CASE STUDY

TREATMENT WITH THERESIENÖL OF SURGICAL DISEASES OF THE SKIN

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ABSTRACT

Theresienöl is a 100 % natural product representing a mixture of animal and vegetable raw materials from Tyrol. Its exact recipe has been preserved untouched and in deep secret for more than six centuries yet, and has been passed down from generation to generation. Six patients were included in this case series one patient with malignant melanoma of the skin after re-excision with subsequent non-free skin surgical plastic, two patients with III degree skin burning and three patients with infected wound successfully treated with Theresienöl. All of them - before the application of Theresienöl - were treated with different operative methods.

The treatment of scars from operative interventions with Theresienöl is very effective. That is why it must start directly after the operative intervention. The therapeutic effect of Theresienöl for postoperative scars is commensurable with and even better than the one of all applied until now local medicines, which makes it an agent of choice in those cases. Theresienöl represents a good alternative to the free skin surgical plastic for small burns of III degree. The local treatment of infected wounds with Theresienöl is more effective and economically sound than the treatment with all the rest types of dressings. The effects from the treatment of different surgical diseases with Theresienöl occur very rapidly, while there is a very good response to local hematomas, pain, and itchiness by the medicine, and there are no side effects from its administration.

KEY WORDS: Theresienöl; Scars; III degree skin burning; Infected wounds

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INTRODUCTION

Theresienöl is a 100 % natural product representing a mixture of animal and vegetable raw materials from Tyrol. Its exact recipe has been preserved untouched and in deep secret for more than six centuries yet, and has been passed down from generation to generation [1]. In the year 2005, the medicinal substance left for the first time the confines of Kundel, Austria, because the current guardian of the recipe, a woman by the name of Theresia, decided to help a 16-month-old child with a thermal burn of IIA-B degree. When hearing of what had happened to the child, she offered to doctors at the University Clinic of Burns and Plastic Surgery in Innsbruck to apply the home medicinal substance as therapy. At the insistence of the child's parents and with the consent of the Head of that Clinic, that became possible. After several months, the child recovered completely, with no traces of scars.

Today Theresienöl is produced professionally according to GMP guidelines with strict quality criteria and continues to amaze doctors and patients, who undergo treatment with it [1]. It is an effective, completely harmless alternative to many synthetic preparations, and it can be applied to patients of every age. The positive results from the treatment with it occur within 24-72 hours, while the complete healing of the respective disease depends on the severity and causes for its occurrence. Theresienöl has exceptional results in connection with the therapy of a great number of skin and tissue lesions. The medication helps the regeneration of skin; it results in hydration of the tissues and acts antiseptically; it, furthermore, calms the itching and eliminates the pain if there are burns.

The qualities of the product were confirmed both by the stories of patients and by the qualified opinion of their attending physicians.

Theresienöl is a real achievement in the therapy of burns, scars, and wound infections, which has attested its effectiveness over time.

This case series aims to present the positive therapeutic effect of Theresienöl in patients with postoperative scars, burns of III degree, and infected wounds that healed with difficulty.

CASE REPORT

Six patients were included in the case series (one of them had a postoperative scar, two - limited burn of III degree, and three - infected skin wounds) in the period from 2017 to 2018. All of them - before the application of Theresienöl - were treated with different operative methods at the Clinical Department of Plastic, Recovery and Aesthetic Surgery of University General Hospital for Active Treatment "Dr. Georgi Stranski" EAD, Pleven City, Bulgaria.



Fig. 1. Non-free rotational skin flap from the left facial half



Fig. 2. A surgical scar of left facial half after the end of treatment with Theresienoil

We represent an 82-year-old woman in status after biopsy of cutaneous malignant melanoma - a nodular variant with sizes of 2/2 cm, localized in the left temporal area. Three weeks later we performed a re-excision with subsequent nonfree skin surgical plastic under general anesthesia (Figure 1).

The surgical wound healed by first intention. We removed the sutures on Day 14, after which we continued treating the scar with several drops of Theresienöl once daily. The site was covered with a wet dressing to be prevented the rapid depleting of the oil. After 22 days we found excellent results from the treatment - the size of the scar was reduced to the possible minimum (Figure 2).

We represent a 36-year-old man with an electrical burn of an area of less than 1%, III degree, localized in the base of the thumb of the right hand. We initiated his treatment with op-



Fig. 3. The site of the burn of III degree before treatment with Theresienöl



Fig. 4. A completely healed wound after 14 days of treatment with Theresienöl



Fig. 5. The site of burn of III degree before treatment with Theresienöl

erative removal of the necrotic tissues at the site immediately after hospital admission. We continued the treatment with silver dressings for about 14 days. We found an unsatisfactory result of the latter treatment, manifested in the presence of pus in the fundus of the wound (Figure 3). We decided on that account to proceed to local application of Theresienöl (two drops once daily) while covering subsequently the site with a wet dressing.

