

# GLIZIGEN

essential products for the management  
of sexually transmitted infections

studies and clinical evidence



catalysis

# GLIZIGEN

*demonstrates high antiviral activity  
against Human Papillomavirus  
and Herpes Simplex negativization,  
with an excellent tolerance  
and no side effects*



## Presentation

GLIZIGEN® Lip Cream (5 ml) • GLIZIGEN® Spray with applicator (60 ml) • GLIZIGEN® Intimate Gel (250 g)  
GLIZIGEN® Monodose Intimate Gel (5 x 5 ml) • GLIZIGEN® Intimate Wipes (10)  
GLIZIGEN® Oral Solution (15 x 30 ml)



# 5 topical preparations

anti-ulcer • antiviral  
epithelium re-builder

# GLIZIGEN®

antioxidant  
immunomodulator

1 oral solution

## What is GLIZIGEN®?

GLIZIGEN® is a **topical preparation** which, associated with an **oral solution**, is highly effective for the treatment of human papillomavirus (HPV) and genital herpes (HSV).

## What does GLIZIGEN® contain?

GLIZIGEN® contains **activated glycyrrhizinic acid (GA)** in its composition.

- Five **topical preparations** with anti-ulcer, antiviral and epithelium re-builder properties.
- One **oral solution** with specific **activated antioxidants**. It reduces the free radicals and the oxidative stress induced by the virus. These antioxidants inhibit oxidation, cutting down on the deterioration of the immune system and the viral replication.

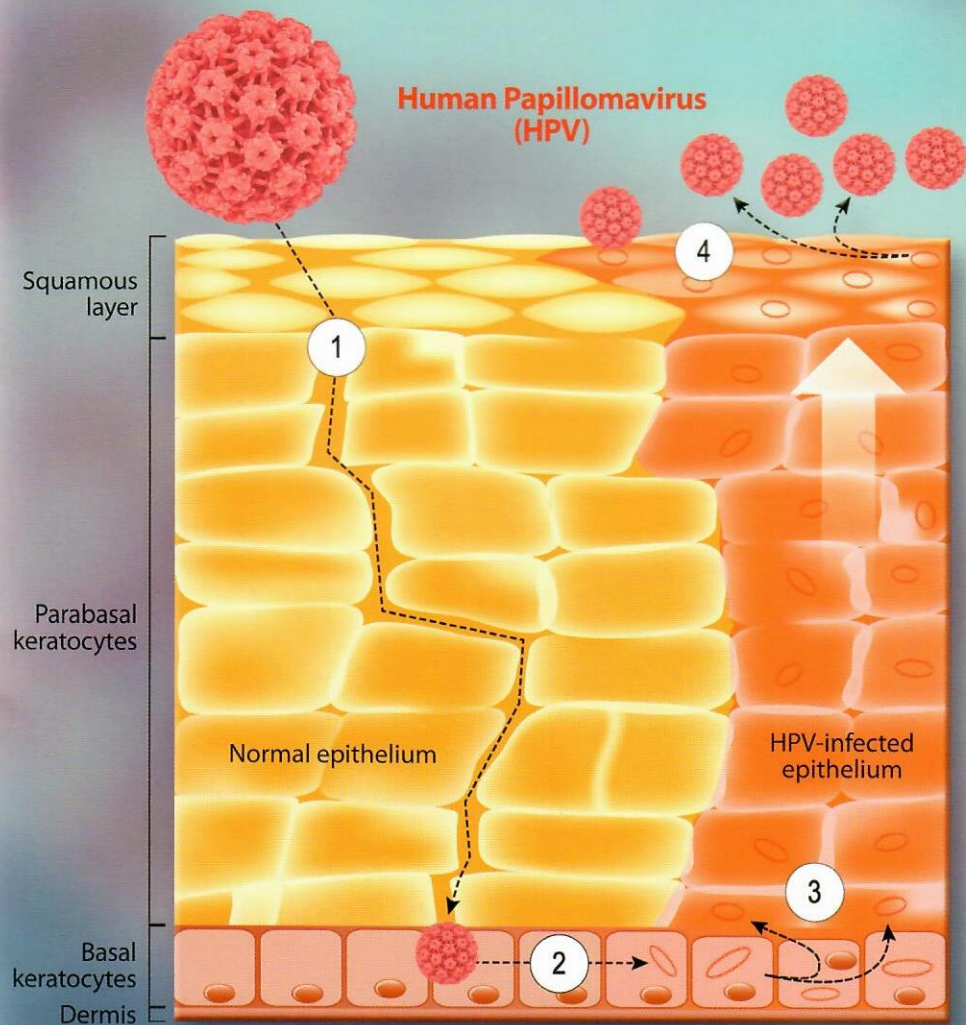
The ANTIVIRAL AGENTS and ANTIOXIDANTS contained in the formulation strengthen the organism and help restore the balance needed to stay healthy.

The activation of the components of **GLIZIGEN®** increases to a large degree the power of the biological functions of all of them without modifying or changing the molecular structure.

## MECHANISM OF ACTION

- **Glycyrrhizinic acid (GA)**, the principal ingredient of **GLIZIGEN®**, is proposed as an antiviral against several viruses (in vitro and in vivo) preventing DNA and RNA virus replication (VZV, HIV, influenza A and B, herpes simplex (HSV) 1 and 2, hepatitis B and C, among others).
- **GA** reduces early-stage virus replication. It also stops the virion leaving its capsid that would then penetrate the cells. These effects have been associated with the selective inhibitor dosage that is dependant on the phosphorylation of the Kinase-P.
- **GA**'s anti-inflammatory effect is due to the inhibition of the prostaglandin E2, as well as the lytic pathway in the complement system.
- **GA** has anti-ulcer and anti-viral properties; it induces the production of interferon.
- **GA** interacts with virus structures (proteins) that produce different effects according to the viral infection stage:
  - Inactivation of extracellular virus particles.
  - Prevention of the intracellular decapsulation of infectious particles.
  - Deterioration of the assembling capacity of the structural components of the virus.

