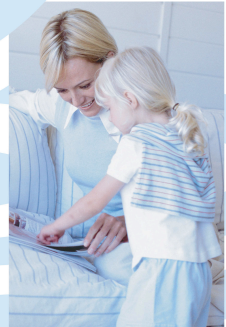


The **ABC'S** of Dry and Sensitive Skin[®]

(booklet version)

"Just about everything a dermatologist would want to explain to a patient with dry and sensitive skin."



Randy J. Jacobs, M.D.

Diplomate of the American Board of Dermatology
Assistant Clinical Professor, Loma Linda University

The ABC's of Dry and Sensitive Skin®

Booklet

The ABC's of Dry and Sensitive Skin®



Randy J. Jacobs, M.D.

Dry and sensitive skin tends to occur in special families with a history of eczema. If you or your family suffers, you may find important help in this easy to read booklet.

Diplomate of the American Board of Dermatology
Clinical Dermatologist

Are you tired of itchy eyelids and dry scratchy legs? Do you need a friend to scratch your dry itchy back? You're not alone. Young and old, infants and adults, millions of people are troubled with dry and sensitive skin. For you and each one in your family, this is a book on how to care for your dry and sensitive skin problems.

The ABC Skin Care System is a clinically based therapeutic principle with three practical rules to apply when caring for any person with dry and sensitive skin.

If you are a dermatologist, physician, or provider in patient care, please understand that this ABC booklet is not intended to be an authoritative medical textbook. Rather, with mostly non-medical language, simple illustrations, and a light-hearted spirit, Dr. Jacobs presents an easy to learn method for dry & sensitive skin care.

- A- Avoid anything allergic.
- B- Bathe to restore moisture.
- C- Cover to protect moisture.



 TRUE MOISTURE®

The ABC's of Dry and Sensitive Skin®

Booklet

"Just about everything a dermatologist would want to explain to a patient with dry and sensitive skin."

Randy J. Jacobs, M.D.

Clinical Dermatologist
Private Practice, Southern California
Diplomat of the American Board of Dermatology
Assistant Clinical Professor, Loma Linda University

What makes skin old? What makes skin new?



Add years of sun, remove skin moisture, add the elements, and the baby's skin becomes worn and used like a pair of old blue jeans. How can this all be fixed?

It all begins with skin moisture. You can buy expensive cosmetics, and you can pay for the best plastic surgeons, but your skin will not show its clearest beauty until it is truly moisturized. Yes, beautiful healthy skin can be yours. I would like to introduce you to my lipid based skin care method:

True Moisture® Clinical Lipid Therapy®
The ABC Skin Care System for Dry & Sensitive Skin

Randy J Jacobs, MD

The ABC's of Dry and Sensitive Skin®

Booklet

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Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in diagnosis, treatment, and drug therapy are required. The publisher of this work has made every effort to ensure that the therapeutic schedules herein are accurate and in accord with the standards as of January 2009. This ABC booklet is written for lay people, non-dermatologists, and non-health care professionals, for educational purposes only and is not meant to take the place of your local private dermatologist. Adequate skin moisturization is, in fact, essential for optimum skin health and viability. Many patients try to diagnose their own skin conditions. Self diagnosis can be unsafe. In addition, skin that appears healthy in a photograph, may in fact, be unhealthy. Actual photographs of dry and sensitive skin conditions, including before and after photographs, may be misinterpreted by the lay person and may result in incorrect self diagnosis and therapeutic misconceptions. If there is a question, the author does not advise self diagnosis, rather, the author encourages each reader to visit his or her local dermatologist if there is any uncertainty as to any individual skin diagnosis or treatment method.

Foreward

At last there is an informative but reader-friendly booklet for everyday people on how to take care of their dry and sensitive skin. Filled with fun and easy-to-read diagrams and stories, and with lots of repetition of key ideas, my friend and colleague Randy Jacobs, M.D. has come up with a booklet that is actually geared towards those of us with skin problems.

Each page can serve as a great place to start, depending on what the reader is looking for--because of the booklet layout and strategic repetition of ideas, one need not read the whole booklet to gain really useful information for your dry and sensitive skin.

As both a busy dermatologist and as a patient with dry skin (having had psoriasis for twenty years), I recommend Dr. Jacobs' booklet as a great primer for those wanting to know "the real deal" about what works with skin care...and what doesn't. Frankly, since dermatologists spend as much time debunking "skin myths" as we do actually educating people about what skin care really involves, this booklet couldn't come at a better time!

Dry and sensitive skin is such a widespread problem that many of us take for granted--or don't even recognize--when our skin has a problem. On the other hand, we know that "good skin" is fundamental in today's appearance-oriented society, and that youthful and "baby-smooth" skin is what everyone wants to have.

Still, the myths do persist. How many of us recognize that virtually 50% of wrinkles will visually disappear with properly moisturized skin? How many of us don't yet recognize that the words "moisturizing" and "lotion" are usually contradictory? How many of us know that 10-15% of the entire world population has an inherited form of sensitive skin, and that it runs in the plethora of families with allergic hay fever and asthma?

Yet how many of us are misled into believing that Vitamin E on your skin is always good for you, or that physical exfoliation is the best way to create smoother skin, or that "natural products" (whatever that means) are always best for your skin, regardless of cost?

Dr. Jacobs' booklet is a great help for those of us who wish to take care of our skin the way we take care of our other hygienic responsibilities--brushing our teeth, shaving, or using underarm deodorant--on a daily basis.

It's time to debunk the myths and get to the facts--it's as easy as ABC.

Kenneth S. Alpern, M.D.

Kenneth S. Alpern, M.D.

Fellow of the American Academy of Dermatology

Diplomate of the American Board of Dermatology

Associate Clinical Professor of Dermatology, University of California, Irvine

The **ABC'S** of **Dry and Sensitive Skin**®

The ABC's of Dry and Sensitive Skin®
Booklet

A Word For My Readers

This booklet was written for dermatology patients with dry and sensitive skin. Did you know, if a person has diabetes, asthma, weight problems, or heart disease, that there are dozens of well-written M.D. authored books to give medical guidance? But, if you suffer with dry and sensitive skin, your book choices are limited and few. Yes, there are dry skin books written for doctors, researchers, and scientists, but most are not practical for the average dry and sensitive person. Why aren't there more easy to read books on dry type skin? It's because the actual medical topic of dry and sensitive skin is somewhat complicated and difficult to fully explain to the average non-medical person.

Do you need help? Do you want to learn more about your skin problem? If you are the average non-medical person, and, if you have dry and sensitive skin, this booklet is for you. If you are a dermatologist, physician, or professional involved in derm patient care, please understand that this booklet is not intended to be an authoritative medical textbook. Rather, with mostly non-medical language, simplified illustrations, and a light-hearted spirit, I've tried to present an easy to understand dry and sensitive skin care method; and, an easy to read patient level explanation of what most of us have "preached" to our dry and sensitive skin patients for many years: ABC.

Randy J Jacobs, MD



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**The ABC's of
Dry and Sensitive Skin®**





Part I- Dry & Sensitive Skin Theory

Introduction To The ABC's

Do You Have Dry and Sensitive Skin?



Perhaps I can help. My name is Randy Jacobs, M.D., and I am a clinical dermatologist. Are you at the point where you are sick and tired of dry sensitive skin? You're not alone. Dry and sensitive skin affects the young, the old, infants, and adults. You, your spouse, children, parents, and friends could be victims. Billions of people suffer with symptoms of dry and sensitive skin.

Is there a wall corner in your home where you scratch your itchy back? Are you cursed with dry and sensitive skin of your face, lips, and neck? Do you rub wrinkles into your itchy eyelids? Some people live with sandpaper-like hands, and dry legs like limbs of an old oak tree. If this is you, then you need medical help.



You ☺ Can Have Beautiful Healthy Skin !

Of course, health is more important than beauty, but your skin health is your most visible beauty. If you struggle with dry and sensitive skin don't lose hope! Your skin *can* become more comfortable to live in, lovely to behold, and a pleasure to touch. It all begins with true skin moisture. Try this yourself: Take a dried prune and soak it overnight in a cup of water. See the beautiful difference? You can buy helpful cosmetics or procedures, but your skin will not show its *finest* beauty until it is nutritionally moisturized. Yes, lovely healthy skin can be yours. Please continue reading. I would like to introduce you to my skin care method: True Moisture® Clinical Lipid Therapy®, The ABC's of Dry and Sensitive Skin®.





The ABC's of Dry and Sensitive Skin

Most dry people travel from drug store to cosmetic counter to skin salon to doctor, searching for help. Others turn to television, magazine, and radio advertisements. Ads such as “Squeaky-Clean Soap” and “Intense Lotion With Fragrance” may mislead one in the proper treatment of dry and sensitive skin. Here in this simple ABC booklet is the help you need.

What Is Clinical Lipid Therapy®?

When choosing a skin moisturizer, always remember that there are *nutritional* skin moisturizers and *non-nutritional* skin moisturizers. There is a big difference! Because, just like your body needs nutrition, your skin also needs nutrition. Some people eat a big bag of potato chips and drink a diet soda and say, “Now I have had a good meal.” But have they really? We know that certain foods contain empty calories and poor nutrition. For example, compare milk and diet soda:



NUTRITIOUS NOT NUTRITIOUS

Do you understand the difference? Milk is nutritious, diet soda is not. If a parent feeds an infant baby soda instead of milk or formula, the infant will be malnourished, because soda has no real nourishment for them. Similarly, people rub non-nutritional intense care lotion on their skin and say, “Now I am moisturized!” But are they really? Most skin moisturizers are *non-nutritional* and empty of true skin nutrition. While your internal body requires nutritional units called proteins, carbohydrates, essential fats, and vitamins, your external body



Introduction

ABC's



“skin barrier” also requires certain nutritional units called “lipids.” To be complete, you need all three. They are cholesterol, ceramide, and free fatty acid. Don’t forget, you need a *nutritional* skin moisturizing method, one that contains all three needed lipids. **Clinical Lipid Therapy®** is a skin moisturizing philosophy emphasizing the importance of *nutritional* skin moisturization in caring for your skin barrier.

What Are The ABC’s of Dry and Sensitive Skin®?

The ABC’s of Dry and Sensitive Skin® is a special therapeutic principle, not a product. If you are dry and sensitive, and want happy healthy skin, the ABC’s are three practical rules for you to follow. The ABC’s are a simple way for you to remember the **three** most important things you need to do to keep your dry and sensitive skin in good control.

ABC's of Dry & Sensitive Skin

A- Avoid →
anything allergic.

B- Bathe →
to restore moisture.

C- Cover →
to protect moisture.

This booklet is an educational booklet in which each page covers medical concepts. I understand that some readers may have a medical background, others do not. We are all here to learn. If one page is too difficult, then, move on and return to it later, I will begin with a brief introduction of the human skin barrier and the medical basis of Clinical Lipid Therapy®. Always keep this skin barrier information in mind and refer to it as you read the rest of this book. In the end, whenever you



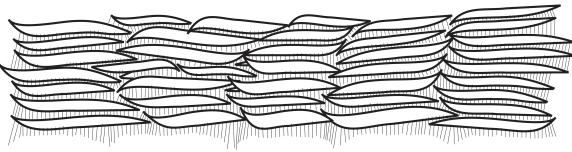
The ABC's of Dry and Sensitive Skin

think about your dry and sensitive skin, my goal is that you will forever understand and think of your skin in terms of **ABC**, and how your skin barrier is affected by soap, dry air, your immune system, lipid moisturization, and the way you avoid allergens, bathe to restore it, and cover to protect it.

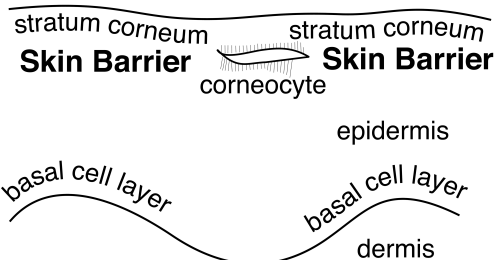
Dry Skin Anatomy & Physiology: What is The Human Skin Barrier?

A medical condition deserves a medical explanation, so, let's review some basic anatomy. When learning about dry and sensitive skin, it's all about your "skin barrier." Most people are not aware that the human body has an anatomical structure called "skin barrier." If a patient has dry and sensitive skin, the *skin barrier* is the specific microanatomic body part in need of medical care. Your skin barrier is located in the uppermost layer of the skin, called the "stratum corneum."

stratum
corneum



The skin barrier is located right below the skin's surface as shown in this diagram.





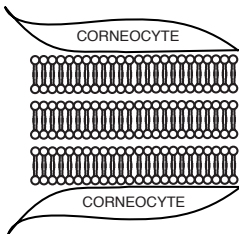
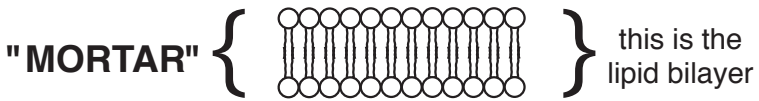
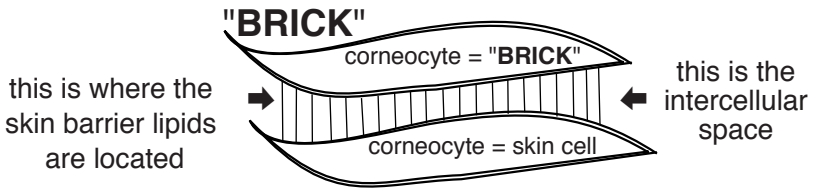
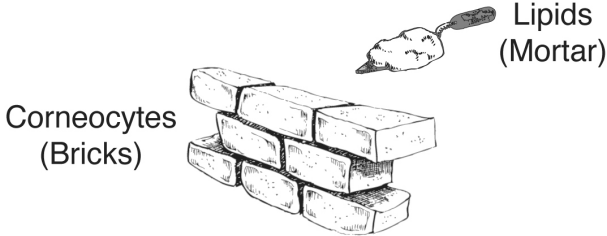
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ABC's

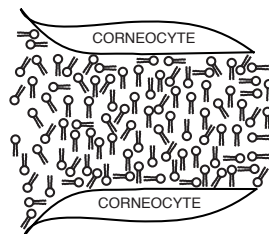


The human skin barrier is built like tiny bricks surrounded by mortar. The “**bricks**” represent flattened skin cells called “**corneocytes**.” The “**Mortar**” represents three skin barrier lipids:

- ❶ Cholesterol
- ❷ Ceramide
- ❸ Free Fatty Acids



this diagram shows a normal skin barrier with normal lipids



this diagram shows an abnormal skin barrier with abnormal lipids



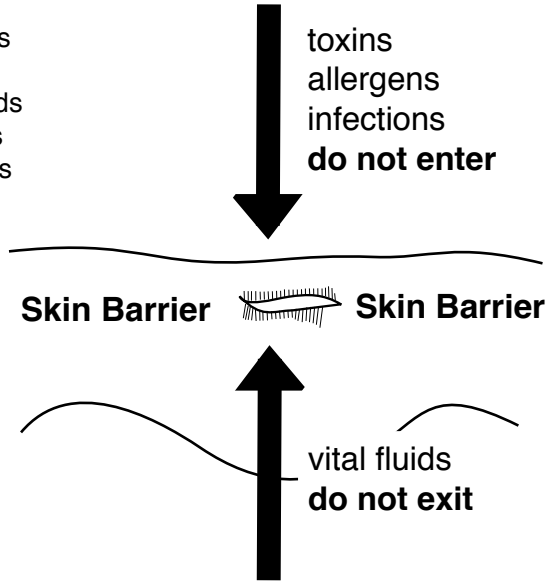
The ABC's of Dry and Sensitive Skin

Physiologically speaking, your human skin barrier serves as:

- ① An Entrance Barrier ② An Exit Barrier**

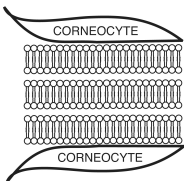
Healthy skin contains

- 40% Cholesterol lipids
- 25% Ceramide lipids
- 20% Free Fatty Acids



The Nano-Anatomy of A *Healthy* Skin Barrier

As long as the three lipids, ceramide, cholesterol, and free fatty acids are replenished, organized, and layered, your skin barrier functions as it should; and your skin is healthy. Here is a nano-diagram and electron microscopic art showing what healthy skin barrier lipid layers look like under an electron microscope:



line art

This artwork illustrates the skin barrier space located in between tiny skin cells. This is how the skin barrier appears when the lipids are healthy and well organized.



electron microscope art

Healthy Lipids = Skin is Well Moisturized

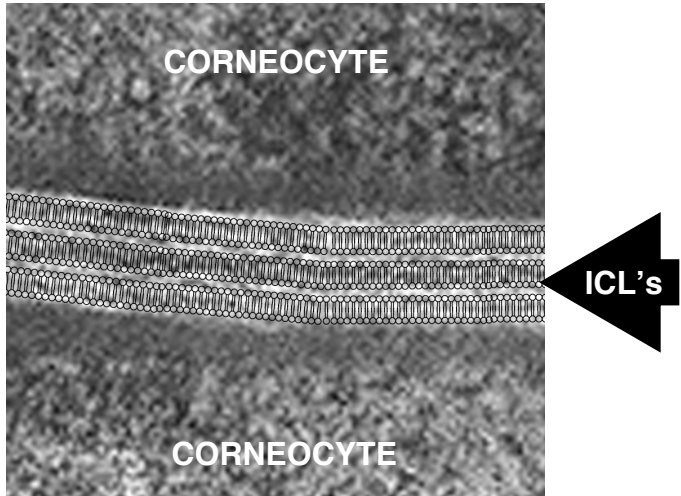


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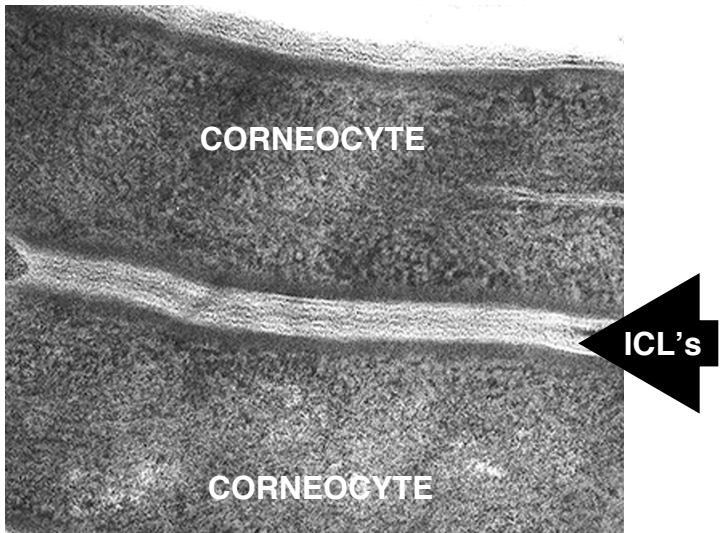
ABC's



To give you a better idea of how they fit together, this nano-diagram shows healthy intercellular lipids (ICL's) organized in bilayers drawn on top of the electron microscopic art:



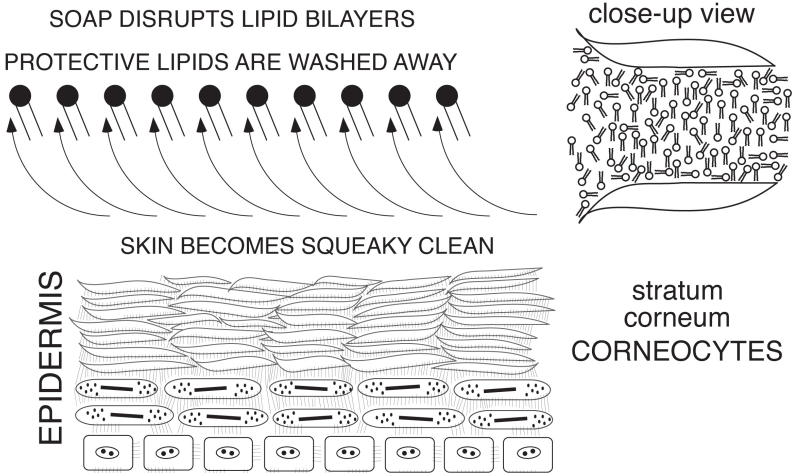
This nano-diagram shows healthy intercellular lipids (ICL's). Note, the skin barrier lipids are neatly organized into layers.





The Nano-Anatomy of An *Unhealthy* Skin Barrier

If the three lipids: ceramide, cholesterol, and free fatty acids are *not* replenished, *not* organized, and *not* layered, your skin barrier will *not function* as it should; and, your skin is not healthy. Skin barrier damage usually begins with excessive soap and / or dry air. It can be any soap, especially deodorant and gel soaps that contain harsh oil washing surfactants. Soap removes the three skin barrier lipids. Without the lipids, the skin barrier is depleted, empty, damaged, disorganized, and **dysfunctional**.



A normal healthy skin barrier prevents entrance of toxins, allergens, and irritants; and prevents the exit of water. A soap damaged lipid depleted skin barrier will do just the opposite. Thus, toxins, allergens, and infectants will enter the skin. Water will exit. The skin becomes dry, scaly, itchy, inflamed, and infected. Your skin feels dry and itchy. You see scaliness. Cracks develop. You will also see more wrinkles, and your skin appears older and weather-beaten. Medically speaking, dry skin is the result of lost skin lipids due to soap and / or dry air!

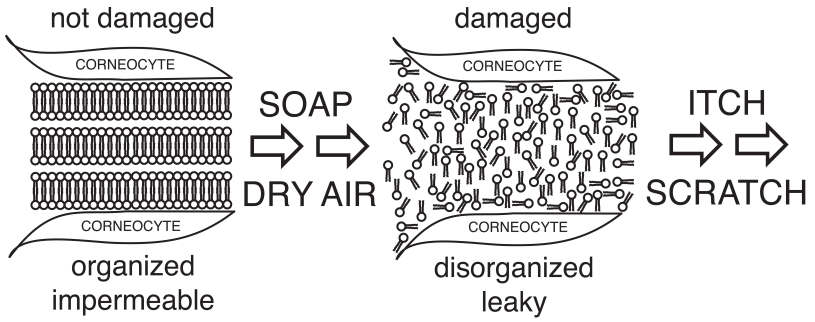


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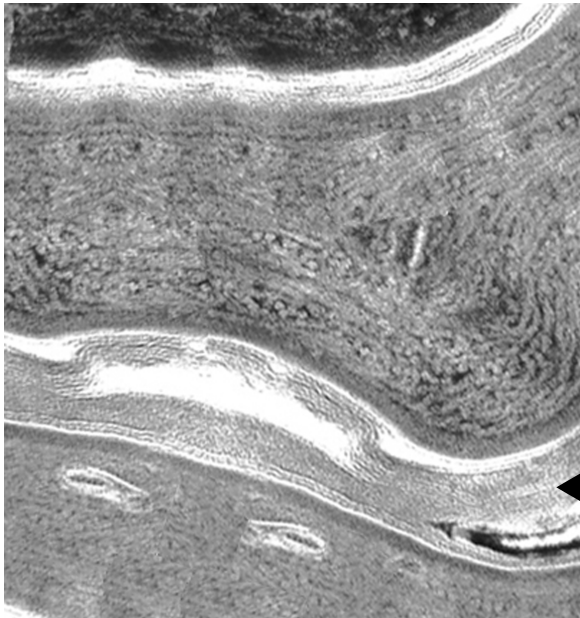
ABC's



This diagram shows damaged lipids after soap and dry air:



Now, note the disrupted intercellular lipids (ICL's). They are damaged from soap and dry air. The skin barrier is not able to function as it should. It is now leaky. In time, dryness and inflammation sets in, skin water evaporates, and the patient feels dry, itchy, and scratchy. This skin barrier is *not* healthy:

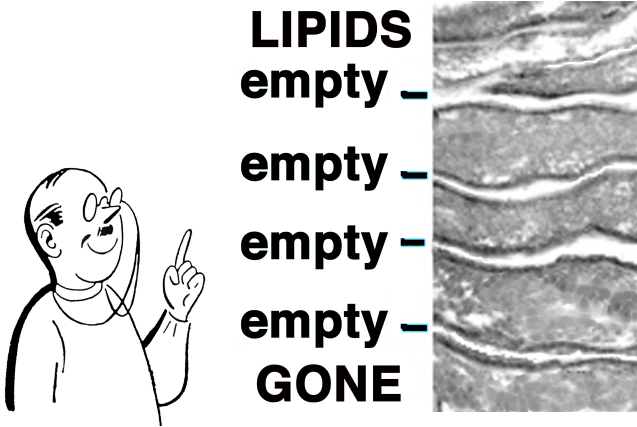


ICL's

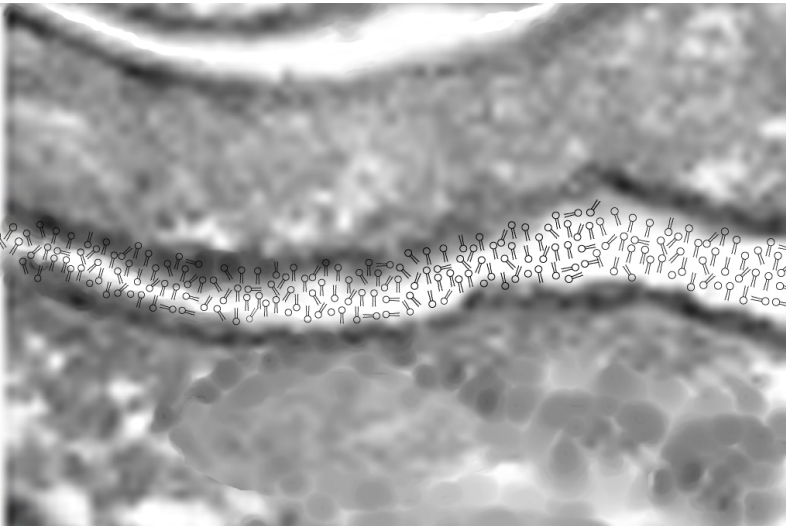


The ABC's of Dry and Sensitive Skin

This next art shows dry skin that has been soap washed and dried by air. As you can see, the skin barrier lipids are gone:



Here is a nano-diagram and electron microscopic art showing depleted disorganized lipids as under an electron microscope:



Empty, Disorganized, & Depleted of Lipids = Skin is Dry



Introduction

ABC's



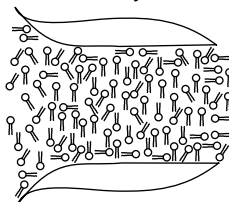
This Booklet Will Teach You How To Care For Your Lipids

With this basic science background in place, you are now ready to really start caring for your dry and sensitive skin. Now you can better understand, in a practical way, just how important your intercellular lipids are. If you want to *prevent* dry and sensitive skin problems, then, you need to learn how to care for your skin barrier lipids. You now realize: Soap and dry air can damage the three skin barrier lipids and are your skin barrier's greatest enemies! This ABC booklet will teach you how to prevent, and how to reverse your dry sensitive skin problems. After reading this ABC booklet, you will learn how to *restore* your lost intercellular lipids, so that your skin barrier will stay healthy and functional. A dry face, cracked lips, chapped hands, and dry legs will be restored. Your skin will appear younger, and healthier. When all is said and done, you will finally, find true moisture for your dry sensitive skin.

Fingers Cracked Lipids Gone



disorganized
damaged
leaky



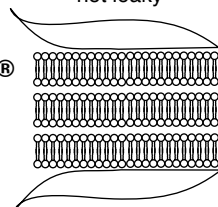
lipid bilayers
disrupted



Fingers Healed Lipids Restored



organized
not damaged
not leaky



lipid bilayers
intact

Clinical Lipid Therapy®



Skin Barrier Care

Close Up Photo of the Dry Skin Rash



**This patient was exposed to a bath gel and dry winter air.
His skin barrier lipids are damaged and depleted.**



Part II- Dry & Sensitive Skin Therapy
Welcome to Class: Dry and Sensitive 101



“Say the truth and you don’t have to remember anything else.” Mark Twain

**If You Neglect Your Skin,
Your Skin Will Neglect You.**

A sleep deprived child with dry and sensitive skin spends night after night awake, tossing and turning in bed. A forgotten grandmother with dry and sensitive skin waits endless days in her nursing home chair rubbing and scratching her arms and legs. They may lack the ability to ask for help. Believe it or not, though your skin is the body’s largest organ, it is often the most neglected. We remember to brush our teeth, but we usually forget to take care of our dry skin even after we see the dry flakes and feel the bothersome itch.

What is Dry and Sensitive Skin?

Dry skin is a problem for many people, especially in cold weather when the air is dry and hot furnaces are turned on.



The ABC's of Dry and Sensitive Skin

Everybody gets dry skin from time to time. When dry skin is chronically abused with soap, dry air, allergic exposures, and inadequate moisturizing techniques, simple dry skin can finally deteriorate into a long-term itchy rash-like state that lingers, takes away the joy of living, and makes other skin problems worse than they would otherwise be.



If you look in Webster's Dictionary, there is no definition for the term "sensitive skin," but those of you who have it understand what it is. Sensitive skin is skin that dries out ever so easily. Skin moisture is not retained. Sensitive skin may ignite like a lighted match, and any little allergic thing can set it off. Sensitive skin type people are often bothered by uncomfortable itchy, tingly, or crawly skin sensations.

The Medical Diagnosis

For any medical problem, once you understand the medical diagnosis, you can follow guidelines towards better health. For example, a heart patient checks cholesterol and avoids saturated fats; A diabetic learns to watch his or her glucose; An asthmatic tries to avoid dust and perfume. Likewise, if you are a dry and sensitive skin person, you should follow your



ABC's. The ABC's of Dry and Sensitive Skin® should be your every day skin care rules to care for your skin barrier: Avoid allergens, Bathe to restore moisture, and Cover. to protect your skin barrier lipids.



ABC's

What is The ABC Skin Care System™?

The ABC's of Dry and Sensitive Skin® is a special therapeutic principle, not a product. The ABC's are a simple way for you to remember the **three** most important things you need to do in your **daily** life to keep your dry and sensitive skin in good control. We will study the ABC's one by one. By becoming more aware of what you touch, how you bathe, and how to protect your skin moisture, you will find helpful relief for your bothersome dry sensitive skin problems.



"A" Avoid

Our first ABC rule is: A- Avoid. "A" is simply this: Try to avoid touching or contacting anything that will react with easily bothered skin. Don't let allergic things come in contact with your skin. Learn a lesson from a fighter. In pro-boxing the very first rule is: "Don't get hit." This rule also applies to dry and sensitive people: "Don't get hit!" Do everything you can to avoid an allergic encounter. By following the ABC's, you can **avoid** potential allergens and *prevent* problems.

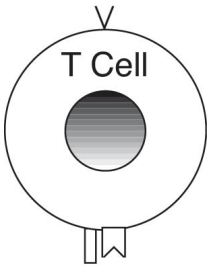
DON'T TOUCH!





Foods? Drugs?

At first, most sensitive patients suspect a food or drug as the cause of their problem. “What am I eating?” “What drug is to blame?” Though foods and drugs can certainly play an allergic role, the most common allergic offenders will usually be things you touch rather than things you eat.



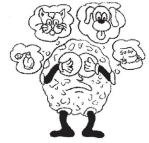
Allergic “Memory”

I am often asked, “Doctor, how can I be allergic to my perfume? I have been using it for the last 10 years.” Because the person has used the perfume for 10 years, she has finally acquired a “memorized” perfume allergy. Fact: your immune T Cells can build allergic “memory” after repeated use. So, the more you use a certain something, the more at risk you are of developing allergic memory, and afterwards, a memorized allergic reaction to it.

