

TINEACIDE: A NEW AND EFFECTIVE TOPICAL TREATMENT FOR THE SKIN FUNGUS THAT CAUSES RESISTANT ONYCHOMYCOSIS

Presented at the Annual Scientific Conference at Coast Plaza Doctors Hospital, Norwalk, CA, 1995

Causes:

Onychomycosis is caused by dermatophytes (90%), non-dermatophyte molds (2%), and yeast (8%).

Types:

- 1) Distal subungual onychomycosis (DSO) is the most prevalent and begins with the fungal infection in the hyponychium (the area just proximal to where the nail plate begins to separate from the nail bed) and distal or lateral nail bed.
- 2) White superficial onychomycosis (WSO) involves fungi directly invading the nail plate. The nail surface appears white with speckles or patches and eventually can encompass the entire surface of the nail.
- 3) Proximal subungual onychomycosis (PSO) is where the fungus invades the proximal nail fold and subsequently invades the entire nail plate. This type of onychomycosis is commonly seen in immunocompromised patients.
- 4) Candida onychomycosis is where the yeast organism directly invades the nail plate. Many times, the nail folds become inflamed and thickened until the nail becomes completely dystrophic.

Traditional Treatment:

Treatment for onychomycosis traditionally has been very difficult. Topical therapies are believed to be very ineffective with a typical mycological cure rate as low as 3% for toenails. Clinical cure rates are reported to be only slightly higher¹.

1-Hay RJ: onychomycosis Agents of Choice. Dermatol Ther 1993;11:161-168

Study Population & Duration:

Three Southern California Podiatry clinics were involved in the nine-month study. The trial began with 201 patients and ended with 155; 46 patients were disqualified from the study for admitted non-compliance. The nine-month study was carried out from January through September 1995. The 155 patients who participated completed a survey at the end of the study.

Participant Information:

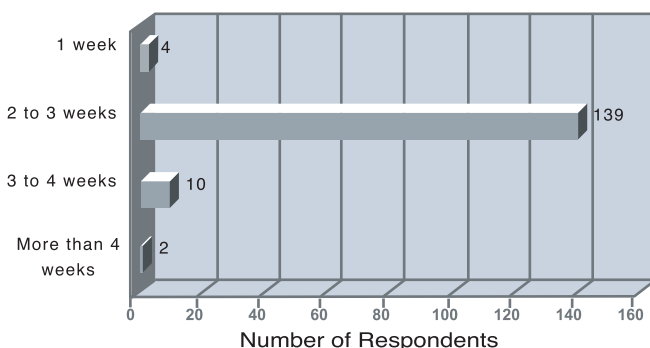
- 100 females and 55 males completed the study.
- The age range was from 16 to 78 years-old.
- The average age was 49 years-old.
- All patients involved in the study were volunteers.
- Patients qualified for the study if they had at least one toenail exhibiting clinical onychomycosis for a minimum of one year. In addition the affected nail(s) must have at least 20% of the area of the nail involved with fungal pathology.
- None of the patients had taken oral antifungal medicines in the last year and none had treated the involved nails for the past six months.
- 622 nails were involved in the study and of those 272 were of the great toe.
- The average patient had four affected nails and more than 80% of the nails were completely involved with onychomycosis.

Participant Instructions:

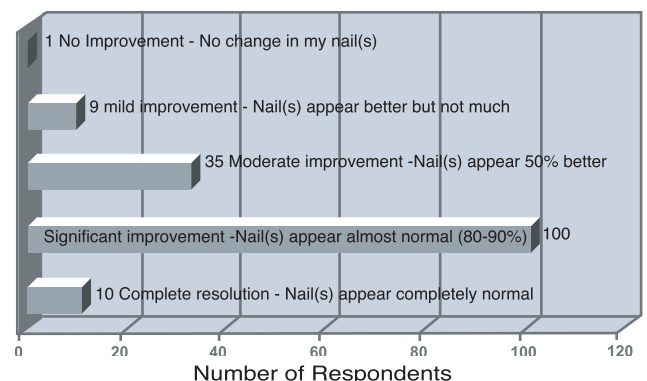
Patients were instructed to apply one small drop of *TINEACIDE* to each affected nail twice a day, once in the morning and once in the evening. Patients were told to massage the *TINEACIDE* cream into the affected area including the skin surrounding the involved nail. Patients were told they could massage the cream into the nail with their fingers or with a cotton swab applicator.

Trial Results: 94% of the patients completing the study reported “moderate”, “significant”, or “complete” resolution of their nail fungus when using *TINEACIDE*.

I first noticed a favorable change in my nail(s) after:



The statement which best describes your results using *TINEACIDE* is:



Copies of the complete study can be requested by contacting sales@blainelabs.com

No topical, non-prescription anti-fungal, has been approved by the FDA to treat onychomycosis. This product has not been approved to diagnose, treat or cure onychomycosis.