

Infant Feeding Problems and the Role of Liv.52

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Ninety infants in the age group of 1-6 months suffering from several feeding problems were included in the present investigation. Fifty were boys and 40 were girls; 42 were between 1-3 months and 48 between 3-6 months of age. For the purpose of the present study, feeding problems were defined as those related directly or indirectly to feeding. These included excessive crying, frequent vomiting, constipation, increased frequency of motions and difficult feeding. Infants having clear infections, low birth-weight and congenital malformations were excluded.

Cases were included for study in one of the following three groups on a random basis as and when they came.

Group I comprised of 25 cases who received only Liv.52 drops, 10 drops t.i.d. for 10 days.

Group II comprised of 25 cases who were administered antispasmodic drops, 5 drops t.i.d. for the same duration.

Group III comprised of 40 cases where a combination of Liv.52, 10 drops t.i.d. and antispasmodic 5 drops t.i.d. were given for a period of ten days.

The response to therapy at the end of 10 days was graded as *complete, partial* or *no relief*.

Table 1 shows the incidence of feeding problems encountered in the study group. Thirty six infants had single and 54 infants had multiple symptomatology.

Feeding problems	Incidence (No. of patients)
Excessive crying	60
Frequent vomiting	60
Constipation	40
Increased frequency of motions	40
Difficult feeding and anorexia	60

RESULTS

In Group I on Liv.52 drops, relief of symptoms was complete in 56%; partial in 24% and nil in 20% of the infants. Corresponding figures for Group II on antispasmodic were 48%, 20% and 32% respectively and for Group III on Liv.52 + antispasmodic 80%, 10 and 10% respectively (Table 2).

Group	No. of cases	Complete relief	Partial relief	No relief
Group I: Liv.52	25	14 (56%)	6 (24%)	5 (20%)
Group II: Antispasmodic	25	12 (48%)	5 (20%)	8 (32%)
Group III: Liv.52 + Antispasmodic	40	32 (80%)	4 (10%)	4 (10%)

Response of individual symptoms in relation to different drug therapies is analysed in Table 3, which shows that problem of difficult feeding and anorexia were relieved in 96% of the infants

receiving Liv.52 and in only 38% of those on antispasmodic therapy. Constipation also responded better with Lvi.52 either when used alone (78%) or in combination with an antispasmodic (100%) as compared to only 20% relief with an antispasmodic alone. Increased frequency of motions was relieved more often when combination therapy with Liv.52 and antispasmodic was instituted than with the use of either Liv.52 or antispasmodic alone. Response of problems like excessive crying and frequent vomiting to different drug therapies was comparable.

Table 3: Types of therapy/response

Symptoms	Liv.52			Antispasmodic alone			Liv.52 + Antispasmodic		
	Tr.	Rel.	%	Tr.	Rel.	%	Tr.	Rel.	%
Excessive crying	15	10	66	25	16	64	20	17	85
Frequent vomiting	18	15	83	25	20	80	17	15	88
Constipation	18	14	78	10	2	20	12	12	100
Frequent motions	15	10	66	13	10	77	12	11	92
Feeding difficulty and anorexia	25	24	96	16	6	38	19	16	84

CONCLUSION

Administration of Liv.52 ameliorated the feeding problem in nearly 80% of the infants studied. Symptoms like difficult feeding and anorexia, frequent vomiting, constipation, increased frequency of motions and excessive crying were checked in 96, 83, 78, 66 and 66 per cent of the cases respectively. The present study has highlighted the decisive role of Liv.52 in overcoming difficulties in feeding, perhaps by increasing appetite and relieving constipation. When used in combination with an antispasmodic, its synergistic effect relieves most of the symptoms much more effectively.