

Toxic Hepatitis Following Herbal Tea Consumption: A Case Report

Dear Editor,

Herbal preparations are widely perceived as natural and inexpensive alternatives to pharmaceutical drugs. However, these products may cause toxicity either directly or through herb–drug interactions. Herbal agents have been associated with a variety of organ toxicities, particularly hepatotoxicity. In recent years, cases of herbal product–related liver injury have been increasingly reported. We present a case of toxic hepatitis associated with prolonged herbal tea consumption.

A 40-year-old female patient with no known past medical history presented to the emergency department with complaints of jaundice and excessive sweating. The patient reported consuming herbal tea daily for approximately one month in order to relieve constipation and to promote weight loss.

On physical examination, the patient's Glasgow Coma Scale (GCS) score was 15 and neurological examination was normal. Abdominal examination revealed tenderness in the right upper quadrant without guarding or rebound tenderness. Breath sounds were equal and normal bilaterally. Vital signs were stable. The patient had a marked icteric appearance.

Laboratory findings were as follows: AST 580 U/L, ALT 286 U/L, alkaline phosphatase 289 U/L, GGT 289 U/L, total bilirubin 4.36 mg/dL, direct bilirubin 2.62 mg/dL, and indirect bilirubin 1.73 mg/dL. No other pathological laboratory abnormalities were detected.

Contrast-enhanced abdominal Computed Tomography (CT) demonstrated edematous changes in the pericholecystic and periportal regions. The patient was evaluated by the gastroenterology department and was admitted to the hospital with a diagnosis of toxic hepatitis. Herbal products are frequently used for weight loss, gastrointestinal complaints, and general health purposes. Despite their popularity, many

Letter to Editor

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herbal products lack sufficient regulation and safety data. Herbal-induced liver injury has become an increasingly recognized clinical entity. Green tea and other herbal preparations have been reported to cause hepatotoxicity through idiosyncratic reactions or toxic metabolites. This case highlights the importance of obtaining a detailed history of herbal product consumption in patients presenting with unexplained liver enzyme elevations and jaundice. Early recognition and discontinuation of the offending agent are essential in the management of herbal-induced hepatotoxicity. Although herbal products are often perceived as safe, they may lead to serious adverse effects, including liver injury. Uncontrolled and prolonged use of herbal preparations can result in organ damage. Clinicians should consider herbal product consumption in the differential diagnosis of patients presenting with elevated liver enzymes and jaundice.

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