

Révival of petroleum jelly (abhorred and banished by the proselytes of the Organic Dermal-Cosmeticology) and François Xavier d'Entrecolles's Gāolǐng to treat Incontinence-Associated-Dermatitis (IAD)

Piotr Brzeziński¹, Lorenzo Martini^{1,2}

¹University of Siena, Department of Pharmaceutical Biotechnologies, Via A. Moro 2, 53100 Siena, Italy, ²C.R.I.S.M.A. Inter University Centre for Researched Advanced Medical Systems

Corresponding author: Prof. Lorenzo Martini, E-mail: martini36@unisi.it

ABSTRACT

Incontinence-associated dermatitis (IAD) can be provoked by parasitic, non parasitic causes and parasitic & non parasitic causes. It is well known that, asunder all the methods apt to prevent the occurrence of Urinary or Fecal Incontinences and all the strategies to alleviate the fastidious symptoms this type of dermatitis can provoke in men and women, young and older, suffering from divers types of malaises, the best way to treat IAD is to apply topically barrier cream and the only remedy hitherto recognized as exceptional is Petroleum, the most natural ingredient existing in the entire orbe terrestre. Besides petroleum jelly, the AA have invented an unction that contains biologic antifungine agents and antimicrobials and an absorbent powder as the Kaolin, Xavier d'Entrecolles suggested for the manufacture of porcelain aux temps jadis.

Key words: IAD; Petroleum jelly; Tabebuia impetiginosa bark extract; Kaolin; Candida albicans

INTRODUCTION

Many people who have incontinence may experience incontinence-associated dermatitis (IAD) at one area of their body or another. This is especially common in older adults.

Incontinence refers to human body's inability to control the release of urine or stool. IAD occurs when the protective barrier created by your skin is damaged.

Exposure to the bacteria in urine or stool can result in painful symptoms, such as burning and itching. The condition primarily affects the area around genitals, thighs, and abdomen [1-5].

IAD may also be referred to as perineal dermatitis, irritant dermatitis, moisture lesions, or even diaper rash, though these are all different conditions.

Healthy skin works as a barrier between the environments outside and inside human body. IAD can erode this barrier, causing severe and uncomfortable symptoms.

Symptoms of IAD include [6-7].

- Redness, ranging from light pink to dark red, depending on skin tone
- Patches of inflammation or a large, continuous area of inflammation
- Warm and firm skin
- Lesions
- Pain or tenderness
- Burning
- Itching

IAD can affect skin on many parts of your body, including the:

- Perineum
- Labial folds (in women)

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- Groin (in men)
- Buttocks
- Gluteal cleft
- Upper thighs
- Lower abdomen

The severity of symptoms depends on several factors, including:

- The condition of skin tissue
- Overall health and nutrition
- Allergen exposure

If the form of incontinence that makes the subject more prone to leakage or accidents, he may also experience more severe IAD. This is because his skin is more frequently exposed to urine and stool.

This condition is directly related to incontinence. The skin, when exposed to urine or feces regularly, can become inflamed. The condition is worse for those with fecal incontinence, as stool can irritate the skin more than urine.

In many cases, IAD is caused by:

- An increase in the skin's pH level
- The creation of ammonia by urinary and fecal incontinence
- Skin erosion from bacteria breaking down protein in keratin-producing cells

Attempts to clean the area may result in IAD due to:

- Overhydrating the skin
- Friction caused by absorbent pads or other materials, including underwear and bed linens
- Frequent cleaning of the affected area with soap and water

Ineffective or poor condition management can also lead to IAD. This includes:

- Prolonged exposure to urine and feces
- Inadequate cleaning of the exposed area
- The application of thick ointments
- The use of abrasive washcloths
- Pressure ulcers
- Heat rash, or miliaria
- Erythrasma
- Psoriasis
- Herpes
- Another form of dermatitis

Historically, incontinence has been managed by cleaning affected areas with soap and water. Soap can

dry and rub the skin, leading to inflammation. This can result in IAD and is no longer a standard practice of care.

If the patient has developed any secondary infection, his doctor may prescribe a topical antifungal or oral antibiotic medication.

People who develop IAD are more likely to develop pressure ulcers, or bed sores. This is typically seen in older adults or people who have a medical condition that limits their ability to switch positions.

