

✓ EFFECT OF RIFAMPICIN FOR LEPROSY: COMPARATIVE STUDY WITH  
SEVERAL DOSES AND INTERVALS OF ADMINISTRATIONMasashi Namba<sup>a</sup> and Seigo Hazama<sup>b</sup><sup>a</sup>National Institute for Leprosy Research<sup>b</sup>National Sanatorium Tama Zensho-en

Among antileprosy drugs now available, RFP is the most effective one clinically. We administer RFP to relapsed or so-called treatment resistant cases only.

We reported already that the results obtained by administering drug two days per week in a daily dose of 450 mg were almost equivalent to those obtained with a six day per week schedule.

We are investigating another regimen with low dosage, and this is the brief interim report.

## METHOD AND CASES

The patients are all relapsed despite routine treatment, and they are divided into three groups: A) Daily dosage of 150 mg, 6/week, 10 cases. B) Daily dosage of 150 mg, 3/week, 12 cases. C) Daily dosage of 150 mg, 2/week, 8 cases.

The duration of treatment was distributed between six months and fourteen months and in all instances one of the sulfones, Ciba 1906 or B663, were administered at the same time.

## RESULTS

1. The clinical improvement in Group A was the same as that obtained by daily dosage of 450 mg six days or two days a week. In four patients of Group A, the effect was marked.
2. The effect in Groups B and C was fairly good, but it was a little inferior to Group A. Complications such as ENL or iritis were far more mild in Groups B and C, however.
3. The fall in MI was good in all groups, and reached a value of less than 5% within three months.
4. There were no remarkable side effects clinically and no allergic symptoms were observed.
5. The results obtained with a daily dosage of 150 mg six days a week were fairly good, and the ENL was mild. In a low dosage regime, however, we should be on the lookout for the occurrence of resistant cases.
6. Low dosage treatment may be optimum and adequate for the treatment of cases with ENL or iritis.