EFFECTIVE ACNE TREATMENT
Professional Skin Care, Inc.
and
The American Institute of Esthetics

Present

Effective Acne Treatment
WHO HAS ACNE?

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EMOTIONAL IMPACT

Studies Show, Those With Acne May Suffer With:

- Social withdrawal
- Decreased self-esteem, self-confidence
- Depression, embarrassment, frustration
- Preoccupation
- Higher rate of unemployment

- Acne can be controlled but not cured
- It is important to give client emotional support
- Educate client about acne and treatment

Acne can have a profound effect on a person’s outlook on life. Studies show that those having acne can suffer many forms of emotional stresses that may include:

- Decreased self-esteem and self-confidence
- Feelings of depression, embarrassment, anger, frustration
- Preoccupation
- Higher rate of unemployment

Acne can not be cured, but controlled. It is important to give emotional support and encouragement. It is also important to educate the acne client in understanding the causes of acne and how necessary it is to follow the prescribed homecare routine and salon treatments so they can achieve success in clearing and controlling the acne.
MYTHS ABOUT ACNE

Myths Tend to Perpetuate Psychological Impact and Stigma Associated With Acne

1. Caused by poor hygiene

2. Caused by poor diet

3. Acne needs to run its course

Client Education is Key to Understanding What Does and Does Not Cause Acne

MYTHS ABOUT ACNE

Myths about the causes of acne prevail and tend to perpetuate the psychological impact and stigma associated with the disease.

1. Acne is caused by poor hygiene. Acne is not caused by poor cleansing habits or dirt. Cleansing the skin frequently and vigorously causes irritation to the skin that can worsen an acne condition. Using the proper homecare products along with in-salon treatments aid in the success of gaining control of acne.

2. Acne is caused by diet. Scientific studies suggest that diet is not a cause of acne. However, there are some foods that can aggravate acne such as foods and dairy products containing iodine. Food allergies, especially milk and wheat, can induce inflammation in the gastrointestinal system that can affect the skin. If a specific food seems to cause a breakout, eliminate that food from the diet. Overall, eating a well balanced diet always makes sense.

3. You have to let acne run its course. Wrong. Acne can be cleared up and controlled with the proper homecare regimen and in-salon treatments.

Education is key to understanding what does and does not cause acne. Be sure to explain this to the client (and parent when dealing with teens).
WHAT IS ACNE?

Acne is a chronic skin disorder of the *pilosebaceous apparatus* - the name given to the sebaceous gland, the hair follicle and their common channel leading to the surface of the skin.

Acne evolves from the buildup of dead skin cells and increased amounts of sebum that stick together and sludge up in the follicle of genetically inclined individuals.

In most cases, acne starts between the ages of ten and thirteen and usually lasts for five to ten years. It normally goes away on its own sometime in the early twenties. However, acne can persist into the late twenties or thirties or even beyond. Some people get acne for the first time as adults.
A follicle is the tiny hair shaft (pilo) in the skin through which a hair grows and sebum is excreted from sebaceous glands to the surface of the skin.

Each follicle contains a tiny hair and multilobed sebaceous glands. Sebaceous glands get their name from the oily substance they produce – sebum.

Under normal circumstances, sebum travels up the hair follicle and out to the skin’s surface.

With Acne, sebum is trapped within the follicle, sticking with a buildup of dead skin cells. This creates a plug.
Acne is often inherited as a dominant characteristic, and includes Retention Hyperkeratosis and weak pore walls.

Only certain families develop acne. If both parents had acne, approximately three out of four offspring will develop acne. The parents may not even have had acne themselves, but may carry the gene.

It is important to know as much about your client’s family acne history as possible because the chances are that your client will have the same type, severity, scarring patterns and burn out age as the parent(s). This is why a thorough client consultation is vital. All of the appropriate questions are included in the ONLY YOURx Client History Folder.

With proper treatment, people who are genetically predisposed to acne can minimize or eliminate the visible signs of acne.
FACTORS OF ACNE

Four basic factors work together for the development of Acne

1. Hormones
2. Increased Sebum
3. Follicle Changes
4. Bacteria

FACTORS OF ACNE

The cause of acne is primarily hereditary. There are four basic factors that work together for the development of Acne:

1. Hormones – androgen hormones
2. Increased sebum production
3. Follicle Changes – retention hyperkeratosis
4. Bacteria – proliferation of Propionibacterium Acnes or P. Acnes
Acne usually begins in adolescence when body produces hormones called Androgens (male hormone)

- Sebum secretion regulated by androgens
- Testosterone (an androgen) is converted to Dihydrotestosterone which:
  - Causes sebaceous gland to enlarge
  - Results in increased production of sebum

**HORMONES**

Acne usually begins in early adolescence in both males and females when the body starts to produce the hormones called androgens.

Androgens are responsible for physical maturation in males and therefore occur in much higher levels in males. Androgens are one of the reasons why males tend to have more severe acne than females.

Sebum secretion, which plays a significant role in acne development, is regulated primarily by the androgens actively secreted in both sexes.

Testosterone, one of the androgens, is converted to dihydrotestosterone, which induces the sebaceous glands to:

1. Increase in size and activity
2. Resulting in increased production of sebum.
2. INCREASED SEBUM

Hyper-production of sebum contributes to the formation of acneic lesions

- Amount of sebum corresponds to acne severity
- Culprit identified in sebum is free fatty acid content
- Free fatty acids produce marked inflammation
- Acne lesions appear where sebaceous glands plentiful
  - Face, neck, chest, back, shoulders

INCREASED SEBUM PRODUCTION

Sebum is a skin protector. It is a component of the hydrolipidic film providing skin suppleness and protection against external aggression.

Sebum hyper-production contributes to the formation of acneic lesions and the amount of sebum produced corresponds directly to the severity of the acne.

One of the culprits identified in sebum is the free fatty acid content. Free fatty acids produce marked inflammation.

Acne lesions appear where sebaceous glands are plentiful - the most common on the face, but they can also occur on the neck, chest, back and shoulders.
3. FOLLICLE CHANGES

Inner Lining of Hair Follicle Changes in Acne-Defective Follicle

• Follicles begin to produce & shed more dead skin cells at a much faster rate than normal
  - Known as Retention Hyperkeratosis

• Dead skin cells combine with sebum in follicle to create a ‘plug’
  - Blocks the follicle

FOLLICLE CHANGES

As androgen production increases and sebaceous glands enlarge, the inner lining of skin in the hair follicle also changes.

Normally, dead cells inside the follicle shed gradually and get expelled onto the surface of the skin.

However, in the acne-defective follicle, these dead cells begin to produce and shed more rapidly. This process is called Retention Hyperkeratosis.

The cells and sebum clump together, forming a plug that blocks the follicle.
4. BACTERIA

Solidified Sebum & Dead Cells in Follicle Provide Ripe Environment for P. Acnes Growth

• P. Acnes bacteria
  - Anaerobic – survives without oxygen
  - Proliferates in lipid-rich sebum

• P. Acnes ingests & metabolizes sebum
  - Generates Free Fatty Acids
  - Irritate & rupture follicle wall causing inflammation
  - Leads to development of inflamed lesions

BACTERIA

The forth factor in the development of acne is the microbial colonization by P. Acnes and the release of inflammatory chemicals (free fatty acids) produced by bacteria into the follicle and surrounding skin.

The combination of solidified sebum and dead cells in a follicle provide an environment that is ripe for the growth of Propionibacterium acnes (P. Acnes bacteria), an anaerobic bacteria – it doesn’t need oxygen to survive.

P. acnes is part of the natural micorflora of all skin in low amounts but proliferates in the lipid-rich mixture of sebum and keratinized cells within the pilosebaceous follicles.

P. Acnes metabolizes sebum generating free fatty acids that irritate and rupture the follicular wall causing an inflammatory response, leading to the development of inflammatory lesions.

The inflammation causes the body to send in white blood cells to fight the infection, causing further inflammation and rupturing of the follicle wall.
Let’s review the chain of events that lead to acne. The first 3 events occur in everyone:

1. At puberty, the body starts producing testosterone (androgen hormone).
2. An enzyme in the skin changes testosterone to dihydrotestosterone (DHT).
3. DHT stimulates the sebaceous glands to begin producing sebum.
4. In the acne-defective follicle, sebum sets off retention hyperkeratosis.

But it is only in the individual with a special vulnerability that the fourth reaction occurs. The key factor is a genetic predisposition.
LESIONS OF ACNE
ACNE LESIONS

Various Types of Lesions are Defined Primarily By:

- Inflamed or Non-Inflamed
- Size and number of lesions

The various types of lesions are defined primarily by whether they are inflamed or non-inflamed, and by the size and number of lesions.

The acne lesions are:

1. Microcomedo
2. Closed Comedone
3. Open Comedone
4. Papule
5. Pustule
6. Nodule
7. Cyst
Non-inflamed acne lesions are open and closed comedones.

Inflammatory acne lesions are the ones that have a red color, often making a ring around the lesion itself. The inflammation results when the follicular irritation becomes so great that the follicle lining ruptures, spilling the sebaceous material into the surrounding tissue. This causes an inflammatory reaction.
Once the critical acne process of retention hyperkeratosis begins (microcomedo) there are 2 choices:

1. Either the disease will remain non-inflammatory and simply produce closed comedones which turn into open comedones which expel their contents and resolve - represented here by the upper row.

2. Or the disease may head down the more destructive inflammatory pathway – as seen on the lower row. In this case, the follicle wall ruptures, white blood cells stream in and inflammation ensues. If the break is close to the surface, a pustule results. If the break is deeper, a nodule or cyst forms.
1. MICROCOMEDO

“Comedo” Is Medical Term for an Acne Impaction

**Microcomedo**
- First and smallest type of comedo
- Invisible impaction deep within follicle
- If it ruptures, inflammatory lesion will occur
- Can progress into open or closed comedo

**MICROCOMEDO**

Comedo, usually referred to as “comedone,” is the medical term for an acne impaction. The plural term is comedones.

**Microcomedo**
The first and smallest type of lesion is a clogged follicle called a microcomedo. This tiny comedo occurs at the earliest stages when the follicle walls are just beginning to be stretched by trapped sebum and dead skin cells. Microcomedones are so small that they cannot be seen without a microscope. If the microcomedo continues to develop and then ruptures, an inflammatory lesion will occur.

If a microcomedo doesn't rupture, it can progress into either an open comedo (blackhead) or closed comedo (whitehead), both of which are non-inflammatory lesions.
2. Closed Comedone
(Whitehead)

A mass of solidified sebum, dead skin cells and other material clogging the follicle, but has not expanded enough to force open the follicle.

CLOSED COMEDONE

As more and more of the dead skin cells become impacted, the lesion enlarges into a closed comedo. There is a small opening at the top, but for all practical purposes, it is closed and unable to dilate the ostium (opening) and move onto the surface.

