

## **Differences between Easy TCA and trichloroacetic acid in simple aqueous solution**

Unlike the standard solutions, Easy TCA is not just a trichloroacetic acid peel.

Some peels, both known brands and pharmacy-prepared ones, consist of a solution of trichloroacetic acid in water or a solution coloured with pigment that helps the **practitioner** make sure that the application is even if he has any doubts about it.

With Easy TCA there is no need to resort to the use of a coloured pigment, even in the unlikely event of uneven application, as repeating the peel once a week for 4 weeks ensures a statistically completely even spread on the treated area.

This detail is of course just a drop in the ocean of differences between Easy TCA and TCA in simple aqueous solution.

### **Easy TCA consists of a base solution and a post-peel mask cream**

The base solution contains alpha hydroxy acids, vitamins, antioxidants and saponins, but not TCA: the TCA must be added to the solution to make it active.

The base solution helps the active principles penetrate evenly and more deeply; it reduces the risk of side effects and allows the peel to be done on all skin phototypes, without any pre-peel preparation. The saponins and alpha hydroxy acids in the base solution remove the patient's make-up as the peel is being carried out.

Easy TCA also consists of a Post-peel mask cream.

The Post-peel mask has many properties: it drastically reduces the risk of complications, makes for better skin regeneration and ensures a ridiculously low rate of post-inflammatory hyperpigmentation (because it breaks the vicious circle of post-peel inflammation). It helps the skin heal more quickly after the peel. Applying the post-peel mask is therefore another factor that explains why pre-peel preparation is pointless before Easy TCA, while it is essential before TCA in simple aqueous solution.

It is perfectly safe to apply Easy TCA on "specific" skin types, that is, Asian, Indian, Mediterranean and South American skins, in short skin phototypes IV and V and VI, while it can be dangerous to apply another type of TCA on these skin types, especially without pre-peel preparation.

The Post-Peel Mask contains antioxidants, vitamins A, C, E and H, tyrosinase inhibitors, phytic acid (also an antioxidant), tretinoin precursors, growth factors, essential fatty acids, selenomethionine, known for its tretinoin like properties, trace elements, etc.

It is intended to increase skin regeneration but also, and above all, to break the vicious circle of inflammation that occurs after all peels.

### **Vicious circle of post-peel inflammation**

All peels destroy living cells and this cell destruction releases huge amounts of pro-inflammatory components (cytokines and chemokines among others) into the extracellular environment and these induce immediate inflammation associated with vasodilation, clinically visible in the form of erythema. The vasodilation supplies more oxygen to the skin.

This increased oxygen supply, in a pro-inflammatory "atmosphere", allows free radicals to be formed immediately. These free radicals destroy all the neighbouring cell structures. A vicious circle of self-perpetuating inflammation is then started: the peel causes inflammation and vasodilation, pro-oxidants are released and free radicals are formed; the free radicals self-perpetuate the inflammation.

Uncontrolled inflammation is responsible for many of the side effects of peels with TCA in simple aqueous solution. After Easy TCA, applying the Post-Peel Mask breaks the vicious pro-inflammatory circle almost immediately and greatly reduces the risk of complications associated with post-peel inflammation.

What is more, the Post-Peel Mask contains tretinoin precursors that accelerate skin regeneration, tyrosinase inhibitors that prevent pigmentary changes, essential fatty acids, trace elements and selenomethionine, as effective at stimulating the skin as tretinoin, but without the irritant effect, etc.

Applying Easy TCA is therefore far safer than applying the trichloroacetic acid in simple aqueous solution that can be bought in pharmacies or other types of conventional TCA peels.

### Post-peel care and complications

The SKIN TECH<sup>®</sup> system does not just consist of applying Easy TCA and the post-peel cream. Regular use of daily care creams allow one and the same peel to be used to treat cases as diverse as acne, pigmentation disorders, aging, dry skin, sagging skin, etc. The peel regenerates all the skin and the post-peel care creams provide the active principles required to treat the patient's specific problem (aging, pigmented marks, acne, etc.).

Another difference with other trichloroacetic acid peels is that in the post-peel period of "conventional" trichloroacetic acid, patients have to apply products that are intended to prevent complications: tretinoin, hydroquinone, antibiotics, etc.

