

External Therapy of Allergic and Inflammatory Dermatoses Using Advantan

Utayev Akbar Jorakulovich

Chief physician of the regional branch of the Republican Specialized Dermatovenerology and Cosmetology Scientific and Applied Medical Center of Samarkand Region

**Toshev Suhrob Uktamjon ugli, Abdullaev Hasan Davlatovich,
Abdullaev Davlat Mukumovich**

Assistant of the Department of Skin and Venereal Diseases of Samarkand State Medical University

Article Information

Received: April 26, 2023

Accepted: May 27, 2023

Published: June 28, 2023

Keywords:

ABSTRACT

There are relatively few revolutionary inventions in dermatology that treat some skin diseases at least in magnitude. The introduction of topical steroids in the complex treatment of inflammatory and allergic dermatoses is precisely what this effect is.

For the first time in the early 1950s, the treatment of topical steroids in clinical practice is strengthening the position of treatment in the treatment of the most common dermatoses. These diseases have a very strong complex effect on various stages of the pathogenesis of skin diseases characterized by diseases, proliferation, disease manifestations, peeling, etc. It is explained by the metabolic effect of glucocorticosteroid hormones (GCSH) when applied locally:

- *production of prostaglandins, leukotrienes, thromboxanes by blocking the activity of GCSH phospholipase A2;*
- *GCSH inhibits the synthesis of glycosaminoglycans, collagen and elastin, the release of histamine and other anti-inflammatory mediators, the release of mast cells, the appearance of Langerhans;*
- *immunocompetent cells inhibit the synthesis of nucleic acids (primary DNA) in basal and fibroblasts of the epidermis.*

There is a wide range of vision for the use of topical glucocorticosteroids in the treatment of skin diseases in children and adults: seborrheic dermatitis, atopic dermatitis, various ways of hereditary and acquired erythroderma, eczema, hereditary bullous epidermolysis, psoriasis, urticaria, lupus erythematosus, contact and allergic dermatitis and other allergic dermatoses.

Introduction: Corticosteroid preparations enter the skin through the stratum corneum of the epidermis, hair follicles, and skin glands. Moisturizing the skin increases its permeability to glucocorticosteroids 100 times. This is the free use of clothing, occlusive clothing.

There are about 50 corticosteroids available in the current pharmaceutical market of Uzbekistan, which causes certain harm to the practitioner in the organization GKS enterprise for a specific patient. At the same time, you should be aware of the severity of the vasoconstrictor effect according to the European classification of the potential activity of corticosteroids with GCSH.

Miller-Munro is divided into 4 classes: weak, moderately strong, strong and very strong [2, 3, 4, 5, 8]. The therapeutic effect of local GCSH depends on the correct determination of the dosage form, which determines the depth of penetration of the drug into the skin, the structure and concentration of the glucocorticoid in the drug. Glucocorticosteroid preparations in the form of ointments penetrate much better than cream. The scalp, face and skin respond to loading from oil-free lotions, films or aerosols. Thus, the degree of penetration of GCSH into the lesion is maximal in the case of steroid ointment, small when applying the cream, and small when GCSH is removed from the lotion (solution) of its origin [3, 5, 9].

In chronic dermatosis, with dryness, peeling, lichenification, it is recommended to start with ointments. In acute processes with swelling, vesiculation, weeping, lotions, aerosols and creams are preferred. It is recommended to use non-oily lotions, aerosols, and gels on the scalp, face, and skin folds. In highly infiltrating processes, the concentration of the drug and the depth of penetration into the skin can be monitored by applying HCSG with compressive compression (under occlusion) [8, 13, 16].

Combined with the activity of local steroids and significantly reduces the overall side effects. Changes in local side effects and systemic side effects depend on absorption of GCSH into the systemic correction.

Local side effects include atrophy, persistent melting telangiectasias, papules and pustules, steroid acne, atrophic skin lines, hypertrichosis, pigmentation changes and rarely external contact sensitivity. In addition, there may be a slowdown in erosion and wound healing.

