

An ancestral recipe of “Champigny Saumure” to be used tepid by topical way could be useful to combat Patton-Lynch’s Erosive pustular dermatosis of the scalp

Lorenzo Martini^{1,2}, Piotr Brzezinski³

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, Via A. Moro 2, 53100 Siena, Italy, ³Department of Physiotherapy and Medical Emergency, Faculty of Health Sciences, Pomeranian Academy, Slupsk, Poland

Corresponding author: Prof. Lorenzo Martini, M.Sc, E-mail: lorenzo.martini@unisi.it

Sir,

Erosive pustular dermatosis of the scalp (EPDS) is a rare chronic inflammatory disorder defined. It usually affects elderly people and is characterized by extensive pustular lesions, erosions, and crusts located on the scalp. The pathogenesis of this disease is not completely understood, but a known predisposing factor is skin trauma [1].

Autoimmune disorders including rheumatoid arthritis, autoimmune hepatitis, Hashimoto thyroiditis, and Takayasu aortitis are associated diseases reported. The clinical examination reveals erythema, erosions, crusts, follicular pustules, and in advanced stages, scarring alopecia. A scalp biopsy is recommended but not specific, founding epidermal atrophy, focal erosions, and a mixed inflammatory infiltrate consisting of neutrophils, lymphocytes, and plasma cells. Bacterial cultures, fungal and viral stains are not necessary and are usually negative. Topical high-potency corticosteroids, retinoids, calcipotriol, dapsone, and topical tacrolimus are reported treatments, while photodynamic therapy has been effective in some patients, but has induced the disease in others. All the findings are suggestive but not specific, so it is an excluding diagnosis. The combination of predisposing factors is very important for a correct diagnosis, such as elderly age, sun-damaged skin, presence of androgenetic alopecia, together with clinical manifestations, non-specific histology and laboratory investigations negative for other disease. In our opinion, this scalp disease is a challenge for the dermatologist. We review all the literature to better

define the possible solutions in case of suspected erosive pustular dermatosis of the scalp [2-4].

As aforesaid, this cutaneous disease is not but a rare inflammatory condition of the scalp characterized by one or more areas of alopecia with erosions, thick yellow or yellow-brown crusts, superficial ulceration, and pustules that develop over several months or even years, leading to atrophic skin and scarring alopecia. It occurs most commonly in the elderly with bald and sun-damaged scalp, with a history of trauma to the scalp. Types of trauma reported before onset of EPDS are multiple: mechanical traumas, physical therapies, herpes zoster of the scalp, and topical drugs. Histologically, EPDS shows a non-specific inflammatory reaction with atrophic epidermis and chronic inflammation, starting with a spongiotic pustular superficial reaction in the early stage and following with a mixed inflammatory infiltrate of neutrophils, lymphocytes, and plasma cells until giant cells in the late stages. Bacterial and mycologic cultures are negative because the pustules are sterile. The clinical presentation of EPDS mimics different diseases, such as scalp infections, bullous diseases, and scarring alopecia. Treatment modalities include topical and systemic corticosteroids, tacrolimus, and calcipotriol. EPDS might require long-term management [1,5-7].

Finally, it represents the only dermatose that does not originate from bacterial or viral infection, but the causes are to be searched in inflammation, its origin and its treatment, by both medical aids and/or phytotherapeutic ones.

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The AA prefer the second choice: effectively a particular saumure (that does not includes rock salt, but Moselle rosé wine) that comprehends:tumeric; cardamom; cinnamon; rosemary; gingeris proposed to be spread tepid on the scalp of the volunteer patient.

A woman (optimal lifestyle and upper class) 69 years old presented a serious and evident EPDS used to repeat that she had attempted to cure it (according to the physician's judgement and suggestion) with antibacterial lotions and jellies with no satisfiable and adequate results.

She had tried even with dexamethasone valerate in Mahonia aquifolia glyceric extract and results were per chance weak and not long lasting.

All the herbs and spices contained in the Champigny saumure (Curnonsky, the Pontiff of French cuisiniers recommended to use to treat pheasants and does before cooking, are anti-inflammatory ones, e.g. cardamom reduces inflammatory markers such as CRP, IL-6, TNF- α , and MDA (malondialdehyde), tumeric reduces hs-CRP and rosemary has been always inserted in the recipes of the Aqua vulneraria Helvetica (together with Lavender essential oil) or of the Friction of Martins (together with Cinchona ext or Jaborandi ext) to combat bacterial assault of Propionibacteria or Staphylococca, culprits of dandruff.

The volunteer was prayed to friction the lotion so prepared:tumeric alcoholic ext (ana 20); cardamom alcoholic ext (ana 20); cinnamon alcoholic ext (ana 20); rosemary alcoholic ext (ana 20); ginger alcoholic ext (ana 20).

The best way of preparing the alcoholic lotion should have been to soak and then let to macerate all the powders of the plants in Moselle rosé wine or Pantelleria's one for 3 entire days and then filter those and create a lotion, but this recipe is more rapid and "serious and acceptable".

The duration of the frictions was decided for ten nights (idest: the woman had to spread the lotion on her scalp before to go to bed for ten nights and rinse with tepid water in the successive morning).

After ten days results were spectacular and excellent: no more evident lesions on the scalp, areas of alopecia and pustular erosions.

It is self evident that after each of every friction the volunteer suffered from burning of the scalp, even it lasted only few minutes, though the old adage recits: who wants to look nice, a bit has to suffer.

All the herbs are frankly and esily retrievable in whichever drugstore or supermarket all over the world, if the alcoholic extracts are not easily easy to purchase.

All wines are apt to prepare frictions (but they never have to exceed the Madera's alcohol content (18-20%).

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.

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