The World must Seriously Consider with Urgency the Use of Thioridazine in Combination with Conventional Antibiotics for Therapy of Extensively Drug Resistant Pulmonary Tuberculosis: Therapy Proven Effective in Argentina

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Rec date: October 31, 2013, Acc date: November 08, 2014, Pub date: November 18, 2014

Summary

During the 1950’s, the consensus among infection disease practitioners was that pulmonary tuberculosis, as a consequence of the effectiveness of the two main anti-tuberculosis drugs, isoniazid (INH) and rifampicin (RIF), would soon be globally eradicated. However, as a consequence of civil unrest, wars, poverty and famine primarily in third world countries, the incidence of tuberculosis infections increased dramatically in these countries and what was once a curable infection, became frequently resistant to INH and RIF termed multi-drug resistance tuberculosis (MDR-TB) as a consequence of poor delivery of therapy, ineffective therapy and patient non-compliance. By the late 1980’s, the emergence of HIV/AIDS contributed further to the escalation of TB especially in Western countries and coupled to large numbers of migrants infected with Mycobacterium tuberculosis, the causative pathogen of pulmonary tuberculosis, that settled in the major cities of Western countries and later presented with active tuberculosis, the incidence of pulmonary TB reached critical levels, especially in New York City where the incidence quadrupled and more than half of the isolates of the infecting bacterium exhibited an MDR phenotype. It soon became clear MDR-TB was a dire threat to global health, especially in New York City where the incidence quadrupled and more than half of the isolates of the infecting bacterium exhibited an MDR phenotype.

References


