

bFGF

PEPTIDE SERUM

Reference:

- 1.Shah, B. et al. Efficacy and safety of basic fibroblast growth factor (bFGF) related decapeptide solution plus Tacrolimus 0.1% ointment versus Tacrolimus 0.1% ointment in the treatment of stable vitiligo. Dermatologic therapy 32, e13109 (2019).
- 2.Ramaiah, A., Kar, H., Garg, V., Bajaj, N. & Gupta, L. A Double Blind Randomized Phase IV Clinical Trial of basic Fibroblast Growth Factor Related Deca-peptide in Vitiligo. Pigmentary Disorders S 3, S3-004 (2015).
- 3.Parsad, D. et al. Basic Fibroblast Growth Factor (bFGF) related decapeptide 0.1% Solution, with Tacrolimus 0.1% ointment. combination therapy compared with Tacrolimus 0.1% ointment monotherapy in the treatment of stable vitiligo: A Phase IV, randomized 12 months Study. IP Indian Journal of Clinical and Experimental Dermatology 6, 249-253 (2020).
- 4.Abburi, R. A Double Blind Randomized Clinical Trial on Basic Fibroblast Growth Factor Related Deca-Peptide to Reduce Wrinkles on Skin and to Treat Non Sun Exposed Vitiligo Macules. Cosmetol & Oro Facial Surg 2, 3 (2017)

bFGF
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fleurvisage®



bFGF Peptide Serum

Paint Your Dream

Active peptides derived from basic fibroblast growth factor (bFGF) could be potential therapeutic agents for managing vitiligo.



Properties

bFGF and its active short peptides are mitogenic to melanocytes and stimulate melanogenesis¹. The best result occurs when bFGF peptide serum is administered in combination with other treatment methods.

Indication

Repigmentation of depigmented macules and patches in patients with vitiligo.

Direction for Use

Apply a thin layer of bFGF serum on the affected area every night at bedtime.

Followed by sunlight exposure for 5-15 minutes in the next morning.

Adding bFGF to common therapies for vitiligo

Faster Repigmentation

Safe Profile

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Clinical study

A 12-month phase IV clinical study was conducted to compare efficacy and safety of bFGF related deca-peptide solution plus tacrolimus 0.1% ointment versus tacrolimus monotherapy.

Method

120 patients were enrolled

60 patients were treated with bFGF related deca-peptide solution and tacrolimus

60 patients were treated with tacrolimus alone



Results

Mean response rates significantly increase after 4 months onwards with combination treatment with bFGFrP and tacrolimus than tacrolimus monotherapy.

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Clinical study

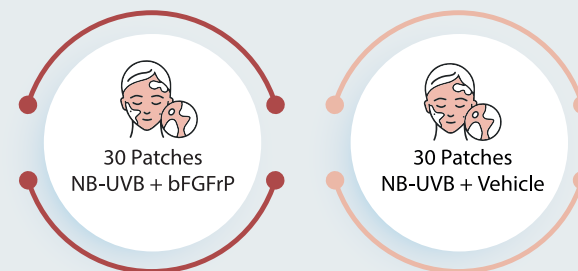
A phase IV clinical trial was conducted to study the efficacy and safety of topically applied bFGF related deca-peptide in vehicle in combination with NB-UVB in patients with stable non-segmental vitiligo².

Method

31 patients were enrolled

30 patches were treated with NB-UVB and bFGFrP in vehicle

30 patches were treated with NB-UVB and vehicle



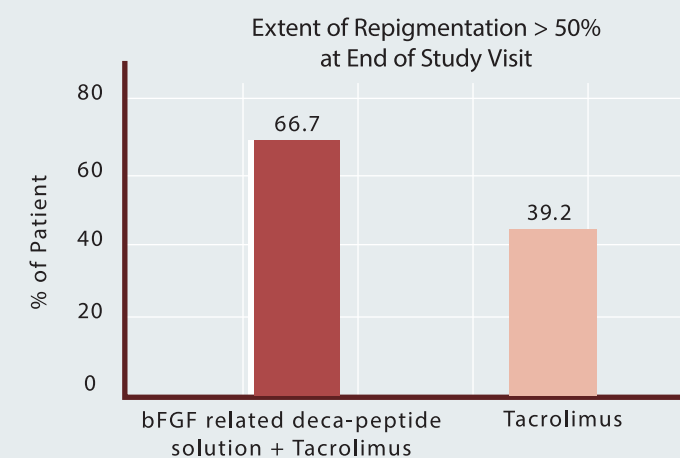
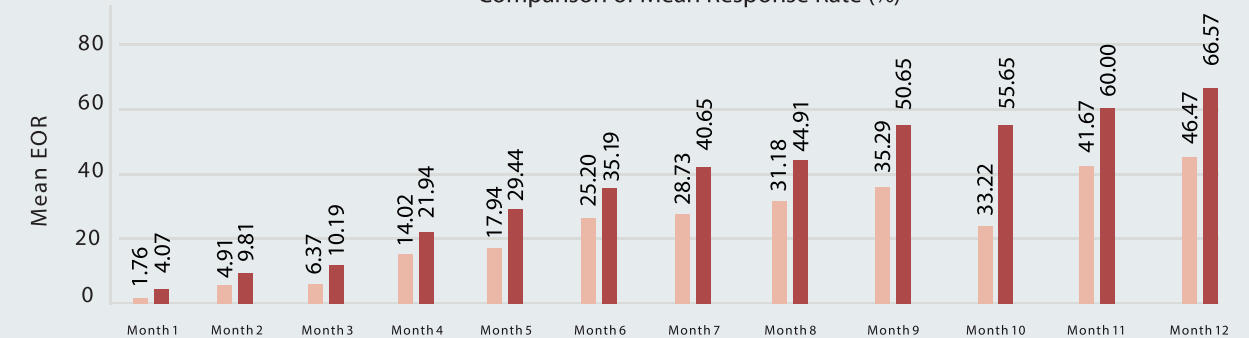
Results

Statistical evaluation of repigmentation of 23 patients who had more repigmentation with NB-UVB + bFGFrP compared to NB-UVB + vehicle after 12 weeks of treatment.

Treatment	NBUVB+Peptide in vehicle	NBUVB+vehicle
No of Patches	23	23
Mean base line area of 23 patches mm square	1057.6	956.2
Mean value of repigmentation (±SD)	286.2 (±316.7)	51.33 (±347.4)
% Repigmentation	27.0	5.3

The study indicated that NB-UVB in combination with bFGFrP was safe and repigment vitiligo patches faster than NB-UVB alone and that they act synergistically.

Comparison of Mean Response Rate (%)



Combination of bFGF and Tacrolimus leads to significantly better results with rapid repigmentation and response rates in stable vitiligo patients in 12-month study.

The percentage of repigmentation is comparatively more with the absence of any serious adverse effects gives bFGF derived deca-peptide solution an advantage³.

Highlight

Topical application of bFGF related deca-peptide in a vehicle on the Caucasian population may result not only smoother skin but also a desirable tan in view of increased pigmentation. The undesirable pigmentation that results by the topical application of bFGF in vehicle on coloured population could be avoided by including UVA/UVB sunscreen products in the vehicle with bFGFrP⁴.

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