

Some Observations with Liv.52 Therapy in Cases of Malignancy

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The present trial was undertaken from 4-9-1976 to 19-2-1977 to evaluate the therapeutic utility of Liv.52 (The Himalaya Drug Co.) as an adjuvant in the treatment of malignancy for anabolic and antitoxic effects, since this is a major problem when treatment of malignancies is instituted either with radiation or cytotoxic drugs. Each patient received the dose of 3 tablets per day during the total period of 6 weeks' treatment with Cobalt therapy.

MATERIAL AND METHODS

We selected 40 patients of oral cancers and compared the results with 40 controls. The patients were all histologically confirmed cases of malignancies. Majority of them were in late stage II or stage III. These cases were undergoing Cobalt 60 and/or chemotherapy at the R.S.T. Cancer Centre. There were 30 male patients and 10 female patients ranging in age from 45 to 60 years. The controls were also of corresponding age group and included cases of oral malignancies.

The radiation dose was uniform in all cases and they were given 6000 rads CTD in 6 weeks' time. Cytotoxic drugs used were Endoxan and Mitomycin. The patients had routine Hb%, TLC and DLC before the treatment and regularly once a week. Their weight was also recorded regularly. The following records were maintained as general condition, temperature, weight, and radiation reaction of the skin and mucosa, nausea, vomiting side effects and drug tolerance.

OBSERVATIONS

Radiation reactions were much less severe in the Liv.52 Group as compared to the Control Group (Table II). The general condition and a feeling of well-being were good in a larger number of cases in the Liv.52 Group and the patients were less prone to raised temperature. In spite of the malignant condition, weight gain was observed in more cases in the Liv.52 Group than in the Control Group (Table III). Nausea and vomiting, constipation, diarrhoea, bodyache were much less in the Liv.52 Group (Table IV). Haemoglobin % improved in 20 cases in Liv.52 Group compared to none in the Control Group. Total white blood cell count also improved in 12 cases in the Liv.52 Group compared to none in the Control Group (Table V).

Table I				
Site of Cancer	Trial Group		Control Group	
	Males	Females	Males	Females
	30	10	30	10
Tongue	13		12	
Pyriiform Fossa	12		11	
Tonsil	9		10	
Cheek, floor of mouth etc.	6		7	
	40		40	

Table II: Radiation reaction		
	Liv.52 Group	Control Group
Exaggerated	2	6
Less severe	18	12
Normal	20	22

Table III: General condition of well-being		
	Liv.52 Group	Control Group

Feeling			
	Good	13	10
	Fair	27	30
Weight			
	Gain	20	4
	Constant	14	20
	Loss	6	16
Temperature			
	Raised	12	23
	Constant	28	17

Table IV: Symptoms		
	Liv.52 Group	Control Group
Nausea and vomiting	12	22
Constipation	3	15
Diarrhoea	2	3
Body ache	1	8

Table V: Haematological findings			
		Liv.52 Group	Control Group
Haemoglobin %			
	Improved	20	0
	Unchanged	13	12
	Dropped	7	28
Total Leucocyte Count			
	Improved	12	0
	Unchanged	11	11
	Dropped	17	29

DISCUSSION

As shown in the Tables, there was an overall improvement in the general condition of the trial group and an increase in weight was also observed. These findings corroborate the previous reports by Khetarpal and Veera Kumar who observed that "Improvement in symptomatology was remarkable, as appetite improved and nausea lessened."² The weight gain was also confirmed by Desai and Shah who noted that the "anabolic effect was well sustained."³ The hepatotoxicity was lessened and there were less severe radiation reactions as shown in Table II. This again confirmed the findings of Gajraj and Munuswamy who observed "that Liv.52 protects the liver from hepatotoxicity of drugs and anti-cancer agents and it also promotes hepato-cellular regeneration."¹ The remarkable finding was that Liv.52 also improved Hb% in over 50% and there was less drop in Total Leucocyte Count as compared with Control Group. Reddy⁴ and Vaidya⁵ separately reported "the effectiveness of Liv.52 as an adjuvant to treatment of weight loss and with cytotoxic drug therapy."

CONCLUSION

We therefore conclude that Liv.52 has a definite place in the treatment of malignant disease, as an adjuvant to radiation therapy and cytotoxic drugs as the hepatotoxicity is evidently less. On Liv.52 there is definite weight gain and the blood picture is well maintained.

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