



Ingredients:

Only Half the Recipe – *Part 2*

by Lyn Ross L.M.E.

In part one of this two part series, the finer points of knowing the ingredients contained in a product and understanding the different uses that it provides was discussed, highlighting the correct processes in identifying skin color, skin type, and condition. In addition, special emphasis was put on the Glogau Aging Classification Scale and the Kligman Acne Classification Scale. In conclusion to part one of Ross' article, part two continues on with detailed descriptions of additional classifications scales: Kligman Acne Rosacea Classification Scale and the Rubin's Photo Age Classification Scale.



Kligman Acne Rosacea Classification Scale

Sensitive skin manifests as erythema (redness) and edema (swelling) from a range of reactions based on the skin's own chemical components or from a chemical that comes in contact with the skin. A common sensitive skin condition of concern is rosacea. The disease is chronic with episodes of active inflammation that may produce acne pustules and papules. The cause of rosacea is unknown but is thought to be a lowered immune response allowing for the proliferation of a mite called demodex folliculorum. Factors contributing to the rosacea flush may be alcohol, hot beverages, spicy foods, and sun exposure. Rosacea is a progressive disorder that usually advances in stages if left untreated. There are four basic stages to rosacea:

Stage I – Pre-Rosacea

People who are prone to frequent bouts of facial flushing and blushing are placed into this category. At this stage, facial redness from the flush is very transient and immediately

disappears after the instigating trigger is over. For example, a transient flush to a warm environment, exercise, facial cleansing, overheating, or embarrassing situation, can all be categorized as pre-rosacea flushes.

Although this stage is usually quite innocent in nature, pre-rosacea flushing is the first cardinal sign of rosacea. In the pre-rosacea stage, most sufferers experience a basic functional change in the reactivity of facial blood vessels – i.e., rosacea blood vessels dilate to more stimuli, open up wider, and stay open for longer periods of time than do normal facial blood vessels. This basic difference is responsible for the frequent facial flushing. At this early stage, there are usually no signs of physical damage to the blood vessel wall.

Stage II – Mild Rosacea

The mild stage of rosacea begins when the facial redness induced by flushing persists for an abnormal length of time after the instigating trigger is over – usually a half hour or more after

Kligman Acne Rosacea Treatments and Products			
Stage I – Pre-Rosacea		Stage II – Mild Rosacea	
In-Clinical Treatments	Take Home Products	In-Clinical Treatments	Take Home Products
Primary cleansing facial, enzyme and AHA/BHA acid, soothing facial with crystal free microdermabrasion, and LED.	Cleanser, toner, sun protection, serum, moisturizer, and mask	Primary cleansing facial, enzyme and AHA/BHA acid, soothing facial with LED, microcurrent, and IPL photo facial.	Cleanser, toner, sun protection, serum, moisturizer, and mask
Stage III – Moderate Rosacea		Stage IV – Severe Rosacea	
In-Clinical Treatments	Take Home Products	In-Clinical Treatments	Take Home Products
Primary cleansing facial, enzyme and AHA/BHA acid, soothing facial with LED, microcurrent, and IPL photo facial.	Cleanser, toner, sun protection, serum, moisturizer, and mask	Primary cleansing facial, enzyme and AHA/BHA, chemical peels, and IPL photo facial	Cleanser, toner, sun protection, serum, moisturizer, and mask

the trigger is over. During this stage, many rosacea sufferers also report that their facial skin has a healthy-looking glow to it.

Individuals who experience frequent bouts of pre-rosacea flushing are especially susceptible to progressing into mild rosacea (the first "true" form of rosacea). In mild rosacea, facial blood vessels tend to become even more reactive – dilating more easily than in pre-rosacea. This subtle change results in greater blood flow into the superficial layers of the facial skin. Facial blood vessels also remain open for exaggerated periods of time, resulting in facial redness that persists for an extended period of time after the initial trigger is over. In mild rosacea, there may also be minor structural damage to facial blood vessels.

Stage III – Moderate Rosacea

The moderate stage of rosacea begins when the facial redness persists for days or weeks – often times becoming semi-permanent in the central areas of the face such as the nose and cheeks. This results in a generalized "sunburned" or "wind burned" look. In facial areas where chronic flushing or redness is intense, swelling and burning sensations may also occur. A significant number of patients also report outbreaks of inflammatory papules (tiny red bumps) and pustules (tiny red bumps with pus) during this stage. In most cases there are prominent areas of telangiectasia that are located in facial areas where flushing is the worst. As facial flushing becomes more frequent and intense, blood vessels become dysfunctional and often incur significant structural damage. These vascular changes result in long-lasting facial redness, broken blood vessels, swelling, and inflammatory papules. At this stage, facial blood vessels may exhibit several different levels of structural damage: Mild, moderate, and severe.

