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PARADRYL OINTMENT AND IDO TAR¹

Two New Remedies for the Treatment of Besnier's Prurigo and Eczema

By

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In a previous paper one of us (Wilken-Jensen) (8) has given an account of the effect obtained with paradryl, an antihistamine preparation, when this is given by mouth in cases of bronchial asthma, allergic bronchitis and certain skin lesions of more or less established allergic origin.

The favourable effect obtained with the paradryl tablets in such cases obviously suggested an additional investigation into the possible local effect of paradryl in refractory cases of Besnier's prurigo—in particular, because gradually some reports have been published from other countries concerning rather variable results from the employment of benadryl (3, 5), pyribenzamine (1, 7), and thephorin (2, 9) ointments—and, from this country, of anthisan cream (6).

For this purpose, paradryl was first tried out in the form of ointment. Before long, however, it was realized that the more severe forms of Besnier's prurigo with pronounced lichenization would not always subside under this treatment.

We therefore tried to combine paradryl with a soluble tar preparation, Ido tar. For the sake of control, 12 children

¹ Read at the IIIrd Northern Congress of Allergy, Stockholm, 1951.

with symmetrical eruptions were treated on one side of the body with Ido tar, on the other side, with Ido tar + 2 % paradryl. Six of the children showed indisputable evidence of a stronger antipruriginous effect from Ido tar + paradryl; and the opposite was not recorded in any instance. On physical examination, however, no particular difference could be demonstrated between the two sides.

It therefore seemed preferable to employ Ido tar without any additional paradryl and, in some cases, at the same time give paradryl by mouth when the itching was pronounced. For the sake of control, we also tried to employ the base of the ointment alone in some of the cases—and thus this base was found to have some antipruriginous effect, presumably of entirely mechanical character, by mollifying the skin.

Both the paradryl ointment and Ido tar were obligingly placed at our disposal by A/S Ferrosan, Chemical Manufacturers, Copenhagen.

Paradryl ointment contains 2 % β -(diphenylmethoxy)-ethyltrimethylammonium bromide in an "oil-in-water" emulsion, made on the basis of a synthetic, non-ionogenic emulgator (mixture of ethers of polyglycols with stearyl alcohol). It is rubbed entirely into the skin and does not grease. This is done as often as itching appears.

The Ido tar is manufactured from coal tar, which through various processes of solution and precipitation, has been rid of certain substances claimed to have a tendency to produce folliculitis and other undesirable side-effects (4). The purified coal tar is dissolved in an organic solvent to which has been added an indifferent phenol resin. This resin makes the Ido tar dry into a sort of membrane which does not stain the clothing. This is a particular advantage offered by this preparation in cases treated at home, as bandaging is unnecessary, and the treatment is cleanly. As the membrane peels off gradually, Ido tar is applied anew.

It may be appropriate also here to point out that the Ido tar put on the market contains no antihistamine substances.

We have employed these two preparations in cases with

allergic skin lesions—chiefly children with Besnier's prurigo and various forms of itching eczema. Undoubtedly some of the cases designated as eczema have been atypical cases of Besnier's prurigo, it is true, but this is of minor importance as the outcome of this treatment has been the same in the two groups of diseases. The patients originate chiefly from the Out-patient Clinic of the Rigshospital for children with allergic affections, though also from the Pediatric Out-patient Clinic of the Rigshospital, from the Dermatological Department of the Finsen Medical Light Institute, and from private practice. Before given this treatment all these children had tried the application of various antipruriginous and other dermatological remedies. All the present cases were chronic. Furthermore, most of these children had been under observation for some length of time—up to months—before the present form of treatment was instituted.

The paradryl ointment as well as the Ido tar were tolerated well by all the children. In no instance did any noticeable hypersensitiveness develop from the employment of these preparations. But, like all other tar preparations, also Ido tar implies the inconvenience of sensitizing the skin to the light, on which account it has often been necessary to discontinue the treatment with Ido tar in the summer.

If a patient is found to be hypersensitive to tar or to some resin (or is suspected of such a form of allergy), however, it is advisable to perform a patch test before the application of Ido tar. When Ido tar is employed for a considerable length of time it may have some dehydrating effect on the skin. If this happens, the Ido tar therapy ought to alternate with the use of some other suitable ointment. Thus, in several cases we found even a more favourable effect from alternating between paradryl ointment and Ido tar. In other cases the therapeutic result could be improved by simultaneous administration of paradryl tablets.

The outcome of the experiments with paradryl ointment alone or with Ido tar alone is evident from the following schematic tabulation (Table 1).

TABLE 1.
Children treated with paradryl ointment or Ido tar.

Preparation	Age	Besnier's prurigo			Eczema		
		++	+	0	++	+	0
Paradryl ointment	1/2- 3 yrs.	1		1	2		
"	4 - 9 "	4		2		1	1
"	10 -16 "	5	3			1	
"	1/2-16 yrs.	10	3	3	Total: 16	2	2
						1	Total: 5
Ido tar	1/2- 3 yrs.	4		1	5		
"	4 - 9 "	2	2				
"	10 -16 "	6	2	1	1		
"	1/2-16 yrs.	12	4	2	Total: 18	6	Total: 6

In this tabulation, ++ means that the itch disappeared and the skin regained its normal appearance.

+ means a favorable symptomatic effect but no complete recovery of the skin. Finally, 0 means merely a slight effect or none at all.

From Table 1 it will be noticed that the patient material treated here comprises children in all age-classes and that paradryl ointment as well as Ido tar have had a favorable effect in the greater majority of the cases.

Finally, it is to be added that paradryl ointment has given some excellent and rapid results in cases of urticaria and strophulus; in particularly malignant cases of this character paradryl was given simultaneously by mouth.

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