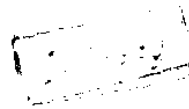


**INTERFERON IN NEUROLOGICAL
PRACTICE**

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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Dina Abulela Elshamaa

To my mother who helps me through life

To my husband who helps me in every possible way

To my dearest of all, my daughter Farah

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INTRODUCTION

INTRODUCTION

Interferon (IFN) is one of the body's natural defenses. Interferon production is a cellular response to the foreign constituents of microbes, tumors and antigens. Interferon was discovered over 30 years ago by Issacs and Lindenmann, we now know that Interferon is really a family of molecules that can be divided into three species: Interferon alpha, Interferon beta, Interferon gamma.

These Interferons differs in agents inducing them and in cell types that produce them, (*Samuel, 1988*).

The spectra of interferon activities in the body include antiviral, antiproliferative, antitumour, immunodilatory and hormonal actions.

Food and drug administration (FDA) in the United States approved clinical use of Interferon. The first U.S. FDA approved clinical use for Interferon alpha was in 1986 for hairy cell leukemia, genital warts, kaposi's sarcoma in patients with acquired immuno deficiency syndrome (AIDS). Recently Interferon (A) is used for non A, non B (type C) hepatitis, and chronic granulomatous diseases. Favorable clinical results in other diseases such as basal cell carcinoma, squamous cell carcinoma, laryngeal papillomatosis, multiple myeloma, low grade lymphoma was reported, (*Sameul, 1988*).

The incidence of SSPE varies from country to country. It occurs 3-4 times more frequently in boys than in girls, in younger children in a family, in the country rather than in towns, and in lower socio-economic groups. All racial groups are affected, and it seems that Arabs and people around the Mediterranean have a higher incidence. In those countries where there is an effective immunization program, the incidence of SSPE is dropping off, there is little evidence for a genetic predisposition, (Modlin *et al.*, 1979).

Interferon alpha was reported effective in the treatment of Subacute sclerosing panencephalities (SSPE). This is very interesting because SSPE is a fatal disease with no known treatment, (Yalaz-K *et al.*, 1992).

The etiology of Multiple sclerosis is thought to involve an interplay between genetic and environmental factors, resulting in an immunologically mediated inflammatory response within the central nervous system. The evidence for genetic susceptibility to Multiple Sclerosis is direct and convincing; the findings with respect to environmental initiators or triggers are suggestive but less compelling, (Compston, 1990).

Interferon has been extensively tested in multiple sclerosis. Multiple sclerosis is considered a systemic autoimmune disease. Very little is known about the incidence or prevalence of Multiple Sclerosis or SSPE in Egypt. Interferon gamma potentiates exacerbations of multiple sclerosis,