

WAYS TO TREAT SKIN RASHES AND ECZEMA. PRODUCTION OF ANTI-ECZEMA SOAP

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Abstract: Atopic dermatitis, commonly known as eczema, is a common chronic, relapsing skin disease characterized by pruritus, epidermal barrier dysfunction, and immunoglobulin E-mediated sensitization to food and environmental allergens. Atopic dermatitis is a complex disease caused by interactions between genes and the environment. Locations on several chromosomes have been identified, including a family of epithelium-related genes on chromosome 1q21 called the epidermal differentiation complex. Mutations in filaggrin, a key protein of epidermal differentiation, have also been identified in early-onset and severe atopic dermatitis. There are 3 classic stages of eczema: infantile, childhood, and adult. The spectrum of manifestations of eczema is very different from the version that affects only the hand to the main forms in which the patient has erythroderma. Acute and acute lesions of atopic dermatitis are often characterized by severe itching, erythematous papules and excoriations, and vesicles with serous exudate. Examples of chronic atopic dermatitis include lichenified plaques and excoriation papules. Patients with atopic dermatitis are at high risk of skin infections, including bacterial and viral superinfections. Conventional therapy includes avoidance of irritants and potential allergens, as well as continuous moisturizing of the skin with thick emollients. Topical corticosteroids and topical immunomodulators are often used first. Other treatments including phototherapy, antimicrobial agents, antihistamines, and systemic immunosuppressants are also case specific. In this article, we will see the technology of soap production for the treatment of eczema on that skin.

The main part: The most common manifestation of adult AD is hand dermatitis. The diagnostic criteria for AD are based on clinical presentation, with skin biopsy usually showing spongiotic dermatitis. Though serum IgE and eosinophilia are commonly elevated, approximately 20%–30% of patients exhibit normal levels. Patients without IgE reactivity or lacking other manifestations of the atopic triad are termed intrinsic AD (versus extrinsic AD).³ Many cases of AD improve or clear during childhood, and others persist into adulthood. As medical science continues to improve, the treatment armamentarium also has expanded. Conventional therapy includes avoidance of irritants and potential allergens, as well as continued hydration of the skin with thick emollients. Topical corticosteroids are the primary treatment but can only be safely used in the short term. Steroid-sparing therapy, including topical immunomodulators, has shown great efficacy in the maintenance of AD. Other therapies including phototherapy, antimicrobials, antihistamines, and systemic immunosuppressives are also options in certain situations. Atopic dermatitis is a complex disease that arises from interactions between genes and the environment. Food allergens, for instance, induce skin rashes in nearly 40% of children with moderate to severe AD.⁹ T cells specific to food allergens have been cloned from the skin lesions of patients with AD.³ Similarly, skin lesions can develop after intranasal or bronchial inhalation challenge with aeroallergens in previously sensitized patients with AD. Furthermore, application of aeroallergens to skin by atopy patch test on unaffected atopic skin induces eczematoid reactions in 30%–50% of patients with AD.³ Additionally, minimizing exposure to aeroallergens, such as house dust mites, has been associated with significant improvement in AD.¹ Atopic dermatitis is a common skin disease that is often associated with other atopic disorders, such as allergic rhinitis and asthma.¹¹ The spectrum

