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Features Of The Use Of Antioxidant Drugs In The Treatment Of Psoriatic Disease

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ABSTRACT

Psoriasis is a chronic non-infectious disease of a multifactorial nature, which often occurs in the form of rashes and peeling of the skin. Psoriasis occupies a significant share in the dermatological structure of diseases at the present time. [1, 2]. Despite the numerous scientific studies conducted by scientists in many countries regarding the etiology, pathogenesis, clinic and treatment of psoriasis, there is still a question about the main cause of the disease.In a significant number of patients with psoriasis, lesions of the nervous system, cardiovascular, gastrointestinal pathology, pathology of the genitourinary system, as well as, often with damage to the articular systems of the skeleton together with disorders of the immune system, were revealed. All this indicates the multifactorial nature of the disease. In this regard, the search for optimal drugs that would affect several pathogenetic links of the disease is currently underway. [3, 4,]. Therefore, today, we consider this issue relevant.

KEYWORDS

Psoriasis, chronic, disease non-infectious disease, antioxidant therapy, drugs.

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INTRODUCTION

Psoriasis affects about 4% of the world's population. It can develop at any age from birth to old age, but most of the manifestations of psoriasis are observed at a young age. This is evidenced by the fact that 70% of patients develop psoriasis before the age of 20. Psoriasis is an abnormal reaction of the body to external stimuli, in which the upper layer of the skin dies off much faster than normal in certain areas of the body. If usually the cycle of division and maturation of skin cells occurs in 3-4 weeks, then with psoriasis this process takes only 4-5 days. Morphological elements in psoriasis are flaky itchy plaques of various sizes and can be located on different parts of the body: elbows, knees, scalp or other parts of the body. Most scientists believe that psoriasis is a hereditary multifactorial disease: it is based on not one, but a whole complex of causes – immunological changes, metabolic disorders, concomitant endocrine and neurological disorders. [5, 6,]. And it is also possible to say with confidence that psoriasis is not an infectious, and therefore not a contagious disease. The causes of psoriasis have not yet been definitively found. In this connection, there are several theories of the origin of psoriasis According to one of the theories, there are two types of psoriasis:

- Type I psoriasis is caused by inherited disorders of the immune system. This form of psoriasis affects about 70% of people, while the disease manifests itself at a young age, from 16 to 27 years.
- Psoriasis type II occurs in people over 40 years of age. In this type of psoriasis, it is not inherited and is not associated with disorders in the cells of the immune system. Psoriasis type II more often affects the nails and joints. psoriasis type I – skin[8, 9].

Proponents of another theory believe that the cause of psoriasis is exclusively a violation of the immune system caused by various factors: stress, cold climate, infectious diseases or poor nutrition. The facts are given that the exacerbation of psoriasis can be a consequence of the use of alcoholic beverages, beer, champagne, strong alcoholic beverages. The use of products containing vinegar, pepper, chocolate, also worsens the course of the disease and can cause an exacerbation of psoriasis. According to this theory, psoriasis is a systemic disease. This means that with serious disorders of the immune system, the process can spread to other organs and tissues, for example, to the joints. As a result, psoriatic arthritis can develop, which is characterized by damage to the small joints of the hands and feet.

The aim of the study was to Determine the clinical efficacy and safety of antioxidant therapy in the treatment of patients with psoriasis

MATERIALS AND METHODS

We observed 60 patients with a vulgar form of psoriasis, including 44 women (70.0%) and 16 men (30.0%), aged 20 to 55 years, with a disease duration of 4 to 15 years. All patients underwent a dermatological examination prior to treatment, which revealed the following localization of lesions in psoriasis: on the extensor surface of the upper limb in 30 patients (50%), on the scalp in 12 (19.8%), on the extensor limbs of the lower limbs in 6 (9.9%), on the skin of the genitals in 6 (9.9%), on the back in 3 (9.9%). Severe common course of psoriasis was observed in 42

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patients (69.3%), moderate severity - in 4 (6.6%), mild – in 14 (23.1%). All the patients who came to us complained about: seasonality (periodic exacerbation of the disease, especially in the autumn-spring periods), exacerbation of the disease with nervous stress, and often not the effectiveness of previously received medical procedures. All patients underwent a general blood and urine test, a biochemical blood test, and ultrasound diagnostics of internal organs. The results of the tests gave the following figures: 20 of the 60 patients, the increase pechenocna enzymes and bilirubin, in 30 of 60 increase in alkaline phosphatase,and 10 of the 60-level rise thymol sample. Taking into account the violation of the biochemical parameters of the blood of all patients who were under our supervision, we came to the decision to add, in complex therapy, the safest and most effective antioxidant drug "Stronger-neo" Minofagen-S.

