

---

## Review on Skin Lightning and Management of Pigmentation, By Using Natural Ingredient

Shahista K. Atar \*, Nida N. Mulla, Sanjay K. Bais  
Fabtech College of Pharmacy, Sangola, Solapur, Maharashtra, India  
\*Corresponding Author: shahistaatar2001@gmail.com

Received Date: January 20,2025; Published Date:22, March,2025

---

### Abstract

Growing beauty requirements and the need to treat different pigmentation diseases have brought skin lightening and darkening control to the forefront of attention. The mechanics behind skin pigmentation are examined in this research, with a particular emphasis on melanin formation and the variables that affect it, such as hormone, environmental, and genetic factors. It looks at prevalent pigmentation conditions such vitiligo, melasma. Discussion of variety of treatment alternatives, such as chemical peels, laser therapies, topical medications, and new developments in cosmetics formulations.

**Keywords** – Skin lightning, Hyper-pigmentation, Hypo-pigmentation, Melasma, Kojic acid, Skin brightening agent, Antioxidant, Tyrosine's Inhibitor.

---

### INTRODUCTION

The term skin lightening usually describes the application of lotions, treatments, or other procedures to lower the skin's melanin content, frequently in an effort to lighten the skin's tone or lessen hyperpigmentation. Some of the short-term skins whitening techniques are chemical peels, topical treatments, and laser therapy procedures degree of the pigmentation may require further session.

#### Pigmentation

The colouring of a person's skin, hair, eyes, or other tissues is referred to as pigmentation, and it is based on the existence and distribution of pigment molecules like melanin. Melanocytes are specialized cells located in the skin's outer layer (epidermis) that create melanin. Age, certain medical disorders, sun exposure, and hereditary factors all contribute to variations in pigmentation. In contrast to hypopigmentation, which is characterized by a loss of pigment, hyperpigmentation, on the other hand, refers to darker skin patches as a result of excess melanin synthesis. Skin cancer-causing DNA damage is lessened by melanin's ability to absorb UV rays from the determined by the type and quantity of melanin they have, as well as environmental factors. <sup>[1]</sup>

#### Different types of pigmentation

Melasma

Lentigo

Hyperpigmentation

Hypopigmentation

Vitiligo

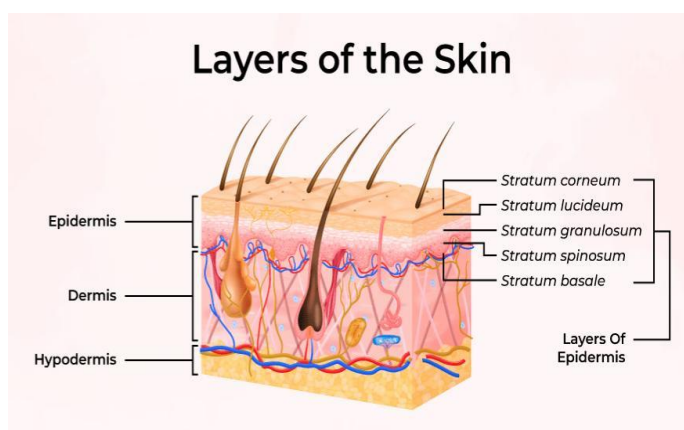
Post – Inflammatory Hyperpigmentation

Freckl



*Figure 1: Pigmentation*

### Three main layers make up the structure of skin



*Figure 2: Layers of Skin*

#### Epidermis

The squamous epithelium layer known as the epidermis is stratified and mostly made up of two cell types: dendritic and keratinocyte. The presence of intercellular connections and copious volumes of stainable cytoplasm sets the keratinocytes apart from the “clear” dendritic cells. [2]

Other cell groups located inside the outermost layer of skin are pigment cells. However, keratinocytes make up the vast bulk regarding living thing. [3]

#### Dermis

The layer of skin known as the dermis, or corium, lies between the subcutaneous tissues and the epidermis, forming the cutis. It is mostly composed in a fibrous, asymmetric tissue that connects them, which function as a recliner for a physique against the pressure & strain. [4]

Furthermore, the layer of skin is composed of blood arteries, lymphatic vessels, sweat glands, apocrine glands, hair follicles, and sebaceous glands (oil glands). These blood veins supply dermal and epidermal cells with nutrition and eliminate waste. [5]

#### Hypodermis

The layer of tissue called the hypodermis lies beneath the dermis and serves as a link between the skin and underlying anatomical features, mainly muscles and bones.

