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JOURNAL OF THE ROYAL SOCIETY OF MEDICINE

J R Soc Med. 1983 April; 76(4): 326–327.

PMCID: PMC1438961

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natna presenting under the same circumstances should be regarded as a potential pathogen? My groupings are not based on isoenzyme findings alone: they are based on clinical observations, eventually matched in blind studies to isoenzyme patterns (*see* Sargeaunt & Williams 1979, Sargeaunt *et al.* 1978, 1980, 1982*a,b,c,d*). Regarding statistics, my thesis is founded on the examination to date of 1423 subjects harbouring *E. histolytica*. Organisms expressing zymodeme I have never been demonstrated in tissue, but have only ever been found in the gut lumen.

To assess the ability of this particular organism (zymodeme I) to invade requires a prolonged study, in all age groups and both sexes. Assuming that *E. histolytica* was the only species of amoeba present in the subjects studied by Dr Robertson and his colleagues, then the presence of *E. histolytica* zymodeme I cysts (apparently not even haematophagus trophozoites) in the subjects, coupled with mucosal reaction, does not constitute a challenge to our hypothesis on zymodeme-related pathogenicity. We do not, however, deny that so far unidentified host factors may play a role in pathogenesis in exceptional cases.

P G SARGEAUNT
18 January 1983

References

Sargeaunt P G, Jackson T F H G & Sinjee A E (1982*a*) *Lancet* i, 1386
Sargeaunt P G, Porter I A & Sinton G P (1982*b*) *British Medical Journal* **284**, 507
Sargeaunt P G & Williams J E (1979) *Transactions of the Royal Society of Tropical Medicine and Hygiene* **72**, 225–227
Sargeaunt P G, Williams J E, Bhojnani R, Campos J E & Gomez A (1982*c*) *Transactions of the Royal Society of Tropical Medicine and Hygiene* **76**, 208–210
Sargeaunt P G, Williams J E & Grene J D (1978) *Transactions of the Royal Society of Tropical Medicine and Hygiene* **72**, 519–521
Sargeaunt P G, Williams J E, Jackson T F H G & Sinjee A E (1982*d*) *Transactions of the Royal Society of Tropical Medicine and Hygiene* **76**, 401–402
Sargeaunt P G, Williams J E & Neal R (1980) *Transactions of the Royal Society of Tropical Medicine and Hygiene* **74**, 469–474

Treatment of cramp

From Dr Stanley Rivlin
London NW1

Sir, The wisdom of prescribing drugs for the treatment of nocturnal calf cramp in pregnancy (December 1982 *Journal*, p 988) should be questioned.

In practically every case, pregnancy cramp arises from the presence of dilated veins in the limbs which shoot a massive amount of blood into the calf muscles when the patient flexes or extends the foot at the ankle joint when 'stretching' in bed and thus, inadvertently, using the calf muscle pump to suck this vast amount of blood from the subcutaneous tissues into the muscles.

The treatment is simple. Instruct the patient to sleep with the foot of the bed raised 9 inches. This empties the legs of excess venous blood within 10 minutes of going to bed, and the cramp ceases from that moment and does not reappear. One of the minor virtues of this method is that, in addition to being inexpensive, it is also 100% successful.

The only contraindication is the presence of severe oesophageal reflux (heartburn) and then it is up to the patient to decide which is preferable – cramp or heartburn; although, of course, the heartburn can always be mitigated by the use of an antacid.

Yours faithfully
STANLEY RIVLIN
10 January 1983

Calcium metabolism during rifampicin and isoniazid therapy for tuberculosis

From Dr W Perry
Faculty of Medicine
King Faisal University, Dammam, Saudi Arabia

Dear Sir, I should like to reply to the interesting comments of Drs Brodie and Hillyard published last November (p 919). Our paper (July 1982 *Journal*, p 533) was mainly concerned to observe a clear clinical effect on calcium metabolism in patients receiving rifampicin and isoniazid. Only nutritionally-deficient Indians had evidence of osteomalacia during therapy, whereas Europeans showed no evidence, suggesting that any effect over an 18-month period was likely to be small

Of course, a small effect may be of some importance in the Indian group, but during metabolic calcium balance the osteomalacic patients had increased intestinal calcium absorption during mid-summer. This experiment provides good evidence of normal vitamin D function during combined therapy. What it does not do is exclude a direct effect of the drugs on bone itself, for which there is little evidence at present. Brodie and his colleagues (1982) agree that the combined effect of both drugs was less than they predicted from the two drugs alone, a point which we were at some pains to emphasize, and that only the 25-hydroxycholecalciferol parameter was reduced at six months. However, their patients had also received ethambutol and thus a different pharmacokinetic situation was being observed compared to our patients on rifampicin and isoniazid alone.

