

Dermal Therapy

Hand Balm

Training Slides

www.dermaltherapy.com.au



What is dry skin?

Dry skin appears dull, flaky and scaly, feels rough and itchy and fine lines in the skin become visible. This affects the hands, arms and legs, but can also affect the trunk of the body.

Dry skin is commonly accompanied by itching, which can be severe and interfere with sleep and other daily activities. Repeated rubbing and scratching can produce areas of thickened, rough skin that can cause painful cracks in the skin. If untreated, very dry skin may result in inflammations, eczema and other forms of dermatitis.



Causes of Dry Skin

Dry Air

Dry air is probably the most common cause of dry skin, especially during the winter. It draws the moisture right out of the skin. Dry skin during winter even gets its own name: winter itch

Long, Hot Showers & Baths

Prolonged exposure to water, especially hot water can wash away the natural oils that protect your skin. lukewarm rather than hot water is better for dry skin problem.

Soap

Soap can quickly strip away your skin's protective oils, and we tend to use way too much of it. Ironically, in the quest to rid ourselves of germs, excessive hand washing can dry out the skin and cause it to crack and bleed, making infection much more likely.

Causes of Dry Skin continued..

Itchy Clothing

Many people obstinately wear clothing that they find itchy. But no matter how much you might love the look of a sweater, it's not worth it if it's uncomfortable.

Medications and Drugs

A number of medicines have the side effect of drying out the skin.

They include drugs for:

- High blood pressure, like diuretics
- Allergies, like antihistamines
- Acne and other skin conditions, like retinoid

Medical Conditions

- a. **Changes in hormone levels:** Dry skin often develops when people get older, especially in women. Changes in hormone levels can cause dry skin as we age. As many as 75% of people over 64 have dry skin.
- b. **Skin conditions, like eczema and psoriasis:** While they usually need direct treatment, careful use of moisturizers often helps.
- c. **Diabetes:** Fluctuations in glucose levels can lead to dehydration, and that dries the skin out. Given that diabetes can also slow healing and increase the risk of infections, it's especially important for people with this condition to keep their skin healthy.
- d. **Hypothyroidism:** Low levels of thyroid hormone can reduce the amount of oil produced by your skin. As a result, skin becomes dry and rough, where moisturizer is unlikely to help.
- e. **Malnutrition:** Not getting the nutrients you need can leave your skin dried out. One possible cause is an eating disorder.

Skin Disorders Associated with Very Dry Skin

Anhydrotic skin condition or Xerosis

Xerosis or anhydrosis can be caused by dehydration due to excessive washing of the skin with hot water, over exposure of the skin to cold weather or heating systems, thereby removing the skin's natural oil and moisture.

This condition results in the skin becoming very dry, scaly and itchy. Xerosis may lead the upper layer of the skin (stratum corneum) to fissures, allowing environmental irritants to penetrate the skin and causing inflammation as well as leaving the skin open to infection which may eventually lead to serious conditions in people suffering from diabetes.

Ichthyosis

Severe dry skin is a feature of certain genetic diseases such as ichthyosis. Symptoms include scaly patches on the shins, fine white scales on the forearms, and rough palms.

Skin Disorders Associated with Very Dry Skin

Winter itch

Very dry skin is a very common skin problem during winter when environmental humidity is low and the skin is exposed to heating systems. It can occur at all ages and in people with or without other skin problems. The symptoms most often associated with this skin disorder include scaling, itching and cracks in the skin in the lower legs, arms, sides of the abdomen and thighs.

Dermatitis

This skin condition is manifested by inflammations, dry skin and rashes of the skin mainly caused by allergic reactions. Eczema and Psoriasis are forms of dermatitis which are accompanied by very dry skin symptoms.

Dermal Therapy Hand Balm hydrates, softens and protects very dry and chapped hands



Key Attributes

- It contains 10% Urea in a synergistic blend of emollients and skin conditioning agents to provide optimum occlusive property
- It also contains 2% Dimethicone, which acts as a protective barrier.
- Clinically proven results
- Fast acting – Feel the difference in 1 day
- Non greasy formula – no residue left on hands

Ingredients

Key Ingredient	Emollient/moisturising ingredients	Protection factor	Preservative and antioxidant	Other excipients
Urea at 10%	Lanolin at 6% Glycerin Allantoin L-arginine Shea butter Aloe Vera Mineral Oil Sodium PCA Decyl Oleate Panthenol (Vitamin B5) Lactic acid	Dimethicone at 2%	Phenoxyethanol Benzyl Alcohol Tocopherol-acetate (Vitamin E)	Peg-20-Stearate Glyceryl-Stearate Cetearyl-Alcohol Fragrance Water

Schematic diagram: How does hand balm work?

