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## Good News About Poison Ivy

by William Kitay

Illustration by Denise Giraud

FOR DONALD YOUNG, warm weather each year brought misery and economic hardship. Young is a gardener, but he's also highly sensitive to poison ivy.

"It was a chore for him to scrub himself with strong naphtha soap after working hard all day," recalls Mrs. Young. "After each bath, he would dust himself with baking soda and I would soak his work clothes to get out the poison-ivy plant oils."

All the precautions proved to no avail. When Young was at work, the poison ivy penetrated his clothing.

However, this Summer, thousands of such poison-ivy sufferers will escape the painful blisters, redness, swelling, and annoying itching caused by the nuisance weed that each year afflicts more than 1,000,000 Americans. The victims will do this by building up an immunity against the infection with a new discovery of science.

Every morning for at least six weeks before the so-called poison-ivy season begins, and then three times weekly until the season's end, Donald Young will take five drops of a new drug in a glass of milk or fruit juice.

This should protect him from infection, as it did last Summer when for the first time in years he did not suffer a single attack nor have to bathe in naphtha. And his wife didn't have to soak his work clothes even once.

The new preparation to prevent poison-ivy infection has been used experimentally on large numbers of habitual sufferers for three years. Now it is being sold throughout the country. Doctors recommend that the time to begin preventive treatment to build up immunity is early March.

The preventive is made from the crushed fresh leaves and stems of poison-ivy plants, mixed in 70 percent alcohol. Technically, it is called an antigen—a substance which when introduced into the body forms antibodies which prevent subsequent attacks by the same substance.

Efforts to develop a poison-ivy extract for prevention and treatment of the symptoms of ivy poisoning have been made for many years. Ivy poisoning occurs nowhere in the world except on this continent and one of the oddities recorded by the early settlers was that the American Indian did not break out with the rash. It seems the Indians developed their immunity to the plant by carefully munching on poison-ivy leaves!

Researchers felt it would be more practical to inject poison-ivy extracts directly into the blood stream. The first such injections were tried in the early 1920s, but proved both ineffective and harmful: ivy poisoning flared up at the point of injection. Many of the extracts required daily injections, a procedure that discouraged self-administration at home.

IN 1936, LEWIS E. MILLER, a research chemist, began work on an extract that could be taken by mouth. In studying oral preparations, he found that several country doctors had given ivy extracts in alcohol with some success. Undesirable reactions, however, were common.

Chemist Miller reasoned that these resulted when the alcohol content was too high. He felt certain that alcohol, in proper proportion, would make the ideal base.

But what should the proportion be? It wasn't until 1952 that he was able to develop a proper dosage schedule for the new antigen, thus making the preparation ready for

scientific clinical studies to determine its over-all effects. One of the first to study the new preparation was Dr. Elmer R. Gross of Temple University school of medicine. From 1953 through 1957, Dr. Gross administered the drug to 455 persons, all susceptible to ivy poisoning and victims of numerous previous attacks.

Included in this study were persons ranging in age from four to 62; campers, golfers, fishermen, hunters, and housewives. There were 177 tree-service workers to whom poison ivy was a common occupational hazard.

During each Summer following treatment, more than half the persons participating in the study were completely free of ivy poisoning. An additional 30 percent had exceptionally mild attacks, these being persons who in previous years had been severely stricken. The others who suffered ivy poisoning were found to have been exposed to the plant within two weeks after they had started taking the antigen, too short a time to have acquired a sufficient immunity. Yet most of these cases were mild, too.

Typical was the experience of 16-year-old Arthur Simmons. Every Summer for 13 years he had suffered severe attacks of poison ivy. Then he joined Dr. Gross' study group. The past few Summers were the first since he was three that Arthur did not suffer the infection.

Comments Dr. Gross on his five-year study: "It exceeded my fondest expectations. Last year the candidates for ivy poisoning had uneventful Summers, even the youngsters who went to camp. Previously the majority of these children had two to three attacks a season."

Dr. Leon Goldman of the University of Cincinnati college of medicine reports "few failures in very sensitive individuals" among those he tested.

Dr. Charlotte Backus-Jordan of Stroudsburg, Pa., who has been studying the effectiveness of the drug on private patients, reports: "I have dozens of patients who have kept free from poison ivy or who have had much milder attacks, as a result of having taken it in the Spring."

Perhaps an even more encouraging note was contained in a report to the clinical meeting of the American Medical Association last December in Minneapolis. There Dr. Robert J. Langs of the Albert Einstein College of Medicine, New York, told of his work with a pill which brought about immunity in 66 out of 68 patients with a previous affinity for poison-ivy rash. Dr. Langs also said that studies on 142 Coast Guardsmen showed that the tablet form offered satisfactory protection against poison ivy.

No person who is sensitive to poison ivy is entirely safe from the possibility of ivy poisoning. The annoying vine is found in all parts of the United States, but especially from Texas to the Eastern seaboard. Farmers head the list of the most frequent sufferers. Highway workers are next. Following on the list are vacationers, week-end golfers, fishermen, hikers, and campers.

What most people don't realize is that it isn't necessary to come in direct contact with poison ivy to acquire the rash. The poisonous oily sap is found on the leaves, stems, and even roots of the plant. Dogs that appear to be immune to it often carry the ivy toxin on their hair.

Golf balls, garden tools, fishing tackle, shoes, almost anything that touches any part of the plant may carry the poison pitch. Even the smoke from burning plants will infect a sensitive person some distance away.

Persons have been afflicted by the dried plant juice a year or more after the plant bloomed. Some have gotten ivy poisoning in Winter from frozen and dead ivy plants!

There are very few cases of complete immunity to poison ivy. The so-called immune person is usually one who recognizes these leaves and respects them by avoiding them. Slight contact, such as walking through and touching leaves once or twice, usually is not enough to cause poisoning. Still, the most casual contact will affect some persons.

The preventive developed by chemist Miller is not a cure for poison ivy. Once the rash breaks out, there are ointments, lotions, and other palliatives to relieve the itching and lessen the swelling and redness of the skin.

Neither is the protection offered by the new drug permanent. Poison-ivy sufferers must repeat the treatment each Spring. But taken as recommended, it has proved highly effective in preventing ivy poisoning or lessening the severity of the ailment in persons highly sensitive to the noxious plant.



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