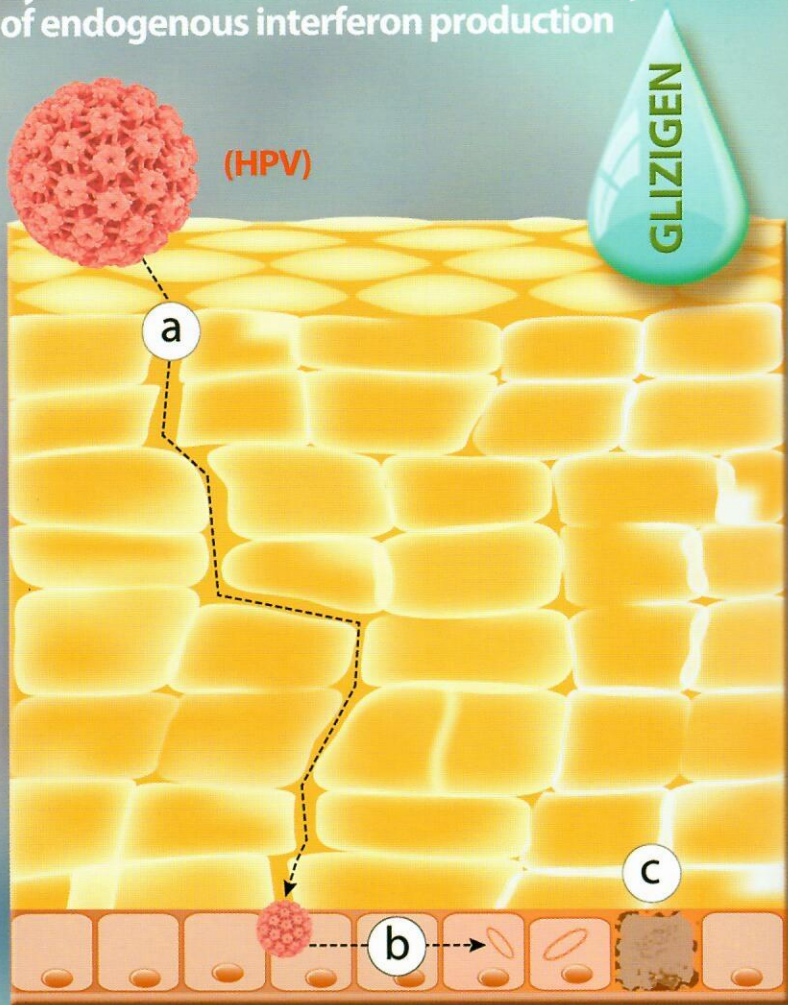




## The life cycle of HPV

1. The virus invades epithelial layers
2. Infected basal cell
3. HPV in epithelial cells
4. Viral DNA replication

1. Inhibition of viral replication by the antioxidant effect on ROS and by the stimulation of endogenous interferon production

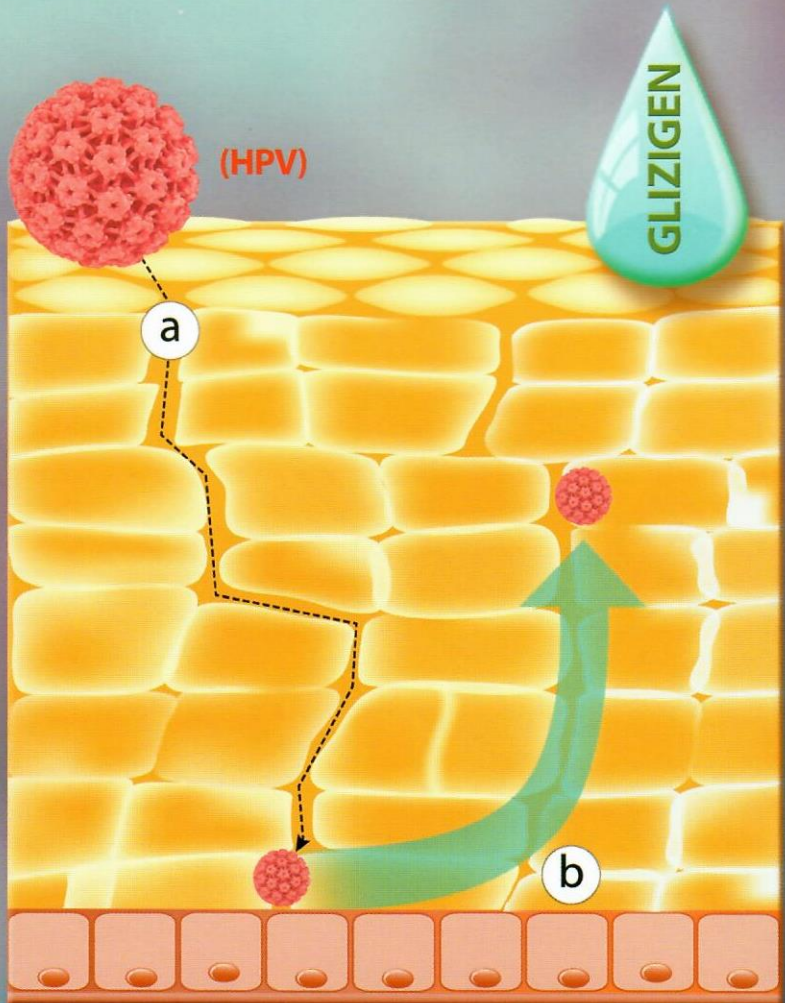


- a. The virus invades epithelial layers
- b. Infected basal cell
- c. The virus is progressively deteriorated until it is negatived



# antiviral action

## 2. Irreversible inhibition of virus interaction to the cell membrane



**a.** The virus invades epithelial layers

**b.** Viruses cannot adhere to the cell membrane



In some countries, **GLIZIGEN**<sup>®</sup>  
is marketed under the name of **EPIGEN**<sup>®</sup> or **HERPIGEN**<sup>®</sup>.





