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SURFACE TENSIONS

The Nightmare of Acne by DANNE MONTAGUE-KING

Acne, both teenage and onset adult varieties, has plagued the human race for centuries. Many comments have been made about acne sufferers such as “pizza-face” or “skin like the surface of the moon” and these jibes have crippled many people’s self-worth for most of their lives. I knew a boy in Ireland who committed suicide over having severe acne because his parents could not afford to have him treated.

As an acne sufferer during boyhood, I knew such remarks to be anything but funny. I know the stress that comes with having acne, which of course makes it even worse. I know the feeling of thinking I was “dirty” and ugly and that nobody wanted me around. Which is probably why I spent the next 45 attacking acne once I sorted my own problem out—without the help of the doctors back in the 1950s I might add!

Back then, all acne was treated as a local infection using veterinarian drugs like tetracycline (which lowered the immune systems and turned teeth grey). Constant cleansing with alkaline soap was recommended (which only hardened the sebaceous oils in the skin into pre-deposited wax plugs that ended up as cystic acne much of the time) and alcohol-based products to “dry out” oily skin—which of course only made the sebaceous glands pump MORE oil to make up the deficit! It was a nightmare, with thousands of kids and some adults all running around feeling like Freddy Krueger!

Little was known during those years about how to treat acne—even diet was ignored outside of cautioning that eating too much chocolate caused acne—it doesn’t; only the fats and sugar excited the cortical levels which would in turn influence the hormonal cascades that actually DID start the acne in the first place. Uneven hormonal levels is the root cause of all acne in human beings. The *P.acnes* bacteria that comes WITH acne is secondary, and the easiest aspect of acne to correct.

In a simplistic way, think of the hypothalamus gland at the top of our heads as a radio antenna that receives all signals of stress teenagers experience when they are changing from a boy or a girl to a man or a woman. Likewise, adults, particularly woman, have “stress” times in their lives with hormonal changes, i.e., having a first baby and menopause. Or it could be any signal of stress combinations; the hypothalamus gland relays the message of stress to the pituitary gland (once thought of as the master gland) which in turn relays the message to the adrenal glands. The adrenal glands get all excited (which is their job most of the time) and over-react to the message, loudly sending it along

to the testosterone—the male hormone that every female has a smattering of, just like males have a little estrogen (some people have more than others).

Testosterone has a direct line to the sebaceous oil glands in the skin and, that point in all this excitement, they yell out to the sebaceous glands in the skin to PUMP MORE OIL!

Normally this should only result in oily skin, but most acne-prone people have a great many defense mechanisms, such as excess dead cell build-up, that traps the oil before it spreads evenly on the surface of the epidermis which congests the sebaceous glands including those in a hair follicle. This trapped sebum starts to pool under the skin and is naturally encapsulated by another defense mechanism: new cells trying to isolate the pool of sebum as not being a natural thing to be in the skin. The result is a pimple or pustule, often becoming cyst-like.

Of course the first thing nearly everyone does when they see this impaction with the pre-deposited sebaceous fat which appears a yellowish white, is to SQUEEZE it (black comedons are those not encapsulated so turn black through sun exposure). Once squeezed and the fat plug forced out, inflammation occurs and infection in the form of *P.acnes* bacteria—which of course can spread all over the face.

If the Langerhans cells of the skin, our skin immune system, are weak, then after the pustule is evacuated, new skin cells from the basal layers either rush to the surface of the epidermis too fast or too slow, and remodeling of new tissue is uneven, forming cuneiform scars.

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Drugs like Roaccutane are merely bandages, working only by shrinking the sebaceous glands and long term usage can result in the person becoming very susceptible to scarring and other contraindications.

WHAT TO DO?

The first step is to seek professional treatment on the appropriate removal of the dead cell build-up that is responsible for verstaaf (congestion) There are several approaches to this, but the best removal systems are:

1. Enzymatic treatments (no contraindications) AHA
2. Salicylic acid combinations
3. Retinoids. Mechanical removal such as laser or microdermabrasion is NOT advised as they contribute to irritation.

A system called Alkaline Wash is probably the most versatile approach inasmuch as it removes all dead cell build-up almost

immediately via high pH desquamation and also removes all the villous and impacted hairs that are clogging the sebaceous glands.

None of these treatments are simple facials and cannot be done at home—but home prescriptive FOLLOWING professional treatments is vital to the cure (or should we say CONTROL of acne, although when I see something gone with a good result, I think CURE!)

HOME REGIMEN:

Keep the skin clean and naturally antiseptic WITHOUT a cleanser that strips the natural oil from the skin; stripped oils only retaliate with more oil.

Enhance the Langerhans' cells immune defense mechanisms with a beta glucan-based serum. Beta glucan are incredible little polysaccharides that for some reason strengthen the Langerhans cells like spinach strengthens Popeye the Sailor Man's arms!