A Loaded Gun

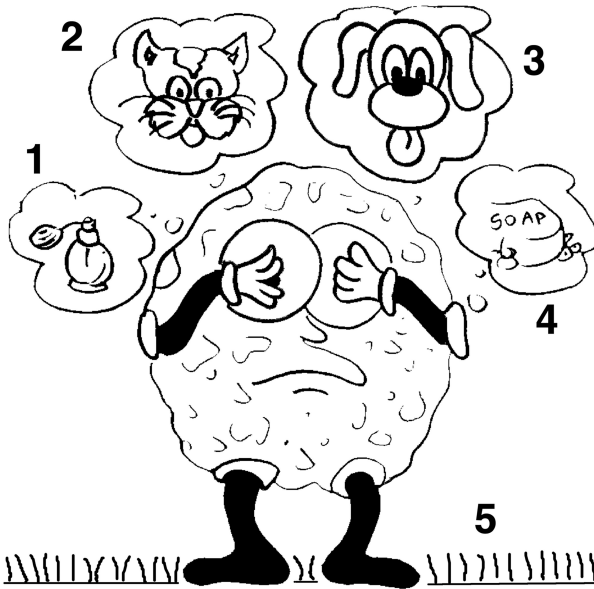
The first time you touch something allergenic, your immune system processes the item and puts it in a white blood cell memory bank. The next time you touch it, your immune system memorizes again. After many exposures, your allergic memory is like a loaded gun, ready to shoot! For example, you touch your cat or you apply your perfume and your allergic rash explodes! You itch, you scratch, and you suffer. Acquired allergic memory explains why sensitive skin irritation such as redness, inflammation, and itching can all of a sudden occur after years of applying your





favorite personal skin care products. So, beware of anything you use and anything you touch, even those favorite things that you have used for several years. Surprise, certain familiar items can become allergic after many years of repeated use!

How to Avoid Allergens and Irritating Things



Here Is Sponge Guy and Five Common Allergens

Sponge Guy shows us five common allergens. Think of five allergenic ‘P’s:” Perfume, Preservatives, Plants, Pets, and Personal Products. Once again, think about any substance that touches your skin, such as what you wear during the day and what you touch while you sleep. Think about those items you use daily, even common items you’ve used for many years.

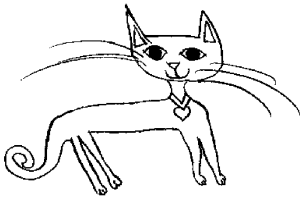
Because you spend at least eight hours a day in your bed sheets, and the rest of your day in your clothing, your laundry can be a major factor in dry and sensitive skin. Laundry



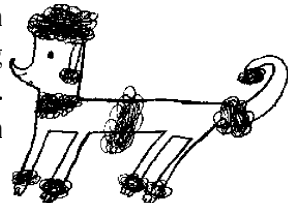
The ABC's of Dry and Sensitive Skin

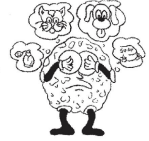
detergent itself is not highly allergenic, but bleach, laundry detergent additives, dryer sheets, fabric softeners, and dry-cleaning agents can be your biggest allergic problem. They are loaded with chemicals and perfumes. For laundry, I suggest that you use only small amounts of fragrance free, dye-free detergent, like Tide Free. Avoid bleach. Dispose of any detergent with Country Fresh” or “Extra Bleach Power” on the label. Double rinse your wash by running the rinse cycle two times. Do not use any type of fabric softener, including liquid softeners or fabric softener sheets. Your pillow case may cause facial and neck itch! Beware of dry-cleaned clothing. Also, don't be fooled by lemon fresh or mountain spring scents. When it comes to your laundry, use fragrance free products. Use “sense” not “scents!”

Are You Allergic To Your Laundry?



Next, think about your pets. Sensitive people can be quite allergic to animals. Dogs, cats, birds, horses, pigs, hamsters, and other animals can induce itching. It may not be the pet itself, but something the pet has. Pets can harbor mites and fleas. Pets can go outside and bring in grass, weeds, pollen, poison oak, and other allergenic things into your home. Understand that allergic people are at very high risk if they sleep with their pet. What troubles lurk in your pet's fluffy coat? Be aware. Always use common sense and think “A- Avoid” anything allergic before you sleep with your pet. “Where has Fido been playing lately?...in the bushes, in the weeds, or the lawn?”





Unfortunately, we live in a big allergic world where almost anything can have some type of allergic potential. So, think about personal care items you use each day. Are you allergic or irritated by any of them? Obviously, soaps, cleansers, and moisturizers used on large body surfaces have the most potential for problems. Deodorant soaps, bath gels, cleansing wipes, and perfumed lotions are the biggest offenders. For men, consider your aftershave, shaving cream, and deodorant, especially the antiperspirant types. For women, make sure your makeup, lip stick, nail polish, nail glue, and polish remover are low allergy. Beware of allergenic hair coloring agents, conditioners, and shampoos. Look for shampoo, and hair conditioning products that are fragrance free, quaternium 15 free, and preservative free. Your hair spray and hair gel can also cause allergic reactions. If you must use hair spray or gel, use only small amounts and be careful to not get any directly on your skin. Some allergic patients will have to avoid hair spray or hair gel altogether. Other personal care items known to cause problems include, lip balms, topical antibiotics, topical steroids, sun screens, skin toners, anti-aging creams, acne products, exfoliators, bleaching products, hair removers, hair growers, condoms, personal lubricants, toothpastes, and mouthwashes. Always use common sense and think “A- Avoid” anything allergic before you use any product.



Fragrance

Fragrances are the most common allergens contained in personal skin care products. Most people think of fragrance as a cologne or perfume. However, when a fragrance allergy is suspected, the most common cause is a personal product containing fragrance. Consumers beware. The term “fragrance free” does not always mean that the product is free of fragrance. An unscented item may contain masking

Are You Allergic To Your Perfume?



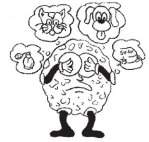
fragrances to cover the odor of other fragrances. Certain fragrances may be listed by their chemical name rather than their fragrance name. For example, benzyl alcohol, a fragrance, is usually listed simply as “benzyl alcohol.” Thus, it is important to read the list of ingredients, and remember that a large number of daily skin care products contain fragrance. Fragrance allergy is so commonly overlooked that perfume is even an ingredient in several prescription medications made for the treatment of eczema. What? An anti-eczema drug containing fragrance? Think: “A- Avoid” and learn to read the list of ingredients on the label.



perfume
antigen

Metals

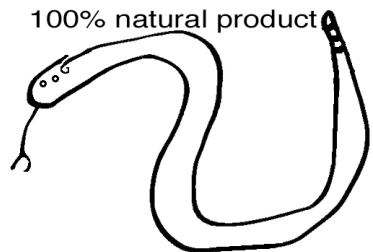
Have you ever seen a little boy wearing blue jeans and scratching near his belly button? Look to see if he has an allergy to the nickel metal rivet located on the front of his blue jean pants. Nickel allergies may also affect women who wear nickel plated jewelry or who curl their eyelashes with a nickel



plated eyelash curler. Nickle allergies may affect men who wear nickle belt buckles or handle golf clubs or nickle plated tools. You can see nickle allergies in cashiers who handle money. You can see it on ears and faces of people who use a nickle plated cell phone. Virtually anything made of nickle can be suspected for causing a nickle allergy. Gold is another allergic metal, and can be a cause of mysterious eyelid eczemas and itchy fingers. Titanium dioxide in sunscreen can also cause an allergic reaction. If you suspect an allergy to metal, you may want to see your dermatologist.

Natural Products

Just because something is “natural” does not make it safe for sensitive people. Rattlesnake venom is “natural.” Poison oak is a natural plant, but rattlesnake venom and poison oak are certainly not safe to use as skin care products. The same is true of aloe vera: Aloe vera is a helpful plant for those who are not allergic to it. Like penicillin, if you are not allergic, aloe can soothe. Topical vitamin E is another “natural” but sometimes allergenic agent. Oral vitamin E is not allergic to the skin. Another allergic example is tea tree oil. I have treated many patients with tea tree oil dermatitis. I’ve seen similar cases with essential oils and herbs. So, just because something is “natural” doesn’t mean it is good for you. Sensitive people should scrutinize every item they use. Review the ingredients and think “A- Avoid.” In time, by trial, error, and experience, you will learn just what to do to “A- Avoid” anything allergic and keep your skin from harm.





“B” Bathe



Our second ABC rule is: B- Bathe. When you bathe, there is a right way and a wrong way. Done right, a bath is the best way to give your dry, thirsty skin a big drink of water. Done wrong, a bath will actually steal water, leaving your skin “high and dry.” Thus, bathe the ABC way. Your bath is a place where the right dry and sensitive skin care techniques can put an end to your dry skin woes. So, bathe the correct way.



While daily bathing bestows certain physical, emotional, and spiritual benefits, the two most important reasons for bathing or showering are:

Healthy Reasons For Bathing

1. **Cleansing:** To cleanse and remove old accumulated sebum, dead skin cells, collected dirt, infectious agents, sweat, and foul body odors.
2. **Hydration:** To restore, replenish, and replace your lost skin water.



Daily Nutrition for Your Skin

Your bath is like a healthy meal for your skin. Similar to daily food for your body, your bath should be looked upon as a time of nutrition, replenishment, and maintenance of your skin barrier. Think about your bath or shower time as breakfast, lunch, and dinner for your skin. Just as food is for your stomach, so lipids and water are for your skin. Of course, your stomach can get hungry for nourishment, so, can your skin!

To properly feed your hungry stomach, cooking and nutrition are commonly taught in homes or schools. But, though your skin also gets hungry and thirsty, nutritional bathing and moisturization are rarely taught. And so, your skin remains an often neglected forgotten part of your body. But, let's change this pattern.



Let's do it right. Just like cooking in your kitchen, what you do or don't do in your bathroom will also make a big difference in the health of your skin. Is your skin receiving a nutritional well rounded complete three lipid based diet?

The Right Way: Just Add Water. You Can Either Bathe or Shower

Dry skin therapy is really quite simple if you follow the ABC's. If your skin is dry, then add water. Pure water is the best moisturizer for dry skin. "B- Bathe to restore moisture," is a simple concept and is the easiest ABC to do. Just add water, and your skin moisture is restored. Adding water is easy to do. You simply turn on the warm, not hot, water to the tub and get in and bathe. Pure water will rehydrate and revive your dry skin. **After adding water, you must cover your**



skin to prevent water from evaporating away. The toughest part of dry skin care is not restoring water. The difficult task is to protect and guard the water you've restored. We will review this concept when we study "C- Cover to protect moisture."

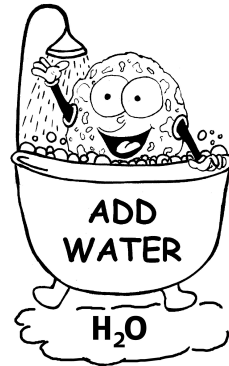
**Bathe The Right Way:
Do Not Use Soap In Your Bath**



Bathe to restore moisture, but do not use soap. Soap will steal your moisture. Soap will injure and disorganize your protecting skin barrier lipid bilayers, causing leakage of natural moisturizing factors. The net result of too much soap is dry skin and a loss of skin water.

What Should You Avoid?

The ABC purpose of bathing is: "Bathe to restore moisture." Ironically, while your bath or shower is your most important external source of renewed skin moisture, soap is the number one "bad guy" that will rob you of this replenished moisture. Take a shower or bath to restore moisture, but do not use regular soap, especially gel soaps or antibacterial type soaps.



The Right Way: Do Use A Gentle Skin Cleanser

The next question is always, "OK Doctor, but what do I use to cleanse with?" The answer: You need a truly gentle face and body skin cleanser. This special skin cleanser should: 1) gently cleanse away "dirty" sebum oils, and 2) Not harm your



good” lipids. Your skin barrier lipids will be safe when you bathe with a truly gentle cleanser. This may surprise you, but for the gentlest way to cleanse your skin, I suggest that you use either a fragrance free hair conditioner or a cetrimonium chloride based gentle skin cleanser. Cetrimonium chloride is a gentle surfactant that can cleanse skin without hurting lipids.

The Right Way: Use A Gentle Shampoo

What about your shampoo and conditioner? If you suffer with easy skin sensitivity, then your hair and scalp also need gentle care. For people with a dry and sensitive scalp, I suggest a low allergy, quaternium-15 free, fragrance-free, sulfate free, preferably, preservative free, gentle shampoo and conditioner. Look for a cetrimonium chloride based hair conditioner for your hair and scalp. You can also use it as a gentle skin cleanser. The best hair conditioners will also contain ceramide type lipids. You don’t have to spend a lot of money for the right hair conditioner and shampoo. Often, the expensive brands have a long list of ingredients. I would avoid products with a long list of ingredients. The longer the list, the more chances that the product may contain something allergic.



Is There A “Best Diet” for Dry Skin?

For convenience, many patients would like to treat their dry skin with a pill, an injection, or food. But is there a magic pill or food? To answer this question, think about your skin barrier lipid bilayers: They are made of cholesterol, ceramide, and free fatty acids. Thus, a magic food, pill, or injection rich in cholesterol, free fatty acids, and



The ABC's of Dry and Sensitive Skin

ceramides should be good for dry skin. Although this is a nice idea, foods high in fat and cholesterol are bad for your heart. Omega 3 fish oil pills are popular and can help a little, but there is really no magic pill for dry skin. So, drink lots of water, bathe to restore moisture, and remember, “A bath is like a big drink of water for your dry and thirsty skin.”

So, Drink Water.

In actuality, your skin draws moisture from your total internal body water supply. Thus, pure ingested water is the best oral cure for dry skin. The water will travel to where it's most needed. So, drink a glass of water to replenish your lost skin water from the “inside out.” **But, just like you should after your bath, you must remember to keep your skin covered with cream to prevent the water from evaporating away.**

What Is The Right Way?

Here's the simple ABC principle to make each drop of bath water count. Think, “B- Bathe” to restore moisture:

In your bath: Avoid soaps and bath gels. You will always lose H₂O with soap. Use a truly gentle skin cleanser to cleanse away the dirty oils and preserve the good lipids.

After your bath: Cover your body with cream to preserve and protect your skin water. A cream will guard your skin barrier and will prevent your water from evaporating away.

“C” Cover

Our third ABC rule is: C- Cover to protect moisture. To make an analogy, if you buy a new car, you can order a special clear



coat sealer to protect the paint for the life of the car. What a concept: A one-time coating! If only this was true for our skin. Unfortunately, there is no one-time protective covering for your skin. The coating must be applied on a *daily* basis. What is the very best way to protect your skin moisture? On your body, apply a heavy cream or ointment, not a lotion. On your face, apply an oil free lotion. And do this each day on a regular basis whether or not your skin feels dry.

Questions and Answers

Q: What product should you use to moisturize your face?

A: Apply a mineral oil free / petrolatum free lotion.

Q: What product should you use moisturize your body?

A: Apply a heavy cream.



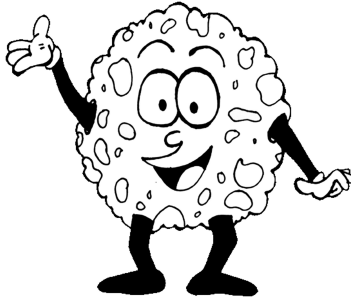
I often ask my dry skin patients, “How do you moisturize the skin of your body?” Many can’t understand why their body skin is so dry. They reply, “I use intense care lotion every day.” This explains their dry skin. A lotion is a thin liquid and



The ABC's of Dry and Sensitive Skin

tends to evaporate away in room air. Thus, despite what TV advertisements teach, a lotion is not a very effective way to prevent water loss in the treatment of dry skin of the body. So, I recommend that patients use a heavy *cream for the body*. I do not advise lotion for the body. However, I do warn patients to avoid using heavy creams on the face, as creams tend to cause facial acne by blocking pores. Instead, I recommend that patients use a *lotion for the face*. Because your face contains numerous oil glands to sustain its own moisture level, a lotion is fine for moisturizing your facial skin.

