Report on the Combination of a Liver-stimulating Preparation, Liv.52 with Endoxan in the Treatment of Cancer

Vaidya, M.D., *M.D.*, *F.f.Ch. (Germany)*, *F.I.C.A. (U.S.A.)* Chief Surgeon, Katra Hospital, Mandla, M.P., India.

(Presented at the Meeting of the German Association of Surgeons in Munich, in May 1975)

During the treatment of patients with cytostatics the regular estimation of haemoglobin % and leucocyte count is an obvious necessity. In Western countries, this would hardly cause any problem. However, I remember that during my term as assistant to Professor Dr. Moerlander at the Surgical University Clinic, Halle/Saale, we had to discontinue cytostatics, and the patients required blood transfusions.

In urban and rural hospitals in Central Asia the situation is completely different, and difficult for West Europeans to imagine. Often within a radius of 200 km, there is no facility for laboratory tests. A well-reputed hospital often attends to patients in a radius of 300 to 400 km. How is it possible to administer the necessary cytostatics to patients in these circumstances with the required tests? Nevertheless, a problem can also be an impetus for a new development.

In a study comprising of 100 patients the preparation Endoxan was used exclusively. The therapy was administered in a dose of 50 mg per day. Additionally, the patients received iron preparations, in combination with folic acid and vitamins.

Within 6 weeks the cytostatics had to be discontinued in 40 patients, as the haemoglobin values dropped to 5 mg% and the leucocyte count to 3000 per ml. After Haemacel (H) infusions 12 patients could resume Endoxan therapy. In the remaining 60 patients also, after six to eight weeks of therapy, leucopenia with values below 4000 per ml developed.

For a long time an Indian Company, The Himalaya Drug Co., Bombay, has been marketing a preparation for the treatment as well as for prophylaxis of infantile liver cirrhosis. The preparation contains Indian herbs, which have a stimulating effect on the liver. The medicine is marketed under the brand name of "Liv.52".

Each Liv.52 tablet contains:

Capparis spinosa	65 mg
Cichorium intybus	65 mg
Solanum nigrum	32 mg
Cassia occidentalis	16 mg
Terminalia arjuna	32 mg
Achillea millefolium	16 mg
Tamarix gallica	16 mg
Mandur bhasma	33 mg

These ingredients are prepared in the juices and decoctions of liver-stimulating herbs.

A second group of 100 patients received Liv.52, one tablet three times a day, along with Endoxan. The study has been in progress for well over $1\frac{1}{2}$ years. It is gratifying to report that not a single

patient has manifested a lowering of haemoglobin and leucocyte values, as a consequence of Endoxan therapy, and the administration of cytostatics did not have to be discontinued.

In conclusion, the combination of the liver-stimulating preparation Liv.52 with cytostatics may be termed an acceptable mode of treatment in the therapy of cancer patients.