Common side effects include Cushingoid, dwarfism, steroid diabetes, increased protein catabolism, electrolytes, hypertension, and osteoporosis. General Addison's personal property (stone- notes, anorexia, orthostatic hypotension, vascular collapse) with topical application of GCSH.

The frequency and severity of side effects are related to the use of HCSG in areas, injuries, injuries, diaper rash, "sensitive" highway (axilla, inguinal folds, scrotum) and especially when using occlusive dressings. said. , adding strong keratolytics [3, 5, 8, 12, 13, 16]. The frequency of side effects caused by the occurrence of the "parents" syndrome in young and adult patients, especially the long and irrational use of topical steroids, especially in pediatric practice.

It can be used when the expected benefit from the treatment of local GCSH is higher than the management of GCSH or when there is a question of vital indicators for the appointment of glucocorticoid hormones. We agree with Gisukolin et al., 2004 [13].

"halogen-containing glucocorticosteroids - alclometasone and mometasone (containing chlorine), clobetasol, triamcinolone, fluticasone, fluocinolone. acetone, betamethasone (containing fluorine) are not used for a long time. for elimination or treatment with slightly stronger corticosteroids to help, for reactions to the treatment of "old" infiltrates , recommendations for localization in places: face, large fold, genitals.

Thus, when cleaning corticosteroids, the tool is highly effective and follows the most effective tool. These requirements are largely met by the non-halogenated topical corticosteroid ADVANT (0.1% methylprednisolone). asponate). It belongs to the class of drugs with strong effects. Advantan differs from other topical steroids, because in its case, the structure C17 and C21 position with double esterification improves lipophilicity, and the ball in the affected accumulation, the preparation in the dermis; The methyl group in the C6 position helps to increase the high activity of the drug and restore it once a day due to the binding strength of the receptor in the inflammatory site; The absence of fluorine or chlorine atoms at the C6, C9, or C21 positions does not slow natural inactivation. vehicles in the form of glue, vehicles do not reduce the strength of binding to transcor, show systemic side effects [11, 16, 18].

Advantan by Schering (Germany) 4 dosages, production production: emulsile, cream, ointment ointment, buteri, depending on the nature of the disease and the nature of the process, increasing the loading level of the loaded corticosteroid. The first three dosage forms of Advantan are registered in the Republic of Uzbekistan and are available on the pharmaceutical market).

Since "advantan emulsion" is an "oil-in-water" suspension (water content 67.55%), it does not directly contribute to the evaporation of water and helps in inflammatory skin disease. , of the face and face, on the sheet with hair.

Advantan cream is an oil-water emulsion, but the water content is 0% and is prescribed in the acute (non-wetting) and subacute stages of recovery.

Advantan ointment is a water-in-oil emulsion with a water content of 30%, more for the irrigation process with strong strong infiltration and itching. At the same time, the steam of the aid to the ointment is indicated, which helps to loosen the cornea and improves the penetration of the hormone into the dermis.

The dosage form of Advantan "oily ointment" is water-repellent, has an occlusive effect on the skin, promotes strong relaxation of the epidermis and penetration of glucocorticoids into the dermis. "Advantan" oily ointment is prescribed for diseases with symptoms of hyperkeratosis, lichenification, peeling [11].

Being a diester, Advantan has optimal lipophilicity and ensures rapid penetration of the steroid into the skin. After penetrating the skin, MPA is hydrolyzed to methylprednisolone-17-propionate, a metabolite with a high affinity for skin steroid receptors (6 times higher than hydrocortisone). doing, bioactivation process methylprednisolone is more active in inflamed skin [2, 10]. It is the high affinity of methylprednisolone for steroid receptors that allows a long-term therapeutic effect of acepotate advantan and its administration 1 time per day. Methylpredzolon-17- propionate is very quickly inactivated, conjugated with glucuronic acid and excreted from the body, which increases the systemic side effects of the body at a high level [2, 10, 18]. There are observations [10], even in a widespread lesion, the application of 40 g of Advantan ointment/cream for 8 days did not suppress the endogenous glucocorticoid secretion in adults. E. Ramp [20] reported that after a seven-day course of treatment with a lawyer in children with atopic dermatitis, the effect of body collection was up to 58%. suppression of corticosteroid production did not occur. According to JP Orton [19], treatment with Advantan does not cause treatment atrophy.

