



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



شبكة المعلومات الجامعية

@ ASUNET



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأفلام بعيدا عن الغبار

في درجة حرارة من ١٥-٢٥ مئوية ورطوبة نسبية من ٢٠-٤٠%

To be Kept away from Dust in Dry Cool place of
15-25- c and relative humidity 20-40%

بعض الوثائق الأصلية تالفة

بالرسالة صفحات لم ترد بالاصل

APITHERAPY IN TREATMENT OF PSORIASIS :A-NEW THERAPEUTIC MODALITIES

Thesis

*Submitted for Partial Fulfillment of the requirements
of the M.Sc. degree*

IN

Dermatology and Venereology

By

Doha Youssef Khader

(M.B.,B. CH.,)

Supervisors

Prof.

Fatma Abd El-Ghaffar Abd Raboo

*Prof. of Dermatology & Venereology
Faculty of medicine
Tanta University*

Prof.

Ahmed Gaafr Hegazi

*Prof. Of Microbiology and
Immunology
National Research Center*

Dr.

Nahla El-Sayed Ramzy

*Lecturer of Dermatology & Venereology
Faculty of medicine
Tanta University*

FACULTY OF MEDICINE

TANTA UNIVERSITY

2006

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

صدق الله العظيم
آية ٣٣ سورة البقرة

ACKNOWLEDGEMENT

*First and foremost, thanks to **ALLAH**, whose magnificent help is the first factor in every thing we can do in our life.*

*I would like to express my deep gratitude and sincere thanks to **Prof. Fatma Abd-El-Ghaffar Abd Raboo**, Professor of Dermatology and Venereology, Faculty of Medicine, Tanta University, for great help offered to me and endless scientific support all through this work.*

*My warmest thanks to **Prof. Ahmed Gaaffer Hegazi** Professor of Microbiology and Immunology, National Research Center for submitting his effort and skill to the conduction of this work along with the generous provision of his vast experience, his encouragement and sincere supervision.*

*I am really thanks to **Dr. Nahla El-Sayed Ramzy** Lecturer of Dermatology and Venereology, Faculty of Medicine, Tanta University, for her sincere advice, scientific support and continuous effort.*

*I am really thanks to **Dr. Dalia Mohamoud Shaaban** Lecturer of Dermatology and Venereology, Faculty of Medicine, Tanta University, for her sincere advice, scientific support and continuous effort.*

My great thanks and gratitude to all members of department of Dermatology and Venereology, Tanta University.

For my lovely family:

My father and my Mother.

For my dear husband;

lovely daughter and son.

To the spirit of my friend

Dr. Ghada Abd El-Fadeel.

Contents

	Page
INTRODUCTION	1
AIM OF THE WORK	3
REVIEW OF LITERATURE	4
• Psoriasis	4
• Pathogenesis of psoriasis	11
• Treatment of psoriasis	34
• Apitherapy	52
PATIENTS AND METHODS	61
RESULTS	67
DISCUSSION	87
SUMMARY AND CONCLUSION	98
REFERENCES	103
ARABIC SUMMARY	

List of Tables

Table No.	Page
Table (1): Anamnestic data of the studied patients with psoriasis.	72
Table (2): Treatment outcome in the studied patient.	73
Table (3): PASI score before and after treatment in all groups.	74
Table (4) : IL-1 β before and after treatment in all groups.	75
Table (5) : PASI score and IL-1 β before and after treatment in group I.	76
Table (6) : PASI score and IL-1 β before and after treatment in group IIA.	76
Table (7) : PASI score and IL-1 β before and after treatment in group IIB.	77
Table (8) : PASI score and IL-1 β before and after treatment in group III.	77
Table (9) : Percentage of changes of PASI score and IL-1 β before and after treatment in all groups.	78
Table (10) : Correlation between percentage of changes in PASI score and IL-1 β in all groups.	78

List of Figures

Fig. No.	Page
Fig. (1):Treatment of psoriasis.	51
Fig. (2):Bee products used in apitherapy.	54
Fig. (3):Chemical composition of bee venom and propolis.	58
Fig. (4):Distribution of sex in the studied groups of psoriatic patients .	72
Fig. (5):PASI score in all groups before and after treatment.	74
Fig. (6): IL-1 β in all groups before and after treatment	75
Fig. (7-10):correlation between PASI score and IL-1 β .	79
Fig. (11-16):group I before and after treatment.	81
Fig. (17-20) : group IIA before and after treatment.	82
Fig. (21-28):group IIB before and after treatment.	83
Fig. (29-34) : group III before and after treatment.	85



INTRODUCTION

I
N
T
R
O
D
U
C
T
I
O
N

INTRODUCTION

Psoriasis is a chronic, inflammatory, hyperproliferative skin disease that characterized clinically by indurated, erythematous scaling plaques most commonly located on the extensor aspects of the elbows and knees, and scalp, but any skin site may be affected ⁽¹⁾.

The pathogenesis of psoriasis is linked to activation of T-cells and several types of leucocytes that control cellular immunity through induction of different inflammatory cytokines and chemokines ⁽²⁾.

A variety of approaches are available for the treatment of psoriasis, ranging from topical agents for milder forms of the disease to phototherapy and systemic agents for severe psoriasis ⁽²⁾.

Apitherapy is the medicinal use of various products of honey bee including raw honey, pollen, royal jelly, wax, propolis and venom. Apitherapy cite the benefits of bee venom and propolis for treating many ailments including rheumatic diseases, neurological diseases as multiple sclerosis, and dermatological conditions as eczema, psoriasis, and herpes virus infection ⁽³⁾.

Bee venom secreted from venom gland in the late area of the worker bee. The main components of it include: *peptides* as mellitin, apamin, mast cell degranulation peptide-401(MCD-peptide), *enzymes* as hyaluronidase, and *non peptide component*: as glucose, and fructose ⁽⁴⁾.

Bee propolis, is a brownish resinous substance collected by bees, and used to seal their hives. The main components of propolis are: *flavonoids* (that include quercetin, aepigenin, galangin), *phenolics* (caffeic acid phenyl ester), and *terpens*.^(5,6) A list of possible actions of propolis includes; antibacterial ,antifugal, antiviral(including anti HIV- 1 activity) antioxidant, anticarcinogenic, and immunomodulatory⁽⁷⁾.