After Easy TCA, on the other hand, there are so few complications that treatment of the actual problem can be started immediately, without having to combat the risk of complications, as is the case after a traditional TCA peel. If a patient has acne, Purifying<sup>®</sup> cream is indicated, in case of pigmented marks Blending Bleaching<sup>®</sup> should be used; DHEA-Phyto<sup>®</sup> or Actilift<sup>®</sup> are used to treat aging skin. Re-Nutriv ACE lipoic complex<sup>®</sup> is the daily care cream for smokers' skins, or, combined with Vit E Antioxidant<sup>®</sup> cream is the maintenance treatment for patients under 40-45 years old. Actilift<sup>®</sup> (face or body), a DMAE cream, firms the skin. If there is no specific problem and it is a matter of maintaining youthful skin, Vit E Antioxidant should be applied.

Specific treatment of the patient's problem can start on the first day after the first Easy TCA, which would be absolutely impossible after a "conventional" TCA.

When TCA in aqueous solution is applied, the skin must not be touched: it is strictly forbidden for the patient to scratch or help flaking, whereas with Easy TCA to pinpoint frosting, patients are allowed to use tweezers to help flaking, intelligently, of course, to avoid any bleeding.

When TCA in aqueous solution is applied, great care must be taken to avoid pigmentary changes, infections, milia, scars, etc.

When you use Easy TCA, there are almost no pigmentary changes, no scars, no infections, no milia.

As far as peel complications are concerned, a retrospective study has been carried out of 5280 peels, corresponding to 1320 treatments on a basis of 4 weekly peels per treatment: 28 temporary side effects (and no permanent side effects) were recorded out of 5280 peels, that is less than a half percent of side effects with a maximum duration of one week.

Side effects of Easy TCA: slightly prolonged erythema, a few scratch lesions with secondary infections that lasted 2 or 3 days with topical antibiotic treatment, 2 cases of herpes (2 cases out of 5280 is well below the average for the population at large), one case of oedema lasting a few days, 3 cases of allergy to the Post-Peel cream and absolutely no cases of scarring, telangiectasias, demarcation lines or melanocyte toxicity. Out of the 28 temporary problems, 15 slight pigmentary changes occurred after the 1<sup>st</sup> and 2<sup>nd</sup> session, but these disappear when the peels are continued. With Easy TCA, therefore, when a pigmentary change occurs after one or another peel, the following peel must be still be carried out, as it will stop the melanocytes in their tracks and treat the pigmentary change.

I have never seen any permanent complications with Easy TCA.

On the contrary, if you open Brody's or Rubin's books at the chapters on peel complications, you can see the whole gamut of the sometimes serious complications described after the application of TCA in aqueous solution.

It is therefore obvious – clinical results and statistics prove it – that Easy TCA is a much safer peel than TCA in aqueous solution, especially when it comes to treating Asian skins or very dark skin phototypes.

### Combined treatments

Unlike "conventional" TCA, Easy TCA can be combined immediately with other treatments, for example, botulinum toxin. Botulinum toxin can be injected immediately before a session of Easy TCA, whereas before a "conventional" TCA this is, on the contrary, contraindicated.

Unwanted hair can be removed by electrolysis immediately before Easy TCA, providing the added advantage of reducing the period of scabbing to just a few days and preventing the infections that can occur after hair removal by electrolysis.

Hyaluronic acid can be used immediately before Easy TCA. The instructions that come with hyaluronic acid-based dermal fillers state that they must not be used in conjunction with a peel. This is quite logical,

as conventional peels (without immediate post-peel free-radical protection) usually trigger inflammatory reactions together with free radicals. We know that free radicals can destroy the hyaluronic acid polymer and shorten its lifespan.

The Post-Peel Mask inhibits or absorbs the free radicals and the hyaluronic acid polymer is not therefore destroyed. Of course, for obvious marketing reasons, manufacturers of dermal fillers cannot announce in their instructions: "... you cannot do a peel ... apart from Easy TCA".

Again because of the free radicals that are released, under no circumstances can we perform a mesolift or stimulating mesotherapy on the face using microinjections just before or just after a "conventional" TCA, whereas just before Easy TCA this is perfectly feasible.

The Easy TCA solution and the Post-Peel Mask penetrate into the small holes left in the skin by the mesotherapy needle: this penetration induces a "deep, pixelated peel" and is without danger.

Telangiectasias can also be treated immediately before applying Easy TCA, for example with a needle and an Ellman-type high-frequency unit.