Loose connective tissue, which gives the hypodermis its structural support, makes up the layer Adipose tissue: It contains adipose (fat) cells, which function as energy stores, insulators, and shock absorbers. Larger blood vessels and nerves that branch into the dermis and epidermis are located in this layer. [6]

#### Types of pigmentation disorder

##### Hyperpigmentation

Hyperpigmentation being an expression utilised as an explanation area of deeper of complexion than those adjacent area because of an overabundance related to the colour tannin that provides shade to

face. Although largely benign, it occasionally reveals underlying medical issues. An outline of the types, causes, treatments, and preventative measures for hyper pigmentation is provided below.

### **Causes of hyperpigmentation**

#### **Sun Exposure**

Melanocytes, the cells that create melanin, are stimulated to produce more pigment by ultraviolet (UV) radiation from the sun. If you don't wear protection, you may get dark patches, also called "age spots" or "sun spots."

#### **Hormonal changes**

Hormonal changes are linked to melasma (sometimes called chloasma), especially in pregnant or birth control pill users. Large, symmetrical patches are one way that this type of hyperpigmentation manifests itself, frequently on the face.

#### **Certain Medications and Treatment**

Hyperpigmentation is a side effect that can occur from some medications, including certain antibiotics and chemotherapy treatments. If cosmetic operations such as laser treatments are not performed correctly, pigmentation problems may also arise.

#### **Medical Conditions**

Some diseases, such as Addison's disease, an adrenal gland dysfunction, can result in widespread hyperpigmentation. It is also linked to circumstances that impact the synthesis of melanin.



*Figure 3: Hyper-pigmentation*

### **Types of hyper -pigmentation**

#### **Post Inflammatory Hyper-pigmentation**

This condition develops following inflammation or skin damage. Individuals having complexion that is thicker tones do you more probably to exist this kind.

#### **Melasma**

This variety is characterized by broad, uneven patches on a countenance; it is frequently brought on by hormonal Fluctuation

#### **Solar Lentigines**

These, which are also called age spots or sunspots, are caused by prolonged sun exposure and usually show up after being in the sun regions and body.

#### **Medical care**

##### **Tretinoin**

Slightly modification of vitamin A that encourages cell yield and gradually lightens pigmentation.

**Azelaic Acid**

Hyper pigmentation, particularly in post-inflammatory areas, may be alleviated by this naturally occurring acid.

**Natural Solution**

While there isn't much data from research to support natural therapies like garlic root, aloe Vera, or leafy green tea extract, certain individuals find success with them.

**Prevention****Sun Protection**

To stop more pigmentation and shield yourself from dangerous UV rays, apply broad-spectrum sunscreen continually with a sun block. Of at least thirty.

**Avoid Picking at the Skin**

PIH can result by scratching or plucking at pimple particularly in people with more tan skin.

**Hydration and Skincare**

By using moisturizers and adhering to a good cleanliness regimen, you may protect the skin's natural barrier and reduce the chance of injury and inflammation, which can lead to hyper pigmentation. [7]

**Hypopigmentation**

Hypopigmentation being an expression utilized to explain a reduction in a integument natural pigmentation, which leaves some parts of its surface whiter than the surrounding skin. [8] This happens when melanin, the colorant that gives skin its color, becomes decreased or missing. [9] The problem can come from derived or acquired, and it can be brought on by a number of conditions, including infections, autoimmune diseases, damage to the pores, and hereditary conditions. [10]

