

Retinol Treatment for Sensitive Skin

This treatment works to improve the signs of aging in sensitive skin, even rosacea. Retinol is carried deep into the skin through the patented OmniSome delivery system, while Infracin®, ceramide and avenanthramides from avena sativa (oat) calm and soothe even the most sensitive skin types.

Application of retinol to human skin has been shown to induce epidermal thickening and cellular retinoid binding proteins characteristic of retinoic acid; this evidence supports the hypothesis that retinol acts as a prohormone of retinoic acid, but without significant levels of irritation.¹ The changes in skin treated with retinol are similar to those produced by retinoic acid, but without measurable irritation. These changes include stimulation of fibroblast growth, reduction of MMP levels, stimulation of collagen synthesis² and anti-melanogenic activity.³

Clinical information

In a study completed with five patients using **Retinol Treatment for Sensitive Skin** with basic support products over a 12-week period, the investigating clinician reported 100% of patients showed positive changes in their skin with 60% of patients showing significant improvement in skin tone, texture and redness reduction. All patients showed a reduction in fine lines, and an improvement in skin texture and volume.

Before



After ten weeks



Condition:

Uneven surface texture and early signs of aging

Treatment:

Daily care:

- Facial Wash
- Hydrating Serum
- Retinol Treatment for Sensitive Skin
- ReBalance
- Weightless Protection Broad Spectrum SPF 45

Conclusion

Studies demonstrate that **Retinol Treatment for Sensitive Skin** provides visible improvement in skin tone, fine lines and texture. It provides a reduction in redness and an overall radiance to the skin. All patients showed positive improvement in their skin and experienced moderate dryness for no more than a two-week period. No other adverse events were noted.

^[1] Kang S. et al, The Journal of Investigative Dermatology, 1995, 105(4), 549-556.

^[2] Varani J. et al, The Journal of Investigative Dermatology, 2000, 114(3), 480-486.

^[3] Sato K. et al, Bioscience, Biotechnology and Biochemistry, 2008, 72(10), 2589-2597.