ORAL DDS TREATMENT BY THE GANDHI FOUNDATION

To The Editor:

This is a brief summary of experience with the use of DDS by mouth in the ten rural clinics of this Foundation which have gradually been established since 1952 for the control of the disease by this means. At present we have under this treatment about 4,300 patients from the control area proper, and nearly 6,000 from outside the area, totalling about 10,000.

As the patients have to take the drug daily, for six days of the week, when they come to the clinics they are given quotas for one or more weeks, depending on circumstances. They take the medicine home and consume it there. At the outset they are told about the signs of intolerance, and are asked to stop the drug and report to the medical officer in case they have trouble.

The starting dose is low. In lepromatous cases it is usually 10 mgm. daily, but in very advanced cases the starting dose is smaller or the patients are instructed to take the 10 mgm. dose less frequently, as three time a week. If tolerance is good the dose is increased weekly until the 100 mgm. daily dose is reached. In nonlepromatous cases the initial dose is usually 25 mgm. daily, increased weekly to the same maximum.

The once-a-week rest day is usually sufficient, for the majority of the patients are a little irregular in attendance and they get rest periods from that. Those who are very regular are usually given a fortnight's rest after six months, but there is no hard and fast rule in this matter.

Intolerance has not been frequent. It is seen in a few lepromatous cases, but not more than 1 per cent of them; also, an occasional tuberculoid case cannot take the drug. A few cases after a time develop a mild degree of anemia, but they respond well to iron, B_{12} or liver extract. So far we have had no case of the jaundice, or psychosis, or severe dermatitis described by some other workers. After some months, in a few cases, reactions suddenly develop, but reactions are seen without any treatment and there is no reason to believe that the drug is particularly responsible for these events.

As for the results of this treatment, our attention has been focused on other data and I can give only my general impressions. Most cases with early nonlepromatous lesions clear up completely in from 3 months to 1½ years. Tuberculoid cases, with few exceptions, respond very well and the lesions disappear in from 6 months to 2 years; a few show good progress for some time and then become

static. Early lepromatous cases respond well, although they take longer to clear up than do tuberculoid cases. Late cases, if they tolerate the drug, also respond well and appreciable changes in the lesions are evident within 6 months, but on an average they take 3 to 5 years to clear up.

Some cases that respond well for a time, and that may even give negative skin smears, relapse in spite of continued treatment and revert to the initial stages very rapidly, much as has been reported by Wolcott from Carville. It is not possible to say in what proportion of cases this happens, and I do not believe it is more than 1 per cent.

We have no opinion of the effect of this treatment in borderline cases, for we have encountered only a small number of them.

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