

Liv.52 in Vitiligo

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INTRODUCTION

Vitiligo is a common cosmetic problem in dark skinned people. The term vitiligo is derived from the Latin word *Vitium* which means a blemish. The word 'vitelus' refers to a spotted calf. The word vitiligo was coined by Celsus, the Roman physician, in the second century A.D. The characteristic disease resembles the white patches of a spotted calf.

In the Indian sacred book, *Atharvaveda*, which dates back to 1400 B.C., there is a mention of the above disease under the name of *Shweta Kushta*. In Arabic literature it is mentioned under the name of *Baras*, commonly it is known as *Kodh*, *Phuleri* or simply *sufed dagh* or white patches.

In an attempt to restore the normal skin colour of pigmentless skin (vitiligo), Indians used certain black seeds. In the Indian sacred book *Atharvaveda* there is a mention of such a plant: "Thou, o plant, who produce even colour... Render this (spot) to even colour". Ancient Indian medical literature indicates that *Bakuchi* or *Posoralea corylifolia* Linn. was the most widely used plant. This plant has subsequently been found to contain a photodynamically active furocoumarin, psoralen.

CLINICAL FEATURES

Vitiligo is characterised by the appearance of patches of dead white colour on various parts of the skin. The colour of the patches may vary from dead white, chalk white, to pink. They may, or may not, be surrounded by a hyperpigmented border. In young ladies and girls suffering from vitiligo the original dead white colour of vitiligo macules turns to red-pink during menstruation and after the menstruation, it turns to the original colour (Punshi's sign).

These patches may be quite small or may, in rare cases, completely cover the body. Usually they start on one side and then become bilaterally symmetrical. The sites of predilection are face, neck, axillae, groins, anogenital area, eyelids, hands, wrists and legs below the knee. There is no clinical or histological change.

The incidence of vitiligo is maximum in India. It is about 4% while the incidence is found to be 1.64% in Japan, 1% in U.S.A. and 0.14% U.S.S.R. Both the sexes are affected equally and the highest rate of onset is seen during the period between 10 to 30 years.

RATIONALE OF Liv.52 IN VITILIGO

Liv.52 (The Himalaya Drug Co.) is a herbal preparation. It has got a protective, stimulant and regenerative action on the liver cells.

The liver is an important biochemical factory of the body. Tyrosine is manufactured in the liver, copper is stored in the liver. These factors are important for the synthesis of melanin with the help of tyrosinase and oxygen. So any derangement of liver function is bound to affect the biosynthesis of melanin. Psoralens which form a standard therapy for vitiligo cause liver function depression, loss of appetite and gastric irritation. As Liv.52 corrects liver dysfunction and repairs liver damage, its use with psoralen is justified as an adjunct therapy in vitiligo. Liv.52 works both ways on

pigment formation, firstly by stimulating the liver; and, secondly, by protecting it from the injurious effect of psoralens.

Constituents of Liv.52 per tablet:

Capparis spinosa	64.8 mg
Cichorium intybus	64.8 mg
Solanum nigrum	52.4 mg
Cassia occidentalis	16.2 mg
Terminalia arjuna	32.4 mg
Achillea millefolium	16.2 mg
Tamarix gallica	16.2 mg
Mandur bhasma	32.4 mg

(Prepared in the juices and decoctions of various hepatic stimulants).

Recommended dosage:

Adults – 2-3 tablets, 3-4 times a day

Children – 1-2 tablets, 3-4 times a day.

MATERIAL AND METHODS

Ten cases of vitiligo were included in this study. Four patients were males and 6 were females. The average age of the patients ranged from 12-30 years. Out of 10 patients 5 were put on Psoralen preparations like Macsoralen, Psorline P. (Grimault), Trisoralen (Paul B. elder, U.S.A.) and the other 5 received Liv.52 in addition to psoralens. The duration of the treatment varied from 3-6 months.

RESULTS AND CONCLUSION

It is concluded that when Liv.52 is added to psoralen therapy in vitiligo, the response of repigmentation is earlier and psoralens are better tolerated. There is no loss of appetite, and a sense of well-being is noted. In the other group with psoralen alone, the repigmentation is relatively slow and patients usually get loss of appetite. Our study indicates that Liv.52 is the best adjunct with psoralen therapy in vitiligo and it definitely enhances the chances of cure in cases of vitiligo.

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