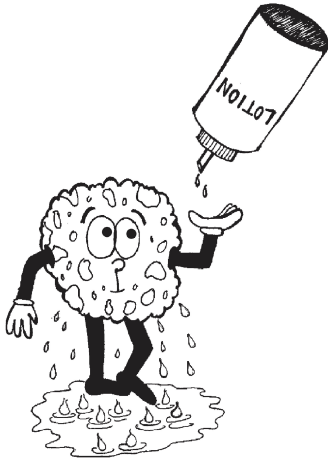
A Sponge Experiment



When it involves dry skin, Sponge Guy is a lot like you and I. Depending on what he's dipped in, he can be soaking wet or dry as a bone. He can also keep his moisture or easily lose it.

To see, for yourself, the difference between lotion and cream in moisturization, try this simple experiment at home on your bathroom counter. To perform the sponge test you will need:

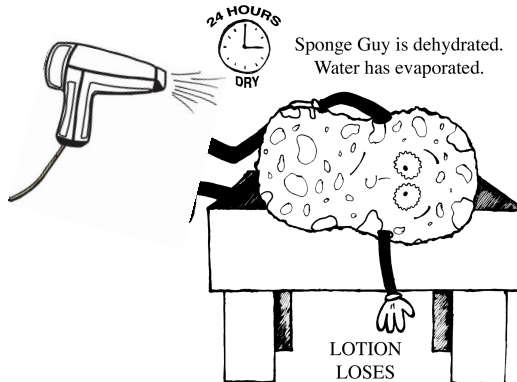
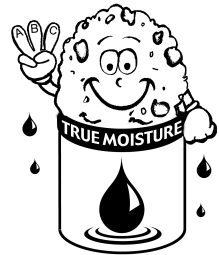
- a heavy moisturizing cream**
- a thin moisturizing lotion**
- two small dry sponges**
- a cup of water**
- an electric fan and dry air**
- 24 hours of time**



First, take one small dry sponge, and dip it in water until it is soaking wet. Next, completely cover the wet sponge with lotion. Then, lay the sponge on top of your bathroom counter and leave it there for 24 hrs.

Second, take the other small dry sponge and dip it in water until it is soaking wet. Next,

completely cover this wet sponge with heavy cream. Then, lay this second sponge on your counter next to the first sponge.



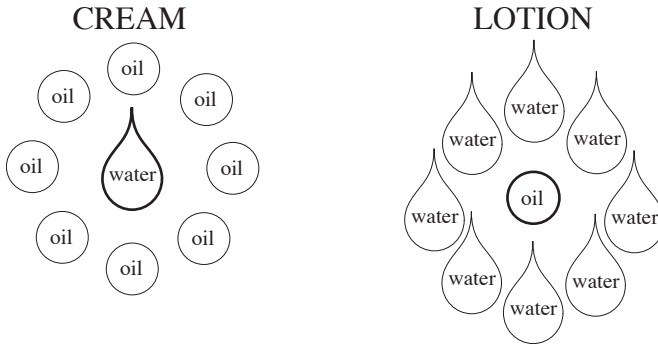
Sponge Guy is dehydrated.
Water has evaporated.

Third, turn on the fan, wait 24 hours, and compare the water content of each sponge. Which sponge is still wetter? Which sponge is drier? Try this and find out for yourself. The lotion-covered sponge will be drier, while the cream covered sponge will be wetter inside. Why? The heavy cream seals water *in* and prevents water from evaporating out into the air. The lotion does not protect as well, and allows water to evaporate,



The ABC's of Dry and Sensitive Skin

Thus, when you moisturize your skin, when it comes to preventing evaporation of water, cream is better than lotion. This diagram explains why cream protects better than lotion.



Study the above diagram and compare a cream to a lotion. Sponge Guy stayed moist with the cream outside, but dried up with the lotion. Why? Because a cream is based on a water molecule surrounded by oil molecules. The oil molecules prevent water from evaporating. On the other hand, a lotion is based on an oil molecule surrounded by water. Thus, the water is not as well protected, and can evaporate away more easily. So, if you want to moisturize the skin of your body, a lotion can give you temporary moisture, but does not give you the lasting coverage you need to protect your skin barrier lipids.

True vs. False Moisturization

If there is *true* moisturization there must also be false or inadequate moisturization. What's the difference between true and false moisturization? Go to any drug store. There are an overwhelming number of products, each claiming to truly moisturize the skin. It's easy to be misled about dry skin. What is the truth? As a clinical dermatologist, I feel that dry, sensitive patients deserve honest medical advice and personal skin products that really work. Though a skin care company



may provide dry skin advice, it may give information that's incomplete, clinically inadequate, or filled with meaningless marketing fluff. Because moisturizers are not in the same category as drugs, the FDA doesn't watch skin moisturizers as closely. Sadly, when it comes to dry skin, the consumer is often left alone to figure out what is true and what is false.

Medical vs. Cosmetic

As a dermatologist, I believe that dry and sensitive skin is a medical problem and should be treated as a medical problem. However, because well-moisturized skin is very beautiful, skin moisturization is also viewed as a cosmetic issue. Thus, most of the diagnosing and care of dry and sensitive skin is in the hands of non-medical people, not dermatologists. As I explained, even the FDA considers dry skin to be a "cosmetic" issue and classifies most dry skin moisturizers in the same category as rouge, blush, eye makeup, and lipstick.

A Dry and Sensitive Person Needs a Dermatologist

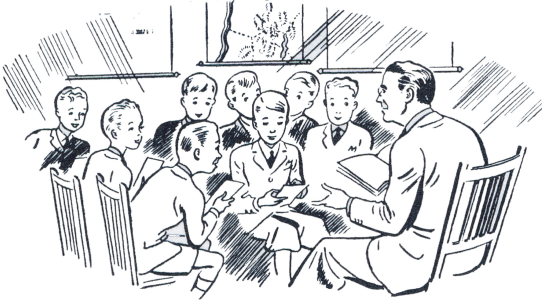
What is dermatology? Dermatology the branch of medicine concerned with the diagnosis and treatment of skin disorders. Your skin is an organ that is expected to be not only healthy, but also lovely and touchable. Think about it, you never hear anyone say, "My, she has an attractive liver." But, you will hear, "That lady has the most beautiful skin!" This is what true dermatology is all about: Healthy skin that is also lovely to behold, comfortable to live in, and a pleasure to touch. Simply, dermatology is the fine medical art of beautiful skin.

In medicine, we are expected to provide a patient with a certain acceptable standard of care. We have a standardizing board, for example, the American Board of Dermatology.



The ABC's of Dry and Sensitive Skin

Thus, a dry and sensitive skin person should see a dermatologist. A dermatologist is a medical doctor who has spent three or more years in specialist training specifically on human skin. No other medical specialty dedicates this amount of time to skin care education. Thus, a dermatologist can review your dry and sensitive skin and can explain treatment options in finer, more precise, terms, for more effective individualized patient education and clinical guidance.



Welcome To Class





Part II- Dry & Sensitive Skin Therapy

Who Needs To Learn The ABC's?



“The man who does not read good books has no advantage over the man who can't read them.”

Mark Twain

Who Has a Dry and Sensitive Skin Situation?

Do you need to read this ABC booklet? I don't know. Maybe? If you spend the day at my dermatology office you can see 30 different examples of people with dry and sensitive skin. Dry and sensitive skin can involve more than just one type of dry skin. In reality, many different patients can show symptoms of dry sensitive skin, and the ABC's *can help each one* of these. For example, people with psoriasis are usually dry. Diabetics are often dry and sensitive. You can have dry and sensitive skin with any number of underlying health related conditions.



The ABC's of Dry and Sensitive Skin

You may have simple dry skin or you may have something more complicated going on. If you any type of dry and sensitive skin, you should learn the ABC Skin Care System™ .

First, discuss your skin condition with a dermatologist. He or she can explain your correct diagnosis. People with certain medical skin conditions, under the care of a dermatologist, can benefit by following ABC skin care rules in their daily lives.

Find out for yourself. Are you a...

...dry skin person with classic dry and sensitive skin?

- The Dry Skin Rash
- Nummular Eczema
- Underarm Eczema
- Atopic Dermatitis
- Keratosis Pilaris
- Contact Eczema
- Stasis Eczema
- Hand Eczema
- Neck Eczema
- Itchy Eyelids
- Foot Eczema
- Itchy Groin
- Itchy Ears
- Hives

...person with a medical condition that can worsen dry skin?

- AIDS
- Diabetes
- Pregnancy

2- Who Needs To Learn The ABC's?

DRY? ABC!



Heart Failure
Kidney Failure
Advanced Age
Thyroid Disease
Leg Vein Problems
Emphysema, Asthma
Newborns and Infants
Cancer: Leukemia, Lymphoma, Breast

...dry skin person undergoing medical therapy?

Acne Therapy: Accutane™, Retin-A™, or Differin™
Acne Therapy with benzoyl peroxide, or Proactive™
Rosacea - Perioral Dermatitis Therapy
Precancer Actinic Keratosis Therapy
Melasma - Skin Bleaching Therapy
Aging Skin / Anti-Wrinkle Therapy
Seborrheic Dermatitis Therapy
Sun Damaged Skin Therapy
Stasis Dermatitis Therapy
Antifungal Therapy
Radiation Therapy
Psoriasis Therapy
Scabies Therapy
Chemotherapy
Lupus Therapy

Please understand that the ABC's can help dry and sensitive people in all of the above situations. How is this possible? First, the above list identifies several underlying medical conditions in which the affected skin is easily dried. Second, many of these patients are also using drugs or undergoing therapy that can add more dryness to skin that is already dry.



Primary and Secondary Problems

I treat most dry and sensitive skin situations as *two* medical problems. First, you have the **primary problem**, for example, the patient may have a history of eczema, or may have diabetes, or may have underlying heart failure. These are primary medical problems. After this, you have a **secondary problem**, for example, the patient may have eczema worsened by excessive soap leading to the dry skin rash; or diabetes worsened by fragile itchy skin that has become infected from scratching with dirty fingernails; or heart failure treated with water pills, resulting in severe dehydration and dry skin. These are all secondary problems resulting from a primary problem. If you can understand dry and sensitive skin in terms of primary problems and secondary problems, you will be better able to care for the patient with dry and sensitive skin. To make this more practical for yourself, try to make a list of your own personal primary and secondary problems, and how your dry and sensitive skin is affected by your own problems.

For the sake of an example, consider acne. A 16 year old teen female, Jackie, has acne with blackheads and a dry sensitive easily irritated face. We can better treat Jackie if we try to understand her dry and sensitive skin condition as a primary problem, acne, followed by a series of secondary problems.

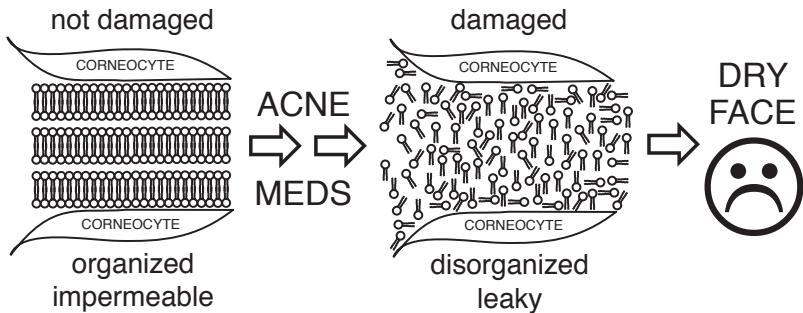
Problem # 1: Jackie has basic acne of the face with papules, pustules, blackheads, and whiteheads. Jackie's primary problem is basic teenage acne. Though acne usually causes an oily face, dryness sometimes develops when the teenager tries over the counter meds and cleansers. Also, in acne, inflamed oil glands can make the face sensitive and itchy. Thus, basic acne patients can sometimes experience a dry - sensitive face.

2- Who Needs To Learn The ABC's?

DRY? ABC!



Problem # 2: About two weeks after Jackie starts acne treatment with Retin-A™, benzoyl peroxide, pro-reactive cleanser, and Accutane, Jackie notices her face becoming dry, flaky, sensitive, and irritated. Jackie now has dry and sensitive skin worsened by her acne medications. Jackie's secondary problems are the side effects of acne therapy. The Retin-A™ exfoliates and clears oily plugs in blocked pores. The benzoyl peroxide kills bacteria, the cleanser exfoliates, and the Accutane stops production of oil. So, Jackie's acne meds stop oil, unblock pores, kill bacteria, and exfoliate skin cells. Thus, Jackie's face becomes dry, irritated, and scaly. So, what happens to Jackie's skin barrier lipids? Yes, they become damaged and disorganized as depicted in the diagram below.

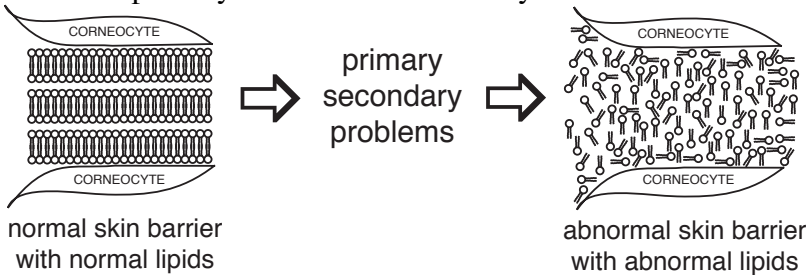


And so, dry and sensitive symptoms increase on her face. Jackie becomes discouraged with irritation and dryness, and, she refuses to use the acne meds. Her acne can go on to form scars. Let's help Jackie. Along with her acne meds, let's apply Clinical Lipid Therapy® twice a day and treat her face with a lipid replacing facial moisturizing lotion. Now we see Jackie's lipids restored, her acne meds are better tolerated, and Jackie goes on to have a beautiful face! In my opinion, the best way to treat dry and sensitive skin in acne, *and in other primary problems*, is to treat "two" problems, not just one. You see, Clinical Lipid Therapy® can prevent the secondary problems.



The ABC's of Dry and Sensitive Skin

The same rules apply for patients with psoriasis, sun damaged skin, diabetes, acne, rosacea, lupus, and many other skin conditions in which the skin barrier lipids are damaged by either the primary condition or secondary factors.



It makes sense, patients can benefit by including the ABC's and Clinical Lipid Therapy® into their usual medical care.

Let's Look At Real People with Real Dry Skin Problems

What is dry and sensitive skin? In medical school, doctors are taught to evaluate each patient by history, physical examination, and laboratory data. British doctors emphasize physical examination above all and are amazing in their ability to examine a patient. They remind us: "When all else fails, look at the patient." The best way to learn about dry and sensitive skin is to see and hear real patients: To look, to touch, to ask questions, and to listen as the patient tells his or her dry and sensitive skin story. Who needs to learn the ABC's? While I have listed several patient types that need the ABC's, for understanding sake, let's evaluate two classic patients who represent the majority of people needing ABC skin care. Our first patient is Ed Jones, a 46-year-old male respiratory therapist who works full-time at a local hospital. Our second patient is a 13 month old little girl, Amy Smith, accompanied by her, sleepy, itch-weary mother and father.



An Adult Patient
Mr. Ed Jones: The Dry Skin Rash



The doctor walks in and greets Ed Jones who is feeling dry and uncomfortable. See if you can identify with Ed Jones.

Ed: Doctor, I have burning, itching, stinging, dry, flaky skin. I itch like crazy and can't figure it out. I can't sleep, and I'm scratching all over. I have used bag bomb, cala drill, and cortisone. Sometimes I itch so badly that I pour rubbing alcohol all over to cool down. At night I put vitamin E oil on my dry skin. I also use intense lotion with fragrance, aloe, and lanolin every day. My skin soaks the lotion in like a sponge but the next day I'm dry again. Doctor, can you help?

Dr. Jacobs: Ed, do you use any perfume or cologne?

Ed: Sure, I've been using the same brand of cologne for ten years. I don't use very much. I'm a clean person: I wash my hands ten times a day at work. I take a hot shower twice a day with squeaky-clean Irish deodorant soap, smell-good shampoo, and herbal conditioner. Then, I blow dry my entire body. I like my spice after-shave. For laundry, we use



The ABC's of Dry and Sensitive Skin

mountain fresh laundry soap powered with lemon fresh bleach, liquid fabric softener, spot remover, and no-cling dryer sheets, especially on our bed sheets and pillowcases. I also dry-clean all my shirts and deodorize my shoes with spray.