Easy TCA can also be combined with a deep trichloroacetic acid peel, such as Only Touch peel, to treat lentigines, or with a local phenol peel (Lip & Eyelid Formula) to treat eyelid wrinkles and/or upper lip wrinkles.

It can also be combined with "Thread lift" techniques: "APTOS threads", for example, can be put into the skin and an Easy TCA peel can be done immediately afterwards.

Easy TCA is often combined with surgery: a face-lift can be performed immediately before the Easy TCA peel that is then done directly on the operating table.

Easy TCA is an excellent indication to perform "pre-chemabrasion", whereas "post-chemabrasion" has to be used with other types of peels: the abrasion (with sandpaper) can be done before applying Easy TCA, whereas when using other types of peels, the abrasion can only be done after the peel. This chemabrasion technique is indicated in the treatment of acne scars or stretch marks.

#### Depth of peel and skin stimulation

We can compare other details: TCA in a simple aqueous solution, "conventional" TCA, must usually reach the papillary dermis, or even the reticular dermis. The frosting obtained must be even: even pink-white or pure white to get good results.

Easy TCA is usually applied until pinpoint frosting occurs: only the basal layer is reached, or, at the most, the GRENZ zone, the border zone between the basal layer and the papillary dermis. Repeating the Easy TCA peels four times provides much better stimulation than a single peel to the papillary dermis.

There is virtually no downtime after Easy TCA, whereas a conventional TCA has a downtime of about 8 days. With Easy TCA the patient's social life can go on as normal in the majority of cases when the peel is stopped after pinpoint frosting has been achieved, as the skin only peels as it would after sunburn.

#### Skin phototypes

"Conventional" TCA is only indicated for skin phototypes I-IV but rarely, if ever, will it be applied on skin phototypes V-VI. Easy TCA can be applied on all skin phototypes from I to VI.

#### Difficult choice of concentrations for TCA solutions

Before the peel the practitioner has to determine the exact concentration of "conventional" TCA in simple aqueous solution. This choice is often hit-and-miss, as there are no strict rules for determining the concentration that needs to be applied on a specific patient. The practitioner must decide for himself whether to apply 15%, 20%, 28%, 30%, 35% or 40%...

An inexperienced practitioner can very often make mistakes and will then have to pay the price for inadequate results or overpeeling afterwards. An experienced practitioner doesn't make mistakes as often, but when he does make a mistake, it can be serious...

There is no need to decide what concentration of Easy TCA to use, as its formula is preset and the concentration of TCA does not determine the peel's depth of action: it is the number of coats applied that deepens the treatment. Therefore, one coat, two coats, three coats... four coats make the peel deeper and deeper.

With conventional TCA in aqueous solution, there is no need to apply several coats but the concentration of TCA must be determined before the first application. Opting for too high a concentration produces a peel that is too deep (risk of burns, scars and pigmentation problems), while using too low a concentration produces a peel that is too superficial and ineffective.

### Type of solution m/m, m/v, m+v

When a TCA solution is prepared in a pharmacy it can be done in “mass per mass”, “mass per volume” or “mass plus volume”.

30% of TCA in:

- “mass per mass” = 30 g of TCA + 70 g of water;
- “mass per volume” = 30 g of TCA + the amount of water required to make 100 ml;
- “mass plus volume” = 30 g of TCA + 100 ml of water.

The difference is significant.

In one case it is 30 g of TCA plus 70 ml of water, while in another it is 30 g of TCA plus 100 ml of water. The “mass per mass” concentration is far more aggressive than the “mass plus volume” concentration. One of the problems is that we don’t always know how the pharmacist prepares the solution.

What is more, different publications often do not specify whether it is m/m or m+v. In the USA, m/v or m+v is often used, whereas in Europe m/m is more common.

### Instability of aqueous solutions of TCA

TCA in aqueous solution is an unstable solution.

If a TCA solution is left in its container without being stirred, different parts of the solution will have different concentrations. In a solution of TCA in aqueous solution, there are more concentrated areas and less concentrated areas.

The concentration of the solution drawn out can therefore depend on where the tip of the needle is placed. With Easy TCA, the solution is stabilized and prepared logically in m/m and contains AHAs, saponins. An Easy TCA solution does not become hydrated, that is to say that the concentration is completely stabilized. You cannot have some Easy TCA of a different concentration and there are no difficult choices to make. Thanks to the base solution, the concentration of Easy TCA solution is stable both in time and space.

