CORRESPONDENCE

This department is for the publication of informal communications that are of interest because they are informative and stimulating, and for the discussion of controversial matters.

Effect of Clofazimine on the Urinary Excretion of DDS (Dapsone)

TO THE EDITOR:

It is a well-known pharmacological phenomenon that one drug may affect the excretion of another drug (1). This report presents observations which indicate that clofazimine (Ciba-Geigy: Lamprene) affects the urinary excretion of DDS.

Seventeen leprosy patients participated in the study. Three were clinically classified as borderline tuberculoid (BT), two as borderline lepromatous (BL), and twelve as pure lepromatous leprosy (LL). They were on various DDS regimes and had been on treatment for various lengths of time. The study started on the day when the patients had taken their usual dose of oral DDS. During the study no DDS was given to any of the patients. After discontinuing the DDS treatment the urine from each patient was collected and the daily excretion of DDS estimated. The concentration of DDS in urine was determined by the method of Levy and Higgins (2) which we modified for urinary analysis by the introduction of an alkaline hydrolysis of the urine.

The daily excretion of DDS decreased gradually for about one week when it stabilized at a low level, which was usually less than 50 μg DDS excreted per 24 hours. All patients were then given a single dose of 100 mg clofazimine. Subsequent to the clofazimine administration 8 of 17 patients showed a transient increase in DDS urinary excretion. In the other nine patients no change was observed. In those showing the increase, the amount of excreted DDS varied, and also the time relation between clofazimine administration and appearance of the DDS excretion peak. Figure 1 shows the peaks of DDS excretion in two patients, together with the curve for one patient whose urinary excretion of DDS was not influenced by clofazimine. A second dose of clofazimine did not result in increased DDS excretion in any of the patients.

The finding may be interpreted as if some of the DDS administered is retained in the body. Apparently clofazimine has the property to dislodge the DDS retained. Such a depletion action of clofazimine was observed in 8 of 17 patients studied. Using this property of clofazimine as the criterion, the finding of a DDS depot did not seem to be di-
rectly related to the classification of the patients or to their DDS regimes. However, evidence of a DDS depot was associated with prolonged regular DDS therapy. On the other hand, patients in whom clofazimine did not show any effect on the DDS excreted, were regularly treated for less than ten weeks or had received treatment irregularly. Several showed clinical and bacteriologic evidence of ineffective medical treatment and were on clinical grounds suspected of being resistant to DDS.

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Leprosy: A Psycho-Social-Somatic Phenomenon

TO THE EDITOR:

From your timely adaptation of Klingmuller’s chapter on terminology in the IJL (42 [1974] 204-208) you conclude that most people thought of as having leprosy (or kusht, or feu-hu, or tenkey-byo, etc.) in different epochs and places were probably the victims of Hansen’s bacillus. Moreover, your compilation must have called yours and your readers’ attention to the age old and deeply ingrained pejorative overtones of most local appellations for the disease. It is our firm opinion, based on facts and experience in the field, that such ancient overtones will never be erased, no matter how much we strive or how much we spend in useless attempts to enlighten the public with shocking labels.

Our regional label is lepra, one of the most degrading insults in Brazil (and Latin America), a synonym for filth, vice, corruption, and loathsome ness in Brazilian dictionaries; “the most negative of all medical terms” in the U.S., according to an ample study by Rolston & Chesteen of the University of Louisiana. In spite of our failures in the past we shall keep fighting and looking forward to international cooperation to help us in disconnecting a disease which should be “like any other”—but evidently is not—from its ignominious cultural and terminological background. We would also be pleased to cooperate with workers of other countries who might have arrived at the conclusion, well known in all other areas of human activities, that a good term does convey a message, whereas trying to give status to old and demoralized names is pure waste of time, effort and resources.

The outcasts, beggars, robbers, misers, afflicted, tainted, guilty, sorely tried, and mis-

serables of your compilation, as well as our leprosos, do not and will never suffer from a “disease like any other.” They are the most unfortunate victims of that ancient psycho-social-somatic phenomenon known as lepra, sin, punishment, uncleanness, affliction, evil, sorrow, old great sickness, a hellish and unconquerable disease, and misery in most old and modern languages. None of those ancient pejorative terms and defiling concepts will ever disappear from the local cultures. It is time to confess our impotency, stop knocking our heads against stone walls and think of trying other ways.

This is an ample field to be studied in accordance with point 4 of the “subjects for further investigation” set by the Committee on Rehabilitation of the Tenth International Leprosy Congress: “Social anthropology and patient psychology studies as a basis for a better understanding of the patients’ viewpoints in order to develop better patient health education” (Int. J. Lepr. 41 [1973] 472-473). What the patients and their unhappy families have been feeling, saying or publishing about the names lepra, kutta, tien ying, etc., should certainly be one of the items of the social researchers’ agenda. Presumably, the conclusion will only confirm previous investigations by Letayf in Brazil, Mangiaterra in Argentina, and Rolston, Chesteen and Pearson in the U.S. This may well give an end to the fact that leprologists (current terminology) remain as the only human group who insist that “the customer is always wrong.”

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