EVDvoryankova and others. [1] in 35 patients with pruritic dermatoses (pruritus, atopic dermatitis, exacerbation of safe eczema), advantan showed a rapid (within 7-10 days) clinical effect in the doctor.

The article by OLIvanov and MASamgin [2] provides a review of the literature on the high use of Advantan in the complex treatment of children and adults with atopic dermatitis and other allergic dermatoses, while the therapeutic control of the preparation was determined in 80 years. -95% condition. Authors H. Mensing and B. Lorenz (1998) referring to educational studies in 2059 patients with 87 times of 2 months, according to which, on average, after 12 days of treatment with advandan, complete re-progression of symptoms or at the level improvement was observed in 92 patients with atopic dermatitis, eczema or contact dermatitis. At the same time, the tolerability of the drug was very good or good, and the disease reactions were observed in less than 1% of patients and were of a characteristic nature. Here [2] for the use of Advantan in 58 children from 4 months of age with 4 devices and 115 adults with various steroid-sensitive dermatosis (atopic dermatitis, eczema, allergic dermatitis, seborrheic dermatitis, psoriasis). , mainly in foci localized on the skin of the face. The best result was achieved in allergic dermatitis, atopic dermatitis and eczema, where the rash disappears in an average of 2 weeks. The authors observed no reactions in any patients. A subsequent publication by the same authors

[11] reported a 6-year follow-up of advantan treatment with 112 children aged 4 months and 4 volumes and 368 adults. Children suffered from atopic dermatitis, and adults suffered from atopic dermatitis, eczema, allergic dermatitis, psoriasis, seborrheic dermatitis and the development of PUVA therapy. Advantan with seborrheic dermatitis after 5-7 days, they switched to 20% cream or 15% gel.

Skinoren. For other dermatoses, advantan was an average of 2 weeks of help, but the product to eliminate rashes. The authors came up with the production of an original device on a disc for the dosage form of Advantan, depending on the severity and nature of the inflammatory reaction and the localization of the process.

data on the use of advantan in the treatment of diseases with atopic dermatitis (neurodermatitis) - 46.4 patients' reactions were dermatitis (24.6%), seborrheic eczema (15%), true eczema (8 .1%), photodermatoses (17%) average evaluation" of patients 17.3 days After treatment 66.3% of symptoms, clear improvement 32.9%, slight improvement 0.6% and "ineffective score 1 In patients with atopic dermatitis (0.2%), there may be a loss of treatment. very good - 89.3%, good - 9.9%, average - 0.4%, in other dermatoses: very good - 89.2%, good - 10.8%, bad - 0.4%.

In many other places, advantan has proven itself in the treatment of patients with photodermatitis [12], lupus erythematosus [14], lichen planus [15] and eczema [16].

Aim: to guide the clinical development of the delivery of various dosage measures (emulsion, cream, ointment) of Advantan in the complex treatment of children with atopic dermatitis and adults with atopic dermatitis, focal and diffuse neurodermatitis, seborrheic dermatitis. and seborrheic eczema, discoid lupus erythematosus.

Materials and methods: We observed 24 children (12 boys and 10 girls) and 94 adults (49 men and 45 women) aged 19 to 64 with a diagnosis of atopic dermatitis. Among the observed adults, atopic dermatitis was detected in 94 patients, focal neurodermatitis in 19 patients, diffuse neurodermatitis in 12 patients, discoid lupus erythematosus in 8 patients, seborrheic dermatitis in 13 patients, and seborrheic eczema in 10 patients. eczema - at 18.

Results and discussion: Children with atopic dermatitis received a systematic treatment of the clinical protocol for the diagnosis and treatment of this dermatosis; Treatment with Advantan (emulsion, cream or ointment) is applied once a day to the affected surface. day the woman lasted from 14 to 23 days. In 3 out of 24, the advanced course until clinical recovery was the absence of disease symptoms, in the remaining 11 patients, or good recovery was noted, that is, 75-90% was obtained and no other damage was removed. Advantan treatment was well tolerated in all children.