### Hydrophilia of TCA crystals

TCA crystals are very hydrophilic. If a few crystals of TCA are left in contact with the air, they will become hydrated and turn into a TCA “soup” that of course no longer has a concentration of 100% TCA. Dilution through atmospheric humidity poses a problem when the solutions are made up in a pharmacy: if the pharmacist opens his box of TCA to take out a certain quantity, then weighs it and a customer arrives or the phone rings and he leaves his box open, the TCA will gradually become hydrated. The pharmacist will therefore gradually be preparing TCA solutions that are becoming less and less concentrated. The practitioner will get used to applying solutions that are increasingly less concentrated and will start applying increasingly large amounts.

He will apply the TCA more and more aggressively until the day when the pharmacist has to buy some more “fresh” TCA. The practitioner might then burn the patient because he has got used to applying more TCA to make up for the gradual loss in potency linked to its inadvertent hyperhydration.

### Pain after applying a peel

A TCA in aqueous solution to the papillary dermis is painful. The pain is proportional to the concentration, that is to say that a 20% solution will be less painful than a 25% solution that will in turn be less painful than a 30% solution. TCA in aqueous solution is usually done with nerve blocks, or even deep sedation if it goes beyond (or reaches) the papillary dermis.

Easy TCA is not too painful in itself and the Post-Peel Mask (PPM) has an immediate analgesic effect that works by stopping the post-peel inflammatory reactions. The PPM is not a neutralizing cream and has a slightly acidic pH. You cannot neutralize an acid with another acid, even a weak one. If you want to neutralize an acid, you have to mix it with a base. There is no lidocaine or local anaesthetic either.

It is simply breaking the vicious circle of post-peel inflammation that provides the immediate analgesic effect.

### Immediate pre-peel preparation

Before a peel with TCA in aqueous solution, the skin has to be carefully disinfected and degreased.

Before Easy TCA, there is no need to disinfect or degrease and therefore no alcohol or acetone is used; Easy TCA can even be applied on top of make-up as long as it is not a thick and impermeable silicone-based make-up.

Normal make-up is automatically cleaned off by the base solution as the peel is being applied.

### Contraindications

Active acne and herpes, infections and the period after hair removal are strict contraindications for TCA in aqueous solution and herpes prevention is obligatory before doing a TCA in aqueous solution.

There are no strict contraindications with Easy TCA under the basic protocol.

Even herpes is only a relative contraindication. It is of course better not to do a peel on a patient with active herpes.

It is safe to say that the presence of unidentified herpes – which is fairly common – is not a risk factor with Easy TCA, but, out of respect for convention, we recommend temporarily ruling out patients in the midst of a herpes outbreak. It is not obligatory, however, to prescribe Acyclovir or Valacyclovir before an Easy TCA to the basal layer, that is, to the start of pinpoint frosting. This treatment decision remains up to the individual practitioner.

### Speed of application

Applying TCA in aqueous solution is a relatively long procedure, especially when you take into account the premedication, sedation and/or nerve blocks.

Applying Easy TCA is a procedure that lasts around 10 minutes.

### Speed of results

The skin preparation necessary before TCA in aqueous solution means treatment only starts around 30 days after the patient's first visit to the surgery. Downtime is around 8 days. After the 38<sup>th</sup> day, treatment to prevent complications starts. With Easy TCA the treatment starts on the first day, during the first visit, and even though the Easy TCA peel has to be repeated 4 times, the treatment ends 28 days later. The risk of complications is extremely low and combined treatments (daily care creams) can be started the day after the first peel. The results are then visible very soon after and downtime is insignificant.

### Treating stretch marks and acne scars

TCA in aqueous solution is completely ineffective on stretch marks and not very effective on acne scars. Easy TCA is effective on stretch marks (pre-chemabrasion).

Pre-chemabrasion is an aggressive technique, however, and should only be used by experienced practitioners.

### Treatment of acne

Conventional TCA in aqueous solution cannot be applied on active acne: there would be a risk of infection developing in the whole of the treated area. Acne must therefore be got rid of before doing a TCA in aqueous solution (Roaccutane, antibiotics, etc.). With Roaccutane, a gap of at least 6 months must be left after the end of the Roaccutane treatment before a TCA in aqueous solution can be applied.

Easy TCA, on the contrary, can be applied on active acne, whether it is comedonal, microcystic, papular or papulopustular. No problem!

