

## The Significance of Incorporating Outdoor Therapies into a Comprehensive Treatment Plan for Individuals with Common Acne Vulgaris and Rosacea

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### Article Information

**Received:** April 26, 2023

**Accepted:** May 27, 2023

**Published:** June 28, 2023

**Keywords:** outdoor therapy, treatment, rosacea.

### ABSTRACT

*Acne disease is a pressing issue in modern dermatovenerology due to its high prevalence among individuals in their pubertal and active reproductive age, leading to significant material and moral damage for those affected and long-lasting treatment with insufficiently high efficiency of existing methodologies. The disease is characterized by a chronic and often recurrent course, resulting in the formation of open and closed comedones, papules, pustules (surface or deep), and even cystic formations. Chronic inflammation of hair follicles and associated sebaceous glands occur in vulgar papular-pustular acne. The pathogenesis of papular-pustular acne lies in the violation of epidermal keratinization with the development of hyperkeratosis at hair follicle mouths and the formation of comedones against the background of absolute or relative hyperandrogenism, resulting in the formation of retention cysts of the sebaceous glands. Changes in the chemical composition of sebum, inflammation and suppuration of cysts with the participation of Propionibacterium acnes and the addition of Staphylococcus aureus or Staph. epidermidis, and fungal presence such as Malassezia are also observed.*

**Introduction:** Beginning in adolescence (14-17 years old), papular-pustular acne may resolve spontaneously by the age of 19-22, but in some patients (up to 3-5%) papular-pustular acne may be observed before 45-50, and even before 60 years [3, 4, 16]. Among the predisposing factors of acne are immune disorders, changes in the metabolism of hormones and lipids, zinc deficiency in the body, infectious and genetic factors (hereditary predisposition), psychosomatic disorders [1, 3, 8, 16]. It is known that the suppression of personal evaluation in patients with acne causes them to constantly experience acute and chronic stressful situations that lead to vegetative and endocrine disorders including release stress-hormones androgens, which stimulate function of the sebaceous glands [3, 8, 16, 17].

The principles of the general treatment of acne involve the appointment of antibiotics (tetracyclines, macrolides, cephalosporins), isotretinoin, hyaluronidase preparations (longidases), immunocorrective and immunostimulating therapy (staphylococcal toxoid purified adsorbed, or polyoxidonium, or immunofan), physiotherapeutic methods (according to

indications), local treatment, including topical antibiotics and antiseptics [1, 15, 16]. According to V.P. Fedotov et al. (2006) simultaneous appointment antibacterial drug V combinations With comedolytic agents turns out more efficient, how monotherapy antibiotic V medicinal form For local treatment [16]. outdoor therapy acne vulgaris is based mainly on the use of tretinoin, bezoyl peroxide, antibiotics, A V last thing time - azelaic preparations acids [1, 2, 9, 13].

Manifestations rosacea (pink acne) are localized predominantly on face, less often

- on neck And chest, presented erythema, nodular-pustular elements, telangiectasias, during the formation of rhinophyma - nodes [1, 9, 11, 14]. Our wedge - Clinical experience shows that in recent years the share of morbidity has increased rosacea. Ukrainian colleagues say the same thing, according to their data in Ukraine on Rosacea already accounts for 5% of all dermatological diagnoses [5]. Pathogenesis rosacea varied, certain role plays: pathology gastrointestinal path, vascular and psychosomatic disorders, alcoholic beverages, weather conditions, discussed Also role ticks kind Demodex folliculorum [1, 6, eleven, 14, 19, 22]. Basic contingent - women from thirty before 50 years, men get sick less often But such complication, like rhinophyma, occurs almost exclusively in men [1, 7, 9, 11, 22]. Exists some workers classifications rosacea. We stick to classification, outlined V monographs V.P. Adaskevich [1], And single out 3 stages rosacea: erythematous-telangiectatic, papular-pustular and infiltrative nodular (phymatous).

