

THERAPEUTIC POSSIBILITIES AND DERMATOLOGICAL CASE STUDIES IN THE MUNICIPALITY OF MITROVICA, FOR THE WINTER PERIOD FROM 01. 11. 2021 - 31. 01. 2022 AND THE SPRING/SUMMER PERIOD FROM 01. 05. 2021 - 31. 07. 2022

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Abstract. *Skin diseases are most often caused by microorganisms - bacteria, viruses and fungi. In these cases, the cure is certain and the therapy is based on antibiotics, antifungals or minor interventions. Another group of skin diseases are indicators of an excessive immune response of the body to various influences. Most often we encounter different types of eczema and urticaria. The treatment of such diseases is complex, based on antihistamines and corticosteroids. Tests and analyzes are always carried out to determine the existence of a focal point in the body that leads to the appearance of the skin manifestation of a certain disease. In my research related to two institutions, and in two age periods, I came to the following data: In the Family Medical Center-Dermatology Department in Mitrovica, for the period from November 1, 2021 to January 31, 2022, requested help 714 patients and in the spring/summer period from May 1, 2022 to July 31, 2022, 1,196 patients, suffering from skin eczema, hand and foot eczema, psoriasis, seborrheic dermatitis, acne vulgaris, fungal diseases, requested help. skin, Fibromas and papilloma's, Keratoses, Condylomas, Rosacea, facial redness, etc. Of the total number of patients, 36.90% were men, and 63.10% were women. A significant difference was recorded in the number of people suffering from Eczema compared to Psoriasis vulgaris, Acne vulgaris, Erysipelas and Melanoma ($p = < 0.001$). The highest consumption of medicines was for the treatment of patients with eczema (49.00%), for the treatment of psoriasis vulgaris (28.00%), acne vulgaris (11.00%), erysipelas (4.00%) and (7%) other (of the total consumption of medicines, it shows and a significant difference ($p = < 0.001$). A significant difference was recorded between the two periods 01.11.2021 - 31.02.2022 and from 01. 05. 2022 - 31.08.2022.*

Keywords: *Dermatological diseases - leading diseases - drug needs - drugs for dermatological diseases.*

1. Introduction

Skin is not just a protective covering. It is an organic system that manages body temperature, feels painful and pleasant stimuli, prevents substances from entering the body and provides protection from the harmful effects of the sun. Skin color, appearance, build and folds help are unique to people as individuals. Anything that damages skin function or

appearance can have serious consequences for physical and mental health. Each layer of the skin has a special function. The topmost layer, the epidermis, is actually thinner than the plastic covering over almost the entire body. The highest part of the epidermis, the stratum corneum (corneal layer), contains keratin, which consists of the remains of dead cells and protects the skin from harmful substances. At the bottom of the epidemic are melanocytes, the cells that produce melanin, the dark-colored skin pigment. Beneath the epidermis lies the dermis, which contains receptors for pain and touch, the tentacles of which reach the surface of the skin and the many functional glands of the skin: sweat glands that produce sweat, sebaceous glands that produce oil, and hair follicles that produce hair. Inside the dermis lie the blood vessels that supply the skin with food and make it warm, and the nerves that branch through all the layers of the skin. Beneath the dermis lies a layer of fat that insulates the body against heat and cold. Above different parts of the body, the thickness and color of the skin, the number of sweat glands, sebaceous glands, hair follicles and nerves differ. The top of the head has many hair follicles; the soles of the feet do not have them at all. The soles of the feet and palms have a much thicker epidermis and layers of keratin. The tips of the fingers and toes contain many nerves and are extremely sensitive to touch. The skin changes throughout a person's life. A young child's skin has a much thicker layer of fat and a much thinner layer of protective keratin. As people age, they lose most of their subcutaneous fat, the dermis and epidermis become thinner, the elastic fibers in the dermis split and the skin becomes more wrinkled. Blood flow to the skin also decreases with age, so damaged skin heals much more slowly in older people. Older skin produces less protective oil, so the skin dries out more easily.

This paper is an attempt to highlight the growth (Maloku, 2015: 119), the lack of such research in Kosovo.

2. Methodology

This study is based on the use of numerous research methods (Maloku, E et.al 2021). The particular scientific methods, used in this paper are primarily the method of analysis and synthesis (Maloku, 2021: 53), In this paper, using comparative, theoretical and meta-analysis methods (Maloku, 2020).