# Comparison

OF GLYCYRRHIZINIC ACID VS IMIQUIMOD TREATMENT  
OF PERSISTENT AND MULTIFOCAL LSIL BY HPV

Study conducted at Betania Hospital, State of Puebla, Mexico

# Comparison of Glycyrrhizinic Acid vs Imiquimod Treatment of Persistent and Multifocal LSIL by HPV

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Study conducted at BETANIA HOSPITAL, State of Puebla, Mexico.

## ABSTRACT

**BACKGROUND:** At present, infection with human papillomavirus (HPV) is a public health problem in the world.

**OBJECTIVES:** To compare the clinical efficacy and safety, as well as local and systemic adverse effects, of glycyrrhizinic acid vs imiquimod in Dysplasia Clinic patients in patients of the ISSSTEP Hospital diagnosed with multifocal persistent LSIL.

**MATERIAL AND METHODS:** Prospective, longitudinal, open, comparative, observational study. We selected patients with a diagnosis of multifocal persistent LSIL openly assigning them into two groups, 54 with glycyrrhizinic acid and 29 with imiquimod for the period July 2012 to June 2013.

Variables of age, location of lesions, colposcopy and histology results, decrease or disappearance of lesions, adverse effects were used.

Means, percentages were analyzed with statistical program IBM SPSS 22.0 and comparative analysis was performed using Student's t.

**RESULTS:** 83 patients were included in the study with ages of 20 to 70. Local adverse effects were reported with imiquimod 62% (T: 1.9) vs glycyrrhizinic acid 7% (T: 1.3) and systemic adverse effects with imiquimod 38% (T: 1.6), larger colposcopic improvement with glycyrrhizinic acid 20% (T: 1.7) vs 14% imiquimod (T: 92), greater histological improvement with 57% glycyrrhizinic acid (T: 2.4) vs 18% imiquimod (T: 1.17).

**CONCLUSIONS:** Better colposcopic and histological results and fewer side effects with glycyrrhizinic acid compared to imiquimod are reported.



# GLIZIGEN® as prophylaxis and treatment of vulvar and cervical intraepithelial neoplasia (VIN and CIN)

## Complete response

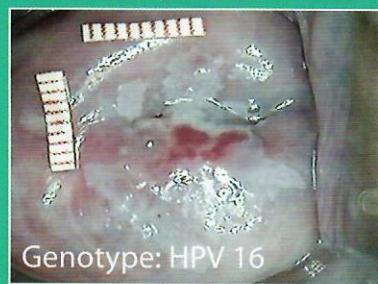


before treatment



after 4 months of treatment

## Partial response

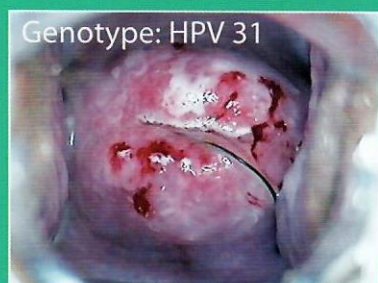


before treatment



after 3 months of treatment

## Stable disease



before treatment



after 3 months of treatment

- The results of the colposcopic and histological evaluations highlight a slightly favourable response to the use of **GLIZIGEN®**.
- Anti-inflammatory response in the treated lesions was demonstrated.
- Decrease in viral load levels and in viral persistence show that the treatment with **GLIZIGEN®** could indeed be effective in controlling HPV infection.

