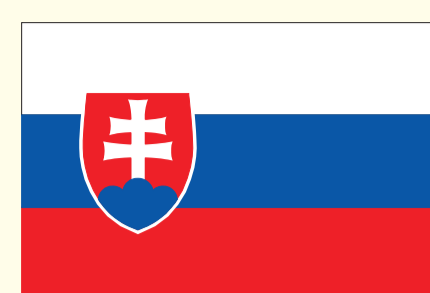


THE USE OF PREPARATIONS CONTAINING GLYCYRRHIZINIC ACID AND ALOE VERA IN DERMATOLOGIC PRACTICE - ACNE VULGARIS THERAPY



Zelenková Hana, Stracenská Júlia
Private Dept. of Dermatovenerology, Svidnik, Slovak Republic

Acne vulgaris – is one of the most common diseases, and as for its therapy, also one of the conditions that are the hardest to influence therapeutically. The number of patients aged 12 – 25 affected by this disease is growing constantly. Dermatologists daily encounter a number of cases of acne, from the mildest up to the most complicated ones. Within the past few years there have been significant changes observed within the approach towards acne vulgaris therapy. The therapy of acne vulgaris clearly requires individual and sensitive approach.

- **Topical therapy** – with alcohol solutions containing ERY, TTC, salicylic acid, resorcinol, Ichthamol, sulphur, potions and gels containing benzoyl peroxide, azelaic acid, retinoids, etc
- **Systemic therapy** – with antibiotics, retinoids, contraceptives in women; however, the indication must necessarily consider the **benefit: risk ratio**
- After the acute condition of the disease has been tackled, dermatocosmetics ought to be applied. Lately, the return of natural and traditional therapeutics has been observed. Latest research has repeatedly proven the possibility of successful employment of glycyrrhizinic acid and Aloe in topical therapy of acne vulgaris.

Glycyrrhizinic acid (Glycyrrhizin, GL) - total effect:

- Anti ulcerous
 - Anti inflammatory
 - Anti bacterial
 - Anti-viral (inhibition of DNA and RNA viruses) – varicella zoster, HIV, influenza A,B, herpes simplex, hepatitis
- Decreases the number of comedones

Aloe vera – total effect

- SHOWS ANTISEPTIC AND HEALING PREPERTIES
- Counteracts the action of dermal bacteria; dissolves the fatty deposits which obstruct the pores; destroys the dead cells so that they can be eliminated; and regulates the pH in the three layers of the skin (epidermis, dermis and hypodermis),
- ACTS AS AN INTEGRAL DERMAL REGENERATOR, its natural nutrients help regenerate the cells of all the skin layers
- Acts as a deep, protective moisturiser



GRANEX

Granex®-Catalysis, S.L., Madrid

The synergic effect of Aloe Vera and Glycyrrhizinic Acid, two natural substances, both boosted by molecular activation, is the main reason why GRANEX® demonstrates such a strong effect against pimples, comedones, black and white heads and skin blemishes.

Granex® - international, prospective, randomized, controlled multicentre study
Diagnosis - Acne vulgaris – papulopustulosa. Local finding assessment: prior to commencement of study, after 4 and after 12 weeks of therapy (Cook's acne grading scale 0 – 4). Monitored morphs: open comedones, closed comedones, papules, pustules - in exceptional cases

Tab. No 1 - Granex® international, prospective, randomized, controlled multicentre study - Basal date

Work place – 11 Centre	5 Centres in Slovakia, 6 Centres in the Czech Republic
Period of study	January 2006 – May 2006
Number of patients	110 (37 male, 73 female)
Average age	18.13 years
Acne	Cook's acne grading scale 2 (9 patients), scale 3 (19 patients), 4 (4 patients)
The disease persisted	14 months the average (4 months the minimum, 36 months the maximum)
The duration of present episode	3 months on the average
Average healing time	6 weeks
Average number of applications	3x per day

Tab. No. 2 - Granex® international, prospective, randomized, controlled multicentre study - results

Healing	in 79 patients (72.48%)
Improvement	in 30 patients
Assessment of facial manifestations	Reduction of inflammatory manifestations within 14 days by 2/3
Tolerability	excellent, very good
Therapy discontinuation	1 patient (due to an allergic reaction)
Adverse effects	Moderate erythema, scaling (short-term)
Satisfaction with the therapy	79 patients were very satisfied, the therapy was satisfactory in 24 patients, 6 patient were dissatisfied
Note	The case of acne juvenile showed most significant effect

Assessment of facial manifestations: the number of non-inflammatory lesions was counted at inclusion into the series of patients and after 2 weeks. In 75 (68.18%) patients there was a 75% reduction in that number. The number of inflammatory lesions was reduced by 2/3 after 8 days, and in 79 (72.48%) patients there was full clearing of all inflammatory manifestations towards the end of the monitoring period, in 24 (22.02%) patient the condition improved significantly.

The tolerability of Granex®, Catalysis, S.L., Madrid, Spain was excellent or very good in 109 patients. One patient discontinued the therapy.

Adverse effects of Granex®, Catalysis, S.L., Madrid, Spain were observed in 22 patients and included slight erythema, scaling and development of open comedones at the beginning of therapy. In one female patient the application of Granex® caused an allergic reaction (verified via testing later on).

The success of therapy with Granex®, Catalysis, S.L., Madrid, Spain was assessed as very good in 100 (90.91%) patients and considered good in 10 (9.09%) patients by all the therapists.

Patient satisfaction: 95 (87.16%) patients were very satisfied with the therapy due to the rapid effect onset and the comfort of application, 14 (12.84%) patients considered the therapy satisfactory, or indifferent and one female patient discontinued the therapy.

Discussion

In 79 patients there was extensive clearing of inflammatory lesions (72.48%) and in 24 patients (22.02%) there was significant reduction in the manifestations with only small residues left. In order to achieve total clearing of inflammatory as well as non-inflammatory morphs, the application duration of Granex®, Catalysis, S.L., Madrid, Spain would have to be prolonged to at least 3 months.

Since the patients were undergoing topical therapy with Granex®, Catalysis, S.L., Madrid, Spain, only, we attribute the betterment of the disease to the application of this product. Control swabs taken from residual foci of papulopustules and pustules only showed Staphylococcus epidermidis in one case. In the rest of the patients there was no colonisation.



Before



After 14 days therapy



Before



After 28 days therapy



Before



After 21 days therapy

Granex®
- therapy effect



Before



After 21 days therapy



Before



After 16 days therapy