For the Practitioner

A STUDY OF 50 CASES OF INTESTINAL INFECTIONS WITH NIMAROL

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Infecive diarrhoeas of children are common disorders met with in pediatric practice and due to the rapid loss of fluids and electrolytes carries a high mortality rate. Malnutrition, poor economic status, unwholesome food, living under insanitary conditions and lack of adequate knowledge of nursing and care on the part of the mother or guardians usually predispose and are largely responsible for the greater communicability and incidence of complications that are invariably observed if therapy is instituted late. Thus the recovery rate is inversely proportional to the severity of the attack and time lag in the institution of therapy. The difficulties encountered in such cases by the clinician is the fact that an array of bacteria not usually found in diarrhoeas of adults are responsible for the diarrhoeas in children. In addition to the usual organisms of the bacillary group (not as common as suspected) and protozoa, e.g. Entamoeba histolytica, the commoner offenders are B. coli, proteus, pyocyaneus, Streptococcus haemolyticus, and Strep. faecalis, etc. Due to the rapid deterioration of the condition of the patients and difficulties to find out the type of the causative organisms and their sensitivity to the particular antibiotic drug, specific therapeutic measures can hardly be withheld for long and prompt measures have to be adopted before any serious complication threatens to appear.

With the introduction of chemotherapeutic drugs and antibiotics, therapeutic weapons have been revolutionised though much confusion inevitably appears in selecting the appropriate agent to which the particular organism is sensitive. Nevertheless it is invariably necessary that a clear distinction is to be made by routine stool examination as to the type of the disorder, whether bacillary, protozoal, helminthic or non-specific (bacterial).

The promising landmark achieved by the antibiotics requires a serious consideration in view of the recent reports about the inhibition of bacterial flora of the intestine and emergence of the antibiotic resistant staphylococci which have been responsible for a number of deaths. It is true that such resistant staphylococci can be tackled by other antibiotics supposed to be
effective against the organism but this is a time-consuming and expensive procedure which is only possible for a negligible minority of the vast number of cases met with in clinical or hospital practice.

In selecting a suitable universal remedy which will have a wider spectrum of action covering the diverse types of pathogenic organisms, one has to take into consideration the economic aspect of the treatment without seriously jeopardising or compromising on the prospect of quicker recovery with minimum complications. A clinical trial was carried out with Nimarol Syrup which is a combination of the well known antiprotozoal and antibacterial agent Enterovioform 150 mg. and the chemotherapeutic agent Formo-Cibazol 350 mg. per teaspoonful in a pleasantly flavoured syrup base.

Material and method

50 cases of diarrhoea of unknown origin with ages varying from 4 months to 12 years were selected for the study; 29 children were below two years of age, 5 between 2 and 4 years, 6 between 4 and 6 years, and 10 between 6 and 12 years. All of them except one presented the complaints of loose motions, abdominal pain, occasional vomiting but no dehydration requiring fluid therapy. One case had constipation alternating with diarrhoea, and colicky pain.

Laboratory examination of stool revealed pus cells, mucus, red blood cells and plenty of bacteria but no helminthic or parasitic infestation was noted, except in one case in which amoebae were detected.

Dosage of Nimarol was 2-3 teaspoonful three times a day for 3 days in the majority of cases. In 4 cases it was given for 6-7 days, and in 1 case for 15 days. Results of treatment were satisfactory; 21 cases were completely cured, 20 improved, 6 cases relapsed, and 3 cases did not turn up for follow-up examination.

Discussion

From the results of the clinical trial, we find that Nimarol is an ideal drug for non-specific colitis and a cure was obtained in the majority of the cases. It was also observed that the children reacted to the medication with equanimity and they tolerated it well. A few minor complaints of mild flatulence and abdominal distension were reported by the patients' attendants which were of little significance.

It has been observed that 20% of the acute cases simulating bacillary dysentery had been cured when the dosage of the drug had been gradually increased and continued for a couple of days. This obviously may be due to the smaller quantity of Formo-Cibazol in the Syrup and the cure rate would have been higher if the therapy would have been supplemented with a few tablets of Formo-Cibazol powdered and added to the syrup before administration or if the dosage of the syrup was doubled. Out of 24 acute cases under study 4 were cured, 11 improved and believed cured, 3 did not turn up and 6 relapsed. Out of 25 chronic cases, 16 were cured and 9 improved and believed to be cured. The only patient with amoebic dysentery was cured with Nimarol Syrup. Sufficient data on the therapeutic efficacy of the drug Nimarol in amoebiasis could not be obtained on account of the paucity of cases. Nevertheless, as enterovioform is an antiamoebic drug of repute and as the quantity contained