Active Ingredients: Stronger Neo-Minophagen (SNMC) is an injectable preparation of Glycyrrhizin, an extract of the saponin component found in the roots of Licorice (dried roots and rhizomes), which grows in the northwest region of China. Chemically, Glycyrrhizin inflate is a compound of glycysyrinic acid and two glucuronic acid molecules.

Composition 20 ml contains: Monoammonium Glycyrizinate (GL) 53 mg (as glycyrizine 40 mg) Glycine (JP) 400 m, L-Cysteine hydrochloride 20 mg

Indications for use

- Improvement of liver function in chronic liver diseases;
- Eczema, dermatitis, urticaria, itching (the historic centre), overdose or toxicodermia, stomatitis, scabies (strophulus), psoriasis, baldness, phlyctena. Basic Pharmacological actions.

Anti-inflammatory drugs/. Anti-allergic effects. Anti-allergic effect. Inhibition of the Artus reaction and the Schwartzman reaction. The increase in the inhibitory activity of members of stress reactions, antagonism to anthrolations action therapy atiii thymus, calling largura. Slowing down the action of arachidonic acid in the chain, slowing down the phosphorylation of intracellular factors such as PLA2, lipoxygenase, and lipocortin. Stabilization of the cell membrane (cytoprotective effect). Effect on the infiltration of white blood cells. Modulating the immune response. The effect of controlling T-cell activation; The stimulating effect of interferon is the effect of NK cells (natural killer cell)-cells; The effect of giving strength to T lymphatic cells; The effect of increasing the production of Cytokines (IL-2, IL-10, IL-12). The effect of increasing the activity of the internal glucocorticoid. The effect of increasing the growth of hepatocytes. Antioxidant effect. Depending on the therapy, the patients were divided as follows: group 1 (30 patients) received basic therapy using glucocorticosteroid drugs orally (prednisone 60 mg per day – 20 days, with a gradual dose reduction of 4 mg every 10 days); group 2 (30 patients) received a course of therapy using the antioxidant Stronger Neo-Minophagen (SNMC) intravenously with saline solution for 10 days.

In combination with the main therapy, patients of both groups were treated with local epithelial and anti-inflammatory agents

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(Dermovate ointment, Betasalik, Elokom, 2-3% salicylic ointment).

RESULTS

In patients of both groups, before the start of the recommended complex therapy, the main clinical manifestations of the disease were characterized by the growth of elements on the periphery, the fusion of papules into plaques. The elements are bright red in color, covered with abundant silver-white scales. An inflammatory corolla of peripheral growth erythema, devoid of scales, was observed around the plaques. As a result of the treatment, in the first group, remission was observed in 20 patients (68.97%) on the 9th day of treatment, significant improvement-in 9 (31.03%) on the 11th day, without effect – in 0 (0%). A slight positive trend was observed on day 11-12 of treatment. The complete disappearance of symptoms was noted only after the completion of the full course of treatment. Adverse events were reported in all patients, regardless of the outcome of therapy. Dyspeptic phenomena in the form of nausea, vomiting, decreased or increased appetite were observed in 13 patients (79.31%), rhythm disturbances – in 6 (55.17%), arterial hypotension – in 11 (37.93%). After the end of complex treatment with the use of a glucocorticosteroid drug, remission was observed in 4 patients (6.90%), mild severity – in 10 (17.24%), moderate severity – in 4 (41.38%), severe psoriasis was observed in 12 patients (34.48%). In psoriasis patients, remission was observed in 22 patients (72.6%), mild severity in 5 patients (16.5%), moderate severity in 3 patients (9.9%), and severe disease was observed in 0 patients (0%) 3 months after the end of complex therapy using the antioxidant drug strong-neo.

CONCLUSIONS

The complex method of therapy developed by us, including the drug Stronger Neo, demonstrated higher effectiveness in the treatment of the progressive stage of common vulgar psoriasis, which was expressed in the acceleration of the relief of clinical manifestations of a specific process. As a result of the treatment method, the high clinical effectiveness of the antioxidant drug stronger-neo in the treatment of all forms of psoriasis was established, which was expressed in a rapid decrease in anti-inflammatory phenomena and a decrease in subjective sensations in all patients, which contributed to improving the quality of life of patients.

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