### Easy TCA vs Unideep

Results prove that 4 weekly sessions of Easy TCA to pinpoint frosting gives results comparable to a peel to the papillary dermis.

How to choose between a single Unideep, an excellent peel to the papillary dermis, and 4 sessions of Easy TCA?

Unideep consists of a peel solution derived from Easy TCA, though more concentrated, and a Post-Peel Mask, also derived from the Easy TCA Post-Peel cream and also more concentrated.

Why decide to apply a single Unideep instead of applying 4 Easy TCA?

It depends, among other things, if the patient is willing to accept downtime (flaking) or not, if the patient can come back 4 times, once a week, or not. Unideep is also more expensive – for the patient – than Easy TCA, because the application technique is more complex.

If the problem to be treated is a pigmentation problem on skin phototypes I to III, a lentigo or melasma for example, Unideep has the advantage of reaching the papillary dermis and therefore destroying more melanin-bearing cells than Easy TCA. In this case therefore, Unideep may be more effective.

On darker skin phototypes, the safety of applying 4 Easy TCA prevails over the effectiveness of Unideep. In other cases, whether it is acne, photoaging, fine lines, anti-aging treatment, tightening the skin, in short in all other cases, Easy TCA is preferable because of its potential to stimulate the processes of skin regeneration.

It is therefore the depth of destruction of the skin that makes the difference between 4 Easy TCA and one Unideep.

4 sessions of Easy TCA are more stimulating than destructive, whereas Unideep is more destructive and provides one-time stimulation only.

#### Easy TCA VS Easy Phytic

How to choose between Easy TCA and Easy Phytic? Overall, Easy TCA is a more powerful peel than Easy Phytic. Easy Phytic has 2 very specific indications: the treatment of acne and photoaging. In other cases, it is less effective. Faced with an acne problem, Unideep is too strong if the acne is active and Easy TCA is indicated if the patient can accept flaking. If the patient cannot (or does not want) their skin to peel, as is often the case with teenagers for example (friends not only make fun of their acne but also of their flaking skin), it is preferable to use Easy Phytic, at a rate of one or 2 peels per week in 4 to 8 sessions.

As far as aging is concerned, Easy Phytic helps tighten the skin. Applying Easy Phytic once or twice a week can have an effective tightening effect, especially on thin skins.

#### When should application of daily care creams start?

The daily care creams should be applied the first day after the first peel. The sooner they are applied, the better the results will be.

#### Vit E Antioxidant

The basic cream in our range is "Vit E Antioxidant": it provides immediate and long-term hydration and protects the skin against external aggressions as well as internal, free radical attacks. It has an anti-inflammatory and anti-pruritic action and helps the skin heal.

The Vit E cream does not contain AHAs and can therefore be applied on very sensitive skins, even in the immediate post-peel period. It is a hydrating product containing biosaccharides, fucose polymers, which instantly hydrate the skin. The fucoses gradually break down and the water in the polymers is released to provide long-term hydration. "Vit E Antioxidant" also contains ceramides, known for their anti-aging, protective, hydrating and skin-repairing properties. Vitamin E is an anti-free radical: tocopheryl acetate is a very stable ester of vitamin E that produces a reservoir effect in the skin. This hydrating cream also contains glycyrrhetic acid: it is hydrating and anti-allergic and combats pruritus. It contains Natural Moisturizing Factor, a natural product of the skin itself, which keeps the stratum corneum hydrated. Finally, it contains PFPE, a natural and stable filmogenic polymer that both protects the skin and allows it to breathe at the same time. "Vit E Antioxidant" is indicated to hydrate the skin. It should be used liberally in the post-peel period by patients who have peels to maintain the condition of their skin and who do not have any particular problems with acne, pigmented marks or aging.

#### Blending Bleaching Cream. (BnB)

The blending effect evens out skin colour, while the bleaching effect lightens the complexion. BnB cream contains a mixture of tyrosinase inhibitors and antioxidants, combined with transcutol that allows the bleaching products to concentrate in the basal layer of the skin. BnB cream is used to treat pigmentation problems. It is applied twice a day, in the morning on the whole face and a second time in the evening mainly where the pigmentation marks are. Start application the first day after the first peel.

#### Anti-acne cream

The anti-acne cream, Purifying cream, can be used alone or in conjunction with a peel. It contains 8% glycolic acid that stops the pores from closing up again, prevents non-inflammatory acne and stimulates epidermal turnover.