At the follow-up examination after 14 days, we found complete healing of the wound with a normal scar and with no data of infection. There were by no means any disturbances of the functioning of the hand from the scar achieved in that way (Figure 4).

We represent a 68-year-old woman with a burn from hot water of an area of 1%, of III degree of the middle third of the lateral part of the right thigh. Here, we realized locally



Fig. 6. A completely healed wound after 37 days of treatment with Theresienöl



Fig. 7. Superficial infection of the surgical site



Fig. 8. A completely healed wound 27 days after the treatment with Theresienöl

an emergency necrectomy, followed by treatment with antiseptic dressings with nanosilver. Two weeks later we found unsatisfactory granulations at the site with the presence of pus in the fundus of the wound (Figure 5).



Fig. 9. Superficial infection of the surgical site with endmost necrosis of the flaps and dehiscence



Fig. 10. Complete healing of the wound five months after the onset of treatment with Theresienöl



Fig. 11. A necrotic wound of right lower leg



Fig. 12. A necrotic wound of right lower leg 15 days after treatment with Theresienöl

We estimated that this treatment is not effective, and undertook application of Theresienöl (10 drops once daily) under a wet gauze. On Day 37 after the onset of treatment with the oil, we found complete healing of the site with a normal scar, which did not result in any functional limitations (Figure 6).

We represent a 35-year-old man, who was operated by us due to a pilonidal cyst - complicated with multiple fistulas - localized in sacral and left gluteal areas. We performed excision with a "safety margin" of healthy-looking tissues, while the wound on the left side was drained and closed, and the one in the sacral area was left half-opened. We removed the sutures on Post-Surgery Day 15, while there were no physical data of local inflammation. On Day 20 the distal part of the gluteal wound on the left side opened and purulent secretion began. The size of the site was 6×2 cm (Figure 7).

We decided to initiate treatment with Theresienöl locally after preliminary surgical manipulation and administration of oral antibiotics. We applied 8 drops of the oil once daily, followed by covering the site with gauzes impregnated with physiological saline. The wound healed completely with a normal scar 27 days later (Figure 8).

We represent a 62-year-old woman with performed by us repeated excision of the skin of the middle third of the right lower leg, medial part as a consequence of diagnosed malignant melanoma. The borders of excision were within a radius of 2 cm from the biopsic scar, which resulted in a massive skin defect locally. The latter defect was covered using replacement of skin flaps. We found endmost necroses of these flaps 10 days later; they were accompanied by an infection of the operative wound, which manifested with redness. There was edema of the surrounding tissue as well. Thereafter the wound became half-opened due to the dropping of a major part of the sutures. The dehiscence had sizes of 25×4 cm (Figure 9).

We undertook 7-day treatment with systemic antibiotics, while we fully removed the sutures and performed complete necrectomy. We initiated local treatment with 16 drops of Theresienöl once daily, followed by covering the wound with gauzes impregnated with physiological saline.

Five months after the onset of treatment with Theresienöl, complete healing of the wound occurred with the formation of squamous scar, while no complications were found by us (Figure 10).

We represent a 72-year-old female patient with a necrotic wound of the right lower leg as a consequence of postphlebitic syndrome, who was treated immediately by local application of 10 drops of Theresienöl under wet gauze once daily, after preliminary surgical manipulation of the site (Figure 11).

The wound healed almost completely - 15 days later - with a scar of normal appearance and with no limitations of the functionality of the limb (Figure 12).

DISCUSSION

A major range of therapeutic methods and agents are used nowadays for the treatment of postoperative scars; they include:

- precisely performed operative intervention, implemented according to the rules for minimal impairment of tissues [2-4].
- the silicone dressings or creams, which reduce the pain and discomfort of the involved site and preserve the moisture in the area of stratum corneum of skin [2,5,6].
- the use of elastic dressings locally, which reduce the forces that extend the scar [2,7].
- the local use of human recombinant growth factor TGF- β 3, which reduces the deposition of connective tissue at the site of lesion especially at the end of the healing process [2,8,9].
- treatment with anti-UV creams with a factor of more than 50, which reduce the pigmentation and improve the external appearance of the scar [2,10,11].

The treatment of burns of III degree is difficult and slow, because in these cases there is a complete destruction of the layers of skin, and the healing begins from the surrounding healthy tissues. It includes:

- surgical removal of necroses with "safety-margin" of healthy-looking tissues [12-14] or very rarely use of enzymes for this process [2,15,16].
- use of antiseptic dressings, usually containing silver, with the purpose of avoiding infection at the site until the appearance of fresh granulations.
- free skin transplantations for covering of the affected area; only similar burns of a small area may heal without the need for transplantation of skin, but that occurs over a long period of time, while hypertrophic scars with contractures appear often at the site.

