




8. DRUGS for VENOUS DISEASE

Leg venous and lymphatic drainage impairment is as common as misinformation on related pills and topicals unfortunately is.



False claims can confer properties to substances not validated by scientific data. Evidence-based content is reported below and at this website: www.vwinfoundation.com/fake-news-free-project/

DRUGS FOR VENOUS DISEASE

1. An excess of products in the market are claiming activities on the venous –lymphatic system that are not properly scientifically demonstrated. Relying on expert physicians advise is mandatory.
2. Micronized Purified Flavonoid Fraction (MPFF) demonstrated to be potentially beneficial in all chronic venous disease clinical classes, improving several signs and symptoms.
3. Sulodexide demonstrated to significantly control chronic venous disease signs and symptoms, to favor venous ulcer healing, to reduce the risk of thrombotic recurrence in specific context, to potentially reduce the impact of COVID-induced inflammation
4. Ruscus aculeatus demonstrated to be potentially beneficial in chronic venous disease related symptoms improvement as well as in chronic venous disease oedema treatment.
5. Rutosides demonstrated to potentially reduce swelling and pain. Some studies suggest it can reduce symptoms after a deep venous thrombosis, but there is no high quality evidence which can suggests its use for post-thrombotic syndrome prevention.
6. Calcium Dobesilate demonstrated to potentially reduce venous incompetence related swelling, edema and pain, but more evidence.
7. Pentoxifylline can be used in venous ulcer management. International guidelines are not univocal in its indication: the drug use must follow proper evaluation of the expert physician.
8. Topical creams can bring an empirical benefit in venous and/or lymphatic symptoms/signs management, but the scientific literature is lacking strong evidence. An expert physician indication to the right product is mandatory.
9. Specific topicals containing medical honey demonstrated to be useful in partial thickness burns and infected post-operative wounds, while no robust evidence support their use in other type of lesions at the current moment.
10. Up to the knowledge of this experts panel, no supplement or dietary derived has demonstrated to significantly improve venous and or lymphatic function in a significant way.
11. The duration protocol of the above report substances intake must follow the single case prescription of the expert physician, taking into account the drug registration documents.