Appearance:
White or cream-colored bump ranging in size from the size of a pin head to as large as the tip of your little finger.

Cause:
• Heredity
• Dehydration
• A build up of solidified sebum, corneocytes and bacteria not being evacuated by the follicle.
• Retention Hyperkeratosis
Closed Comedone (Whitehead)
A closed comedone becomes an open comedone as more and more dead skin cells become impacted in the follicle. The pressure forces the follicle opening to become larger which exposes the contents to the surface air, which causes it to turn a brownish-black color.

**Appearance:**
The surface of the impaction oxidizes and turns a brownish-black, hence the name, “blackhead”.

**Cause:**
- Heredity
- Dehydration
- A build up of solidified sebum, corneocytes and bacteria not being evacuated by the follicle.
- Retention Hyperkeratosis
Open Comedone (Blackhead)
Open Comedone (Blackhead)
PAPULE

Papules are small, firm, reddish lesions and are sometimes considered an intermediate step between non-inflammatory lesions and clearly inflammatory lesions. Papules are mildly inflamed, showing redness but no apparent pus.

**Appearance:**
Small, elevated skin lesion less than .5 cm in diameter.

**Cause:**
Prolonged follicular congestion and the breaking down of the follicular wall.

When the pressure inside the follicle exceeds the strength of the follicle wall, and the follicle opening does not expand to expel the contents, the follicular lining will rupture spilling the contents of the follicle into the dermal tissue. The body’s immune system reacts to this invasion by sending white blood cells to dissolve the impaction, thus inflammation results. A papule is formed at this stage.
Papules
Pustules are small, like papules, but are clearly inflammatory.

Pustules are small round lesions that contain visible pus. The pus is underneath the surface of the skin.

Pustules do not usually contain a lot of bacteria. The inflammation is generally caused by chemical irritation from sebum components such as free fatty acids.

**Appearance:**
Papule with pus.

**Cause:**
White blood cells clumping together.

Within the first 72 hours of the follicular break, the white blood cells may clump together forming pus which will migrate to the surface and bring the impacted material with it.

Once this impaction and the resulting inflammation sloughs off or is extracted, the matter is ended. Some damage may have occurred to the surrounding tissue, but not much. If it all happens fairly quickly, there may be no scar at all.
Pustule
A nodule occurs when the follicular break is deeper or the impaction is driven deeper by picking. They can be red, hard, warm to the touch and often painful lesions that develop into softer fluid containing cysts. The inflammation may last for several days or even weeks. The longer the inflammation lasts, the greater the loss of tissue and the more scarring.

**Appearance:**
Inflamed bump larger than the end of your finger.

**Cause:**
Break in the lining deep in the follicle.
7. Cysts

A vast area of inflammation that usually involves more than one follicle.

Cysts are closed lesions usually covered with a sac or membrane. Inflammatory responses include itching, swelling and tenderness. The goal is to get the inflammation down as quickly as possible to prevent scarring. Cysts are always deep, serious lesions that require a dermatologist referral for treatment.

**Appearance:**
This lesion is as big or bigger than the end of your little finger, is filled with pus and looks like a boil.

**Cause:**
- Breaks in the follicular lining of several follicles.
- Over reaction on the part of the immune system.
Cysts
Once the critical acne process of retention hyperkeratosis begins there are 2 choices:

1. Either the disease will remain non-inflammatory and simply produce closed comedones which turn into open comedones which expel their contents and resolve - represented here by the upper row.

2. Or the disease may head down the more destructive inflammatory pathway – as seen on the lower row. In this case, the follicle wall ruptures, white blood cells stream in and inflammation ensues. If the break is close to the surface, a pustule results. If the break is deeper, a nodule or cyst forms.
1. **GRADE I:**
   This mildest grade consists of open and closed comedones. May also have occasional papules. This is a non-inflamed condition.

2. **GRADE II:**
   A large number of closed comedones with occasional small papules or pustules. This is a non-inflamed condition.

3. **GRADE III:**
   This type of acne is probably the most common. It consists of open and closed comedones along with many papules and pustules. It can range from a mild to moderate inflamed condition.

4. **GRADE IV:**
   This is potentially the most scarring type of acne. It consists of open and closed comedones, large papules and pustules as well as cysts and nodules. Grade IV acne is often accompanied by severe inflammation which becomes very red and even purplish. This grade of acne should be referred to a physician.
GRADE I ACNE

Mild

This mildest grade consists of:

- Open and closed comedones
- May also have occasional papules.

This is a non-inflamed condition.
GRADE II ACNE

Mild to Moderate

- A large number of closed comedones
- Occasional small papules or pustules

This is a non-inflamed condition.

Some cases are known as Maturation Arrest Acne because the closed comedones mature and do not develop into open comedones. The face is studded with closed comedones (as shown in the picture above).
GRADE III ACNE

Moderate to Severe

This type of acne is probably the most common. It consists of:

• Open and closed comedones
• Many papules and pustules

it is usually very inflamed and red.
GRADE IV ACNE

Severe

This is potentially the most scarring type of acne. It consists of:
• Open and closed comedones
• Large papules and pustules
• Cysts and nodules

Grade IV acne is often accompanied by severe inflammation which becomes very red and even purplish.

Keep in mind that in cases of severe cystic acne, the client will need to see a dermatologist to obtain antibiotics.
AGGRAVATORS

Several Factors Can Aggravate Acne:

• **Stress**
  - Most experts say stress is #1 factor in acne

• **Climate**
  - Humidity swells tissue, follicle breaks due to pressure

• **Pressure / Friction**
  - Constant rubbing or touching - sweatbands, glasses, etc

• **Hormones**
  - Hormones increase sebum activity
  - PMS, Pregnancy, Birth Control Pills (androgen)

AGGRAVATORS

Acne is so diverse and can have so many aggravating factors, that a thorough client questionnaire and consultation is vital. Even the occasional breakout is considered acne (the medical term) and can usually stem from an aggravating factor.

Following are the most common aggravators:

• **Stress** – Most experts say that stress is the number one aggravating factor in acne.
  When under stress, the adrenal gland produces more testosterone, which sets off the Retention Hyperkeratosis cycle.

• **Climate** – Humidity swells the skin tissue and the fragile follicle breaks due to the pressure, resulting in inflammation. People who live in tropical climates with high humidity often experience a seasonal pattern of acne.

• **Pressure / Friction** – Constant rubbing and touching of the skin causes increased pressure on the follicle – sweatbands, chinstraps, helmets, hats, glasses, etc.

• **Hormones** – Hormone activity triggers increase of sebum. Premenstrual breakout is very common, with about 70% of women frequently experiencing flare-ups two to seven days before menses. Pregnancy (first trimester), post-partum (3-6 months) and Birth Control Pills (androgen dominant) can create hormone imbalance that aggravates acne.
AGGRAVATORS

• **Cosmetics**
  - Comedogenic (lanolin, isopropyl myristate, cocoa butter)

• **Food**
  - Iodides (iodized salt, salty food, vitamins, kelp, dairy)

• **Drugs**
  - Steroids, Anti-convulsion, Cold Medicine, Illegal Drugs

• **Picking**
  - Worsens acne, leads to infection, scarring, marks

• **Industrial Chemicals**
  - Coal tar, Motor Oil, Esters in cleaning products

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**AGGRAVATORS**

• **Cosmetics** – Certain cosmetic ingredients, such as lanolins, isopropyl myristate, cocoa butter, coconut oil and pomades, can precipitate acne development. See next slide for more detail.

• **Food** – Most experts agree that chocolate and greasy foods do not cause acne.
  However, acne can be aggravated by iodides (iodine) found in iodized salt, including salty snacks, fast foods, processed foods, most vitamin supplements, kelp, seaweed, sushi, soy sauce, products with MSG, dairy products, beef liver, etc. Cheese and calves liver contain high levels of dietary iodides. Foods high in iodine causes follicular irritancy when ingested in large quantities.

• **Drugs** – Oral and Topical Corticosteroids (prednisone, body-building steroids), Anti-convulsion drugs, Bromides (cold and flu medication), Dilantin, Lithium, and drugs such as Cocaine, Speed, Marijuana.

• **Picking** – Only worsens condition and can lead to infections, scarring and hyper-pigmentation.

• **Industrial Chemicals** – Various chemicals are potent when in contact with the skin – coal tar (roofers), motor oil (mechanics), esters in cleaning products.
ACNE COSMETICA

Acne Caused by Cosmetic Ingredients

- **Comedogenicity occurs when plug forms in pore**
  - Hard blackheads, small whiteheads, slightly raised
  - Often numerous, mostly on cheeks, no redness

- **Contributing factors to product’s comedogenicity:**
  1. Quantity of a comedogenic ingredient in product
  2. Presence of other comedogenic ingredients
  3. Length of time product stays on the skin
  4. Where and how product is used

Comedogenicity occurs when a plug is formed in a follicle and no redness or irritation is present. Comedogenicity looks like:

* Hard Open Comedones (blackheads)
* Small Closed Comedones (whiteheads)
* Slightly raised, often numerous
* Mostly on cheeks, also on chin and forehead
* No irritation or redness
* Can take anywhere from 2 to 6 months to occur

People that are most likely to have acne cosmetica are those who had mild to severe teenage acne.

Factors that contribute to a product’s comedogenicity are:

1. Quantity of a comedogenic ingredient
2. Other ingredients in the formula
3. Length of contact on the skin
4. Where and how the product is used
TYPES OF ACNE
COSMETIC ACNE

Some cosmetic products can aggravate an acneic condition. Comedones caused by cosmetics will protrude instead of being imbedded in the skin, and the skin around these comedones will be free of redness.
Rosacea is a chronic skin eruption featuring dilation of the small facial blood vessels, flushing of the face (especially in the region of the cheeks and nose) and sometimes papules and pustules. The eyes may also become involved. Approximately half of all rosacea sufferers experience burning and grittiness of the eyes – a condition commonly known as conjunctivitis. If this condition is not treated, it can lead to even more serious complications that may threaten vision. Unlike acne, there are no blackheads or whiteheads. This disease affects mainly the forehead, the chin, the cheeks and the lower half of the nose.

The cause of rosacea is unknown, although it is aggravated by stress, hot beverages, spicy foods, alcohol, sun exposure and physical activity. Those most likely to develop rosacea are fair-skinned adults, especially women, between the ages of 30 and 50. The disease may affect men or women of any age.

Rosacea can be treated and reversed if medical advice is sought in the early stages. When left untreated, rosacea will get worse and become more difficult to treat.
Rosacea

Rosacea has multiple phases, beginning with flushing of the skin, followed by redness, followed by the development of small blood vessels visible in the skin (telangiectasia). This is the second stage and is exhibited by this individuals' papules, located on the cheeks, nose and chin. Underlying redness (erythema) and small blood vessels (telangiectasis) are also seen.

