

Therapy of Toxaemias of Pregnancy

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Pregnancy is a natural physiological process which, in a healthy and normally developed woman, should go on uneventfully without any degree of disturbance.

Pregnancy involves a strain on all systems of the body as well as on the all important excretory functions, which are closely bound up with the metabolic changes occurring between the developing foetus and the mother. In these interchanges there are apt to be substances produced which may be inimical to the maternal body's health leading to a series of mild or severe intoxications unless satisfactory elimination of toxins takes place.

The strain of pregnancy is apt to be more pronounced in primigravidae and it is of great importance that in a first pregnancy especially there should be judicious medical supervision throughout pregnancy. It is here that preventive medicine has one of its greatest opportunities. Disturbances of the liver throw the whole system out of gear. A drug that would keep the liver functioning at its optimum in spite of various factors predisposing towards liver damage like malnutrition, toxaemias, industrial toxins, toxic action of drugs, alcohol etc., would be of great use. Of all the drugs and compounds, Liv.52 has been reported by various field workers and pharmacologists to show extreme promise.

Liv.52 tablets 2 t.d.s. were administered in 35 patients for at least three weeks and the progress and results were noted and recorded. The patients belonged to the following groups:

Vomiting in first trimester	10 cases
Severe anaemia in pregnancy	10 cases
Pre-eclamptic toxaemia	10 cases
Hyperemesis gravidorum	4 cases
Jaundice	1 case
Total	35 cases

Morning sickness of pregnancy assumes a very grave form in some women. In milder cases there may be only a feeling of nausea or the ejection of a mouthful of fluid, in other cases the sickness may persist throughout the day and the food may be regurgitated. This is due to toxaemia of pregnancy. There were 10 cases of vomiting in the first trimester, varying in age range from 21 to 30 years. There were 7 primipara, 2 second-para and one third-para. One had pain in the abdomen. On continuous therapy within two weeks appetite returned, constipation improved and vomiting disappeared. The result was good in all cases and they improved considerably and had remarkable relief.

There were 10 cases of severe anaemia in which probably toxaemia and disturbed liver function played a part as histopathological changes are recorded in liver in cases of severe anaemia of pregnancy. Haemoglobin % was between 20 and 30% in four cases, between 30 and 40% in three cases and between 30 and 50% in three cases.

The patients had poor appetite, mild constipation and occasional heart-burn. Their ages ranged from 20 to 32 years. There was one second-para, three third-para, three fourth-para and two fifth-para and one sixth-para. The period of pregnancy ranged from 28th to 38th week and most of them were moderately normal in weight. They were treated with Liv.52 tablets 2 t.d.s., blood transfusion was given where necessary and Imferon in most of the cases. One patient with 25% Haemoglobin had a premature delivery. Out of 10 patients, eight showed very good response and two showed fair responses.

In cases of pre-eclampsia, there was albuminuria, headache especially of the frontal variety and flashes before the eyes or disturbance of vision. There were 10 patients. Their ages ranged from 28 to 35 years. There were two primipara, two first-para, three second-para and one, third-para and two-fourth-para. Four showed marked oedema of feet, two had stomatitis, two had generalised fits, the appetite was poor in most of the cases. All showed typical signs and symptoms of pre-eclampsia. In six patients systolic blood pressure was between 160 and 180 mm of mercury and in one, 150. The diastolic blood pressure was between 100 and 120 mm of mercury in all these cases. The results of therapy were fair in eight cases and 'good' in two cases.

In hyperemesis gravidarum, all the ingested food is thrown out. There may be great interference in taking of food, there may be signs of starvation, and indications of toxaemia with wasting acidosis and even coma. There were four cases of hyperemesis gravidarum between the ages of 23 and 28 years, three were primae and one, second-para. There was marked continuous vomiting in all of them, which lasted for some time. Prognosis appeared to be fair in two cases. Three of them responded very well to the therapy and in the fourth the response was delayed. In one case the liver was enlarged 3.5 cm in the midclavicular line and tender with jaundice in a second-para woman in the 26th week of pregnancy. The appetite improved, liver tenderness disappeared and the liver receded to the costal margin showing a very good response.

The results are shown below:

Toxaemia of pregnancy	Results			
	Good	Fair	Poor	Total
Vomiting in 1 st trimester	10	–	–	10
Severe anaemia of pregnancy	8	2	–	10
Pre-eclamptic toxaemia	8	2	–	10
Hjyperemesis gravidarum	3	1	–	4
Jaundice in enlarged tender liver	1	–	–	1
	30	5	–	35

The results show very good response in 30 cases out of 35 cases, i.e. 85.6% and fair in 14.4% cases.

Liv.52 has definite clinical salutary effect in various types of toxaemias of pregnancy. Vomiting is controlled in good time, bowel movements improve, the appetite returns to normal and there is a general feeling of well-being. In most of the patients of toxaemia of pregnancy, changes like cloudy swelling, hydropic changes, central vein dilatation have been observed by us and various workers and it is likely that these are prevented and corrected by the action of Liv.52 on hepatic parenchyma with the resultant improvement of function.

Thirty five cases of toxaemia of pregnancy are studied with Liv.52 tablets 2 t.d.s. for a period of three weeks or longer. The result was good in 85.6% of cases. Liv.52 is of prophylactic, protective and preventive value in toxaemias of pregnancy.