Prolonged Use of Oxytetracycline Hydrochloride with Glucosamine in Twenty-five Patients for Nonspecific Complications Associated with Pulmonary Tuberculosis

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During a previous study we had used oxytetracycline in conjunction with other antituberculosis drugs for the treatment of tuberculous infection. This study proved that oxytetracycline may be employed to great advantage as an ancillary drug along with isoniazid, streptomycin or viomycin. While using oxytetracycline in this way, and over a considerable period of time, we were impressed with its apparent lack of toxicity and also with an apparent reduction in secondary nonspecific complications such as sinus infections, bronchial conditions and the like.

Based on this experience, we decided to administer oxytetracycline in the amount of 1,000 milligrams per day, in divided doses of 250 milligrams four times a day, to a group of patients who had been plagued by such secondary nonspecific infections during the past. This adjunctive therapy was employed with no regard to the basic antituberculosis medication, and not in an effort to replace one of the antituberculosis drugs in use. In this way, oxytetracycline was added to the routine antituberculosis drug therapy in a group of 25 patients. Of these, five had to be discontinued either on account of gastro-intestinal irritation or simply having refused to accept it. The remaining 20 patients have received the above outlined medication for a period of four to six months without interruption. All of these cases have active advanced pulmonary tuberculosis and all receive routine combinations of antituberculosis drugs. Eleven are on streptomycin and isoniazid in the usual dosage; the others receive combinations of streptomycin and PAS, or INH and PAS.

The reasons for adding oxytetracycline to the antituberculosis medication in these 20 patients were: twelve had previously suffered from frequent colds and recurrent attacks of bronchitis with elevation of temperature; four had severe bronchiectasis as cause for their recurrent secondary infections, and two had chronic recurrent sinusitis. Two others had recurrent genito-urinary infections of a nontuberculous nature.

Reviewing the results of the addition of oxytetracycline to the basic antituberculosis medication in these cases, we were impressed by a considerable, almost dramatic, reduction in toxicity, and by the decrease of secondary infections and fever in most of them. As a matter of fact, the group treated with oxytetracycline fared better through the winter than those who had no known prior secondary infections and who did not receive this additional drug. Evaluating the result from a clinical point of view, the effect on secondary infections, fever, and general improvement, has been excellent in 12 of the 20 cases, and satisfactory

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in another seven. No apparent result was seen in one case, in which an unexpected breakdown of the tuberculous infection occurred with cavity formation, and this despite the intensive antituberculosis medication plus the addition of oxytetracycline.

Encouraged by the result of prolonged adjunctive use of oxytetracycline in these 20 cases, we used the same drug routinely in another 10 of our patients for simple intercurring infections or febrile attacks of unknown origin as adjunctive therapy in addition to the regular antituberculosis medication. Tentative diagnoses in these 10 cases were: severe colds in five, kidney infection in one, diverticulitis in two, and postsurgical treatment for empyema in another two. In most of them, improvement and recovery from the secondary infections was rapid and uneventful and therapy was discontinued after a period of from three days to two weeks.

Reviewing all these cases, we are again impressed by the almost complete lack of toxicity. Except for a few cases who either cannot or do not think they can tolerate the drug as far as their gastro-intestinal tract is concerned, we have found no toxic by-effects except for one case of vaginal moniliasis in a woman which may have been related to the use of the antibiotic. Urinalysis and blood counts were done routinely every month and there was no toxic effect on either one. Sensitivity studies were not carried out, but from a clinical point of view there was no reduction in the effectiveness of the oxytetracycline even after prolonged use, and no apparent intolerance developed in any of these cases.

SUMMARY

The beneficial effect of 1,000 milligrams per day of oxytetracycline along with the regular antituberculosis drugs in cases of pulmonary tuberculosis complicated by secondary infections such as sinusitis, bronchitis, frequent upper respiratory infections or secondary infections of other nature has been demonstrated.

RESUMEN

Se han demostra-do los efectos beneficios de 1,000 milligramos por día de oxitetraciclina, unida a las drogas antituberculsceneas en caso de cirugía de la tuberculosis complicada con infecciones secundarias o infecciones de vías respiratorias altas.

RESUMÉ

L'auteur a montré l'effet bénéfique de 1,000 mmg. par jour d'oxytetracycline associé aux produits antituberculeux habituels dans les cas de tuberculose pulmonaire compliquée d'infections secondaires telles que sinusite, bronchite, infections fréquentes des voies respiratoires supérieures, ou infections secondaires d'autre nature.

ZUSAMMENFASSUNG

Beschreibung der heilsamen Wirkung von 1,000 Milligramm täglich Oxytetracyklin zusammen mit den übrigen Tuberkuloseheilmitteln bei solchen Fällen von Lungen tuberkulose, die durch Sekundärinfektionen sowie Sinusitis, Bronchitis, häufige Infektionen der oberen Luftwege oder Sekundärinfektionen anderer Natur kompliziert waren.

REFERENCES


4 Dowling, Harry F.: Recent talk during a symposium by the Maryland Academy of General Practice, District of Columbia Chapter.