Adult patients with atopic dermatitis, focal or diffuse neurodermatitis are prescribed traditional systemic treatment.

Current clinical protocols for the diagnosis and treatment of these dermatoses without the use of oral or parenteral corticosteroid hormones. External treatment was carried out once a day (often) with an emulsion or ointment at night, depending on the condition of the foci and the localization of the site. the average of the inspection. 2.5 weeks. However, 15 of 19 patients experienced clinical recovery or good improvement in adult patients with atopic dermatitis,

- in 2 patients and slight improvement - in 2 patients. Patients with focal or diffuse neurodermatitis (a total of 26 patients) achieved healthy remission in 11 patients, improvement in 8 patients, improvement in 7 patients.

Patients with discoid lupus erythematosus (8 people) received plaquenil 200 mg 2 times a day in 10-day courses with a 5-day break (total 2-3 courses), together with nicotinic acid drugs, vitamin B 6 , A treatment. , E, C. Advantan was administered once a day as cream or ointment, depending on the site characteristics and file status of lupus foci. Advantan for all 25-40 days of

systemic treatment. From day 0-12 of treatment, fociemia and infiltrations decreased in high-grade courses, and by the end of treatment, hyperemia and follicular hyperkeratosis completely disappeared in all 8 patients, but foci residual atrophy. (from 2 to 7 years of the disease).

For 9-10 days, it was carried out with advantan in the form of an emulsion or cream once a day, then skinoren gel or cream was supported. Manifestations of seborrheic dermatitis may disappear immediately or completely by the end of the week.

Patients with seborrheic and true eczema have taken common diseases into production clinical protocols for the treatment of these patients. None of the patients received systemic treatment with GCSH. Stone therapy with Advantan emulsion, cream or ointment was carried out 1 time a day (usually a disease) depending on the state of the disease and infiltration. It lasted from 16 to 22 days, only 2 now it lasted 28 days. at the death of the already stopped the discharge or does not remain at the level of its intensity; in the foci of eczema, vesiculation stopped, at the level of hyperemia and infiltration, there were no excoriations; psoriatic papules and the product turned pale, infiltration and desquamation did not subside. By the end of the course of the disease, clinical recovery was noted in 7 of 10 patients with seborrheic eczema and in 11 of 18 patients with true eczema. The remaining 10 patients show improvement.

Conclusion: Advantan treatment was well tolerated by all patients, no serious reactions were observed. Our next is in good agreement with the years of various authors from other countries [1, 2, 10, 11, 14, 16, 17, 20].

Thus, advantan can be recommended for the treatment of all the clinical treatment of common diseases dermatosis, lupus erythematosus, neurodermatitis in adults and children.

Literature

1. Toshev S. U. THE USE OF ADVANTAN IN THE LOCAL TREATMENT OF GENITAL HERPES //Asian journal of pharmaceutical and biological research. – 2022. – T. 11. – №. 2.
2. Uktamovich T. S., Fakhriddinovich F. K. Effectiveness of the Treatment of Limited Scleroderma //Central Asian Journal of Medical and Natural Science. – 2022. – T. 3. – №. 5. – C. 650-652.
3. Uktamovich T. S., Umedovich S. U. Effectiveness of Treatment of Testicular Torsion //Central Asian Journal of Medical and Natural Science. – 2022. – T. 3. – №. 5. – C. 647-649.
4. Uktamovich T. S., Vakhobiddinovich A. D. Complex Therapy of Patients with Atopic Dermatitis //Central Asian Journal of Medical and Natural Science. – 2022. – T. 3. – №. 5. – C. 653-655.
5. Hikmatovich I. N. et al. Local Treatment of Children with Atopic Dermatitis //International Journal of Innovative Analyses and Emerging Technology. – 2021. – T. 1. – №. 5. – C. 235-237.
6. Toshev S. U. APPLICATIONS OF ELACON FOR LICHEN PLANE //Asian journal of pharmaceutical and biological research. – 2022. – T. 11. – №. 2.
7. Uktamovich T. S., Fakhriddinovich F. K. Assessment of the Quality of Treatment of Patients with Damage to the Mucous Cavity of the Mouth //Web of Semantic: Universal Journal on Innovative Education. – 2023. – T. 2. – №. 2. – C. 119-122.
8. Uktamovich T. S., Umedovich S. U. Effectiveness of Treatment of Fungal Diseases of the Nails //Web of Semantic: Universal Journal on Innovative Education. – 2023. – T. 2. – №. 2. – C. 114-118.
9. Uktamovich T. S. et al. Study of the Microelemental Composition of the Hair of Patients