Keep the skin's epidermal water high: the only moisturiser is water and it must be kept IN the skin at all times to reduce the redness and inflammation common to acne. Skin that looks like it is on fire chronically is a good indication of TEWL (transepidermal water loss) and water puts out fire! Specially formulated water containing herbs known to calm and heal inflamed tissues is best and should be sealed in with a transdermally formulated crème with all the proteins, coenzymes, antioxidants and other stabilising ingredients that healthy skin cells need to bring back homeostasis (fluid balance against inflammation)

Daily and weekly dead cell removal can be accomplished by a "soft" retinoid crème that not only encourages new cell turnover but strengthens the skin as well; a weekly enzymatic masque will create reverse osmosis, bringing fresh oxygen from the lungs through the capillaries which in turn will stimulate the mitochondria (the battery pack of skin cells) into maintaining healthy cell life and the enhanced ability to fight off further inflammation and toxins. On the return journey through the capillary loops, many toxins and impurities are removed from the cell wall, leaving a balance that, in turn, influences the hormonal flux. When the client SEES a change in their condition, no matter how slight, they will have a positive outlook that "at last something is working!" At that point stress is lifted from the hypothalamus gland and in their remission of acne the affected client is enjoying an INSIDE result as well topical relief.

MAKE UP

For years clients have asked me what type of makeup they should use whilst undergoing acne treatment, or just to cover the blemishes. I was always at a loss at what to say, beyond suggesting water-based foundation that did not contain mineral oils or petrolatum that would clog the irritated pores or attract more bacteria to the site. A good quality foundation from a famous cosmetic house may not have any bacteria in the product itself and be perfectly harmless on most people, but once applied to acne or problem skin, the oils CAN attract invasive bacteria. Most oil-based cosmetics are manufactured below or around our body temperature. This is why they "shine" or look greasy or seem to disappear, requiring more makeup to be applied or more powder (powder does not really take away the oil; in the makeup, it powders the oils in your skin)

Once the oils melt down on the skin, they will slowly seep into infected pores, bringing any gram positive or gram negative bacteria that happen to be in the air, in the room or on the skin, into the pores with them.

Mineral make up, currently thought to be "new, natural and safe" is also not recommended for acne skin, First of all there is

nothing new about mineral makeup—Cleopatra used it, so did Shakespearean actors—it is merely ground-up rocks and other coloured minerals. In Shakespeare's time, rich actors would add fine oils to the minerals to create a crème base that offered more coverage while onstage.

The actors of that period who could not afford fine oils would use pork dripping – fat – to mix their mineral powders with, hence the nick-name HAM ACTOR!

Actually the micron size of mineral make up is very small, much smaller than an opening of a pore. These tiny particles can dump into an enlarged pore and add to the verstaaf (congestion)

SO WHAT IS THE ANSWER?

I had to come up with a medium that (a) was made from something natural that had nothing to do with oils or mineral powders and (b) something that would not melt at body temperature but remain occlusive, healing and acting as a barrier against further infection while not interfering with the excretory system and natural functions of the body.

Like most things in life that end up as revolutionary, the answer was right under my nose, and simple, yet hard to accomplish due to the way cosmetics have always been made for over 80 years. I suppose being a skin revisionist and NOT a cosmetic chemist helped a great deal in this research. I was working with a government-owned nano tech lab in Asia (code of secrecy prohibits me from giving details) and knowing that medical silicone sheets have been used by the medical field for years in wound healing and scar prevention, I wondered if this material could be "nano-sized down"; cooked at very high temperatures into some kind of crème base, much higher than our own body temperature, it would not melt and run into pores, but stabilise all day long without moving or needing powder or re application.

Back in the USA, myself and makeup specialist Tommy Parsons, well-known to Hollywood makeup artists, started working with this theory and after much trial and error (and frustrated lab technicians who kept telling us we were crazy) we finally came up with what I call The Foundations Of Skin.

The end result was a smooth crème that ACTED like a classic oil-based makeup (but much lighter in feeling) did not move from the skin once applied, did not interfere with the skin's functions and could be applied safely over even a post-laser treatment and with up to 53 per cent pigment in every shade of the human race and covered everything—even tattoos! Best yet, it looks like your own skin in broad daylight so even men can wear it confidently! Needless to say, some of the male stars in Hollywood were thrilled at this in the day and age of the high definition camera that shows EVERYTHING in the tiniest detail! Word came to us from actor Will Smith's make up artist that Mr. Smith was thrilled to have something at last that matched his skin tones perfectly, did not come off or move in even the most strenuous action scene and did not require constant maintenance by a make up artist rushing to touch him up every five minutes. This maintenance breaks a good actor's concentration but has been accepted for decades as one of the downsides of making a movie.

And so, in addition to the remove, balance and rebuild philosophy for acne skin, I am at last able to proudly recommend a foundation for acne and problem skin.

My grandmother was the inspiration for my entire life when she told me as a child "Danne, remember this always, anything worth doing is worth doing well, no matter how hard, and if you cannot get someone to do something, do it yourself". **PB**

It only took me 40 years to do it!

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