Dr. Jacobs: How about pets? Any dogs or cats?

Ed: We don't have kids, but we have a gray poodle dog named Frenchie and a fat white furry cat named Snowflake. They sleep with us in our big feather bed. When it's cold at night, we turn on the toasty warm furnace, and get under the covers. We snuggle together. Our pets keep us warm at night.

Dr. Jacobs: Ed, have you seen a medical doctor?

Ed: I saw a doctor who treated me for fungal mites. He flea dipped me, gave me fungus and cortisone creams, a cortisone shot, and cortisone pills to take. I felt good for a while, but the itch came back when I stopped taking the cortisone pills.



All The Wrong Things

Unfortunately, Ed Jones is doing all the wrong things and everything possible to dry and irritate his skin: He rubs alcohol all over his body, he takes frequent hot showers, he uses squeaky-clean Irish deodorant soap, cologne, perfumed lotions, aloe, lanolin, vitamin E oil, harsh shampoo, mountain fresh laundry soap, bleach, fabric softener, and dryer sheets. He also dry-cleans his shirts. A dog and cat sleep in his bed, and he uses a warm air furnace at night to heat his home. He



blow dries his body after a bath. What does this do to Ed's dry and sensitive skin? Ed might as well be living in a big hot air convection oven. He lives a life of dry air and too much soap.



An important observation: Ed means well. He is trying to bathe and moisturize, but he's doing it all wrong. Ed is one of many people who will watch a late night television ad and use the product, but it's the wrong product. He uses perfumed squeaky-clean deodorant soap in his bath, and perfumed lanolin lotion to moisturize his sensitive

skin. Sadly, Ed learned all his dry skin care techniques from television and magazine ads. Ed needs to relearn his skin care.

What should Ed do? For starters, Ed should throw away his squeaky clean Irish deodorant soap. Soap strips skin barrier lipids! Of course, Ed needs to bathe. During the day Ed's skin produces apocrine secretions and sebum, an oily substance that builds up and collects dirt, debris, and bacteria. By the end of the day, Ed's secretions have turned rancid with a foul smell. Ed does not want to smell so badly; so, he bathes and washes away the foul compounds. Unfortunately, Ed's bathing techniques also wash away his fragile skin barrier lipids. Instead of soap, Ed should use a gentle cleanser, one that cleanses the bad and leaves the good. Ed should use a hair conditioner type cetrimonium chloride based gentle cleanser.

Second, Ed should get rid of his aloe lanolin perfumed body lotion and switch to a heavy cream. While most lotions are



The ABC's of Dry and Sensitive Skin

fine for people with minimally dry skin, a lotion is not an effective moisturizer for most people with dry and sensitive body skin. A lotion can give you a temporary sense of moisture, but a lotion will soon evaporate and does not give adequate protection against the loss of skin water. On the other hand, a heavy cream is a much better choice to seal in and protect skin moisture. A moisturizing cream is heavier and more occlusive than a lotion and can better prevent skin water from evaporating away after a bath or shower. This is the perfect place to remember the words of Ken Alpern, MD, who asked, "How many of us don't yet recognize that the words "moisturizing" and "lotion" are usually contradictory?"

In summary, Ed needs to **ABC**: **Avoid** common allergic items, **Bathe** with a gentle cleanser, and **Cover** with a heavy cream.

A Child Patient



Amy Smith: Atopic (Eczema-Prone) Dermatitis

Amy Smith is a 13-month-old little girl. The doctor greets Amy and her parents, who are tired, have tried everything, and have been prescribed everything by previous medical doctors. See if you can identify with this atopic (eczema-prone) baby, Amy, and her frustrated sleep deprived mother and father.



Mother: Doctor, my daughter's skin has been terribly dry for a year, and no one's been able to help her. Amy is always irritable and scratches so much that can't sleep at night and is irritable all day. We're tired. She can't sleep so we can't sleep.

Father: Everything was fine during pregnancy and birth. Amy did very well until her third month, when she began rubbing her face, arms, and scalp. Her pediatrician diagnosed her with cradle cap, prescribed tar shampoo for her scalp, and topical 1% hydrocortisone for her face. She did get a little bit better, but not totally well. We took her back to the doctor and he gave her benzocaine gel and Benadryl™ liquid. By that time, the rash had spread to the skin creases inside of her elbows, and on the backs of her knees. Though we use lotion on her body twice a day, Amy has stayed dry and scratchy ever since.

Dr. Jacobs: Did anyone teach you how to moisturize?

Father: No, we were just told to use lotion when needed. The doctor gave Amy some type of "magical" baby lotion and baby soap to use and said that Amy had a food allergy. We tried taking her off of milk, but that did not help. By her first birthday, Amy spent most of her time scratching, pinching, and kneading her skin. She's been a miserable baby.

Dr. Jacobs: What about Amy's bath time?

Mother: Amy loves her bubble bath every night. We shampoo Amy's hair with yellow baby shampoo and we cleanse her skin with magical baby soap. She comes out smelling like a lavender flower. After her bath we put on magical baby lotion. She cries when we put it on, but it's supposed to be a good moisturizer. Her skin soaks it in, but Amy's body is always dry and scratchy by morning. Hydrocortisone seems to help.



The ABC's of Dry and Sensitive Skin

Dr. Jacobs: Do you use diaper wipes on Amy?

Mother: I was using them until they caused my hands to itch. Now, I let my husband change the diapers. I buy low allergy diaper wipes and sprinkle cornstarch powder on Amy's bottom to clear her red diaper rash.

Dr. Jacobs: How about Amy's pajamas, clothes, and bedding, what laundry products do you wash them in?

Mother: I wash Amy's clothing and bedthings very well with hot water, lemon fresh soap, extra bleach, and plenty of fabric softener. I also use smell-good dryer sheets for extra softness and less static cling.

Father: The pediatrician has been trying to clear up Amy's runny nose for the last four months. She's referred Amy to a lung doctor because Amy's been coughing for three months and wheezes at night. Dry air seems to make everything worse. Her skin and her cough are worse at night. We think she has asthma and is allergic to her cat, but she loves to sleep with her kitty at night. He keeps her warm and cozy.

Dr. Jacobs: After listening to your story, it sounds like Amy has a chronic rash called atopic dermatitis.

All the Wrong Things



Unfortunately, the parents were doing all the wrong things. Can you identify with Amy and her parents? Many children suffer with dry and sensitive skin. The saddest fact is that



Amy's parents genuinely tried. Without ABC guidance, baby products can be misleading. Mom and dad used all that was prescribed, but were never given factual ABC education on true skin moisturization. Magical baby lotion once a night was not enough for this baby. Thus, Amy's skin barrier was never able to replenish lipids and function normally.

How about the ABC's? Amy's parents should **Avoid** all allergenic perfumed baby products, **Bathe** Amy with gentle cleanser, and **Cover** her with heavy cream, not lotion.

Triad: Atopic Dermatitis, Asthma, and Hay Fever



For simplicity, think of asthma as affecting three sites: in the lungs, you get wheezing, in the sinuses, you get hay fever, and in the skin, you get eczema, also known as "atopic dermatitis." Though many skin conditions are linked to dry and sensitive skin, dry and sensitive skin in a child is often associated with the triad of atopic dermatitis, hay fever, and asthma.

Findings in Atopic Dermatitis

Atopic dermatitis affects 13% of children and 2% of adults. An extra fragile, easily damaged skin barrier, high immunoglobulin E levels, and an exquisitely sensitive allergic immune system result in extreme itch and a vicious itch-scratch cycle. Patients react to foods, mites, dust, dirt, staph



The ABC's of Dry and Sensitive Skin

areus, emotional stress, changes in temperature, dry air, smoky air, airborne allergens, cigarettes, and many topical allergic items such as wool, animals, soaps, detergents, pollens, molds, and perfumes. Atopic patients are more susceptible to viral, yeast, and bacterial infections. Frequent nighttime itch robs children of sleep, so that both children and parents suffer from chronic sleep deprivation and tiredness.

Atopics Need True ABC Moisturization

The basic shortcoming for Amy and most itchy atopic children is a lack of true skin moisturization. From the very beginning, no one mentioned correct consistent skin moisturization technique or anything about skin barrier lipids. Amy would have been better off had her parents washed her with pure tap water and applied messy petrolatum to her entire body twice a day. Instead, they used fragrant baby lotion, allergenic baby shampoo, diaper wipes, and perfumed baby soap.

Parents often use fragrant baby lotions, allergic baby shampoos, diaper wipes, and fragrant baby soaps thinking they are helping their child. What the child really needs is avoidance of allergens, especially popular potentially allergic

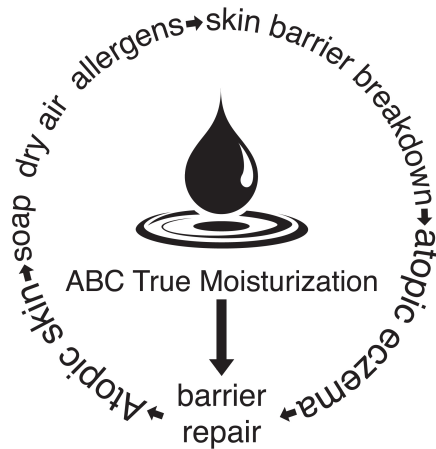


baby products. First, soak your atopic child in a hydrating bath containing one-quarter cup of regular Clorox type bleach (6% sodium hypochlorite strength) and one half cup of mineral oil in a full hotel size bath tub of water. Cleanse with a truly gentle cleanser, and avoid soap. After the bath, spritz your child with distilled water and liberally cover your child with heavy cream. Supply your child with pajamas, clothing, and bedding washed with fragrance-free dye-free detergent and no bleach.

2- Who Needs To Learn The ABC's?



Apply heavy cream to your child several times during the day. If you live in an area with a very dry climate, your child may do better if you run an air humidifier in his or her room.



The “Perfect” Skin Care Product?

What should Amy use? Realistically speaking, there is no such thing as a truly zero irritation skin care product. Even pure water can make certain people itch!!! You should keep in mind that even the best products may contain certain potentially sensitizing or irritating ingredients which must be used for health, safety, or processing purposes. Practically speaking, you should read the list of ingredients on the package. If you look at the labels of most popular baby bath products and diaper wipes, you’ll see many allergenic or irritating ingredients such as quaternium-15, propylene glycol, sodium lauryl sulfate, topical vitamin E, aloe, tea oil, fragrance, preservatives, and dyes. Look closely. Many products marketed for sensitive skin contain these harsh ingredients. Beware. Dry and sensitive people like Amy should use only products that are truly safe for your skin.



The ABC's of Dry and Sensitive Skin

How do you know if a product is safe? Ask your dermatologist. Stuff all of your personal products into a big bag and take them to your dermatologist. Ask your doctor to review and explain the ingredients. For practical purposes, understand that there is a big difference between “harsh” ingredients and “gentle” ingredients. The safest skin care products are truly “gentle” if they are made with the safest ingredients possible for a given skin care purpose.

What Does The Skin Barrier Do?

The skin barrier keeps precious fluids (water) inside your body, and prevents unwanted substances (toxins and allergens) from entering your body. Have you ever wondered why water does not leak out of your skin when you drink a glass of water? You can thank your skin barrier. The skin barrier is a permeability layer with two microscopic functions:

An Entrance Barrier: The skin barrier minimizes skin inflammation and prevents contamination by blocking the entrance of allergens, toxins, and infectants into your body.

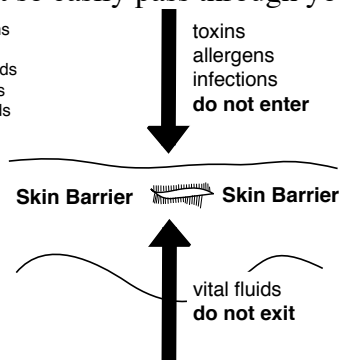
An Exit Barrier: The skin barrier prevents loss of skin water by blocking unwanted evaporation of vital skin water into the air. Thus, water does not so easily pass through your skin.

Healthy skin contains

40% Cholesterol lipids

25% Ceramide lipids

20% Free Fatty Acids



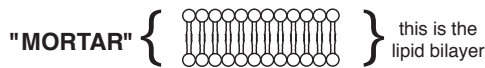
2- Who Needs To Learn The ABC's?



If you examine 100 dry and sensitive skin patients you'll see one common factor: A fragile, easily damaged skin barrier. With this in mind, the True Moisture® ABC system is the answer for dry and sensitive skin people. If you want to control your dry and sensitive skin for life, you must understand your skin barrier: How it functions, how it can breakdown, and how you can fix it. This ABC booklet will teach you how to properly care for your skin barrier.

Who Needs to Learn The ABC's?

Any person with a fragile, easily damaged, broken, or depleted skin barrier should learn the ABC's. Let's look again at skin anatomy. Your skin barrier is made of trillions of corneocyte cells stacked together like bricks and mortar to form the stratum corneum. In between the corneocytes is a space called the "intercellular space." In this space you will find three barrier lipids: Cholesterol, ceramide, and free fatty acids. The lipids are neatly arranged into bilayers that go together like tiny dumbbells all in a row. This organization is vital. If your bilayers become disorganized with soap or dry air, your skin barrier will not work, and your skin will leak!



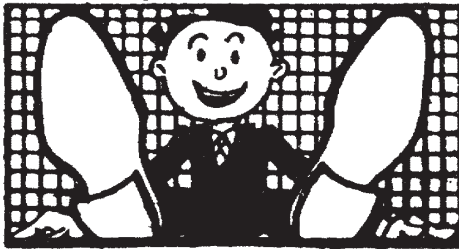
You can also think of the intercellular space as a big shoe rack and the lipids as zillions of little shoes in lipid bilayers. The lipid bilayers are made of zillions and zillions of ceramides, cholesterol, and free fatty acids, ceramides, cholesterol, and free fatty acids, ceramides, cholesterol, and free fatty acids, all arranged like these little shoes, all of them so neatly stacked.



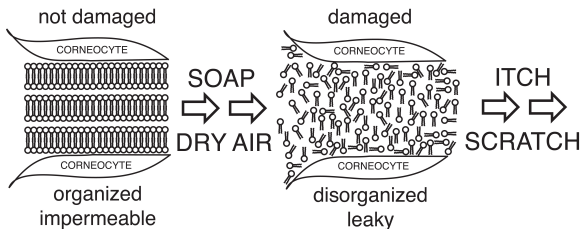


What Can Go Wrong With Your Skin Barrier?

If you can think of your skin barrier lipids like they are little neatly organized pairs of shoes, then you can understand your skin barrier. Some people have one pair of shoes, some have a hundred pairs of shoes. Some people are neat, some are messy. You can think of a damaged skin barrier as “the shoe rack is kicked over.” All of the shoes are thrown and scattered every which way all over the closet. You can think of a healthy skin barrier as “all the shoes are neatly stacked.” So, if you have dry and sensitive skin, you need to keep your shoes neatly stacked at all times. If the shoe fits, then, wear it!



If cholesterol, ceramide, and free fatty acids are depleted with soap use, harsh washing, or excessive dry air, the lipid bilayers can become disrupted, disorganized, and dysfunctional. In this depleted state, the skin barrier is considered “damaged” and does not do its regular barrier job. Thus, vital skin water is lost by evaporation. The skin becomes squeaky clean and dry. At this point, allergens and toxins can enter the skin and may cause inflammation. Microorganisms can also enter and may cause infection.



2- Who Needs To Learn The ABC's?



Next, itchiness follows, and a dry skin rash develops. The dry skin rash is the end result of severe loss of essential skin barrier lipids: Cholesterol, ceramide, and free fatty acids, followed by severe loss of water from within the skin.

At this point, you notice dryness, scaling, peeling, and flaking. You have lost skin layers and your dead dried skin appears chapped. Allergens and irritants enter and ignite inflammation. You feel intense itch. Fierce scratching begins. Dirty fingernails can spread infections like staph and strep. As more skin layers are lost, you see redness and rawness. With more soap and more dry air, more water is lost. Allergic, infectious, and toxic agents take over. Common examples include dried cracked lips, chapped hands, and itchy dry scaly legs.