ROSACEA

Rosacea is a chronic skin eruption featuring dilation of the small facial blood vessels, flushing of the face (especially in the region of the cheeks and nose) and sometimes papules and pustules. The eyes may also become involved. Approximately half of all rosacea sufferers experience burning and grittiness of the eyes – a condition commonly known as conjunctivitis. If this condition is not treated, it can lead to even more serious complications that may threaten vision. Unlike acne, there are no blackheads or whiteheads. This disease affects mainly the forehead, the chin, the cheeks and the lower half of the nose.

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NEO-NATAL ACNE

This common condition is due to the effects of maternal androgens circulating and usually clears by three to six months.
TEEN ACNE

Acne Vulgeris, also referred to as teen acne, affects at least 85% of teenagers and of those, 25% will have it seriously enough to leave permanent scars.
ACNE SCARS FROM PICKING

Picking only worsens the condition and can lead to infections, scarring and hyperpigmentation.

Post-inflammatory hyperpigmentation may last for months to years, especially in individuals with dark complexions.

ONLY YOURx Whitening Serum or Bleaching Lotion may be used for post-inflammatory hyperpigmentation.
Acne scarring is best treated by prevention. However, if it has occurred there are many treatments for improving acne scars. This should be discussed with a dermatologist as different types and different severities of scarring requires different approaches.

Surface scarring is usually treated by resurfacing the skin with dermabrasion, lasers and sometimes with chemical peels.

Deeper scarring is usually treated by filling the area of scarring with an individual's own tissues (punch grafting, dermal grafting, fat transfer) or using injectable or implanted agents (collagen).
TREATMENT FOR ACNE
TREATMENT OF ACNE

Four Basic Factors in Treating Acne

1. Anti-keratinization, exfoliant agents
   To treat retention hyperkeratosis
2. Sebum regulators, absorbers
   To treat excess sebum production
3. Antibacterial agents
   To treat bacteria
4. Anti-inflammatory agents
   To treat inflammation

Remember, acne can not be cured but it can be controlled. To treat an acne condition, it is important to clear the follicle as quickly as possible.

There are four basic factors needed in products to clear and control acne:

1. Anti-keratinization/Exfoliant Agents
2. Sebum regulators / absorbers
3. Antibacterial agents
4. Anti-inflammatory agents
ANTI-KERATINIZATION

Prevents Cells from Building Up in Pores

- Benzoyl Peroxide
- Resorcinol
- Sulphur
- Salicylic Acid
- Glycolic Acid
- “#5 Acne Clearing Agent” Accelerator
- “#6 Deep Pore Purifier” Accelerator
- Enzymes

ANTI-KERATINIZATION, EXFOLIANT AGENTS

**Benzoyl Peroxide** – Proven effective for more than 25 years of use, it works as an anti-kertinization and antimicrobial agent, with a reduction in inflammation. It has been shown to substantially decrease free fatty acid concentrations which in turn decrease the development of retention hyperkeratosis and microcomedones.

**Sulfur & Resorcinol** - Keratolytic agents that help to peel excessive cell accumulations and loosen follicle impactions.

**Salicylic Acid** – A keratolytic agent with drying and peeling effects that are especially useful for comedonal lesions. It is available from 0.5% to 5% concentrations as a gel, lotion, wash or cream.

**Glycolic Acid** – AHA’s interfere with corneocyte bonds that hold the dead cells together. With the follicles opened, other treatment products, such as BPO, can penetrate into the follicles to kill bacteria and interrupt the retention hyperkeratosis process.

**Enzymes** – Proteolytic, they dissolve and digest keratin (dead skin cells) – Bromelain from pineapple, papaya or papain.

“Acne Clearing Agent” & “Deep Pore Purifier” Accelerators - Contains Salicylic Acid (Willow Bark and Sodium Salicylate) that help to peel excessive cell accumulations and loosen follicle impactions. Normalizes the desquamation of follicle epithelium, promotes drainage of pre-existing comedos and limits the formation of new ones.
SEBUM CONTROL

Slow-down Sebum Secretion & Absorb Sebum

Regulators

• “#5 Acne Clearing Agent” Accelerator
• “#6 Deep Pore Purifier” Accelerator
• Algin-Zinc
• Benzoyl Peroxide
• Farnesol
• Rosemary
• Salicylic Acid
• Sulfur
• Surfactants
• Witch Hazel

Absorbers

• Bentonite
• Boron Nitride
• Kaolin
• Nylon 12
• Magnesium Aluminum Silicate
• Titanium Dioxide

SEBUM CONTROL

Sebum Regulators help slow down the secretion of sebum.

Farnesol, Rosemary, Witch Hazel: Found in Oil Control Gel, Oil Control Serum and Oil Control Mineral Mask (all for Skin Type 5, Oily Skin).

Salicylic Acid: Found in Skin Type 5 cream – Oil Control Gel-Cream as “Willow Bark”. Also found in Antiseptic Toner for acne.

Sulfur: Found in our Benzoyl Peroxide 10%, Acne Drying Lotion and Soothing Antiseptic Mask.

Surfactants: Found in all cleaners.

Sebum Absorbers absorb excess sebum.


Boron Nitride, Nylon 12: Found in Oil Control Gel-Cream (Skin Type 5).

Nylon 12: Found in Oil Free Cream (Skin Type 4).
ANTIBACTERIAL AGENTS

Antibacterial agents are those that help control germs and bacteria on the skin’s surface and down in the follicles.

**Lavender Oil:** Pore Purifying Mask, Acne Spot Treatment Pen, Lavender Essential Oil.

**Resorcinol:** Found in Acne Drying Lotion

**Salicylic Acid:** Found in Skin Type 5 cream – Oil Control Gel-Cream as “Willow Bark”. Also found in Antiseptic Toner for acne.

**Sulfur:** Found in our Benzoyl Peroxide 10%, Acne Drying Lotion and Soothing Antiseptic Mask.

**Tea Tree Oil:** Found in “Acne Clearing Agent” and “Deep Pore Purifier” Accelerators, Oil Control Cleanser, Oil Control Toner, Oil Control Mineral Mask, Oil Control Gel-Cream, Tea Tree Essential Oil

**Witch Hazel:** Found in Oil Control Gel, Oil Control Serum and Antiseptic Toner.
ANTI-INFLAMMATORY AGENTS

Reduce & Prevent Inflammation

- Algin-Zinc
- Arbutin
- Benzoyl Peroxide
- Chamomile
- Copper PCA
- Lavender
- Linden
- Meadowsweet
- Salicylic Acid
- Sulphur
- Tea Tree
- Zinc Sulfate
- "#1 Ultra Soothing Relief" Accelerator:
  - Aloe Vera
  - Chamomile
  - Green Tea
  - Licorice
  - Panthenol
  - Willowherb
  - Yarrow

ANTI-INFLAMMATORY AGENTS

Anti-inflammatory agents assist in reducing inflammation, as well as redness, swelling, pain and itching. They soothe and calm inflamed lesions.

**Arbutin, Copper PCA, Salicylic Acid, Tea Tree, Zinc Sulphate:** Found in “Acne Clearing Agent Accelerator” – all known to have anti-inflammatory action on acne lesions.

**Benzoyl Peroxide:** It has been shown to substantially decrease free fatty acid concentrations in follicle lining, which in turn reduces inflammation.

**Chamomile, Linden, Meadowsweet, Lavender:** Found in “Post Extraction Blend.” Also found in individual Additives.

**Sulphur:** Found in our Benzoyl Peroxide 10%, Acne Drying Lotion and Soothing Antiseptic Mask.

**Tea Tree Oil:** Found in “Acne Clearing Agent” and “Deep Pore Purifier” Accelerators, Oil Control Cleanser, Oil Control Toner, Oil Control Mineral Mask, Oil Control Gel-Cream, Tea Tree Essential Oil.
“#5 ACNE CLEARING AGENT ACCELERATOR”
Addresses the 4 Basic Factors In Treating Acne

1. Keratolytic – Willow Bark & Sodium Salicylate
2. Sebum – Tea Tree, Zinc Sulfate, Copper PCA
3. Antibacterial – Tea Tree, Arbutin, Willow Bark
4. Anti-inflammatory – Copper PCA, Tea Tree, Arbutin, Zinc Sulfate

“ACNE CLEARING AGENT ACCELERATOR”

1. KERATOLYTIC AGENTS:
   Contains Salicylic Acid (Willow Bark and Sodium Salicylate) that help to peel excessive cell accumulations and loosen follicle impactions. Normalizes the desquamation of follicle epithelium, promotes drainage of pre-existing comedos and limits the formation of new ones.

2. SEBUM REGULATING:
   Contains Zinc Sulfate, Copper PCA and Tea Tree that reduces the secretion of sebum. Zinc Sulfate inhibits the enzyme responsible for the formation of DHT, a key hormone involved in sebocyte metabolism.

3. ANTIBACTERIAL AGENTS:
   Tea Tree Oil is renowned for its antibacterial property ability – killing the P.Acnes bacteria. It is also an anti-inflammatory agent and assists in the healing of inflamed acne lesions. The leaves of Arctostaphylos Uva Ursi Leaf (Bearberry) have a powerful antiseptic property that efficiently reduces the proliferation of P. Acnes. Willow Bark also has antibacterial properties. Cinnamon is widely recognized for its antiseptic property.

4. ANTI-INFLAMMATORY:
   Copper PCA is an oligo element with anti-inflammatory and sebo-regulating properties. Tea Tree, Bearberry and Zinc Sulfate help reduce inflammation and accelerate healing.
“DEEP PORE PURIFIER ACCELERATOR”

1. **Keratolytic** – Willow Bark
   Contains Salicylic Acid (Willow Bark) that helps to peel excessive cell accumulations and loosen follicle impactions. Normalizes the desquamation of follicle epithelium, promotes drainage of pre-existing comedos and limits the formation of new ones.

2. **Sebum Regulating**:
   Contains Pyridoxine HCL (Vitamin B6), Witch Hazel and Tea Tree that reduces the secretion of sebum. Pyridoxine HCL inhibits the enzyme responsible for the formation of DHT, a key hormone involved in sebocyte metabolism.

3. **Antibacterial Agents**:
   Tea Tree Oil is renowned for its antibacterial property ability – killing the P.Acnes bacteria. It is also an anti-inflammatory agent and assists in the healing of inflamed acne lesions. Thyme is a powerful antibacterial that fights bacteria and assists in the healing of acne. Willow Bark also has antibacterial properties.

4. **Anti-Inflammatory**:
   Sage, Orange Peel and Tea Tree, help reduce inflammation and accelerate healing. Niacinamide (Vitamin B3) and Sage have stimulating properties that help purge follicular impactions.
BENZOYL PEROXIDE

Used since 1930’s and Kills P. Acnes Bacteria Better than any other Medication

• Forces peroxide into follicle, releasing oxygen killing anaerobic P. Acnes bacteria
• Deep peeling breaks up follicular impactions
• Significantly lowers free fatty acid – reduces inflammation
• Able to kill P. Acnes bacteria without microbial resistance, unlike oral & topical prescription antibiotics
• A 50 – 70% reduction of inflammatory lesions in 8-12 wks

BENZOYL PEROXIDE

Benzoyl Peroxide has been used since the 1930’s and remains a mainstay of acne treatment because it has proven itself to work extremely well. To this day, BPO kills P. Acnes bacteria better than any other medication on the market.

