

THERAPEUTICS

SUPRONAL IN ACUTE AND CHRONIC URETHRITIS

By

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The incidence of resistant bacterial infections of the urethra in the male is a problem which intrigues many clinicians, owing to the diversity of the causative agents involved, and the failure of several of these cases to respond to therapy with antibiotics.

Both acute and chronic urethritis are fairly common clinical conditions met with in venereal practice and this led me to try the efficacy of Bayer's, sulphamide preparation, Supronal, in these indications. It is a triple sulphonamide combination,—a Sulphathiourea salt of Marphanil, combined with Sulphamerazine.

So far, I have had occasion to try the drug in 93 cases of urethritis, all the patients being adult males, of which approx. 35% were cases of *acute gonococcal urethritis*. Most of the remaining cases could be classified as chronic urethritis and in them the causative pathological organisms could not be identified even on repeated microscopic examination of the urethral smears. Prior to reporting at the clinic for treatment, some of these cases had already received various types of therapy, namely, procaine-penicillin, sulfadiazine, etc., but without clinical or pathological cure.

All the patients were subjected to a complete physical and pathological examination, which included microscopic examination of the urethral smear and serological tests of the blood for syphilis. Only those cases which were STS negative were selected for the clinical trial. They were then put on Supronal therapy. As a rule, the dosage was six tablets daily, for the first five days, this dose being later reduced to 3-4 tablets daily and continued for another 3-5 days, depending on the clinical and bacteriological response of the patients to the treatment.

Supronal was generally well tolerated. Only 12 cases reported slight nausea and vomiting, which, however, rapidly disappeared with a reduction of the daily administered dose. In no case was it necessary to discontinue Supronal therapy as a result of side-effects.

The results tabulated in the following table, depict clearly the response of cases of acute and chronic urethritis treated with Supronal:

Urethritis	No. of cases	Results
Acute Gonococcal Urethritis	33	Excellent
Chronic Urethritis	42	Good
Chronic Urethritis	18	No effect
Total	93	

I cite below some typical case histories :

1. A male patient, aged 46 years presented with a history of repeated exposure. History of chronic urethritis for the past 3 months.

On examination: Slight discharge/urethra.

Pathological Tests: VDRL: Negative. Urethral Smear—No. G. C.; 9-10 pus cells/field.

Diagnosis: Chronic urethritis.

Treatment: Had taken extensive treatment with procaine penicillin 400,000 units daily for 10 days (in private); also sulphadiazine, 6 tablets daily for 10 days, with no clinical improvement.

He was put on Supronal therapy. *Dosage:* 6 tablets daily for 5 days.

Patient felt relief by the 2nd day. There was no evidence of urethritis by the 5th day. His urine was clear. He was asked to report after one month but did not attend for the follow-up.

2. A male patient aged 26 years presented with a history of acute urethritis for the past 4 days. Had exposed himself 2 days before the symptoms appeared. Severe burning in urethra, with greenish yellow discharge.

Pathological Tests: Blood VDRL: Negative. Urethral Smear: Gonococci present, 25-30 puss cells/field.

Diagnosis: Acute Gonococcal urethritis.

Treatment: Supronal 6 tablets daily for 5 days.

Results: By the 2nd day he was symptom free. His follow-up after a month showed that he was completely cured.

3. A male patient aged 42 years complained of slight Irritation in the urethra. Slight dribbling of pus, throughout the day, for the past one month. The symptoms started a few days after exposure. He had taken no treatment so far; as his symptoms were very mild.

Pathological Tests: Blood VDRL: Negative. Urethral Smear—5-7 pus cells/field.

Diagnosis: Chronic urethritis.

Treatment: 6 tablets daily for 5 days. All irritation had stopped by the 3rd day and by the 5th day, his smear was within normal limits. Two monthly follow-ups showed no changes.

4. A male patient aged 36 years complained of a severe burning sensation in his urethra for the past 2 days, with a profuse discharge. He had exposed himself 7 days earlier.

Pathological Tests: Blood VDRL: Negative. Urethral Smear Test: Gonococci present. 30-35 pus cells/field.

Diagnosis: Acute Gonococcal urethritis.

Treatment: 6 tablets daily for 5 days. Symptoms cleared up within 24 hours. He continued to make satisfactory progress and his smears examined at monthly intervals showed no evidence of relapse.

SUMMARY

93 patients were treated for urethritis with Bayer's Supronal Tablets.

The patients were all VDRL Negative.

Among the 93 cases treated, there were 33 cases of Gonococcal urethritis; all responded excellently to the treatment.

60 cases were treated for chronic non-Gonococcal urethritis; 42 of these responded very well to the treatment, but 18 cases proved to be refractory to the drug.

In
sulphonamide
therapy
SUPRONAL[®]
stands
unique!



»Bayer«
Leverkusen, Germany

Reasons:

- 1 It is a combination of 3 well-selected sulphas — sulphathiourea, maphenide and sulphamerazine.
- 2 Represents a true *potentiation of action* against the pathogens, in contrast to a mere additive effect.
- 3 Acts even in *anaerobic* and *mixed* infections.
- 4 Has high serum-tissue and serum — C.S.F. partition coefficients.
- 5 Not inhibited by pus or P.A.B.A.
- 6 Is effective in low daily doses.
- 7 Has a high solubility in body fluids; therefore minimal danger of crystallurea.

Reliable in action Rapid in effect

Packings:

- Tubes of 20 tablets of 0.5 g.
- Bottles of 250 & 1000 tablets of 0.5 g.
- Boxes of 10 strips of 10 tablets of 0.5 g.

BAYER (INDIA) LIMITED,
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