## INTRODUCTION OF MULTIDRUG THERAPY: TWO POINTS HIGHLIGHTED

Sir,

I read, with great interest, OXFAM's Practical Guide No. 3 on 'Question and Answer on Implementation of Multidrug Therapy'. It is a good addition to the guides already available on this subject.

The Guide has given all the necessary cautions about the preparation before introducing MDT. This needs to be emphasized in all forums and all occasions, because unfortunately there is such great enthusiasm, bordering on obsession, to introduce MDT everywhere, that all caution is thrown to the wind. Similarly in order to come out with 'wonderful' results, patients in exceptionally large numbers are being removed from active lists, again without proper and careful verification. This may serve our short-term objectives but an unusually high incidence of relapses/reinfections may occur.

It would have been useful if the Guide had dealt with contraindications about the drugs included in MDT. Though our objective is to bring every patient under MDT, the worker on the spot has to see that no adverse/harmful repercussions are encountered.

I feel that two points need to be highlighted:

1 In countries with a high prevalence of TB (or higher than leprosy), one has to be careful about dosage of rifampicin under MDT given to leprosy patients who also have tuberculosis. The dosage of rifampicin recommended for leprosy (which is much lower than the therapeutic dose in TB) should not reduce the efficacy of rifampicin as a drug for the tuberculosis.

2 Rifampicin has an effect on liver-function. Workers administering MDT have therefore to be cautious about the general health of the patient and his alcoholic habits. In fact, in those centres, which can raise the necessary resources, additional expenses in supplementing diet of undernourished patients should also be recommended. Ultimately, our concern should be total health and general well-being of every individual patient.

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