Benzoyl Peroxide is a keratolytic agent with its deep peeling action, which helps to break up follicular congestion. It is also an antibacterial agent that functions by forcing peroxide into the follicle where it releases oxygen, killing the anaerobic P. acne bacteria. It is able to clear the P. Acne bacteria without microbial resistance unlike oral and topical prescription antibiotics. It significantly lowers free fatty acid concentrations, so it can improve both inflamed and non-inflamed lesions. A 50 to 70 percent reduction in inflammatory lesions can be seen after 8 to 12 weeks of treatment.

The gel base preparation is the most potent because it allows the greatest penetration into the follicle. To minimize irritation, the concentration and frequency of use are gradually increased, allowing the client to build tolerance.
BENZOYL PEROXIDE

For the Face

- Penetration of BPO is excellent
- Gel formulas most potent, greatest penetration
- Must start therapy slowly – follow recommended level
- May cause temporary burning, itching, peeling
  - this is expected part of treatment cycle
- Skin will rapidly become acclimated (3-4 days)
- Irritation will disappear with continued use (10-14 days)
- Apply BPO to entire area, avoid eye & neck area

ON THE FACE

Penetration of BPO into the skin of the face is excellent. Therefore, one must start therapy slowly - follow the level recommendation. BPO is quite potent and may cause temporary burning, itching and peeling of the skin. This is an expected part of the treatment cycle. The skin will rapidly become acclimated (about 3-4 days) and the irritation will disappear with continued use (usually in 10-14 days).

Apply Benzoyl Peroxide to the entire area involved but avoid excessive application near the eyes and neck since redness and swelling of these sensitive tissues is quite likely. If this complication develops, discontinue use for a day or so and apply HYDROCORTISONE 5 CREAM to the area for immediate relief.
BENZOYL PEROXIDE

For Back and Chest

- Penetration on back and chest is poor
- Begin aggressive therapy – 6 hours or overnight
- Increase exposure time until peeling results

Sun Exposure

- Wash BPO off before going out in sun
- BPO sensitizes skin, sun increases sensitivity
- Client should always wear SPF 15+ daily

BENZOYL PEROXIDE

ON THE BACK AND CHEST
Penetration of Benzoyl Peroxide into the skin of the back and chest is poor. Therefore, therapy can commence more aggressively beginning with six hours in the evening or overnight. Benzoyl Peroxide is the most effective in the first three hours of application. Keep increasing exposure time until brisk peeling results. If no peeling develops, use a stronger Benzoyl Peroxide formulation.

SUN EXPOSURE
The medication should be washed off the skin if one is going out into the sun. Benzoyl Peroxide will sensitize the skin and exposure to the sun will only increase the sensitivity. Hyperpigmentation is also a common occurrence in persons who get a lot of sun exposure and are using Benzoyl Peroxide, even if they are not wearing it outside. Always have client use an SPF 15 or greater daily.

CAUTION:
Benzoyl Peroxide will bleach hair, fabric and will tarnish jewelry. Store in a cool place and keep away from children. Avoid eye irritation: Keep away from eyes.
### BENZOYL PEROXIDE INSTRUCTIONS

1. To minimize skin reactions, start exposure to BPO slowly:
   - For most skin – 2-3 hours a day
   - For Black, Asian and very sensitive or dry skin – 15 minutes twice a day

2. Always wait 3-4 days before progressing your client to a higher level. It usually takes that long for a peeling action to begin. Wait to see what happens at one level before jumping to a higher level.

3. You may start the client at a higher level if they have been using a Benzoyl Peroxide product recently and are somewhat adapted to it.

4. Thoroughly explain the side effects of using Benzoyl Peroxide to your client so they know what to expect (i.e., dehydration, peeling, etc.).

5. Send client home with Instruction Sheet (See last page).
BENZOYL PEROXIDE

Reactions From Initial Use

• Stinging, itching and peeling
• Skin will acclimate to BPO, reactions subside
• To minimize, begin slow usage (2-3 hrs day)
• If excessive reaction, discontinue use 2-3 days
  - Apply Moisturizer or Hydrocortisone
• Restart application slowly (15 min. 2 X Day)
• If same reaction, stop use – allergy
  - Recommend alternative treatment

REACTIONS TO BENZOYL PEROXIDE

Quite frequently, topical Benzoyl Peroxide will cause some skin reactions during its initial month of use. This reaction is typical of any skin irritant: for example, sunlight. During the early summer, many sunbathers are burned, only to “harden” to exposure as the summer progresses. The same is true of Benzoyl Peroxide; it burns, itches and peels during the initial month, then the reaction subsides.

To minimize this side effect, start exposures to Benzoyl Peroxide slowly, say 2-3 hours in the evening, increasing the exposure slowly, eventually to alternate nights and finally, every night and even during the day, if needed.

If a reaction with excessive peeling develops, discontinue Benzoyl Peroxide for 48 to 72 hours. Apply moisturizer or Hydrocortisone 5 ointment for several days. Re-start applications slowly - avoiding all night exposures if eyelid irritation is a problem.

If the same type of reaction starts immediately, discontinue use of the Benzoyl Peroxide entirely. The client has developed an allergic reaction and can not tolerate the use of BP. Switch these clients to topical sulfur-resorcinol (Acne Drying Lotion). Build the client’s tolerance to the Acne Drying Lotion just as you would to Benzoyl Peroxide.

Adverse reactions to Benzoyl Peroxide are rare, but contact dermatitis does occur in about 2% of all clients using it. A highly allergic client or one with very sensitive skin should be instructed first to apply a small amount of the preparation to the inner surface of the arm and observe for local allergic reactions.
Salicylic Acid, a beta hydroxy acid (BHA) derived from the bark of the willow tree. It works on the surface, dissolving the top layer of corneum cells and deep within the follicles. This exfoliating action helps expel follicular impactions, thus healing acne and preventing future breakouts. An antiseptic, it kills bacteria. Because of the larger size molecule, Salicylic Acid produces less irritation than AHAs or Benzoyl Peroxide, thus making it a great alternative for those allergic to Benzoyl Peroxide, for those with sensitive skin and for those with dry skin.

The approved range of salicylic acid concentrations for acne treatment is 0.5%–2%. This medicine can be very drying to the skin, even in low concentrations. If you experience dryness or irritation, take a look at the other skin products you’re using. Some products can enhance the keratolytic properties of salicylic acid, leaving your skin dry. A few things to avoid when you are using salicylic acid products:

- Abrasive soaps or cleansers
- Any other topical exfoliating agents such as Glycolic Acid or Benzoyl Peroxide
- Cosmetics or soaps that dry the skin
- Other topical skin medicine
SALICYLIC ACID

Instructions for Use of MultiVitamin Acne Clearing Lotion 1.5% Or Acne Clearing Gel 2%

• Apply 1-3 times daily after cleansing – day or night.
• Smooth a thin layer all over face & other affected areas

Possible Reactions From Use:
• Most common side effect is dryness & usually mild
• With mild irritation, reduce frequency of application
• If irritation is severe or persists, discontinue use

DIRECTIONS FOR SALICYLIC ACID PRODUCTS:

Multi Vitamin Acne Clearing Lotion 1.5% Or Acne Clearing Gel 2.0%

Apply one to three times daily after cleansing. Smooth a thin layer all over the face and other affected areas. Can be used during the day or at night. Follow with appropriate moisturizer and/or daily sunscreen. Use every day for best results.

Because dryness of the skin may occur, start with 1 application daily, then gradually increase to 2 to 3 times daily – as prescribed. If excessive dryness or peeling occurs, reduce frequency of application. If irritation is severe or persists even with infrequent application, discontinue use and consult your esthetician or physician.
AHA’S AND ACNE

Alpha Hydroxy Acids Help Control Acne

• ‘Open up’ follicle by reducing corneocytes & sebum
  - Interfere with bonds that hold dead cells together

• Treatment products can then penetrate follicle
  - Kill bacteria
  - Interrupt impaction forming process

• ExfoGel AHA products help control acne
  - Add to homecare regimen after acclimated to BPO

AHA’s and ACNE

Alpha Hydroxy Acids are useful tools in controlling acne. The acne problem has its roots in the follicle -- dead cells, sebum and bacteria build up creating a plug and causing a back up of debris that normally would be extruded onto the skin’s surface. AHAs are effective in “opening up” the follicles by reducing the excess corneocytes and sebum, the contributing factor to the development of comedones. They interfere with intercorneocyte bonds that hold dead cells together in the Stratum Corneum.

When AHAs open up the follicles, other treatment products can penetrate into the follicles to kill bacteria and interrupt the impaction forming process. AHAs also refine the thick, rough texture associated with oily skin.

ONLY YOURx ExfoGel AHA products will help control acne. For more information on ExfoGel and how to incorporate into the homecare regimen, attend our “Aging Skin, Sun Damage and AHA’s” class or turn to the ExfoGel section in the manual.
ICE COMPRESSES

*With inflamed acne, ice compresses:*

1. Reduce inflammation, redness and scarring
2. Accelerate healing
3. Lesions begin to resolve 24 hours after icing
4. Benzoyl Peroxide penetrates better
   - Ice lesions 3-5 minutes, twice a day or more

Instruct clients to begin icing immediately when they feel a papule or nodule beginning to form. The lesion should be iced for 3-5 minutes at least twice a day, preferably before application of Benzoyl Peroxide.

Freezing the skin produces ice crystals in the epidermis, and as these crystals thaw out, damage within the top cell layers stimulates new cell growth which leads to peeling in several days. This peeling works like the peeling produced by Benzoyl Peroxide, opening up the follicle and allowing the keratinized plug to be expelled.

The other advantages to freezing or icing is that icing produces an anti-inflammatory benefit, reducing redness and stimulating the healing of papules, nodules and cysts. Inflammation is reduced and painful lesions begin to resolve twenty-four hours after icing.
ACNE CARE

Specifically designed to treat adult as well as teenage acne, the Acne Care line has been proven by dermatologists and estheticians alike as one of the most effective, fast-working acne products in the professional arena.
BENZOYL ACNE WASH

Water-based Foaming Gel

- Antibacterial cleanser
- Kills P. Acnes bacteria
- Removes makeup, dirt, excess oil
- Helps prevent breakout

Key Ingredients:
2.5% Benzoyl Peroxide

BENZOYL ACNE WASH

A water-based foaming gel that thoroughly cleanses the skin. It contains 2.5% Benzoyl Peroxide to kill bacteria as it removes excess oils.