Based on available literature, reports, contacts and personal research. The paper provides a brief summary (Maloku & Maloku 2021: 21) regarding the therapeutic possibilities and dermatological case studies in the municipality of Mitrovica, for the winter period from 01. 11. 2021 - 31. 01. 2022 and the spring/summer period from 01. 05. 2021 - 31. 07. 2022.

3. Results and Discussion

3.1. Diagnosing skin conditions

Doctors can recognize many skin conditions by simple observation. Characterization includes the size, shape, color, and location of the abnormality as well as the presence or

absence of other signs or symptoms. Sometimes the doctor must remove a small piece of skin for microscopic examination, a procedure called a biopsy. For this simple procedure, the doctor usually numbs a small area of skin with a local anesthetic and removes a piece of skin about 0.3 cm in diameter with a small knife (scalpel) or round cutter (biopsy punch). Often, the doctor places a stitch to close the area and stop the bleeding. When doctors think the skin is infected, they scrape some material from the skin, send it to a lab, and get a sample that is placed in a nutrient medium. If the sample contains bacteria, fungi or viruses, they grow in the nutrient medium and can be identified. Other laboratory tests are useful to the doctor in making a diagnosis. When examined with Wood's light, some fungi and some pigmentation abnormalities become visible under some frequencies of ultraviolet (black) light. The Tzanck test is helpful in diagnosing skin infections with viruses such as herpes. With a small scalpel, the doctor scrapes the surface of the inflamed skin and examines it under a microscope. Recognizable enlarged cells or cells located in clusters indicate a viral infection. A skin sample can also be sent to a laboratory for culture for viruses. Many skin problems are limited to the skin. Sometimes, however, the skin indicates the health of the entire body. For example, people who have systemic lupus erythematosus develop an unusual red, butterfly-shaped rash on their cheeks, usually after exposure to the sun. Thus, a physician often has to consider many possible causes when evaluating skin problems. Examining the entire surface of the skin and looking for some form of rash can help them identify any disease. To check the distribution of the skin problem, the doctor must ask the patient to undress completely, even though the patient noticed the abnormality only on a small part of the skin. Doctors may order blood tests or other lab tests, even if the person appears to have a problem that is limited to the skin.

3.2. Skin diseases:

What are the most common skin diseases and how to fight them?

3.2.1. Acne

If you haven't had problems with acne yourself, you probably know someone who has, because acne is the most common skin disease. They appear during puberty as a result of hormonal changes they are chronic, and tend to intensify and decrease. After puberty, they calm down, although there are cases when individuals have longer-term problems. They appear on the face, sometimes on the neck, shoulders, back and upper arms, and can be milder in the form of small pimples, blackheads and redness intensified by irritation. Due to the hormonal changes in PMS, the female gender has greater problems with acne, and both sexes can notice a cause-and-effect relationship between the consumption of chocolate, chips and similar foods with acne or the occurrence of stressful events in life, which is the reason why you have a pimple in the middle. faces before an important exam or some crazy party, more often. They are treated with salicylic acid, which is an integral part of many cosmetic

products nowadays specifically for the care of youthful skin, with benzoyl peroxide, in more severe cases with antibiotics, the use of vitamin A also helps, while in the last resort treatment with estrogen hormones is used. Regular facial hygiene and avoiding touching the skin of the face are of great benefit. Dermatology clinics, under the expert guidance of dermatologists, offer dermabrasion options, during which the surface layer of the skin is removed and the pores of the face are cleaned.

3.2.2. Eczema

Atopic eczema or dermatitis causes more and more problems nowadays, and one of the causes is unavoidable stress, which we cannot avoid, but we can reduce. The appearance of atopic dermatitis is characteristic of infancy, more precisely between the 3rd and 6th months of life, it most often appears on the skin folds and around the mouth, while stronger skin reactions can be manifested all over the body. Parents of babies with sensitive skin, prone to dermatitis, are recommended to apply special creams regularly, because dry skin is more susceptible to changes. After the third year, when it recedes, and during puberty it can reappear and remain a permanent feature of sensitive skin. Dermatitis can also be contact, it occurs locally, i.e. on parts of the body that have been exposed to various chemicals (hands) or wearing jewelry usually made of nickel or chrome alloys, which are the most common allergens. In older age, there are creams for the treatment of eczema, and homeopathy is increasingly being used.