Treatment of patients with rosacea is carried out taking into account the stage pathological process. Because the at such patients enough often diagnose helicobacter pylori infection That V these cases recommended conducting course antihelicobacter therapy. According to our observations and data of other authors, in more than half of patients with rosacea in scrapings from the affected skin, a tick is found in the tires of pustules Demodex folliculorum, therefore, sulfur preparations are used for local treatment, 10% suspension of benzyl benzoate, spregal, Yam ointment, ointments and creams with metronidazole [1, 9, eleven]. Systemic therapy for rosacea is often based on the use of antibiotics. (tetracyclines, macrolides), isotretinoin, metronidazole [1, 5, 6, 7, 11, 14, 22]. For outdoor therapy With success used gel or cream With metronidazole, With antibiotics (erythromycin, clindamycin), with azelaic acid [2, 5, 9, 12, 14, 18, 19, 22]. One from goals real publications is extension knowledge about use drugs azelaic acids For outdoor treatment patients With vulgar and pink acne.

At the beginning azelaic acid used V dermatology For treatment hyperpigmentation and malignant melanoma without the development of normal depigmentation skin [13]. Later it became be used as 20% cream first for acne treatment [1-4, 10, 12, 13, 21], and then as a 15% gel for rosacea [6, 7, 9, 12, 14, 18, 19]. Azelaic acid is a natural saturated 9-carboxylic dicarboxylic acid With straight chain. She is product oxidation unsaturated dicarboxylic acids, V body human is intermediate product exchange lipids formed V small quantity [6, 14]. Azelaic acid safe For organism human, Not toxic Not has mutagenic properties, so pregnancy And lactation period is not a contraindication for external use of preparations of this acid [13, 14]. Antimicrobial properties azelaic acid are associated with the ability to inhibit mitochondrial activity cells, it is a competitive inhibitor of various oxygen-reducing enzymes shows antioxidant activity, selectively penetrating V inflamed and neoplastic cells [10, 12, 13, 20]. According to prof. N.N. Potekaeva (2004) clinical efficiency topical drugs azelaic acids at rosacea tied Also And With her anti-inflammatory action due to inhibition - ing enzyme oxidoreductase And education hydroxyl radicals neutrophils [12]. Along With anti-inflammatory And antimicrobial action azelaic acid has the ability to normalize keratinization processes in follicles, i.e. anticomedone action [13]. So, Skinoren cream containing 20% azelaic acid, may be considered as an alternative to topical therapy acne disease macrolide antibiotics [16]. Main indication For the use of azelaic acid preparations (20% skinoren cream or 15% gel skinoren) are papular-pustular acne vulgaris and papular-pustular form rosacea. Experimental research, conducted

employees firm " Schering " on biopsy specimens of the skin of hairless mice, the benefits were shown gel base, which provided a more effective concentration of azelaic acids And provided rapid her penetration V skin [10]. Skinoren -gel Not contains alcohol and fats, has a pH of 4.8, is non-toxic, odorless, does not cause photo- sensitization, has cooling effect. Skinoren -gel turned out to be more acceptable For outdoor treatment rosacea , how skinoren cream, So How V gel only 15% azelaic acid, A V cream - 20 %. Clinical efficiency skinorene –gel with acne vulgaris and rosacea has been shown in many publications of foreign and Russian dermatologists [1, 4, 6, 9, 13. 14, 18, 19, 21].

**Material And methods:** Papular-pustular acne easy And middle degrees gravity was diagnosed at 75 patients (34 men And 41 woman). Sick were V agefrom 13 to 34 years, while at the age of 17 to 25 years - 54 patients (72.0%). Degree gravity acne disease determined By criteria American academies Dermatology [1]. Easy degree gravity acne diagnosed at availability on facewhether in the back on a plot of 20 x 20 cm no more than 10 papulo -pustules. Availability 11-29 elements indicated on middle degree gravity acne , A heavy form acne diagnosed in the presence of 30-40 papulopustules , but patients with severe acne in given study Not turned on. Light degree gravity papular-pustular acne was diagnosed in 14 men and 16 women, the average severity of acne diseases - in 20 men and 25 women. The duration of the disease ranged from 6 months up to 16 years, including from 1 to 5 years - in 48.0%. 63 patients (84%) had phenomena seborrheic dermatitis easy or middle degree gravity. From others comorbidities in the examined patients were identified chronic tonsillitis - in 9, chronic gastroduodenitis - in 16, atrophic tension bands - in 4, thyroiditis - at 5, inguinal hernia - at 2, arterial hypertension - at 1.