USE INSTRUCTIONS

Use 1 to 3 times daily. Apply to damp skin, working around gently in small circles. Rinse off with warm water. Follow with toner. Do not cleanse the eye area with Benzoyl Acne Wash. Use the Eye Makeup Remover.

KEY INGREDIENTS

Benzoyl Peroxide: Anti-bacterial agent that functions by forcing peroxide into the follicle where it releases oxygen, killing the anaerobic P. acne bacteria. It is also a deep peeling agent, which helps to break up follicular congestion.

Disodium Cocoamphodiacetate: A surfactant with oil-emulsifying capabilities. Helpful to remove excess surface oils.

INGREDIENTS

Active Ingredient: Benzoyl Peroxide 2.5%

Other Ingredients: Water (Acqua), Sodium C14-16 Alpha Olefin Sulfonate, Disodium Cocoamphodiacetate, Glycerin, Ethoxydiglycol, Cocoamidopropyl Betaine, Acrylates C10-30 Alkyl Acrylates Crosspolymer, Disodium EDTA, Potassium Sorbate, Polysorbate 20, Sodium Hydroxide, Polyacrlamide C13-14 Isoparaffin & Laureth-7, Ethylhyexylglycerin, Phenoxyethanol
ANTISEPTIC TONER

Water-based Astringent

- Antibacterial Toner
- Removes excess oil
- Anti-inflammatory
- Accelerates healing
- Helps prevent breakout

Key Ingredients:
Tea Tree, Salicylic Acid, Witch Hazel, Sage

ANTISEPTIC TONER

Antiseptic Toner is used to remove and control excess oil and help keep surface bacteria under control. Anti-inflammatory properties with Witch Hazel and Camphor while Salicylic Acid helps dissolve surface dead cells and debris.

USE INSTRUCTIONS
Use 1 to 3 times daily. Thoroughly mist the skin.

KEY INGREDIENTS
Tea Tree Oil: Anti-bacterial against P. Acnes. Reduces inflammation.

Witch Hazel: Astringent and purifying, removes excess oil without drying the skin.

Sage: Antibacterial, anti-inflammatory and healing. Helps heal skin eruptions.

Willow Bark: Contains Salicylic Acid, a BHA that dissolves the top layer of corneum cells and exfoliate within the follicles to prevent acne.

INGREDIENTS
PUMICE CLEANSER

Water-based Foaming Cleansing Beads

- Gentle exfoliant
- Antibacterial cleanser
- Kills P. Acnes bacteria
- Helps prevent breakout

Key Ingredients:
2.5% Benzoyl Peroxide,
Polyethylene Beads

PUMICE CLEANSING SCRUB

This gel cleanser contains gentle beads to help remove flaky skin as well as Benzoyl Peroxide to kill bacteria. In some cases, this scrub used twice daily is enough to control a mild case of acne.

USE INSTRUCTIONS

Use 1 to 3 times daily. Apply to damp skin, working around gently in small circles. Rinse off with warm water. Follow with toner. Keep away from the eye area.

KEY INGREDIENTS

Benzoyl Peroxide: Anti-bacterial agent that functions by forcing peroxide into the follicle where it releases oxygen, killing the anaerobic P. acne bacteria. It is also a deep peeling agent, which helps to break up follicular congestion.

Polyethylene Beads: Smooth, spherical beads that remove skin cells gently without irritating the skin.

INGREDIENTS

Active Ingredient: Benzoyl Peroxide 2.5%
Other Ingredients: Water (Aqua), Sodium C14-16 Alpha Olefin Sulfonate, Polyethylene Beads, Disodium Cocoamphodiacetate, Glycerin, Ethoxydiglycol, Acrylates C/10-30 Alkyl Acrylates Crosspolymer, Potassium Sorbate, Polysorbate 20, Sodium Hydroxide, Ethylhexylglycerin, Phenoxethanol
BENZOYL PEROXIDE 5%

Water-based Gel

- Antibacterial – kills P. Acnes
- Keratolytic affect
- Potent penetrate system
- For milder acne/dry skin
  Skin Types 1, 2, 3 or Sensitized
- Heals & prevents acne

Key Ingredients:
5% Benzoyl Peroxide

BENZOYL PEROXIDE 5%

This water-based gel is used for milder acne and/or drier skins. Acne Grades 2 & 3

When applied to the surface of the skin, BP penetrates into the follicles and releases oxygen, killing the P. Acnes bacteria. It also has a keratolytic affect on the skin causing it to peel. It is during the peeling process that the follicles are “opened up” and impactions can surface or be extracted.

USE INSTRUCTIONS

Apply the BP to the areas of the face, neck, chest and back that are prone to acne break outs. BP is not an effective spot treatment for lesions that have already surfaced. Follow Use Level Chart instructions as some irritation will take place and can be managed. Keep away from the eye area.

KEY INGREDIENTS

Benzoyl Peroxide: An anti-bacterial ingredient that functions by forcing peroxide into the follicle where it releases oxygen, killing the anaerobic P. acne bacteria. It also causes peeling deep in the follicle, which loosens acne impactions and prevents new impactions from forming. It controls oil, reduces inflammation and is unsurpassed in treating all grades of acne.

INGREDIENTS

Active Ingredients: Benzoyl Peroxide 5%
Other Ingredients: Water, Carbomer, Glycerin, Propylene Glycol, Ethoxydiglycol, Laureth-7, Polyacrylamide C13-14 Isoparaffin, Potassium Sorbate, Triethanolamine, Disodium EDTA, Ethylhexylglycerin, Phenoxyethanol
This water-based gel is used for more severe acne – Grades 3 & 4 - and acne on the back or anywhere on the body. When applied to the surface of the skin, BP penetrates into the follicles and releases oxygen, killing the P. Acnes bacteria. It also has a keratolytic affect on the skin causing it to peel. It is during the peeling process that the follicles are “opened up” and impactions can surface or be extracted.

USE INSTRUCTIONS
Apply the BP to the areas of the face, neck, chest and back that are prone to acne break outs. BP is not an effective spot treatment for lesions that have already surfaced. Follow Use Level Chart instructions as some irritation will take place and can be managed. Keep away from the eye area.

KEY INGREDIENTS
Benzoyl Peroxide: Kills P. Acnes bacteria and keratolytic affect to surface impactions.

Sulfur: It is a deep peeling agent, which helps to break up follicular congestion. Helps reduce and heal inflammation.

INGREDIENTS
Active Ingredients: Benzoyl Peroxide 10%, Sulfur 3%
Other Ingredients: Water, Glycerin, Propylene Glycol, Ethoxydiglycol, Cetyl Octanoate, Glyceryl Stearate, PEG-100 Stearate, Cetearyl Alcohol, Ceteareth-20, Dimethicone, Polysorbate 20, Laureth-7, Acrylates C10-30 Alkyl Acrylate Crosspolymer, Polycyramide C13-14 Isoparaffin, Potassium Sorbate, Triethanolamine, Disodium EDTA, Ethylhexylglycerin, Phenoxyethanol
MOISTURE BALANCER

Oil-Free, Water-based Lotion

- Counteracts excessive dehydration, irritation from Benzoyl Peroxide
- Repairs barrier function
- Accelerates healing

Key Ingredients:
- Ceramides, Aloe Vera, Panthenol, Bisabolol, Vitamin E

This lightweight lotion has been formulated to be safe on acne skin. It helps to counteract the excessive dehydration that is a side effect of using Benzoyl Peroxide, Alpha Hydroxy Acids and Resorcinol. Accelerates healing. Helps restore the skin's barrier within the stratum corneum.

USE INSTRUCTIONS
Apply a small amount to clean skin.

KEY INGREDIENTS
Ceramides: Naturally present in the skin, forming an integral part of the intercellular membrane network, Ceramides repair the intercellular spaces of the corneum layer where they form a protective barrier and reduce transepidermal water loss. Improve hydration and leave the skin soft.

Aloe Vera: Its dramatic healing properties are due to its amino acids, the building blocks for the formation of new cells. Aloe reduces inflammation, swelling, redness and itching. Its moisturizing activity enables water retention at the epidermis level.

Panthenol: Also known as Vitamin B5, acts as a humectant and holds water in the epidermis. When it penetrates the skin, it is converted into pantothenic acid. As it travels through the skin, enzymes change it into a wound healer aiding in tissue repair & improves wrinkles. Ultra soothing.

INGREDIENTS
Water, Aloe Barbadensis Leaf Juice, Cetyl Ethylhexanoate, Sorbitan Stearate, Glycerin, Polysorbate 60, Cetearyl Alcohol, Dimethicone, Ceramide 2, Glycine Soja (Soybean) Seed Extract, Bisabolol, Panthenol, Tocopheryl Acetate (Vitamin E), Ceteareth-20, Polyacrylate-13, Polyisobutene, Polysorbate 20, Carbomer, Aminomethyl Propanol, Disodium EDTA, Phenoxyethanol, Ethylhexylglycerin, Potassium Sorbate
SOOTHING ANTISEPTIC MASK

Creamy Clay Mask

• Anti-inflammatory
• Absorbs oil, impurities
• Heals acne lesions
• Refines pores, skin texture

Key Ingredients:
10% Sulfur, Bentonite,
Kaolin, Titanium Dioxide

SOOTHING ANTISEPTIC MASK

This therapeutic sulfur mask is very healing to acne lesions. Inflamed acne skin should use this mask every night for 20 minutes prior to applying the Benzoyl Peroxide.

USE INSTRUCTIONS
Apply a fairly thick coat to the face and any other areas of breakout. Leave on for 20 minutes then remove with warm water.

KEY INGREDIENTS
Sulfur: It is a deep peeling agent, which helps to break up follicular congestion. Helps reduce and heal inflammation.

Bentonite, Kaolin: Clay with good oil-absorbing properties. Minimizes pores, refines the texture of the skin.

INGREDIENTS
Active Ingredients: Sulfur 10%
HYDROCORTISONE

Lightweight Cream

- Anti-inflammatory
- Vasoconstrictive action
- Repairs moisture barrier
- Soothes irritation
- Accelerates healing

Key Ingredients:
1% Hydrocortisone
Dimethicone, Petrolatum

HYDROCORTISONE

Hydrocortisone is excellent around the eyes and neck if either of these areas becomes excessively irritated during the acne therapy. Has anti-inflammatory and vasoconstrictive actions. May also be used for minor skin irritations and itching due to eczema, dermatitis, etc.

USE INSTRUCTIONS
Apply a small amount (the size of a pearl) to clean, damp skin concentrating on the areas of irritation. Do not use for more than thirty consecutive days. Do not use in conjunction with Benzoyl Peroxide.

KEY INGREDIENTS

Hydrocortisone: Anti-inflammatory steroid used topically to calm excessive irritation.

Dimethicone: A lipid repair agent that helps restore the skin’s barrier within the stratum corneum. Protects the skin from moisture loss by forming a breathable barrier. Non-comedogenic, Non-acnegenic.