3.2.3. Psoriasis

Psoriasis is another chronic skin disease, and it is manifested by red spots accompanied by scaly parts. You belong to the risk group if you are between the ages of 20 and 40, and psoriasis has already appeared in your family. Lack of vitamins, stress, disordered lifestyle, viral and bacterial infections favor the appearance of psoriasis, so it recedes and appears in different periods of life. After induced peeling with salicylic acid creams, the affected areas are treated with cignolin and crisarobin. As for many other skin diseases, ointments based on corticosteroids, phototherapy and photochemotherapy are used, which are particularly popular in treatment in recent years.

3.2.4. Red wind

Red wind or erysipelas is manifested by a sudden rise in body temperature up to 40 degrees Celsius, weakness, nausea, vomiting, headache, redness, tightening and swelling of the skin in the area affected by erysipelas, and patients also complain of severe pain in that area. It is a skin infection caused by streptococcus bacteria, which enters the skin through a

wound. It is most often manifested on the legs or head, and can be transmitted by contact with an infected person. After the disease is confirmed by diagnostic tests, skin examinations, blood findings showing leukocytosis with polynucleosis, accelerated sedimentation and fibrinogen, treatment with penicillin or another equally effective antibiotic or sulfonamide is started if the patient cannot tolerate penicillin. The temperature decreases during seven days of treatment, the swelling and redness decrease, and the other symptoms slowly disappear. Attenuated erysipelas is less disturbing, in some ways it is the mildest form, with limited spreading lesions, the migrating form is characterized by the spread of red lesions with high temperature, and the relapsing form is characterized by the return of red wind at different intervals.

3.3. HYPOTHESIS

3.3.1. Research hypothesis

In spring and summer, more patients visited the dermatology clinic than in the winter season, which served as a criterion for inclusion.

3.3.2. The null hypothesis

There were no significant differences in the two seasons, in the winter 01. 11. 2021 - 31. 01. 2022 and the spring/summer period from 01. 05. 2021 - 31. 07. 2022. year.

3.4. Aim of the work

The aim of this work is to determine the structure of dermatological diseases in patients treated at the Family Medical Center - Dermatology Department in Mitrovica and the private pharmacy "Arbëri".

3.4.1 . Work method

Test Type:

Retrospective data from medical documentation (protocol) in the period from November 1, 2021 to January 31, 2022. and for the period May 1, 2022-July 31, 2022

- Test selection.

- Inclusion criteria:

- a. patients and acne vulgaris drugs
- b. patients and drugs against atopic eczema
- c. patients and anti-psoriasis drugs
- d. patients and anti-erysipelas drugs

- Exclusion criteria
 - a. patients with irregular controls

- Exclusion criteria
 - a. patients with new diseases
 - b. patients who did not follow the doctor's advice
 - c. patients with irregular controls

- Research parameters
- Leading dermatological diseases
 - a. Eczema
 - a. Psoriasis vulgaris
 - b. Acne vulgaris
 - c. Red wind
 - d. Melanoma

- Medicines
- Master drugs for dermatological diseases
- Chemical substances, which are useful for the preparation of medicines
 - 1. Tannic acids
 - 2. Salicylic acids
 - 3. Boric acids
 - 4. Ascorbic acid
 - 5. Aquae purificatae
 - 6. Amonii sulfogyrodalatis
 - 7. Amygdalae amarae aquae
 - 8. Atheil aminobenzoatis
 - 9. Benzoae tincturae
 - 10. Betamethasone 0.05% dipropionate
 - 11. Camphorae salt ethanolic
 - 12. Chamomillae tincturee
 - 13. Chloramphenicol plv
 - 14. Cholesterols
 - 15. Clindamycin chlorides
 - 16. Citri judges
 - 17. Glycerol
 - 18. Hexamethylenetetramine
 - 19. Fluocinolone acetonide 0.01, 0.025%
 - 20. Magnesium sulfate
 - 21. Mentholum
 - 22. Oleum ricini
 - 23. Olivae olei
 - 24. Oleum hyperici
 - 25. Panthenol sol-dexa
 - 26. Propylene glycols
 - 27. Resorcinol
 - 28. Spiriti vini diluti

29. Sulfur precipitate
30. Hostages withered
31. Vaseline albi
32. Vitamin AD
33. Zinc oxides

3.5. Statistical processing

The collected data were processed in the Microsoft Excel software package. The results are displayed in tables.