**Causes of hypopigmentation****Vitiligo**

An autoimmune condition in which melanocytes the cells that make melanin are attacked by the ability to fight infection. This causes the skin to transform into unusually white in spots. [11]

**Post – Inflammatory Hypo-pigmentation**

After a skin injury, swelling, or infection (such as burns or psoriasis), the harmed area's manufacture of melanin can stop. [12]



*Figure 4: Hypo-pigmentation*

**Leprosy**

A bacterial illness brought through *Mycobacterium leprae* that can result in loss of senses and bright spots on the skin. [13]

## **Chemical Exposure**

The removal of pigment can result from some substances harming pigment producing cells, such as hydroquinone.<sup>[14]</sup>

## **Types of hypo pigmentation**

### **Leucoderma**

Leucoderma, is the term for a restricted or extensive loss of coloring in the skin that causes spots of skin that are white or light in color.<sup>[15]</sup> It is a word used to describe circumstances when the skin has lost some or all of its melanin, resulting in hypopigmentation.<sup>[16]</sup>

### **Mucosis Fungoids**

A rare kind of skin cancer known as a fungal infection is a subtype of lymphoma of cutaneous T-cells.<sup>[17]</sup> It mainly impacts the skin and may come with a range of symptoms, such as skin rash, lymph nodes involvement, plaques and tumor.<sup>[18]</sup>

### **Idiopathic Guttate Hypo-melanises**

Is a typical skin ailment that appears as little white markings or areas around the skin.<sup>[19]</sup> Typically in places that have been exposed to the sun.<sup>[20]</sup>

## **Medical care**

### **Corticosteroid**

Vitiligo is one ailment that can result in hypopigmented patches; topical prednisone can help with that.<sup>[21]</sup>

### **Microneedling**

In regions impacted by hypopigmentation, microneedling therapy may aid in repigmentation by promoting the creation of protein.<sup>[22]</sup>

## **Prevention**

### **Regular skin moisturization:**

Hydrating the skin reduces dryness or scarring, which can lead to hypopigmentation, and encourages healing. The skin barrier can be maintained by using topical medications or emollients that physicians recommend.<sup>[23]</sup>

### **Prevention of infection**

Hypopigmentation can be brought on by skin conditions like leprosy or tinea versicolor. Therapy promptly and proper sanitation are essential for preventing fungal infections.<sup>[24]</sup>

### **Careful use of skin treatment**

After undergoing certain skin procedures, such as chemical peels, laser treatment, or dermabrasion, post-inflammatory hypopigmentation may result. Choosing the right treatment settings that your skin type is essential. To reduce the risk, make sure you take care of your skin after the procedure.<sup>[25]</sup>

## **Some natural products used to reduce or treat Hyper pigmentation**

### **Aloe vera**

It includes aloes in, which blocks the enzyme tyrosinase, which helps in the synthesis of melanin. According to research in the journal Medical and Experimental Dermatology, aloesin successfully lessens post-inflammatory and UV-induced darkening. Today, the secret too many sunburn cures, cosmetics, and digestive tonics is the gel-like substance found in Aloe Vera leaf.

Among the most widely used plants globally is aloe Vera. Aloe Vera is able to withstand droughts thanks to the unique water-storing tissues known as parenchyma found in its leaves.

In fact, several natural therapies could exacerbate melasma. Aloe vera is suitable for any kind of complexion and is bursting with antioxidants which may eliminate sun tan. It is optimal to extract aloe vera gel directly from the leaves. Just cover your hands and legs with the aloe vera gel let it sit for 30 minutes, and then rinse it off. Try using it as an overnight remedy as well.<sup>[26]</sup>