- with Diffuse Alopecia //Web of Synergy: International Interdisciplinary Research Journal. – 2023. – Т. 2. – №. 1. – С. 203-206.
10. Ахмедова М. М., Абдуллаев Д. М., Тошев С. У. ИСПОЛЬЗОВАНИЯ МАЗЫКУРАЛИМУС ПРИ ЛЕЧЕНИИ КРАСНОГО ПЛОСКОГО ЛИШАЯ //BARQARORLIK VA YETAKSHI TADQIQOTLAR ONLAYN ILMIY JURNALI. – 2022. – Т. 2. – №. 3. – С. 191-193.
 11. Rizaev J. A. et al. Medical and organizational measures to improve the provision of medical care in the dermatovenerology profile //International Journal of Current Research and Review. – 2020. – Т. 12. – №. 24. – С. 120-122.
 12. Нарзикулов Р. М. и др. Новый подход в лечении витилиго //НАУЧНЫЕ ИССЛЕДОВАНИЯ. – 2019. – С. 60.
 13. Абдуллаев Д. М., Тошев С. У., Толибов М. М. КОМПЛЕКСНЫЙ МЕТОД ЛЕЧЕНИЯ ВУЛЬГАРНЫХ УГРЕЙ //Актуальные аспекты медицинской деятельности. – 2021. – С. 254-256.
 14. Тошев С. У., Сулаймонов А. Л., Тиллакобилов И. Б. ТЕРАПИЯ ВИТИЛИГО С ПРИМЕНЕНИЕМ ПОЛИОКСИДОНИЯ В СОЧЕТАНИИ С ЛЮКОДЕРМИНОМ //Высшая школа: научные исследования. – 2019. – С. 55-59.
 15. Нарзикулов Р. и др. Принципы терапии у женщин больных гонореей ассоциированные иппп //Журнал вестник врача. – 2019. – Т. 1. – №. 1. – С. 99-102.
 16. Тошев С. У., Аширов З. Ф., Абдуллаев Х. Д. ЛЕЧЕНИЕ ВИТИЛИГО 308-НМ ЭКСИМЕРНЫМ ЛАЗЕРОМ //Актуальные аспекты медицинской деятельности. – 2021. – С. 240-243. Talibov MM EPIDEMIOLOGY, MICROBIOLOGY AND ACNE THERAPY (REVIEW OF LITERATURE) // SCIENTIFIC APPROACH TO MODERN EDUCATIONAL SYSTEM. - 2023. - Volume 2. - No. 14. - S. 215-224.
 17. Mansur TM, Vahidov JJ - 2023. - Volume 2. - No. 14. - S. 200-214.
 18. Talibov MM and others OPTIMIZATION TO TREATMENT HEAVY BARNED ILL //SCIENTIFIC APPROACH TO THE MODERN EDUCATION SYSTEM. - 2023. - Т. 2. - no. 14. - S. 190-199 years.
 19. Abdullaev XD and others. EVALUATION OF EFFICACY OF GEAPON DRUG IN THE TREATMENT OF SEXUAL CANDILLOMA // Web of Scientist: International Scientific Research Journal. - 2021. - Т. 1. - no. 02. - S. 16-19.
 20. Abdullaev XD and others. Determination of cytokine status in patients with psoriasis against the background of standard treatment // Society and innovations. - 2020. - Volume 1. - No. 1/S. - S. 625-629.
 21. Ahmedova MM, Abdullaev XD, Kamalova MI EVALUATION OF THE EFFECTIVENESS OF ONYCHOMYCOSIS TREATMENT METHODS IN ADULTS // SCIENTIFIC JOURNAL OF SUSTAINABILITY AND LEADING RESEARCH ONLINE. - 2022. - Volume 2. - No. 3. - S. 186-190.
 22. Toshev SU, Ashirov ZF, Abdullaev XD TREATMENT OF VITILIGO WITH 308-nm EXCIMER LASER // Actual aspects of medical activity. - 2021. - S. 240-243.
 23. Davlatovich AX, Haydarjonovna XS, Rakhimjon NS IMPROVING METHODS OF TREATMENT OF PROSTATITIS ASSOCIATED WITH JYBYK //SCIENTIFIC JOURNAL OF SUSTAINABILITY AND LEADING RESEARCH ONLINE. - 2022. - S. 359-361.