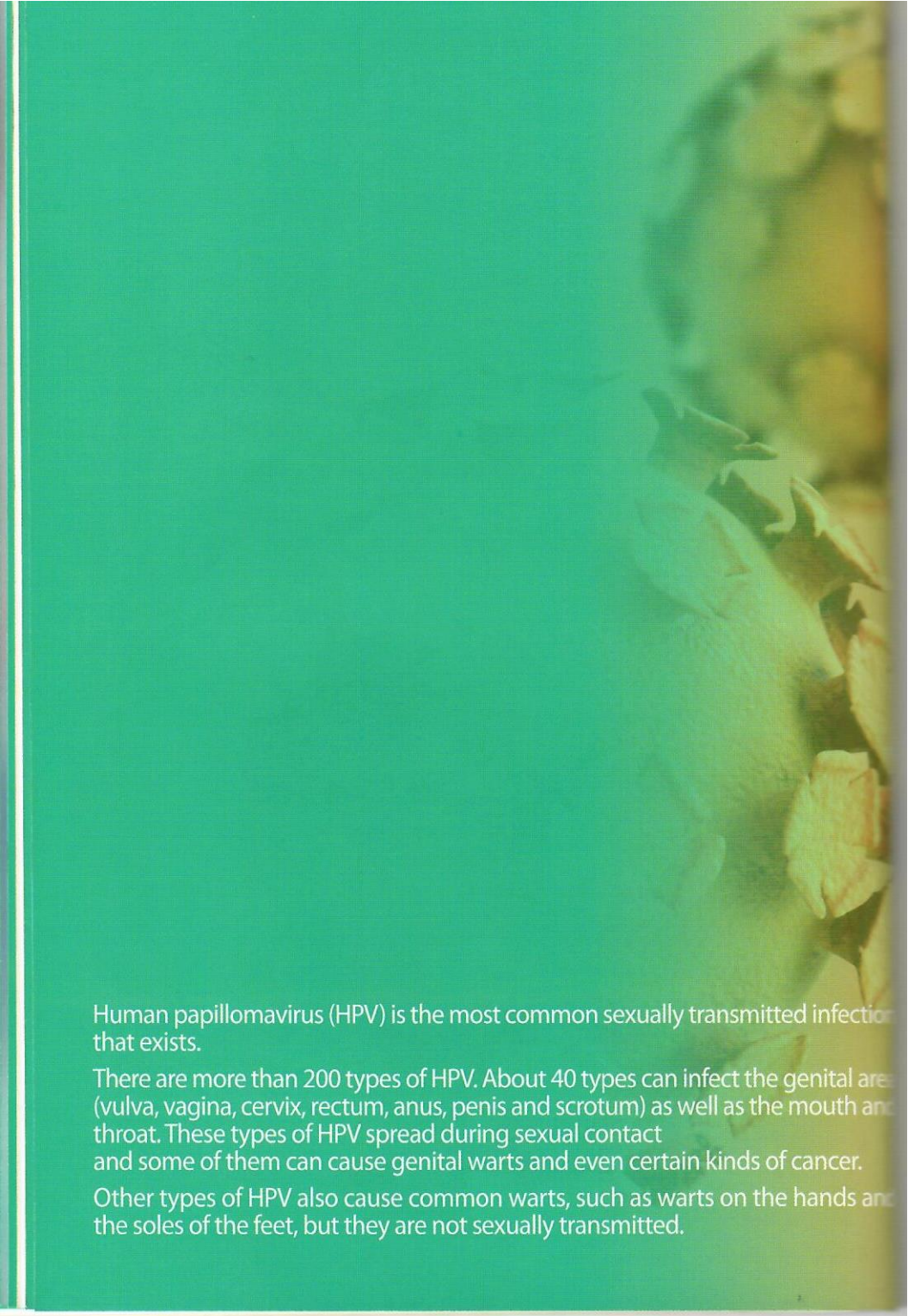




# human papillomavirus



- Inactivation of HPV
- Intraepithelial lesion to HPV
- Infection due to HPV in the cervix
- Anogenital warts
- Genital warts



Human papillomavirus (HPV) is the most common sexually transmitted infection that exists.

There are more than 200 types of HPV. About 40 types can infect the genital area (vulva, vagina, cervix, rectum, anus, penis and scrotum) as well as the mouth and throat. These types of HPV spread during sexual contact and some of them can cause genital warts and even certain kinds of cancer.

Other types of HPV also cause common warts, such as warts on the hands and the soles of the feet, but they are not sexually transmitted.





**"Effectiveness of Glycyrrhizinic Acid  
as a new inactivation therapy  
for human papillomavirus in cervical lesions  
by means of DNA tests"**

**Dr. Luis Antonio Almánzar Carrón.**

# “Effectiveness of Glycyrrhizinic Acid as a new inactivation therapy for human papillomavirus in cervical lesions by means of DNA tests”

\* *Dr. Luis Antonio Almánzar Carrón.*

---

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## ABSTRACT

Human papillomavirus (HPV) infection is the most common sexually transmitted disease around the world. There is a direct association as pathogenetic factor of cervical cancer. With advances in molecular biology, diagnosis and typification of HPV, its treatment has changed.

A prospective longitudinal study of 27 patients selected with DNA-HPV test positive cervical lesions was carried out to assess the effectiveness of topically applied activated glycyrrhizinic acid (**EPIGEN®**) combined with the oral administration of malic acid, glucosamine, amino acids, vitamins and minerals (**VIUSID® Oral Solution**) to be negative to the action of HPV.

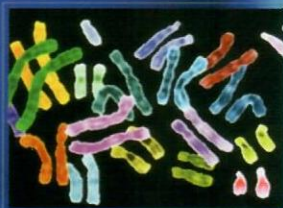
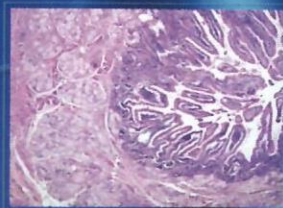
Of a total of 518 patients who attended our gynecological examination room at Dr. Reynaldo Almánzar Professional Building of the Siglo XXI Medical Center, San Francisco de Macorís, Dominican Republic, with the purpose of undergoing liquid cytology test or Thin prep pap test (from March 2009 to March 2010), 164 resulted in cell abnormalities by HPV for a prevalence of 31.6%.

From these patients, we selected 27 that agreed to complete the study (26 with DNA-HPV high risk and 1 with low risk).

Of the 27 patients selected, 24 (88.8%) proved to be HPV - DNA negative at 1 month of treatment and the remaining 3 (11.1%), at 2 months of therapy.

The age of the studied patients ranged from 21 to 72 years.





# Clinics and Practice

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Reprints from:

**Clinical response to glycyrrhizinic acid  
in genital infection due to human  
papillomavirus and low-grade squamous  
intraepithelial lesion**

**Marcelino Hernandez Valencia,  
Adia Carrillo Pacheco,  
Tomás Hernández Quijano,  
Antonio Vargas Girón,  
Carlos Vargas López**

**Clinics and Practice  
2011, volume 1, e93**

## Clinical response to glycyrrhizinic acid in genital infection due to human papillomavirus and low-grade squamous intraepithelial lesion

Marcelino Hernández Valencia, Aida Carrillo Pacheco, Tomás Hernández Quijano, Antonio Vargas Girón, Carlos Vargas López.

