3. Stage 3 (Progression): Emergence of telogen effluvium (increased hair shedding) and deterioration of hair quality, including heightened frizz and porosity.

4. Stage 4 (Adaptation): A necessary and comprehensive shift in cosmetic and therapeutic strategies toward a core focus on hydration, lipid replenishment, and barrier repair to mitigate the ongoing environmental assault.

This consistent adaptive response underscores the profound impact of environmental factors on cutaneous and follicular physiology and highlights the need for targeted dermatological guidance for this demographic [1, 2, 3].

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EFFECTIVENESS OF SALICYLIC ACID FOR WARTS AND THE EFFECTS OF OTHER MEDICATIONS AND THERAPIES

Introduction

Viral warts, or verrucae, are benign skin growths caused by the human papilloma virus (HPV). They manifest as thickened, hardened patches on the skin, resulting from an overproduction of keratinocytes, the primary cells in the epidermis. These warts typically appear as elevated bumps with a rough, irregular surface, often likened to cauliflower. They can occur on various body parts, including the hands, feet, and face.

Epidemiological studies indicate that viral warts are especially common among younger individuals. Research suggests that between 3% and 13% of the general population is affected, with prevalence rates potentially reaching up to 10% among school-aged children. The transmission of HPV occurs through direct contact with infected skin or contaminated surfaces, making schools and communal areas hotspots for spreading the virus.

While viral warts are generally harmless and often resolve spontaneously over time, they can be bothersome or painful, particularly when located on weight-bearing areas like the soles of the feet. Treatment options include topical therapies, cryotherapy, and laser treatments, depending on the wart's size, location, and persistence. Awareness and preventive measures can help reduce transmission and incidence among susceptible populations.

Goal

The main aim of the thesis is to analyze the patients' responses to topical creams/solutions or other ways of the treatment to remove warts permanently from the skin layer.

Material and methods of research

An analysis of patients' responses to certain medications and the general outcomes of the other ways of treatment from the open-source portal "Drugs.com" with actual patient's response and reviews to drugs irrelevant to certain brands. The Drug classes such as Antiseptic and germicides, Topical acne agents, Topical keratolytic, Topical antineoplastics were collected from the mentioned open-source portal. Around 20 patient's reviews were analysed. The information about the laser treatment, Electrocautery, Cryotherapy (liquid nitrogen) were collected from the Dermatology department of Lady Ridgeway Hospital for children

The results of the research and their discussion

Salicylic acid functions as a keratolytic agent, causing the shedding of the wart's hyperkeratotic tissue. This mechanism relies on gradual chemical debridement, which, if not carefully controlled, can lead to damage of surrounding healthy skin. The risk of burns is particularly relevant, especially with higher concentrations and prolonged application. Furthermore, the inflammatory reactions and allergic responses suggest that some individuals possess heightened sensitivity to salicylic acid. These adverse events highlight the importance of dermatological ability in managing wart treatment. Dermatologists are equipped to assess the type and location of the wart, evaluate the patient's skin type and medical history, and provide tailored treatment recommendations.

According to the collected data about the medications, salicylic acid is being the most popular among the public. It is being exposed to public in varying names as for example compound w, duofilm, wart remover etc. The dosage forms were topical bar (1%), topical ream (3%, 6%), topical foam (6%), topical gel (2%–17%), lotion, ointment, shampoo etc. Out of all the patients 33% of them reported positive experience with mentions of the warts were removed from their skin within 2–4 weeks. As on the other side the negative reviews were also collected. Out of the remaining 67% to the total incidence were only negative and partial reviews from the consumers. 33% of them were complete negative response to the total incidence. The reviews said that the patients got second-degree burns with allergic and inflammatory reactions as well. The negative aspects were not only second-degree burns but high fever, purulent inflammations, skin blisters, exudative fluid outflows through the wounds

According to the collected results the salicylic acid was only completely useful for the 33% out of the recorded patients only, still had contraindications and side effects. Other than salicylic acid, Cantharidin a blistering agent worked well for patients who did not have much effectiveness from salicylic acid. In STD clinics of Sri lanka the most used medication was Podophyllin resin on treating warts in the genital regions. According to other datas for the therapies, Cryotherapy, Electrocautery and Laser treatments were more popular and had lesser negative outcomes than scar forming, depletion of hair follicles.

Conclusion

While salicylic acid is a popular, readily available wart treatment, its limited efficacy. Alternative treatments like cantharidin, cryotherapy, electrocautery, and laser offer better outcomes and are vital for dermatology.

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