

# Modern Approaches To Vitiligo Treatment

Mukhabbatkhon Yokubova

*Andijan State Medical Institute Andijan, Uzbekistan*

**Abstract:** *This article discusses modern approaches to treating vitiligo and lists the methods of treating vitiligo. It was used to treat vitiligo in 28 patients. Most of them enjoyed of clinical condition. The preparation was well tolerated and produced no adverse effects.*

**Keywords:** *vitiligo, pathogenesis, gene, susceptibility to vitiligo, polygen, patients.*

## 1. INTRODUCTION

One of the significant issues in dermatology is skin pigmentation disorders (dyschromia), which account for about 10% of all cosmetic ailments. In practical terms, the most significant disease from the group of dyschromia is vitiligo, which occurs in 1% of the population. The increasing interest of researchers in the problem of dyschromia in recent years is caused by an increase in the number of these patients in all countries. In Uzbekistan, in some regions, the accumulation of the disease up to 10% is established [1,2,7,10,12].

In vitiliginous foci, histological examination revealed a decrease in the amount of melanin. Melanin is formed in the cytoplasm of melanocytes by polymerization of the oxidation products of tyrosine under the influence of the tyrosine enzyme, the activity of which depends on the presence of copper ions. Vitamins play an active role on the formation of melanin [2,12].

## 2. MAIN PART

Vitiligo is a chronic and common skin condition. The etiology and pathogenesis of vitiligo are not well understood. According to the majority of scientists, dysfunction of the nervous system plays a role in the development of the disease. Stress factors, diseases of internal organs, intoxication, dysfunction of the endocrine glands, immune system, hereditary predisposition, lack of vitamins and trace elements (zinc and copper) [3,13]. The work of M.I. Abdullaev and co-authors [1] studied the role of intestinal microflora disorders in children.

Given the variety of etiological factors in vitiligo patients, many different methods have been proposed for the treatment of the disease: drug therapy monoamine oxidase inhibitors [15] hepa-toprotectors, enzyme preparations, vitamins, copper sulfate, zinc oxide and others, physiotherapy (darsonvalization of the foci of the paravertebral regions, reflex, laser and heliothalassotherapy, electrophoresis with 2-5% solution of copper sulfate on the lesions [11], micro-electrophoresis of dalargin at representative acupuncture points, acupressure and linear massage, psychovegetative correction [4,6] external agents (melagenin-plus, St. John's wort tincture and other phytotherapeutic drugs). However, most of them proved to be ineffective. Modern approaches to the treatment of vitiligo can be grouped into four main groups: [14] non-surgical treatment methods; methods associated with autologous

transplantation; depigmenting methods; additional therapy Khasanov.D.S. [9], studied the effect of the drug “Kupir” on the morphological structure of the skin of patients with vitiligo.

The pharmaceutical company World medicine has released a new drug, “Polygen”, which contains 39 active ingredients in each capsule. It contains natural components the whole range of vital vitamins, minerals and bio-elements, including copper - 2 mg; zinc-15mg is necessary for normal metabolism. Increases vitality, improves physical and mental performance. Improves sleep, memory and concentration. Relieves the effects of stress, weakness and irritability, strengthens the immune system and increases the body's regenerative capacity. Improves skin condition and hair growth.

### **3. CONCLUSION**

In 28 patients with vitiligo, we studied the effectiveness of “Polygen” in complex therapy. Of the 28 patients, 13 were women, 15 were men. The age of patients is from 28 to 45 years. The lesions of 5 patients were limited (2-3 lesions), 6 had multiple lesions (5-7 lesions), the remaining 17 patients had a widespread skin process. The patients were divided into two groups: Group I received complex therapy (vitamins, zinc, copper preparations, external therapy) with Polygen. There were 14 patients. Group II (also 14 patients) received only “Polygen” with external therapy. Treatment with “Polygenom” was carried out in 1 capsule daily for a course of 24 capsules. After the first course of treatment in 1 month, the course was repeated, a total of 3-4 courses were performed. A psoralen solution or Melonokol ointment was applied externally, followed by UV irradiation. After the treatment in the first group, patients with limited foci of lesions showed clinical recovery in patients with multiple foci of lesions and the widespread form showed a significant improvement.

In the second group, patients with limited foci showed a significant improvement, and in patients with multiple foci and a common form, there was an improvement.

Thus, “Polygen” can be recommended for the complex therapy of patients with vitiligo, especially with limited forms, because it contains a large amount of natural ingredients, which are essential for the appearance of melanin, which is the ultimate goal of treating vitiligo patients.

### **4. REFERENCES**

- [1] Abdullaev M.I., Shodiev Kh.K., Shakhobiddinov T.T. Intestinal microflora disorders in children with vitiligo and rational methods for their correction. Bulletin of dermatology and venereology. 2004. №2. -p.38-41.
- [2] Babayants R.S., Lonshakov Yu.I. Disorders of skin pigmentation. Moscow: Medicine. 1978. -p. 144.
- [3] Vaisov A.Sh. Bulletin of Dermatology and Venereology. 1985. -№9. -p. 38-40.
- [4] Kapkaev R.A., Vaisov A.Sh. The effect of vitiligo on the patient's behavioral responses. Bulletin of Dermatology and Venereology. 1988. No. 1. -pp.36-37.
- [5] Kim L.S. Some questions of pathogenesis and treatment of vitiligo. Author's abstract. Tashkent: 1972.

- [6] Koshevenka Yu.N. The results of therapeutic correction of psychovegetative disorders in vitiligo patients. Bulletin of Dermatology and Venereology. - 1989. p. 37-39.
- [7] Skripkin Yu.K. Bulletin of Dermatology and Venereology. 1972.№8. Bulletin of Dermatology and Venereology. Bulletin of Dermatology and Venereology. -p.72-75.
- [8] Sukolin T.M. and other Congress of Dermatologists. 1989. -№2. -p. 220-221.
- [9] Khasanov D.S. The effect of the drug “Kupir” on the morphological structure of the skin of patients with vitiligo. Bulletin of Dermatology and Venereology. Dermatology and Venereology news. 1998. No. 2.-p.20-22.
- [10] Kharitonova N.I. Modern approaches to the treatment of vitiligo. Bulletin of Dermatology and Venereology. -2004. 2. -p. 24-27.
- [11] Shutskiy N.V. Handbook of Pediatric Dermatology. 1988. FROM. -p. 58-59.
- [12] Tsvetkova G.M., Mordovtsev V.N. Pathological diagnosis of skin disease. Moscow: 1996. -p.301.
- [13] JinY., BirleaS.A., FainP.R.,Gowan K. et al.Genome-Wide Analysis Identifies a Quantitative Trait Locus in the MHC Class II Region Associated with Generalised Vitiligo Age of Onset // Journal of InvestigativeDermatology. 2011. Vol. 131 -p.1308-1312.
- [14] Spritz R.A. The Genetics of Generalized Vitiligo // Dermatologic Immunity. 2008. Vol. 10. -p.244-257.