So, you see that dry and sensitive skin people can have a depleted skin barrier, in which the cholesterol, ceramide, and free fatty acid lipids have been stripped, lost, and disorganized. Also note that certain patients may lose one particular lipid more than another. For example, medical research shows that senior age patients mostly lose cholesterol, while atopic (eczema) patients and younger adults mostly lose ceramide. These facts help us realize that even though cholesterol and ceramides are both needed, the senior age patients will actually benefit more from cholesterol lipid replacement therapy, while younger and atopic patients will benefit more from ceramide lipid replacement moisturization.

Senior citizens and older ages: Need Cholesterol
Atopics and/or younger patients: Need Ceramide

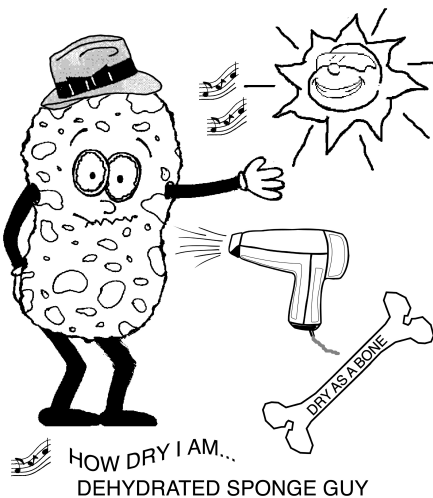
This is the medical basis for using a cholesterol or cholesterol substitute cream in senior patients, and a ceramide or ceramide substitute cream in atopic and younger patients.



Dry Skin Rash People Need The ABC's

Remember, the dry skin rash can affect people living in a dry climate, such as in cooler temperatures where the air is dry and the furnaces are turned on. Everybody gets dry skin from time to time. Your dryness, suppleness, and smoothness depend on the total water lost from your outer skin layers. Where does the water go? When you drink a glass of water, it is absorbed in your gut and travels towards the outer layers of your skin, where it can either remain or evaporate away. Normally, your skin barrier protects your skin moisture, and this permeability barrier enables human life to exist in a terrestrial environment. Therefore, if you lose this protective barrier, your skin will dry out. Harsh soap, especially sodium lauryl sulfate and dry air are the two most common causes of dry skin. Soap washes away your protective lipid barrier. Thus, your skin loses moisture, dries out, and desiccates.

The end result: When dry skin kindles and burns for weeks without moisturization, simple dry skin can progress to become the “dry skin rash,” a dry, itchy, red, flaky, fissured and peely rash that can occur anywhere on the body. The dry skin rash is the end result of both a severe loss of moisture and a depletion of essential skin barrier lipids: cholesterol, ceramide, and free fatty acids. By following the ABC's on a daily basis, you can prevent the dry skin rash and all of its problems.





Do You Have Sensitive Skin? Sensitive Skin People Need The ABC's.



Most clinical dermatologists view sensitive skin as a collection of symptoms rather than a specific skin diagnosis. Therefore, many different skin diagnoses can have symptoms of dry and sensitive skin. In principle, the ABC's apply to all of these. Sensitive skin is skin that dries out so easily. Moisture is not retained. Many allergenic items can set it off. Sensitive skin people may feel crawly or tingly. Medically, speaking, sensitive skin depends on three basic skin functions:

1. Barrier Function
2. Immune Reactivity
3. Sensory Response

Barrier: Sensitive skin people often have drier skin than people with normal type skin. This is why we refer to the condition as “dry and sensitive skin.” Their skin barrier is more fragile, more delicate, and more easily damaged.

Immune: A sensitive skin person is “eczema prone” and has a “hair trigger” immune response that reacts to perfumes, soaps, and every little allergic trigger. Thin skin areas such as eyelids are at risk. Their skin barrier allows easy passage of allergens.

Sensory: Sensitive skin people feel things with exquisite accuracy. They can be bothered by hot or cold changes and may complain about pin point discomforts such as a manufacturer's clothing tag rubbing on the back of the neck, an irritated skin tag or mole, or chronic dry, itchy skin. In the story about the Princess and the Pea, the Princess felt a pea under twenty mattresses. Obviously, she had sensitive skin.



What Can a Sensitive Skin Person Expect After the Skin Barrier is Damaged?

Without protecting lipids, your skin water evaporates into the air, and you dry out like a shrinking sponge. Dry and sensitive symptoms take over. At this point, you have lost skin layers and your dried skin is peeled and chapped. Allergens and irritants can now enter to ignite inflammation. You feel intense itch. Fierce scratching begins. Fingernails can spread infections like staph, strep, and others. As more skin layers are lost, you see redness and rawness. With more soap and dry air, more water is lost. Allergic, infectious, and toxic agents take over. You are scratching non-stop. You have the dry skin rash.

Cracks and Fissures Form

By this time, the skin barrier is so deeply hurt, that cracks, crevices, and fissures have formed. Fissures appear as tiny cracks within the lines of the skin. You can actually see little skin splits. There may be bleeding and soreness, of the hands, fingers, and legs. An endless itch-scratch cycle has taken over.





**Warning. Skin Barrier Failure has Occurred.
This Sensitive Skin Person Needs The ABC's**

Your skin barrier has failed. It's damaged and you need help. Some people try calamine, but dry calamine does nothing for dry skin. Some people head to the shower and scrub their bodies with more soap. This only adds fuel to the fire. Hoping for relief, some splash rubbing alcohol all over their lipid-depleted body. They don't realize that the soap and alcohol are only stripping more oil and causing more skin barrier destruction. Finally, the itchy pilgrim goes to an urgent care and gets cortisone pills, but oral cortisone is only a short-term fix. Yes, the doctor accurately diagnosed and prescribed appropriate medicines, probably cortisone cream, oral steroids, antibiotics, and skin moisturizers. But, what will happen next in the life of this dry and sensitive person? Because of possible side effects, people really shouldn't use steroids forever. Medicines are mainly for an acute problem and not for ongoing daily care. The medicines will clear the rash, but how do you replenish the fragile sensitive skin barrier lipids and prevent further acute episodes? Answer: Study and follow the ABC's. Who needs to learn the ABC's? You do. You are now beginning to see their practical importance in your everyday life with dry and sensitive skin.

**True Moisture
ABC's of Dry & Sensitive Skin**

**A- Avoid →
anything allergic.**

**B- Bathe →
to restore moisture.**

**C- Cover →
to protect moisture.**



Part III- Dry & Sensitive Skin Products

QUESTIONS
and **ANSWERS**



Q. "I have not read the ABC booklet. Can you please give a brief explanation on how to use your products?"

ANSWER

ABC's: What To Do Made Easy

Think "A- Avoid."

A- Avoid anything allergic. Especially fragrance and harsh soap containing personal skin care products. You may or may not be allergic to perfume, soap, laundry detergent,

dogs, or cats. However, by applying the ABC's, you are essentially eliminating potential allergens, and are maximizing your chances of getting better, faster. By now you can see that the ABC's focus on three goals: Allergen avoidance, restoration of lost skin water, and active skin barrier repair. Here is helpful advice: Perfume: Beware of perfume and perfumed personal products such as lotions, cleansers, shampoos, hair gels, hair sprays, hair conditioners, and deodorants, especially antiperspirants.

Please note: You are ABC safe with our True Moisture® ABC friendly gentle personal skin care products.

Soap: Beware of any type of soap: Hand soap, dish soap, gel soap, deodorant soap, and shampoo. Caution with cleaners, solvents, and detergents inside or outside of the home. Take caution in public places like at work, gas station, restaurant, and theatre bathrooms. Carry True Moisture® Clinical Lipid Therapy® Rinse Optional Cleanser C with you in your pocket where ever you go.

Pets: Be careful of pets, especially pets in or on your bed and furniture. Pets can bring outside allergens inside. Shampoo your pets frequently to remove animal dander. You can use our fragrance free low allergy True Moisture® Gentle Hair Shampoo to shampoo your faithful loving pet.

Laundry: You spend 90% of your life in bedding and clothing, so take a close look at your laundry, especially your pillow case. Beware of dry-cleaners. Beware of leather, nickel, gold, and polyester items. Wear more 100% cotton clothing. Wash all of your clothes with less than the usual amount of fragrance free detergent (Tide Free). Use no fabric softener, no bleach, and no laundry additives. Double rinse your laundry, and never use dryer sheets.



Think “B- Bathe.”

B- Bathe to restore moisture. This is your opportunity to quench your thirsty skin. : Think of your bath or shower as the ideal time to replenish your long lost skin water.

Water: Use cool or warm, but not hot water. Soak your entire body for at least ten minutes to irrigate, rehydrate, and restore your skin’s moisture.

Scrub: Use a gentle towel or hands. Sensitive hand people may need to wear vinyl gloves while shampooing, bathing, or showering. Avoid harsh scrubbers, rough towels, and all sorts of skin exfoliants. Be nice to your fragile skin lipids.

Soap: Avoid soap. Ironically, your bath or shower is your number one source of new skin moisture, but soap is the number one thing that will rob you of your moisture. Thus, use True Moisture® Clinical Lipid Therapy® Rinse Optional Cleanser C in place of soap. Adults may use True Moisture® Gentle Face & Body Cleanser to cleanse underarms, groin, and private areas. Babies should use True Moisture® Clinical Lipid Therapy® Rinse Optional Cleanser C all over their body and face. Please avoid eyes with any product.

Shave: Use True Moisture® Clinical Lipid Therapy® Rinse Optional Cleanser C or True Moisture® Clinical Lipid Therapy® Gentle Help For Hair to shave legs and underarms. Use True Moisture® Clinical Lipid Therapy® Rinse Optional Cleanser C or True Moisture® Clinical Lipid Therapy® Gentle Help For Hair to shave the face. Do not shave your legs with shampoo, as the skin of your legs is very fragile and susceptible to drying if cleansed or shaved with any type of hair shampoo.

Shampoo: Shampoo daily. Use True Moisture® Gentle Shampoo for children and adults. Use True Moisture® Clinical Lipid Therapy® Gentle Help For Hair for cleansing hair in infants and babies. Avoid the eyes. People with hand dermatitis should wear vinyl gloves while shampooing or when applying any type of bath cleanser to the hair or body. Think: Ruin your gloves, not your hands.

Hair Conditioner: Use True Moisture® Clinical Lipid Therapy® Gentle Help for Hair to nourish, condition, detangle, and moisturize your scalp and hair. Use daily. True Moisture® Gentle Shampoo and True Moisture® Clinical Lipid Therapy® Gentle Help for Hair are fully ABC friendly and will leave baby, child, and adult hair and scalp nicely cleansed and nourished without allergic preservatives, sulfates, quaternium 15, and fragrance.

Rinse: ABC rinsing is a three-step process: First, rinse your body and scalp with shower water. Second, rinse your scalp with two cups distilled water. Third, spritz your face and body with distilled water. Note: Distilled water removes tap water impurities and can penetrate better into skin cells.

Dry: "Wring" yourself dry by using both hands to rub the water off of your body. Lightly towel, and never use a blow dryer. This careful drying method will prevent loss of distilled water. You are now ready to apply True Moisture® Cream A or Cream B to cover and protect.

Think "C-Cover."

C- Cover to protect moisture. You may shower or bathe as many times a day as you want, just as long as you follow the ABC's, and apply True Moisture® Cream A or Cream B after you bathe. "C- Cover" is the final ABC Skin Care step,



where you prevent evaporation, as cream seals-in and protects your newly replenished skin barrier water.

Body Cream: Within five minutes of drying your body, apply a thin film of True Moisture® Clinical Lipid Therapy® Cream A or B to your entire body. Do not apply cream to your face. Don't skip areas. Apply cream liberally to every part of your body, including parts that are not itchy or rashed. Apply an extra thick layer of cream to dry itchy areas, especially on cracked and fissured hands and legs. Don't forget to apply plenty of cream to your legs, feet, and ankles. Note, if money is an issue for you, you may use pure Vaseline Petroleum Jelly after your bath on certain parts of your body, but be sure to use True Moisture® Cream A or B on the more troubled dry and sensitive areas of skin. These parts need the clinical lipids.

Face Lotion: When it comes to skin moisturizing technique, the face is different from the body. Please do not apply cream to the face, as cream will block your pores and may cause unwanted acne. It is safe to apply True Moisture® Clinical Lipid Therapy® Gentle Facial Lotion to moisturize the face. Patients on medical acne therapy such as Accutane™, Retin-A™, Differin™, Tazorac™, Proactive™, and benzoyl peroxide may experience extreme dryness of the face. Patients undergoing topical therapy for sun damaged, aging, or precancerous skin may also experience extreme dryness of the face. Together, True Moisture® Clinical Lipid Therapy® Rinse Optional Cleanser C followed by True Moisture® Clinical Lipid Therapy® Gentle Facial Lotion can moisturize this type of dry skin and will make it easier to endure these often-bothersome lipid depleting medically indicated facial therapies.

After Your Bath or Shower

Slip into the low allergy bedding or clothing you have washed and double rinsed with your new perfume free, bleach free laundry detergent. Enjoy your newly remoisturized skin barrier. Expect slow but sure results. True Moisture® Clinical Lipid Therapy® takes time, but the end results will be worth the wait.

Q. "Dr. Jacobs, can you please tell us how the ABC's and your dry and sensitive skin care products came to be?"

ANSWER

Here Are My Gentle Products For Dry & Sensitive Skin

**True Moisture® Clinical Lipid Therapy®
Body Cream "A"**

**True Moisture® Clinical Lipid Therapy®
Body Cream "B"**

**True Moisture® Clinical Lipid Therapy®
Rinse Optional Skin Cleanser "C"**

True Moisture® Gentle Face & Body Cleanser

**True Moisture® Clinical Lipid Therapy®
Gentle Facial Lotion**

True Moisture® Gentle Hair Shampoo

**True Moisture® Clinical Lipid Therapy®
Gentle Help For Hair**

All of my products are preservative free, sulfate free, propylene glycol free, fragrance free, and hypoallergenic.



Where Did True Moisture® Come From?

My idea for True Moisture® Cincial Lipid Therapy® and the ABC's of Dry and Sensitive Skin® first came to me many years ago while treating thousands of senior citizen patients with dry and sensitive skin in my busy dermatology office in Sun City, California, USA. Most of my patients were over 80 years old with thin, weather-beaten, itchy, dry, crusted, skin cancerous sun damaged type skin. It was well known that people came to Sun City on their last lonely journey in life. With this in mind, many had stopped caring for themselves and were living their days "just waiting to die." I felt compassion for them and devoted myself to them. They needed love, care, and young people who would listen to their story. Here is a post card that was very popular back in those early Sun City days.



SUN CITY AT NIGHT

Over time, the population changed. The original Sun City residents passed on, and younger families began to move into our local area. As Sun City grew, I began to see, not only seniors, but also babies, children, teens, and younger adults, all with dry and sensitive skin. I recognized a pattern in my Sun City patients. Life in Sun City was like living in a giant food dehydrator or like tumbling in a hot clothes dryer. It was mostly dry-windy air, the use of soap, harsh laundry products, allergies, perfumes, preservatives,

and a lack of factual dry and sensitive skin care education that turned the people of Sun City into "dried roses," with dry, peely, scaly, itchy, withered, and weather-beaten skin.

My waiting room was always filled. Thousands of patients! Where did all of these dry and sensitive people come from? My dry and sensitive patients came in by the busloads, referred from their HMO primary care physicians. So many patients came that I became physically exhausted and needed help in caring for them. Thus, I came up with the idea for True Moisture®. I needed a dry and sensitive skin care method that really worked. And so, I developed our ABC Skin Care System and True Moisture's gentle dry and sensitive skin care products for my old and young dried out Sun City patients.

