

Ascitis due to Liver Deficiency Treated with an Indigenous Drug

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Name: P.B.P.

Age: 20 years; Female

Admitted on: 3-12-1955

Discharged on: 26-1-1956

Admitted for two months illness.

COMPLAINTS:

1. Irregular fever low grade
2. Frequency of motions with mucus
3. Enlargement of abdomen
4. Vague pain in abdomen.

O.D.P.: Till the last two months, the patient had no complaints but about that time she noticed gradual weakness, loss of appetite and a feverish feeling.

F.H.: Married with one child 1½ years old. Husband and child both healthy.

P.H.: No previous illness.

EXAMINATION

General Examination:

Patient poorly built and poorly nourished revealing pallor of the skin with brownish black pigmentation over the malar region. The skin was quite rough and dry. Nails flat and brittle. Mucus membranes and conjunctiva showed pallor. Tongue was clean and moist. Feet were swollen and showed pitting oedema. Patient used to get low fever upto 100°F.

Respiratory, Cardiovascular, Central nervous and Genito-urinary systems showed nothing abnormal.

Alimentary system showed generalised enlargement of the abdomen due to presence of free fluid in the abdomen as evidenced by fluid thrill, horse-shoe shaped dullness and shifting dullness.

Neither the liver nor the spleen was palpable but liver dullness was normal.

Laboratory investigations done on Admission:

1. Urine : Normal
2. Stool : Cysts of *Entamoeba histolytica* detected.
3. Blood : Hb - 11gms%
W.B.C. 9800 cells/C.mm.
4. Liver function tests:
6-12-55: Total proteins 6.08 gms%
Albumin 2.67 gms%
Globulin 3.41 gms%
Thymol turbidity 10 Units
Icterus index 2 Units
Van den Berg Negative

5. Ascitic fluid examination:

6-12-55: Fluid colourless clear showing no cobweb or spontaneous coagulation.

Total proteins : 0.18 gms%

Total cells : 10/c.mm.

Cells : Lymphocytes

No organisms detected.

Culture of ascitic fluid showed no growth of acid fast bacilli.

Diagnosis: Ascitis due to liver deficiency.

Progress:

Patient was put on an anti-dysenteric line of treatment to begin with which checked the frequency of motions and the fever. The anti-dysenteric line of treatment was given from 3-12-55 to 13-12-55. Patient was then tapped on 6-12-55 and 19-12-55. Patient was then started on liver tablets (Liv.52) from 9-12-55. Patient was given from the beginning injections of liver extract and Vitamin B-complex, Iron, and tablets of Vitamin A, D, B, C. Initially the patient was given a light diet containing 1730 calories till the frequency of motions was checked (8-12-55) and after that was given the high protein non-vegetarian hospital diet containing 2,757 calories.

On starting the patient on Liv.52 patient showed marked subjective improvement; appetite increased and patient required tapping only once after starting Liv.52, i.e., on 19-12-55. After that patient never developed any free fluid in the abdomen. The liver function tests also showed gradual improvement and returned to normal. They have since been maintained at normal level. The patient was discharged from the hospital on 26-1-56 and has been maintained exclusively on Liv.52 since that time. The liver function tests repeated on 22-2-56 were still within normal limits and patient is maintaining good health.

The accompanying tabulated chart shows the periodic progress of the patient, and the treatment given during those periods.

The results obtained in this case with Liv.52, a combination of indigenous hepatic drugs, were so encouraging that we are carrying on further observations on a series of cases of cirrhosis of the liver and our results will be reported in due course. We also propose to try the drug out in cases of pure protein deficiency without liver damage.

Our thanks are due to the Civil Surgeon, Poorna and Dr. P.L. Deshmukh, Hon. Physician, Sassoon Hospital, Poona for permission to publish this report and to The Himalaya Drug Co., Bombay for liberal supplies of Liv.52.