INGREDIENTS

Active Ingredients: 1% Hydrocortisone

BLEACHING LOTION

**Lightweight Lotion**

- Inhibits melanin production
- Fades & prevents hyperpigmentation
- SPF 6
- 2% Hydroquinone, 4% Octinoxate

*Bleaching Lotion* with Sunscreen will work to gradually fade hyperpigmented areas such as: Age spots, liver spot and melasma. The sunscreen in the product will help to guard against excessive darkening of the skin that can occur when exposed to the sun. An additional sunscreen is a must when using this product. Hyperpigmentation will fade over time, anywhere between 10 to 14 weeks, depending on the depth of the pigmentation. A series of Lactic Acid peels is recommended to speed the lightening process.

**USE INSTRUCTIONS**

On clean skin, apply to the pigmented areas with a Q-tip. To boost the action, first apply ExfoGel AHA 5%, 7.5% or 10%. Always use an SPF 30 daily.

**KEY INGREDIENTS**

**Hydroquione:** A pigment-lightening agent used to block the production of tyrosine, the enzyme in the skin that stimulates melanin production. OTC limit is 2%

**Octinoxate:** FDA approved UVB sunscreen.

**INGREDIENTS**

**Active Ingredients:** 2% Hydroquinone, 4% Octinoxate.

**Other Ingredients:** Water, Isopropyl Alcohol, Glycerin, Propylene Glycol, Ascorbic Acid, Polysorbate 20, Sodium Bisulfite, Sodium Metabisulfite, FD&C Yellow No. 6
WHITENING SERUM

Lightweight Serum

• Mix of 7 naturally-derived, highly effective lightening botanicals
• Fades & prevents hyperpigmentation
• Inhibits melanin production
• Arbutin, Methyl Dihydroxybenzoate
• Mitracarpus
• AHA/BHA: Bilberry, Willow Bark, Sugar Cane, Sugar Maple, Orange, Lemon

WHITENING SERUM

A lightweight, silky serum containing a mix of 7 highly effective, naturally-derived lightening antioxidants proven to fade and prevent hyperpigmentation, age spots, freckles, melasma and post-inflammatory pigmentation.

USE INSTRUCTIONS

After cleansing and toning, pump onto fingertips and massage into skin. Follow with usual gel hydrator and moisture cream. Always protect skin with an SPF 30 daily to prevent further pigmentation. For maximum results, use the Whitening Serum day and night. Fading will occur between 4 to 12 weeks, depending on the type and depth of pigmentation.

KEY INGREDIENTS

Arbutin, Mulberry, Magnesium Ascorbyl Phosphate, Licorice, Green Tea, Mitracarpus, Scutellaria: Inhibits melanin production by suppressing tyrosinase, the enzyme that converts tyrosine into melanin.

Bilberry, Willow Bark, Sugar Cane, Sugar Maple, Orange, Lemon: AHA’s & BHA’s exfoliate dead skin cells to speed lightening of pigmentation

INGREDIENTS

Water (Aqua), Pentylene Glycol, Vaccinium Myrtillus (Bilberry) Fruit/Leaf Extract, Glycerin, Salix Nigra (Willow) Bark Extract, Saccharum Officinarum (Sugar Cane) Extract, Methyl Dihydroxybenzoate, Hydrolyzed Glycosaminoglycans, Arctostaphylos Uva Ursi (Arbutin) Leaf Extract, Mitracarpus Scaber Extract, Acer Saccharum (Sugar Maple) Extract, Citrus Medica Limonum (Lemon) Fruit Extract, Citrus Aurantium Dulcis (Orange) Fruit Extract, Butylene Glycol, Xanthan Gum, Disodium EDTA, Ethylhexylglycerin, Phenoxyethanol, Potassium Sorbate
MEDICATED GEL CLEANSER

Water-based Foaming Gel

- Removes makeup, dirt, excess oil
- Deep cleanses without drying the skin
- Non-irritating
- Helps prevent breakout

Key Ingredients:
2% Salicylic Acid, Witch Hazel, Sage, Eucalyptus & Pine Oil

MEDICATED GEL CLEANSER

A foaming gel cleanser that removes all traces of makeup, dirt and oil. This effective formula contains proven acne-fighting ingredients that help treat and prevent breakouts without over drying and irritating the skin.

USE INSTRUCTIONS

Use 1 to 3 times daily. Apply to damp skin, working around gently in small circles. Rinse off with warm water. Follow with toner.

KEY INGREDIENTS

Salicylic Acid: Beta hydroxy acid dissolves top layer of corneum cells and exfoliates within the follicles to breakup follicular impactions and prevent future acne lesion

Sodium Lauryl Sulfoacetate: Extremely mild surfactant.

Sage: Anti-inflammatory and antibacterial properties help heal and prevent acne lesions. Astringent, it removes excess oil without drying the skin

INGREDIENTS

Active Ingredient: Salicylic Acid (2%)

Other Ingredients: Water, Sodium Lauryl Sulfoacetate, Disodium Laureth Sulfosuccinate, Cocamidopropyl Hydroxysultaine, Isoceteth-20, Willow Bark Extract, Witch Hazel Extract, Sage Extract, Panthenol, Allantoin, Eucalyptus Oil, Pine Tree Oil, PEG 150 Pentaerythrityl Tetrastearate, PEG-6 Caprylic/Capric Glycerides, Potassium Sorbate, Disodium EDTA, Ethylhexylglycerin, Phenoxyethanol
MEDICATED TONER

Exfoliating Astringent

- Dissolves dead cells
- Removes excess oil
- Anti-inflammatory
- Accelerates healing
- Helps prevent breakout

Key Ingredients:
2% Salicylic Acid, Witch Hazel, Sage, Eucalyptus & Pine Oil

MEDICATED TONER

Medicated Toner is used to exfoliate surface and follicular dead cells, remove and control excess oil and help keep surface bacteria under control.

USE INSTRUCTIONS

Use 1 to 3 times daily. Thoroughly mist the skin.

KEY INGREDIENTS

Salicylic Acid: Beta hydroxy acid dissolves top layer of corneum cells and exfoliates within follicles to breakup impactions and prevent future comedones and breakout.

Witch Hazel: Astringent and purifying, removes excess oil without drying the skin.

Sage: Antibacterial, anti-inflammatory and healing. Helps heal skin eruptions.

Eucalyptus & Pine Oil: Antiseptic and disinfectant to inhibit bacteria.

INGREDIENTS

Active Ingredient: Salicylic Acid (2%)

Other Ingredients: Water, SD Alcohol 40, Isoceteth-20, Ethoxydiglycol, Aloe Barbadensis Leaf Juice, Allantoin, Willow Bark Extract, Witch Hazel Extract, Sage Extract, Eucalyptus Oil, Pine Tree Oil, Butylene Glycol, Triethanolamine, Disodium EDTA, FD&C Yellow 5, D&C Blue 1
MULTI VITAMIN ACNE CLEARING LOTION – 1.5% SALICYLIC ACID

Oil-Free Lotion

- Dissolves dead cells on skin and within follicles
- Heals & prevents acne
- For milder acne, sensitive, dry skin, allergic to BPO

Key Ingredients:
1.5% Salicylic Acid, Retinol, Vitamins C & E, Panthenol

MULTI-VITAMIN ACNE CLEARING LOTION

This powerful formula contains acne-clearing agents of Tea Tree, Salicylic Acid, Zinc and Witch Hazel that eliminate acne bacteria and dead skin cells. Copper PCA, Licorice, Lavender Oil and Hops reduce inflammation and accelerate healing.

USE INSTRUCTIONS
Apply one to three times daily after cleansing. Smooth a thin layer all over the face and leave on. Can be used during the day, night or both. Use every day for best results.

KEY INGREDIENTS

Salicylic Acid: Beta hydroxy acid dissolves top layer of corneum cells and exfoliates within follicles to breakup impactions and prevent future acne lesions.

Retinol: Pure Vitamin A exfoliates, unclogs pores, and prevents breakout. Helps fade pigmentation.

Tetrahexyldecyl Ascorbate: Stabilized Vitamin C fades post-acne pigmentation, scavenges free radicals and stimulates collagen synthesis.

INGREDIENTS

Active Ingredients: Salicylic Acid 1.5%
Other Ingredients: Water, Butylene Glycol, Cetyl Ethylhexanoate, Glycerol Stearate, PEG-100 Stearate, Stearic Acid, Cetyl Alcohol, Magnesium Aluminum Silicate, Tetrahexyldecyl Ascorbate (Vitamin C), Retinol (Vitamin A), Willow Bark Extract, Panthenol, Bisabolol, Tocopheryl Acetate (Vitamin E Acetate), Witch Hazel Extract, Sage Extract, Dimethicone, Caprylic/Capric Triglyceride, Sodium Edetate, Potassium Sorbate, Triethanolamine, Exanthan Gum, Ethylhexylglycerin, Phenoxyethanol
ACNE CLEARING GEL
2% SALICYLIC ACID

Oil-Free Gel

- Dissolves dead cells on skin and within follicles
- Heals & prevents acne
- For moderate acne, sensitive, dry skin, allergic to BPO
- 2% Salicylic Acid, Retinol, Sage, Witch Hazel, Panthenol, Bisabolol

ACNE CLEARING GEL

Oil-free gel is a daily treatment product used for comedones and mild acne – Grades I and II. Salicylic Acid has a keratolytic affect on the skin and within the follicle, preventing the formation of comedones and acne lesions.

USE INSTRUCTIONS

Apply one to three times daily after cleansing. Smooth a thin layer all over the face and leave on. Can be used during the day or at night. Use every day for best results.

KEY INGREDIENTS

Salicylic Acid: Beta hydroxy acid dissolves top layer of corneum cells and exfoliates within follicles to breakup impactions and prevent future acne lesions.

Retinol: Pure Vitamin A exfoliates, unclogs pores, and prevents breakout.

Witch Hazel: Astringent and purifying, removes excess oil without drying the skin.


INGREDIENTS

Active Ingredients: Salicylic Acid 2%

Other Ingredients: Water, SD Alcohol 40, Isoceteth-20, Willow Bark Extract, Witch Hazel Extract, Sage Extract, Panthenol, Bisabolol, Retinol, Tocopheryl Acetate (Vitamin E Acetate), Hydroxyethylcellulose, Polysorbate 20, Aminomethyl Propanol.
ACNE SPOT TREATMENT PEN

This powerful formula contains acne-clearing agents that eliminate acne bacteria and dead skin cells. It reduces inflammation and accelerates healing.

USE INSTRUCTIONS
On clean skin, apply directly to acne lesions 1 to 3 times daily or as often as needed. Use on existing acne blemishes or whenever you see a blemish forming.

KEY INGREDIENTS
Salicylic Acid: Beta hydroxy acid dissolves top layer of corneum cells and exfoliates within follicles to breakup impactions and prevent future acne lesions.

