

The Reactivation of Tissue Trophism and Vascular Regeneration, even on Damaged Skin and During Inflammatory Processes, by Mixture of Unsaponifiable Fractions of Vegetable Oils and Pollen-Clinical Cases

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1. Introduction

The mixture of unsaponifiable fractions of vegetable oils and pollen, with an oily consistency, promotes the regeneration of the circulation and tissue trophism, being keratoplastic, hydrating and a powerful anti-aging agent, reactivating and re-establishing skin trophism [1].

It is important to pay attention to scarring, which is the set of reactive tissue phenomena that lead to repair. The scar is the newly formed tissue to repair a continuous solution from any cause produced [2].

Cicatrisant, immunomodulatory and anti-aging regeneration agent of vessels and tissues, indicated for:

- Dermatitis
- Healing delays
- Canker sores
- Ulcers (prevention and treatment)
- Sores (prevention and treatment)
- Vascular problems of the limbs (telhenagectasia, venectasia)
- Herpes
- Keloids
- Chilblains
- Warts
- Tendinitis
- Enthesopathies

- Relaxation of tissues (neck, face, breasts etc)
- Spots (senile, from vascular problems of the limbs)
- Skin thinning
- Vulvar senile atrophy, vaginal dryness, vaginal dystrophy
- Dermatitis on areas of thick skin (palms of the hands, soles of the feet)
- Fissures (prevention and treatment): from breastfeeding, anal, fissured dermatitis, fissured heels, interdigital splits
- Healing delays
- Sores (prevention and treatment)
- Scarring anomalies, stretch marks (treatment and prevention)

2. Materials and Methods

Specifically, it has been used in the treatment of complex wounds, pressure injuries, prevention and treatment of scars, late-repairing and no-healing skin lesions, oral cavity ulcers and in skin exfoliation secondary to iatrogenic reactions [3]. After cleansing with saline solution (recommended), the mixture was applied 2 times a day, both on damaged skin and in the perilesional space and in necrotic areas. In the patients taken care of, the Mixture for the Treatment of Open Wounds and Compromised Skin was positioned, both on the bottom of the lesions and on the edges, until the healing phase, assisted by advanced dressing in relation to both the type of lesion and the exudate and the Scar Treatment Blend was still positioned in the healing phase.

Clinical Case: 78 year old woman – Toxic Epidermal Necrolysis.



In both forms, blisters generally appear on the mucous membranes of the oral cavity, eyes and vagina. Both pathologies are potentially lethal. About half of cases of Stevens-Johnson syndrome and nearly all cases of toxic epidermal necrolysis are caused by a reaction to a drug, most frequently to sulfonamides and other antibiotics, anticonvulsant drugs such as phenytoin and carbamazepine, and certain other drugs such as piroxicam or allopurinol. Some cases are caused by bacterial infections, vaccines, or graft-versus-host disease. Sometimes, a cause cannot be identified. In children with Stevens-Johnson syndrome, the most likely cause is an infection.

3. Results

The application favored the debridement of necrotic areas, in highly exuding wounds it reduced their production, in non-healing lesions it favored resolution, it allowed the prevention of the formation of abnormal scars: creating an optimal environment for faster re-epithelialization, reducing and normalizing the inflammatory response, hydrating and protecting superficial wounds and compromised skin, its protective and hydrating action has been fundamental in softening and lowering scars, relieving itching and discomfort, reducing redness and discoloration [5].

Clinical Case: 16 year old man, sub-lingual ulcer due to radiotherapy.



3. Conclusion

The treated patients demonstrated a notable reduction in painful symptoms perceived and related to the skin lesions they were suffering from, compliant and collaborative with the treatment procedures. All treated wounds have benefited, thanks to the particular anti-lipoperoxidative and keratoplastic characteristics capable of penetrating the active ingredients quantitatively at a deep level, even on intact or hyperkeratotic skin and in patients with total exfoliation due to iatrogenic causes, total and valid of the skin plane, with valid trophism. The evident tissue repair action has proven to be successful, thanks to the absolute physiological action, demonstrating the restoration of the optimal

conditions of the skin trophism, of the district micro environment, with the following systemic response of activation/reactivation and balance/re-equilibrium, with priority action and targeted on inflammation. Its use on skin lesions secondary to radiotherapy bombardment and radiodermatitis of different extents has proven to be the first choice, especially in preventing skin lesions of the oral mucosa, remembering its application immediately after irradiation. It is important to underline the regression of the painful symptoms, evaluated in the treated cases, in the initial estimate of which it was classified as 'uncoercible' (10 plus), then eliminated from the first treatment.

