

Triumph & Tragedy

By Danne Montague King

ACNE'S INVISIBLE SCARS

Over the years, when interviewed by the media about how I started in this business, I always detail my horrible battle with teenage acne and subsequent self-cure. I know all about the terror of being viewed in public, feeling somehow dirty and a monster no one wanted to get near, let alone touch. A social misfit.

For many decades my quest to alleviate this nightmare for other people has resulted in much personal satisfaction that when we change a skin we indeed change a life.



Yet many therapists are afraid of severe acne cases and often foist them off on dermatologists or do nothing at all. There are incredible exceptions such as Leanne Cave of Australia and Suzanne Williams of DMK UK who have taken the plunge many times with treatments that have not only changed young people's lives forever, but also prevented suicides.

Many years ago, I was to appear on a popular Saturday night chat show in Dublin, Ireland. The subject was acne. The day before, the Irish Times reported a teenage male killing himself over acne because his parents were too poor to afford treatment.

This was my lead-in comment, which we had originally planned as a light-hearted interview laced with a little humor. There was nothing funny about what happened to this lad and it haunted me for years. If only I had gotten to him in time.

Because of this, I developed a few relatively inexpensive home use prescriptives that, along with the occasional professional treatment, would help kids get through this difficult time without scarring and with some control over their skins.

Recently this tragedy struck again, this time in the UK where the son of a BBC director jumped off a cliff because of the suffering his acne was causing him. After he was gone, his parents found a letter he'd written about his sad and lonely journey and the terrible side effects of the drug Roaccutane.

The father had met Suzanne Williams who, incidentally, is a member of the Royal Academy of Medicine in London, despite not being an M.D, due to her intrepid work in hospital and with doctors. Suzanne was taking on severe skin anomalies that would make many beauty therapists faint!

He sadly informed Suzanne that, had his son met her early on, he would be alive to this day.

Sue is now working on a BBC documentary where Roaccutane is being scrutinised in conjunction with the incidence of teen suicides, scarring and other contraindications. Swiss Television previously

covered this in a report by Serena Tinari and Harry Haener on December 20th, 2006, entitled “Dying For The Skin”

I have never liked Roaccutane and have written and spoken my opinion on this many times. But then I am someone who believes the body can heal itself most of the time, if given the right tools and chemistry it recognises to help it do this very thing. This is a drug that does one thing — shrinks the sebaceous gland to stop the production of “oil”.

I was also against the popular so-called acne drug, tetracycline, in the 1950s because while it killed bacteria it also lowered my immune system over long-term usage and turned my teeth grey.

ANY drug for acne should, at minimum, be prescribed for short-term use and then only in cases of virulent infections — with mass doses of acidophilus taken by the patient during the course.

To be balanced, the ROCHE company does have pages and pages listed in their pharmacopeia that details all the possible contraindications of Roaccutane, including depression and suicidal tendencies. And the chemistry is allegedly non-addictive. It is up to the physician then to assess all these “possibles” and decide whether or not to prescribe the drug to the patient and over what period of time. Hopefully the drug will be an adjunct to other medical therapies.

But the horror stories of dermatologists handing out the drug to nearly every acne case abound. I had one Swiss colleague tell me he has seen doctors in staid and pragmatic Switzerland hand a prescription for Roaccutane to a parent of an acne teen at a dinner party, without even seeing the patient!

And it is addictive. Perhaps not by chemistry, but psychologically.

Teens are in a vicious peer group rat race, of the age when pecking order of popularity is all-important. Hormones are raging in their adolescent bodies and they have to look good at any cost!

Certainly the pharmacopeia on the drug is issued (in fine print and medical jargon) with each prescription, but they seldom read it. And even if they do, they always think “those contraindications apply to someone else, not me!”

When the zits dry up and their skin clears, they are trapped and addicted to being socially acceptable, thus addicted to the drug.

I have a neighbor who has a beautiful daughter with an incredible figure. She had a few break-outs and a major “break-up” with her boyfriend. In high anxiety, she turned to Roaccutane and her pimples went away.