The data they used from the British Thoracic Association (1981) study did show a small but

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significant hypocalcaemic effect at six months (Brodie *et al.* 1981), but if a large proportion of them were Indian we would expect a further deterioration in their calcium levels with time from pure D deficiency. The case report of rifampicin osteomalacia (Shah *et al.* 1981) was very inadequately documented (Perry 1983) and cannot usefully be cited as evidence in favour of their hypothesis.

If rifampicin and isoniazid do have an effect it must be a small one, for in our Indian D-deficient subjects it was adequately overcome by 900 units of vitamin D_2 per day.

Yours sincerely

W PERRY

28 December 1982

References

British Thoracic Association
(1981) *British Journal of Diseases of the Chest* **75**, 141–153
Brodie M J, Boobis A R, Hillyard C J *et al.*
(1981) *Clinical Pharmacology and Therapeutics* **30**, 363–367
(1982) *Clinical Pharmacology and Therapeutics* **32**, 525
Perry W
(1983) *Tubercle* (in press)
Shah S C, Sharma R K, Chitle H & Chitle A R
(1981) *Tubercle* **62**, 207–209

Globus hystericus and the masticatory apparatus

From Dr G M Ardran
Clinical Reader in Radiology
Radcliffe Infirmary, Oxford

Dear Sir, Dr Myrhaug's letter (February *Journal*, p 162) is of interest, in making the suggestion that abnormalities of the masticatory apparatus may be the cause of a feeling of a lump in the throat usually described as globus hystericus though recognized by many as infrequently due to hysteria.

I would absolutely agree that many patients suffering from lack of dentures or ill-fitting dentures will have problems with chewing and resultant indigestion. However, I do not believe that the majority of patients who complain of a lump in the throat are suffering from significant problems with their masticatory apparatus. It must also be remembered that a lump in the throat can be purely emotional and intermittent; and many individuals are cured by treatment of their gastric reflux. If 'lump in the throat' were due to abnormalities of the masticatory apparatus, one would expect the symptom to be relatively constant.

I appreciate that it is always difficult to sort out causes and effects when something is fairly common and may have more than one cause.

Yours sincerely

G M ARDRAN

10 January 1983

Unreliable 'memories' under hypnosis

From Dr David Waxman
Chairman, British Society of Medical and Dental Hypnosis

Dear Sir, I refer to the valuable and timely comments of Professor Max Hamilton (January *Journal*, p 82) concerning the recent paper by Dr Wagstaff (October 1982, p 793).

The use of hypnosis for the recall of earlier memories is far from infallible, and Professor Hamilton's important point should be extended even further. Orne (1979) shows that subjects may not only confabulate under hypnosis, but may also wilfully lie or even simulate the hypnotic state for their own purposes.

In clinical use, regression under hypnosis may on rare occasions produce an abreaction resulting in a dramatic therapeutic effect, but as Freud discovered one hundred years ago, what the subject says happened is not necessarily accurate historical fact.

This possibility should be known to all those who use hypnosis, either as a therapeutic agent or for forensic purposes.

Yours faithfully

D WAXMAN

2 February 1983

Reference

Orne M T
(1979) *International Journal of Clinical and Experimental Hypnosis* **27**, 311–341

Swimming and grommets

From Mr N J Kay
Department of Otolaryngology
Leeds General Infirmary

Dear Sir, The matter of counselling patients with grommets was rationalized from elegant hydrodynamic theory and observation by Marks and Mills (January *Journal*, p 23). However, the mode of anaesthesia was an important variable omitted from the observations of the 12 anaesthetized patients. If nitrous oxide was used, the increased middle ear pressure thereby incurred would surely impede or even reverse the movement of water within the grommet lumen (Singh & Kirk 1979). It would be important to know the number of ears examined in the anaesthetized group and their distribution on the histogram.

Yours faithfully

NICHOLAS J KAY

Reference

Singh C B & Kirk R
(1979) *Journal of Laryngology and Otology* **93**, 349–356