



Fagron Cleoderm™

Clarifying Cream

Cleoderm™ Clarifying Cream

Cleoderm™ Clarifying Cream is a functional vehicle specially developed for acne or rosacea treatments. Cleoderm was formulated from *Cleome gynandra* leaf extracts with the addition of hyaluronic acid, bisabolol, and biomimetic peptides. This unique combination of ingredients provides anti-inflammatory and humectant properties as well as sebum reduction.

Key points

- Highly spreadable
- Light skin-feel
- Readily absorbed
- Non-comedogenic
- Specially developed for acne treatment and topical products for oily skin

Acne

Acne vulgaris is one of the most prevalent skin disorders worldwide (and the most common skin condition associated with inflammation of pilosebaceous unit). It affects all ethnic and age groups, independent of sex, nationality, or socioeconomic status.¹⁻⁴ The incidence in adult women is around 12%, and among adolescents of 12-18 years old, more than 85%.^{5,6}

The presence of acne lesions may result in loss of self-confidence, anxiety, or community avoidance.⁷ Additionally, it may also affect the sexual quality of life in adult patients.⁸

In addition, relapses are frequent (44%; 39.9% of ≤20-year-olds vs. 53.3% of >20-year-olds) and of-

ten associated with impaired quality of life and decrease in productivity or even absenteeism.⁹ There is also evidence that acne vulgaris can impact on the difficulties in emotion regulation (DER) scale, notably in the form of anxiety and depression.^{10,11}

This occurs because acne lesions can become scarring, which can have an impact on the psychological factors.

Acne scars can be divided into three main groups: ice pick scars, rolling scars and boxcar scars, as well as some less common lesions such as sinus tracts, hypertrophic scars, and keloidal scars (**Figure 1**).

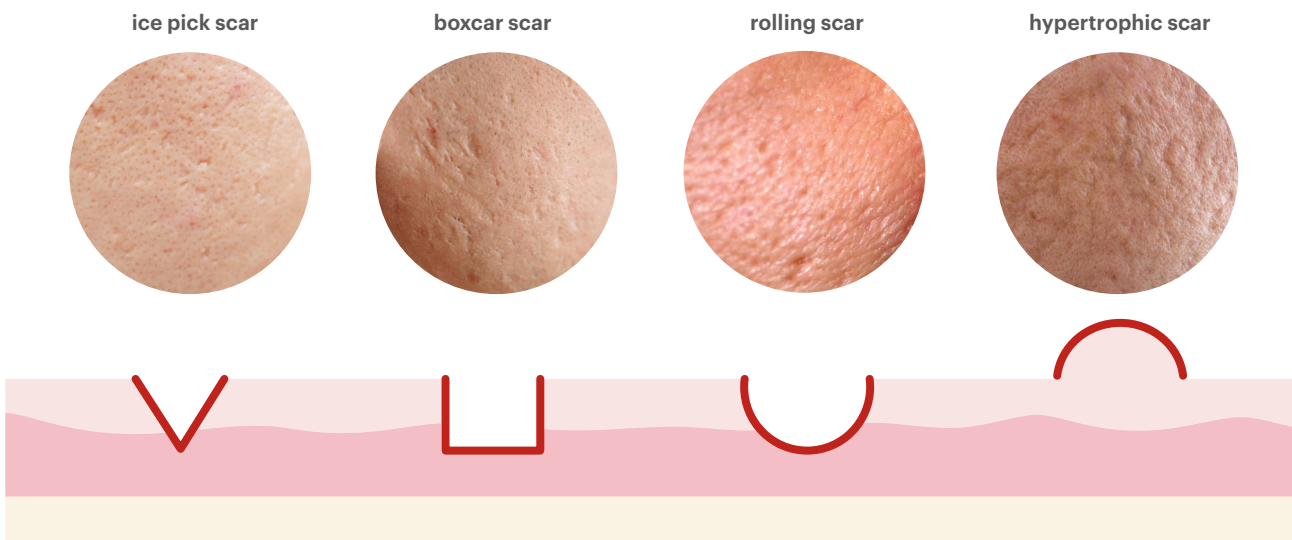


Figure 1. Examples of the different types of scars that can be resulted from acne lesions. Adapted.¹²

Pathogenesis

Acne can be understood as an inflammatory disease that affects the pilosebaceous follicle.¹³ The common skin manifestations are comedones, papules, pustules, cysts, nodules and scars.¹⁴

Although its high prevalence, the multifactorial aetiology of acne is not yet fully elucidated. The main accepted mechanism involves changes in the pilosebaceous unit through the hyperkeratinization of the pore, overproduction of sebum, and excessive proliferation of *Cutibacterium acnes* (formerly known as *Propionibacterium acnes*, an anaerobic bacteria with philia for lipidic environments) – leading to inflammation of the hair follicle.^{15,16}