*Hospital General de Ecatepec Dr. José Ma. Rodríguez, ISEM y Unidad de Investigación en Enfermedades Endocrinas, Hospital de Especialidades, CMN Siglo XXI, IMSS, Mexico, D.F., Mexico*

### ABSTRACT

Human papilloma virus (HPV) can infect any of the mucosal areas of the body and cause cervical cancer. Until recently, no specific treatments were available for this condition; therefore, any damaged tissue had to be removed or destroyed, which may have presented obstetrical repercussions for some women. Recently, new drugs have been developed that have shown to be effective for the cure of HPV infection. Glycyrrhizinic acid (GA) has shown fewer side effects and its systemic use makes it possible to reach difficult-to-treat lesions. The purpose of this study was to evaluate the clinical outcome of GA to eliminate the epithelial lesion and HPV. We carried out a longitudinal, descriptive study that included women of reproductive age who were diagnosed with HPV associated with low-grade squamous intraepithelial lesion (LSIL). Subjects began treatment based on GA using two routes of administration - systemic (oral) and topical (spray) - with assessments every month to determine the clinical changes of the lesions through colposcopy and Papanicolaou (Pap) smear. Simple statistics were used along with two-tailed Student's t-test;  $P < 0.05$  was considered statistically significant before and after treatment. There were 70 eligible patients, of whom 62 fulfilled the inclusion criteria. Age of subjects was  $27.8 \pm 9.5$  years. At the time of the study, 100% of the patients had HPV infection, 40% were associated with LSIL, and only 16% used a barrier contraceptive (condom) method. Resolution was achieved in all patients from 4 weeks of treatment initiation and improvement was achieved in the majority of patients at 12 weeks (74%) ( $P < 0.001$ ). However, there was persistence of LSIL in 27.7% of patients and only one patient progressed to cervical intraepithelial neoplasia (CIN) II. The use of GA proved to be effective in resolving clinical HPV lesions. For cervical lesions with epithelial changes (LSIL), treatment may be required for a longer period as with other drugs used for this infection, as well as monitoring for at least 1 year according to the natural evolution of the disease.



REVISTA DEL

# Climaterio

MEDICINA INTEGRAL PARA LA MUJER

Órgano de la Asociación Mexicana para el Estudio del Climaterio, AC y del Colegio Mexicano para el Estudio del Climaterio y la Posmenopausia, AC

## 47

Volumen 8 julio-agosto, 2005

### ARTÍCULO ORIGINAL

- 187 Eficacia clínica y endoscópica del ácido glicirricínico activado (Epigen®) en el tratamiento de la infección por el virus del papiloma humano en el cuello uterino  
*José Ángel Espinoza de los Monteros Cárdenas, Arnulfo Álvarez Álvarez, Mario Castillo Gutiérrez, Luis Antonio Barragán Díaz Infante*

### ARTÍCULOS DE REVISIÓN

- 193 Sexualidad en el climaterio  
*Rafael Rico García Rojas*
- 198 Hemorragia anormal proveniente del endometrio uterino  
*Julián Casés Casaab, Julia Luisa Reigueras Ortiz*
- 205 Climaterio, sistema urogenital, efectos de la TRH  
*David Barriga Gómez, Néstor Argiles Lapuente*

### REVISIONES BIBLIOGRÁFICAS

- 210 Síndrome metabólico y marcadores elevados de inflamación relacionados con el deterioro cognitivo
- 211 Reducción repentina de la dosis del tratamiento hormonal, enseguida de la publicación del primer reporte de la Iniciativa de Salud de la Mujer (WHI)
- 212 Recomendaciones para la prevención de la osteoporosis
- 213 La progesterona puede incrementar menos el riesgo de cáncer de mama que la progestina
- 215 El raloxifeno protege contra el cáncer de mama durante al menos ocho años
- 217 La DHEA disminuye la grasa abdominal y mejora la acción de la insulina en mujeres ancianas
- 218 Estrógenos más progestinas y riesgo de trombosis venosa
- 221 Los estudios que evalúan la prevención de las fracturas con vitamina D y calcio muestran resultados contradictorios
- 223 El parche de testosterona mejora el deseo y la actividad sexual en mujeres posmenopáusicas
- 224 Eficacia del tratamiento estrogénico con progestina en la reducción de los síntomas menopáusicos (WHI)
- 226 El *coho*sh negro alivia los síntomas menopáusicos en las mujeres posmenopáusicas tempranas
- 227 En mujeres perimenopáusicas la TRH no incrementa las tasas de mortalidad cardiovascular
- 228 Diferencias raciales en los reportes de las pruebas genéticas para detectar riesgo de cáncer de mama
- 230 Los progestágenos no previenen la pérdida ósea posmenopáusica

## Clinical and endoscopic efficacy of activated glycyrrhizinic acid (Epigen®) in the treatment of the infection due to human papillomavirus in the cervix

José Ángel Espinoza de los Monteros Cárdenas,\* Arnulfo Álvarez Álvarez,\*\* Mario Castillo Gutiérrez,\*\*\* Luis Antonio Barragán Díaz Infante\*\*\*\*

### ABSTRACT

**AIMS:** Glycyrrhizinic acid (GA) has been therapeutically employed in diverse viral entities; it acts diminishing early stage virus replication.

