

“Black Fungus Unveiled”: Exploring the Menace and Medication

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Abstract: *In recent years, there has been significant progress in treating mucormycosis. Beginning therapy as early as possible is crucial to achieve better outcomes. Therefore, maintaining a high level of suspicion and performing biopsies on possible lesions aggressively is essential. Whenever feasible, surgical removal of infected or necrotic tissue should be performed as the data supports its need. Lipid formulations of amphotericin B are now the standard treatment for mucormycosis as they are superior in safety and efficacy. Posaconazole may be useful as salvage therapy, but there is insufficient data to recommend it as the primary therapy. Preclinical and limited retrospective clinical data suggest that the combination of lipid formulations of amphotericin and echinocandin improves survival during mucormycosis. Therefore, additional studies are required to explore the potential of iron acquisition abrogation as an adjunctive treatment of mucormycosis. Combination polyene-posaconazole therapy was not beneficial in preclinical studies. For selected patients, adjunctive therapy with recombinant cytokines, hyperbaric oxygen, and/or granulocyte transfusions can be considered. Large-scale, prospective, randomized clinical trials are necessary to define optimal management strategies for mucormycosis.[1]*

Keywords: Celosia argentea, emulgel, medicinal plants, gelling agent, co-surfactant, surfactant

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