



National Vector Borne Disease Control Programme

Directorate General of Health Services

Ministry of Health & Family Welfare

Government of India

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KALA-AZAR OR VISCERAL LEISHMANIASIS

What is the Treatment of Kala-azar?

- Kala-azar Drugs available in India
 - Sodium Stibogluconate (indigenous manufacture, registered for use & sale)
 - Pentamidine Isethionate: (imported, registered for use)
 - Amphotericin B: (indigenous manufacture, registered for use and sale)
 - Liposomal Amphotericin B: (indigenous manufacture & import, registered for use and sale)
 - Miltefosine (imported/ registered for use & sale)
- Drug Policy under Kala-azar Elimination Programme as per recommendations of Expert Committee (2000) – *(This drug policy is under review)*

• First Line Drugs

A. Short Term

- **Areas with SSG sensitivity >90%**
 - SSG IM/IV 20mg/kg/day X 30 days
- **Areas with SSG sensitivity <90%**
 - Amphotericin B 1mg/kg b.w. IV infusion daily or alternate day for 15-20 infusions. Dose can be increased in patients with incomplete response with 30 injections

B. Long Term

- **Areas with high level of SSG resistance (>20%)**
 - Miltefosine 100 mg daily x 4 weeks (after phase III studies completed with proven safety & efficacy)
- **Areas with SSG sensitivity >80%**
 - SSG IM/IV 20mg/kg/day X 30 days
 - Miltefosine 100 mg daily x 4 weeks (after phase III studies completed with proven safety & efficacy)

• Second Line Drugs

A. SSG Failures

- Amphotericin B 1mg/kg b.w. IV infusion daily or alternate day for 15-20 infusions. Dose can be increased in patients

with incomplete response with 30 injections

B. SSG and Miltefosine Failures

- **Liposomal Amphotericin B (when final results are available with proven efficacy and safety)**

Treatment of PKDL

- SSG in usual dosages for KA could be given up to 120 days
- Repeated 3-4 courses of Amphotericin B can be given in patients failing SSG treatment

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