

Letters to the Editor

Heavy metal intoxication from homeopathic and herbal remedies

Sir,

We read with interest the paper by Keen and colleagues.¹ The case bears striking similarity to that of a 55 year old Indian man recently treated in our hospital.

For 9 months he had taken 2–4 tablets daily of a resin extract from the *Balsamodendron mukul* plant. Each tablet contained 6.5–7.5 mg of lead as well as recordable levels of mercury and arsenic. This was associated with anaemia, abdominal colic, constipation and a lead line of the gums; toxicology screen revealed grossly elevated serum lead levels on two occasions at 1,300 µg/l and 990 µg/l, respectively (normal < 50 µg/l) but no trace of other heavy metals. Intravenous and subsequently oral chelation therapy with dimercaptosuccinic acid was instituted with prompt response.

Statistics show that poisoning from homeopathic remedies is an increasing problem with Guy's Hospital Poisons Unit recording 5–15 cases per annum (personal communication). This is probably an underestimate as there is considerable evidence that subclinical cases exist with short-term exposure. The majority of people affected are from the ethnic minorities and the tablets are taken for a wide range of medical conditions. Investigations by the first and third authors confirm that the tablets, though largely manufactured abroad, are freely purchasable in the UK. There continues to be an influx of reports^{1–4} concerning heavy metal intoxication from herbal and homeopathic remedies despite pleas for standardized practice.⁵

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Cerebellar dysfunction following dextropropoxyphene-induced carbamazepine toxicity

Sir,

The interaction between dextropropoxyphene and carbamazepine was reported in the *Postgraduate Medical Journal* by Yu *et al.*¹ There are few case reports of this interaction despite the widespread use of both drugs, in clinical practice. The following case report is interesting not only in the dramatic nature of the interaction but also in the presentation of the toxic state.

A 24 year old man had been on long-term carbamazepine therapy for epilepsy and had been prescribed dextropropoxyphene for an ear infection. He presented with an acute onset of slurred speech, incoordination, marked intention tremor, multidirectional nystagmus and ataxia such that the patient could hardly stand. He had taken a total of eight tablets of coproxamol (dextropropoxyphene 32.5 mg/paracetamol 325 mg) over the preceding 24 hours.

An urgent carbamazepine level showed a dramatic four-fold increase in the serum carbamazepine concentration, which was previously within the normal range.

The patient's signs and symptoms rapidly resolved following 48 hours cessation of the carbamazepine until normal serum levels were achieved.

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Selenium deficiency, reversible cardiomyopathy and short-term intravenous feeding

Sir,

Levy *et al.*¹ reported a patient who developed a cardiomyopathy due to selenium deficiency whilst receiving total parenteral nutrition. A further metabolic derangement that should enter the differential diagnosis of such a patient is hypophosphataemia. Symptomatic hypophosphataemia is a well-recognized complication of parenteral nutrition,² and its neuromuscular consequences include dysfunction of both skeletal² and cardiac muscle.³ Phosphate levels are said to fall from the fourth day onwards in patients receiving intravenous alimentation without adequate phosphate supplementation,⁴ perhaps related to chronic respiratory alkalosis.⁵ Hence, hypo-