Letters to the Editor

Heavy metal intoxication from homeopathic and herbal remedies

Sir,
We read with interest the paper by Keen and colleagues. 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 Balsamodedron 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 concerning heavy metal intoxication from herbal and homeopathic remedies despite pleas for standardized practice.

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References


Selenide deficiency, reversible cardiomyopathy and short-term intravenous feeding

Sir,
Levy et al. 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, and its neuromuscular consequences include dysfunction of both skeletal and cardiac muscle. Phosphate levels are said to fall from the fourth day onwards in patients receiving intravenous alimentation without adequate phosphate supplementation, perhaps related to chronic respiratory alkalosis. Hence, hyp-
Cerebellar dysfunction following dextropropoxyphene-induced carbamazepine toxicity.

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