In addition, the extrusion of the virion from capsid is prevented by such acid, also the virus cell penetration. These effects have been associated to a dose-dependent selective P kinase phosphorylation inhibition. Further kinase activities are also inhibited as the ones that are responsible for the membrane polypeptides phosphorylation of the cellular membrane, which are signaled as the viral receptor sites, preventing viral link to the cellular membrane resulting in an inhibition of the viral infective capacity.

**OBJECTIVE:** To evaluate the efficacy of activated glycyrrhizinic acid on the eradication of infection by HPV.

**PATIENTS AND METHODS:** By means of the local spray administration q.i.d. (3 to 4 pulverizations) of the activated GA form during 10 days.

It was planned to be applied to 100 female patients attending with infection by HPV clinical and citological (Papanicolaou) detected, and endoscopical and histological confirmed. Patient assessment was carried out at the initial visit, at the 10th ( $\pm 2$ ) and the 30rd ( $\pm 5$ ) post treatment days. After informed consent, 97 patients accepted to participate in the trial.

**RESULTS:** The effectiveness rate was  $> 90\%$  at the 10th assessment day, and  $80\%$  at the second assessment visit. Adverse reactions were locally and of low to moderate intensity, without treatment interruption required.

**CONCLUSION:** The activated GA form gives an effective, non invasive therapeutic option for the control or possible eradication of HPV.



ODBORNÝ ČASOPIS DERMATOVENEROLÓGIE, ESTETICKEJ DERMATOLÓGIE A KOZMETIKY

# DERMA



3. TISÍCROČIA

XIV. ročník 4/2014

Effectiveness of glycyrrhizinic acid (GLIZIGEN)  
and an immunostimulant (VIUSID)  
to treat anogenital warts

# Effectiveness of Glycyrrhizinic Acid (GLIZIGEN) and an Immuno-Stimulant (VIUSID) to Treat Ano-Genital Warts

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## ABSTRACT

Genital warts are benign proliferations of skin and mucosa caused by human papillomavirus infection (hereinafter referred to as HPV). It is one of the most common sexually transmitted diseases in the world, whose incidence rate has increased in the last three decades. Current treatment involves the physical destruction of the infected cells. The fact that there are many different types of treatment goes to show that none of them are uniformly effective or directly antiviral.

**OBJECTIVE:** To demonstrate the efficacy of **GLIZIGEN**<sup>®</sup> in the III phase clinical trial combined with the food supplement **VIUSID**<sup>®</sup>, formulated to boost the immune system when treating external anogenital warts.

**DESIGN:** 100 patients clinically diagnosed with anogenital lesions were included in the trial and assigned to two groups of 50 individuals. Those from one group were treated with **GLIZIGEN**<sup>®</sup> + **VIUSID**<sup>®</sup> and those from the other group with 25% podophyllin in alcohol, the results from each were then compared.

**RESULTS:** The combined **GLIZIGEN**<sup>®</sup> + **VIUSID**<sup>®</sup> treatment was seen to have an 87.5% efficacy rate, which was slightly more than that of the treatment with podophyllin, and there were hardly any adverse reactions reported during the treatment.

**CONCLUSIONS:** The combined **GLIZIGEN**<sup>®</sup> + **VIUSID**<sup>®</sup> treatment was effective in treating genital warts.



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# Dermatology Online Journal

# Update on the treatment of genital warts

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## ABSTRACT

This review summarizes new treatments from the last seven years employed for the treatment of genital warts caused by human papillomavirus (HPV).

**Imiquimod 3.75%** is a new agent with fewer side effects and perhaps a better dosing schedule than imiquimod 5%, but is not more effective.

**Sinecatechins/Polyphenon E 15%**, a novel extract from green tea can be effective against genital warts but requires three times a day dosing and is not more effective than existing treatments; the treatment course is 12-16 weeks.

**Photodynamic therapy** combined with other destructive modalities might increase the cure rate for genital warts.

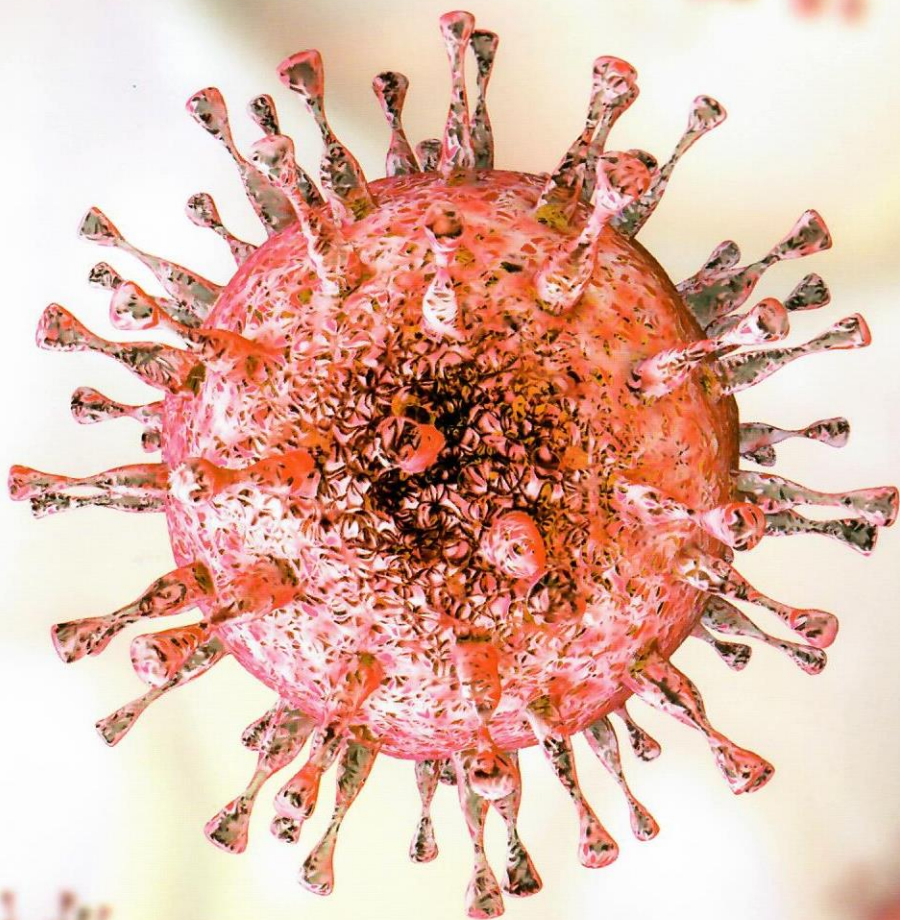
**The quadrivalent vaccine** against HPV 6, 11, 16, 18 is decreasing the incidence of warts in the western world but the evidence does not support vaccination as a treatment for those already infected by HPV.