Her father, a client of mine, grew concerned, knowing about the side effects that were possible, and brought her to our training centre.

I spent an hour counseling her on how to get her skin back to a state of homeostasis and health for the long haul and to wean herself off this drug.

I present these young people with a very simple analogy of acne so they have a basic understanding of the condition.

Acne is hormonally induced. The hypothalamus gland located at the top of the head receives all signals of stress, be it teen stress, marital, job-related, menopausal or subliminal stress — the worse kind — because we cannot identify where it comes from.

The hypothalamus sends the stress signal to the pituitary gland which relays the message to the adrenal glands who in turn call up testosterone (all girls have some, just like guys have a little estrogen) the testosterone becomes over-active and stimulates the sebaceous gland in the skin to also become over-active. Over-filled pores become congested, pre-deposited fat forms, pimples appear and the subject looks at the pustule and thinks “Oh, I have a date Friday night, can’t have that!” and squeezes!

At this moment the pustule is ruptured and *p. Acnes* bacteria waltzes through the door and the pustules soon become full-blown acne.

Of course this an oversimplified scenario and other aspects are involved, but the fundamental fact is acne is a defense mechanism of the skin, like premature ageing, and can be dealt with on a more natural basis than the bandage of a powerful drug.

The first approach is removing the built-up cuticle (dead skin cells) that congest and act like a dam, causing the excess sebum oil to back up and reservoir under the epidermis.

These reservoirs are perceived by healthy cells as something that has to be isolated and they try to send new cells to encapsulate the area. This forms a nodule or a bump that can become cyst-like.

There are many ways to remove this, including well-formulated retinoids, enzyme treatments, salicylic and AHA peels and alkaline wash systems (the best).

But removal is only the first step. Once the sebaceous glands are released, the *p. Acnes* bacteria must be addressed and there are many powerful combinations of herbs and other plants that invade and destroy bacteria without being classified as a drug. Even viral conditions can be addressed with something as common as olive leaf extracts. I made many tinctures for this back in the days when the HIV virus reared its head — keeping the virus at bay from the cell wall membranes of friends and colleagues who had contracted the virus years before the protease inhibitors and other AIDS drug came on the market.

Combining this with natural, anti-inflammatory herbs and that miraculous little polysaccharide known as beta glucan which raises the immune defenses of the skin via stimulation of the Langerhans cells, a therapist can place total control of acne in the hands of the client.

Benzoyl peroxide has proven effective over decades and has made the American Pro Active Company millions (Pro Active is even sold in self-help kiosks in shopping malls; petrol stations next?)

Bacteria cannot survive in an oxygenated atmosphere, but peroxide evaporates quickly when applied to skin. Adding the wetting agent, benzoyl, to it pulls the peroxide down into the pores where it kills of the bacteria.

‘Great’ you say. “It works!”

Yes, but in many countries outside the USA it is classified as a drug and available by prescription only. Not handy for a non-medically licensed beauty therapist!

My opinion about BP is that while it does kill bacteria, long-term usage shows it also dries up the skin and results in TEWL (trans epidermal water loss) Really uncomfortable for the user who is often frightened to use any lipid-base crème to give the cracked skin some relief.

Also, the very principle of oxygenation (direct oxygen) used all the time is cell-degrading. This is why we use ANTI-oxidants and why all those old-fashioned, phony oxygen anti-aging crèmes of 20 years ago were actually age-accelerating, assuming they really did infuse oxygen from peroxide into the skin.

When a client who is desperate sees a definitive topical improvement, hope comes into the picture.

With hope, comes a release from stress on the hypothalamus gland and we now have an internal healing taking place along the natural pathways of the endocrine system as well as the topical healing.

The hormonal cascade normalises and the skin becomes healthy, the client is aware of tools that empower them, and everyone is happy!

The happiest kid in the UK right now is William Rickhard — a polar opposite of the tragedy that occurred with his compatriot in the same time frame.