- **Mild Damage:** Blood vessels that have mild damage can still function normally. This damage can be fixed by the blood vessel's internal repair mechanisms.
- **Moderate Damage:** Blood vessels that have received moderate damage are usually "sick," and function much differently than

normal blood vessels. This structural damage is much harder to repair, and in some cases, cannot be fully fixed.

- **Severe Damage:** Blood vessels that have incurred severe damage are permanently dilated (telangiectasia). These blood vessels cannot fix themselves. These vessels serve as open tunnels for large volumes of blood flow.

Stage IV – Severe Rosacea

A small percentage of rosacea sufferers progress to the final stage characterized by intense bouts of facial flushing, severe inflammation, swelling, facial pain, and debilitating burning sensations. On top of the inflammation can emerge crops of inflammatory papules and pustules. At this stage, some patients may also develop rhinophyma (rino-fi-ma), a bulbous enlargement of the nose. After months,

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years, or decades of uncontrolled flushing and inflammation, permanent changes take place in the facial skin and blood vessels. Major changes include:

1. Widespread damage to facial blood vessels
2. Extreme hyper-reactivity of the remaining blood vessels
3. Significant leakage from damaged blood vessel walls
4. Adverse changes to facial skin

Cosmeceutical Ingredients Effective in the Treatment of Sensitive Skin and Rosacea:

Licorice Root Extract – anti-inflammatory and antioxidant.

Shea Butter – derived from the seed or nut of the karrite tree, contains numerous fatty acids and triglycerides rich in natural tocopherol (vitamin E) antioxidants to soften and moisturize skin.

Willow Herb – a natural alternative to hydrocortisone to reduce inflammation, irritation, and propionibacterium.

Totanol – a potent antibacterial and anti-inflammatory derived from the totara tree in New Zealand is a gentle alternative to Benzyl Peroxide.

Hydrocortisone – an anti-inflammatory corticosteroid is very effective in managing flare-ups of itching, redness, and skin irritation.

Pumpkin Seed Oil – an antioxidant rich in zinc, magnesium, iron phosphate ferulic, alpha-linolenic acid, and vitamin A to aid in the skin's natural healing processes.

Date Seed – a natural physical exfoliator reconditions the skin's surface, without disrupting the skin's natural moisture barrier.

Enzymes – categorized as proteases; proteolytic enzymes, break down keratinized protein molecules as bio-catalysts, which literally mean either beginning a cellular action or causing a reaction. Enzymes are capable of effecting changes in the appearance of the skin such as releasing dead skin cells to decongest clogged pores and soften wrinkles. They also act as protectants, capturing free radicals preventing damage to the skin caused by environmental pollution, smoking, bacteria, sunlight, and other harmful factors.

Chamomile - soothing and anti-inflammatory used for wound healing and lightening.

Saponaria Extracts – also known as soapworts, are cultivated for their attractive flowers; they grow freely in any soil and under most conditions. The crushed leaves have been used as soap since the Renaissance.

Rubin's Photo Age Classification Scale

Pigmented lesions are technically known as dyschromias and are caused by abnormal melanocyte cell production located in the basal layer of the epidermis. Melanin absorbs ultraviolet radiation and provides protection to newly dividing cells in the lower layers of the skin to prevent damage to the cell's genetic coding (DNA).