Date	Liver function tests						Tapping	Treatments	Total amounts of drugs administered	Diet	Clinical progress
	Total proteins	Serum albumin	Serum globulin	Thymol turbidity	Icterus index	Van Den Berg					
3-12-55 to 6-12-55	Admission to the Hospital							Tab. Sulfa-guanidine 2 t.d.s. for 5 days only. Inj. Streptomycin ½ gm. O.D. Mis. Bismuth Kaolin 1 oz. t.d.s.	Total sulfaguanidine 15 gms in 5 days. Total streptomycin 1.6 gms over 10 days. Then omitted.	Light diet caloric value 1730 cal., till 8 th Dec.	Motions: 3-4 per day. Frequency checked after 2 days. Fever: Upto 100 F.
6-12-55	6.08 gm%	2.67 gm%	3.41 gm%	10 units	2 units	Neg.	Done on 6-12-55 5 pints of fluid removed	Inj. Streptomycin 20 mgms daily given for 5 days. Then omitted. Inj. Heparcytol (20 mgm. Fe) on alternate day. 3 injections only. Inj. Emetine ½ gr. With B-complex 1 cc. For 5 days daily from 7 th to 11 th . Enterovioform 1 t.d.s. for 5 days.	Heparcytol 60 mgm. Emetine 2.5 gr. With B-complex. Enterovioform 4 gm., in 5 days.	From 8 th Dec. onwards high protein, non-vegetarian diet 2757 calories daily.	General weakness present. Fever: came to normal on 8 th Dec. onwards. Bowel: Occasional frequency 2-3 times per day (on 8 th and 9 th Dec.). i.e., it showed slight exacerbation after it was checked. No reaction after tapping (shock, fever etc.). Patient felt relieved after tapping. Ascitis: small quantity present on 13 th .
13-12-55								After 13 th Dec. 55 all anti-dysenteric line of treatment was omitted. i) Mist Ammonium chloride 1 oz. t.d.s. ii) Vit. Tablets: A and D: B & C, t.d.s. iii) Inj. Liver Extract with B-complex 2 cc on alternate day 5 injections. Inj. Heparcytol - 2 injections, Liverene 52 started on 9 th Dec. 1955-45 tbs. Till 23 rd Dec.	i) Inj. Heparcytol 40 mgm. (on 19 th & 22 nd) ii) Inj. Liver ext. with B-complex 5 injections. iii) Liv.52 - 45 tablets.	- do -	Appetite: slight improvement. Bowels: 1-2 motions per day. Ascites: fluid slowly accumulating in peritoneal cavity. Taping done again on 19 th Dec. 6 pints 4 oz. of fluid removed. Fever: Not present.
19-12-55							Tapping done - 6 pints 4 oz. of fluid removed			- do -	Appetite: improved, general condition rapidly improving. No oedema on feet. No accumulation of fluid in abdomen. Bowels: Normal.
23-12-55	5.74 gm%	2.86 gm%	2.88 gm%	4 units	3 units	Neg.		i) Heparcytol 20 mgm. ii) Tablets A & D and B & C same as above. iii) Inj. Liver Extract with B-complex 1 injection. Liv.52 tablets i.t.d.s.	Inj. Liver extract with B-complex 1 injection Liv.52 - 12 tablets.		
27-12-55								i) Mis. Ammonium chloride 1 oz. t.d.s. ii) Tab. A & D and B & C, 2 t.d.s. iii) Inj. Heparcytol. iv) Inj. Liver ext. with B-complex Liv.52 tablets 1 t.d.s.	20 mgm (1 inj.) 2 inj. Liv.52 - 18 tabs.	High protein Non-vegetarian 2757 cal., daily.	i) General condition rapidly improving. ii) Appetite improved. iii) Bowels: Normal iv) No edema on feet. v) No appearance of fluid in abdomen vi) Skin-colour and roughness improved. Koilonychia-reduced.

Date	Liver function tests						Tapping	Treatments	Total amounts of drug administered	Diet	Clinical progress
	Total proteins	Serum albumin	Serum globulin	Thymol turbidity	Icterus index	Van Den Ber					
3-1-56 & 4-1-56	6.95 gm%	6.41 gm%	0.54 gm%	3 units	3 units	Neg.	- do- Heparcytol 20 mgm Inj. liver ext. with B-complex Liv.52 - 2 t.d.s.	1 Inj. 2 injs. Liv.52 - 36 tabs.	High protein Non- vegetarian 2757 cal., daily.	i.) Appetite - good ii) Bowels - Normal iii) No ascites iv) Liver function tests show improvement; albumin/globulin ratio coming to normal. Thymol turbidity reduced.	
10-1-56 16-1-56	6.56 gm%	4.38 gm%	2.18 gm%	3 units	3 units	Neg.	- do - i) Tab. AD 1 t.d.s. ii) Inj. Liver ext. with B-complex iii) Inj. Heparcytol (20 mgm only) Liv.52 - 2 t.d.s.	3 injections. Liv.52 - 42 tabs.	- do -	No ascidid, no fever. Bowels: Normal Patient: moved about; felt energetic. Appetite: Improved. Liver function tests improved. A/G ratio - normal. Thymol turbidity 3 units.	
17-1-56 23-1-56	6.35 gm%	4.30 gm%	1.95 gm%	4 units	2 units	Neg.	- do - Liver ext. with B-complex No Heparcytol till 26 th Jan. 1956.	1 injection Liv.52 - 56 tabs.	- do -	General appearance: Improved - skin normal texture; pigmentation on malar area on face less; koilonychia- reduced. Patient felt well and energetic- Appetite normal - Liver: function tests - A/G ratio came to normal. Proteins normal - Thymol turbidity 4 units.	
Discharged on 26 th January 1956 follow up later at O.P.D.											
20-2-56	6.30 gm%	3.86 gm%	2.44 gm5	2 units	3 units	Neg	Only Liv.52 tablets, 2 t.d.s. for 25 days	Liv.52 - 150 tabs.	Haemato- logical report: Hb-60% (10.6 gm) R.B.C. 3.3 mill/cm. P 63, L34 E-1, M-1	Patient is having good appetite, has no complaints. The skin is normal. Bowels regular. No fever. And on clinical examination no evidence of free fluid in abdomen. Liver and spleen not palpable.	