Under our supervision there were 38 patients with rosacea - 4 men and 34 women. Men were V age from 31 before 63 years, women - from 22 before 59 years.prescription diseases was from 1 of the year before eleven years. At all sick was papular - pustular form of rosacea with localization of rashes in the central part of the face. Rash was represented by inflammatory hyperemic papules and papulopustules , telangiectasia come to light from single before big quantities. Criteria exceptions were cases of granulomatous and conglobate rosacea , as well as patients with rhinophyma and Morbigan's disease . Most patients (25 patients) previously treated metronidazole preparations , both inside and for external use (gel metrogil ), 7 patients were treated with 10% benzyl benzoate emulsion for 8-20 days connections With discovery at them tick Demodex folliculorum (behind 3-7 months before start treatment skinoren gel).

All Patients vulgar or pink blackheads received external treatment skinoren . Skinoren cream was used by 35 (21 men and 14 women) patients with vulgar acne and 9 (2 men and 7 women) patients with rosacea , skinoren gel was used by 13 men And 27 women With papular-pustular vulgar acne, A Also 2 men And 27 women With pink acne. Skinoren cream or gel applied on previously purified lotion plots affected skin thin layer twice V day, duration treatment was from 6 before 16 weeks A V 4 cases V flow 18-20 weeks.

Among patients with mild acne vulgaris, external therapy skinoren cream was carried out in 12 patients (6 men and 6 women), and skinoren gel was administered to 18 patients (8 men and 10 women). Antibiotic therapy for these patients not appointed, most of them accepted daily 1 tablet vitamin- trace element complex « teravit antistress » or " centrum " And By 2-3 pills methionine 250 mg per flow 3-4 weeks.

At middle degree gravity papular-pustular acne general treatment was carried out antibiotics (tetracycline, unidox , cefazolin clarithromycin ), With taking into account results antibiograms V flow 10-28 days V combined With reception methionine By 0.25 G 2-3 times V day, vitamin-microelement complexes type « teravit antistress » or " centrum " By 1-2 pills V day, zincterala 0.124 G 1-2tablets after meals. Specific immunotherapy in the form of staphylococcal toxoid purified adsorbed (8 subcutaneous injections in increasing doses) according to the scheme was carried out eleven patients on background antibiotic therapy. Outwardly sick used skinoren

cream (15 men and 8 women) or skinoren gel( 5 men and 17 women). Outdoor treatment lasted 6 to 12 weeks.

Part of patients with rosacea (11 patients and 1 man) in whom the number of papulopustules on face was from 8 before 14, V elements rashes Not showed up mite demodex And Patients did not show any complaints about the work of the stomach (they, according to patients, never before Helicobacter was not detected ), received skinoren gel (10 people) or skinoren cream 20% (1 woman and 1 man) as monotherapy . Twice a day - morning and evening - skinoren was applied in a thin layer on the affected areas previously cleaned with lotion. areas of the face, duration of treatment in 7 patients it was 5-8 weeks, in the rest - 9-12 weeks.

Most of the patients (26 people) received topical skinoren gel( 19 persons) or skinoren cream (7 patients) V composition comprehensive therapy. Number papular And papular-pustular elements in them ranged from 15 to 50 or more in the presence of pronounced erythema And sets telangiectasia. At 18 from them was revealed elevated content helicobacter V stomach A more 5 suffered V flow recent 8 - 14 months erosive gastritis. These Patients got antihelicobacter therapy during the first week complex treatment (within 7 days sick received omeprazole And clarithromycin twice V day before food V ordinary dosage, A after food - amoxicillin 0.5 g 3 times a day). Used externally from the first day of treatment skinoren gel or cream 2 times a day. The duration of skinoren treatment was from 8 to 12 16 weeks. All patients before the start of treatment, and in cases of persistent disease and in process treatment, examined on item availability tick demodex . Demodex folliculorum was detected in 13 patients. All of them at the 2-3rd week of therapy were added anti-mite treatment Demyanovich , first 2 days contract (for 1.5-2 h before sleep), A then 2 times a week for 4 weeks (against the background of continuous treatment with Skinoren gel or cream). Before start and monthly in progress patients were treated study general blood tests And urine, biochemical analysis blood.

