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## COMMENT ON EMETINE IN THE TREATMENT OF AMEBIASIS

*Editor's Note:* It is gratifying, and sometimes surprising, how far travel the ripples when a small stone is cast into a quiet pond. A welcome and informative letter was received from a correspondent in India in response to the case of "Fever, Chills, Hepatomegaly, and Debility" (Henry Ford Hosp. Med. Bull. 11:65, 1963). Because of its origin and pertinent comment, an abridged version of the letter is reproduced below.

Dear Doctor Haubrich:

We feel highly honored in this little 100 bed hospital in the interior of India to receive the Henry Ford Hospital Medical Bulletin. It was thus that I came across your comment on emetine in amebiasis in the discussion of hepatomegaly in the issue for March 1963, page 69.

The more one works with parasites of this type the more one realizes that there is great variety in the strains of similar parasites throughout the world. We feel this is also true of bacteria. The most graphic demonstration of the difference lies in the drug-sensitivity of the tuberculosis organism usually found in India today. There is no doubt that the same applies to larger pathogens as well. For instance, we find that Piperazine Hydrate and its allied drugs have a very slight effect on the ascarides of this part of India, in spite of favorable reports from other parts of the world. In amebiasis we find that the protozoans in this part of India are very responsive to emetine and are extremely resistant to most other forms of current treatment. Hence, our experience makes us disagree with your statement, "Emetine has been almost abandoned". At our hospital, we detect about 300 cases of vegetative ameba per year, and, including out-patients, about double that number of cyst cases. In the past 9 years, we have treated approximately 2,500 cases of vegetative amebiasis in this hospital.

By careful follow-up we have found that the most certain method, by far, in handling vegetative *E. histolytica* is to bring the person into the hospital for 10 days and have intramuscular emetine 60 mgs. with Strychnine 1.0 mgs. given each night. A blood pressure reading is taken daily, and treatment is discontinued if the blood

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pressure falls below 100 systolic. The heart is checked daily for extrasystoles. This is then followed by 10 days out-of-hospital treatment with Choroquin and Diodoquin by mouth. We have had many re-checks of these cases and find nothing to equal the above, even though we too were persuaded that emetine was old fashioned.

For *E. histolytica* cysts we find that a 5 day course of one tablet 3 times daily of Camoform (Parke-Davis) is the best. We are now trying out parallel cases with Mexaform (Ciba) but do not find it quite so satisfactory as it requires 6 tablets daily for 10 days hence, the longer treatment has less chance of being completed by a simple village patient. We have tried Chloroquin alone and Chloroquin with Diodoquin also these with bismuth and arsenical preparations which are much advertised out here. We found that they just did not bring about negative stools.

There is so much amebiasis in India that every drug company is trying hard to get the market for their preparation. Some doctors are notorious for accepting financial "assistance" from drug firms to "do research" which is far from reliable. In this atmosphere unbiased observation is hard to carry out. We do our best.

Yours fraternally,

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