As an over-worked dermatologist, I was searching for one dry skin company where my patients could find a medically sound, low allergy, educational, easy to learn skin care program for dry and sensitive skin. I was tired of seeing patients return to my clinic month after month without relief. My patients needed guidance. They would ask, "What should I avoid?" "What do I use?" "Where do I get it?" "How do I use it?" "How can I afford it?" At that time I could not find that one magic skin care company. In those days I had to send my patients to several different companies for their dry and sensitive skin care needs. At that time there really wasn't one single company I could send my patients to for all of their dry and sensitive skin care needs. As an incredibly busy dermatologist, I needed *one* patient educational source and *one* dry-sensitive product source to manage a large number of my dry and sensitive Sun City patients. So, after thousands of patients, I created the ABC patient education system and our seven True Moisture® dry and sensitive skin care products.



Q. “Dr. Jacobs, can you please go over your products, and explain what they can do and how they are used?”

ANSWER

OK. I'll explain each product so you can better understand.

**True Moisture® Clinical Lipid Therapy®
Body Cream “A”**

**True Moisture® Clinical Lipid Therapy®
Body Cream “B”**

True Moisture® Clinical Lipid Therapy® Creams

For so long I have treated patients with the dry skin rash. So many of them use Dial™, Irish Spring™, and Zest@ deodorant soaps. Their skin loses lipids and becomes like a dry lake bed, full of cracks. Of course, they itch. Here is a photo of a patient. Notice the dry lake bed-like appearance.



I often ask my dry skin patients, “How do you moisturize your body?” They reply, “I use lotion every day.” This

explains their dry skin. A lotion is a thin liquid and tends to evaporate in room air. Thus, despite what TV advertising teaches, a lotion is not an effective way to prevent water from evaporating out of your body. A cream is far better.



With this fact in mind, I designed True Moisture® Clinical Lipid Therapy® Cream A and Cream B. True Moisture® Clinical Lipid Therapy® Creams are loaded with luscious skin lipids. Our patent-pending True Moisture® Clinical Lipid Therapy® Cream "A" & "B" System is a novel two-step skin care method and composition for effective lipid based dry skin moisturization. Cream A contains Questamide H (a synthetic non-animal non-ceramide with ceramide functionality, lipid substitute) plus free fatty acids. Cream B contains phytosterol (a plant derived cholesterol-like lipid substitute) plus free fatty acids. By using True Moisture® Cream "A" in the morning and Cream "B" at night, your dry skin is moisturized with the maximum clinical lipid concentration for dry skin care.



How To Use Clinical Lipid Therapy® Creams A & B

Remember that pure water is the best moisturizer for your dry skin. Just add water. So, first, hydrate. Soak or shower your body in water for ten or more minutes. Be kind to your lipids. You may cleanse your skin with True Moisture® Gentle Face & Body Cleanser, or True Moisture® Clinical Lipid Therapy® Rinse Optional Skin Cleanser “C”. Do not use soap, as soap is harsh and will strip your protective skin lipids. After your bath, take a spray bottle and spray your body with plenty of distilled water. Do not towel or air dry. You can wipe off excess water with your hands. Use gloves if you have a hand rash.

At this point, your skin is hydrated and now contains wonderful water. To protect your hydrated skin from evaporation, liberally cover your body with True Moisture® Clinical Lipid Therapy® Cream A or Cream B. Think of a 24 hour day as two 12 hour treatment periods. For the first 12 hour period you apply only Cream A one or more times during that period. For the second 12 hour period, apply Cream B only, one or more times during that 12 hour period. Severe dry skin will require extra True Moisture® Cream. Apply True Moisture® Cream to your entire body, rather than to spots or small areas. Note: You may need to reapply True Moisture® Cream A or Cream B several times during the day, especially if you wash your hands frequently. The more you use Creams A and B, the greater the clinical lipid benefit you’ll receive. True Moisture® Cream A is usually used during the day, but may also be used at night. Cream B is usually used at night, but may also be used during the day. Don’t be afraid to use Cream A and Cream B liberally and abundantly. The more often and more liberally you use Cream A and Cream B, the greater the Clinical Lipid Therapy® your skin will receive.

**True Moisture® Clinical Lipid Therapy®
Rinse Optional Skin Cleanser "C"**

For so long I have treated patients with horrible hand eczema, like my sad patient with hands looking like this:



Of course, I could prescribe topical steroids and give my patient a shot of cortisone, but where would she be next month? She would be right back in my office with the same problem. This very busy 25 year old mother of twins spent her days and nights changing diapers and warming bottles. She did not have time to spend hours in my clinic each month. So, in the past, I would treat my patients as best as I could, but there was one product missing: The right skin cleanser. You see, for many years the most widely recommended "gentle" skin cleanser for her type of hands contains Propylene Glycol, a common allergen, and Sodium Lauryl Sulfate, a harsh surfactant. I was perplexed and could not find a truly gentle yet effective skin cleanser for my patients with severe hand eczema, and not only for hand eczema, but also for many patients who had used too



The ABC's of Dry and Sensitive Skin

much Dial™ soap, and also for my patient, little Amy Smith, with atopic dermatitis... and don't forget my many sun damaged skin patients on Efudex™, or Carac™, or Solaraze™, or anti-wrinkle meds with dry faces, and my hundreds of acne and complexion patients on Retin-A™, Differin™, Accutane™, Proactive™, and benzoyl peroxides with dry and sensitive faces. Lastly, there were my rosacea patients to remember. All of these patients needed a very special gentle skin cleanser to go with their medical care. As a dermatologist, I was up against a wall. In those days I really had no good gentle skin cleanser that I could honestly recommend. They all were really not gentle and most left their skin feeling sticky and gluey afterwards.

So, I put on my thinking cap. What did my patients need? First, they needed a gentle cleanser that truly cleansed but did not strip the lipids. Thus, it would have to be the most gentlest of surfactants. Next, it would be best if the cleanser contained clinical lipids to replace lost lipids as it cleansed. Next, it would be convenient if the patient could carry the cleanser around with them in their purse or pocket and could use it during the day. And, because there are certain times when a sink is not available, it would be even more convenient if my patient had the option of using this gentle cleanser with or without water. I knew that my patient would also appreciate a gentle skin cleanser that could be used on their face and their hands and would leave their hands feeling smooth and usable, and their face feeling silky and comfortably cleansed without dryness or stickiness. Of course, the cleanser would have to be economical and be truly hypoallergenic without fragrance, propylene glycol, or preservatives. My wish list was very long, but after seven years of trial and error, I came up

with True Moisture® Clinical Lipid Therapy® Rinse Optional Skin Cleanser “C” and I am 100% happy with this gentle cleanser. I now have a cleanser that fulfilled all of my wishes for all my patients I have just described to you.

The 25 year old mom is doing much better now. I have her cleansing with True Moisture® Clinical Lipid Therapy® Rinse Optional Skin Cleanser “C” and moisturizing with Clinical Lipid Therapy® Cream A + Cream B.

Cleanser “C” is easy to use. Apply True Moisture® Clinical Lipid Therapy® Rinse Optional Skin Cleanser “C” to dry skin. Massage to cleanse. Cleanser C may either be wiped off with a clean towel or you can rinse it off with water.



Now you understand that I created my True Moisture® personal skin care products especially for my many dry and sensitive patients. I had them in mind as I designed and formulated them. In fact, as I developed the products, I actually tested them on certain very dry and sensitive patients who were nice enough and willing to help. They know who they are and I give 1,000 thanks to them!

I have now explained to you Cream A, Cream B, and Cleanser C. Note, together, they spell ABC :) This ABC combination works very well to moisturize a wide variety of patients with dry and sensitive conditions of the body. I will show you a few clinical photos of “ABC” type patients.



A Baby With Atopic Dermatitis

Here is a baby with atopic dermatitis. Though I do not suggest that you apply a cream to the face of an adult or teenager, it is perfectly fine to use a cream to moisturize the face of an atopic baby or child. Their facial pores do not block as easily as adult or teenage pores. Cream A in the morning + Cream B in the evening + Cleanser C, and the ABC's: Avoid, Bathe, Cover are perfect for this type of baby.



Staph can cause atopic flares. Bacteria can be controlled by adding a tiny amount of bleach to the baby's bathwater.

Here is the baby's feet. You can apply lots of Cream A to the baby's feet and cover them with warm cotton socks washed in fragrance free laundry detergent and double rinsed. An air humidifier in the baby's room can help if you live in a dry climate. Remember, *both* dry air and soap can damage this baby's lipids. Moisturize the baby all day long.



Here is an interesting article that explains how lipid therapy can help children with atopic dermatitis:

Ceramide Depletion: Ceramide-Dominant Barrier Repair Lipids Alleviate Childhood Atopic Dermatitis: Changes In Barrier Function Provide A Sensitive Indicator of Disease Activity. Sarah L. Chamlin, MD, et al. Journal of the American Academy of Dermatology 2002;47:198-208.



The Dry Skin Rash



This dry rash is the result of lost lipids, mainly cholesterol. Because it was a cold winter, he used his furnace at night. He also liked to take long hot showers with Zest™ soap.



Dry Skin in Diabetes and Kidney Failure

This patient is an incredibly nice, well educated, very brilliant person. He came into my office on Dec. 13, 2007 with great concern after trying many other moisturizers. I treated him with Cream A three times during the morning, Cream B three times during the afternoon and evening, and Cleanser C three times per day, and nothing else.



Here he is on December 13, 2007





Here he is on January 3, 2008 after 21 days of
True Moisture® Clinical Lipid Therapy®



Cream A
Cream B
Cleanser C

True Moisture® Clinical Lipid Therapy®

If you spend the day at my dermatology office you may see 30 different examples of dry and sensitive skin. Dry and sensitive skin can involve more than just simple dry skin. Actually, several conditions can show symptoms of dry and sensitive skin, and the ABC's can help each one of these. For example, people with psoriasis are usually dry. Diabetics are often dry. A person can have dry and sensitive skin for a number of underlying reasons. If the ABC's can help this needy patient, perhaps the ABC's can also help you with your dry and sensitive skin situation.

True Moisture® Gentle Face & Body Cleanser

If you examine 100 dry and sensitive skin patients, you will see a spectrum of mild to severe and everything in between. There are those dry and sensitive patients that do not need Cleanser C for every part of their body or for every situation. I have had a number of dry and sensitive patients who have asked me for a foamy type skin cleanser, so for these patients I created True Moisture® Gentle Face & Body Cleanser. There are those who like the feel of a foamy type skin cleanser. True Moisture® Gentle Face and Body Skin Cleanser is a very gentle cleanser, but it is in fact a cleanser. It contains a very gentle sulfate free surfactant system that is even gentler than TEA Laureth Sulfate. As an analogy, think of True Moisture® Gentle Face and Body Skin Cleanser as a baby soft toothbrush compared to a hard adult toothbrush. Though a soft toothbrush is gentler, if used too vigorously, it will still cause damage to your teeth and gums. Similarly, you may gently cleanse yourself, but take it easy with True Moisture® Gentle Face and Body Skin Cleanser or any other gentle skin cleanser. Use True Moisture® Gentle Face and Body Skin Cleanser very sparingly. It is *concentrated*, so you only need a dime size amount to cleanse your whole face, or a dime size amount to cleanse your under arms or groin. Thus, one tube will last a long time. Do not rub vigorously. Be gentle in your skin care. Realize and understand that at times when your skin is very dry, you may need to avoid all cleansers, even gentle ones, and cleanse with water or Cleanser C only.

True Moisture® offers to you two different gentle skin cleansers for people with different skin care needs. True Moisture® Gentle Face and Body Skin Cleanser is, of course, very gentle, but our most gentle cleanser is True



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Moisture® Clinical Lipid Therapy® Rinse Optional Skin Cleanser “C.” Cleanser C is designed for people with extremely sensitive skin. True Moisture® Clinical Lipid Therapy® Rinse Optional Skin Cleanser C is our gentlest skin cleanser. I suggest Skin Cleanser C for my patients with severe eczema of the hands, face, or body. I also suggest Cleanser C for my severe dry skin patients with diabetes, thyroid, or kidney problems, and severely dry acne patients on Accutane™, Retin-A™, Differin™, Tazorac™, or benzoyl peroxide medications. Here is how you use Cleanser C: Apply Skin Cleanser C to dry skin. Massage to cleanse. Cleanser C may either be wiped off with a clean towel or rinsed off with water. For severe dry hands I suggest cleansing with Cleanser C, wiping it off, and then consistently moisturizing with True Moisture® Clinical Lipid Therapy® Cream A and Cream B on a daily basis.



So, you see, we have two cleansers. Many patients use the Cleanser C for extremely dry hands and faces, and also for babies with atopic dermatitis. But there is also a special place for True Moisture® Gentle Face & Body Cleanser. Because it is very concentrated and economical, many adult patients use a dime size amount of True Moisture® Gentle Face and Body Skin Cleanser to cleanse their arm pits and groin. Many adult patients with rosacea use True Moisture® Gentle Face & Body Cleanser to

cleanse their oily facial skin. Many teenagers with acne who also use over the counter benzoyl peroxide use True Moisture® Gentle Face & Body Cleanser to cleanse their oily face. Some dry and sensitive people swear by it. They love True Moisture® Gentle Face & Body Cleanser because it foams; plus, as a cleanser only, it often keeps rosacea and acne patients clear of blemishes. Patients with seborrheic dermatitis of the chest and face love it. Patients with underarm odor and groin odor problems also love it. True Moisture® Gentle Face & Body Cleanser helps with their odor and leaves them feeling gently cleaned and refreshed. Patients on mild acne meds often use True Moisture® Gentle Face & Body Cleanser; but, when my teenage patients are on stronger more drying acne meds, I often suggest True Moisture® Rinse Optional Skin Cleanser C.

**True Moisture® Clinical Lipid Therapy®
Gentle Facial Lotion**



It was the end of a busy day and I counted four teenage acne patients who refused to use Retin A because of problems with dryness. In addition to my eczema type patients, I also care for thousands of patients with complexion problems. When I think about my patients with acne, baby acne, teenage acne, adult female acne, perioral dermatitis, and rosacea, there is always



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something drying about the meds that I must prescribe for these bothersome complexion type skin conditions. The *meds themselves* can induce lipid depletion and all sorts of dry and sensitive symptoms. The same goes for all of my patients with sun damaged skin, precancers, skin cancers, wrinkles, pigmentation, and other skin conditions brought on by the sun or aging. Most of the treatments or medications I need to prescribe for my sun damaged, wrinkled, and aging patients will also cause some type of lipid depletion with dried skin and facial irritation.

In times past, when my patients asked me to suggest a facial lotion, their choices were very few. The best facial lotion I knew of was one from a French company, but it did not contain clinical lipids. It was very elegant, and so luscious, but very very expensive and not within my patient's financial reach. Another negative point, though it felt wonderful for a few minutes, after awhile, without lipids, it really didn't moisturize very well, and wasn't really an effective moisturizer for my patients with really dry and sensitive facial symptoms. Looking back now, I can see why. This nice French facial moisturizer was not a true nutritional lipid moisturizer. Because it had no lipids it was actually a non-nutritional facial moisturizer. Thus, it really did not nourish the skin with any



lasting moisture. It was like drinking a diet Coke™ compared to a glass of milk. My eczema, acne, rosacea, complexion, and sun damaged patients desperately needed a truly *nutritional* facial lotion, so I set out to make one with clinical lipids. Thus, I created True Moisture® Clinical Lipid Therapy® Gentle Facial Lotion especially for my many dry and sensitive dermatology patients.

You have so much to consider when you are shopping for the right face lotion. Did you know that the wrong face lotion can actually ruin your face? Each day I remove little facial cysts from people who used the wrong pore blocking face lotion for too long. It is so important that you use the right face lotion. Think about it...Everyday you see your face in your bathroom mirror. "Face" the fact: Certain people are blessed from birth with "perfect" facial skin. All they have to do is get up in the morning, wash their face, and drive to their modeling job. At the end of the day we will see their faces on the covers of magazines as we line up at the check out stands at the grocery store. But for most people, it really isn't so easy. I know because I work with complexion problem patients every day. The only person I know with "perfectly flawless" maintenance free skin is Snow White, and she works at Disneyland.