The effectiveness of the treatment of patients with papular-pustular acne was assessed by terms of resolution of seborrheic dermatitis, the disappearance of papules and pustules. About clinical cure was judged by the disappearance of hyperemia, dryness and peeling in the area of the former foci, the absence of new papules and pustules. In favor of a significant improvement spoke absence peeling on background weakly pronounced hyperemia V outbreaks defeat, lack of new pustules at availability single not up to end of resolved papules. If V outbreaks remained mild hyperemia, barely conspicuous peeling, resolution of the majority of papular-pustular elements and the appearance of only a few new papules without signs pustulation , That This regarded How improvement. Absence speakers rashes on background treatment V flow Not less 4-6 weeks regarded like the absence effect.

**Aim:** Efficiency treatment at sick rosacea appreciated By deadlines permissions erythema, disappearance of papules and pustules. Since skinoren gel according to literature has little effect on the resolution of telangiectasias [6, 9, 10, 12], this indicator was not taken into account at evaluation efficiency treatment skinoren gel. Grade criteria cured given V table 1.

**Table 1. Criteria estimates efficiency treatment sick rosacea**

Criterion	Dynamics symptoms diseases
Clinical cure	No erythema or minimal residual erythema. Absence papules And pustules.
Significant improvement	Easy erythema V central parts faces. Single papules, absence pustules.
Improvement	Weak or moderate hyperemia faces V central parts face, few papules And pustules.
Weak improvement	Moderate erythema face, expressed quantity papules And pustules, Although number their And decreased Not less, how

	V 2
	times.
Absence effect	Moderate or severe erythema all over the place, numerous papules/or pustules, enlargement quantity telangiectasia.

**Results And discussion:** In patients with mild papular- pustular acne diseases external therapy with azelaic acid preparations made it possible to achieve by the end of the first months treatment clinical cure at eleven (36.7 %) patients or significant improvements - 15 (50.0%), and improvements - in 4. By the end of the second month of treatment, the total acne remission occurred in 19 (63.3%), a significant improvement was noted in 9 (30.0%), improvement - at 2 sick. TO end 3rd months treatment clinical cure stated at 25 (83.3 %), significant improvement - at 5 (16.7 %). Three patients from 5 satisfied achieved results And stopped further treatment skinoren cream, and 2 patients continued to apply skinoren gel once a day for another 2-3 weeks and at 1 of which almost ceased rashes papules and empty.

From 45 patients With acne sickness middle degrees gravity comprehensive treatment With using V quality outdoor therapy drugs azelaic acids allowed by the end of the first month of treatment to achieve clinical remission in 7 (15.6%), significant improvement - in 23 (51.1%), improvement - in 15 (3.3%). By the end of the second months of complex treatment, a clinical cure was observed in total in 11 (24.4%), significant improvement - in 25 (55.6%), improvement - in 9 (20.0%). Further 16 patients out of 34 were additionally prescribed nizoral for 0.2 g 2 times a day for 2 weeks on the background of ongoing topical skinoren therapy . By the end of the 4th month treatment, complete remission of acne was observed in 34 patients out of 45 (75.6%), significant improvement achieved at 9 (20.0 %), A at 2 (4.4 %) sick on background improvements clinics continued sporadically appear new papular or papular-pustular acne.

Sick vulgar blackheads endured local treatment skinoren satisfactorily. A slight burning sensation and increased hyperemia of the face were noted in the first days applications of skinoren cream 11 out of 35 patients, and when using skinoren gel - 7 from 40 sick. Treatment skinoren was continued, But 2 female patients preferred replace cream on gel skinoren. Received us results agree With observations domestic [2] and Russian [10] Dermatovenerologists.

Among patients with rosacea treated with skinoren gel ( 10 people) or skinoren cream (2 patient) V form monotherapy , were received the following results. From 10 patients who used skinoren gel, by the end of the 8th week of treatment, remission of the disease noted in 7, significant improvement in 2, improvement in 1. Two women used skinoren gel 12 weeks, both showed significant improvement. One of them, 3 months after the end of treatment, an exacerbation of rashes occurred on the background violations of the diet and intake of alcoholic beverages. Treatment tolerance was good, only 2 women noted a slight burning sensation after applying the gel in the first 3-5 days of treatment, but increased erythema or the appearance of more papular and pustular elements Not mentioned in these days, therefore a drug Not was cancelled.