The pH of the Purifying cream is 4, slightly acidic. Purifying cream contains retinol, a tretinoin precursor that prevents comedones. It also contains vitamin E (tocopheryl acetate) to break the vicious inflammatory circle of acne and triclosan, an antiseptic, anti-inflammatory and antifungal agent.

Antipruritic and hydrating glycyrrhetic acid is combined with Tea Tree Oil, an extract from an Australian shrub that has a similar activity to benzoyl peroxide but without the pro-oxidant effect of the latter. We should not forget that peroxide is a product whose mode of action involves the release of free radicals that can damage the skin at the same time as killing bacteria. Tea Tree Oil is antibacterial, antiviral, antifungal and anti-inflammatory.

#### Re Nutriv ACE Lipoic complex

ReNutriv ACE Lipoic Complex contains vitamins A and C, both in the pure encapsulated form, as well as vitamin E.

It contains lipoic acid, but no AHAs. This cream is mainly used in anti-aging treatments and on patients who smoke.

Lipoic acid is a very powerful antioxidant and a metal chelator, active in the R-lipoate form. In the skin R-lipoate is converted into lipophilic dihydrolipoate. The free form of lipoic acid and the dihydrolipoate work together as a very powerful redox couple that protect the skin against free radicals. The cream is therefore active against hydroxyl radicals, hypochlorous radicals, singlet oxygen, superoxides and hydrogen peroxide.

The anti-free radical action takes place both on the hydrophilic and the lipophilic level. What is more, the dihydrolipoate recycles ascorbyl radicals. When vitamin C scavenges a free radical, it is converted into an ascorbyl radical, a free radical that is not very unstable but that can no longer function as an anti-free radical. Lipoic acid can scavenge the extra electron of the ascorbyl radical and regenerate the ascorbyl radical into ascorbate that once again becomes a useful anti-free radical.

The vitamin C therefore recycles the vitamin E after it has scavenged a free electron. The fact that the ascorbyl radical is recycled into ascorbate allows the ascorbate to free the vitamin E molecules of their extra electrons and therefore provides better antioxidant action.

Lipoic acid is a good metal chelator and can chelate iron, copper, mercury and aluminium. Lipoic acid has also been widely used as a treatment for diabetic neuropathy and in anti-aging treatments.

#### DHEA Phyto

DHEA-Phyto cream is an excellent hydrating cream with the same base as “ Vit E Antioxidant”, but the vitamin E has been replaced by natural plant hormones, DHEA precursors. DHEA-Phyto is indicated as a hydrating and anti-aging cream for patients over 40.

#### Actilift face (cream) and Actilift Body (body lotion)

Actilift cream contains dimethylaminoethanol, an acetylcholine precursor. Actilift can stimulate the skin myofibrils to contract and tighten the skin. It does not act on the facial muscles responsible for facial expressions but on the skin myofibrils (for example, in the myofibroblasts).

There is an Actilift cream for the face and an Actilift lotion for the body.

#### Sun protection: Melablock

After any type of peel, even the most superficial, sun protection is essential. The fact that the stratum corneum is thinned or absent after a peel, means that the sun's rays can penetrate more easily and more deeply into the skin and can therefore damage the cells and mother cells in the basal layer as well as stimulate the melanocytes and cause post-inflammatory hyperpigmentation.

Melablock is a sun protection cream that protects against 98% of ultraviolet rays, A as well as B, thanks to a screen that reflects the sun's rays (micronized titanium dioxide), combined with chemical sun blocks that absorb the free radicals produced by the intrusion of UV through the sunscreen. Melablock therefore reflects ultraviolet rays and scavenges the energy of the ultraviolet rays that still manage to get through.

Sun exposure raises the temperature of the skin. An increase of more than 3 degrees destabilizes the proteins by altering their three-dimensional structure, making them inactive. A large number of these “deproteinized” cells die.

Melablock-HSP contains stimulants of the endogenous production of inducible Heat Shock Proteins.

Melablock stimulates the endogenous synthesis of HSP and this helps protect, regenerate, restore and synthesize more intracellular proteins. Keratinocytes survive simultaneous UV and heat exposure much better when endogenous synthesis of HSP is stimulated.

Melablock HSP 50+ is a cream that offers maximum sun protection between peels.

From the 4<sup>th</sup> week after the last peel, Melablock HSP 25+, an invisible spray, can be used.