

Management of Eczema with Active Specific Immunotherapy and Super Transfer Factor: A Case Report

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Abstract

Nummular eczema is an inflammatory skin disease characterized by coin-shaped, well-delineated, erythematous plaques with lesions which may manifest as papules or vesicles. This case report presents a case of nummular eczema on a male patient treated with corticosteroids without any signs of improvement. Thus, alternative and complementary treatments of FCTI Active Specific Immunotherapy (ASI[®]) therapy and MF+“Mito Organelles” Super Transfer Factor (MO STF) were prescribed for the treatment of nummular eczema. By the combination of both therapies, both ASI and STF could successfully modulate the immune system and healed the skin lesions, hyperpigmentation and erythematous plaques. This effective method could serve as a promising alternative in the management of nummular eczema.

Keywords: Eczema; Transfer factor; Immunotherapy; Vaccine; Active specific immunotherapy

Introduction

Eczema is a type of inflammatory skin condition involving the epidermal and dermal layer caused by exogenous or endogenous stimuli. Greek physician Aetius of Amida (6th Century AD) first defined the term eczema (Greek=ekzeo), meaning to boil or effervesce the soup in a kettle. In general, the nomenclature and clinical diagnosis for eczema and dermatitis are not standardized and are often used interchangeably [1,2].

This paper classified eczema based on their clinical patterns, causes and associated findings [3,4]. Most of the types of eczema share general clinical characteristics, with distinguishing markers of each different types of eczema [5].

As a widely accepted definition, eczema is characterized by itching, papulovesicular dermal lesions, skin scaling, crusting, lichenification, often pigmentation and the common dermatological signs of eczema are spongiosis, acanthosis, parakeratosis and lymphocyte infiltration [6]. Eczema is divided into two major types: endogenous (constitutional) and exogenous (contact) dermatitis. The later includes irritant, allergic and photo dermatitis. Endogenous (constitutional) eczema includes atopic dermatitis, seborrheic dermatitis, discoid eczema also known as nummular eczema, pompholyx, and varicose eczema. Other forms of eczema include neurodermatitis, pityriasis alba, asteatotic eczema, hypostatic eczema, keratolysis exfoliative, lichen simplex chronicus (LSC), nodular prurigo [5].

Normally, treatment of eczema consists of eliminating factors that possibly could aggravate dermatitis and cause flare up, life style changes and effective stress management, use of suitable moisturizing skin care products, avoiding hot baths, application of hydrocortisone cream, calamine lotion, antihistamines, corticosteroids, and light therapy (ultraviolet light).

It is senseless to contemplate on the efficacy and success rate of the available therapeutic modalities in treatment of eczema. The undeniable fact is that all conventional treatments are a failure and in most of the cases patients are left to deal with eczema on their own. Needless to say those symptoms of eczema are capable of causing tremendous tortures and carry detrimental effect on quality of life.

Eczema is caused by combination of various factors-genetics, environment and impairment of immune system. Thus, proper treatment should target these three factors, as much as possible, unlike conventional methods that only aim to reduce symptoms while causing numerous adverse effects in a long run. It is nearly impossible to routinely resolve genetic predisposition to eczema, however it is likely possible to eradicate environmental factors causing its flare up. Efficient

treatment of dermatitis is impossible without skin care containing chemicals being completely eliminated from patient's daily use. We strongly advocate exceptional use of natural organic chemicals-free skin care products. Finally, it leaves us with the last component of etio pathogenesis of eczema to deal with impairment of the immune system. Recent studies suggest that eczema is mainly an autoimmune disorder. It is known that pruritus is caused by increased interleukin levels (in particular Interleukin-31), hence the attempts to treat it with monoclonal antibodies. Profound analysis of etiology and pathogenesis of eczema forced us to consider biological immunotherapy with biological response modifiers and active specific immunotherapy (ASI). In our busy global practice of biological medicine we actively employ Transfer Factors-leukocyte dialysates-a link between interleukins and antibodies able to perform functions of both carrying messages from cell to cell similar to interleukins and also binding to antigens like antibodies. Clinical efficacy of Transfer Factors as immune modulating agents is well established by decades of research and practical application. As for the ASI, autologous vaccines have been widely used in management of allergies, autoimmune diseases, immunodeficiency, and even cancer.

