INTRODUCTION
Cutaneous leishmaniasis (CL) is a widespread parasitic ulcer skin disease in the Middle East caused mainly by two species of Leishmania, L. tropica and L. major, transmitted by female phlebotomus sandflies.

CL is endemic in Afghanistan where its prevalence is higher than in neighbouring Iran and Pakistan due to a poor population living under poor hygienic conditions with poor public health care awareness. CL has responded well with good cosmetic results to the expensive photodynamic therapy with 1O2 as final active principle in Iran [F. Ghaffari et al. La Rev. de la Méditerranée orientale Vol.12 No.6, 2006].

Photodynamic therapy (PDT) needs accessories, an expensive medication (10% delta-aminolevulinic acid (ALA) in a water-in-oil emulsion) and an infrared lamp. This hampers field use of PDT to treat CL.

Lupoid leishmaniasis (LCL) = tuberculoid L. major - occlusive only in the clinic. Then the patients applied 0.09% NaClO2/BC 2x/day without any dressing till final healing.

RESULTS with 0.045% Na-chlorosum
Lupoid CL responds extremely well to pharmaceutical NaClO2/BC in basic creme (with excellent cosmetic results. This medication is cheaper than Sb(V) drugs.

CONCLUSION
Peroxy-dichlorate in Na-chlorosum has 3 chemical pathways. Pathways (1) and (2) fight infection (1) and stimulate tissue regeneration (3), in combination with the high UV light intensity in Afghanistan pathway 2 may be a cheap alternative to PDT.

(1) \[ \text{OCl}^- + \text{H}_2\text{O} \rightarrow \text{HOCl} + \text{H}^+ \]
(2) \[ \text{OCl}^- + \text{ReFe}^3+ \rightarrow \text{ReF}^2+ + \text{Cl}^- \]
(3) \[ \text{Cl}^- + \Sigma \text{Fe}^{2+} \rightarrow \Sigma \text{Fe}^{3+} + \text{Cl}^- \]

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