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Liv.52 in Alcoholism

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INTRODUCTION

Liv.52 is a herbal indigenous preparation marketed by The Himalaya Drug Co., containing several ingredients reputed to have a hepatic stimulant effect and to increase appetite as well through agents like *Capparis spinosa, Cichorium intybus, Solanum nigru, Cassia occidentalis, Terminalia arjuna, Tamarix gallica* etc. Its utility in alcoholism has already been highlighted by Damle and Kulkarni (1973) and Doshi and Kulkarni (1988), and the preparation has been used in a variety of liver disorders for nearly four decades. One of the senior authors, (A.D.) has been using this preparation empirically routinely for the management of liver dysfunction seen in alcoholism for over three decades, and has been of the confirmed opinion that Liv.52 is indeed very useful in the management of liver dysfunction encountered in Alcoholism, which prompted him to plan this study to confirm this opinion.

MATERIAL AND METHODS

One hundred patients (all males) between 31-40 years of age, who were diagnosed independently as suffering from alcoholism by two experienced Psychiatrists, according to the Criteria laid down in D.S.M. III (1980), were randomly designated to two groups A and B. Patients in both groups were assessed for symptoms according to a prepared checklist and then subjected to the following battery of investigations:

1. CBC, ESR
2. Urine (Routine)
3. Blood sugar - Fasting and Post-Prandial
4. Blood urea
5. Serum cholesterol
6. Serum amylase
7. Liver function tests:
   - SGOT
   - SGPT
   - GGTP
   - Serum bilirubin
   - Serum proteins
8. X-ray - Chest and Skull
9. ECG
10. EEG

Initially, in addition to a through clinical (i.e., physical and psychological) examination. All the patients in both groups were assessed weekly to note change in symptoms according to the checklist in addition to a through clinical (i.e. physical and psychological) examination. Biochemical and

laboratory investigations were repeated after four weeks. Patients suffering from severe mental or physical illness were excluded from this study.

The patients in Group A, numbering fifty, received Liv.52, 2 tablets, three times a day in addition for a routine regime or tranquillisers, hypnotics and nutrients. The patient in Group B, numbering fifty, received placebo tablets identical to Liv.52 in the dosage of 2 tablets three times a day. The said effects, if any were noted weekly on a special proforma. The findings were carefully noted and analysed.

RESULTS

The following were the results.

1. Number of patients: Total : 100 patients
   Group A : 50 patients
   Group B : 50 patients.

2. Sex distributions : All males

3. Age distribution: All between 31-40 years of age.

Symptom check-list (No. of patients affected)						
Symptom	Group A	Initial	1st week	2nd week	3rd week	4th week
Loss of Appetite	A	43	29	17	11	6
	B	44	44	37	32	29
Indigestion	A	29	16	12	7	4
	B	30	24	22	17	13
Weakness	A	39	34	19	11	8
	B	37	35	28	22	19
Restlessness	A	39	30	17	6	2
	B	38	31	19	16	11
Depressed feelings	A	27	21	10	4	3
	B	27	20	17	11	10
Insomnia	A	33	19	12	6	3
	B	31	22	19	17	14
Weight loss	A	19	12	9	6	6
	B	16	14	11	10	9
Loss of Libido	A	29	22	12	6	5
	B	30	26	19	14	12
Memory disorder	A	21	17	12	6	4
	B	22	17	16	14	11
Sense of well-being	A	18	25	34	39	41
	B	21	24	26	29	31

5. Side effects: Nil in both groups

6. Laboratory investigations:
(Means for both groups)

Investigation	Group	Initial	After 4 weeks
Haemoglobin %	A	11.6 gms	15.2 gms
	B	11.7 gms	12.8 gms
R.B.C. count	A	3.8 million	5.1 million
	B	4.1 million	4.4 million
Serum analyse	A	221 S. Units	176 S. Units
	B	226 S. Units	207 S. Units
SGOT	A	65 IV/Lit.	24 IU/Lit.
	B	61 IV/Lit.	44 IU/Lit.
SGPT	A	87 IV/Lit.	22 IU/Lit.
	B	82 IV/Lit.	47 IU/Lit.
GGTP	A	99 IV/Lit.	37 IU/Lit.
	B	97 IV/Lit.	61 IU/Lit.
Serum bilirubin (Total)	A	1.4 mg%	0.7 mg%
	B	1.6 mg%	1.1 mg%
Serum bilirubin (Direct)	A	0.7 mg%	0.3 mg%
	B	0.9 mg%	0.6 mg%
Serum proteins (Total)	A	4.5 gm%	6.2 gm%
	B	4.3 gm%	5.1 gm%
Serum albumin	A	2.2 gm%	3.9 gm%
	B	2.1 gm%	2.9 gm%
Serum cholesterol	A	285 mg%	210 mg%
	B	296 mg%	265 mg%
Blood sugar (Fasting)	A	56 mg%	95 mg%
	B	58 mg%	90 mg%
Blood sugar (Post-prandial)	A	76 mg%	106 mg%
	B	79 mg%	111 mg%

DISCUSSION

From the results of this study, it can easily be seen that Liv.52 was a very useful preparation in the management of liver dysfunction associated with alcoholism. Within two weeks of starting therapy with Liv.52 patients suffering from alcoholism start to improve and maintain their improvement. Liver dysfunction seems to respond immensely in four weeks time. From the results obtained in Group B, who received placebo tablets it can easily be seen that improvement of liver dysfunction is not effected if only alcohol intake is stopped as is generally believed, when improvement will proceed at a very slow rate.

CONCLUSION

Liv.52 is a very useful adjunct in the management of alcoholism to correct liver dysfunction.