*Figure 5: Aloe vera*

### **Licorice extract**

Includes glabridin, an enzyme that prevents the synthesis of melanin and tyrosinase. First, by stopping melanin formation at its origin, licorice root extract assists in brightening the looks of your discolorations and dark spots. Additionally, licorice root will help disperse melanin spots that you currently have by breaking them up. What was the outcome? Skin that seems more balanced and ought to remain that way. Phytochemicals found in licorice can prevent hyperpigmentation. It contains over 300 antimicrobial, beneficial, and antibacterial chemicals. Through the distribution of melanin, licorice extracts aids in the reduction of hyperpigmentation. Physicians recommend licorice root for use as a pigment corrector due to its depigmenting properties

Melasma, hyper pigmentation after from acne, and generalized shading disorders can all be treated with this substance. Licorice root is a key component for people trying to lighten their complexion or cure hyperpigmentation conditions like melasma and sun damage because of its capacity to control the formation of melanin



*Figure 6: Licorice*

A well-liked natural treatment for pigmented skin, pimples, and dry skin is the use of licorice root powder. Regular use can aid in reducing hyperpigmentation, calming irritated skin, and enhancing the appearance of healthy skin.<sup>[27]</sup>

### **Green tea extract**

It has one kind of action when applied topically, and other health benefit when ingested. Green tea helps to lighten skin by eliminating dark spots and imperfections. Because it includes vitamin C, it also lightens skin.

Its skin-purifying qualities might help your skin appear more radiant and clearer. It provides your skin with critical minerals, vitamins, as well as antioxidants that are necessary to maintain healthy health.

**There are numerous ways that green tea extract might help skin, including****Hydration**

The antioxidant vitamin E in herbal tea provides moisture to the skin. Green tea has the ability to heal and brighten skin.

**Skin wellness**

Vitamin B2 found in green tea contributes to the maintenance of the amount of collagen in healthy skin.

**Cleansing of the skin**

Green tea extract may help the face appear more radiant and cleaner. Green tea has the potential to lessen sporadic bouts of acne.

**Aging indications**

Green tea might help lessen aging indicators.<sup>[28]</sup>



*Figure 7: Green Tea*

**Turmeric**

Includes curcuma, an anti-allergic and reactive substance that can lower the production of melanin. Turmeric has been found in studies to lessen hyperpigmentation, or dark areas on the skin. In fact, applying a turmeric extract cream for four weeks reduced hyper pigmentation.

You may have clearer skin by using turmeric to brighten your complexion and reduce the much more quickly. Skin's capacity to prod look of uneven tones. When you cleanse your wounds using turmeric soap, they could heal use new tissue is accelerated and inflammation is reduced by the anti-inflammatory qualities.<sup>[29]</sup>

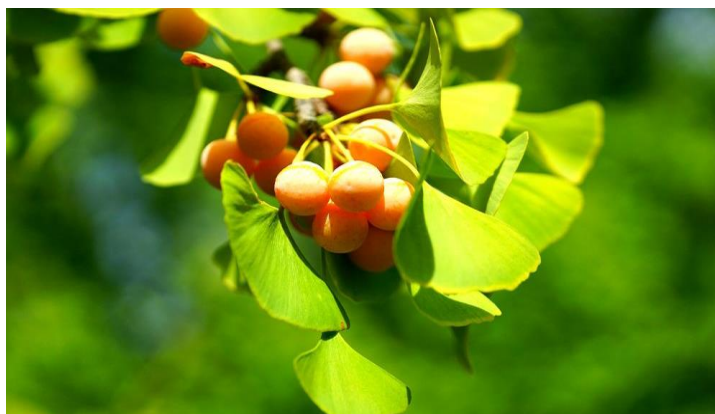
There are numerous advantages of turmeric for skin health, such as: Turmeric's antiseptic and antimicrobial qualities can aid in the battle against bacteria and viruses that cause acne.

