



Editorial

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Grease Spot Removal

Despite the plethora of anti-acne agents available, the acme of acne treatment via sebum suppression with a topical agent has not as yet been achieved. There has always been an argument between those who believe that sebum secretion is the only major consideration in the pathogenesis of acne and those who believe that comedones are pre-eminent in this respect. As with most disputes, the answer to the sebophilic versus the comedonalist argument is that they are both right. In any event, there can be little doubt that sebum is an important component of the sequence that leads to the development of acne spots. Even the most ardent comedonalist accepts this and believes that sebum suppression is an important approach to the development of new anti acne therapies. Anti-androgens are obvious candidates but as Gwiedzinski and colleagues from Bydgoszcz in Poland remark in the introduction to their paper on page 75 '*systemic anti-androgen therapy is largely inappropriate in treating dermatological conditions given the potentially undesirable anti-androgenic effects on organs other than the skin*'. Clearly a topical anti-androgen would be ideal, but it has been difficult to find one that is effective and safe. Gwiedzinski et al's paper describes a study of the clinical efficacy of a 2.5% solution of a non-steroidal anti-androgen known as flutamide which has been used for the treatment of prostatic cancer and which has been shown to be effective when given orally in the treatment of pattern alopecia in women and facial hirsutism. Their study of the topical flutamide preparation was conducted in 80 patients over a 16-week period using the standard randomized double-blind placebo controlled design. The flutamide treated group showed a distinct improvement in the inflammatory lesions compared with placebo treatment, but there was no reduction in the non-inflamed lesions. This is an encouraging beginning to what is likely to be just the beginning of a new line of treatments for this old, but still trying, grease spot complaint.

The Big Cover Up

It is weird that non-pharmacological interventions can have a marked pharmacological effect on the structure and function of skin. It is well known that emollients have some quite magical effects (if anyone doubts this they should read the JDT supplement on the topic (New Perspectives on Emollient Therapy, *J Dermatol Treat* (1997) 8(Suppl 1)), but few know the extent of their activities. The biological actions of emollients it seems, are primarily due to occlusion of the skin surface and an increase in the water content of the stratum corneum. Can this be the only explanation for the clinical benefits? The article by Leow and Maibach (p 139) reviews the effects of skin occlusion whether by tape, plastic film or emollient and identifies a wide array of biochemical and cellular effects. They highlight the relationship between transepidermal water loss and epidermal lipid synthesis and point out the differences in effects due to differing vapour permeabilities of various dressing materials. Occlusion also appears to inhibit epidermal cell mitosis and this may help explain the mildly beneficial effect that bland emollient materials seems to have in psoriasis. Not unexpectedly, skin occlusion changes the bacterial flora both qualitatively and quantitatively as well as enhancing the penetration of topically applied compounds through the skin. Are these observations trying to tell us something? Can we magnify these actions in some way and make them therapeutically important? The columns of this journal await such innovations with bated breath!

Check it before chucking it

Mainstream Western medicine now takes a very sceptical view of 'alternative' approaches to therapy. We agree that claims for therapeutic efficacy must be tested rigorously. Once attempts have been made to move from anecdotal reports to prospective studies, however, it is appropriate that authors be given a chance to publish their findings to the wider distrustful audience. This issue of the JDT carries several articles challenging our conventional concepts of treatment.

Venous leg ulcers are notoriously difficult to heal and to monitor: the correct use of compression is probably the key to success. Garrett et al (p 115) report on the use of a homeopathic preparation at a potency of $1 \times 10^{-12} \text{ mol}^{-1}$ and suggests that this enhances healing, and Gupta et al (p 103) show that, in an open study, low-energy laser therapy at 660 nm and 880 nm appears to enhance healing or improvement. Our blinkered bias is that both of these approaches are incomprehensible; moreover we are not convinced that these reported benefits will be confirmed if larger double-blind studies are completed.

The use of Aloe Vera cream in herpes simplex genitalis also sounds unlikely. However Syed et al (p 99) presents clear evidence of it reducing healing times and increasing the numbers of patients healed. This inexpensive therapy may indeed have a role in some countries.

Finally, we are familiar with PUVA being used in vitiligo: Gambichler et al (p 133) report four patients whose vitiligo was improved by UVB and UVA, along with salt water baths. An attempt is made to suggest a pharmacological reason for the salt water playing a role—but again we remain unconvinced!

Do not be put off by the above views—read the articles for yourself and form your own opinion. Then write to us!