Current treatment guideline by the World Health Organization against leprosy: A positive focus

Sir,

Recently, there were lots of debate going throughout the world regarding the current World Health Organization (WHO) guideline[1] regarding the treatment changes in paucibacillary and the implementation of single-dose rifampicin to the contacts of leprosy patients. For the treatment of leprosy, the WHO recommended multidrug therapy (MDT) in the year 1981 in the field. This has improved the compliance for the entire spectrum of patients as it was supplied as blister calendar pack. Since because of the persistent reactive lesion in paucibacillary spectrum and a need to shorten the duration of 12 months in multibacillary MDT, since compliance was being compromised in the postelimination era, uniform MDT concept has been evolved.[2,3]

Regarding the current treatment guideline, there was an additional inclusion of drug clofazimine along with existing drugs rifampicin and dapsone for paucibacillary leprosy (PB) for 6 months. This addition was based on the studies that have shown improvement in both clinical and histopathological changes,[4] and there are no changes in MB leprosy treatment for 12 months. The dose of drugs for adults, children in the age group of 10–14 years and children <10 years of age or <40 kg of body weight remains the same except for the change in treatment duration.

It seems to be a good move by the committee as this will help in the management of leprosy patient diagnosed at the level of primary health center or any close by field area to have a single sort of regimen with merely changes in duration. This is very much important in the above-said area as there was a deficiency of trained workforce needed both for the diagnosis and for the classification of the diseases and accordingly to provide an appropriate treatment.

There are few things that should be taken care during implementation. The addition of clofazimine will definitely the decrease the incidence of lepra reactions more practically[4] and logically. It is an anti-inflammatory drug in addition to its antibacterial activity. The only problem is hyperpigmentation that was considered as problematic in multibacillary cases that we faced in our experience. Otherwise, it is a good strategy in adding clofazimine as it is beneficial in the prevention of reaction as the paucibacillary leprosy spectrum (TT and BT). However, there is also added advantage of hyperpigmentation is that the lesion in the paucibacillary never fade out with the previous regimen. However, due to clofazimine in the current addition, there is a likely positive chance of darkening of hypopigmented patches that will give a positive psychological feel and relief.

Regarding multibacillary treatment, there is no much change in drugs or duration because of low quality of evidence in reducing the duration and fear of relapse and nonacceptability by the stakeholders. However, regarding the implementation strategy in most of the countries endemic for leprosy, it will definitely take at least a year or two based on the manufacturing duration and simultaneously the utilization of currently available blister packs in both the spectrum of diseases. In developing countries, where the prevalence and the incidence is more, the current WHO strategy will definitely be a positive hope for the field level worker in respect to misclassification problems, easy counseling and dispensing the single regimen blisters, and their follow-up.

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Conflicts of interest

There are no conflicts of interest.

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REFERENCES

1. Guidelines for the Diagnosis, Treatment and Prevention of Leprosy. Available from: http://nlep.nic.in/pdf/WHO%20Guidelines%20for%20leprosy.pdf. [Last retrieved on 2019 Jan 10].
2. Katoch K, Natarajan M, Katoch VM, Singh HB, Bhatia AS. Chemotherapy trial in paucibacillary leprosy using clofazimine. Indian J Lepr 1999;71:311-24.

3. Katoch K. Therapeutic prospects for paucibacillary leprosy. Indian J Lepr 2000;72:351-61.
4. Prasad PV, Babu A, Kaviarasan PK, Viswanathan P, Tippoo R. MDT-MB therapy in paucibacillary leprosy: A clinicopathological assessment. Indian J Dermatol Venereol Leprol 2005;71:242-5.

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