THE EFFECTIVENESS OF PROTEASES IN TREATING DISORDERS OF LYMPHATIC DRAINAGE

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Systemic enzymotherapy used in treating primary lymphedema was studied by Džupina et al. in 2000. He administered complex physical therapy to 12 women with primary lymphedema of the lower extremity for a period of 4 weeks. In half of these patients, Wobenzym was added to the treatment regimen at a dose of 3 coated tablets thrice daily for a period of 6 weeks. In the first 4 weeks, both groups exhibited a statistically significant reduction in the volume of the limb. In the following 6 weeks, reduction of lymphedema was seen only in the group of patients using Wobenzym.

A notable effect of Wobenzym in treating secondary lymphedema of the upper limb in patients after complex therapy for breast cancer was demonstrated in a series of studies performed in the Czech Republic (Bechyně, Tomanová, Bechyněová 1994; Wald, Adámek, Prausová 1997; Macháčková, Rysová 1997).

Our personal experiences may be summarised into the following points:

- Wobenzym tbl. is considered as the drug of first choice in the pharmacological treatment of lymphedema. In patients with unwanted side-effects (which occur rarely and consist of gastrointestinal discomfort), Wobenzym is substituted for Phlogenzym, which is given at half the dose of Wobenzym.
- We consider the lowest dose for therapeutic maintenance to be 2 x 5 tbl of Wobenzym daily.
- In older patients with untreated secondary lymphedema at the 2nd and 3rd stage, Wobenzym therapy is initiated at a dose of 2 x 10 tbl. daily. Once improvement has been achieved (measured objectively as a diminishment of the oedema), CDT is continued along with a maintenance dose of 2 x 4 to 5 tbl, depending on the individual response of the patient.
- In cases of secondary lymphedema with unsatisfactory response to CDT, or when the beneficial effects of physical therapy are unable to be maintained for longer periods of time, a medium dose of systemic enzymes (2 x 7 tbl. daily) is started. Once clinical response is achieved, the dose is lowered to the maintenance dose of 2 x 5 tbl. daily.
- In clinical silent forms of lymphedema (latent phase is diagnosed by lymphoscintigraphy), Wobenzym is initiated at a dose of 2 x 7 tbl. daily for a period of 3 - 6 months. Upon normalisation of the finding on lymphoscintigraphy, the drug is discontinued and the patient is followed-up.
- In patients receiving radiotherapy, we recommend Wobenzym prevention at a dose of 2 x 5 tbl. which is continued until complete remission of the postirradiational changes to the soft tissues has been demonstrated.
- Concomitant administration of systemic enzymotherapy and antibiotics in lymphedema patients with secondary bacterial infections of the subcutaneous tissue is recommended. This leads to an improved delivery of the antibiotics by the blood to tissues, and therefore leads to a more rapid regression of the clinical symptoms and a reduction of reinfections.

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PRELIMINARY RESULTS IN THE STUDY OF THE THERAPEUTIC EFFECTS OF PROTEOLYTIC ENZYMES USED FOR LYMPHEDEMA IN CRURAL ERYSIPelas

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In this lecture, the authors describe the preliminary results in treating secondary lymphedema after crural erysipelas. Patients that had reached the end of the inflammatory stage of crural erysipelas and in whom developed or worsened a pre-existing lymphedema were included in the study. The treatment regimen include compressive therapy in combination with medication comprising proteolytic enzymes - Wobenzym tablets at a dose of 10 tablets 3 x daily for a period of 3 months. Evaluation of patients’ subjective problems was done using questionnaires.

Objective evaluation included clinical examination; measurement of the volume of the affected limb; measurement of the thickness of subcutaneous tissue by duplex doppler ultrasonography at a pre-defined location; recording of the centripetal venous flow by duplex doppler ultrasound; and lymphoscintigraphy scanning with quantitative measuring of the transit time and percentage accumulation of radioisotope in regional lymphatic nodes before therapy initiation, after 3 months of therapy with Wobenzym, and 3 months after completing the treatment. The total time of follow up was 6 months. Results of selected biochemical parameters are also presented.
SUMMARY

Clinical Sciences

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CONGRESO ARGENTINO DE FLEBOLOGIA - 23 A 25 DE MAYO DEL 2007 - TUCUMÁN (ARGENTINA)

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