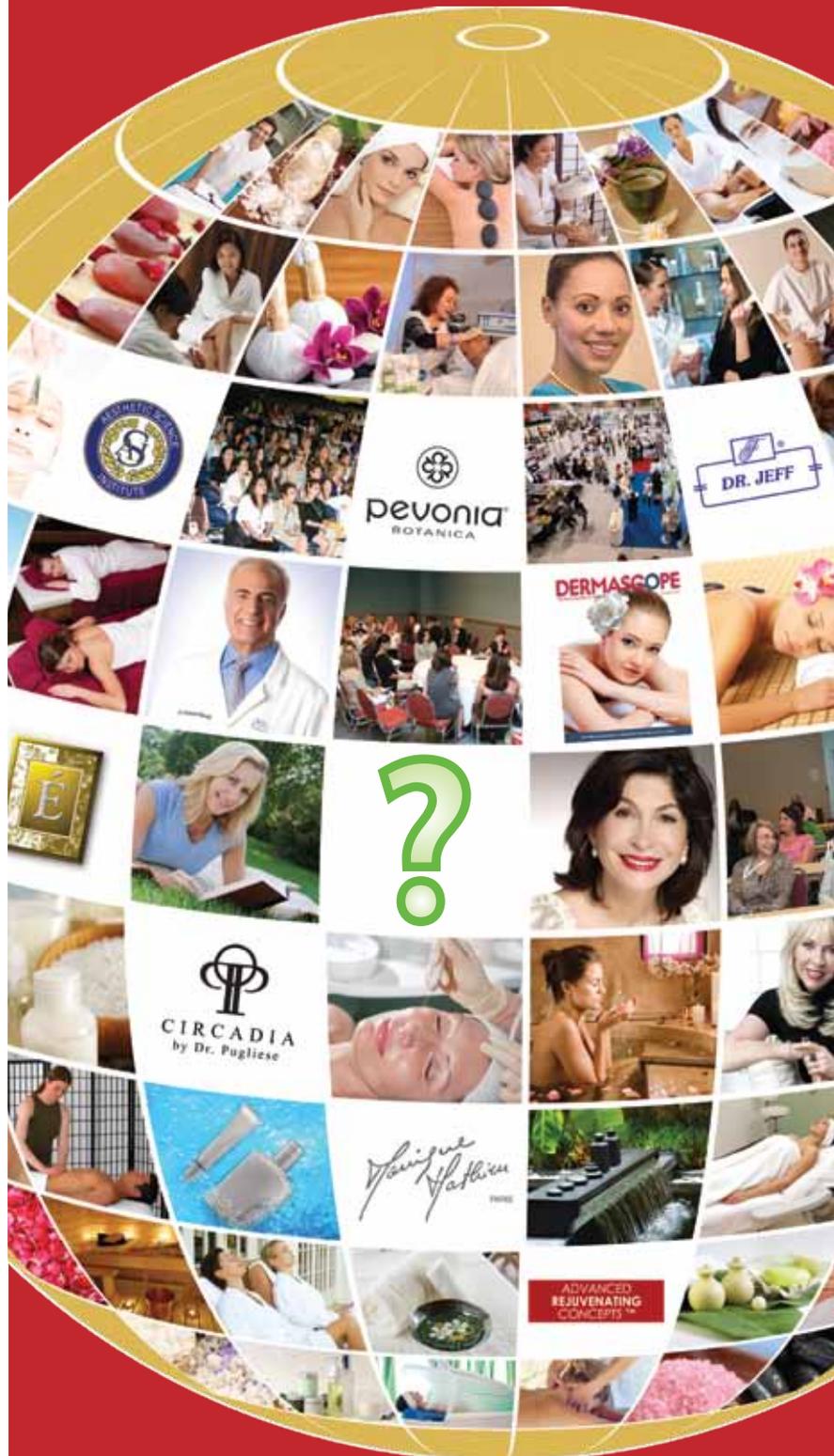
Over exposure to sunlight, hormonal imbalance from birth control pills or menopause, and injury from abrasions are the most common causes of pigmented lesions. There is no cure for hyperpigmentation but it is possible to improve the condition with topical tyrosinase enzyme inhibitors, sunscreens, and regular exfoliation treatments to remove cells containing abnormal amounts of pigment.

Rubins Level I – most abnormalities are superficial pigmentation and texture changes including freckles, lentigines, and a rough dull appearance due to a thickening of the stratum corneum.

Rubins Level II – hyperpigmentation is more than superficial affecting the epidermis and papillary dermis. Abnormalities include actinic keratosis, liver spots (senile lentigines), or flat seborrheic keratosis, and definite wrinkles.

Rubins Level III – the most severe form of photo-damage because the alterations have penetrated the epidermis and the dermis (both the papillary and reticular dermis levels). Skin may have a yellow tinge, or have leathery type texture.

What's Missing



from the Community...

Cosmeceutical Ingredients Effective in the Treatment of Hyperpigmentation:

Kojic Acid – a natural tyrosinase inhibitor derived from mushrooms to lighten hyperpigmentation.

L-Ascorbic Acid – a potent antioxidant agent that provides protection against skin damage induced by UV radiation, reduces erythema, promotes wound healing, and suppresses cutaneous pigmentation.

Gallic Acid – a potent antioxidant and anti-inflammatory from the bark of the Chinese nut gall oak tree inhibits tyrosinase decreasing melanin synthesis.

Hydroquinone – a skin bleaching agent derived from potatoes, a potent tyrosinase inhibitor that works by “turning off” melanocyte cell activity.

Azelaic Acid – naturally occurring dicarboxylic acid derived from potato and unsaturated fatty acids found in milk fats, works as a pigment emulsifier and is as effective as hydroquinone.

Vitamin K – a phylloquinone found in vitamin K decreases the number of cellular elements visible in connective skin tissue. Its topical application provides protection from UV rays and heals discoloration associated with bruising.

Rose Hip Oil – anti-inflammatory rich in vitamin C and trans-retinoic acids to repair and restore photo-aged skin.

Cranberry Extract – a potent antioxidant and antibacterial that nourishes and lightens the skin.

Gluconic Acid – increases moisture and elasticity for better collagen support.

Resorcinol – a synthesized compound combining caustic soda and benzenedisulfonic acid to help breakdown hard, rough skin.