24. Akhmedova M., Rasulova N., Abdullaev H. Study of partial kidney functions in young children with metabolic nephropathy // Journal of biology and medical problems. - 2016. - no. 2 (87). - S. 37-40.
25. Narzikulov R. and others. Principles of therapy in women with STI-related gonorrhea // Doctor's Bulletin. - 2019. - Volume 1. - No. 1. - S. 99-102.
26. Nurullaeva AA, Rakhmatova AX, Abdullaev XD The importance of skin inoculation with microbes in some itchy dermatoses // Youth and medical science in the 21st century. - 2019. - P. 125-125.
27. Abdullaev XD and others. THE EXPERIENCE OF USING HEPON IN THE TREATMENT OF FOCAL SCLERODERMIA //ResearchJet Journal of Analysis and Inventions. - 2021. - T. 2. - no. 03. - S. 60-63.
28. Abdullaev XD, Sobirov MS, Jumaeva DX Neuro-psychological condition of patients with seborrhea // Youth and medical science in the 21st century. - 2018. - S. 115-116.
29. Akhmedov Sh. K. and others. EFFECTIVENESS OF ISOTRETINOIN TREATMENT IN THE TREATMENT OF ACNE // West Siberian Academic Journal. - 2015. - T. 11. - No. 1. - S. 56-56.
30. Abdullaev H., Tolibov M. Study of the effectiveness of complex treatment of vulgar acne associated with allergic dermatoses // Journal of hepato-gastroenterological research. - 2021. - Volume 2. - No. 3.2. - S. 73-74.
31. Davlatovich AX, Ogli ABX, Ogli IAS EVALUATION OF THE EFFECTIVENESS OF TREATMENT OF GENITAL HERPES IN CHILDREN // SCIENTIFIC JOURNAL OF SUSTAINABILITY AND LEADING RESEARCH ONLINE. - 2022. - S. 367-369.
32. Abdullaev XD and others LASER IN THE TREATMENT OF VITILIGO //SCIENTIFIC JOURNAL OF SUSTAINABILITY AND LEADING RESEARCH ONLINE. - 2022. - S. 495-500.
33. Kholmurodovich DJ, Umidovich NT, Davlatovich AX CLINICAL COURSE OF NON-SPECIFIC PNEUMONIA //SCIENTIFIC JOURNAL OF SUSTAINABILITY AND LEADING RESEARCH ONLINE. - 2022. - S. 510-513.
34. Davlatovich AX and others. THE USE OF IMMUNOMAX AND TACROLIMUS 0.1% IN THE TREATMENT OF VITILIGO // SCIENTIFIC JOURNAL OF SUSTAINABILITY AND LEADING RESEARCH ONLINE. - 2022. - S. 559-562.
35. Davlatovich AX and others. ASSESSMENT OF THE GENERAL SOMATIC STATUS OF VITILIGO PATIENTS ON THE BASIS OF DETERMINING THE CONTENT OF NATURAL ANTIBODIES TO DIFFERENT ORGANS AND TISSUES OF THE BODY //STABILITY AND LEADING AND LEADING. - 2022. - S. 472-476.
36. Davlatovich AX TA DETERMINATION OF GENE ACTIVITY IN VITILIGO BASOR //SCIENTIFIC JOURNAL OF SUSTAINABILITY AND LEADING RESEARCH ONLINE. - 2022. - S. 451-454.
37. Kholmurodovich DJ, Orifovich RS, Davlatovich AX CHARACTERISTICS OF MICROELEMENT STATUS FOR THE DEVELOPMENT OF ATOPIC DERMATITIS IN CHILDREN // SCIENTIFIC JOURNAL OF SUSTAINABILITY AND LEADING RESEARCH ONLINE. - 2022. - S. 447-450.
38. Hikmatovich IN and others. The use of mushrooms in the local treatment of genital herpes // International Journal of Innovative Analysis and Emerging Technologies. - 2021. - T. 1. - no. 5. - S. 231-232.

