

# ROSACEA

## *Before and After Pictures*



Figure 1a – Rosacea:  
Before Mandelic Marine Complex System



Figure 1b – Rosacea  
Six Weeks after Start of Mandelic Programme

## *The Stages and Treatments*

Rosacea was originally called Acne Rosacea. This was an inappropriate term as it caused confusion with acne vulgaris (common acne). Rosacea develops in stages, beginning with recurrent episodes of blushing, which finally manifests itself as dark-red erythema (abnormal redness), especially on the nose and cheeks. This state is often evident in individuals under 20, who become known as flushers and blushers. Rosacea is common in the 20's and 30's, and peaks between the ages of 40 to 50 years. In the most severe cases, disfiguring hypertrophy (swelling and redness), especially of the nose (rhinophyma) may occur after many years.

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## *The Contributing Factors*

Rosacea is a relatively common disease, particularly in fair-skinned people of Celtic or Northern European descent, thus the legendary term, "curse of the Celts." Though women tend to be more affected than men in the primary stages (3:1 ratio), men are much more susceptible to the swelling tissue, which leads to rhinophyma (an enlarged, bumpy nose).

Though an increase in sun sensitivity is not a characteristic of the disease, it is known that sun exposure and heat significantly affect rosacea. Protecting the skin from the sun, with total sun blocks and cover ups is of vital importance. The role of sun-damaged skin cannot be stressed enough in the understanding and treatment of rosacea.

Genetic predisposition, gastrointestinal disturbances, and bacteria are all factors, which may contribute to the development of rosacea. However, physicians are certain that the sun is a definitive contributor to the manifestation of rosacea, and that rosacea patients are inclined to flush and blush.

## *The Various Stages of Rosacea*

Individuals afflicted with rosacea frequently experience increased redness (erythema) on the central areas of the face, and sometimes on the neck and v-shaped areas of the chest. Rosacea patients blush constantly, which may be triggered by various stimuli: ultraviolet radiation, heat, cold, exercise, chemical irritation, strong emotions, alcohol, hot drinks, and spicy foods. Eventually, the consistent flushing and blushing results in a permanent erythema.

Stage 1: The erythema lasts for hours and days. Telangectasia (tiny scattered red blood vessels), becomes increasingly evident, forming sprays on the nose and cheeks. After using an assortment of cosmetics, fragrances, and sunscreens, individuals may find their skin is hyper sensitive, often stinging and burning.

Stage 2: Inflammatory papules and pustules, resembling tiny pimples, arise and remain for weeks. Comedones do not occur, facial pores become more pronounced, and shallow scars from inflamed lesions are a possibility. Episodes of pimple-like papules start to appear more, and more frequently. Ultimately, rosacea may cover the entire face and scalp.

Stage 3: Only a minor percentage of individuals ever develop the worst form of the disease – large inflammatory tissue hyperplasia that causes swelling on the cheeks and nose, and less frequently on the chin. Facial contours become coarse, thickened, and irregular. This advanced state occurs gradually and is not always visible to individuals, sometimes becoming obvious only after viewing old photographs. Eventually, the skin becomes inflamed and thickened with large pores, resembling the surface of an orange. Late stage rosacea may be treated with laser treatment.

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## *Skin Care and Topical Treatments for Rosacea*

Typically, skin affected by Rosacea is extremely sensitive to chemical and physical insults. Soaps, alcoholic cleansers, tinctures, astringents, abrasives, and peeling agents are all possible irritants, which must be avoided. Only the gentlest of soaps or properly diluted detergents are recommended. Protecting the skin from sunlight and heat damage is crucial, though it is important to find a sunscreen that doesn't burn or irritate the skin.

**Topical Antibiotics**, used to treat acne, may offer an effective solution. NuCelle®'s Mandelic Marine Complex® contains Mandelic Acid with natural antibacterial properties. A dermatologist can also recommend prescription antibiotics.

**Retinoids**, such as the Tretinoin products Retin-A and Renova, offer another alternative.

**Azelaic Acid's** anti-inflammatory properties may be the reason for its continuing promise.

**Salicylic Acid and Mandelic Acid** are the two mildest exfoliants and are able to accommodate the sensitive skin of rosacea patients. Exfoliation plays a fundamental role in eliminating the papules and pustules of rosacea.

**Vitamin C (L- Ascorbic acid)** has been proven to be especially effective at reducing the redness of rosacea. Begin with a milder concentration and make sure to perform a pre-test in an inconspicuous area. Vitamin C products, such as L-Ascorbic acid, may be irritating to some patients.

**Sunscreens** with titanium dioxide or zinc oxide are gentle, and a good choice for sensitive skin. Choose a broadspectrum sunscreen with UVA,UVB and infrared protection, with an SPF (sunprotection factor) of at least 15, preferably 30+.