Quick moisture loss due to:

1. Using detergents
2. Excessive cleaning
3. Harsh environment
4. Genetic dry skin
5. Side effect of some medication



Leads to very dry hands

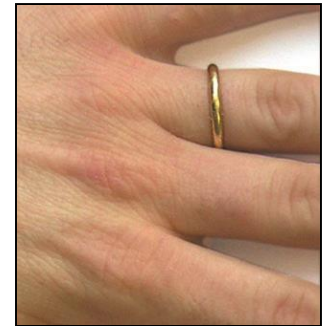


Flaky skin with red dots (sign of inflammation)

1. Urea in hand balm removes the dead skin to let other moisturiser go into skin layers
2. Other moisturiser holds water to repair the problem
3. Urea reduces TEWL to keep the hand moisturised



Leaves hand moisturised



Clinical Trial 1 (Canada):



Test products: Dermal Therapy Hand Balm 10% Urea

Subject number: 12 (+ 1 reserve)

Sex: Male and female

Age Range: 18 to 60 years

Selection Criteria: Participants who scored from 2 to 5 on the Anhydrosis Severity Scale

Test Sites: Hands

Duration: 14 Days

Frequency: Twice to thrice daily

Outcome measures: On photographic evidence

Some of the photographic evidence from the Canadian trial as below:

Before



After



Some of the photographic evidence from the Canadian trial as below:

Before



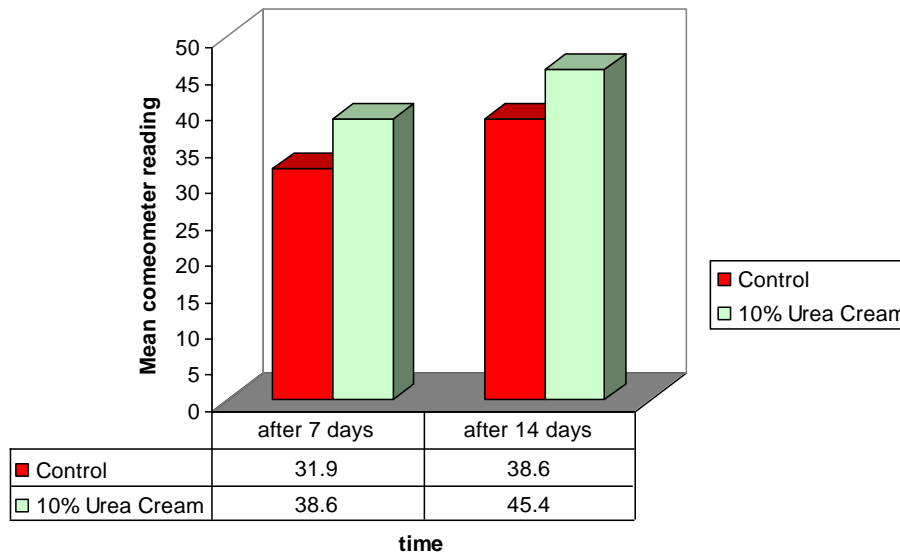
After



Clinical Trial 2 (Germany):

Details of the Clinical Study

Experimental data of skin hydration

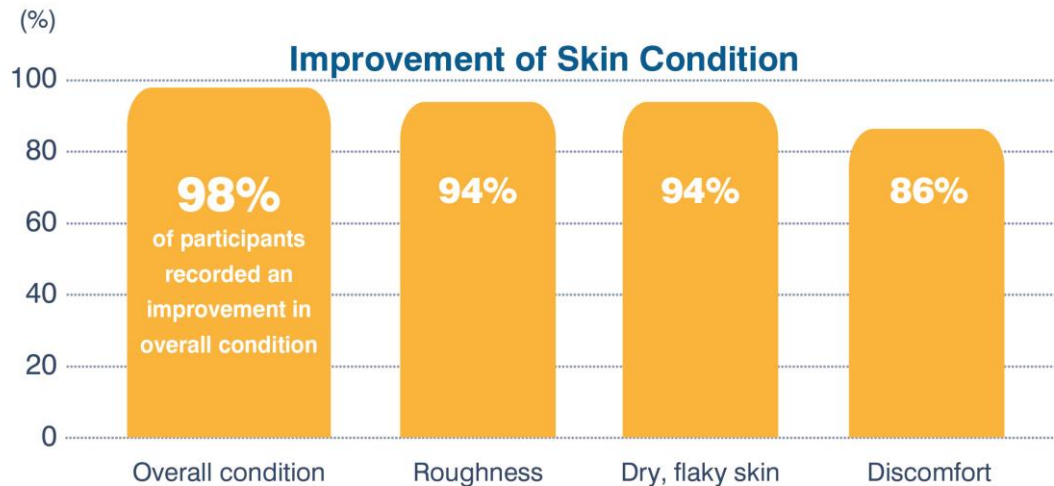


Test products: 10% Urea Cream
 Subject number: 20 (+ 1 reserve)
 Sex: Female
 Age Range: 37 to 65 years
 Test Sites: Inner sides of forearms
 Duration: 14 Days
 Frequency: Twice daily

