

EDITORIALS

Corticosteroids in Leprosy

Cortisone and corticotrophin have a place in the treatment of the acute phases of leprosy, as recently studied by Shuttleworth,¹ and Jopling and Cochrane,² and earlier reported by Dharmendra³ and others. The great benefit of these compounds in the distressing and therapy-obstructing complications of leprosy is becoming clear, as well as in toxic drug dermatitis arising occasionally in the course of sulphone treatment. There seems no question that the use of a corticosteroid can quite transform the picture, as for example in a persistently reactive lepromatous case, or a very painful main nerve reaction, and the specific therapy can be continued throughout. All authors agree that the corticosteroids must be used with care and understanding, seeing that there are certain dangers inherent in their use, but they are being used with more and more confidence and with good results. In addition to short-term use of corticosteroids, there are some cases where they have been given for periods as long as two years.

More recently the literature contains several reports which serve to emphasize the care needed in the use of these products. Kellock and Sclare⁴ report how prednisone had been given for 2 months for a case of multiple myeloma, and a virtually symptomless acute duodenal ulcer developed, with fatal perforation. Baar and Wolff⁵ describe how pancreatic necrosis followed corticoid therapy in two children and they think it was probably due to this therapy. They believe that cortisone has an effect on pancreatic secretion and that in the presence of an unknown constitutional factor, there is stagnation of the secretion and pancreatic necrosis by a "reflux" mechanism. Allanby⁶ reports on 18 deaths associated with corticosteroid therapy in the experience of Guy's Hospital. Infection was the cause of death in 7 cases, gastrointestinal haemorrhage and perforation of 3 each. The cortisone, corticotrophin, or prednisolone therapy was given for periods varying from 5 days to 18 months, and was considered directly responsible for 11 of the deaths, and probably to have hastened the death in 3 more. Those patients who encounter added stress during steroid therapy seem to run a serious risk of adrenal failure, and at such times doses should be increased and antibiotics given in large amounts. Regular and careful observation is essential for all patients under steroid therapy.

Slaney and Brooke⁷ report that the stress of surgical operation can lead to collapse in those who have previously received cortisone

therapy, and say that there is evidence that the cortisone causes atrophic changes in the adrenal cortex which lead to adrenal insufficiency, from whence comes the state of shock after operation. In three of the authors' cases death occurred, and could only be explained on these grounds. In four other patients the state of shock was treated successfully by the further administration of cortisone, though one died later. The authors think that cortisone should be given as preventive cover to any patient who is to undergo operation and who has had corticosteroid therapy within the year, and possibly the two years preceding operation. This cortisone cover should include the operation period and be withdrawn gradually during convalescence, and they give a practical scheme of dosage using corticotrophin, cortisone, and hydrocortisone. Since this scheme of dosage was followed, 8 patients have been treated without collapse in any. They think that there is no question that operative risks are increased by antecedent administration of cortisone, and the chance of an operation being needed should be considered carefully for any patient to whom corticosteroid therapy is about to be applied.

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Is there a place for Hypnotherapy in Leprosy?

Professor Kennedy¹ recounts his experience in conditions not including leprosy, with this mode of therapy over more than 20 years. Conditions in which hypnosis is often the treatment of choice are states of recent onset in which there is an alteration or dissociation of consciousness which has something in common with hypnosis itself, such as hysterical amnesia and fugue and hysterical stupor, and similar psychiatric conditions. There are also conditions in which hypnosis is one of the methods which can be used, such as for the replacement of drugs by hypnosis in abreaction techniques applied to anxiety states, hypertension and peptic ulcer, and nocturnal enuresis. Then there are conditions in which hypnosis is occasionally strikingly successful and its use is worthy of further investigation. Such are the smoking habit, obesity, psychomatic disorders, and intractable pain, and in normal subjects, in childbirth, anaesthesia for surgical operations, stammering, and as an aid to recall of memory. Kennedy thinks that "there seems to be a case for a treatment that can remove the symptoms of which the patient complains, even if it is unsatisfactory to the therapist in terms of insight and psychopathology".

Stewart² presents the matter from the general practitioner's point of view, as also Fry,³ the first reporting on 41 and the second

on 120 cases. The method used was of fixed gazing and verbal suggestion. Leaving aside the psychoneurotic and psychosomatic cases, it is of interest to leprosy workers that they treated dermatological cases, given as eczema, psoriasis, rosacea, warts, pruritus. Most of these were associated with underlying emotional states, but not all cases. Hypnosis seemed very useful in the relief of anxiety-tension complicating an organic disease, and to replace hypnotic, analgesic, and anticholinergic drugs.

An annotation in the *British Medical Journal* which contained the above papers reminds us that most patients are fairly good subjects for hypnotism and most doctors could probably acquire a competent facility. Hypnotism apparently produces its results mainly by suggestion, yet the results of it are apt to be much better than those obtained by ordinary suggestion.

Many of us who are in clinical charge of leprosy patients might care to reflect on the applicability of hypnosis to the neuro-dermatosis that is leprosy. No only are there emotional states to be dealt with but there are the states of severe pain and paraesthesiae, and perhaps even the dermatosis itself might be amenable. Certainly the use of hypnosis would impel us to a closer understanding of our patients, and the surmounting of any barriers of race and language.

There is a Russian report of the actual use of hypnotherapy in leprosy patients, by Ilarshe.⁴ From 5 to 12 sessions of hypnotherapy were given to 15 patients, using the method of fixed gazing and a monotonous stream of verbal suggestion, and a session lasted 40 to 50 minutes. The therapeutic suggestions were of the cessation of pain, of better sleep, and of a cheerful state of mind. Of these patients 6 suffered from severe ulnar neuritis with pain in the course of the nerve. Of these, 3 lost their pain entirely and recovered the ability to sleep. There were 6 other patients who complained of distal lower limb paraesthesiae, and after hypnotherapy were relieved, but 2 patients had recurrences after 14-17 days though to a weaker degree. In them it was considered that the number of hypnotic sessions had been too few. Finally there were 3 other patients who had diverse subjective sensations of indefinite type, such as oppression over the praecordium, feelings of suffocation, and unpleasant sensations in the bladder region. Of these patients, 2 had a good result which was maintained over a period of observation of one month, and the remaining patient had subjective improvement for only a few days, after which came relapse.

The author concludes, "Hypnotherapy may be used with success in leprosia as a useful auxiliary method of treatment.

This is shown not only in cases of neuritic pains and paraesthesiae, but to an even greater degree when the psychic state of the patient is more or less strongly depressed in connection with the existence of the leprosy. In such patients suggestions of cheerfulness certainly have a favourable effect on the general background for the specific treatment, and bring best results.''

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