Retinol: Pure Vitamin A exfoliates, unclogs pores, and prevents breakout.

Copper PCA, Zinc PCAI: Anti-inflammatory. Accelerates healing of acne lesions.

Sage: Antibacterial, anti-inflammatory and healing. Helps heal skin eruptions. Panthenol (Vitamin

INGREDIENTS
Water, SD Alcohol 40, Isoceteth-20, Willow Bark Extract (Salicylic Acid), Zinc PCA, Copper PCA, Licorice (Glycyrhriza Glabra) Root Extract, Tea Tree (Melaleuca Alternifolia) Extract, Tea Tree (Melaleuca Alternifolia) Leaf Oil, Lavender (Lavandula Angustifolia) Oil, Witch Hazel (Hamamelis Virginiana) Extract, Hops (Humulus Lupulus) Extract, Menthol, Isoceteth-20, Butylene Glycol.
ACNE DRYING LOTION
8% Sulfur, 2% Resorcinol

Oil-Free Lotion

• Dissolves dead cells on skin and within follicles
• Heals & prevents acne
• For moderate acne, sensitive, dry skin, allergic to BPO

Key Ingredients:
8% Sulfur, 2% Resorcinol

ACNE DRYING LOTION

Spot treatment for acne lesions or for boosting an acne treatment or used in place of Benzoyl Peroxide if an allergic reaction develops. Resorcinol and Sulfur are drying agents that help to heal acne lesions and absorb excess oil.

USE INSTRUCTIONS
Apply one to three times daily after cleansing. Smooth a thin layer all over the acne lesions. Can be used during the day or at night. Keep away from the eye area.

KEY INGREDIENTS

Resorcinol: Removes the surface layer of skin to help unclog follicles. Antiseptic.

INGREDIENTS
Active Ingredient: Sulfur 8%, Resorcinol 2%
Other Ingredients: Water, Glycerine, Propylene Glycol, Carbomer 940, Sodium Hydroxide, Potassium Sorbate, Phenoxyethanol, Ethylhexylglycerin
BENZOYL PEROXIDE HOME CARE ROUTINE

Follow these 5 easy steps morning and evening:

Step 1.  Cleanse
Apply the Benzoyl Acne Wash or Pumice Cleanser to damp skin. Work around the face in upward circles. Rinse with lukewarm water until all traces of cleanser are gone.

Step 2.  Spray on Toner
Follow cleansing with Antiseptic Toner. Mist the face and neck with the toner, avoiding the eye area. Allow to dry on the skin.

Step 3.  ExfoGel
Apply daily to increase BP penetration. **Add this step only AFTER client has acclimated to BP.**
Apply ExfoGel 5%, 7.5% or 10% to all of the areas that tend to break out.

Step 4a.  Benzoyl Peroxide  5%, 10%, 10% w/ Sulfur
Apply nightly ( or daily) to the areas that TEND to break out. Benzoyl Peroxide is not an effective spot treatment. Follow strictly the level recommendations so you don’t hyper-sensitize the skin.

Step 4b.  Hydrate
It is important that the client use a good hydrator whenever they are not using Benzoyl Peroxide. **Recommend appropriate skin type Gel Hydrator from Clinical line.** Apply 1-2 pumps to moist skin.

Step 5.  Protect
Moisture Balancer or moisturizer for specific Skin Type and/ OR Sunscreen SPF 30 will protect the skin and help keep the skin from getting overly irritated. **Daily sunscreen is a must.**
SALICYLIC ACID HOME CARE ROUTINE

Follow These 5 Easy Steps Morning and Evening:

Step 1. CLEANSE
Twice daily, apply Medicated Gel Cleanser to damp skin. Work around the face in upward circles, avoiding the eye area. Rinse with lukewarm water until all traces of cleanser are gone.

Step 2. SPRAY ON TONER
Follow cleansing with Medicated Toner 2% Salicylic Acid. Mist the face and neck with the toner, avoiding the eye area. Allow to dry on the skin.

Step 3. SALICYLIC ACID
Smooth a thin layer all over the face and leave on – Multi-Vitamin Acne Clearing OR Acne Clearing Gel. Can be used during the day, at night or both. Use every day for best results.

Step 4. HYDRATE
Recommend appropriate gel hydrator from the 5 skin types. Apply to the face and neck.

Step 5. LOCK IN MOISTURE
Apply Moisture Balancer, appropriate moisturizer from the 5 skin types and/or Oil Free Sunscreen SPF 30 daily to the face and neck. Always wear a sunscreen during the day when using Salicylic Acid.
HOMECARE ROUTINE

How To Incorporate Other Products

• Whitening Serum or Bleaching Lotion
  - Apply after Step 3 and before Step 4

• Scrub and Mask
  - Apply after Step 2 and skip AHA use that day

• Specialty Serums
  - Apply after Step 2 - skip AHA/BPO use that day
  - Or use Serum 1 X day, AHA/BPO other time

INCORPORATING OTHER PRODUCTS

1. Whitening Serum or Bleaching Lotion:
   - Apply after Step 3 (ExfoGel AHA) to the face or with a Q-tip on the pigmented area. Follow with Step 4a. (BPO) or Step 4b. (Gel Hydrator)

2. Scrub and Mask

3. Specialty Serum
   - Apply after Step 2 (Toner). use at alternative time of day (serum in morning, AHA/BPO at night. Apply serum to face. Follow with Step 4 and 5 (Gel Hydrator)
Acne is not curable, but rather controllable for those who will dedicate themselves to the treatment series as well as diligent homecare.

While most people see an improvement in their skin within two weeks, 10 - 12 weeks is the typical treatment length to achieve clearing.
1. First, conduct a consultation, including acne history. (See the Consultation section of the manual for more detail). Do a skin analysis with the DermaPrint form. Educate the client and explain the condition in detail, including grade of acne, aggravators, do's and don'ts, etc. Once the client has a thorough understanding of acne, they will be more motivated to use the prescribed homecare products and invest in salon treatments. Refer any client with severe acne (Grade IV) to a dermatologist before treating skin.

2. Explain how to use homecare products.

3. Recommend and explain in salon treatment series program.
   Acne is broken down into two types: Inflamed and Non-Inflamed. Although the goal for both types is ultimately the same – deep follicle cleansing – a moderate to severe case of inflammation would prejudice the treatments towards tissue healing first, rather than tissue cleansing. If you treat inflammation first, everything else will clear up faster. Step 3 and Step 4 of the DermaPrint form will guide you to the correct treatment series program – either “Problem Skin Healing” series or “Problem Skin Cleansing” series.

4. Provide emotional support and encouragement.
CONSULTATION

An In-depth Consultation Will Prove Invaluable

1. Better educated client, more compliant
2. Will follow prescribed homecare
3. Will book in-salon treatments
4. Better outcome achieved

The better educated the client is about acne, the more compliant he or she will be with treatment and a better outcome achieved. An in-depth skin care consultation will prove invaluable in developing an effective anti-acne treatment program.

Important considerations include a basic discussion of the chronic nature and progression of acne, factors that aggravate acne, a thorough discussion of proper usage of products, potential side effects and ways to minimize them. It is important to stress the need for compliance with the prescribed homecare regimen and in salon treatments for therapeutic effects to be realized.

Educational materials, such as the ONLY YOURx Acne Brochure and Problem Skin Healing or Problem Skin Cleansing Treatment Series brochure, should be given to the client during the consultation to complement clinical interaction and increase compliance of the homecare regimen.

Acne clients should be given realistic expectations about their treatment program, along with good follow-up. These measures can contribute to the ultimate success of treatment.
CONSULTATION ITEMS NEEDED

**DermaPrint Skin Analysis Form & Highlighter or Pen**
The heart of DermaSolutions™, the DermaPrint form is the key to recommend appropriate skin care products and in-salon treatments, all geared for your client’s specific needs.

**Client File Folder**
An extremely important tool, the Client File Folder provides full details of the client’s present skin care routine, acne history (medication, family acne history, etc), allergies, medical history, diet, lifestyle and environmental factors that affect the health of the skin. It is also used to record the appointment dates, treatments given, products purchased, as well as a file to keep the client’s DermaPrint Skin Analysis form and custom blended formulas.

**Acne Brochure/Homecare Card**
Easy to follow and understand, this brochure will help your client to use their products to get the maximum results possible.

**Series Brochures**
These informative client pamphlets address various skin conditions and explain treatment benefits and treatment procedures.
WORKING WITH ACNE

1. See acne clients on a weekly basis

2. Morale boosting

3. Ethnic Skin – most black & asian skin sensitive

4. Once acne is cleared, move back 1 level

5. Refer Grade IV acne to dermatologist before treatment

WORKING WITH ALL GRADES OF ACNE

1. See your acne clients on a weekly basis for hydrating, exfoliating, extracting, and morale boosting.

2. Morale boosting is an important part of treating acne because clients can be depressed and have feelings of low self-esteem. Support and positive reinforcement will encourage the client to stay with their homecare regimen and salon treatments.

3. Ethnic Skin - most Black and Asian skin can be sensitive. Begin BPO application with no more than 10-15 minutes the first three days and very gradually increase the wearing time. Clients should avoid abrasive scrubs. BPO can temporarily hyperpigment skin - be conservative.

4. For all grades of Acne, inflamed or non-inflamed, once clear skin is achieved, move back a level (BPO time on skin) and remain there for 4 weeks. If clear skin is maintained at this level, move back another level. Repeat this procedure until skin clearing is not maintained. Move back up to the prior level where clear skin was maintained and hold there.

5. Keep in mind that in cases of severe cystic acne with lots of pustular activity, the client will need to see a dermatologist to obtain antibiotics. For severe cystic or pustular acne, do not introduce ExfoGel into the home care routine until healing of open lesions has taken place. Then gradually introduce ExfoGel and work the client up to daily applications.
DETERMINING TREATMENT SERIES

1. Step 2, DermaPrint – Identify Skin Conditions
   - Highlight client’s skin conditions
   - Under Papules & Pustules mark whether:
     • Small or large
     • Less than 5 or More than 5

2. Step 3, DermaPrint – Determine SOS Group

DETERMINING TREATMENT SERIES

To determine which treatment series is needed, complete steps 2 and 3 on the DermaPrint form.

1. Step 2 – Identify Skin Conditions.
   
   - Under Papules and Pustules, mark whether:
     * They are small or large
     * More than 5 or less than 5

   You will transfer this information to Step 3, “State of Skin Condition Group” which will determine if the client has inflamed or non-inflamed acne.