Hyperthermia and immunomodulators might be positive additions to the armamentarium of clinicians. In sum, there are new tools that physicians can use but none is really a great advance over what was available a decade ago.



# herpes simplex virus

- Genital herpes





Herpes simplex virus (HSV) is a common human pathogen found throughout the world that produces a wide variety of diseases. It infects newborns, children and adults, and at forty years of age, more than 90% of the adult population shows antibodies to this virus.

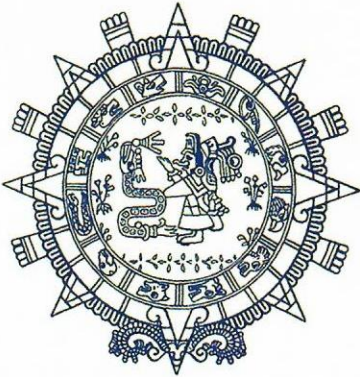




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**Topical use of glycyrrhizinic acid in genital herpes**

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**Vol. 3, No. 4**

**Octubre-Diciembre 2000**

# Topical use of glycyrrhizinic acid in genital herpes

Rodolfo Vick Fragoso,<sup>1</sup> Hilda Hidalgo Loperena,<sup>2</sup> Cristina Zenón Martínez,<sup>3</sup> Silvia Martínez<sup>4</sup>

## ABSTRACT

Glycyrrhizin acid is a glycosan triterphenoid activated in the carboxylic groups 5, 10 and 20. It is extracted from *Glycyrrhiza glabra* root. It has been proven to have antiviral activity against DNA and RNA virus (VZV, HIV, Influenza A and B, types 1 and 2 herpes simplex and hepatitis B and C) in vitro and in vivo. Toxicity has not been found in experimental trials on different cell lines. Glycyrrhizin acid blocks the first steps on viral replication as well as the viron exit from the capsid.

This is an open, controlled, clinical and multicentric study to evaluate the efficacy, safety and tolerability of glycyrrhizin acid. 52 adult patients of both sexes (males 62.7%, females 37.3%) with ages ranging from 18 to 65 years (mean 38.8) with active lesions of genital herpes simplex were included in this preliminary study. Patients were enrolled under clinical, cytologic and immunologic criteria.

A local application of the spray solution on the affected area was done twice a day for 5 days. Clinical efficacy was evaluated with no parametric methods. Total efficacy was observed in 95%, it was excellent in 65%, good in 25% and mild in 9%.

The natural history was the same, but not so good were the control of pain and pruritus. The immuno-serological evolution was correlated with the clinical history. Local tolerability was of 94.1% and no important adverse side events were observed.




# molluscum contagiosum

A scanning electron micrograph (SEM) showing numerous orange, spherical virus particles. Each particle has a distinct outer shell and a central core. They are scattered across a textured, light-colored surface that appears to be biological tissue or a substrate.

- Molluscum contagiosum in pediatric patients





Molluscum contagiosum (MC), is a dermatosis of viral origin that affects keratinocytes, is produced by a poxvirus in the form of brick. It is a very common pathology that mainly affects children up to adolescence, immunocompromised patients and patients with sexually active life.



ODBORNÝ ČASOPIS DERMATOVENEROLÓGIE, ESTETICKEJ DERMATOLÓGIE A KOZMETIKY

# DERMA



3. TISÍCROČIA

XIV. ročník 1-3/2014

**Effectiveness of Glycyrrhizinic Acid  
in improving Molluscum Contagiosum  
in pediatric patient populations**

## Effectiveness of Glycyrrhizinic Acid in Improving Molluscum Contagiosum in Paediatric Patient Populations

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Dr. Debora Bonito Lovio

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(Havana, Cuba)

### ABSTRACT

**INTRODUCTION:** Molluscum Contagiosum (MC) is a viral infection of the skin that mainly affects children; even though it is self-limiting, parents often seek help to alleviate their children's suffering.

**OBJECTIVE:** To evaluate the effectiveness and safety of the topical application of glycyrrhizinic acid (**GLIZIGEN®**) in patients with MC.

**METHOD:** An open, prospective, longitudinal pilot study was carried out on 55 patients aged 0 - 18, who had been clinically diagnosed with scattered MC on multiple parts of the body. The treatment consisted in washing the lesions three times the day with a bath gel containing glycyrrhizinic acid and then applying the same product in spray format on the lesions for 10 weeks. Their progress was monitored by the specialist at fortnightly check-ups. Their response to the treatment was assessed according to the relationship between the decrease in the number of lesions and the time taken for them to disappear, plus the occurrence of any adverse reactions.