Additionally, it might lessen the visibility of scars left by acne. Cutting down on hyperpigmentation Because of its brightening qualities, turmeric will help minimize the development of dark spots and balance out skin tone. Getting Rid of Scars Stretch marks may be prevented by the antioxidants in turmeric.<sup>[30]</sup>

**Some natural products used to treat or reduce hypo pigmentation****Ginkgo biloba**

Ginkgo biloba, well-known because of its anti-inflammatory qualities, may promote the formation of melanin and help treat vitiligo, a kind of hypopigmentation. According to certain research, it may lessen oxidative stress and aid in the of damaged areas. Ginkgo products have also been shown in clinical trials to improve skin color in vitiligo patients. In one tiny trial, patients' symptoms considerably improved after taking an oral ginkgo biloba extract.<sup>[31]</sup> The possible use of ginkgo biloba when it comes to treatment of hypopigmentation diseases, such as vitiligo, which is defined by the loss of skin pigmentation, was investigated.<sup>[32]</sup>

Because ginkgo biloba reduces oxidative stress and modulates the immunological response, it may be able to cure vitiligo, a disorder marked by the loss of skin pigmentation.



**Figure 8:** *Ginkgo Biloba*

### **Khellin**

Khellin, a natural remedy having roots in traditional Egyptian medicine, is occasionally combined with UV light therapies to encourage re pigmentation. In places touched by sunlight, it has the potential to activate melanocytes, which are cells that produce melanin. [34]



**Figure 9:** Khellin

One medication that may prove used with photochemotherapy to cure vitiligo is Khellin.

How it functions in order for managing vitiligo, ultraviolet A (UVA) radiation and an antioxidant called klemmin are used. Security Khellin is thought to be less dangerous compared to psoralens and secure for use as a home remedy. [35]

### **Application**

Khellin is administered topically or consumed orally. As an alternative to PUVA treatment for patients without increased liver transaminases, kelvin photochemotherapy could be a viable alternative to traditional PUVA. [36]

Similar to psoriasis, a persistent skin illness, khellin has also been investigated for its potential as a photosensitizer, albeit psoriasis treatment is less common.

Khellin functions as a natural photosensitizer in the management of vitiligo, increasing skin sensitivity to UVA rays, which promotes melanocyte growth and re pigmentation. [37]

### **Babchi seeds**

Vitiligo has long been treated using babchi seeds in Ayurveda and Chinese medicine. They include psoralen, a substance that, when paired with radiation therapy, can help increase the synthesis of melanin by sensitizing skin cells to UV light.

Vitiligo and leucoderma, two skin disorders characterized by hypopigmentation, can be treated with babchi seeds, also called bakuchi seeds. [38]



Because of their active ingredients, psoralen and bakuchiol, babchi seeds are a powerful herbal element used in conventional treatments to treat skin problems like vitiligo and psoriasis. [39] Bakuchiol is becoming more and more well-liked in contemporary skincare products due to its anti-aging qualities, and their photosensitizing qualities. But if employing Babchi-based remedies, caution and professional assistance are crucial because to the dangers of photosensitivity and probable toxicity. [40]



*Figure 11: Babchi seeds*

### **Black Cumin Seed Oil**

It is elevated in nutrients and anti-inflammatory qualities, has been investigated for its potential to promote melanin synthesis and skin regeneration. According to certain research, it might help vitiligo-affected skin become more pigmented again. [41]

After six months, a lotion containing black seed oil applied twice daily to the skin improved the coloration in the palms, face, and intimate areas in one trial including thirty-three individuals suffering with vitiligo. Researchers hypothesize that oil's capacity to disperse melanin across the skin accounts for some of its benefits for vitiligo. [42]

Although taking supplements or black cumin seed oil orally is well-known for its overall health advantages, nothing is known about how effective it is in curing hypopigmentation when taken orally. Nonetheless, in conjunction with topical therapies, it might promote general skin health. Black cumin seed oil's a drug called has been demonstrated to have antibacterial qualities that are helpful through the course of therapy pimples and along with additional dermatological issues. It eliminates acne-causing germs and lessens irritation. [43]



*Figure 12: Black cumin seed oil*

### **Ginger:**

Ginger was not investigated as thoroughly as other components; however, some studies have suggested that it may boost the formation of melanin. Its ability to reduce inflammation might also help maintain normal skin function. [44]

Ginger is a popular spice and therapeutic plant which has been utilized for numerous years in conventional healthcare systems, including Chinese, Unani, and Ayurvedic. It is well-known for both

its many health advantages and its strong, aromatic flavour. The portion of the plant that is most frequently utilized in food and medicine is the rhizome, or underground stem. The numerous therapeutic benefits of ginger, such as its anti-inflammatory, antioxidant, characteristics, are attributed to a number of bioactive components that it contains.

