Kid's stuff! : Dioderm: effectively controls infantile eczema and dermatitis - without risking the patient's skin.

Contributors

Dermal Laboratories Limited

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KID'S Stuff!

DIODERM: effectively controls infantile eczema and dermatitis -without risking the patient's skin.

DIODERM: THE ONE NATURAL HYDROCORTISONE THAT REALLY WORKS.

Truly effective natural hydrocortisone

Hydrocortisone has, for many years, been accepted as an extremely safe form of treatment for a variety of skin conditions. But it has always had one major drawbackinsufficient therapeutic activity.

The problem has always been that, being a natural steroid, hydrocortisone is broken down in the skin too rapidly to exert its known anti-inflammatory action.

Now Dioderm-a completely new formulation of hydrocortisone-overcomes this difficulty. Dioderm's unique "carrier" actually drives the hydrocortisone through the skin to produce its therapeutic effect, at a faster rate than enzymes can degrade it. So Dioderm achieves the best of both worlds with natural hydrocortisone-unprecedented efficacy and unquestioned safety.

Results from extensive studies with Dioderm have been dramatic. Clinical trials have shown Dioderm to be significantly more effective than Hydrocortisone Cream BPC1, 2. Also, results from vasoconstrictor studies have confirmed that Dioderm is significantly superior to all other formulations of hydrocortisone tested including those containing urea3.

> Hydrocortisone BPC Broken down too rapidly to exert anti-inflammatory action. Keratolytic agents produce only marginal benefit.



Comparison of activity between Dioderm, Dioderm C and four other proprietary formulations of hydrocortisone⁸ The hittogram shows total vaseomstrictor response after the application of all six hydrocortisone preparations. Established procedures used in earlier studies⁴⁸ were followed. Dioderm and Dioderm C were shown to be significantly more active than all of the other proprietary hydrocortisone formulation. hydrocortisone formulations.

Accelerated penetration results in maximum therapeutic effect before natural enzymatic

Synthetic steroids Resist normal enzymatic degradation, build up in the skin to produce unwanted side-effects.



Dioderm

breakde

Rational alternative to synthetic steroids

Increasing concern is being expressed about the inherent dangers of synthetic steroids. Local side-effects like atrophic striae⁶ and teliangectasia⁷ as well as the possibility of adrenal suppression⁸ are now considered to be a serious threat. Especially in children and other vulnerable patients. These side-effects indicate an excessive build-up of synthetic steroids which resist



normal enzymatic degradation and this has been confirmed in vasoconstrictor studies by reocclusion 1-2 weeks after no further steroid has been applied?.

There is now a natural, rational alternative to the synthetic steroids. Dioderm.

Because hydrocortisone is naturally occurring, once Dioderm has done its job, it is quickly broken down in the skin10 and cannot build up to produce unwanted effects. Dioderm produces results and no more.

"Its use should obviate the adverse effects of fluorinated steroids."1

Severe inflammatory reaction after treatment with topical synthetic steroids Adverse symptoms erapted on the face of this young patient after withdrawal of topical fluorinated steroids. This is a typical example of "rebound effect" which can result after treatment with synthetic steroids.

Especially suitable for'risk' patients

Children, sensitive areas like the face, large skin areas and cases requiring prolonged treatment are all vulnerable to the hazards associated with synthetic steroids.

Dioderm is particularly appropriate for these "risk" patients and can be prescribed with confidence.

"As Dioderm contains a relatively low concentration of hydrocortisone, it would appear to be a very suitable preparation for prolonged use or where relatively large

areas of skin are involved, and in children." Dioderm contains 0.1% Hydrocortisone BP in a highly sophisticated formulation to promote maximum penetration.



Presented in 30 gram collapsible tubes. PL0173/0018. Where infection is present or suspected Dioderm C (Hydrocortisone BP 0.1%, Clioquinol 1.0%) is indicated. Presented in 30 gram collapsible tubes. PL0173/0019.

Dioderm is particularly recommended for children and other "risk" patients.

References

References
1. Whitefield, M. and McKenzie, A. W. (1975). A new
formulation of 0.1% hydrocortisone cream with
vasoconstrictor activity and clinical effectiveness.
British Joannal of Dermatology, 92, 585.
2. Fredriksson, T. and Gip, L. (1976). A topical
formulation of hydrocortisone with increased activity.
Dermatology Digest, Jan, 27.
3. Basen B. W. and Wandfeeld, B. Deith, L. (1976).

3. Barry, B. W. and Woodford, R. British Journal of Dermatology. Accepted for publication.

 Dermatology. Accepted for publication.
 Barry, B. W. and Woodford, R. (1974). Comparative bio-availability of proprietary topical corticosteroid preparations; vasoconstrictor assays on 30 creams and gels. British Journal of Dermatology, 94, 323.
 Barry, B. W. and Woodford, R. (1975). Comparative bio-availability and activity of proprietary topical corticosteroid preparations; vasoconstrictor assays on 31 ointments. British Journal of Dermatology, 92, 663. assays or 93, 563.

93, 503. 6. Epstein, N. N., Epstein, W. L. and Epstein, J. H. (1963). Atrophic striae in patients with inguinal intertrigo. Pathogenesis. Archives of Dermatology, 87, 450. 7. Sneddon, I. (1969). Adverse effect of topical fluorinated correcosteroids in rosacea. British Medical Tearant 4.

fluorinated corricosteroids in rosacea. British Medical Journal, 1, 671.
8. Feiwel, M., James, V. H. T. and Barnet, E. S. (1969).
Effect of potent topical steroids on plasma cortisol level of infants and children with eczema. Lancet, I, 485.
9. Vickers, C. F. H. (1963). Existence of reservoir in the stratum corneum. Archives of Dermatology, 88, 72.
10. Greaves, M. S. (1973). The in vivo catabolism of cortisol by human skin. Journal of Investigative Dermatology, 57, 100.



Full information is available from: Dermal Laboratories Limited Tatmore Place Gosmore, Hitchin, Herts SG4 7QR

Dioderm: the results without the risks.