of eczema presentation varies widely, from a variant which only affects the hand to major forms where a patient presents with erythroderma.¹² In 1980 Hanifin and Rajka published major and minor criteria for the diagnosis of eczema.¹³ These criteria were revised during a consensus conference held by the American Academy of Dermatology in 2001 and to date have had a great effect in worldwide research and clinical practice (Table 1).¹⁴ Whereas pruritus occurs throughout the day, worsening in the early evening and at night is a common complaint. Allergens, reduced humidity, excessive sweating, and low concentrations of irritants exacerbate pruritus and therefore induce scratching.¹⁵ At least 2 types of AD have been identified: an extrinsic type associated with IgE sensitization, which affects up to 80% of patients; and an intrinsic type without IgE-mediated sensitization, which affects up to 20% of patients.¹ The hallmarks of AD are a chronic, relapsing form of skin inflammation, a disturbance of epidermal-barrier function that culminates in dry skin, and IgE-mediated sensitization to food and environmental allergens. Several studies have implicated bacterial colonization, especially with *Staphylococcus aureus* (*S. aureus*), to be a pathogenetic factor in AD, as infection with this bacteria correlates with disease severity. Different mechanisms have been suggested to account for the increased *S. aureus* colonization. A defective epidermal barrier in subjects with eczema results from abnormalities in both lipids (ceramide and sphingosine deficiencies) and proteins (increased serum protease levels and decreased filaggrin expression). Additionally, levels of endogenously produced antimicrobial peptides are reduced due to the production of interleukins. In turn, *S. aureus* superantigens exacerbate atopic dermatitis by penetrating the skin barrier, activating keratinocytes and inducing the release of proinflammatory cytokines. ; $P = 0.004$), despite persistent colonization.³⁰ A recently published systematic review assessed the therapeutic benefits of prophylactic treatment of *S. aureus* in those with clinical uninfected eczema. By conducting a meta-analysis of 26 randomized controlled trials involving >1200 subjects, a British group showed that commonly used antistaphylococcal interventions (oral antibiotics, antibiotic soaps, topical antibiotic + corticosteroid ointments, fabrics with antibacterial properties) do reduce the *S. aureus* number in people with clinical uninfected eczema. However, none of the studies showed any evidence of convincing clinical benefit. For instance, there was no significant difference in global outcome for clinically infected eczema when oral antibiotics were compared with placebo (relative risk [RR]: 0.40, 95% confidence interval [CI]: 0.13-1.24) or when topical steroid-antibiotic combinations were compared with steroid alone (RR: 0.52, 95% CI: 0.23-1.16). In addition, given the risk that such preparations may be associated with adverse events such as contact and irritant dermatitis as well as the promotion of wider drug resistance in the community, the dermatologist should be cautious when advising noninfected eczema patients.

Eczema soap debutant, this soap is designed to remove and effectively treat rashes on the skin. It improves overall skin health, moisturizes, softens, and soothes eczema patient's skin while relieving itching, redness, and irritation. In addition, the composition of patients is antifungal and antibacterial food, which protects the skin with eczema from various infections. Helps skin infections caused by harmful bacteria. There are several reasons why eczema soap is important for treating eczema. First, if you have a skin rash, it's important to keep the area clean and bacteria-free. Second, if you have a rash on your skin, it's important to moisturize the area. For more severe rashes or those that don't respond to over-the-counter treatments, it's important to use medicated soap.

Properties: anti-inflammatory, anti-inflammatory, soothing, moisturizing, smoothing, antibacterial, pore-expanding, skin regeneration. Allergy does not occur

Making soap: To get 100 grams of soap, we need:

Soap base - 100 g; Oil - 3 teaspoons; Glycerin - 1 teaspoon; Flavoring agents - 3 drops; Paint - 2 drops; Less water; Aloe extract - 3 tablespoons.

Ready-made soap base is a semi-finished product with which we can create a special soap. It contains starch, vegetable oils and a little water. Paints are divided into 3 types: tably, food,

pigments. Flavoring agents give soap different smells. Oils can be sunflower oil, olive oil, coconut oil. Oils are added to the soap to impart certain moisturizing, nourishing or emollient effects. Add 1-2 teaspoons to 100 g of base. We add glycerin to soap because it is a substance with moisturizing and softening properties. We used aloe plant water as an additive. We melt the soap base before use. Do this both in a water bath and in a microwave oven (microwave oven). We can increase. First the basis we have to grind. We should not boil the base. Don't let that happen for, we need to mix the substance during the heating process. Microwave at 100g for about 30 seconds dissolves during. Medicated soap, often called therapeutic or medicated soap, is a special type of soap that contains active ingredients with medicinal properties. These soaps are not enough for cleaning, but also for the treatment of specific skin diseases and designed to improve overall skin health. Medicated soap is an active ingredient that provides therapeutic benefits to the skin a class of soap composed of pharmaceutical or tabily ingredients. Unlike ordinary soap, which is mainly intended for cleaning Unlike, medicated soaps are used for specific skin problems such as acne, eczema, psoriasis, or yeast infections directed. These soaps are designed not only to clean laundry, but also to solve various skin problems.

Summary: This soap, called Eczema soap, is intended for the prevention and effective treatment of skin rashes - eczema infection. It improves the overall health of the skin, moisturizes and softens the skin, and relieves the itching, redness and discomfort of the skin of the patient with eczema, improving the quality of life and soothing. In addition, the soap contains antifungal and antibacterial agents that protect skin with eczema from various infections. Helps reduce the risk of skin infections caused by harmful bacteria. There are several reasons why eczema soap is important for treating eczema. First, if you have a skin rash, it's important to keep the area clean and bacteria-free. Second, if you have a rash on your skin, it's important to moisturize the area. For more severe rashes or those that don't respond to over-the-counter treatments, it's important to use medicated soap.

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