

BY LINDA RAE AND SHERRY TAYLOR

# customized BLENDED PEELS

## FOR RESULTS AND PROFITS



**IN TODAY'S WORLD OF ESTHETICS, A NEW** generation of customized blended peels has evolved. Peels can now be personalized to your client's unique skin specifications, making them look and feel better, which leaves them with the desire to return for more. These peels are addictive.

According to Raul Mehta of Skin Medica, "Patients want to feel good about their skin without breaking the bank, and peels are a way to do that." We are continuously looking for some type of transformation that would take our skin to its earlier days, to turn back the clock to a time when our skin was free of sun damage, fine lines, wrinkles, breakouts, etc. Blended peels are designed to simultaneously address several skin concerns with little to no down time.

### The nitty-gritty

The peels are a mix of acids and support ingredients such as antioxidants, anti-inflammatories, hydrators, melanin inhibitors, retinols and peptides. Some include numbing agents to make aggressive peels more tolerable, even to those clients with more sensitive skin. There are blends that now afford us the opportunity to safely treat darker skin tones. In our practice, we see amazing results within a shorter period of time, making the peels a highly viable service.

"With customized blended peels, we can treat almost everyone who comes into the office. The more options a peel offers, the broader

our patient base becomes," says esthetician Cheryl Ann Staurowsky of Sanctuary Medical Aesthetics Center in Boca Raton, FL.

Depending on the peel and the manufacturer, the treatment may only take 20 minutes. An application may consist of one layer or multiple layers. It can then be left on the skin to either be removed by the esthetician after just a few minutes or by the client themselves hours later. These peels offer incredible results and are highly profitable to one's skin care practice. Often a pre and post product kit is included in a package price, along with a post-treatment follow-up appointment.

We all know that when a client is happy, word of that product or procedure spreads. It is our best form of advertisement. We recently had a client drive 180 miles round-trip to receive one of our new specially designed blended peels because she heard about the awesome results from a friend. The entire treatment took less than 30 minutes and yielded a net profit of \$200. After she added retail purchases, our profit doubled. "Don't limit yourself or you will limit your bottom line," says Staurowsky.

Currently, state regulations govern who is qualified to perform these peel treatments and what can be applied. There was a time, however, when those laws were nonexistent. As we absorbed ourselves in research, the realization became more evident; blended peels go back much further than we ever dreamed.



## The history

Chemical formulations to rejuvenate the skin were used by Egyptian physicians as far back as 1550 B.C. These formulas were found recorded in the Ebers Papyrus, a collection of diverse medical texts said to offer the most complete record of ancient Egyptian medicine.

Egyptian women were treated with substances such as sour milk, fermented grapes, alabaster, salts and oils. These chemical formulations were quite the rage among the more affluent women of their time, since sun-damaged skin was said to be a sign of lower rank. It is very interesting to point out that sour milk as an exfoliant was held in high esteem just as lactic acid is today. Some things never change!

Fast forward to the 1800s. The Viennese dermatologist Ferdinand von Hebra treated freckles and melasma in the mid-1800s by using exfoliating agents in various combinations including sulfuric, acetic, hydrochloric and nitric acids and croton oil. The repeated application of lime compresses were used to cause blisters. The blisters were then punctured and covered with starch. The skin would become tighter when the crusts were removed. Repetitive applications of tinctures made of iodine and lead were used to lighten the skin. Dermatologist Tilbury Fox, M.D., described the limited use of 20 percent phenol to lighten the skin in 1871.

## The 20th century

In 1900, Dr. Paul Gerson Unna, considered to be one of Germany's greatest dermatologists, opened a private dermatological hospital in Hamburg. The following year, he described a chemical peel composed of resorcinol, salicylic acid, phenol and trichloroacetic acid (TCA).

The first American article on phenol was published in 1917 by California dermatologist Douglass Montgomery, M.D. He described his experience using phenol under bandages for healing and using the agent as a "beautifier."

