

ETHYOPATHOGENIC APPROACH OF THE
THERAPY IN CHRONIC DISCOID LUPUS
ERYTHEMATOSUS AND ICHTHYOSIS

By [Faded Name]

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by Pavel Kozak*

Being concerned with the unsatisfactory response of the patients to the therapies currently applied in certain skin diseases we started the study of daily picture in the evolution of these disease and succeeded to establish a series of therapeutic patterns in certain dermatoses as : eczema, prurigo, psoriasis, cutaneous porphyria, progressive scleroderma, chronic lupus erythematosus, ichthyosis, etc.

In the order to fundamentate from the point of view of aethyopathogeny the therapeutic patterns applied in our works we studied the following aspects : enzymatic metabolism in certain amino acids the metabolism of glicolysis and serum proteins, immunopathologic behaviour to exogenous and internal antigenous stimuli, acid-base equilibrium, distribution of certain oligoelements and certain hemostasis disturbances occurring in the diseased organism as well as in the normal disease affected skin; the specific changes were established in case of each disease.

A basic principle of our therapy consists in the diet which is to be appropriate to the clinical forms of the disease. We noted that the diet is doubtless involved in the onset and maintenance of cutaneous diseases. The food and food preparation are the source of certain noxious elements negatively acting upon the complex mechanism involved in the maintenance of a normal skin structure. Besides the adequate food source a normal digestion and complete, equilibrated absorption are necessary.

On the basis of this approach we applied, besides the specific, original therapy a diet appropriate to the disease as well as recovering digestive based on medicinal herb extracts.

The general therapeutic pattern consists of :

- internal treatment consisting in orally administered tablets (cachets

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containing active ingredients);

- external treatment consisting of lotions and creams containing active ingredients;

- a diet according to the above mentioned principles (comprising indications and contraindications specific to the clinical forms of the disease).

The topical creams are applied either associated or without a compress; in case of the last, the covering is chosen according to a certain structure.

A detailed clinical and biological study on chronic discoid lupus erythematosus and ichthyosis was conducted with a multi-disciplinary research team working under the control of a Commission of the Romanian Ministry of Health.

The therapy applied in these diseases was conducted mainly according to the following patterns :

In CHRONIC LUPUS ERYTHEMATOSUS the drug therapy consisted of :

1. Orally administered cachets containing a white synthesis antimalarial applied in small dosis, associated with 3 organic compounds diminishing the secondary effects of the antimalarial.

2. Creams based on plant extracts with antiphlogistic effects;

3. Teas made of a mixture of drugs with hepatotropic and choleric effects;

4. Natural diet.

In ICHTYOSIS

1. Cachets containing certain L-amino acids, prostaglandins with cutaneous effects and liposoluble vitamins;

2. Cream with keratolytic and vasodilatatory effects;

3. Natural diet.

Considering both the cases followed by our team for a period of 5 years and the cases comprised in the above mentioned clinical study we are now in the position to mention the very good results obtained in the chronic discoid lupus erythematosus.

In the chronic discoid lupus erythematosus the starting treatment lasted for a period of 1-3 months while the maintenance therapy ranged between 3-6 months. A total number of 600 patients were under our care. Among these 15 pc become recurrent during the first year of therapy. The recurrences were of a much lower intensity considering the type of clinical lesions and were removed in a much

shorter period (30-45 days) and with the application of much lower doses of drug. Recurrency cases were recorded in 5 pc of the patients in the second year of therapy yet the disease removal was performed in these patients only by local therapy. All the cases subject to control 5 years after the onset of therapy were free of clinical symptoms.

Drug tolerance was perfect. The patients exhibiting initial biological and clinical signs of hepatic or digestive disfunction, were equilibrated at the end of the rapy.

Ichtyosis : a number of about 200 diseased patients were treated in the last two years. The starting treatment lasted for 2-4 months while the maintenance therapy for 6-8 months. Desquamation persisted for a longer period in 10 pc of the patients requiring a therapy of about 12 months especially in the patients exceeding the age of 18 years.

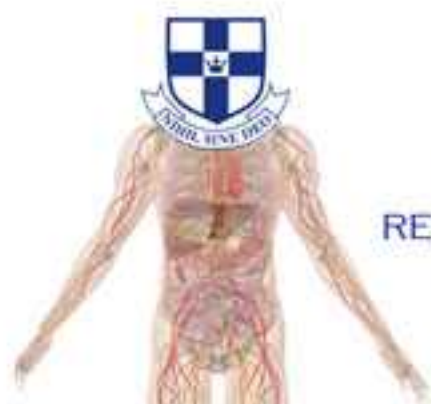
Drug tolerance was very good.

A comparison of the clinical results reached with our treatment with those obtained by the "classical" therapy applied in our country evidenced the following advantages :

- the healing of the tegumentary lesions is more evident and exhibits a higher stability;
- the maintenance medication may be discontinued after the clinical involution of the disease.

Conclusions

1. Our new therapeutical means are based on detailed pathogenetic studies which open new prospectives in the treatment of the cutaneous diseases;
2. The applied medication has no important contraindications and may be administered to the great majority of diseased patients;
3. The mentioned therapeutical patterns are prone to be subsequently improved and are able solve completely and for very long periods certain skin diseases.



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