In the present study, we report the therapeutic effect of FCTI ASI® therapy and MF+“Mito Organelles” Super Transfer Factor (STF) in treating in a 31 year old male patient presented with nummular eczema. Nummular eczema presents with coin-shaped, well-delineated, erythematous plaques and symmetric patches commonly shown on the extensor aspects of extremities. Lesions start as solid plaques which may manifest as papules or vesicles and are often associated with pruritus; or may progress into dry, scaly, and lichenified skin in chronic plaques [3,7].

Case Presentation

A 31 year old male presented to his medical practitioner with a chief complain of itchiness and redness with clear weeping at the upper and lower torso and was prescribed with topical betamethasone and aqueous cream. Two weeks later, the itchiness worsen and with outbreak of new reddish lesions and a weeping discharge covering the body torso, upper and lower extremities. He was diagnosed with nummular eczema and was prescribed with uphalexin, zevin, promethazine, potassium permanganate and skin condition improved. Skin lesions reappeared when the course of medication given previously was completed. He was then given a new course of treatments comprising prednisolone, topical betamethasone, aqueous cream and promethazine for a period of two months.

Patient suffered from nummular eczema for a period of five months (July-November 2016) without any skin improvement by the application of lotions and topical corticosteroids. He then presented himself in our Biological Wellness Clinic with nummular eczema spreading the whole body torso, upper and lower extremities (Figures 1-5). Based on the patient's history and physical examination, FCTI ASI® therapy and MF+MO STF were prescribed. Along with that, as a part of European Wellness Center's paradigm counseling, stress-management

program and life-style changing guidance (switching to organic chemical-free shower cream and skin care products) were provided.



Figure 1 Coin-shaped lesion and erythematous plaques on right upper body region. A) Before treatment B) After treatment.

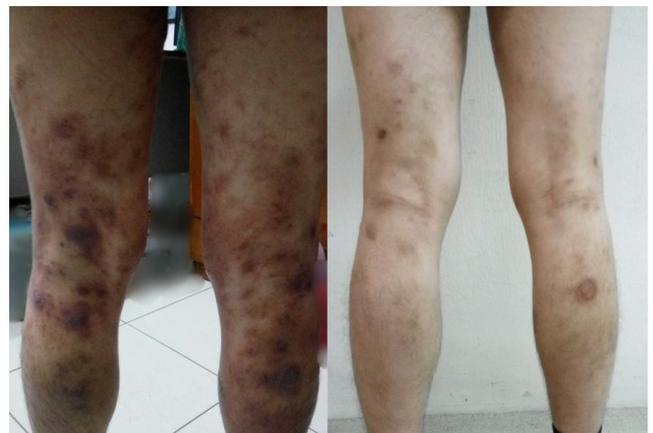


Figure 2 Hyperpigmentation and skin lesions on the posterior of both legs. A) Before treatment and B) After treatment.



Figure 3 Lesions composed of small vesicles associated with oozing and weeping on the dorsa of the right hand. A) Before treatment and B) After treatment.



Figure 4 Oozing and weeping on the right hand. A) Before treatment B) Skin lesions reduction after first treatment C) Notable skin improvement and healing of the skin lesions after second treatment.



Figure 5 Oozing and weeping on the right hand. A) Before treatment B) After treatment.

His treatment protocols from November 23, 2016 to March 25, 2017 were as follows.

- November 23, 2016 to December 22, 2016: Patient entered the first treatment of one course of STF (every alternate day for one month) and one course of ASI[®] therapy (30 vials). Topical moisturizers were also provided to the patient to apply on the skin lesions. Treatment was given simultaneously for 30 days consecutively.
- February 24, 2017 to March 25, 2017: Patient entered his second treatment of one course of ASI[®] therapy (30 vials) and repeated course of STF. Treatment was given simultaneously for 30 days consecutively. All injections were performed subcutaneously.