3. 5.1. Samples

- a. Patients with dermatological diseases, who were treated in the period from February 1, 2021 to July 31, 2022
- b. Types of drugs
 - a. Medicines
 - b. Comparison

3. 5.2. Age groups

If we were to analyze the pathology of the diseases that were recorded in the family Medical Center-dermatology department in this period, then it must be stated that it was used predominantly by the middle-aged and older population of citizens, with an average age of 44.5 years.

3. 5.3. Sex

If we analyze the age of the patients, then we would have an average of 42 years for the female sex, while 47 years for the male sex. For the period from November 1, 2021 to January 31, 2022. 714 patients requested help and in the spring/summer period from May 1, 2022 to July 31, 2022, 1,196 patients requested help.

Table no. 1. Number of patients by gender

Gender	Winter period	Summer period	Total	%
Male	299	406	705	36.90
Female	415	787	1.202	63.10
Total	714	1.196	1.910	100.00

3. 5.4. Display results

3.5.4.1. Diseases

Table 1 and graph 1 show that of the total number of patients (1,910) for the period from November 1, 2021 to January 31, 2022. 714 patients requested help in the spring, /summer period from May 1, 2022 to July 31, 2022, 1,196 patients requested help.

4. CONCLUSION

- The largest number of patients were from the group of patients with Eczema, Psoriasis Vulgaris, Acne Vulgaris, Red Wind, etc.
- Using the t-test of significance, a significant difference $p = < 0.001$ is established.
- The evolution of psoriasis usually involves long periods of remission and occasional exacerbations. Therapy includes keratolytics (the simplest keratolytic is a 3-5% solution of salicylic acid in petroleum jelly), topical (local) corticosteroids (fluocinolon-sinoderm, desoxymethason, betamethason with salicylic acid, diprosalic, etc.). Galenic preparations, made in the laboratory such as examples:

Anti-psoriasis preparation

Rp/

Acidi salicylici 2.5

Fluocinolon 15.0

Bethamethason 15.0.

Dexapanthenol 1.0

Gentamicin amp. 80 mg.

Baza ad 50.0

Anti-acne lotion

Rp/

Acidi salicylici 0.2

Benzoae tincturae 1.0

Champhorae sol. Aethanolica 5.0

Amygdalae amarae aquae 10.0

Aethanoli dilute 65.0

Preparation against psoriasis

Rp/

Amomonii sulfogyrodalatis

Acidi salicylici aa 10,0

Anti-acne lotion

Rp/

Acidi salicylici 2.0

Cera lanæ		Sumpur p.p.	2.0
Vaselini albi	aa 40,0	Resorcinol	3.0
		Glicerini	12.0
		Aethanoli dilute ad	100.0

Preparation against psoriasis

Rp/

Acidi salicylici 0.5
 Vitamin Ad 6.0
 Terbinafin 15.0
 Iconazol 15.0
 Acidi borici 0.50
 Acidi ascorbil 1.0
 Aqua 5.0
 Baza ad 100.0 gr.

Oily cream against acne

Rp/

Eritromicin plv 2.0
 Hidrocortizon ung 2.5
 Zinci oxide 3.0
 Aqua dest 5.0
 Baza ad 50.0

Anti-eczema preparation

Rp/

Chloramphenicol 2.50
 Vitamin Ad sol 3.00
 Acidi borici 0.50
 Momethason 15.00
 Terbonile 15.00
 Lanolin 20.00
 Vaselinum albi ad 100.00

- The research hypothesis is accepted: that there is a difference between the winter and summer periods

- The null hypothesis that there were no significant differences between the two seasons is rejected.

Furthermore, this paper is likely to contribute to the work of NGOs (Maloku, 2020: 319) and the purpose of prevention (Maloku, 2015), to the work of state bodies . Therefore, according to the circumstances, it is the responsibility of the competent persons of the states to take the appropriate actions by signing international documents, harmonizing the legislation in international documents. (Maloku, 2022: 22)

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