The initial process is the formation of micro comedones, which evolve to macro (visible to the naked eye) comedones (blackheads or whiteheads) and can develop into inflammatory red papules or pustules – usually on the face, neck, chest, and upper back, where the number of sebaceous follicles is higher (**Figure 2**). These lesions can then be resolved or develop complications, leading to the emergence of scars, either atrophic or hypertrophic.¹⁷

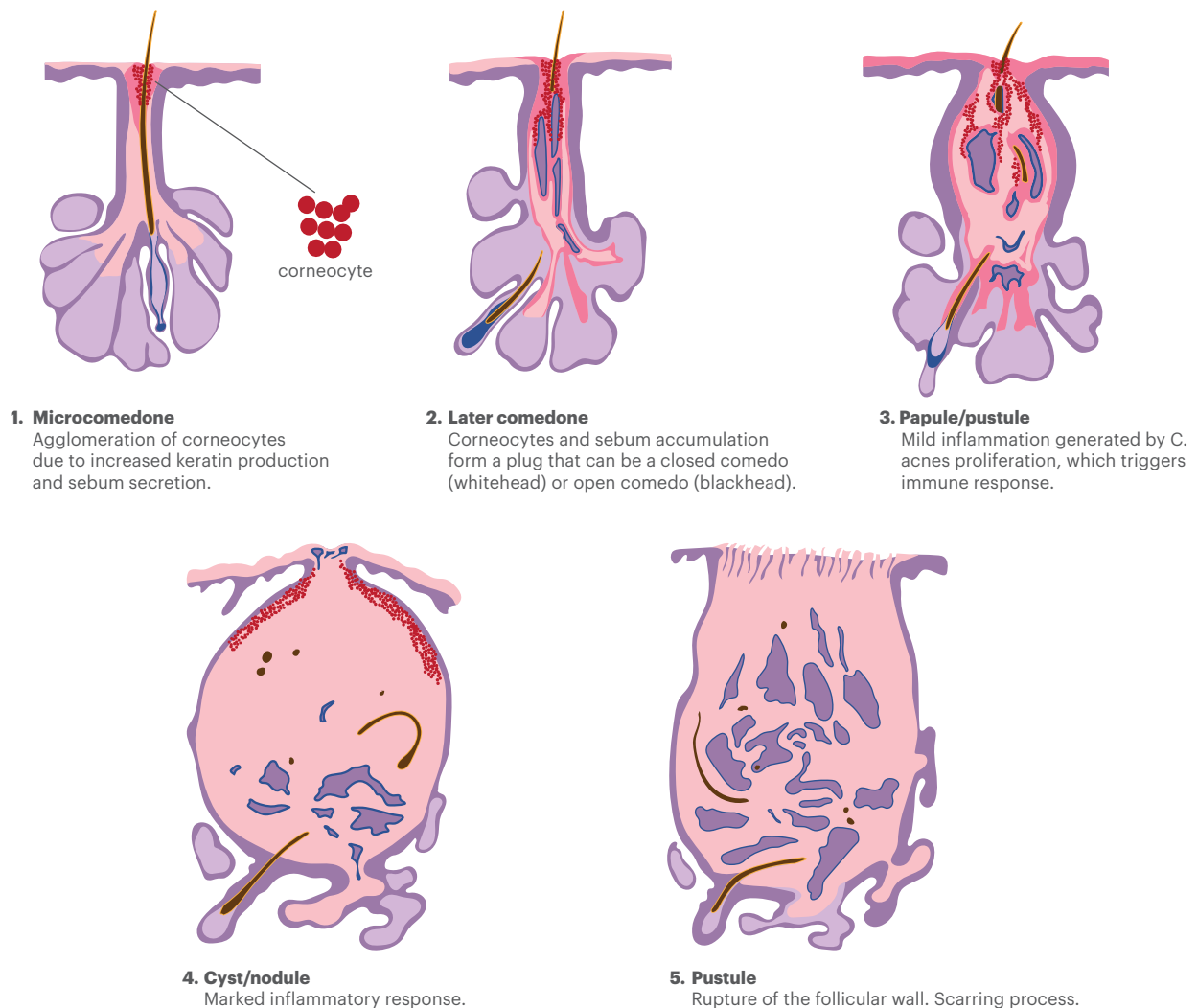


Figure 2. Acne formation process. Adapted.^{18,19}

The microbiome balance is important because the skin is also colonized by other microorganisms, such as *Staphylococcus epidermidis* and *Streptococcus pyogenes*. While *S. epidermidis* limits the number of *C. acnes* in the skin (by the release of succinic acid and suppression of IL-6 and TNF- α production), *C. acnes* also limits *S. aureus* and *S. pyogenes* (by the maintenance of acidic pH of the pilosebaceous follicle, through the propionic acid secretion). Thus, the dysbiosis can affect the skin barrier and cause inflammation.^{13,20}

The fungus *Malassezia furfur* is also involved in the process, as it has the ability to decompose fatty

acids and release irritant chemicals to the skin, in addition to the secretion of allergenic proteins and peptides.²¹ However, both organisms exist in a commensal relationship in healthy skin, and in that case the intricate microbiome-microbiome and microbiome-host interactions are more prone to be a causal factor than the simple colonization by one of these organisms.²⁰

Sebum production is highly implicated in acne pathophysiology, and to date it is known that it can be induced by six receptors expressed in the sebaceous gland (**Figure 3**).

