COMPARATIVE STUDY OF CHAULMOOGRA IN HIGH DOSES AND PROMIN IN THE TREATMENT OF LEPROSY*

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The purpose of this brief communication is to place before you in summary the results of a therapeutic study we have made, comparing the sulfone now used in my service (promin) and chaulmoogra given in large doses.

Convinced as we are of the therapeutic activity of both medicaments in lepromatous cases, we thought it would be interesting to make this comparison in groups of patients whom we have been able to control periodically from the clinical, bacteriological, histological and immunological points of view, as recommended by the Second Pan-American Leprosy Conference.

MATERIAL AND PROCEDURE

The two groups involved in the study are: (1) 40 patients with lepromatous leprosy, nearly all of them advanced (L_2 and L_3), most of them treated for one and one-half years, and (2) 18 other patients, also lepromatous, similar to the former group as regards stage and extent of their lesions, they treated with promin for approximately the same length of time. In both groups, however, there were some patients who had been treated for longer or shorter periods.

Elsewhere is described in more detail the manner of administration of both drugs. Here it will simply be said that, as regards chaulmoogra, the ethyl esters with 4 per cent creosote or 0.5 per cent iodine were used, administered by both intramuscular and intradermal injections; the monthly doses reached were 120 to 150 cc., according to tolerance. The promin was given intravenously, 5 gm. per day except on Sundays, in series totaling 500 gm. each, with fifteen days of rest between each series.

TOLERANCE

From a comparative analysis of the tolerance to both drugs during the entire time in which they were used it must be said

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that, although none of the patients gave up the treatment, those receiving chaulmoogra suffered more discomfort of local nature (pain, aseptic abcesses) than did those receiving promin, and in some cases we were obliged to interrupt the treatment for a short time. On the other hand the promin injections, in spite of their daily repetition, were supported well and did not cause any intolerances, local or general, worthy of mention.

RESULTS

For the comparative appraisal of the results obtained with each medicament, we have studied in our patients the clinical, bacteriological and histological evolution shown by similar lesions.

It would be premature to say, after an investigation lasting only a year and one-half, which of the two drugs is the more active; observation of the future evolution of these cases is necessary. We can, however, affirm that they are both efficient, and emphasize especially the following facts:

1. Both the sulfone used and chaulmoogra in the large doses given have an evident therapeutic activity in lepromatous cases.

2. Both drugs, administered as described, give within the same period of time similar favorable results.

3. Both drugs benefit not only the cutaneous lesions, causing levelling of the tubercles and reabsorption of the nodules, but also the lesions of the mucosa, with improvement of rhiniti's and healing of erosions and ulcerations.

4. We have noted in both groups of cases that the clinical improvement is accompanied by the same favorable bacteriological alteration (fragmentation and diminution of the bacilli) and histopathological changes (gross cellular reticulation, diminution of the infiltrate, and sclerosis.)

5. Although none of the patients of either group discontinued treatment, tolerance has been inferior in those undergoing chaulmoogra treatment because of pain and aseptic abcesses experienced by some of them.

CONCLUSION

Because of the similarity of the results obtained with these drugs up to the present moment of observation—a more prolonged observation should establish whether one of the two is more effective—it is concluded that all investigations designed to increase the tolerance to and therapeutic activity of both the sulphones and chaulmoogra oil or its derivatives should be stimulated.

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