William, loathe to be a slave to drugs, came to see Suzanne Williams at our Harley Street Clinic and embarked on a series of treatments. Although only 15 years of age, he was wise enough to know that commitment and religious home maintenance was absolutely necessary for true skin revision and remission.

An outgoing and popular young man, he had not let his severe acne (which, from his before photos, looked exactly like my condition at the same age in the 1950s) force him into a lonely shell. He simply decided that something must be done about it.

His results, as seen here, were and are phenomenal. I met him on Facebook when he decided to contact me personally and thank me for providing a protocol that would help young men and women the world over.

This touched me deeply, as it was my story as well, and his willingness to share his new knowledge and experience was the basic energy that has kept me going all these decades.

There was no commercial aspect to this young man's testimony, no payment for endorsement, no photoshopping; just a huge and happy thank you and sharing his story with his school mates who may be going through the same trauma.

He has now expressed interest in becoming a skin revision apprentice and later, a doctor — I hope a dermatologist.

What was endearing and somewhat amusing to me was when he was confronted with the Foundations Of Skin medical make up base I formulated over three years ago, specifically for doctors and therapists, to safely camouflage

skin anomalies whilst patients and clients were undergoing treatment, including surgery.

William was colour-matched at the London Clinic, but being a boy had a difficult time with the application (the mind-set of young men is that “makeup is worn by women and raging poofs” and would look like makeup)

So I gave him a step by step tutorial over Facebook on how to make it look totally natural and “not there”, pointing out that I would have given ANYTHING to have such an oil-free foundation back in the 1950s, using instead an over-the-counter acne tinted medication that I applied over my entire face to hide all the pustules and pimples. It looked totally fake, dried the hell out of my skin and would crack if I smiled. The other kids taunted me and called me ‘Death Masque Danne’.

To have such an outgoing, well-spoken youth not only post all of his “before treatment” photos and after shots on his Facebook (which got an amazing amount of hits) but display willingness to go public and agree to this article is a gift and has inspired me to launch a real campaign urging therapists everywhere to get out of their comfort zones and start taking on acne clients regardless of age or severity.

This is the empowerment of our industry — why we are skin practitioners in the first place.

It is not about making money — although that comes automatically as your reputation grows; it is about paying it forward with what we have spent money and time training for and the good career it gives us if we are serious therapists. It changes lives more than anyone can realise and enriches our own with great satisfaction.

Several weeks ago I had the pleasure of hosting a seminar and late summer barbeque at my hilltop estate for a group of therapists from one of the most advance beauty college in Australia, accompanied by the headmaster and owner, the very progressive Alex Zotos.

Rather than overwhelm these lovely young women with a load of scientific rhetoric and a product sales pitch, I spoke of their obligation to change lives when they graduated and the necessity of learning how to diagnose people's skins not only from the outside, but paying attention to lifestyles, supplements, dietary habits and prescription drug use. To think “wholistically” as opposed to HOLISTIC — meaning there are many approaches to healing the skin internally and topically and there is really no anomaly a therapist cannot address with some kind of treatment protocol outside of emergency medical support and, of course, plastic surgery.

Later, we were all highly flattered the girls (who stunned some of my young male neighbors as they saw them all coming up my drive in high heels and cocktail frocks — something few American girls would attempt) said that out of the many cities they had visited on this world aesthetic trip sponsored by the school, visiting DMK headquarters was the best. And they had arrived from Paris the day before!

Most of you who have read me in various publications over the years (and thank you all for your reader loyalty) know that I never mention anything commercial or talk about our global skin revision company, DMK. I do not feel journalistic privilege should be used to flog a skin care business.

But in this case I have to be candid because the story of the two acne men could not be told without also mentioning some of our best practitioners who have devoted their lives to changing other lives. They deserve the credit and here is where I, and William Rickard and perhaps thousands of other acne sufferers can say “thank you and well done.”

It is, I hope, an inspiration to therapists over the world to realize their obligations to the public, some of whom may not have much quality of life if they suffer suffer from acne. ■

For more information contact 1300 007 546

** Reference www.roaccutaneaction.com*

