

THERAPEUTICS

LEDERKYN IN THE TREATMENT OF LEPROSY.

By

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INTRODUCTION.

Sulphonamides have been used experimentally in Leprosy from time to time. The first studies with Sulphonamides were undertaken by Chorine (1942), Faget and associates (1942), and Flandin (1945) and were not encouraging. Subsequent studies with Sulphathiazole and its derivatives were somewhat more encouraging.

In 1957, Schmider (1959) who observed dramatic improvement in a patient with miliary tuberculosis treated with Sulfamethoxyipyridazine, was prompted to study its effects in leprosy together with Drs. Languillon and Clary. According to these workers the results were encouraging and in view of these findings the drug Sulfamethoxyipyridazine (Lederkyn) was tried in patients of the Acworth Leprosy Hospital.

METHODS AND MATERIAL.

In this trial 10 cases were selected: 3 Maculoanaesthetic, one Reactional Tuberculoid and 6 Lepromatous.

The following examinations were made:

- (a) Detailed clinical examination.
- (b) Bacteriological examination of all cases.
- (c) Haematological examination: Total count, Differential count, R. B. C.'s and Haemoglobin.
- (d) Routine urine examination.

The above examinations were repeated at regular intervals and were compared with initial findings.

Dose: Adult - 1 tablet (500 mg.) daily.

Child - (below 14 years) - $\frac{1}{2}$ tablet daily.

Duration of treatment: The drug was taken for 15 weeks in one case, 25 weeks in 8 cases and 45 weeks in one case. (which received $\frac{1}{2}$ tablet for the first 6 months and 1 tablet thereafter.

RESULTS.

The results are tabulated below:

Lederkyn apparently exerts some beneficial effect in maculoanaesthetic and reactional tuberculoid cases but experienced workers will interpret the results with some caution. Other drugs have been found beneficial initially and subsequent findings have not confirmed the initial ones. e.g. Dharmendra and Chatterjee

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TABLE

Sr. No.	Name	Age in years.	Type	Period of treatment	Bacteriology		Reactions	Remarks.
					Before	After		
1.	H. D. S.	10	MA	25 weeks	-ve	-ve	Nil	Lesion improved, margins faded; some return of sensation was noticed.
2.	I. I.	25	MA	-do-	-ve	-ve	Nil	-do-
3.	P. N.	13	MA	-do-	-ve	-ve	Joint pain, urine showed epithelial cells and RBCs after 12 weeks' treatment.	Treatment stopped during reaction; restarted when urine was normal.
4.	H. S. H. E.	25	RT	15 weeks	3-5 sgs* EF	No change	Nil	Lasions subsided after six weeks treatment, Patient ceased to attend after 15 weeks.
5.	R. R.	30	L	25 weeks	M/I	No change	Giddiness and fever after 8 weeks; Oedema of feet.	Treatment stopped for 12 weeks and restarted when condition improved.
6.	K. S. R.	18	L	-do-	M/I	-do-	Nil	Nil
7.	K. B.	10	L	-do-	M/I	-do-	Nil	Nil
8.	C. B. J.	15	L	-do-	M/I	-do-	Lesions swelled up; weakness at end of 3rd week.	Treatment stopped for 2 weeks and restarted when condition improved.
9.	K. S.	23	L	-do-	M/I	-do-	Nil	Nil
10.	D. D. S.	35	L	45 weeks	M/I	-do-	Nil	$\frac{1}{2}$ tablet for first 6 months and $\frac{1}{1}$ tablet thereafter.

* 3-5 sgs means 3 to 5 singles in Each Field.

EF

M/I means large numbers of singles and some Globi in Every Field.

(1952) reported definite beneficial effects i.e. partial restoration of sensation and growth of new hair) with Thiosemicarbazone. Khanolkar (1954) came to the conclusion that the thiosemicarbazone therapy did not compare favourably with D.D.S. as, though there was improvement in the initial period of treatment a relapse occurred in those who had received treatment for a longer period.

Assessment is usually made on the results in lepromatous cases and here no beneficial effect was observed with Lederkyn.

CONCLUSIONS.

The results of treatment with Lederkyn are not such as to consider it a useful anti-leprosy drug or even the best alternative to Dapsone. It is well tolerated for periods ranging from 15 weeks to 25 weeks in daily dose of 500 mgm.

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