Ginger can be used to treat hypo pigmentation by directly rubbing crushed ginger or a mixture of ginger onto the afflicted area twice a day.<sup>[45]</sup>

Strong anti-inflammatory and antioxidant qualities are seen in gingerol. Hypopigmentation can be treated with ginger juice, particularly with ginger roots.

Scar tissue may blend in more naturally with the skin. Ginger can be especially effective in healing hypopigmented scars, because it also has the ability to increase the production of melanin, which darkens skin.<sup>[46]</sup>



*Figure 13: Ginger*

### **Red clay**

Includes minerals that are thought to aid in melanocyte stimulation, enhancing pigmentation in lighter regions of the body. Vitiligo can be effectively treated by applying a mixture of red clay plus ginger juice to regions that have lost pigmentation.<sup>[47]</sup>

Red clay has a high absorption rate and can be used to cleanse the skin of excess oil, pollutants, and contaminants.

Its ability to clear pores and lessen breakouts makes it especially effective for oily skin types. Keeping hypopigmented areas' skin healthy is essential to avoiding more skin conditions like infections or irritation that could make pigmentation issues worse.

Red clay contains minerals including silica and magnesium that constrict pores, exfoliate dead skin cells, and increase skin suppleness.<sup>[48]</sup>



*Figure 14: Red Clay*

## Hypericum perforatum



*Figure 15: Hypericum Perforatum*

Herbal medication for a variety of skin disorders uses St. John's wort, which can be mixed via UV therapy to increase its impact on melanocytes and encourage repigmentation to support healthy skin texture. [49]

Is an herbal remedy that has long been utilized for its ability to heal wounds, reduce inflammation, and treat depression, although this herb's potential to cure mild to severe depression has received much attention, it also has uses in pain management and cosmetics. [50]

That is especially useful for treating minor to moderate depression due to its antidepressant properties. It also helps with skin issues, pain alleviation, and wound healing. [51] However should be taken continuously because of the possibility of drug reactions and photosensitivity, especially in those who are taking medicine. [52]

### CONCLUSION

The growing need for therapies targeted at maintaining a uniform skin tone and treating hyperpigmentation diseases such as melasma, post-inflammatory hyperpigmentation, and age spots is highlighted by skin lightening and pigmentation control. Many solutions for skin lightening are available thanks to advancements in topical treatments like hydroquinone and retinoid as well as natural substances like niacinamide and licorice extract. Effective treatments for pigmentation management.

### REFERENCES:

1. D. J. Tobin, A. S. Katsambas, Types and Causes of Pigmentation, International Journal of Cosmetic Science, 2016:7(1):11-13.
2. B. A. Johnson, Treatment and Therapeutic Approach on Pigmented Skin, International Journal of Cosmetic Science, 1997:5(6):44-45.
3. D. M. Elston, Diseases of Skin, Journal of Dermatology, 2006:5(6):23-25.
4. W. D. James, C. M. Antoniou, Diseases and Types of Skin, Journal of Clinical Dermatology, 2005:1(5):11-12.
5. M. D. James, P. C. Diedrich, Principles of Dermatology and Clinical Trials, International Journal of Clinical and Experimental Science, 2006:1(4):8-9.
6. H. M. Torok, Principles of Dermatology and Cosmetic Science, International Journal of Cosmetic Science, 2004:3(5):10-12.
7. R. J. Hay, Treatment and Therapeutic Approaches of Dermatology, Journal of Clinical and Aesthetic Dermatology, 1999:4(3):35-36.
8. L. A. Goldsmith, S. I. Katz, Dermatology in General Medicine, Journal of Cosmetic Dermatology, 2012:1(6):22-24.