The symptoms for bed sores are usually the same as for IAD:

- Broken skin
- Inflammation
- Pain or tenderness
- Mild bed sores can be successfully treated over time. Treatment for more severe bed sores focuses on symptom management.

IAD can also lead to other secondary skin infections. These are typically caused by *Candida albicans*, a fungus that comes from the gastrointestinal tract, or *Staphylococcus*, which is bacteria from the perineal skin.

If the subject develops a secondary infection, he may experience:

- Itching
- Burning
- Pain during urination
- Rash
- Unusual discharge

These infections require different treatment from IAD and should be diagnosed singularly.

Managing IAD goes along with managing incontinence, even if the AA prefer not to treat the argument of the prevention of feces and/or urines incontinence in this seat, as this concern does not pertain to the AA's demesne (this procedure belongs to the province of internal medicine).

MATERIALS AND METHODS

Keeping on account all that the AA have argued in the Introduction, they have decided to ideate a special barrier cream to be used as preventive and curative.

The AA have selected seven types of individuals suffering from dysentery and urine incontinence (too often urine incontinence is the hors d'oeuvre of the fecal incontinence) and since causes may be parasitic or nonparasitic, the AA have chosen the following volunteers [8-12].

- a. A middle age beldam suffering from Ravich-Bayless fructose intestinal malabsorption (NON PARASITIC CAUSE)
- b. A young man (43 y. old) suffering from hyperthyroidism (NON PARASITIC CAUSE)
- c. An old lady suffering from diabetes type I (NON PARASITIC CAUSE)
- d. A traveler who presented a severe flux provoked by lactase deficiency caused by Post-Giardia infection (contracted in Cote d'Ivoire) (PARASITIC CAUSE)
- e. A middle age man suffering from fecal incontinence due to abuse of medications (PARASITIC & NON PARASITIC CAUSES)
- f. A postmenopausal dame suffering from regular urine incontinence (NON PARASITIC CAUSE)
- g. A young man dancer (27 y. old) suffering from hemorrhoids (and to boot he is a buck homosexual) (PARASITIC AND NON PARASITIC CAUSE).

Anyway it must be stressed that amongst the main bacterial streams retrievable in stools the following are the spp most common:

Clostridium difficile, *Cryptosporidium parvum*, *Entamoeba histolytica*, *Cyclospora cayetanensis*, *Isospora belli*, *Blastocystis hominis* and all the divers spp of *Staphylococci*.

Now coconut oil, Eucalyptus oil, Echinacea sanguinea and paradoxa extracts, garlic intrait are reputed optimal natural antibiotic against all these bacteria.

The AA have selected Eucalyptus oil, to mix with another natural remedy that behaves as antifungine: idest *Tabebuia* bark extract.

They have forsooth inserted in the cosmetic formula the tea obtained from the bark of *Tabebuia impetiginosa* (Lapacho or Pau de Arco), exceptional rescue remedy to combat *Candida albicans*.

So the final recipe is the following: Petroleum jelly; Kaolin; *Tabebuia impetiginosa* bark extract; Eucalyptus essential oil.

The resulting cosmetic system will be a very viscous ununction apt to be spread several times pro day in the zones affected from IAD, for 3 weeks.

The AA have manifested their appetency for choosing Petroleum to extol this cosmetic ingredient that is absolutely the most biological component one may retrieve in all the Natural kingdoms.

RESULTS

The volunteers were conjured to answer to the Sullivan's questionnaire (2017) that keeps on account a score about the feeling (and eventual ameliorating of the symptoms) of 5 intimate problems evoked by IAD: itching; burning; pain during urination; rash; unusual discharge

Each of every pathological cause may disclose scores from 0 to 11, where 0 stands for the recognition of the total absence of whichever remission and 11 embodies the complete satisfaction of the results obtained.

- The total sums of the scores can be the following:
- 11-23: The value means a light remission (especially of the sensation of burning)
 - 24-31: The value means a quite good remission (especially of the itching)
 - 32-41: The value represent a good remission as far as pain during urination
 - 42-55: The score means the total remission of every symptoms.

It is suggestive to notice that this kind of ununction the AA created, affords an overhanging remission almost immediately (after 4-5 days of treatment) in the case of parasitic IAD, while necessitates of more than a week in all cases of non parasitic IAD.

Case e and g (parasitic and non parasitic IADs) need two entire weeks to achieve a satisfactory healing and the full delitescence of every fastidious symptom.

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