

Expert Advice



by Jane Wurwand

Dear Jane,

I am an African American skin therapist in my 40s. I am a proud grandmother, but people literally demand to see my ID when I tell them this! They can't believe my age! Many of my clients are my age, and although they don't have many fine lines or wrinkles, many have spots on the face and hands. Some of my old-school clients still use the "fade" creams which have been around forever, but I am seeing skin irritation in some cases. Please advise. I want to tell my clients that smooth, even skin is more than good genes, at any age! BW, Detroit, MI

Dear B,

You're quite right, although truly good genes present an indisputable advantage, especially when paired with good skin care habits (i.e. avoiding the sun, not smoking, shunning comedogenic products, etc.).

How excellent that you lead by example with your clientele. Clients who are not of non-Northern European ancestry—clients of color, if this is still a politically correct term—are at a major crossroads when it comes to skin care. Lots of the old ideas are falling by the wayside, such as the use of harsh chemical bleaches. Again, you are correct in observing that the most common and powerful component of these, hydroquinone, may cause sensitization after years

of steady use. This means that a favorite lipstick or body lotion may seemingly, suddenly “turn” on us—overnight causing prickly, red, hot irritation in a quasi-allergenic response. This is because the strong chemicals of the skin bleaching process have seriously altered the skin’s pH, along with other factors. The skin may or may not be able to easily right itself after a few months of not using the hydroquinone.

To even out dark patches (hyperpigmentation), which are the bane of all deeply pigmented skins, look to the new breed of products, which describe themselves as “brightening.” Their goal is to balance the skin tone and fade out spots, not to lighten the overall complexion. Rather than industrial-strength bleaches (my suspicion is that hydroquinone will eventually be pulled from the US market, as it has in many other parts of the world), the new brightening products rely on botanicals such as bearberry, kiwi and rice. True, these gentler plant extracts take longer to address the condition, but they are a much safer alternative to hydroquinone. And, after using these ingredients, unprotected sun exposure must be scrupulously avoided. UV rays will trigger the re-activation of melanin in the troublesome spots.

One of the ideas to stress with your clients is that the sooner a pigmentation issue is identified and treated, the sooner it can be successfully balanced and minimized. This is especially true with what we call “cutaneous insult”, meaning a cut (wound, piercing, burn). Cutaneous insult tends to happen immediately, while some of the other forms of hyperpigmentation, such as the darken-

ing of the skin in response to hormonal activity, is more gradual and therefore may be a bit more difficult to identify as it’s happening.

But nicks, scrapes, small punctures, etc. tend to happen on the spot—pardon the pun—and do of course leave behind dark marks. Encourage your clients to visit you as soon as any such injury has occurred to their skin so that you may treat it, as well as prescribe an effective home-care regimen. More long-term hyperpigmentation also may be treated in this way, although it’s a fact that the sooner cutaneous insult is treated, the faster and more satisfactory the result.

Dear Jane,

Our skin center is located in a big shopping mall, which attracts lots of teen. The local demographic is Asian and Pacific Islander. We’ve put together a skin care menu for teens (which we offer with parental consent), which focuses on acne, but wondered if you could give me any new insight treating acne on non-white skin. There even seems to still be lots of confusion about what causes it and I’d like to counsel my young clients wisely (P.S. – I HAVE told them that baking in the sun will not get rid of acne lesions!) LH, Honolulu Aloha L,

Ah, youth! It is ironic that the period in time when our skin is at its most resilient and energized may also be when it is particularly troubled with acne. And, yes, there still is quite a bit of controversy about what causes acne. For instance, dermatologists tend to argue that it’s all a matter of genes, stress and hormones,

and that the classic teen menu of sodas, nachos, burgers, fries, chips and sweets is irrelevant to acneic activity. Common sense tells me this is not correct, but I don’t have a university study to back it!

Generally, teens have awful skin care habits. It’s a fact. And teens with acne tend to get overly aggressive in self-treating, with many misguided notions about “curing” the condition. Dabbing toothpaste on a blemish is the least of it! You mention another common one, the rather Victorian idea that a blast of “healthy” sunshine will clear up the lesions. This is an especially dangerous misnomer pertaining to Asian or other ethnic skin, since unprotected UV exposure will actually exacerbate the dark mark left behind by any cutaneous damage, including a popped or healing acne lesion. So where there was once a temporary comedone, sunbathing may leave a nearly indelible brown hyperpigmentation mark in the skin. For this reason, you must educate your young clients, especially those with Non-European ancestry, to never pick, pop or otherwise rupture their skin, since doing so will leave behind a very unhappy legacy. Also—a quick aside—when it comes to acne and sun, be sure to pointedly ask all clients whether they are taking prescriptions for acne, since these, like many other pharmaceuticals, make cause a super-sensitivity to UV. This only worsens the individual’s proneness toward hyperpigmentation.

