

Rosacea from Outside the Box

By: Ben Johnson, MD

Rosacea is certainly challenging to treat but it is not as complicated as it has been made out to be. By now we are all familiar with the different stages of rosacea. In my opinion, staging information has very little practical value so I will not repeat them here. We also have heard about various causes including the demodex mite, vasculitis, protein deposition, and other reported causes. These are distractions from a key cause, digestive disturbances. The bottom line is that there are identifiable changes in the skin and using common sense will result in wonderful improvements in their condition regardless of the cause or stage of your client's condition. However, rosacea sufferers cannot afford to be complacent in their treatment because their skin is aging much faster than everyone else.

I know that many rosacea sufferers have the demodex mite, but many do not. Vasculitis may be present but what caused it? Lots of findings have been revealed about changes to rosacea skin but which of them are supposed to be the cause and which of them are the result of chronic inflammation? Individuals with poor digestion, reflux, IBS, Crohn's and other digestive conditions often suffer from rosacea as well. We all acknowledge the association of more inflamed skin with the digestion of certain foods. My belief is that the face frequently reflects internal issues and that most of the people with rosacea have chronic, smoldering inflammation in their digestive tract that mirrors what we see on the face.

One thing is for sure, regardless of the cause, the skin of rosacea sufferers needs the following; calming, dermis rebuilding, scar tissue removal and barrier restoration. Calming is easy and many ingredients are effective although I am partial to willow herb extract (not willow bark!) because it is proven to be as strong as hydrocortisone without thinning the skin. Calming is the primary and often only goal for most skin care lines and it is certainly helpful. However, what is missing from almost everyone's skin strategy (including medical therapies) are the remaining critical components of treatment. Chronic, smoldering inflammation is well known to cause tissue to thin and eventually scar. For rosacea sufferers, thinning dermis occurs much more rapidly than normal aging skin because the immune system, which is responsible for dermal remodeling, is overwhelmed and unable to keep up with the rapid decline in dermal density. Most people do not realize that the increasing visible capillaries in rosacea not only occur because they are actively fighting inflammation (they dilate), but also because the dermal layers that used to hide the blood vessels are now thinner and therefore reveal what lies beneath them. Over time, phyma (scar tissue) develops. Remember that your skin utilizes many more antioxidants, lipids, proteins and enzymes as a result of being chronically inflamed. That, in my opinion, is the reason for the dilated blood vessels...to provide more food for the skin under duress. Barrier repair is the final physiologic deficit that needs further discussion. Due to the increase in nutritional requirements from the chronic inflammation, the epidermis is starved in rosacea clients. This leads to deficits in the barrier that lead them to sensitized skin, poor tolerance of ingredients and, of course, more irritation.

The reason it is so important to address ALL of these factors is because of the longterm consequences. Late stage Rosacea sufferers have severely thinned, unhealthy skin that is full of scar tissue all of which will prevent them from ever recovering in a meaningful way. In other words, calming inflammation is not enough! We also know that once Rosacea reaches the point where they have significant numbers of visible capillaries, they often burn these telangectasias shut (through laser and IPL) which means they will have even less food and immune support. Remember that the term "broken capillaries" is very misleading. These

blood vessels only look like they are “broken” because of their new-found visibility and the way they seem cut off as they dive back into the more dense dermal layers. They are simply the upper pieces our (dermal food supply) network of capillaries that have been exposed by thinned skin...there is nothing “broken” about them.

Can rosacea be cured from the inside? I think so. Every cell in our body has the ability to repair and replicate itself. Digestive issues can be addressed using probiotics, digestive enzymes, aloe beverages and good dietary habits. Make sure to at least ask them about their digestive health as you approach them in a holistic manner and have a Yeast/Candida questionnaire to rule out that as a source.

Treating rosacea skin is somewhat difficult because acids worsen the problem and most of the other ingredient options suffer the same fate which is that only 2% of them make it to the dermis to help the restoration process at the dermal level. How do you rebuild collagen and remove scar tissue if the ingredients used don't make it the upper epidermis? I think liposomal formulas using phosphatidylcholine make the most sense because they increase penetration by 1000% and they also restore epidermal barrier health. Proven fibroblast stimulators like retinoids, EGF, L-ascorbic acid, Chlorella, R-lipoic acid and others could be effective and well tolerated if they were not stuck in the upper layers. Retinaldehyde, the precursor to Retin A, is gaining acceptance as the best retinol for rosacea because of the research done in the 90's showing that it is the only proven ingredient that is non-prescription to treat rosacea. Scar tissue removal is also difficult but research shows there is an answer; 1,3 Beta Glucan. 1,3 (and 1,6) Beta Glucan have been proven to increase macrophage activity in the skin. Macrophages scavenge debris and scar tissue and carry it away.

Key points to take home:

Most chemical peels will damage rosacea skin because acids are proven to thin the skin and the compromised dermis is too inflamed to be able to recover the losses. Only non-traumatic (non-acid) peels should be considered.

Exfoliating products and procedures will make it harder for rosacea skin to recover because it makes the skin work harder and provides no physiologic benefit.

Ingredients without an effective delivery mechanism will likely have no effect on the thinning dermis or scar tissue build-up.

Epidermal barrier restoration goes a long way to reducing rosacea sensitivity. Ceramides, phosphatidylcholine and other lipids are effective.

Look for internal causes that are correctable; alcohol, poor digestive health, dietary imbalances, yeast/candida overgrowth.

Don't forget to think about the longterm consequences of your protocols and products and make sure to address the thinning/scarring dermis!