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〈シンポジウム:化粧品皮膚障害についての問題点〉

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Allergen Control with Pigmented Cosmetic Dermatitis Patients

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Conceived in 1968, the Allergen Control System (ACS) was experimentally completed in 1971, and has been improved year after year to discover new cosmetic allergens which were as yet unknown, and to cure pigmented cosmetic dermatitis patients who were regarded as mostly incurable at that time. ACS consists of several subsystems, including cosmetic series patch test allergens, small size patch test plasters called Miniplasters, a practical light source for photopatch testing called NCA-6, an EDPS to accumulate and analyse the patch test results of many cosmetic ingradients for their pathognomonisity through F-test, and a treatment system for patients in which the allergens diagnosed by the patch tests are intentionally eliminated from skin detergents for the patients (Minon), and cosmetics (Clinica) to cover the bizzare hyperpigmentation resulting from continual incontinentia pigmenti histologica. Judging from the symptoms of the patch tested sites, and the positive reactions of the repeat tests, negative reactions of the same reagents on controls numbering more than 100, the statistically significant difference of the rate of positives between cosmetic dermatitis patients and the controls, and the effect of allergen control on the 165 pigmented cosmetic dermatitis patients, the following ingredients were discovered as common cosmetic senstizers: jasmin absolute, cananga and ylang-ylang oil, layender oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, artificial sandalwood (BMC), other benzyl groups and geraniol as perfumes, and Red 219(commercial), Red 207, etc. as pigments. Carbanilides, cinnamic derivatives, eugenol and balsam Peru were confirmed as cosmetic allergens, and costus root oil, methyl heptine cabonate (both newly discovered by the project in 1971) and Yellow 204 (D & C Yellow No. 11) were regarded as primary sensitizers. The effect of allergen control was excellent, with 52 complete cures, 21 almost cured, and 51 remarkably improved out of 165 pigmented cosmetic dermatitis patients studied for 5 years up to 1977. The importance of using current cosmetic series allergens, avoidance of contamination by ordinary soaps and cosmetics, and the gradual cessation of corticosteroid ointments if steroid dermatoses are complicated, were all emphasised during the treatment of ACS from the principles of this unique treatment.