I also encounter teens washing their faces with deodorant bar soaps, believing that the drying qualities of these products will address their acne lesions. Of course, I wouldn’t wash our family

dog, Fudge, with these products! And their effect upon the pH level of even healthy skin is traumatic, as they are highly alkaline and can “set up” all sorts of panicky inflammatory responses as the skin tries to correct itself from the chemical invasiveness of this mysterious assailant. Proper cleansing is a must, and I recommend a product with anti-bacterial properties. Look for one containing Triclosan and Salicylic acid—and eschew anything harsh. For skin, which is not in an active lesion cycle, cleanse with clays in a menthol base to prevent blemishes from surfacing.

In terms of professional treatment, extractions may be contraindicated. This eclipses the conventional acne treatment for Anglo clients, since extractions may

result in hyperpigmentation. Therefore, prevention is more important than ever since the options for treating eruptions are limited by the sensitivity of ethnic skin.

One bit of advice when dealing with teens: educate them about comedogenic products, including makeup and hair products. The latter are frankly the worst. “Mousse-abuse” is a frequent cause of hairline comedones, as well as a real troublemaker on the pillowcase at night. Teens go to bed with a headful of hair product, pressing their faces into the gummy, sticky, perfumed residue for 8-10-12 hours. This often will result in a sort of “contact” acne, which is not triggered by hormones or chocolate, but simply by horrid, comedogenic debris

being lodged in the follicles. Simple as it sounds, urge your young clients to save their mall-money not only for decent skin cleansers, but for a few extra pillowcases. Urge them to launder and change the pillowcases frequently – and no fabric softener in the “dry” cycle, which also coats the fabric with irritants. If they can’t do the laundry often enough to keep hair products off the pillowcase, tell them to turn the pillowcase inside out if they are going to bed without a shampoo!

Dear Jane,

Our salon has been actively marketing to men, and now we have a number of male clients, many of them Black and Latino guys with “razor bumps”. What



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to do? Thanks, Ramona, Brooklyn, NY

Dear Ramona,

“Razor bumps” or ingrown hairs are also known as pseudofolliculitis. This occurs when a curly, coarse hair is cut with a razor blade, creating a sharp point. The springy hair curls back on itself in a tight circle immediately upon re-growth and penetrates the skin near where the hair is rooted, literally piercing it. This of course causes irritation and may even invite infection, which would then require the attention of a dermatologist. And, because naturally men will continue to shave the surrounding area, generally with harsh, alkaline products, the beard-line can become quite agitated. Often in men with deeply pigmented skin, the skin around the throat and jaw line will evidence more or less permanent hyperpigmentation as the result of

this syndrome.

An antibacterial treatment, similar to a treatment for acne, may offer immediate relief. Most important is to literally educate your clients on how to shave! First, tell them to throw out their cans of aerosol shaving creams. As I mentioned earlier, these are alkaline, and make skin angry! There are many botanicals-based, acid-balanced shaving oils and lotions on the market now. The best of these combine essential oils that have an anti-inflammatory and antiseptic action combined with silicones to cushion the blade and prevent scraping and nicks. This alone will make the skin less fiery and sensitive.

In terms of tending to those curly, pointed, fierce beard-hairs, it is essential to keep the area around the follicle exfoliated and moisturized. This will make it easier to dislodge the piercing tip of the

growing hair. Check out a very gentle exfoliant – no scratchy, ground apricot shells or pits, please—for your clients to use daily. A fine, non-irritating exfoliant will keep debris from accumulating on the surface of the skin, which will in turn help to reduce inflammation. Likewise, I recommend that male clients apply a lightweight moisturizer to the beard area, after cleansing the face, upon retiring. Ideally, find a dual-nature moisturizer, perhaps one intended for athletes and other active people, which includes marries botanical astringents like lemon and burdock, with the product’s hydrating ingredients. This blend will keep the skin supple and refined, and will further allow each hair to be lifted and shaved as close as possible to the root of the follicle in the morning.

Jane Wurwand

Tip of the Month

How do you appeal to ethnic clients, and reinforce your interest in their business?

Check out local community newspapers, which speak directly to the demographic that interests you. Call the editor and offer to write a brief “How To” article about skin care issues, which may be of particular interest to those readers, such as preventing hyperpigmentation. In a summer issue, offer to write a short sun-safety guide, since ethnic skin, like the fairest of the Anglo-Nordic fair, also must also be protected from UV rays. And, of course, you can always buy a display ad for your skin center in the same publication!

In terms of this specialized information, such as the info you would use in these blurbs or ads, you can also use it to create a “skin care survival guide”—just a few short tips about hyperpigmentation and preventing sun damage—and put together a zip code based mailing. This presumes that there is a concentration of a particular ethnicity within a geographic area. You can use these targeted messages as the basis for a single page (double-sided, photocopied is fine!) flier/newsletter about your services and specialties, and obtain a mailing list from a local service. In fact, the local ethnic community newspapers may sell you their mailing list, or offer to insert your flier into the newspaper for a fee. Your interest in ethnic diversity also may be communicated in subtle ways, including the music on your sound system and the magazines offered in your sitting area. Get global! Nuclear physicists say that the universe is expanding, but truly it feels like it’s getting smaller every day as our diverse cultures mesh and meld in new and amazing ways.