

Gastrointestinal Allergy Treated with Liv.52 - A Case Report

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INTRODUCTION

The liver has an important role in maintaining optimal functioning of the various systems of the human body and in maintaining normal health. Diseases of the liver tend to disrupt the smooth functioning of physiological functions.

Several dermatological disorders are a result of liver dysfunction or disturbed general metabolism, e.g. chloasma, systemic pruritus, seborrhoeic dermatitis, endogenous eczema, folliculitis, urticaria, acne vulgaris etc.

The present paper reports a case of gastrointestinal allergy since childhood.

CASE REPORT

The patient was a 15-year old girl who had been suffering from gastrointestinal allergy since early childhood. She had frequent attacks of generalised allergic rash, which appeared soon after meals. The attacks were more severe and frequent in the evenings. She had chronic constipation. Attempts at dietetic restrictions had proved of no avail as no specific foodstuff could be incriminated. Numerous therapies had been tried but all medications had failed to improve her condition. Antiparasitic drugs had also been unsuccessful. The antihistaminic drugs could provide only temporary relief by suppressing an acute attack.

It was evident that there was a relationship between her complaint and her chronic constipation. Hence, attempts were made at relieving the constipation. Many laxatives were tried and discarded as being either unsuitable or ineffective. Efforts directed at treating the allergy were now virtually abandoned.

At this juncture it was decided to treat her chronic constipation with Liv.52 (The Himalaya Drug Co. Pvt. Ltd.). This indigenous remedy has been favourably reported upon to improve digestion and assimilation and to be highly effective in the treatment of liver disease, dysfunction or damage.

We, however, initiated treatment with Liv.52 tablets merely to treat the chronic constipation. The dosage was 2 Liv.52 tablets twice a day after meals. To our surprise and satisfaction, the chronic constipation was substantially relieved with Liv.52. Further, it was most gratifying to note a considerable reduction in the severity and frequency of allergic manifestations within two months of initiating Liv.52 therapy.

The relief that occurred in allergic manifestations as well as the constipation prompted us to continue Liv.52 for a further 2 months. There was, as a result, a marked and consistent improvement in her condition and outlook.

CONCLUSION

Liv.52 therapy was thus continued for a total of four months and then discontinued. The substantial improvement in allergic attacks has been maintained throughout and only occasionally does she now get the generalised allergic rash. The attacks however, are much milder and come on after long

intervals of time. Continued treatment with Liv.52 and further trials with this highly promising remedy appear to be strongly indicated in this case and a large series of similar cases.