

Efficacy of Clarina Cream in Inflammatory Acne Vulgaris – A Controlled Clinical Trial

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Acne vulgaris affects almost all adolescents. Though usually transient and trivial, it may also cause severe scarring and cysts formation. Dark skinned people may develop post-inflammatory hyperpigmentation.

There is a great progress in clinical and experimental research in acne. There are 3 forms of acne vulgaris, i.e., acne comedonica, acne papulopustulosa and acne conglobata. The multifactorial origins of acne vulgaris is now confirmed. The most vital pathogenic factors which influence the development of acne are increased sebum production which is under androgenic hormonal control, abnormal desquamation of sebaceous follicles and acne colonization of the sebaceous and the follicular duct with microbes like *Propioni bacterium*. The evidence favors the concept of inflammatory lesions, which arise from noninflamed comedones.

Recent investigations on acne have shown that the immune response, particularly to the antigens of *Propioni bacterium acne*, play a vital role in inflammatory acne. *Propioni bacterium acne* and coagulase-negative-*Staphylococci* are regularly found in large numbers of acne lesions. Androgens exacerbate acne, but do not cause it. Post adolescent acne is an androgen-related disorder. Suppressing excessive androgen production by oral contraceptives can decrease acne. IGF-1 levels are significantly higher in girls suffering from acne. Higher IGF-1 favors the conversion of testosterone to dihydrotestosterone in the skin.

Fifty patients in the age group of 15-25 years of either sex were included in the clinical trial. The patients referred to the skin OPD consisted of all grades of acne from Grades I to IV, including patients with cystic and nodular acne. However, only inflammatory acne cases were selected for the study.

Clarina cream was applied on the affected parts after cleansing the face with gentle face wash gel. This was recommended three times daily for 6 weeks.

The efficacy was assessed in terms of inhibition of inflammation in pustules and papules, relief of pruritus and prevention of recurrence.

In addition, soothing and moisturizing effects and healing without hyperpigmentation or scarring were also considered beneficial from the cosmetic aspect.

Eight patients showed excellent response in reducing inflammation, relief of pruritus and pain in inflamed acne lesions. The inflammation and pain started subsiding in two weeks. However, optimum response was noticed within 4 weeks of treatment.

In a majority of patients all the lesions healed by 6 weeks treatment. These patients were followed up for 3 months. The intensity of inflamed lesions was significantly minimized with maintenance treatment.

A majority of patients experienced a soothing effect with Clarina cream. There was no hypersensitivity or flaring of lesions seen during the treatment.

Thus, Clarina cream is effective and safe for topical treatment in inflammatory acne of Grades I and II.

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