MELANIL

Applications:
SDark Spots on the Skin

Presentation:
Cream
50 ml container

Ingredients:

Aqua, Glycyrrhiza Glabra Extract-Aspergillus Ferment-Ethoxydiglycol, Morus Alba-Propylene Glycol, Titanium Dioxide-Dimethicone, Cetyl Alcohol-Glyceryl Stearate-PEG-75 Stearate-Ceteth-20-Steareth-20, Ethylhexyl Methoxycinnamate, Glyceryl Dibehenate-Tribehenine-Glyceryl Behenate, Vaseline, Arctostaphylos Uva Ursi, Ceramide 3-Ceramide 6II-Ceramide 1-Phytosphingosine-Cholesterol-Sodium Lauroyl Lactylate-Xanthan Gum, Aloe Vera, Octyldodecyl Myristate, Isopropyl Dibenzoylmethane, Phenoxyethanol-Ethylhexylglycerin, Retynil Palmitate, Sodium Metabisulfite, Disodium EDTA, Parfum, Alpha IsoMethyl Ionone, Hexyl Cinnamal, Cinnamal Alcohol, Citronellol, Coumarin, d-Limonene, Geraniol, Isoeugenol, Linalool.

The colour of healthy human skin is the result of combining three colours: red, which is provided by oxidized haemoglobin; the blue of reduced haemoglobin, and brown, produced by melanin, which is responsible for the so-called "constitutive pigmentation" of the skin.

Melanogenesis is the name given to the set of processes that regulate the synthesis of the various melanin pigments.

It is a complex mechanism, regulated primarily by ultraviolet light (UV), hormonal stimuli, and genetic factors. The primary reaction in this process is the oxidation of tyrosine in DOPA due to the action of tyrosinase. If we can interrupt this process, we would avoid the formation of spots on the skin. So among its molecularly active ingredients to enhance its action, **MELANIL** contains 5 natural inhibitors of melanin formation. **MELANIL** also includes SPF (Sun Protection Factor) 20 to avoid neo-formation of spots.

Clinical Studies

MELANIL

Pathology	Country	Year	Patients	Duration
Chloasma, melasma, and other pigmentations	Slovakia Czech Republic	2008	24	42 - 100 days

Type of therapy: *Monotherapy.* **Dose:** *2 applications a day.*

RESULTS

- **In 6 patients (24.96%)** we observed an objective improvement of the local result, a 85% reduction in pigmentation, and an excellent aesthetic effect.
- **In 12 patients (49.92%)** the effect was satisfactory, with a 65% reduction in pigmentation, so that the aesthetic and cosmetic effects were considered satisfactory.
- **In 5 patients (20.8%)** improvement was less significant, with a 30% reduction in pigmentation.
- **1 patient (4.16%)** described the state as unsatisfactory and said that the pigmentation had remained the same, but the researcher found that there had been a visible improvement.

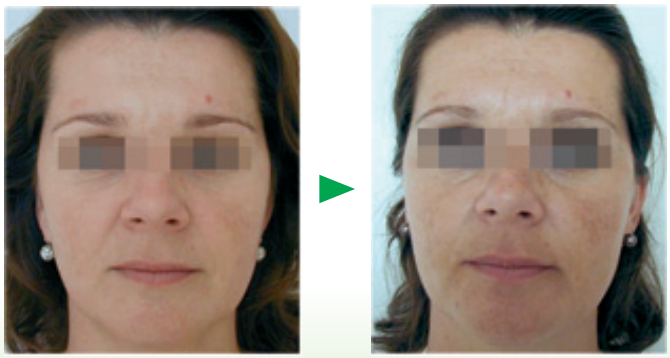
DOST, Private Department of Dermato-Venereology
Svidník / SLOVAKIA
Dr. Hana Zelenková

Testimonial Photographs

MELANIL

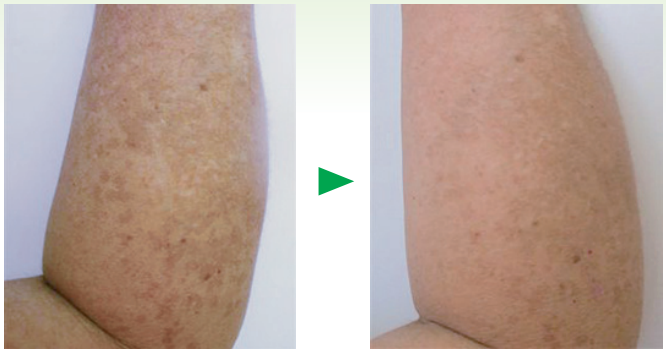
Before treatment — After 2 months

Before treatment — After 1 month



Before treatment — After 6 weeks

- ***MELANIL***



Before treatment — After 3 months

Before treatment — After 1 month

Before treatment — After 3 months

Publications

MELANIL

KOSMETISCHE MEDIZIN 4.11
APPLICATION STUDY

MELANIL cream in the treatment of melasma at the Hospital Manuel Fajardo (Cuba), 2009-2010

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KEY WORDS: melasma, MELANIL, hydroquinone

SUMMARY:
Background: Numerous therapeutic options have been tried in the treatment of melasma, but none is completely effective. Alternative therapy has proven to be an important option in medicine. MELANIL is a product that combines as its main active ingredients Glycyrrhiza glabra , Uva ursi extract and Morus alba for melasma treatment.
Objective: To evaluate the effectiveness of MELANIL cream in the treatment of melasma.
Method: Phase III open clinical trial , in two parallel groups, controlled and randomized at the dermatological service at the Hospital Universitario Clínico Quirúrgico Manuel Fajardo, Havana (Cuba), from October 2009 to October 2010. The patients were clinically diagnosed and by fluorescence, the sample being formed by 150 patients who met the inclusion criteria, two random groups of 75 each being established, treated topically with MELANIL and hydroquinone 2%, respectively.
Results: Patients were mainly between 40 and 49 years old, female, skin photo type III and suffered from the midface and epidermal type of melasma. Both groups largely showed favourable responses, with the MELANIL group being the most effective according to the Melasma Area and Severity Index (MASI) and photo documentation, without the presence in this case of any adverse reactions.
Conclusions: MELANIL was effective in the treatment of melasma, with the advantage of being a formulation based on natural products with no adverse reactions.