Through 4 weeks integrated treatment sick rosacea clinical cure noted at 26.9 % patients significant clinical improvement - at 50.0 %, A improvement - at 23.1%. By the end second month of treatment clinical cure was achieved in 53.8% of patients, and a pronounced improvement in 30.8%, i.e. in 84.6% of patients was reached high clinical Effect applications gel skinoren V quality external agent for the treatment of rosacea (starting from the second week, 13 patients received only local treatment gel skinoren , others 13 sick on third week treatment of concomitant demodicosis according to the Demyanovich method was added ). Absolute majority sick noted expressed improvement already on second And, especially, third week treatment. IN end course treatment (12th-16th weeks) residual mild single papular rashes on background light erythema the central part of the face were noted only in 3 patients (11.5%). Dissatisfaction

treatment V connections With incomplete resolution hyperemia faces And availability single papular-pustular rash after 3 months of treatment was expressed by 1 woman aged 57, which more 8 years suffered simultaneously chronic hepatocholecystitis , arterial hypertension.

All patients noted good tolerability and compliance of the gel. and cream skinoren , a slight burning sensation after skinoren applications on inflamed areas in the first 2-4 days treatment noted only 5 sick (more often after cream). Our data agree With observations others researchers [5, 6, 9, 12, 13 ,14, 15, 18 ] . Conducted comparative studying clinical efficiency 15 % \_ gel skinoren And 0.75 % gel metronidazole in the treatment papular-pustular forms rosacea showed advantage gel skinoren [14].

**Conclusions:** So the way drugs azelaic acids skinoren gel And skinoren cream Fine transferred sick And allow achieve V relatively short terms good therapeutic effect at sick papular-pustular form vulgar And pink acne at use their How V form monotherapy at easy course of the disease, and as part of complex treatment regimens for patients with moderate degree gravity pathological process. At choice medicinal forms skinoren for external treatment of acne vulgaris or rosacea should consider duration currents diseases, prevalence rashes and constitutional peculiarities - brunettes better endured applications cream And gel, blondes preferable appointment gel form.

### Literature

1. Toshev S. U. THE USE OF ADVANTAN IN THE LOCAL TREATMENT OF GENITAL HERPES //Asian journal of pharmaceutical and biological research. – 2022. – Т. 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. – Т. 3. – №. 5. – С. 650-652.
3. Uktamovich T. S., Umedovich S. U. Effectiveness of Treatment of Testicular Torsion //Central Asian Journal of Medical and Natural Science. – 2022. – Т. 3. – №. 5. – С. 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. – Т. 3. – №. 5. – С. 653-655.
5. Hikmatovich I. N. et al. Local Treatment of Children with Atopic Dermatitis //International Journal of Innovative Analyses and Emerging Technology. – 2021. – Т. 1. – №. 5. – С. 235-237.
6. Toshev S. U. APPLICATIONS OF ELACON FOR LICHEN PLANE //Asian journal of pharmaceutical and biological research. – 2022. – Т. 11. – №. 2.
7. Uktamovich T. S., Fakhriddinovich F. K. Assessment of the Quality of Treatment of Patients with Damage to the Mucosus Cavity of the Mouth //Web of Semantic: Universal Journal on Innovative Education. – 2023. – Т. 2. – №. 2. – С. 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. – Т. 2. – №. 2. – С. 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 МАЗЬИКУРАЛИМУС ПРИ ЛЕЧЕНИИ КРАСНОГО ПЛОСКОГО ЛИШАЯ