39. Davlatovich AX, Orifovich SD, Bakhtiyorovich AS. A study of the relationship between the local immune status and the course of burn disease // *Central Asian Journal of Medical and Natural Science*. - 2022. - T. 3. - no. 5. - S. 679-682.
40. Davlatovich AX DETERMINATION OF THE SENSITIVITY OF A VAGINAL TRICHOMONAD STRAIN TO TRICHOPOL AND CHYMOTRYPSIN // *ONLINE SCIENTIFIC JOURNAL OF STABILITY AND LEADING RESEARCH*. - 2022. - S. 645-647.
41. Salamova LA and others. Evaluation of the effectiveness of Gepon drug in the treatment of genital warts. - 2021 year.
42. Iskandarovna KM IMMUNOASSAY FORMS OF SYPHILIS // *ONLINE SCIENTIFIC JOURNAL OF SUSTAINABILITY AND LEADING RESEARCH*. - 2022. - S. 534-536.
43. Iskandarovna KM and others. Evaluation of the quality of treatment and the probability of recurrence of warts in children using Groprenosin // *Semantic Internet: Universal Journal of Innovative Education*. - 2023. - T. 2. - no. 2. - S. 221-226.
44. Iskandarovna KM and others. Qualitative evaluation of the effectiveness of the drug "Roaccutane" in the treatment of patients with acne // *Semantics website: a universal journal of innovative education*. - 2023. - T. 2. - no. 2. - S. 241-245.
45. Iskandarovna KM, Dilshodovna AD, Adkhamovna AA Influence of socio-hygienic living conditions on students' health // *Central Asian journal of medical and natural sciences*. - 2022. - T. 3. - no. 5. - S. 644-646.
46. Iskandarovna KM and others. Comprehensive assessment of the level of somatic health and impairment of adaptive reserves of medical students // *Central Asian Journal of Medicine and Natural Sciences*. - 2022. - T. 3. - no. 5. - S. 641-643.
47. Iskandarovna KM, Alamovich KA, Rabbimovich NA Treatment of uretrogenic prostatitis associated with chlamydia infection // *ONLINE SCIENTIFIC JOURNAL OF EDUCATION AND DEVELOPMENT ANALYSIS*. - 2021. - T. 1. - no. 5. - S. 44-46.
48. Iskandarovna KM, Buribaevna IS, Azamovna AN Immunoassay forms of syphilis // *ONLINE SCIENTIFIC JOURNAL OF EDUCATION AND DEVELOPMENT ANALYSIS*. - 2021. - T. 1. - no. 5. - S. 47-49.
49. Davlatovich AX DETERMINATION OF THE SENSITIVITY OF A VAGINAL TRICHOMONAD STRAIN TO TRICHOPOL AND CHYMOTRYPSIN // *ONLINE SCIENTIFIC JOURNAL OF STABILITY AND LEADING RESEARCH*. - 2022. - S. 645-647.
50. Abdullaev XD and others. EVALUATION OF EFFICACY OF GEAPON DRUG IN THE TREATMENT OF SEXUAL CANDILLOMA // *Web of Scientist: International Scientific Research Journal*. - 2021. - T. 1. - no. 02. - S. 16-19.