**EXCELLENT:** MC had disappeared altogether by the end of the 10 week period.  
**Good:** More than 50% of MC had disappeared at the end of the treatment.

**NORMAL:** The number of MC had decreased by less than 50%.

**BAD:** The clinical condition remained the same.

**RESULTS:** All the lesions disappeared in 100% of the patients treated; the lesions of 88.2% disappeared in the first 8 weeks of treatment. No adverse reactions were reported while the product was being used, there weren't any relapses either.


**CONCLUSION:** Glycyrrhizinic acid is an excellent option to cure scattered MC that is difficult to treat.



# sexually transmitted infections

- Antiviral effect in dermatological practice
- Effectiveness in dermatovenereologic practice





The World Health Organization (WHO) estimates, at a minimum, one in 25 people in the world suffers from at least one sexually transmitted disease. According to the WHO, every day there are about one million new cases of sexually transmitted diseases (STDs) diagnosed.



ODBORNÝ ČASOPIS DERMATOVENEROLÓGIE, ESTETICKEJ DERMATOLÓGIE A KOZMETIKY

# DERMA



3. TISÍCROČIA

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III . ročník 2/2003

Preparations containing Glycyrrhizic Acid  
in dermatological practice

## Preparations containing Glycyrrhizic Acid in dermatological practice First results of the international multicentre study

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### ABSTRACT

#### AIMS and DISCUSSION:

**HERPIGEN**® (*Catalysis, S.L.*) is a modern preparation, which has resulted from the experience of traditional empirical medicine. The antiviral effectiveness of the product has been repeatedly confirmed in several clinical studies. It offers a totally new alternative for a large group of diseases: Herpes simplex-labialis, genitalis (herpetic vulvovaginitis, herpetic balanopostitis), herpes simplex in relapse, herpes zoster, condyloma accuminata and verrucae vulgares. It holds promise for the cure of bullous dermatoses.

**HERPIGEN**® is perfectly tolerated in both forms; it does not provoke irritation and it is quite innocuous. The product is very easy to apply and does not cause any discomfort.

Combining **HERPIGEN**® with other products, or with physical or mechanical assistance, does not present any problem.

Defending the grounds of products containing Glycyrrhizic Acid in dermatological practice has not been easy. The results of clinical trials carried out in many well-known clinics worldwide and also the results of this international multicentre study unanimously demonstrate, however, that **HERPIGEN**® from Catalysis, S.L. (Cream and Spray) enriches the range of dermatological products.

The results of the study presented show the great effectiveness of the product and serve as a recommendation for its wide use in dermatological practice.



# DERMATOLOGIA KLINICZNA

Clinical Dermatology



Preparations containing glycyrrhizic acid  
employed in dermatovenereologic practice.

Conclusions of an international multicentre  
study.

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## Preparations containing glycyrrhizic acid employed in dermatovenerologic practice. Conclusions of an international multicentre study

Zastosowanie preparatów zawierających wyciąg z *Glycyrrhiza glabra* w praktyce dermatowenerologicznej.  
Podsumowanie międzynarodowego, wieloośrodkowego badania klinicznego

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### ABSTRACT

**INTRODUCTION:** **EPIGEN**<sup>®</sup> represents an up-to-date preparation the development of which resulted from the experience obtained in the field of traditional medicine. Its excellent antiviral properties have been repeatedly proven by many studies. The indications of the employment of **EPIGEN**<sup>®</sup> are as follows: herpes simplex-labialis, genitalis (vulvovaginitis herpetica, balanopostitis herpetica), herpes simplex recidivans, herpes zoster, HPV infections-verrucae, condylomata acuminata.

**MATERIAL AND METHODS:** 55 patients diagnosed with herpes simplex-labialis, genitalis (vulvovaginitis herpetica, balanopostitis herpetica), herpes simplex recidivans, herpes zoster and condylomata acuminata were being observed at six departments of dermatovenerology as part of an international multicentre study. The series of patients consisted of 26 men (with the average age of 38.5) and 29 women (with the average age of 40.5). The youngest patient was a 12-year-old boy with herpes simplex, the oldest patient was a 78-year-old woman with herpes zoster facialis. The most numerous group of patients consisted of individuals with herpes simplex and herpes simplex recidivans amounting to the total of 24 patients.

**RESULTS:** 11 relapses were recorded. The tolerability of the preparation **EPIGEN**<sup>®</sup> was very good in all patients, none of the patients had to discontinue the therapy and no adverse effects were recorded. Even patients with disease relapses spontaneously decided to continue with the application of **EPIGEN**<sup>®</sup> after the termination of the study. The application of **EPIGEN**<sup>®</sup> has significantly accelerated the healing process in local manifestations. The application of **EPIGEN**<sup>®</sup> spray or cream in patients with herpetic infections was followed by desiccation of vesicles without crust formation, which significantly reduced the abuse of analgesics. The effect was excellent in minor manifestations of condylomata acuminata. The treatment of more extensive condylomata manifestations requires a combination of **EPIGEN**<sup>®</sup> application and cryotherapy.

**CONCLUSIONS:** **EPIGEN**<sup>®</sup> cream and spray is a clear contribution to the portfolio of topically employed dermatologic agents.



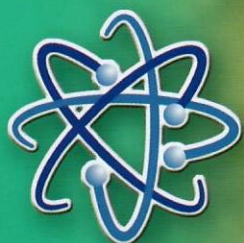
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- *Excellent pain relief and anti-ulcer effect*
- *Extremely well tolerated even at maximum dosage*
  - *Highly effective in immunostimulation for the control of vaginal infections*
  - *Easy, quick and hygienic to use, which encourages patients to follow through with the treatment*



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Bibliography for your reference and perusal.



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