Clinically proven to increase the skin hydration by **45 % in 14 days**

Performed by:
 Derma Consult Concept GmbH
 Von-Weichs-Str 9A
 53121 Bonn

Clinical Trial 3 (UK):

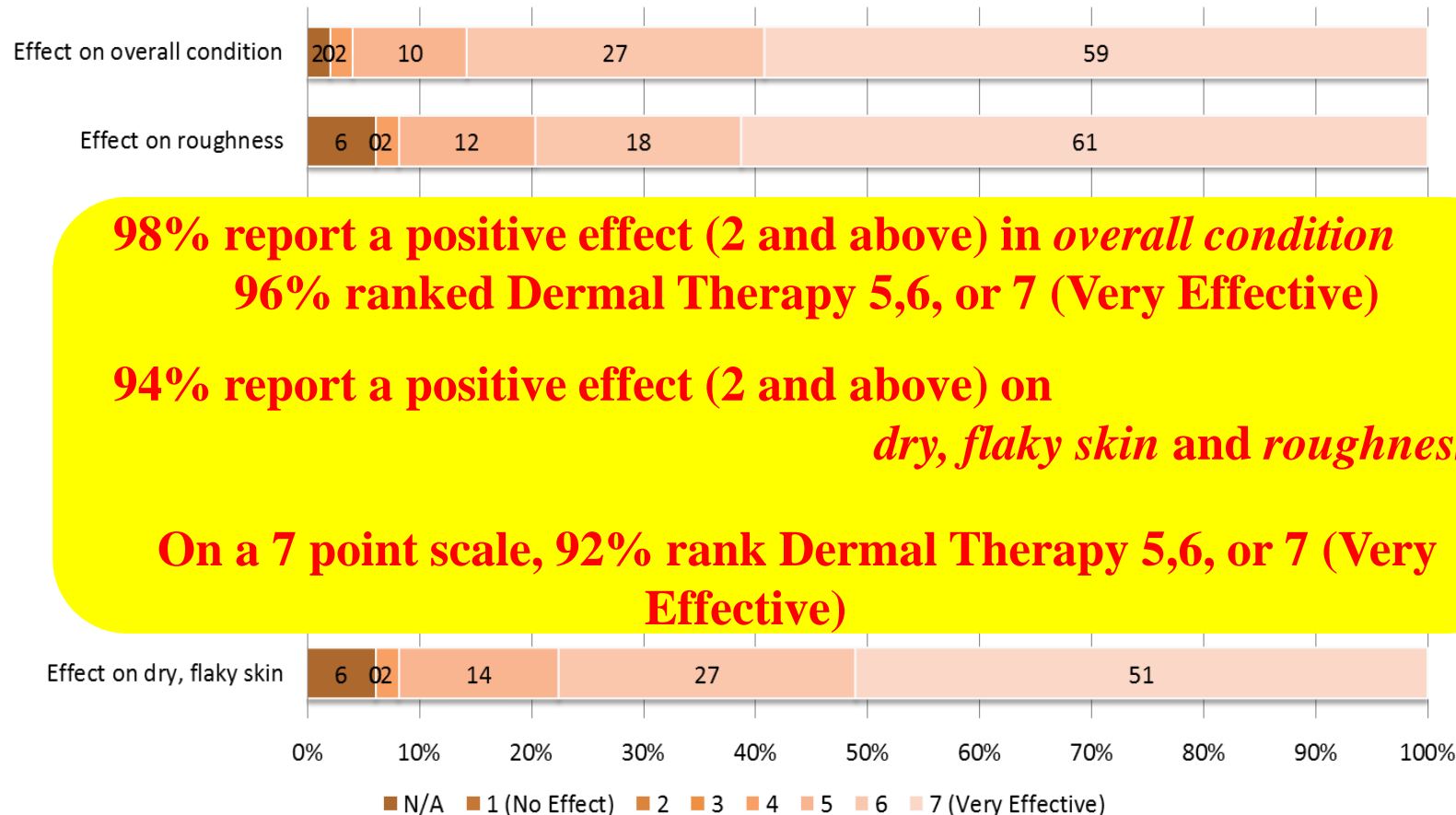


Results indicated that Dermal Therapy Hand Balm **significantly increases hand moisture levels** and reduces the dermatological symptoms associated with severely dry hands.

