BLUE-CAP IN THE TREATMENT OF: ECZEMAS, SKIN DISORDERS CAUSED BY SUN RADIATIONS AND OTHER 10 TYPES OF DERMATOLOGICAL DISEASES.

Analysis of results of 181 cases treated with BLUE-CAP.

Studies carried out by the Dermatological Department of the Second Hospital, associated to the College of Physicians of KUN MING,

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SUMMARY.

BLUE-CAP has been used in the treatment of 10 different kinds of dermatological diseases in 181 patients. The skin disorders submitted to the mentioned treatment were the following ones: 77 cases of eczema, 64 cases of psoriasis, 28 cases of several types of rashes caused by sun radiations and 12 cases of other different dermatological processes. The General Effectiveness Index has been 98.3%, at the same time that the Healing Index has been 83.4%.

149 patients (82.3%) started to display evident signs of improvement within 3 days after they commenced the treatment. During this treatment several secondary effects have been detected, such as:

55 patients out of 181 (it means a 30.38%), suffered a slight skin dryness all over the area of application of the medicament. 9 patients (4.97%) underwent a strong sensation of tickling, whereas the rest of the tested patients finished the treatment successfully. Doctors recommend to spread the scope of clinical trials of BLUE-CAP and to continue doing research into the mechanism of action of BLUE-CAP.
BLUE-CAP: AN ESSENTIAL MEDICAMENT FOR THE TREATMENT OF DERMATOLOGICAL DISEASES.

Since the sphere of action of BLUE-CAP SPRAY is perfectly delimited into the application area of the medicament, the only secondary effects which have been detected are slight external irritations in the application area.

Although during the last years, many doctors have used this product abroad for the treatment of dermatological diseases such as skin rashes, Tinea Versicolor and seborrhea, the clinical trials on BLUE-CAP are still rather scarce in the Chinese Popular Republic. My department commenced to attain clinical trials of BLUE-CAP in 1995, applying it in cases of psoriasis, diverse external affections of the skin, such as eczema, and different rashes of the skin which are caused by sun radiations. In all those cases a good general result was obtained.

In order to make easier the spreading of the sphere of studies with this product, next we will expose the results of the clinical trials carried out with BLUE-CAP.

CASAS AND TREATMENT.

Documentation about the tested cases.

Number of cases: 181
Sex: 121 male and 60 female.
Age: The age of patients ranges from 15 to 83 years old.
Time of treatment: 10-43 days.

Among all the treated cases, 77 patients presented eczema (8 acute cases, 29 subacute cases and 40 chronic cases); 64 cases of psoriasis (59 cases of the common type and 5 cases of the pustular type); there were 28 cases of diverse types of rashes caused by sun radiations, too, as well as 12 cases displaying another dermatological disorders.

All patients came from the Dermatological Department of the Second Hospital, associated to the College of Physicians of KUN MING and from the Dermatological Department of the Pang Long district Hospital (city of KUN MING). Patients were either admitted to hospital or managed to visit the hospital regularly. Every chosen patient showed representative and evident symptoms of each disease and didn’t suffer either any affection in kidneys, heart and liver or cardiovascular diseases. Every single case appears in Table I, as well as the affected area of each patient.

Treatment:

BLUE-CAP (CATALYSIS, S.L.) has been employed in patients admitted to hospital who have been watched over every day of treatment and in patients non admitted who were treated with the medicament once a week, taking an advantage of their weekly visits. The treatment lasted 4 weeks.
Criterion for the results:

- **Total recovery.** The anomaly of the skin has disappeared completely, and the sensation of tickling has not repeated.

- **Evident improvement.** The anomaly of the skin has disappeared in more than a 75%, as well as there is an evident sign of improvement.

- **Improvement.** The anomaly of the skin has disappeared in a 30-70 %, whereas tickling has decreased.

- **Without results.** The anomaly of the skin has disappeared in less than a 30 %.

Results:

Time taken by BLUE-CAP to show its effect is explained as follows:

In 149 cases (82.3%), BLUE-CAP began to cause an evident effect within 3 days; 65 cases (35.9%) showed an evident effect decreasing the tickling sensation the following day. In 12 cases the medicament didn’t start to develope its effect until 4-5 days after the first application of the treatment. 109 cases displayed an evident improvement within 2 weeks and only in 3 cases the patients couldn’t stand the irritation caused by the medicament and therefore the treatment had to be interrupted.

ANALYSIS OF THE RESULTS: The cases of total recovery were 93. Evident improvement cases were 68, whereas improvement cases were 7 and there were 3 cases without results. The Evident Effectiveness Index was 83.4%, whereas the General Effectiveness Index was 98.3% (see Table II). For analysing symptoms in every case, see Table III.

SECONDARY EFFECTS: In 55 cases, patients showed dryness in their skin, a slight chapped surface in the treated area and unimportant external irritation in the skin during the period of time comprised from the third day to the ninth one. All these symptoms were external and slight, and so most patients could stand them without any problem. Only in 3 cases, the patients could bear the symptoms no longer and the treatment had to be interrupted. 9 cases showed slight symptoms of Keratosis and Follicularis Papula as well as an unimportant irritation of the Folliculus Pili.

No other secondary effects were detected during the treatment.

General Aspects:

The main compounds of BLUE-CAP are Zinc Pyrithione (0.2%). Zinc Pyrithione is an antibacterial and antifungal agent and it has been used recently for the treatment of Tinea Versicolor. In the last 10 years, this compound has been found to have
a high effectiveness to fight against the Hyperplasia in cells of the epidermis (the most superficial cells of the skin), since it is able to retard this process of the epidermic cells.

It also combats the Keratosis and makes easier the regeneration of epidermis and complexion, without affecting the new cells. For that reason, it has an excellent result in the treatment of dermatological diseases, such as psoriasis. Our department has been using BLUE-CAP SPRAY for 2 years for the treatment of dermatological processes, including psoriasis and 10 types of dermatological disorders.

The general results are positive (see Table II). BLUE-CAP has a splendid effect for the interruption of the tickling sensation and a strong power to fight the erythema-papula, as well as it owns a very high effectiveness against other chronic skin disorders, such as liquenification of plaques or papule processes (see Table III). BLUE-CAP effect is very quick, as demonstrated by the fact of the improvement showed by 119 patients (82.3%) within 3 days after the beginning of the treatment, whereas 65 patients (35.9%) started to have initial signs of recovery the following day.

To summarize, we think that BLUE-CAP has the following advantages:

1.- The action effect is perfectly delimited to the treated area and works very fast.
2.- It doesn’t damage the Cortex Steroid Hormones of the epidermis.
3.- It has not any secondary effects than slight irritations in the applied areas, which resist properly.
4.- Its presentation in form of spray, makes very easy its use.

The following study demonstrates that BLUE-CAP owns a retard effect in the Hyperplasia of the epidermic cells, and also it may have a high effectiveness against general dermatological diseases (not well defined). Thus, this product has caused beneficial effects in certain different cases of dermatological disorders.

For that reason, when ending the study of BLUE-CAP, we recommend to continue with the treatment based in this product in different cases, taking into account the characteristics of the disease. We suggest that clinical trials with BLUE-CAP should be continued and it would be interesting to increase the sphere of these studies and carry out a deeper research into the mechanism of action and secondary effects of BLUE-CAP.