

## Inosine Pranobex Proves its Worth in Genital Warts

### Alone and when combined with conventional therapy

85 men and 80 women of mean age 21.2 years with genital warts received one of 3 treatments:

- topical podophyllin 25% applied twice weekly for 4 weeks followed, in patients with no response, by cryotherapy or electrocautery (n = 91, group 1)
- oral inosine pranobex 1g tid for 4 weeks (n = 36, group 2)
- a combination of the above 2 treatments (n = 38, group 3).

39% of group 1 patients were cured, 25% relapsed and 36% were treatment failures. Equivalent figures for group 2 patients were 41, 7 and 52% with cures in 19 out of 60 podophyllin-only recipients, 17 out of 29 cryotherapy recipients and 1 out of 2 electrocautery recipients. Cures were observed in 95% of group 3 patients with failure and relapse occurring in 1 patient each. No side effects from inosine pranobex were reported.

Immunological findings from 134 patients and 21 healthy volunteers showed no significant changes in the number or ratio of OKT-4+ T helper and OKT-8+ T suppressor cells in patients with genital warts but a number of various individual abnormalities were observed including an increased Leu-12+ B cell component (21%), reduced OKT-4+ T helper cells (9%) and increased OKT-8+ T suppressor cells (6%).

The authors concluded that the results show '**a positive role for inosine pranobex . . .**' in the management of genital warts and further studies are justified.

*Mohanty KC, Scott CS Genitourinary Medicine 62: 352-355, Oct 1986*