"Perfect" facial skin care is really all about finding that unique program for you and only you. Though it can involve certain medications and procedures, adequate facial moisturization is a must for everyone, even people with "healthy" skin. Certain lucky people do not need to use a facial moisturizer. Certain people are blessed with skin that is well moisturized and balanced by their own natural facial lipids and oils. Most of us must use a facial moisturizer, and there are hundreds to choose from. If



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your skin care program calls for a facial moisturizer, then you should understand the ABC's of facial moisturizers so you can have knowledge to make an educated choice.

When shopping for a facial moisturizer, there are three important factors you should consider: First is comedogenicity, which is the ability or potential for the product to block or clog your pores. Second is allergenicity, which is the ability or potential for the product to irritate your skin. Third is nutritivity, which is the ability or potential for the product to adequately nourish your skin. When shopping at a department store, you should ask questions about these three basic qualities.

Is the lotion comedogenic? In other words, ask, "Will it block my pores?" This is an important question, especially if you are prone to acne, blackheads, or pimples. Certain types of moisturizing ingredients can physically enter your pores and can block them so that your natural oils cannot escape. Thus, your oils remain trapped inside and will eventually form blackheads, whiteheads, and pimples. The cosmetic sales person may say, "Yes, the label says, 'Noncomedogenic.'" But is it actually noncomedogenic? Unfortunately, the FDA does not really regulate claims of comedogenicity. If the lotion does not cause pore blockage in rabbit ears, then the company will say that it is noncomedogenic. But in actuality, in humans, it may still block pores. Thus, beware. If your pores are easily blocked, you should avoid facial moisturizers containing any type of mineral oil, petrolatum, paraffin, vitamin E, or any ingredient with the word "oil" in it. It is easier and less expensive to manufacture a luscious facial moisturizer using any of the above oily ingredients. It is more difficult

to make a luscious, truly noncomedogenic facial moisturizer. That is why the truly noncomedogenic facial moisturizers are more expensive. They cost more to make.

Is the lotion allergenic? In other words, ask, "Will the lotion irritate my face?" This is an important question, especially if you have dry and sensitive skin. Certain people are very sensitive and are easily irritated. Like the story of the Princess and the Pea, these people can feel a pea beneath 20 mattresses. If this is your face, then, beware. Certain facial moisturizers contain potentially irritating or allergenic ingredients such as propylene glycol, vitamin E, sunscreens, alpha hydroxy acids, salicylic acids, retinol, aloe, fragrance, benzyl alcohol, and preservatives such as parabens and phenoxyethanol. These irritating ingredients are so common, that certain facial moisturizers actually contain topical anesthetic agents such as bisabolol to "numb" your skin so that the ingredients do not burn or sting your face. The cosmetic sales person may say, "Yes, the label says, 'Hypoallergenic.'" But is it truly hypoallergenic? Unfortunately, the FDA does not really regulate claims of hypoallergenicity. Thus, when you are looking for a facial moisturizer, you may consider products that are fragrance free, preservative free, and propylene glycol free to be truly hypoallergenic products.





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Is the lotion nutritive? In other words, ask, “Will the lotion add nutrition to my skin?” This is an important question, especially if you are prone to eczema, if you have sun damaged skin, or if you are using acne, rosacea, anti-cancer, or anti-wrinkle medications on your face. Most people do not realize that their skin requires certain topical nutrients that may not be replenished by the foods they eat. Yes, in order to function normally, your skin barrier requires adequate nourishment, but many people are unaware that they even have a skin barrier. The human skin barrier is a specific structure in your skin that prevents the entrance of unwanted allergens, toxins, and irritants, and prevents the exit of vital fluids such as water. Thus, if your skin barrier is poorly nourished, your skin will lose moisture and become dehydrated. Allergens, toxins, and irritants will more easily enter. Your skin will become dry, inflamed, and itchy. Soap and dry air will strip the skin of lipids and are your skin barrier’s biggest enemies. Thus, your skin barrier requires nourishment with cholesterol, ceramides, and free fatty acids. The difference between a skin moisturizer with lipids and a moisturizer without lipids is like the difference between a glass of lactose free vitamin D milk and a glass of diet Coke™. Just as your body needs nutrients, your skin also needs true nutrition. Lipids are nutrients for your skin; and, the best facial moisturizers contain nourishing lipids.

Certain people will drink a diet Coke™ and eat a big bag of Cheetos™ and say, “I’ve had my nutrition.” But, have they really? Of course not. They have just consumed what nutritionists call “empty calories.” With this same logic, some people smear Intense Brand Lotion with aloe all over their skin and announce, “I have just moisturized!” But

have they really applied nourishment to their skin? The answer is, "No." Aloe can feel good but is not a lipid. Mineral oil and petrolatum are also helpful, but do not replenish the lipids. Their skin care is like a program of empty calories. Some may ask, "Is there a pill or food that will replenish my lipids?" Unfortunately, cholesterol is bad for your heart, but it is good for your skin. So, you should not eat cholesterol, but rather, you should use it in a facial lotion. Ceramides are abundant in animal brains, but few people eat cow brains; thus, ceramides should also be added in a facial lotion. Free fatty acids can be added by foods rich in fish oil. Thus, there is really no good dietary source for all three lipids. When it comes to facial moisturizers, the best ones contain physiological type lipids that replenish and restore the skin's natural barrier qualities. Inferior moisturizers do not contain lipids. So, the next time you study your face in your bathroom mirror, think about moisturization. If you do need a facial moisturizer, think about the three qualities of comedogenicity, allergenicity, and nutritivity before making your decision to purchase and use a facial lotion.

True Moisture® Clinical Lipid Therapy® Gentle Facial Lotion is the kindest way to quench your dry, thirsty face, as it provides your skin with complete lipids plus key components of the body's natural moisturizing factor. Not only does this formula provide the essentials for well hydrated skin, it also





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imparts outstanding aesthetics, and leaves skin feeling silky soft and smooth. Our Gentle Facial Lotion was formulated using new nanocarrier technology, in which skin deliverability is increased ten fold via smaller particle size ingredients. Because our lotion works many times faster than other lotions, you'll appreciate the difference. First, wash your face with a pea size amount of True Moisture® Gentle Face & Body Cleanser or True Moisture® Clinical Lipid Therapy® Rinse Optional Skin Cleanser "C". Second, rinse with distilled water. Third, apply a thin layer of our Gentle Facial Lotion, and enjoy your new face! Men may use lotion after shaving. Women may apply lotion before makeup. True Moisture® Clinical Lipid Therapy® Gentle Facial Lotion will not interfere with your makeup foundation. It will not smear your makeup and does not cake-up under makeup. And, one more helpful use for those with sensitive eyelids: Our Clinical Lipid Therapy® Gentle Facial Lotion also works well as an eye makeup remover for dry and sensitive eyelids!



True Moisture® Clinical Lipid Therapy® Gentle Facial Lotion is not greasy, will not block your pores, and does not attract dirt. It actually soaks up sebum while it moisturizes, and gives your face a flat matte-like finish without an oily shine. It's perfect for dry faces on benzoyl peroxide, Accutane™, Retin-A™, Tazorac™, and Differin™ acne therapies. It's also helpful for dry faces on precancer therapy or skin bleaching therapy. pore blocking oil free, paraben free, preservative free, fragrance free, and propylene glycol free, True Moisture® Clinical Lipid Therapy® Gentle Facial Lotion is based on dimethicone, glycerin, phytosterol, Questamide H, linoleic acid, linolenic acid, and sodium PCA. Compared to other face lotions costing hundreds of dollars, True Moisture® Clinical Lipid Therapy® Gentle Facial Lotion is truly for sensitive skin. I did not add a sunscreen, and, I did not add alpha hydroxy acid, vitamin E, retinol, or salicylic acid, as all these can be irritating or allergic to special sensitive people. Because True Moisture® Clinical Lipid Therapy® Gentle Facial Lotion is free of pore blocking oils and uses clinical physiologic lipids to moisturize the face, it is good for all skin types, oily, dry, or in-between. Both oily and dry type people will feel their face more normalized in quality.





Gentle Products For Hair

Last but not least, our hair products, True Moisture® Gentle Hair Shampoo and True Moisture® Clinical Lipid Therapy® Gentle Help For Hair. Why did I create hair products for dry and sensitive people? It was all about my patients. Out of the thousands of dry and sensitive patients I have cared for, a good percentage have an itchy scalp. I see them scratching their heads in my waiting room. It really is obvious. The scalp is close to your face, so an itchy person needs to raise their hands to scratch their scalp. Not only is it noticeable, but scalp itch can also be fierce! Some patients lose their hair permanently as a result of itching and scratching. So, I take it seriously. And one more thing, the scalp is not the only hair bearing area of the body. The same hairy dry and sensitive situations can also occur in the groin, or chest, or underarms, or other spots where hair grows. So, dry and sensitive people can have a dry and sensitive scalp, and I decided to create a shampoo and conditioner for my dry and sensitive patients.

To give you further insight into the shampoo and conditioner story, I must explain that I myself have suffered so horribly with a dry and sensitive scalp. And even more confessions, I, myself, live with very bothersome dry and sensitive skin. Well, because I was not only the doctor, I was also the patient, just like I did with the creams, lotion, and cleansers, I searched high and low for the perfect shampoo and conditioner. And, just as I discovered before, the world of shampoos and conditioners was also filled with



more products than I could ever imagine. But when it came to the dry and sensitive skin of the scalp, one thing stood out. 99.9% of the shampoos contained fragrance, quaternium 15, and nothing gentler than TEA lauryl sulfate as the surfactant. 99.9% of the hair conditioners contained preservatives, fragrance, and zero lipids. So, I scoffed, and was not happy with them. Then, I tried for myself to create the perfect shampoo and conditioner system. It wasn't until then that I understood just how difficult it really is to create the perfect shampoo and conditioner system. The big problem with shampoos and conditioners is that it is a great challenge to have a completely ABC friendly list of ingredients that also leaves your hair gently cleansed, soft, shiny, and manageable with all the beautiful hair qualities we love; yet, does not remove color and does not cause itch.

Compared to the creams, lotion, and cleansers, the shampoo and conditioner system was really the most challenging. Probably the biggest problem is that every year researchers discover yet another problem with one or more of the most common shampoo and conditioner ingredients; and because a particular ingredient is found to cause cancer or is found to be highly allergic, the public must be notified and the ingredients must be changed. It is so easy for the media and "natural product" reviewers to criticize the people who create shampoos and conditioners; but really, it





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is very difficult to make an acceptable shampoo and conditioner system and keep within 100% safety as far as ingredients are concerned. Thankfully, shampoos are wash off and not leave on products. And as a side note, a truly gentle, yet safe shampoo is much more difficult to create than is a truly gentle, yet safe, conditioner. With True Moisture® Gentle Hair Shampoo and True Moisture® Clinical Lipid Therapy® Gentle Help For Hair. I believe I came as close as humanly possible in creating an elegant shampoo and luscious conditioner system that is truly safe *and* gentle for scalps on my dry and sensitive patients.

I need to explain a few more important facts about a dry and sensitive scalp. Just as with dry and sensitive-like skin conditions that require an actual dermatologist to diagnose and treat, there are also dry and sensitive-like scalp conditions that will require the touch of a true dermatologist. There are, for example, patients with scalp psoriasis, seborrheic dermatitis, contact or irritant dermatitis, severe atopic dermatitis, severe eczema, fungal infections, yeast infections, bacterial infections, and viral infections, cellulitis, folliculitis, sun damaged conditions, precancerous conditions, even cancerous conditions that require medical help, but, can easily be mistaken for simple dry and sensitive skin of the scalp. For any dry and sensitive scalp (or skin) situation that does not resolve, I suggest that you see a dermatologist who can evaluate your scalp and give you the accurate diagnosis and appropriate dermatologic medical treatment.



True Moisture® Gentle Hair Shampoo



If you suffer with skin sensitivity, then, your hair and scalp will also need gentle care. True Moisture® Gentle Hair Shampoo is the kindest way to cleanse your scalp and hair. Its beauty is in its simplicity. This shampoo contains only what is needed to gently cleanse. While most shampoos, even baby shampoos and fancy high-priced salon shampoos, have fragrance, harsh surfactants, and a mile long ingredient list, our very Gentle True Moisture® Hair Shampoo is

preservative free, quaternium 15 free, sulfate free, and fragrance free. Our shampoo contains only gentle ABC friendly ingredients. Use daily. Softly lather into scalp. Rinse, then rinse again with two cups of pure distilled water. Afterwards, follow with True Moisture® Gentle Help For Hair. True Moisture® Gentle Hair Shampoo is an ideal shampoo for every age from babies to adults. It is non-drying, color-safe, and perfect for those who have allergies to preservatives, sulfates, quaternium-15, or perfumes. After you use our Gentle Hair Shampoo, take a moment to touch, feel, and sense the nice difference.





True Moisture® Clinical Lipid Therapy® Gentle Help For Hair



You can have a good hair day or a bad hair day. It's true! 88% of women surveyed believed that their hair determines whether or not they will have a good day. Your good hair day can begin with True Moisture® Clinical Lipid Therapy® Gentle Help For Hair. Healthy hair is shiny, silky, smooth, soft, defined, moisturized, and manageable. Damaged hair is just the opposite. "Bad hair" is altogether rough, hard, undefined, dry, brittle, and unmanageable. By the time you see

physical damage, it's usually too late, and the hurt hair must be cut off. Major sources of hair damage include backcombing, double processing, steamed heat, curling irons, blow dryers, and ultraviolet light. Here's definitive help for you. True Moisture® Clinical Lipid Therapy® Gentle Help For Hair is fragrance and preservative free, and is based on Questamide H lipids, plus, cetrimonium chloride, and dimethicone. It will moisturize, condition, and detangle. Your hair will truly look and feel rested, reconditioned, replenished, and revived. A hint for severely dried, treated, tangled, or damaged hair: Shampoo and rinse, then, deeply massage a small amount of True Moisture® Clinical Lipid Therapy® Gentle Help For Hair into your scalp and hair. Leave on for 30 minutes and rinse once more with distilled water. Repeat nightly for seven nights. Take a minute to touch and feel and sense your hair. You should be pleasantly surprised with your new results.

The **ABC'S** of **Dry and Sensitive Skin**®



Randy J. Jacobs, MD

Dr. Jacobs was born in Long Beach, California. After graduating from Long Beach Woodrow Wilson High, he completed six years of premedicine and graduated from Loma Linda University with a B.S. in Biology and a Theology Minor. Later, he spent four years at the University of Southern California School of Medicine, graduating with an M.D. and then, six years of medical residency training at Loma Linda University Medical Center. His six years included two internships, one in Internal Medicine, and one in Pediatrics. This was followed by a year of clinical dermatologic research and three years of dermatology residency. In his final year at Loma Linda, he served as Chief Resident in Dermatology, and has been in private practice since 1992. Dr. Jacobs is currently on the clinical teaching faculty of Loma Linda University. His clinic has treated more than 500,000 dermatology patients over the years. When he is not taking care of his patients Dr. Jacobs spends time with his three children. Dr. Jacobs also enjoys songwriting, singing, and the acoustical guitar.



Randy J. Jacobs, MD
Board Certification

Dr. Jacobs is a Diplomat of the American Board of Dermatology, and a Fellow of the American Academy of Dermatology.

While the True Moisture® ABC method of true skin moisturization is beneficial for most people with dry and sensitive skin, your personal dermatologist will determine if additional work-up or prescriptions are indicated. If you do not have your own dermatologist, we encourage you to find one in your local area by contacting:

The American Academy of Dermatology
P.O. Box 4014 Schaumburg, IL 60168-4014
Telephone: (847) 330-0230

As you study, please keep this in mind: While your ABC booklet is beneficial, a booklet cannot replace a visit with your own dermatologist. If your skin is red and raw, most OTC creams will cause burning. Even True Moisture® Gentle products may cause a burning sensation if used on raw skin. If your skin is raw or inflamed, you need to see a dermatologist. If your correct skin diagnosis is related to dry and sensitive skin, you will find this ABC book helpful as your dermatologist cares for your dry and sensitive skin problem. We wish you the very best results as you care for your skin barrier. If you have any questions, please visit our True Moisture® Clinical Lipid Therapy® website at:

www.TRUEMOISTURE.com