**Claripel Cream**

(Hydroquinone USP, 4%)

FOR EXTERNAL USE ONLY

**INDICATIONS AND USAGE:** Claripel Cream is indicated for the gradual treatment of solar lentigo (freckles), lentigines, melasma (chloasma), and other acquired forms of hyperpigmentation of the skin. Claripel Cream is contraindicated in patients with a history of hyperpigmentation or albinism, or in patients with a known sensitivity to hydroquinone or any of its other ingredients. The safety of Claripel Cream has not been established in children (12 years and under) or in patients with photosensitivity reactions. Claripel Cream should be stored at controlled room temperature.

**REFERENCES:**

Tyrostat is a trademark of Fytokem Products Inc.

CLP-09-2004-USA.

Coral Gables, FL 33134

**WARNING:** Contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylaxis in certain susceptible individuals. Therefore, these products should not be used by persons who have demonstrated sensitivity to sodium metabisulfite.

**CLINICAL TRIAL**

**INDICATIONS AND USAGE:**

E. WARNING: Contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylaxis in certain susceptible individuals. Therefore, these products should not be used by persons who have demonstrated sensitivity to sodium metabisulfite.

C. Sunscreen use is an essential aspect of hydroquinone therapy, because even minimal sunlight sustains or accelerates the therapeutic effect of topical hydroquinone. However, treatment should be discontinued and the physician notified immediately if there is a reaction to sunscreen. During and after the use of Claripel Cream, sun exposure should be limited or sun-protective clothing should be used to cover the treated areas prior to sun exposure.

D. Keep face and all medication out of the reach of children.

A. CAUTION: Hydroquinone is a depigmenting agent which may temporarily or permanently reduce the pigmentation of any hair growing from the skin. During and after the use of Claripel Cream, access to the skin should be limited or sun-protective clothing should be used to cover the treated areas prior to sun exposure.

**PROPERITY CARE IN USE**

A. Pregnancy Category C: Animal reproduction studies have not been conducted with topical hydroquinone. It is not known whether hydroquinone is excreted in human milk. Caution is advised when hydroquinone is used by a nursing mother. It is not known whether hydroquinone can cause fetal harm when administered to a pregnant woman, or if it can affect reproductive capacity. Hydroquinone may be transferred to the breast milk and therefore, should be avoided during breast-feeding.

B. For oral use, a gradual rise in the number of cases may occur in which use, can of Claripel Cream should be discarded if exposure to the mouth or respiratory tract occurs.

**ADVERSE REACTIONS:**

A. Adverse reactions have been reported in clinical trials: Malignant melanoma, ocular malignant melanoma, and keratoacanthoma. These reports are just an example of the process by which we can go on making the same ones. It might be useful now and then to stop and investigate how many errors we make every day because we can’t be bothered to find out that we made them.

**LETTERS**

**Feds Shouldn’t Have Health Care Role**

Predictably, neither of the commentators in the health savings accounts debate made an effort to correctly diagnose the problem: they just want to treat symptoms, an approach that we physicians should know is not optimal (“Will health savings accounts leave people vulnerable to bankrupaty?” Pro & Con, July 5, 2005, p. 11). Diagnose first, if possible; then prescribe. The “symptom,” obviously, is the high cost of medical care. Neither Dr. Rockoff nor Greg Scandal diagnosed the reason why medical costs are high. They just argued about how to help people pay them. One is left to assume that they think that high costs are inevitable, perhaps because of the technology involved, the length of time and costs incurred in medical training, etc.

In any case, medical costs are high for a completely different reason: government regulation and restriction of the supply of medical resources for the consumer. The combination of the Food and Drug Administration and state licensing provisions increases the cost of making medical resources available, and naturally the costs are passed on. They also act to restrict the supply of medical resources available, which increases costs through the law of supply and demand. These government regulations tend to be self-perpetuating in a subtle, but pernicious manner. Once granted a partial monopoly on the legal ability to supply medical resources to consumers, both physicians and drug companies have an interest in maintaining that monopoly. We, therefore, will object when proponents of supply and demand argue that there is no room for any medical practice. The government should have no role in the provision, licensing, regulation, restriction, or any other aspect of medical care. One is left to argue in the case of communicable diseases that threaten public safety.

One citizen should be free to pay any other citizen for any medical advice or procedure that the latter agrees to perform for the former. Any citizen should be free to purchase any medication from any citizen who wants to sell it. It is inappropriate, for the government to interfere with this process. Anyone who plays the role of government is competent to tell citizens who is a good physician and which medicines are safe and effective to use? It certainly wasn’t what the founders of this nation thought that government was designed to do.

Many people would view the abolition of such regulations with horror, but it is by no means clear what would happen if such regulations were abolished. For more than half of this country’s history, there was no federal involvement in medical care and lawsuits were rare. It is likely that, were all these regulations abolished, medical care would be so plentiful and cheap that there would be far fewer underinsured people than there are now.

Jeremy Klein, M.D.

Louis, Ky.

**LETTERS**

Letters in response to articles in Skin & Allergy News and its supplements should include a brief resume of the author, affiliation, and conflicts of interest in regard to the topic discussed. Letters may be edited for space and clarity.

Mail: Letters, SKIN & ALLERGY NEWS, 12230 Winken Ave., Rockville, MD 20852

Fax: 301-816-8738

E-mail: sknnews@levier.com