

# A singular emplastrum containing *Amni majus* flowers and firebird extract is able to fight the odd adverse reactions involved in the variant/subvariant Omicron of COVID-19

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Sir,

The authors of this article desire to highlight the evidence of the insurgence 48–72 hours after the third administration of a whichever mRNA vaccine, nowadays compulsory in most of the European states and other nations of the world, of a slight flu strain tantamount to a simplest epidemical and seasonal viral occurrence from South Africa that may be treated administering as a trivial antibiotic as Tubocin (Actavis/Balkanpharma, Bulgaria) and/or a peculiar and reinforcing and immunostimulating tea based on a combination of antiviral herbs such as *uña de gato* or the firebird (a particular coneflower with the strongest antiviral potency never known hitherto); Tylenol is unnecessary.

While the corresponding authors affirm that Omicron is nothing but a variant, according to the WHO's official statement, "based on the evidence presented indicative of a detrimental change in COVID-19 epidemiology, the TAG-VE has advised WHO that this variant should be designated as a VOC, and the WHO has designated B.1.1.529 as a VOC, named Omicron."

Finally, the authors decided to treat the illness using only an emplastrum to be applied topically for ten days, abating pain and discoloration of the fingers.

At any rate, the administration of the third dose of mRNA vaccine began in many European countries

some weeks ago and several cases of odd adverse reactions were reported, which have been occurring since the very first days of vaccinations, and this is suggestive that a rapid COVID-19 test may be negative or positive; symptoms are arduous to be discernable, only a prickly feeling in the throat and an evident discoloration of the extreme phalanges of the fingers of feet and hands.

This article describes the case of a 26-year-old female, a mulatta from Charleston, South Carolina who worked in the same university in which the authors cooperated. In order to work in the authors' university as cleaning staff, she had the third vaccination performed several days earlier.

Dermatologically and clinically, the following are the chief manifestations of this illness:

- a complete depigmentation of the extreme two phalanges of the fingers and toes with a severe pain whenever these upper and lower limbs hit or strike some adamantine or angulating object;
- difficulty in distinguishing savors;
- reddish eyes;
- the presence of a moderate fever only before going to bed.

The female had reddish eyes and a sort of vitiligo only in the upper limbs. She affirmed that she had felt a slight fever (37.5 °C only before going to bed, yet she used to believe it was because of the fatigue of a long

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day of work in the winter). Intriguingly, while having a croissant with coffee for her coffee break, she was incapable of distinguishing the fragrance of vanilla in the croissant from the ammonia that she had used for cleaning corridors and bathrooms and, when she chewed some candy, it tasted like roast beef. She also preferred not to smoke as the flavor of tobacco was absolutely not anymore the same as before the third vaccination. Surprisingly, a rapid COVID-19 test returned negative.

The phenomenon of the depigmentation of the extremities of the limbs and the redness of the irises has already been faced and resolved by other authors [1-4] at the very beginning of the pandemic, and the explanation is now simple and clear.

Under slit-lamp biomicroscopy, the researchers revealed a prior bilateral pigment deposition on the corneal endothelium. Afterward, a pigment dispersion in the anterior chamber and a change in the color of the iris demonstrated manifold iris transillumination defects.

The patient was the volunteer who had decided to attempt all solutions to eliminate pain and the discoloration of the fingers.

She was taking a Bulgarian antibiotic with no Tylenol. (The authors deem that this was studied in order not to let her faint during work because of low blood pressure early in the morning.)

The emplastrum that the authors prepared was the recipe of the cosmetic Ceratum 500 produced by the old and reputable company Texia, Turin, Italy:

*Amni majus* oleolyte: 2.3 drachmas; *Spiraea ulmaria* glycolic extract: 1 drachma; *Zingiber officinalis* glycolic extract: 0.5 drachmas; *Linus usitatissimum* seed oil: 2.7 drachmas; sandarac resin (to loosen in alcohol) [5]: 1 drachma; amyl alcohol: 2 drachmas.

The emplastrum was to be applied for ten nights to the upper and lower limbs and covered with cotton gloves.

The results were astonishing immediately after the eighth day, that is, after seven nights of applying the ointment.

The AA did not demand (or showed any interest in) the pharmaceutical approach, that was the physician's absolute demesne, as prior covenanted.

### Statement of Human and Animal Rights

All the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the 2008 revision of the Declaration of Helsinki of 1975.

### Statement of Informed Consent

Informed consent for participation in this study was obtained from all patients.

## REFERENCES

1. Yagci BA, Atas F, Kaya K, Arıkan G. COVID-19 Associated bilateral acute iris transillumination. *Ocul Immunol Inflamm*. 2021;29:719-21.
2. Angmo D, Dhiman R, Chaurasia S, Sihota R, Tandon R. Pigment dispersion syndrome presenting as endothelial dystrophy: An atypical presentation. *J Curr Ophthalmol*. 2019;31:446-9.
3. Nishi N, Sonappa UK, Rajashekar TS, Hanumanthayya K, Kuppaswamy SK. A pilot study assessing the various dermatoses associated with the use of a face mask during the COVID-19 pandemic. *Our Dermatol Online*. 2021;12:349-53.
4. Hongal AA, Sijimol MV, Radhika SR, Revathi TN, Shilpa K, Eshwari L, et al. Untoward effects on the skin by the use of personal protection equipment. *Our Dermatol Online*. 2021;12:238-43.
5. "Notes on Historical Oil Painting Varnishes", by James C. Groves: "Sandarac oil varnish [mixed with walnut oil] was the so-called "verniss liquida" [liquid varnish] of the Italian Renaissance-era tempera and oil painting technique; and many, many centuries before." *Historic Varnishes and Resins @ WilliamsburgArtConservation.com*

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