that Liv.52 has a definite appetite-stimulating effect in children who are brought for anorexia as a leading symptom, irrespective of the illness from which they are suffering. The mechanism by which the drug stimulated the appetite is a subject for further research. One view is that the drug by its stimulating effect on the liver function improves the appetite. Further work will certainly throw more light on this.

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REFERENCES

1. Vyas, K.J.: (1958) *Indian Practitioner*, 1, 107.
2. Chakravarty, N.C.: (1953) *Indian Medical Review*, 3, 131.
3. Sheth, Shantilal C., *et al.*, (1960) *Indian Journal of Paediatrics*, 149, 204.
4. Athavale, V.B.: (1966) *Probe*, 6, 12.
5. Joglekar, G.V. and Leevy, C.M.: (1970) *Journal of the Indian Medical Profession*, 12, 7480.