

Efficacy of Liv.52 and Geriforte as Adjuvants in Various Carcinomas

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INTRODUCTION

In the past few years cancer has become the worst scourge of human life. Though the oncologists have made remarkable achievements in this field, cancer still holds its position as a killer disease. Now a days there is definitely some change in the outlook of management of the patients suffering from various malignancies. With the modern techniques and know how available the object is to provide the patient with a qualitative and purposeful life, as far as practicable, rather than a vegetative life.

MATERIAL AND METHODS

In the present series, thirty six in-patients suffering from different malignant conditions were studied at the Regional Centre for Cancer Research and Treatment, Cuttack. These patients were divided into two groups ('A' and 'B'). Each group consisted of 18 patients, out of which 9 patients served as controls.

Group 'A' patients were observed for the efficacy of Liv.52 and Group 'B' patients for that of Geriforte. The 9 patients of Group 'A' received Liv.52, 1 tablet t.i.d. for 6 weeks. Likewise, the other 9 patients of Group 'B' were put on Geriforte at the same dosage for the same period. The patients' stay at the Cancer Institute was also for 6 weeks.

The Group 'A' (Liv.52) patients were assessed for a sense of well-being, increase in appetite, removal of physical fatigue, enhancement of anabolism leading to weight gain, maintenance of encouraging blood values and promising liver function studies.

The Group 'B' (Geriforte) patients were assessed for a sense of well-being, increase in appetite, removal of physical fatigue and maintenance of excellent blood values.

All the 36 patients were receiving irradiation by ⁶⁰Co teletherapy, at a dose of 1000 to 1500 rads per week (5 sittings per week) for 6 weeks, along with the usual supportive measures like antibiotics, analgesics, iron, B-complex/multivitamins, sedatives etc. Symptomatic treatment was also carried out as and when necessary.

Besides routine investigations, the haematological status and liver function tests were carried out. These studies included haemoglobin percentage (Hb%), total white cell count, total red cell count, platelet count and estimation of total serum proteins, blood uric acid levels, thymol turbidity, zinc sulphate turbidity, serum bilirubin and alkaline phosphatase levels.

Periodic blood and liver investigations were also carried out.

Strict measures as far as practicable were undertaken to provide all the patients under study with the same living conditions; diet, nursing and other available facilities.

OBSERVATIONS

All the observations are tabulated in Tables 1 and 2.

Table 1: Showing observations in Group 'A' (Liv.52) patients*																			
	Ca Larynx		Ca Liver		Ca Buccal Mucosa		Ca Naso-pharynx		Ca Stomach		Ca Breast		Ca Maxillary Antrum		Osteo-sarcoma		Hodgkin's Disease		
Age	47		60		63		32		55		37		29		19		25		
Sex	M		M		M		M		M		F		M		F		M		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
SW	-	++	--	++	-	+	-	++	-	++	--	++	-	++	--	+	-	+++	
App	-	++	-	++	-	+	+	+++	--	+	+	++	-	+	+	++	+	+++	
Rf	-	+	-	+	--	+	-	+	-	+	-	+	--	+	-	+	--	+	
Wt	60	63	55	57	58	60	49	52	42	44	51	53	41	42	42	45	50	54	
Hb	11	14	10.5	14	10	14	9.5	14.5	10.5	14.5	8.5	12.5	11.5	15.5	9	14	10.2	13.5	
TWC	5	8	4.8	7	6	8	4.7	8	5.1	8.3	6	8.3	5.2	7.9	4.7	8.1	4.9	8.3	
TRC	4.1	6	4.3	5	4.8	6	4.7	5.9	5	6	5.1	6.2	4.4	5.8	4.9	5	5	6.1	
Pt	1.6	2.2	1.4	3	1	2.1	1.7	3	1.1	3	1.4	2.9	1.3	3	1.4	2.8	1.3	3	
SP	5	6	5.5	6.1	5.2	6.1	5	6	4.9	5.6	4.9	5.8	6	8	6	7.1	6	7.1	
UA	1	2	2	3	2.3	3	2	3	1.7	2	1.7	2	2.2	3.1	2.3	3.3	3.1	4	
SB	0.1	0.3	0.2	0.3	0.1	0.3	0.1	0.2	0.1	0.2	0.1	0.2	0.1	0.2	0.1	0.4	0.1	0.3	
AP	1	3	2	3	2	4	2	4.1	4	8	3	6	3	5	3	6	3	6	
Tt	1	2	1	2	1	3	1	2	1	2	1	3	1	3	1	3	1	3	
Zt	1	3	1	3	2	3	2	4	2	7	2	6	2	3	1	2	1	2	