9. M. S. Picardo, Skin Disease and Hyperpigmentation, *International Journal of Clinical Research and Science*,2019:5(3):34-36.
10. V. N. Geel, N. H. Goh, Pigmentary Disorders, *European Journal of Dermatology and Venerology*,2016:5(4):12-21.
11. R. A. King, The Molecular Basis of Albinism, *European Journal of Dermatology and Venerology*,2001:7(4):34-35.
12. J. P. Ortonne, G. F. Murfy, Hypopigmentation Disorder in Dermatology, *Journal of European Academy of Dermatology and Venereology*,2006:6(3):23-25.
13. D. N. Lockwood, M. S. Abdel, Skin Diseases and Hypopigmentation, *Journal of Cosmetic Science*,2007:4(6):69-70.
14. J. J. Nordlund, R. V. Boissy, The Pigmentary System, *International Journal of Clinical Research and Science*,2006:1(6):35-36.
15. S. C. Taylor, J. J. Das, Skin Disorder and Types of Pigmentation, *Journal of European Academy of Dermatology*,2002:5(6):38-40.
16. W. D. James, Arthritis and Skin Diseases, *Journal of Dermatological Treatment*,2005:3(2):11-13.
17. Yogesh B. Raut, Sanjay K. Bais, Samruddhi M. Swami, Preparation and Evaluation of Herbal Lotion, *International Journal of Pharmacy and Herbal Technology*,2024:2(1):25-26.
18. Yogesh B. Raut, Sanjay K. Bais, Sahara Chavan, Moisturizing Activity of Herbal Cold Cream for Skin Dryness, *International Journal of Pharmacy and Herbal Technology*,2024:2(1):49-52.
19. A. D. Pacifico, Types of Pigmentary Disorders, *Indian Journal of Dermatological Treatment*,2003:2(3):23-25.
20. P. C. Diedrichs, Different Pigmentation Issues Including Hyperpigmentation, *Journal of Cosmetic Dermatology*,2011:4(6):51-53.
21. A. S. Gupta, M. N. Jain, Pathogenesis and Treatment Options, *Journal of Dermatology*,2020:3(2):21-23.
22. W. N. Liao, Y. S. Zhang, Different Types of Skin Disorders, *Journal of Dermatological Treatment*,2018:7(1):1-4.
23. S. K. Ghosh, Histology of Skin, *Journal of Dermatology*,2021:6(2):66-68.
24. D. N. Fredricks, Molecular Methods to Diagnose Fungal Infections, *Journal of Investigative Dermatology*,2005:5(2):87-90.
25. S. C. Taylor, J. T. Lim, Management of Pigmentation, *Indian Journal of Dermatological Treatment*,2007:8(3):40-43.
26. J. A. Evans, E. J. Johnson, The Role of Phytonutrients in Skin Health, *Journal of Clinical and Experimental Dermatology*,2010:2(6):44-47.
27. T. G. Yokota, S. K. Rathi, The Inhibitory Effect of Glabridin from Licorice Extracts on Inflammation, *Journal of Agricultural and Food Chemistry*,1998:6(3):23-26.
28. Javadian M. Milani, The Role of Vitamin C in Skin Health, *The Journal of Clinical and Aesthetic Dermatology*,2018:6(4):44-48.
29. L. S. Katiyar, Green Tea Prevents Non-Melanoma in Skin Cancer by Enhancing Deoxyribonucleic Acid and its Repair, *European Journal of Dermatology and Venerology*,2003:3(6):34-36.
30. J. T. Lim, Treatment of Melasma Using Kojic Acid in a Gel Containing Hydroquinone and Glycolic Acid, *Journal of Dermatology*,1999:1(5):78-79.
31. J. K. Navarrete, J. P. Torres, Types of Skins Disorders, *Journal of Cosmetic and Laser Therapy*,2011:3(2):62-65.