Charting Treatment Progress

A chart is something that you can go back to and see the on-going treatment history. A well kept chart can show you progress, changes, and important information. A chart that is well kept is a crucial piece of information. When you do not document what you did, what you used, or what is going on with a client's skin, the next person to look at that chart may be missing important information that could be detrimental to the client's progress.

Rubin's Photo Age Treatments and Products	
Level 1	
In-Clinical Treatments	Take Home Products
Primary cleansing facial, enzyme and AHA/BHA acid, brightening facial with crystal free microdermabrasion, and IPL photo facial.	Cleanser, toner, sun protection, serum, moisturizer, exfoliator, and mask
Level 2	
In-Clinical Treatments	Take Home Products
Primary cleansing facial, enzyme and AHA/BHA acid and chemical peels, facial with crystal free microdermabrasion, and IPL photo facial.	Cleanser, toner, sun protection, serum, moisturizer, exfoliator, and mask
Level 3	
In-Clinical Treatments	Take Home Products
Primary cleansing facial, enzyme and AHA/BHA acid and chemical peels, facial with crystal free microdermabrasion, and IPL photo facial.	Cleanser, toner, sun protection, serum, moisturizer, exfoliator, and mask

When you chart, there are some basic things you will need to do. A simple way to remember what to chart is by using the letters of S.O.A.P. By using this simple acronym (S.O.A.P.), you can be sure to have well kept records.

- S** – stands for subjective information, things that the client feels, complains about, problems they present, et cetera (i.e.; Has their skin felt itchy, dry, and dehydrated lately?).
- O** – stands for objective, which are things you can actually see – observable findings (i.e.; Have they noticed a blotchy skin tone, acne, or flaking skin lately?).
- A** – stands for assessment. What are you going to do to target these situations?
- P** – stands for treatment plan. What are the short and long term plans you need to develop to resolve their skin health issues? Will they return for future visits, and what will the at home treatment plan be?

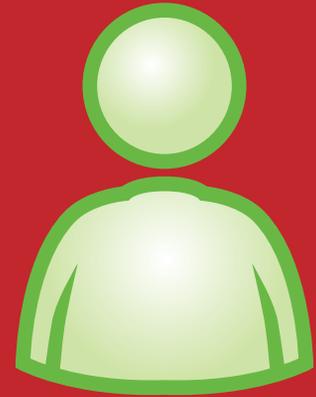
Examination Procedure Checklist

The examination process can be very scary for most clients so I always recommend starting your analysis with a compliment of the client's skin, or one of their features. This will put them at ease as you go through your check list which should start with:

1. Skin Type
2. Skin Color
3. Skin Condition
4. Degree of Pathology

With most clients, the skin care specialist will observe clogged congested pores (hair follicles). Even those clients with dry skin may have clogged pores around the nose area. Be sure to check your clients closely under the magnifying loupe. Look

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for clogged pores in every area of the face, including the jaw line, behind and in front of the ears, in the ears, the neck, the chest, the shoulders, and the back area. Removing impacted debris from the pores is essential to achieving optimum penetration of treatment products.

When you complete your analysis be sure to document your findings on the internal record and home care guide for the client. Proper skin analysis is the key to developing an appropriate treatment plan and creating the client's expectation for future treatment sessions as well as the product and series sale.

The Perfect Recipe

Cosmeceutical ingredients offer a wide range of benefits, they penetrate and remain in the epidermis to perform definite functions, such as managing the way melanin is diffused in the skin cells, neutralize free radical reactions which reduce the effects of aging, suppress the bacteria that causes acne, calm inflammatory responses, and facilitate water retention in the tissue for greater healing and rejuvenation. But remember whatever product line you choose it is only as good as your capacity to use it and prescribe it correctly. Working together with your client to achieve a targeted goal using proper skin analysis, high-quality ingredients, and well structured treatment protocols will bring you the best results.

Promising results for an improved skin condition requires intensive training on cosmeceutical ingredients, a trained eye for recognizing skin disorders, good communication skills, and loving hands. Clients should be fully informed about their skin's condition and treatment intensity adjusted gradually over a series of treatments. A brief review must also be conducted on how they are using their home care products in collaboration with in-clinic treatments for accelerated results.



Lyn Ross, president and founder of the Atlanta-based Institut' DERMed, is a Georgia-Board Certified master aesthetician, entrepreneur, and an innovator. Utilizing 23 years in skin care as a trainer and teacher, Ross has combined educational opportunities, approaches, and products to create a unique MediClinical skin care salon that continues to set trends in beauty and fitness industries. Two Atlanta locations, a teaching institute, and an emerging franchise later, she is now offering clients a full range of skin care services and a therapeutic line of cosmeceuticals that contain the highest concentration of active ingredients available without prescriptions. In Fall 2001, Ross renamed her spas Institut' DERMed, formerly known as Dermess, to reflect the importance she places on educating clients and her staff. lross@idermed.com

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