- //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIIY 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. Толибов М. М. СОВРЕМЕННОЕ СОСТОЯНИЕ ПРОБЛЕМ ЭПИДЕМИОЛОГИИ, МИКРОБИОЛОГИИ И ТЕРАПИИ АКНЕ (ОБЗОР ЛИТЕРАТУРЫ) //SCIENTIFIC APPROACH TO THE MODERN EDUCATION SYSTEM. – 2023. – Т. 2. – №. 14. – С. 215-224.
  17. Мансур Т. М., Вохидов Ж. Ж. ОПТИМИЗАЦИЯ СОВРЕМЕННЫХ МЕТОДОВ ЛЕЧЕНИЯ ДИФФУЗНОЙ АЛОПЕЦИИ //SCIENTIFIC APPROACH TO THE MODERN EDUCATION SYSTEM. – 2023. – Т. 2. – №. 14. – С. 200-214.
  18. Толибов М. М. и др. ОПТИМИЗАЦИЯ К ЛЕЧЕНИЮ ТЯЖЕЛЫХ ОБОЖЖЕННЫХ БОЛЬНЫХ //SCIENTIFIC APPROACH TO THE MODERN EDUCATION SYSTEM. – 2023. – Т. 2. – №. 14. – С. 190-199.
  19. Abdullaev X. D. et al. EVALUATION OF THE EFFECTIVENESS OF THE DRUG GEPON IN THE TREATMENT OF GENITAL CANDYLOMAS //Web of Scientist: International Scientific Research Journal. – 2021. – Т. 1. – №. 02. – С. 16-19.
  20. Абдуллаев Х. Д. и др. Определение цитокинового статуса у больных с псориазом на фоне стандартного лечения //Общество и инновации. – 2020. – Т. 1. – №. 1/3. – С. 625-629.
  21. Ахмедова М. М., Абдуллаев Х. Д., Камолова М. И. ОЦЕНКА ЭФФЕКТИВНОСТИ МЕТОДОВ ЛЕЧЕНИЯ ОНИХОМИКОЗОВ У ВЗРОСЛЫХ //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIIY JURNALI. – 2022. – Т. 2. – №. 3. – С. 186-190.
  22. Тошев С. У., Аширов З. Ф., Абдуллаев Х. Д. ЛЕЧЕНИЕ ВИТИЛИГО 308-нм ЭКСИМЕРНЫМ ЛАЗЕРОМ //Актуальные аспекты медицинской деятельности. – 2021. – С. 240-243.
  23. Davlatovich A. X., Xaydarjonovna X. S., Raximjon N. S. JYBYK BILAN BO'LGAN PROSTATITNI DAVOLASH USULINI TAKOMILLASHTIRISH //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIIY JURNALI. – 2022. – С. 359-361.

24. Ахмедова М., Расулова Н., Абдуллаев Х. Изучение парциальных функций почек у детей раннего возраста с нефропатией обменного генеза //Журнал проблемы биологии и медицины. – 2016. – №. 2 (87). – С. 37-40.
25. Нарзикулов Р. и др. Принципы терапии у женщин больных гонореей ассоциированные иппп //Журнал вестник врача. – 2019. – Т. 1. – №. 1. – С. 99-102.
26. Нуруллаева А. А., Рахматова А. Х., Абдуллаев Х. Д. ЗНАЧЕНИЕ МИКРОБНОГО ОБСЕМЕНЕНИЯ КОЖИ ПРИ НЕКОТОРЫХ ЗУДЯЩИХ ДЕРМАТОЗАХ //Молодежь и медицинская наука в XXI веке. – 2019. – С. 125-125.
27. Abdullaev X. D. et al. EXPERIENCE OF USING THE DRUG GEAPON IN THE TREATMENT OF PATIENTS FOCAL SCLERODERMA //ResearchJet Journal of Analysis and Inventions. – 2021. – Т. 2. – №. 03. – С. 60-63.
28. Абдуллаев Х. Д., Собиров М. С., Жумаева Д. Х. НЕРВНО-ПСИХИЧЕСКИЙ СТАТУС У БОЛЬНЫХ СЕБОРЕЕЙ //Молодежь и медицинская наука в XXI веке. – 2018. – С. 115-116.
29. Ахмедов Ш. К. и др. ЭФФЕКТИВНОСТЬ ЛЕЧЕНИЯ ИЗОТРЕТИНОИНА ПРИ ЛЕЧЕНИИ УГРЕВОЙ БОЛЕЗНИ //Академический журнал Западной Сибири. – 2015. – Т. 11. – №. 1. – С. 56-56.
30. Абдуллаев Х., Толибов М. Allergodermatozlar bilan bog'liq bo'lgan vulgar asneni kompleks davolash Samaraligini o'rganish //Журнал гепато-гастроэнтерологических исследований. – 2021. – Т. 2. – №. 3.2. – С. 73-74.
31. Davlatovich A. X., O'gli A. B. X., O'gli I. A. S. BOLALARDA GENITAL GERPESNI DAVOLASH SAMARADORLIGINI VAHOLASH //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI. – 2022. – С. 367-369.
32. Абдуллаев Х. Д. и др. ЛАЗЕР В ЛЕЧЕНИИ ВИТИЛИГО //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI. – 2022. – С. 495-500.
33. Xolmurodovich D. J., Umidovich N. T., Davlatovich A. X. CLINIC COURSE OF NONSPECIFIC PNEUMONIA //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI. – 2022. – С. 510-513.
34. Davlatovich A. X. et al. USING IMMUNOMAX AND 0.1% TACROLIMUS OINTMENT IN THE TREATMENT OF VITILIGO //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI. – 2022. – С. 559-562.
35. Davlatovich A. X. et al. EVALUATION OF THE GENERAL SOMATIC STATUS OF PATIENTS WITH VITILIGO BASED ON THE DETERMINATION OF THE CONTENT OF NATURAL ANTIBODIES TO VARIOUS ORGANIS AND TISSUES OF THE BODY //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI. – 2022. – С. 472-476.
36. Davlatovich A. X. DETERMINATION OF GENE ACTIVITY IN VITILIGO PATIENTS //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI. – 2022. – С. 451-454.
37. Xolmurodovich D. J., Orifovich R. S., Davlatovich A. X. FEATURES OF THE MICROELEMENT STATUS FOR THE DEVELOPMENT OF ATOPIC DERMATITIS IN CHILDREN //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI. – 2022. – С. 447-450.