Results and Discussion

Eczema is a common inflammatory skin disease recognized as a major skin problem worldwide. Despite the fact eczema is major skin problem worldwide, epidemiological data for the prevalence of eczema is scarce. In the United States, it was reported 17.1% of the population exhibit eczematous symptoms from a population survey [4,5]. Data of the incidence of eczema from United Kingdom were 13.58 in 1000 patients in year 2005 and the prevalence of eczema continue to increase over the years [8]. Environmental, allergic, emotional and nutritional factors are the most common etiology of nummular eczema [9].

The conventional methods for the treatment of eczema include moisturizers in conjunction with the application of coal tar and topical corticosteroids. Types of corticosteroids available in the market include desonide, hydrocortisone, clobetasol propionate, mometasone furoate, bethamethasone dipropionate and many more. In addition, oral antihistamines and antibiotics can be prescribed by the medical practitioner depending on the patient's condition [10]. In the case presented, the 31 year old male suffered from nummular eczema with hyperpigmentation, erythematous plaques, coin-shaped lesions with weeping and oozing for a period of five months without any skin improvement by the application of lotions and topical corticosteroids. Thereby, alternative treatments of FCTI ASI[®] therapy and MF+MO STF and were prescribed for the treatment of nummular eczema.

FCTI ASI[®] therapy is an autologous immunomodulating therapy that attempts to augment the immune system by enhancing host defense mechanisms and provide protection to our body. ASI[®] therapy is most commonly used for the treatment of cancer cases of the liver, stomach, pancreas, breast, prostate, intestine, lymphatic glands and melanoblastomas. It can also be used for the treatment of a variety of allergic disorders i.e., eczema and autoimmune diseases by immunomodulating the human body system. MF+ "Mito Organelles" STF are small immune messenger molecules, passing immunity information and how to properly respond, from one immune cell to another immune cell. They are universal immunocorrectors as they induce, suppress and normalize immune response. Once released, they will stimulate the activity of cell-mediated immunity and natural

killer (NK) cells to act against bacterial, viral, parasitic infections, autoimmune diseases, diabetes, autism, asthma and even cancer.

FCTI ASI[®] autologous vaccine as the main therapy following MF+MO STF as the complementary therapy were administered to the patient in order to acquire optimal therapeutic outcome by immunomodulating the immune system. The follow-up visit after the first completed course of treatment demonstrated dramatic reduction of skin lesions and inflammation with few remaining scars during the physical examination. Important to mention, that substantial reduction of symptoms patient noticed on the second-third day after commencement of treatment protocol. Upon completion of the first treatment course with ASI[®] vaccine and STF patient had remarkable improvement, albeit some occasional flare ups. So we decided to conduct a second course of ASI[®] and MO STF therapy for one month continuously. After the complete course of treatment, the patient gradually recovered from skin lesions and the symptoms of weeping and oozing had completely healed (**Figures 1-5**). At present patient practically stopped all medications for eczema he used to take previously. Pruritus and skin lesions appear episodically, much less in intensity and rapidly resolve. In general, ASI[®] therapy and STF allowed achieving a stable lasting remission of eczema for at least a year. We continue regular follow up of this case.

This case study is presented to share our experience by the administration of ASI[®] and STF therapy as an alternative and complementary treatment for eczema. By the combination of both therapies, both ASI[®] and MO STF successfully modulate and strengthened the patient's immune system and healed the skin conditions of nummular eczema with promising results.

Conclusion

The application of FCTI ASI[®] and MF+MitoOrganelles STF was able to improve the skin conditions caused by nummular

eczema. Hence, this effective method could have been applied as an alternative and complementary therapy for the treatment of eczema, as a result improving the wellbeing and quality of life.

Conflict of Interest

Authors declare no potential conflict of interests.

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