* Abbreviations used in the table:

A	-	Pre-treatment status	TRC	-	Total red cell count in millions/mm ³
B	-	Post-treatment status	Pt	-	Total platelet count in lakhs/mm ³
SW	-	Sense of well-being	SP	-	Serum protein in grammes per 100 ml
App	-	Appetite	UA	-	Blood uric acid in me per 100 ml
Rf	-	Removal of physical fatigue	SB	-	Serum bilirubin in mg per 100 ml
Wt	-	Weight in kilograms	AP	-	Alkaline phosphatase in King Armstrong units per 100 ml
Hb	-	Haemoglobin percentage	Tt	-	Thymol turbidity in units
TWC	-	Total white cell count in thousands/mm ³	Zt	-	Zinc sulphate turbidity in units

Table 2: Showing observations in Group 'B' (Geriforte) patients*																			
	Rhabdomyosarcoma		Non-Hodgkin's Lymphoma		Ca Breast		Ca Pituitary		Ca Urinary Bladder		Ca Cervix		Ca Testis		Ca Body of Uterus		Bronchogenic Carcinoma		
Age	21		30		35		57		60		33		34		42		39		
Sex	M		M		F		M		M		F		M		F		M		
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
SW	-	+	-	++	-	++	-	+	-	+	--	++	-	++	-	+	-	+	
App	+	++	+	+++	+	++	-	+	-	++	+	++	+	++	-	+	--	+	
Rf	-	+	-	+	-	+	-	+	-	+	--	+	-	+	-	+	-	+	
Wt	41	44	47	50	56	58	60	61	68	69	56	58	57	58	60	62	55	56	
Hb	11.5	14	10.5	14	11	13.5	12	14.5	12	14.5	10	13.5	10.5	13.5	9	12.5	11.5	14.5	
TWC	5.6	8.2	4.9	7.3	6	9.1	4.7	8	6.1	9.3	5.1	78.7	49	7.1	4.7	8	4.4	6	
TRC	4.1	6	4.2	5.1	4.7	6	4.8	6.1	4.6	6	4.7	6	5	6.1	4.7	6.1	4.7	6.1	
Pt	1.8	3	1.4	3.1	2	3	1.1	3	1.5	3.1	1.5	3.2	1.7	3	1.5	2	1.4	3	

* Abbreviations used in the table:

A	-	Pre-treatment status	Wt	-	Weight in kilograms
B	-	Post-treatment status	Hb	-	Haemoglobin percentage
SW	-	Sense of well-being	TWC	-	Total white cell count in thousands/mm ³
App	-	Appetite	TRC	-	Total red cell count in millions/mm ³
Rf	-	Removal of physical fatigue	Pt	-	Total Platelet count in lakhs/mm ³

Cancer, as is well known, is a most debilitating disease, which produces progressive rapid emaciation and cachexia as a result of excess catabolism. Thus during radiation treatment, be it alone or in combination with chemotherapy, prime importance is always stressed upon the patients' sense of well-being, increase in appetite, weight gain, and maintenance of absolutely good haemopoiesis, since we are more concerned about the qualitative life of the patient.

By analysis the results of the two tables the following conclusions were derived.

Liv.52 group

There was a positive weight gain and the sense of well-being impressively increased. There was a definite increase in appetite and complete removal of physical fatigue. Thus Liv.52 is a very potent anabolic agent which can be used safely without any untoward side effects in most of the cancer patients. In this respect Liv.52 scores heavily over various steroid hormones.

There was also distinct improvement in haemopoiesis and liver functions.

But the patients in the control group did not show any remarkable changes as regards the above parameters. No noteworthy changes in haemopoiesis and liver functions were seen.

Geriforte group

Regardless of the age group, promising increase in the sense of well-being, appetite, removal of physical fatigue and remarkable changes in haemopoiesis were observed.

CONCLUSION

Liv.52 and Geriforte can be safely used for prolonged periods in cancer patients to promote a sense of well-being, remove physical as well as mental fatigue and gain weight.

Both Liv.52 and Geriforte are very good haemopoietic and tonic agents.

Since both of them are comparatively cheap, all our patients (who belonged to the poor middle class category) expressed their willingness to purchase them without any hesitation at the time of discharge from the Cancer Institute. These two "small but sensitive material aspects" of both the herbal drugs (Liv.52 and Geriforte) raise them to the "top priority bracket". Interestingly though both the herbal drugs retain the ancient Indian heritage and tradition, yet they are quite modern and up-to-date in their outlook and performance.

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