Details of the Clinical Study

Test products: Dermal Therapy Hand Balm
Subject number: 48 (Nurse)
Sex: Female
Age Range: 33 to 63 years
Test Sites: Hands
Duration: 14 Days
Frequency: Twice daily

POST TRIAL EVALUATION








98% report a positive effect (2 and above) in *overall condition*
96% ranked Dermal Therapy 5,6, or 7 (Very Effective)

94% report a positive effect (2 and above) on
dry, flaky skin and roughness

On a 7 point scale, 92% rank Dermal Therapy 5,6, or 7 (Very Effective)

Results indicate that Dermal Therapy Hand Balm significantly increases hand moisture levels and reduces the dermatological symptoms associated with severely dry hands.

	DT Hand balm	Du-it tough Hands	Neutrogena Norwegian	Nivea SOS	Aveeno Hand cream
					
Medical positioning	Yes only product in a carton	Yes – to some extent	No – cosmetic	No – cosmetic	No – cosmetic
Visible results claim	Yes – 1 day	No	No	No	No
Before and after picture	Yes	No	No	No	No
Urea content for keratolytic action	10%	Yes ?	Nil	Nil	Nil
Emollient content	High	High	Low	Low	Low, but with oatmeal

Nivea - Hand Cream SOS



Urea	None
Number of emollients	8
Dimethicone	Present
Lactic acid	Absent
Fast Results	Claimed
Before and after picture	Absent

Summary:

Cosmetically focused regular use hand cream, not suitable for treating severe hand condition



Neutrogena – Hand Cream

Urea	None
Number of emollients	2
Dimethicone	Absent
Lactic acid	None
Fast Results	Claimed

Summary:

Somewhat medically focused, but targeted as regular use hand cream, VERY basic formula, not suitable for treating severe hand condition