George Miller Mackee, M.D., a British dermatologist who eventually became chairman of the dermatology department at New York University, began using phenol peels for acne scarring in 1903. In 1952, the results were published. It was the first attempt to correlate the histology of peeling with clinical results.

During World War I (1914-1918), phenol solutions were an acceptable treatment for gunpowder burns of the face. French physician Dr. la Gassé noted that if an injured area was treated with phenol and covered with adhesive tape, it healed with cosmetic improvement. Dr. la Gassé's techniques in 1918 wartime France were brought to the United States by his daughter Antoinette, who practiced lay peeling near Los Angeles in the 1930s and 1940s to improve scarring and wrinkles. ➔

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### THE ABCs OF SAFETY

- Never do more than what is appropriate in order to ensure the health and safety of your client.
- Follow the manufacturer's guidelines exactly as stated.
- Purchase peels from a company that offers appropriate education and solid customer service.
- Check your state regulations as to what is allowed under your scope of practice.
- Carry personal liability insurance to protect yourself against the unknown.

In 1927, Los Angeles based physician H.O. Bames, one of the first plastic surgeons, wrote about superficial face peeling with resorcinol and the use of phenol as a cosmetic peel used in conjunction with plastic surgery procedures.

In 1941, dermatologist Joseph Eller summarized the peeling formulas available for exfoliation at that time, including lactic acid, resorcinol, salicylic acid and phenol. He called attention to the dangers of renal phenol toxicity, as well as the importance of degreasing the skin prior to application of the peeling agent.

In 1946, superficial exfoliation was performed by applying a mixture of resorcinol with lactic and salicylic acids under occlusion.

A slightly more potent variation of the salicylic acid, lactic acid and resorcinol formula was developed by Max Jessner in the 1950s. The Jessner's Peel and its many variations continue to be extremely popular with estheticians today.

In the early 1950s, the phenol peel was officially developed for cosmetic use. This was a fierce, deep peel that could remove years of wrinkles, but it also gave peeling a reputation for complications such as hyperpigmentation, hy-

popigmentation, scarring and even abnormal heart rhythms due to absorption of the toxic chemicals. Physicians were doubtful that a peel could accomplish significant results. In the early 1950s and 1960s, lay peelers were using secret formulas to perform peels that seemed to produce incredible results for the treatment of wrinkles. Lay operators of this time would not reveal their exact ingredients. Some were using phenol, illegally causing severe complications and even death.

Two Miami plastic surgeons, Thomas J. Baker, M.D., and Howard L. Gordon, M.D., finally legitimized phenol-based peeling as a medical procedure in the 1960s. Based on its success, it became acceptable for dermatologists and plastic surgeons to perform full-face peels using TCA or phenol. The Baker-Gordon Phenol Peel is still in use today.

Throughout the 1970s, physicians continued to perform full-face peels with either TCA or phenol solutions. Experimentation with alpha hydroxy acids as chemical peeling agents began in the 1970s and came to fruition in the 1980s.

It was not until the early 1990s that estheticians were able to start performing AHA peels utilizing lower concentrations.

### A new era

A new era of chemical resurfacing has evolved. Innovative skin care companies are designing extraordinary blended peels for use by the licensed skin care specialist along with more aggressive blends for use in a medical practice only. Ingredients are designed to work synergistically with each other, giving us the tools to rejuvenate the skin as never before.

Cheri Dobbs, president and founder of Dermastart, describes these new blended combination peels as "having it all...addressing a specific concern the designer's way and getting max results for your clients." Customized blended peels offer the opportunity to achieve excellent results in a minimum amount of time with maximum profitability. ■

**Sherry Taylor** currently serves as paramedical skin care instructor at Florida College of Natural Health, Fort Lauderdale, FL. She has previously served as director of esthetician training and development for a national chain of medical spas, and is also the owner of a successful skin care and image consulting business.



**Linda Rae** is the owner of Linda Rae Skin Care and the creator of a results-oriented pre/post facial plastic surgery program. She was formerly an international educator for a major skin care line. They may be reached at [info@TaylorRae.net](mailto:info@TaylorRae.net).

