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An Optimal Revolutionary Treatment approach for The Management of MDR-TB in India and its Significance

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Abstract:

Tuberculosis is the major cause of mortality due to infectious diseases in India. The regimens available for MDR-TB in India, were in accordance with the WHO guidelines (till 2019 guidelines). The latest 2022 guidelines were not in place. The problem with the already existing regimens for MDR-TB was their long duration. Since majority of patient belongs to poor socio-economic background the long duration of therapy results in financial devastation, which in turn leads to incomplete treatment. In 2023 alone, Indian government allocated a budget of 30 billion INR for Tuberculosis elimination program. Which shows the dedication of Indian government towards achieving its Tuberculosis elimination target 2025, under sustainable development goals, five year ahead of global targets. The new regimen consists of BpaLM (Pretomanid with Bedaquiline and Linezolid, with or without moxifloxacin). While traditional MDR-TB regimens may need to be continued for up to 20 months, BPaLM regimen (new regimen) can cure the MDR-TB in just 6 months. The chance of side effects and their severity was also much higher in older regimen due to large duration of therapy whereas the new regimen will produce less side effects and high treatment success rate.

Key Words: India, Tuberculosis, MDR-TB, New regimen, Pretomanid, Bedaquiline, Linezolid

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