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so sorry that Dr Goel appeared to concur, albeit reluctantly.

Certainly the management of diarrhoea in developing countries will not be the same as in developed countries, but the central element is still fluid therapy. Dr Karan and Dr Limaye offer no evidence that Lomotil will reduce the morbidity of this severe disease, nor even that it will shorten its course. Fluid loss is of much greater importance than intestinal motility and the lack of efficacy of Lomotil in reducing frequency of bowel movements and the water content of the stools in acute childhood diarrhoea has been documented. The essential role of oral hydration in its management in all countries has been widely discussed. It is strange that Dr Karan asserts 'where children have no access ... to fluid therapy, symptomatic control becomes important', when surely a home-based electrolyte mixture is more readily available, and is safer and more effective than Lomotil. A glucose electrolyte solution can be made up correctly by mothers at village level, and has a striking effect on mortality. In this climate of opinion propaganda in favour of symptomatic control of a killing disease seems at the least unwise.

References


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Dr Karan comments:

In response to Dr Waterston's letter, I do not think that there is any argument about fluid therapy being an important element in managing diarrhea, but I am equally disturbed at his suggestion that Lomotil has little place in managing tropical diarrhea.

Lomotil is no substitute for oral fluids, but it is of symptomatic value in decreasing diarrhea at least in the tropics, whether children have been given fluids or not. Field (cited by Dr Waterston himself) stated 'Oral glucose-electrolyte therapy, however, does not decrease diarrhea', and our own study (cited in earlier correspondence) showed that in a control group given fluids alone the diarrhea was not controlled as effectively as in the three groups given varying doses of Lomotil in conjunction with fluids. The Wilcoxon method of analysis and the permutation test showed that all three Lomotil groups in our study had diarrhea for a significantly shorter time than the group given fluids alone (P<0.001).

Other workers in India and Africa have shown that Lomotil reduces the frequency of bowel movements in many cases within 24 hours) in tropical diarrhea and is safe if used as recommended, despite Portnoy's evidence to the contrary, cited by Dr Waterston. Incidentally, that study showed 12 of 39 cases to be of parasitic origin, and in 27 cases no stool culture results were available. Lomotil can hardly be of value in parasitic infections. Portnoy himself stated '... it is difficult to evaluate the meaning or usefulness of stool water content determinations in the study of diarrhoeal illness'.

Finally, I should like to stress that we do encourage the use of oral fluids, and are fully aware of their beneficial effect on mortality. However when oral fluids are made up in rural areas there is a great danger that the solution will be too concentrated or too diluted, as outlined by Sedgwick and Cutting.

We recommend that under such conditions Lomotil should be given judiciously in conjunction with fluids. We know that the drug is no panacea but it plays a valuable role in acute nonspecific diarrhea, at least in the tropics.

References