

Clinical Aspects of Liver Diseases

40 Treatment of liver diseases

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1 From mythology to provable treatment

1.1 In global medicine

► Recommendations and discussions on the treatment of diseases and injuries are as old as medicine itself. According to our knowledge of earlier times, medicine has its origins in **mythological therapy**. This also applies to the treatment of liver diseases. • Understandably, “*surgical medicine*”, especially traumatology, enjoyed the highest scientific status in antiquity, since the actual “cause” and medical “effect” were most obvious in this field. • Mythological ideas and rituals were therefore of minor significance to the barber surgeon: in general, practical experience, manual skill and (mostly self-developed) appropriate instruments produced the desired result. By contrast, “*conservative medicine*” was characterized by mythology, steeped in ritual as well as (mantic) divination and, for many epochs, mostly left in the hands of the “priest doctor”. In spite of sometimes astonishingly good diagnostic capabilities and prognostic accuracy, medicine on the whole – especially treatment of the patient – was subject to the prevailing mythology of the respective epoch. (s. tab. 40.1)

With the gradual rejection of “mythos” and a stronger tendency to “logos”, therapeutic measures of a mythological and ritual nature were increasingly abandoned. At the same time, however, the absurd ideas of **speculative therapy** reached an unimaginable level of odiousness. Obscure mixtures, fantastic preparations as well as nauseating and even cruel treatment methods were more and more propagated and applied. An insight into these abnormalities of speculative medicine is given by K.F. PAULLINI (1699) in his book: „*Neu-vermehrte, heilsame Dreck-Apotheke*“ (“Revised and Enlarged Curative Dirty Pharmacy”).

With the coming of the Age of Enlightenment in the middle of the 18th century, accompanied by a rapid increase in medical knowledge, the calls for confirmed results became more and more urgent. This led to the advent of **empirical therapy**, which required subtle observation, critical analysis, careful examination and, above all, a written record of case histories. In this connection, surgical empiricism was more strongly based on morphological facts and objective methodological experience than the therapeutic empiricism of conservative medicine.

► Preventive therapeutic empiricism was applied for the first time around 1600, when it was discovered by “therapy comparison” that those seamen of the East India Company who drank lemon juice as a supplementary beverage did not contract scurvy. *This was the basis of (probably) the first “statistical” therapeutic study, which J. LIND carried out in 1747 in order to confirm a lemon juice theory in several groups of people by administering various substances, including a “placebo”.* This theory was also confirmed by J. COOK in 1776, using a similar study design. Further therapeutic milestones of medical history include the comparative studies with *digitalis* (W. WITHERING, 1785), *smallpox vaccine* (E. JENNER, 1798) and *mercury treatment* of syphilis (J. PEARSON, 1800). Such comparative studies, which were based on individual observations, aimed at proving the effectiveness of treatments; this development ended the epoch of empirical therapy. (2) (tab. 40.1)

1.2 In hepatology

► During a period of about 3,000 years, hepatology also experienced these **historical medical epochs** of therapy, (1.) mythological, (2.) speculative, (3.) empirical, and (4.) provable. (s. tab. 40.1) • In addition to cataplasms – consisting of various herbs, oils or products derived from animals, mostly prepared and used according to mythologically related ideas – cupping, scarification, enemas, blood-letting and sternutators, the following materials were also used: dried wolf’s liver with honey, donkey liver with parsley, raw ox liver dipped in honey, ox blood, etc. Some highly complex and fantastic mythological diets were applied as well. Therapeutic measures were often based on certain mythological numbers or ritual-dependent points in time and performed before statues of gods or in connection with animal sacrifice. (see chapter 1.) • From the mediaeval “dirty pharmacy” came numerous, disgusting therapeutic recommendations for patients with liver disease, e.g. consumption of the excrement of certain animals, ear wax, dirt scraped off sheep udders, earthworms, polypods dissolved in wine, or a certain number of live sheep’s lice. (s. p. 437) • Empirical treatment increasingly made use of substrates of plant origin or extracts of Hyoscamus, Chelidonium, dandelion or milk thistle, etc. To my knowledge, *comparative therapeutic investigations* such as those mentioned above were not performed in hepatology. Until modern times, treatment of liver diseases remained almost exclusively empirical – and thus scientifically unproven.