

Transfer Factor Therapy in Psoriasis

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Recent investigations suggested a mild defect in cell-mediated immunity in patients with psoriasis vulgaris [1]. It is not clear, however, whether these findings are of pathogenetic importance or solely represent epiphenomena of a chronic inflammatory disorder.

Transfer factor therapy can restore cellular immunity in certain pathological conditions [2]. Thus, a clinical pilot study of this preparation seemed justified in psoriasis.

Transfer-Faktor human (polyvalent), Fa. Schura Blutderivate, Krefeld, FRG, was used in this study (we thank Dr. Baginski for providing the preparation). It consists of deoxyribonuclease-treated, dialyzed lysates of pooled leucocytes from at least 10,000 human blood donors in a lyophilized form. The reconstituted solution represents 5×10^{10} leucocytes/100 ml. Dosage: Day 1: 1 ml/kg body weight. Day 4: 2 ml/kg. Day 8: 3 ml/kg intravenously.

Four patients were included in this pilot study:

Patient 1: 19 years, male, psoriasis pustulosa

Patient 2: 31 years, male, psoriasis pustulosa

Patient 3: 33 years, male, fresh eruptive psoriasis vulgaris

Patient 4: 68 years, female, chronic, geographic psoriasis arthropathica

No local or systemic therapy with the exception of 5% salicylic acid in petrolatum was applied. The skin and general condition was assessed daily for a period of 6 weeks.

No therapeutic effect whatsoever was observed in our patients. In patient 1, a progression of the pustular lesions took place during the intravenous transfer factor therapy. In the other three patients, no change concerning the number and size of lesions, the elevation of plaques and scaling occurred. The joint symptoms of patient 4 neither worsened nor improved. The intravenous preparation was excellently tolerated, no laboratory or clinical side-effects were observed. Patient 4 experienced a hot flush of approximately 10 min duration during every infusion.

Thus our results do not seem to justify further controlled clinical trials. As the potency of the transfer factor in restoring cellular immunity is well established, the

pathogenetic importance of the immunological deviations found in psoriasis might appear questionable in the light of ineffectiveness of this therapeutic principle.

References

- 1 Glinski W, Haftek M, Obalek S, Jablonska S (1978) Cell-mediated immunity (CMI) in psoriasis. *Arch Immunol Ther Exp* 26:755–760
- 2 Rosenthal M (1974) Der Transferfaktor und seine therapeutische Anwendung. *Schweiz Med Wochenschr* 104:1501–1506

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