

# Human Use of Livestock Antibiotics

Today I wandered down to **Ohio Amish country** to check out the local feed store. They had quite a variety of antibiotics, a few of which you might consider procuring. The primary reason to use these would be to save a life when the oral route is ineffective or when a patient cannot tolerate oral meds.

The two I found most likely to be useful are Agri-Cillin (**Penicillin G Procaine** Injectable Suspension U.S.P., 300,000 units per mL) and Lincocin 300 (**lincomycin** 300 mg/mL). The Agri-Cillin I purchased cost just under \$8 for a 100 mL bottle and has an expiration date of 1 year from now. The Lincocin was about \$35. Both require refrigeration and both state “Not for use in humans.”

However, medical doctors do use both these medications in humans. Procaine penicillin is probably used most often nowadays for **strep throat**, though with the abundance of effective oral meds, its use has become less common. The adult dose for moderately severe to severe **respiratory infections, tonsillitis, or pneumonia** is 600,000 to 1,000,000 units/day via intramuscular injection for 10 days. It can also be used to treat certain stages of **syphilis, rat bite fever, anthrax** prophylaxis or treatment of cutaneous disease, and **diphtheria** (see CDC for guidelines).

As for **lincomycin**, when I used to work in **Appalachia** it was a popular choice for a variety of patients including:

1. those suffering from **pneumonia** who were almost, but not quite, sick enough for hospitalization
2. those whose compliance with oral medication was questionable
3. those who preferred injections – and there were many.

According to the (human) product insert, **Lincocin Sterile Solution** is “indicated in the treatment of serious infections due to susceptible strains of streptococci, pneumococci, and staphylococci. Its use should be reserved for penicillin-allergic patients or other patients for whom, in the judgment of the physician, a penicillin is inappropriate. Because of the risk of antibiotic-associated pseudomembranous colitis” (C diff) “before selecting lincomycin the physician should consider the nature of the infection and the suitability of less toxic alternatives (eg, erythromycin).” Some cross resistance has been noted between clindamycin and erythromycin, meaning if either of these antibiotics are not effective, Lincocin may not work either.

**In my personal experience**, this drug worked great! I'm not really sure why I've never seen lincomycin used in Ohio. I haven't used it myself since I left Kentucky. The adult dose is 600 mg IM (= 2 mL injected intramuscularly) once daily for serious infections, or twice daily for very serious infections. It can be used in **pediatric patients** over 1 month of age at a dose of 10 mg/kg (5 mg/lb) every 24 hours for serious infections, or twice daily for very serious infections. I have never used this drug in children – mostly only in **sick COPD patients**. It should be reserved for **life-threatening infections** and is not the first line treatment for anything. However, it could indeed be life-saving at TEOTWAWKI.

**This gives you two excellent, inexpensive antibiotic choices to stockpile for serious infections**, neither of which requires a prescription. Though the expiration date may only be one year hence, if the medications are refrigerated properly the shelf life may be considerably longer.

Unfortunately, the FDA may change the rules (see article below) and I can't say how long these will be available without a prescription.

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