38. Hikmatovich I. N. et al. The use of Fungite in the Local Treatment of Genital Herpes //International Journal of Innovative Analyses and Emerging Technology. – 2021. – T. 1. – №. 5. – C. 231-232.
39. Davlatovich A. X., Orifovich S. D., Baxtiyorovich A. S. Studying the Relationship of Local Immune Status and the Course of Burn Disease //Central Asian Journal of Medical and Natural Science. – 2022. – T. 3. – №. 5. – C. 679-682.
40. Davlatovich A. X. VAGINAL TRIXOMONADLAR SHTAMMASINI TRIXOPOLGA VA XIMOTRIPSIN BILAN BILAN SEZGICHLIGINI ANIQLASH //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIIY JURNALI. – 2022. – C. 645-647.
41. Salamova L. A. et al. Evaluation of the effectiveness of the drug gepon in the treatment of genital candylomas. – 2021.
42. Iskandarovna K. M. SIFILISNING IMMUNOASSAY SHAKLLARI //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIIY JURNALI. – 2022. – C. 534-536.
43. Iskandarovna K. M. et al. Assessment of the Quality of the Treatment and the Probability of Recurrence of Warts in Children Using Groprenosin //Web of Semantic: Universal Journal on Innovative Education. – 2023. – T. 2. – №. 2. – C. 221-226.
44. Iskandarovna K. M. et al. Quality Evaluation of the Efficiency of the Drug" Roaccutan" in the Treatment of Patients with Acne //Web of Semantic: Universal Journal on Innovative Education. – 2023. – T. 2. – №. 2. – C. 241-245.
45. Iskandarovna K. M., Dilshodovna A. D., Adxamovna A. A. Impact of Socio-Hygienic Conditions of Life on the Health of Students //Central Asian Journal of Medical and Natural Science. – 2022. – T. 3. – №. 5. – C. 644-646.
46. Iskandarovna K. M. et al. Comprehensive Assessment of the Levels of Somatic Health and Disturbances of Adaptation Reserves in Medical Students //Central Asian Journal of Medical and Natural Science. – 2022. – T. 3. – №. 5. – C. 641-643.
47. Iskandarovna K. M., Alamovich K. A., Rabbimovich N. A. Treatment of Urethrogenic Prostatitis Associated with Chlamydia Infection //TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIIY JURNALI. – 2021. – T. 1. – №. 5. – C. 44-46.
48. Iskandarovna K. M., Buribaevna I. S., Azamovna A. N. Immunoassay Forms of Syphilis //TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIIY JURNALI. – 2021. – T. 1. – №. 5. – C. 47-49.
49. Davlatovich A. X. VAGINAL TRIXOMONADLAR SHTAMMASINI TRIXOPOLGA VA XIMOTRIPSIN BILAN BILAN SEZGICHLIGINI ANIQLASH //BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIIY JURNALI. – 2022. – C. 645-647.
50. Abdullaev X. D. et al. EVALUATION OF THE EFFECTIVENESS OF THE DRUG GEAPON IN THE TREATMENT OF GENITAL CANDYLOMAS //Web of Scientist: International Scientific Research Journal. – 2021. – T. 1. – №. 02. – C. 16-19.