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DO NOT DISTRIBUTE

Aveeno – Intense relief hand cream

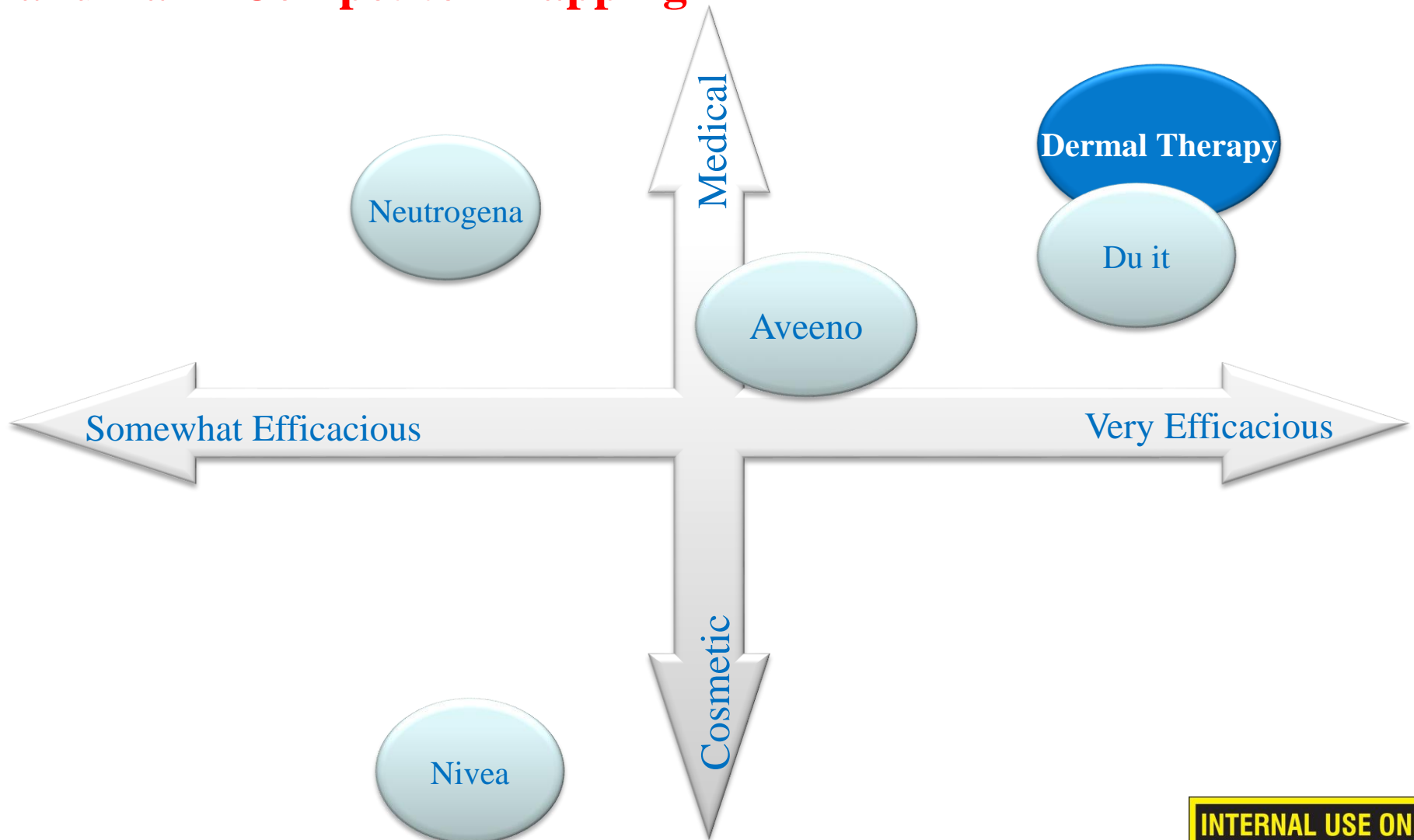


Urea %	None
Number of emollients	5
Dimethicone	Present
Lactic acid	Absent
Fast Results	Claimed

Summary:

Somewhat medically focused, also targeted as regular use hand cream, good formula with oat meal, nearest competitor of Flexitol Hand balm. Lacks before and after pictures

Hand Balm Competitor Mapping



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Efficacy Continuum

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Unique Selling Propositions

1. Contains chemically synthesized Urea and 2% Dimethicone with a synergistic blend of **10** moisturizing ingredients & one exfoliant
2. Before and after pictures of clinical trial
3. Suitable for Moisturising patches of dry skin like Eczema & Psoriasis
4. NON greasy **concentrated** formulation

Urea

- Urea improves the degree of hydration in the skin by increasing the water uptake from the dermis level of the skin and enhances the stratum corneum water binding capacity. It also reduces the Trans Epidermal Water Loss (TEWL).
- Implements an action known as hydrotropic solubilization by removing dead skin cells, thus allowing the emollients to access deeper layers of the skin and replenish lost moisture.

Lanolin is a skin moisturizer. It is an extremely effective emollient in restoring and maintaining the all important hydration (moisture balance) of the stratum corneum, and so prevents drying and chapping of the skin.

Sodium PCA is a naturally occurring component of human skin believed to be in part responsible for its moisture-binding capacity.

Shea Butter (herbal) is a moisturizer containing vitamins and some specific fats and acids that work together to provide softer, smoother, more supple skin. Clinical studies have shown that in as little as 4-6 weeks, there have been results of smoother, softer, and better looking skin for users of Shea Butter.

Vitamin E provides moisturizing properties for smooth silky skin, decreases harmful effects off solar radiation and is an antioxidant.

Allantoin is a soothing moisturizer. It is an extract from the seedlings of many herbs and is a proven pharmaceutical ingredient. It is especially valued for its astringent, emollient nutritive properties, and is able to soothe and soften skin.

Aloe Vera benefits dry and cracked skin, burns, blisters, insect bites, and allergic reactions. Topical Aloe Vera is a natural healing agent delivered directly to skin.

Dimethicone is a silicone based emollient that also acts as a protective barrier to dry skin. It treats and prevents dry, itchy skin or minor skin irritations.

Lactic acid is an 'Alpha hydroxy acid' which is a tiny keratolytic agent that has the ability to soften and exfoliate dead and tough skin cells and enable the growth of new healthy skin cells. Lactic acid gently exfoliates out dry skin of the hands.

Glycerin is part of the skin's own natural lipid structure. As a moisturizing ingredient, glycerin helps the skin to attract and retain its own natural moisture, leaving it feeling soft. Rather than sitting on top of the skin, glycerin softens the skin while permitting it to breathe.

Pro Vitamin B5 or Panthenol, stimulates the skin healing process while providing deep moisturization.

Enriched with Revitalizing ingredients – L-Arginine

L-arginine may itself have antioxidant activity by scavenging superoxide anions and hydrogen peroxide, as well as inhibit lipid peroxidation.

For further information on products or any technical enquiry:

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