

Letteratura scientifica

The Use of a Mixture of Hypericum Perforatum and Azadirachta indica for the Management of Diabetic Foot Ulcers: A Case Series

Maria Letizia IABICHELLA

Diabetic foot ulcers (DFU) represent a growing health care issue worldwide, representing one of the most dramatic consequences of poorly controlled diabetes. A first successful experience on a patient with extremely advanced feet ulcers treated with a mixture of Hypericum perforatum and Azadirachta indica (Hyperoil™) has induced us to use the same treatment on a series of patients with less severe ulcers. Aim of this report is to summarize the results observed in this case series.

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<http://www.omicsonline.org/open-access/the-use-of-a-mixture-of-hypericum-perforatum-and-azadirachta-indica-for-the-management-of-diabetic-foot-ulcers-a-case-series-2155-6156.1000499.php?aid=40024>

Ulcère de Buruli : des horizons thérapeutiques en hôpital et en brousse

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Buruli Ulcer (BU) is caused by *Micobacterium Ulcerans*, being a rapidly growing pathology in many countries of the tropical and subtropical area of Africa. Even if vectors and transmitters are yet unknown, it is supposed that transmission is associated with water human activities or linked with soil utilization. These hypotheses are sustained by the results performed locally, especially in villages. Aim of this study is to estimate the incidence of BU in an isolated area of Benin (Zinvié) and to evaluate pathology characteristics, therapy used and their outcomes.

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Hypericum perforatum and neem oil for the management of acute skin toxicity in head and neck cancer patients undergoing radiation or chemo-radiation: a single-arm prospective observational study

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ABSTRACT

Background

Radiation dermatitis is common in patients treated with combined radiotherapy and chemotherapy for head and neck malignancies. Its timely and adequate management is of uttermost importance for both oncological outcomes and global quality of life. We prospectively evaluated the role of hypericum perforatum and neem oil (Holoil®; RIMOS srl, Mirandola, Italy) in the treatment of acute skin toxicity for patients undergoing radiotherapy or chemo-radiotherapy for head and neck cancer.

Methods

A consecutive series of 28 head and neck cancer patients submitted to radiotherapy (RT) was enrolled onto this mono-institutional single-arm prospective observational study. Patients undergoing both definitive or post-operative radiotherapy were allowed, either as exclusive modality or combined with (concomitant or induction) chemotherapy. We started Holoil treatment whenever

bright erythema, moderate oedema or patchy moist desquamation were observed. Holoil® was used during all RT course and during follow up time, until acute skin toxicity recovery.

Results

The maximum detected acute skin toxicity was Grade 1 in 7% of patients, Grade 2 in 68%, Grade 3 in 25%, while at the end of RT was Grade 0 in 3.5%, Grade 1 in 32%, Grade 2 in 61%, Grade 3 in 3.5%. For patients having G2 acute skin toxicity, it mainly started at weeks 4-5; for those having G3, it began during weeks 5-6. Median times spent with G2 or G3 toxicity were 17.5 and 11 days. Patients having G2 acute skin toxicity had a dermatitis worsening in 27% of case (median occurrence time: 7 days). G3 events were reconverted to a G2 profile in all patients (median time: 7 days). Those experiencing a G2 skin event were converted to a G1 score in 23% of cases (median time: 14 days). Time between maximum acute skin toxicity and complete skin recovery after RT was 27 days.

Conclusions

Holoil® proved to be a safe and active option in the management of acute skin toxicity in head and neck cancer patients submitted to RT or chemo-radiotherapy. A prophylactic effect in the prevention of moist desquamation may be hypothesized for hypericum and neem oil and need to be tested within a prospective controlled study.

Keywords:

Head and neck cancer; Chemoradiation; Skin toxicity; Moist desquamation; Combined modality treatment; Dermatitis

The use of an extract of *Hypericum perforatum* and *Azadirachta indica* in a neuropathic patient with advanced diabetic foot

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The successful use of an extract of *Hypericum* flowers (*Hypericum perforatum*) and neem oil (*Azadirachta indica*; Hyperoil) in foot wounds with exposed bone in a patient with bilateral advanced diabetic ulcers, has been reported previously. It was hypothesised that this amelioration was linked with the improved glycaemic control and peripheral microvascular circulation. In this case report, the surprisingly successful outcome of another patient using Hyperoil for infection damaged diabetic foot, without prior use of surgical procedure, is described. The patient had no macrovascular pattern impairment. Diabetic foot healing paralleled with controlled local infection and enhanced glycaemic control. The outcome of this patient suggests that the effectiveness of this inexpensive therapy using Hyperoil for diabetic foot is not only linked with the presence of severe microvascular disorder, but also with the appropriate local treatment for ulcer being a must for its recovery.

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Localized Treatment of Chronic Buruli Ulcer with Hyperoil™: An Unexpected Outcome

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The successful sustained outcome of this patient with chronic Buruli Ulcer treated with Hyperoil™, suggests its use for local treatment of infected ulcers with bone exposition. Hyperoil™ use could be particularly effective in endemic areas, far from specialized centers, where African populations living in poor rural areas are more difficult to be treated.

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<http://austinpublishinggroup.org/clinical-case-reports/fulltext/ajccr-v1-id1035.php>

The use of an extract of *Hypericum perforatum* and *Azadirachta indica* in advanced diabetic foot: an unexpected outcome

Maria Letizia IABICHELLA

This is the first case reporting the results of using an extract of *Hypericum* flowers (*Hypericum perforatum*) and neem oil (*Azadirachta indica*) in foot wounds with exposed bone in a patient with bilateral advanced diabetic ulcers. The effective use of this cheap treatment in patients with diabetic lesions on the feet, if confirmed in a wide controlled study, might allow the caregivers to take care of patients at home.

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