2. Step 3, DermaPrint form – “Determine State of Skin Condition (SOS) Group”
### Step 2: Identify Skin Conditions

#### Identify DermaPrint™ Skin Conditions

<table>
<thead>
<tr>
<th>Skin Condition</th>
<th>Circle Location of Each Skin Condition</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SENSITIZED</td>
<td>Burn: Sun Chemical Wind Heat, Mild, Med, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td></td>
<td>Temporary: Mild, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td>2 COMPLICATIONS</td>
<td>Compromised Barrier: Mild, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td>3 DEHYDRATION</td>
<td>Dehydration: Mild, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td>4 EXCESSIVE DRYNESS</td>
<td>Dry: Mild, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td>5 ACNE LESIONS</td>
<td>Pustules: Small, Large, Less than 5, More than 5</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td></td>
<td>Pustules: Small, Large, More than 5</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td></td>
<td>Pustules: Small, Large, Less than 5</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td></td>
<td>Pustules: Small, Large, More than 5</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td></td>
<td>Milia: Comedones Open, Inactive</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td></td>
<td>Milia: Comedones Closed, Large &amp; Arranged</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td>6 UNEVEN TEXTURE</td>
<td>Rough: Mild, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td></td>
<td>Rough: Med, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td>9 MATURING SKIN</td>
<td>Fine Lines: Mild, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td></td>
<td>Loss of Elasticity: Mild, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td>10 INFLAMMATION</td>
<td>Inflammation: Hyper: Mild, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
<tr>
<td>11 CAPILLARY DYSTONIA</td>
<td>Capillary: Mild, Severe</td>
<td>ALL 1 2 3 4 5 6 7 Neck Back</td>
</tr>
</tbody>
</table>

---

When highlighting Pustules or Papules, mark whether they are small or large and less than 5 or more than 5

---

**Identify Skin Conditions**

Step 2 on the DermaPrint form:

Identify and highlight all of the client’s skin conditions.
STEP 3. DETERMINE STATE OF SKIN CONDITION GROUPS

Step 3 of the DermaPrint™ form, “State of Skin Condition Group” has 2 categories that relate to acne – “Follicular Congestion Inflamed” and “Follicular Congestion Non-Inflamed.” It is important to determine which group the client falls into because it will then determine which Treatment Program Series is needed first.

State of Skin Condition Groups are listed in order of treatment priority from left to right.

From the Skin Conditions you highlighted in section 2, circle or highlight the same conditions, from left to right, under State of Skin Condition Groups.

When highlighting pustules or papules, pay attention to what you had marked under conditions, meaning if there are more than 5 (would be marked under Follicular Congestion Inflamed) or less than 5 (would be marked under Follicular Congestion Non-Inflamed).

Determine which box has the greatest priority of skin conditions marked, from left to right.

Circle the determined State of Skin Condition Group. Our example client falls into the SOS Group “Follicular Congestion Inflamed.”

NOTE: If only open and closed comedones are highlighted under “Follicular Congestion Inflamed,” these two skin conditions alone are not an “inflamed” condition. You would then look at the next SOS group with these skin conditions – “Follicular Congestion Non-Inflamed.”
DERMASOLUTIONS™ TREATMENT SERIES PROGRAM

3. Determine the State of Skin Condition Groups

<table>
<thead>
<tr>
<th>SENSITIZED</th>
<th>TISSUE RE-BALANCING</th>
<th>UNBALANCED</th>
<th>TISSUE DESENSITIZING</th>
<th>FOLLICULAR CONGESTION INFLAMED</th>
<th>FOLLICULAR CONGESTION NON-INFLAMED</th>
<th>CELLULAR AGING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comedones- Closed</td>
<td>Pustules- Large (More than 5)</td>
<td>Comedones- Open</td>
<td>Pustules- Large (More than 5)</td>
<td>May also have: Nodular Cyst</td>
<td>Will have the following: Drying</td>
<td>May also have: Pustules- Small (Less than 5)</td>
</tr>
<tr>
<td>Sensitized- Temporary Burns- Sun Burns - Chemical Burns - Heat Sensitized- Chronic Compromised Barrier Integrity</td>
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<td></td>
<td>Excessive Dryness</td>
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<td>Rough Texture</td>
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<td>Lines Fine</td>
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<td></td>
<td>Loss of Elasticity</td>
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<td>Irregular Pigmentation</td>
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<td>Capillary Distortion</td>
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<td></td>
<td>May also have: Encrusted Sebum</td>
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<td></td>
<td>Thinning of the Skin</td>
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<td></td>
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<td></td>
<td></td>
<td>Wrinlss beyond fine lines</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Asphyxiated Skin</td>
<td></td>
</tr>
</tbody>
</table>

Based on Step 3 and Step 4, the “PROBLEM SKIN HEALING SERIES” will be recommended to our example client.

4. Choose the appropriate Treatment Program

<table>
<thead>
<tr>
<th>TISSUE DESENSITIZING</th>
<th>PROBLEM SKIN HEALING</th>
<th>TISSUE RE-BALANCING</th>
<th>PROBLEM SKIN CLEANSING</th>
<th>CELLULAR ANTI-AGING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tissue Healing 7</td>
<td>Deep Tissue Cleansing 3</td>
<td>Cellular Sweep</td>
<td>Deep Tissue Cleansing 3</td>
<td>Tissue Renewal 7</td>
</tr>
<tr>
<td>Moisture Boost 7</td>
<td>Deep Tissue Cleansing 7</td>
<td>Deep Tissue Cleansing 7</td>
<td>Deep Tissue Cleansing 7</td>
<td>Celluar Sweep</td>
</tr>
</tbody>
</table>

Determine Treatment Series

The appropriate Treatment Program correlates directly to the State of Skin Condition Group.

Once you have determined the SOS group, the Treatment Program is located directly under the SOS group.

Based on Step 3 and Step 4, the "PROBLEM SKIN HEALING SERIES" will be recommended to our example client.

Each treatment program contains a series of 6 facials.

The numbers after each treatment represent the “ideal” days between each treatment for rapid, maximum results.
TREATMENT SERIES FOR ACNE

- Combine series of treatments in particular order for a cascading effect on targeted skin conditions

- Within each treatment – each step and the order of steps developed specifically to correct skin conditions

- Specialized Techniques to correct skin conditions

TREATMENT SERIES

When we are performing a Treatment Program Series, we are combining a series of particular treatments for a cascading effect on the targeted skin conditions (State of Skin Condition Group).

Each treatment works to prepare the skin for the following treatment and must be done in the order recommended for maximum results.

Within each treatment, we are also combining a series of particular steps for a cascading effect on the targeted skin conditions. There is a reason for each step and the order of the step so it is important to do the treatments the way they are mapped out.

Our Treatment Checklist / Directions sheets will tell you exactly what to do – which product to use and how much, step-by-step.
INFLAMED ACNE

“Problem Skin Healing Series”

1. **Tissue Healing** – accelerates healing of inflammation
2. **Deep Pore Cleansing** – remove impactions
3. **Deep Tissue Cleansing** – purging, extraction
4. **Deep Tissue Cleansing** – purging, extraction
5. **Moisture Boost** – desensitize tissue
6. **Deep Pore Cleansing** – remove impactions

“Problem Skin Healing Treatment Series”

This intensive treatment program is designed especially to clear skin that have problems with inflamed acne. If you treat the inflammation first, the skin will clear up faster.

**Short Series of 3 Treatments:**
Treatments for comedones and occasional breakouts.

**Series of 6 Treatments:**
Treatments for stubborn comedones and pustular lesions.

**Series of 12 Treatments: (Repeat Series of 6 treatments twice)**
Start the series over again, but space each treatment out to 7 days apart. The Tissue Healing Treatment may or may not be needed again. If not, substitute a Deep Pore Cleansing Treatment in its place.

In some cases, such as Grade III Acne with lots of inflamed lesions, it might be necessary to perform two Tissue Healing Treatments in a row before proceeding to the Deep Pore Cleansing Treatment.

**Note:** At the beginning of the 6th treatment, reanalyze the skin again with the DermaPrint form to see which treatment series should be recommended next.
NON-INFLAMED ACNE

“Problem Skin Cleansing Series”

1. Deep Tissue Cleansing – purge impactions, extract
2. Deep Tissue Cleansing – surfacing impactions, extract
3. Deep Pore Cleansing – remove impactions
4. Cellular Sweep – AHA, exfoliate cellular buildup
5. Deep Tissue Cleansing – alleviate pressure, extract
6. Deep Pore Cleansing – remove impactions

“Problem Skin Cleansing Treatment Series”

This intensive treatment program is designed especially to clear skin that have problems with non-inflamed acne.

**Short Series of 3 Treatments:**
Treatments for comedones and occasional breakouts

**Series of 6 Treatments:**
Treatments for stubborn comedones and pustular lesions.

**Series of 12 Treatments: (Repeat Series of 6 treatments twice)**
Treatment program for large, arrested comedones.
Start the series over again, but space each treatment out to 7 days apart.

**Note:** At the beginning of the 6th treatment, reanalyze the skin again with the DermaPrint form to see which treatment series should be recommended next.
TREATMENT SERIES PROGRAM

Now, selling a series of treatments is easy with our DermaSolutions™ Treatment Series Brochures.

These informative client pamphlets address various common skin conditions and explain treatment benefits and treatment procedures. They recommend the homecare products to be purchased with each treatment. A convenient appointment scheduler on the back also helps make these brochures an important part of a complete DermaSolutions™ marketing program.

Treatment Series Brochures for Acne:
1.) Problem Skin Healing Series
2.) Problem Skin Cleansing Series

Other Series Brochures available:
1.) Tissue Desensitizing Series
2.) Tissue Balancing Series
3.) Cellular Anti-Aging Series
On the front of the pamphlet is the name of the treatment series, our example here shows “Problem Skin Healing.” Underneath is an explanation for having this particular series program.

A convenient appointment scheduler on the back (shown on the left side) enables you to record the client’s treatment dates and times. There is also a place to record the cost of the series.
TREATMENT SERIES BROCHURE

The inside of the brochure describes each treatment and are shown in order that they will be performed.

Also listed with each treatment are “suggested homecare products” for the customer to purchase, if products were not purchased up front.
CONCLUSION

When acne skin is clear, a delicate balance has been struck

• When stress weakens body, flare-ups occur

• Because of chronic state, treatment is necessary until burnout age is reached

Acne is not curable but controllable for those who dedicate themselves to diligent homecare and in-salon treatments

SUMMARY

The treatment of acne can at times be difficult and disappointing. Acne is a chronic condition requiring months to years of individualized treatment. It can be controlled if the client is educated, committed and compliant. Because acne is a multifaceted process, multiple therapeutic agents may be necessary for satisfactory control.

If the acne-prone client does not adhere to a diligent day-to-day system to interfere with retention hyperkeratosis and make permanent lifestyle changes that aggravate their acne (stress, certain drug or dietary substances, etc.), the acne will reappear.

When the acne skin is clear, a delicate balance has been struck with the disorder. But when stress weakens the body, healing is temporarily interrupted and flare-ups occur. Because of the chronic state, the condition must continue to be treated until the individual has reached his or her burnout stage.

Acne is not curable, but rather controllable for those who will dedicate themselves to the treatment series and diligent homecare.