

Systemic sclerosis and dexamethasone cyclophosphamide pulse therapy

Sir,

There have been quite a few instances where the physician or may be even a dermatologist (mis) advices a patient having systemic sclerosis that there is no satisfactory treatment for this disease, as has also been done in the paper 'Therapeutic trials for systemic sclerosis: An update' by Sardana and Garg.^[1] Such patients often feel frustrated and disappointed, till another dermatologist colleague informs them of the pulse therapy and directs them to us.

We have treated 100 cases of systemic sclerosis at the AIIMS, and several more in the private clinic (post-retirement).^[2,3] We now claim that similar to pemphigus, even systemic sclerosis, systemic lupus erythematosus (SLE), and dermatomyositis can be completely or almost completely cured if the patient receives the correct regimen.

There are also at least 10 other centers who have used the same method for treating their patients and found satisfactory results.^[4] In systemic sclerosis, the skin starts softening within the first 3-6 pulses, the joint pains and bodyaches disappear within three pulses. Dysphagia and dyspnoea disappear with 3-6 pulses, although in some cases dyspnoea may not disappear completely. The oral opening starts widening within three pulses and the improvement as a rule continues. The fist closure also improves to a variable extent depending upon the degree of fibrosis and fixation of the joints at the time when the dexamethasone cyclophosphamide pulse therapy (DCP) treatment is started.

Finger tip ulcers usually heal quickly with appropriate topical and systemic antibiotic therapy, though ulcers at other sites take much longer time and are quite often a trouble. Raynaud's phenomenon is generally the last to disappear and in north India, the improvement can be judged only during winter. Because of this, the treatment may extend to even 3-4 years, which in fact

is worth it because it helps to prevent reactivation of the disease at a later stage. So far, none of our patients had renal involvement. Also, renal crisis has never been observed among our patients on DCP therapy.

My personal assessment is that as in other diseases, inadequate treatment has never produced the optimum results; and those studies, where steroids and pulse therapy failed, have used either lower dosages or interrupted the treatment too early.

It is important for us to realize that our prejudices or other considerations do effect the lives of our patients and it is socially wrong to withhold some components of the literature,^[5-10] and other information which can be helpful to the patients who seek our advice. Anyone including the authors of the above referred paper is welcome to visit us and see the patients who have received DCP/DP therapy and recovered from their disease.

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DOI: 10.4103/0378-6323.55399 -

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