Clinical Case: 58 year old man, abdominal surgical wound dehiscence



The importance of its action as a keratoplastic makes it fundamental in the adjuvant treatment of neoplastic skin lesions, even at an extreme level, reducing odor, reducing tension and thanks to the excellent blend, it becomes fundamental as a primary dressing, being a The ideal interface towards secondary dressings,

preventing the attachment of any type of absorbent dressing to the bottom of the wounds, ensuring atraumatic removal, therefore preventing bleeding in the treatment of neoplastic skin lesions and preserving both the granulation tissue and angiogenesis.



It was found to be effective in producing a structural, discolored and thickness reduction of scars, through the following phases of action: increased hydration of the stratum corneum, protection of the scar tissue from bacterial contamination, modulation of the expression of tissue growth factors, reduction of itching and discomfort associated with scars. Its use in the prevention of skin tears is very important, in cases where it was necessary to position the fabric plaster to fix the secondary dressing. The optimal result of ideal scars with the absence of keloid was encouraging and proved to be a powerful means of treatment in all those situations where microvascular regeneration and reactivation of tissue trophism were deemed necessary, confirming that it is a powerful regenerator of microcirculation and tissue trophism, keratoplastic, hydrating and powerful anti-aging agent.

References

1. Mormile M.T., Masia E., Albano E., Fattoruso C., Rispoli P., Scalella E., Di Spigno C., “Cura del piede diabetico in RSA: caso clinico”; in *Giornale di gerontologia. 60° Congresso Nazionale della Società Italiana di Gerontologia e Geriatria Napoli, 25-28 Novembre 2015, 16° Corso Infermieri Napoli, 26-27 Novembre 2015*”; Organo ufficiale della Società Italiana di Gerontologia e Geriatria, Periodico trimestrale, Dicembre 2015, Volume LXIII, Supplemento 2 al Numero 4, Pacini Editore Medicina, p. 141.
2. Di Spigno C., Mormile M.T., Masia E., Albano E., “Cura di ulcere artero-venose in RSA: caso clinico” in *Giornale di gerontologia. 60° Congresso Nazionale della Società Italiana di Gerontologia e Geriatria Napoli, 25-28 Novembre 2015, 16° Corso Infermieri Napoli, 26-27 Novembre 2015*”; Organo ufficiale della Società Italiana di Gerontologia e Geriatria, Periodico trimestrale, Dicembre 2015, Volume LXIII, Supplemento 2 al Numero 4, Pacini Editore Medicina, p. 142
3. Ragno A., Marsili D., Cavallaro E., Martin L.S., Silvestri A., Salvatori B., Catucci A.E. (2016). Treatment of a leg skin lesion in an oldest-old patient with a mixture of pollen extract and vegetable oil unsaponifiables: a case report. *JWC Publication, Abstract Book of the 5th Congress of WUWHS; 2016 Sept 25- 29; Florence, Italy. (PO 551 – ID 34)*, p. 376.
4. XXIII Congresso nazionale SICP, Società Italiana di Cure Palliative, “Il tempo delle cure palliative”, Roma 16-19 Novembre 2016. Atti del Congresso.
5. Ragno A., Marsili D., Cavallaro E., Marmo F., Turrini L., Silvestri A., Passeri A., Catucci A.E. (2017). Management of chronic skin wounds with topical pharmaceutical composition containing as active ingredient a mixture of pollen extract and unsaponifiables fraction of wheat germ, soybean and olive oil: a thirty patient experiences on two years”, 27TH CONFERENCE OF THE EUROPEAN WOUND MANAGEMENT ASSOCIATION, EWMA 2017, “CHANGE, OPPORTUNITIES AND CHALLENGES – WOUND MANAGEMENT IN CHANGING HEALTHCARE SYSTEMS”, AMSTERDAM, THE NETHERLANDS 3-5 MAY 2017.

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