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THERAPEUTIC EFFECT OF MILGAMMA N IN SYMPTOMATIC NEURALGIA IN THE COURSE AND AFTER HERPES ZOSTER GANGLIONITIS

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ABSTRACT

Herpes zoster is a dermatovirosis that occurs at different age. However, with the patients aged over 60 years it presents with a painful syndrome preceded, accompanied or lasting up to one year after fading away of the eruptions. Intake of B-group vitamins favourably influences on the restoration of sensory nerves being mainly affected and causing the protracted painful syndrome. Milgamma N preparation in the shape of capsules is a combination of 40mg of vit. B_1, of 90mg of vit. B_6, and of 250 γ of vit. B_{12} and ensures an optimal intestinal resorption. The authors followed-up dynamically the therapeutic effect of Milgamma N in capsules on the development of skin lesions and painful syndrome in 15 patients (7 males and 8 females) with herpes zoster. The duration of the therapy was 4 weeks long. The following protocol was made use of: week one - two capsules three times daily and weeks two through four - three times one capsule daily. The dermatologic and neurologic status as well as the subjective evaluation of the therapeutic effect was monitored in all the patients. There was a complete or an almost complete remission in 13 patients (86,7% of the cases) after one-month treatment. The skin lesions underwent an involution during a period of 10-17 days. The one-month schedule for treatment of herpes zoster with Milgamma N proved to be effective in a moderate degree of a painful syndrome and most common localization of the eruptions.

Key words: herpes zoster, Milgamma N, ganglionitis, pain evaluation, therapeutic protocol

INTRODUCTION

Herpes zoster is a dermatovirosis associated with an intensive pain in the acute stage of the disease and, later on, with a protracted post-zoster neuralgia. The varicella-zoster virus is the causative agent of herpes zoster. The disease presents with a disseminated vesicular eruption and induces a durable and strained immunity. The virus persists in spinal ganglia at a latent state and becomes activated in case of immunity collapse. A grouped vesicular eruption with dermatome localization develops along the corresponding sensory nerve (2,4,5). The incidence rate reaches up to 0,5-1,0% of the total population and demonstrates an outlined tendency towards an increase during the recent decades. Relapses occur extraordinarily seldom, in 1-5% of the cases, predominantly in the patients with neoplasms and on maintenance immunosuppressive and cytostatic therapy (1,6,7,8).

The painful syndrome precedes and accompanies, but in certain cases even lasts up to one year after fading away of the skin lesions. Its intensity increases in parallel with age. It can be observed in 50-70% of the patients aged over 60 years. It is manifested with a permanent searing pain, sudden pain attacks lasting several minutes, or dysesthesiae of acute shooting and piercing pains. Copying the painful syndrome represents the primary therapeutic task and, in practice, symptomatic means are exclusively used.

It is well known that B-group vitamins participate directly in the metabolism of the neurons and myelin. Vitamin B_1 (thiamin) is co-factor in the carbohydrate metabolism. In high doses, it exerts an analgetic and anticholinesterase effect. Vitamin B_6 (pyridoxin) is a co-enzyme involved in the metabolism of the amino acids. It is necessary for the normal functioning of the central and peripheral nervous system. Vitamin B_{12} (cyancobalamine) participates in DNA and myelin synthesis while its deficit leads to axonal degeneration.

Milgamma N preparation in capsules contains 40mg of oil-soluble benfotiamin, 90mg of vitamin B_6, and 250 γ of vitamin B_{12}. The oil-soluble benfotiamin is the active form of vitamin B_1. It is by 2-3 times better resorbed than the water-soluble vitamin B_1 that is directly proportional to the dose applied. Benfotiamin's broad biological availability is determined by its resistance towards the thiaminase, too (3,9).

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objective of the present study is to dynamically fol-·up the therapeutic effect of Milgamma N in capsules ted on the skin lesions and painful syndrome in the pa-s with herpes zoster.

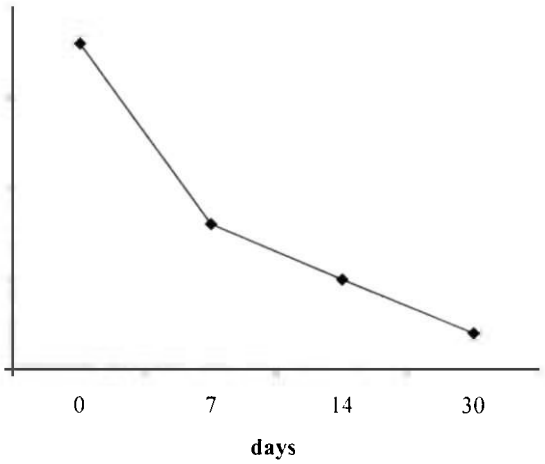
MATERIAL AND METHODS

study covered 15 patients with herpes zoster. They : 7 males aged between 50 and 70 years (mean age of years) and 8 females aged between 33 and 75 years ın age of 60,3 years). The duration of the treatment was :eks long. The following protocol was used: in the first ‹ - two capsules three times daily and in the next three :s - one capsule three times daily. The localization of ruption was the following: *herpes zoster intercostalis* - atients; *herpes zoster brachialis* - 2 patients, *herpes r mandibularis*, *herpes zoster maxillaris*, and *herpes r femoralis* - one patient each. The pain was present in ıe patients. It preceded the eruption in two patients %) but accompanied the eruption in the rest 13 pa-.. Herpes zoster occurred in a female patient after mas-my. The treatment with Milgamma N started on the lay after diagnosing the disease. Tomapyrin in a dose e tablet daily for 7 days was added in one female pa-Gentamycin was i. m. administered for 7 days in two ıts (13,3%).

l treatment in the form of ointment, unguent, and spray antibiotic drug was applied in all the patients. The der-nes affected by the eruption were not treated with lo-ıesthetic drugs at all. The pain was assessed by the pa-themselves according to a visual analogous scale (a fied scale of McGill) where the complete absence of vas rated by 0 points but the extraordinary painfulness ated by 20 points.

RESULTS AND DISCUSSION

esults from the evaluation of the pain during the : of treatment were presented on Fig. 1.



Dynamics of sensory pain intensity during ent

In the beginning of the disease the scores corresponding to a slight to moderate feeling of pain at rest (8-14 points) prevailed which increased by one to three points concerning the responses about the pain intensity during movement. In three patients there was a response classifying the pain by the definition of 'strong feeling of pain'. With another three patients the pain was valued as slight. The subjective complaints decreased progressively in the course of treatment and the pain persisted two months after the onset of the disease only in a 73-year old patient.

In contrast to the zoster neuralgia the blistering eruption covered some part of the innervation area of the affected neuron only. Skin changes corresponded to a slight up to a moderately severe form of the disease. Skin lesions underwent an involution for 10-17 days. Clinically, post-lesional rounded spots and, at places, atrophic regions after the removal of the excoriations could be observed.

The prevailing of the cases with a complete or almost complete remission at the end of one-month treatment with Milgamma N in capsules and the necessity to continue the treatment in two patients only could be considered as a proof for a significant clinical efficacy. No side effects related with the intake of this preparation were observed at all.

CONCLUSIONS

1. Milgamma N is a drug of choice for the treatment of herpes zoster ganglionitis.
2. An one-month therapeutic protocol is sufficient in most common clinical forms characterized by a typical localization, moderate expression of the lesions and painful syndrome as well as by a tendency towards involution of the dermatological symptoms.
3. It seems appropriate to maintain a Milgamma N therapy longer than 4 weeks in the cases with protracted course of the disease necessitating a combination with analgetic drugs.

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