Melagenina and Vitiligo

R.D.

Roberto Doglia

Azambuja

Brasília University Hospital Brasília (Brazil)

R.D. Azambuja, Brasília University Hospital, Caixa Postal 07-0056, 70539 Brasília – DF (Brazil)

Sir,

I have recently read the article of Nordlund and Haider [1]. I have visited the clinic of Dr. Carlos Miyares Cao for the treatment of vitiligo in 1988 and have observed everything for 1 week. Like the authors, I was present at the conference on vitiligo held in Havana in 1989. I was accompanying at this time more than 60 patients under treatment with Melagenina; about 70% of them obtain from 50 to 100% repigmentation in an average time of 10 months. On account of my knowledge of what is being done in Cuba and of my experience with Melagenina, I would like to question some affirmations of the authors which are not in accordance with what I saw in Havana and what I see every day in contact with my vitiligo patients.

Nordlund and Haider say that it is not clear whether each and every placenta is screened for the presence of AIDS virus, hepatitis or other infectious agents. This is a point made absolutely clear by Dr. Miyares: all placentas are tested for the presence of infectious agents before being utilized for the production of Melagenina. The reason for applying Melagenina with the tip of the fingers is to save the product. I have never heard that other moods of application would inactivate it.

I was surprised to read that patients coming to Cuba are not all necessarily examined by a physician and that each patient is videotaped for further examination. I did not see any patient being videotaped; this can occur with some patients for further control. On the other hand I saw Dr. Miyares examining personally each patient.

The authors refer to studies in Venezuela, Mexico and India without specifying the investigators, the obtained data and how efficient the irritant was in comparison with Melagenina.

When they find puzzling why the patients attending the conference in Havana were not cured or repigmented they do not specify how many of them were under treatment, how long they were treated and how much their spots were modified compared to the beginning of the treatment. At the conference the Cuban investigators showed a videotape of the 3-year treatment of a female patient, who came to Cuba with a 60% depigmentation of her total skin and had been considered incurable by English dermatologists. In 1989, the patient had an impressive repigmentation. I had seen her 1 year before and could evaluate the good results obtained by treating her exclusively with Melagenina. Most important: she was present at the conference and anyone could look at her, examine and touch her, if he did not trust the videotape. It is puzzling why the authors withheld such an interesting fact from the readers.

As regards European patients who had some repigmentation in Cuba it should be made clear how long they stayed in Cuba and how much repigmentation they obtained there. Very seldom foreign patients stay in Cuba more than 1 week, which is insufficient to elicit a response.

Melagenina is said to produce proliferation of melanocytes and enhance melano-genesis in vitiligo skin but would have no effect on normally pigmented skin of patients with or without

vitiligo. In my experience normal skin around spots becomes more pigmented in some cases and in others not. This same question could be raised about topical corticosteroids that provoke pigmentation in vitiligo macules and not in normal skin.

Finally I am surprised that the authors' argumentation is based on only one paper, which is part of a collection of 8 experiments with Melagenina. Nothing is said about the good results obtained by Sharma [2] and del Rosario [3]. The complete lack of the authors' own experience with the product, the inconsistency of some of their statements and an incredibly poor literature on the subject render Melagenina a poor service. Moreover the omission of facts and data that could contribute to attract the reader's interest toward more information about the treatment is incorrect. I rely on what I see in many cases of vitiligo: partial, important or complete repigmentation of depigmented skin. It seems to me that such a definitive appreciation of Melagenina as made by Nordlund and Haider with so little theoretical and practical knowledge about the subject is anything but informative.

References

Nordlund JJ, Haider R: Melagenina: An analysis of published and other available data. *Dermatologica* 1990;191:1-4.

Sharma SK. *Indian J Dermatol Venereol Leprol* 1988;54:99-201.

Del Rosario C. 18th Natl Congr Spanish Dermatol Acad. June 1989.

© 1992 Karger AG, Basel 1018-8665/92/1842-0153

\$ 2.75/0