32. S. T. Dekosky, J. D. Williamson, Ginkgo Biloba for Prevention of Dementia Randomized Controlled Trial, *International Journal of Dermatology*,2008:3(1):53-56.
33. D. H. Parsad, Pandhi R. Juneja, Effectiveness of Oral Ginkgo Biloba in Treating Limited in Slowly Spreading Vitiligo, *Journal of Dermatology*,2003:2(3):85-87.
34. P. S. Kleijnen, P. D. Knipschild, Ginkgo Biloba for Cerebral Insufficiency, *British Journal of Clinical Pharmacology*,1992:4(3):52-55.
35. G. S. Leone, A. D. Pacifico, P. M. Iacovelli, Khellin and Ultraviolet Preliminary Study Clinical Experimental Dermatology, *Journal of Dermatology*,2003:2(3):85-87.
36. A. D. Pacifico, G. S. Leone, Treatment of Vitiligo with Khellin and Ultraviolet Comparison with Other Photochemotherapies, *European Journal of Dermatology and Venerology*,2004:2(6):52-55.
37. M. S. Kader, Chemical and Pharmacological Aspects of Ammi Visnaga and Ammi Majus, *British Journal of Dermatology*,1998:6(5):34-36.
38. Dogra S. Kanwar, Topical Psoralen with Sunlight in the Treatment of Vitiligo, *Journal of Dermatology*,1998:1(2):59-60.
39. R. K. Chaudhuri, Bojanowski K. Bakuchiol, A Retinol Like Functional Compound, *International Journal of Cosmetic Science*,2014:6(3):21-23.
40. S. M. Dhaliwal, S. I. Ellis, Prospective and Randomized Double-Blind Assessment of Topical Retinol for Facial Photoageing, *International Journal of Cosmetic Science*,2018:1(2):10-15.
41. M. S. Hanafy, M. E. Hatem, Studies on the Antimicrobial Activity of Nigella Sativa Seed, *Journal of Ethnopharmacology*,1991:4(3):75-78.
42. B. H. Ali, G. K. Blunden, Pharmacological and Toxicological Properties of Nigella Sativa Phytotherapy Research, *International Journal of Pharmacology*,2003:1(3):29-30.
43. A. O. Bamosa, F. M. Lebdaa, Effect of Nigella Sativa Seeds on the Glycemic Control, *Indian Journal of Physiology and Pharmacology*,2010:5(4):34-35.
44. G. H. Ozgoli, M. K. Goli, Comparison of Effects of Ginger and Mefenamic Acid on Pain in Women with Primary Dysmenorrhea, *Journal of Alternative and Complementary Medicine*,2009:5(2):29-32.
45. C. D. Black, M. P. Herring, Ginger Reduces Muscle Pain Caused by Eccentric Exercise, *Journal of Pain*,2010:1(6):89-90.
46. M. R. Alizadeh, R. K. Navaei, Investigation of Effect of Ginger on Lipid Levels, *Journal of Saudi Medicine*,2008:2(6):80-83.
47. Y. G. Ghouli, Study of the Effects of Rhassoul Clay on Skin and Hair, *International Journal of Cosmetic Science*,2004:1(6):16-17.
48. S. M. Lata, A. K. Mittal, Clay Minerals in Cosmetics, *Journal of Cosmetic Science and Dermatology*,2014:3(2):15-16.
49. M. S. Picardo, Treatments and Therapeutic Approaches, *European Journal of Dermatology and Venerology*,2015:2(5):53-54.
50. K. N. Linde, Major Depression Cochrane Database of Systematic Reviews, *Journal of Dermatology*, 2016:2(3) :22-24
51. A. R. Gohari, The Wound Healing Activity of Hypericum Perforatum Oil Extract in Rat, *Journal of Ethnopharmacology*,2012:3(2):60-63.
52. C. S. Chempp, Effect of Topical Hypericum Perforatum Extract on Inflammation in a Human Skin Model, *Journal of Phytomedicine*,2005:2(1):13-15.