The treatment of infected wounds, which are difficult to heal, represents a serious medical and surgical problem, which includes:

- systemic antibiotic treatment, which initiates empirically; thereafter, it may be changed at the time of the receiving of the antibiogram of wound secretion according to its result [17-19].
- surgical necrectomy of the non-viable tissues [17,20].
- non-surgical local treatment, which includes:
 - dressings (containing enzymes, pectin, cellulose, etc.) for chemical necrectomy
 - dressings (containing silver, iodopovidone, chlorhexidine, etc.) with antiseptic effect, reducing greatly microbes in the wound
 - hydrocolloid dressings, stimulating the processes of repair
 - local vacuum therapy, performed for removal of necroses and pus from the wound, while, at the same time, it stimulates the repair
 - hyperbaric oxygenation, which ensures a higher concentration of oxygen with powerful antiseptic effect in the wound, especially upon mixed infections with the participation of anaerobes, while there is simultaneously pronounced increase of local metabolism with the effect of great stimulation of the processes of repair [17].

All of the above-mentioned may be realized by one product, namely Theresienöl. The individual components of There-

sienöl have an effect comparable to a TNF alpha-blocker. It is expressed in preventing the effects of inflammatory mediators and creating appropriate conditions for healing of wound and tissue damage. The combined anti-inflammatory and anti-pruritic effect of the drug promotes an efficient healing process. One ingredient of the ointment is Butyrum bovis. It is a carrier of all active ingredients of Theresienöl. Contained butterfat penetrates to the deepest layers of the skin and having a regenerative, anti-inflammatory, and demulcent effect on irritated and reddened skin. The dissolved in the fat matrix of the drug tocopherol and tocopherol acetate contributing to the cell's repair and thus to the epithelisation of the damaged skin. This preventing formation of scars and blisters. The fruit extract from Pyrus malus is rich in polyphenols. They have an antioxidant effect and protect the body's cells from free radicals and slow down cell oxidation. Contained in Theresienöl tannic and salicylic acids renew the acid pH of the skin mantel. The leaf extract from Stellarioides longibracteata has antibacterial, anti-fungal, and toning effects. It improves blood circulation and oxygenation and playing a major role in wound healing. The Saponins contained in the ointment even at low doses have coagulation, anti-inflammatory, diuretic, and hormone stimulating effects and help treat bleeding, hematomas, and swelling. The Skin lipids in Theresienöl are with a reduced allergic potential and have the active properties of lanolin. The unique fat matrix of the ointment has moisturizing, softening and healing effect on dry, chapped and damaged skin, and has excellent results in treatment and prevention of the scars [1].

Being familiar with the basic actions of Theresienöl, we used it for local treatment of a major scar from non-free skin surgical plastic of face, III degree burns of limited area, as well as infected wounds that healed with difficulty.

On principle after repeated excision of cutaneous malignant melanoma of the face, big postoperative scars occur at the site, but in our case owing to the use of oil, the scar was maximally small, while the treatment passed over a minimal period of time. There were not any side effects in connection with that treatment.

At the time of initial treatment of the limited burns of III degree represented by us, we ascertained ineffective, postoperative local antiseptic treatment, because we had clinical data for infection of the affected sites. This prevented the use of free surgical skin plastic for treatment at that moment, due to the risk from septic lysis of the graft. On this account, the team made a decision for local treatment with Theresienoil, preceding the future free skin plastic. To our great surprise, the application of the oil resulted in complete recovery of the affected sites with no need for plastic recovery; it also did not take any long period of time.

For the treatment of infected wounds that healed with difficulty after their surgical manipulation, we used local treatment with Theresienoil once daily, and so we found excellent results, corresponding completely to the mechanisms of its action. We found - from the gained by us experience with the use of that medicine - that its action is better and more rapid in comparison with the whole range of dressings, which are offered for treatment of this kind of wounds, and, at the same time, its price for the whole period of treatment is many times lower.

All that was represented so far as our experience with the use of that medicinal substance for the treatment of different surgical diseases, proves that this product is an agent of choice for that type of pathological processes.

CONCLUSIONS

The treatment of scars from operative interventions with Theresienöl is very effective. That is why it must start directly after the operative intervention.

The therapeutic effect of Theresienöl for postoperative scars in the area of the face is commensurable with and even better than the one of all applied until now local medicines, which makes it an agent of choice in those cases.

Theresienöl represents a good alternative to the free skin surgical plastic for small burns of III degree.

The local treatment of infected wounds with Theresienoil is more effective and economically sound than the treatment with all the rest types of dressings.

The effects from the treatment of different surgical diseases with Theresienöl occur very rapidly, while there is a very good response to local hematomas, pain, and itchiness by the medicine, and there are no side effects from its administration.

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The Authors declare no conflict of interest.

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