- histamine receptor - activated by histamines;²²
- hormonal DHT receptor - activated by androgens;²³
- neuromodulator receptor (substance P and corticotrophin-releasing hormone (CRH) receptor) - activated by stress;²⁴
- peroxisome proliferator - activated receptors (PPAR α , β and γ) - activated by free fatty acids and cholesterol;²⁵
- insulin-like growth factor (IGF)-1 receptor - activated by sugar;²⁶
- leptin receptor - activated by fat.²⁷

The last three are therefore correlated to the diet of the patient. Situations such as peripheral hyperandrogenia (particularly in women) can abnormally activate the androgen receptors.¹³

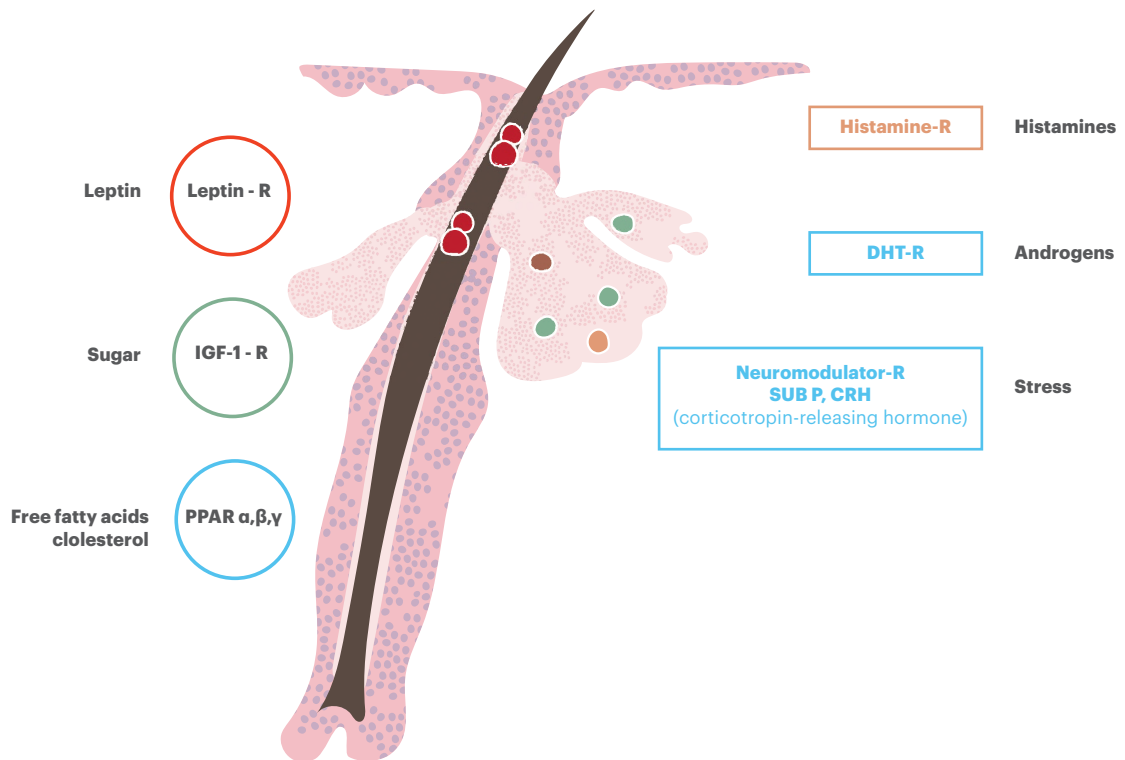


Figure 3. Main receptors involved in sebum production, and their activators. Adapted.¹³

Another possible player in the development of *acne vulgaris* is the endocannabinoid system in the skin, which can be involved in different processes, such as differentiation from epidermal appendages (e.g., sebaceous glands). Additionally, it also appears to also be involved in sebum secretion control.²⁸

The immune system can also play a role in acne emergence (**Figure 4**). *C. acnes* can promote the release of Th17/Th1-related cytokines, specifically IFN- γ and IL-17A.²⁹ The activation of the innate immunity (via the production of IFN- γ , IL-8, IL-12, TNF- α , IL-1 and MMPs) can result in the hyperkeratinization of the pilosebaceous unit.¹³

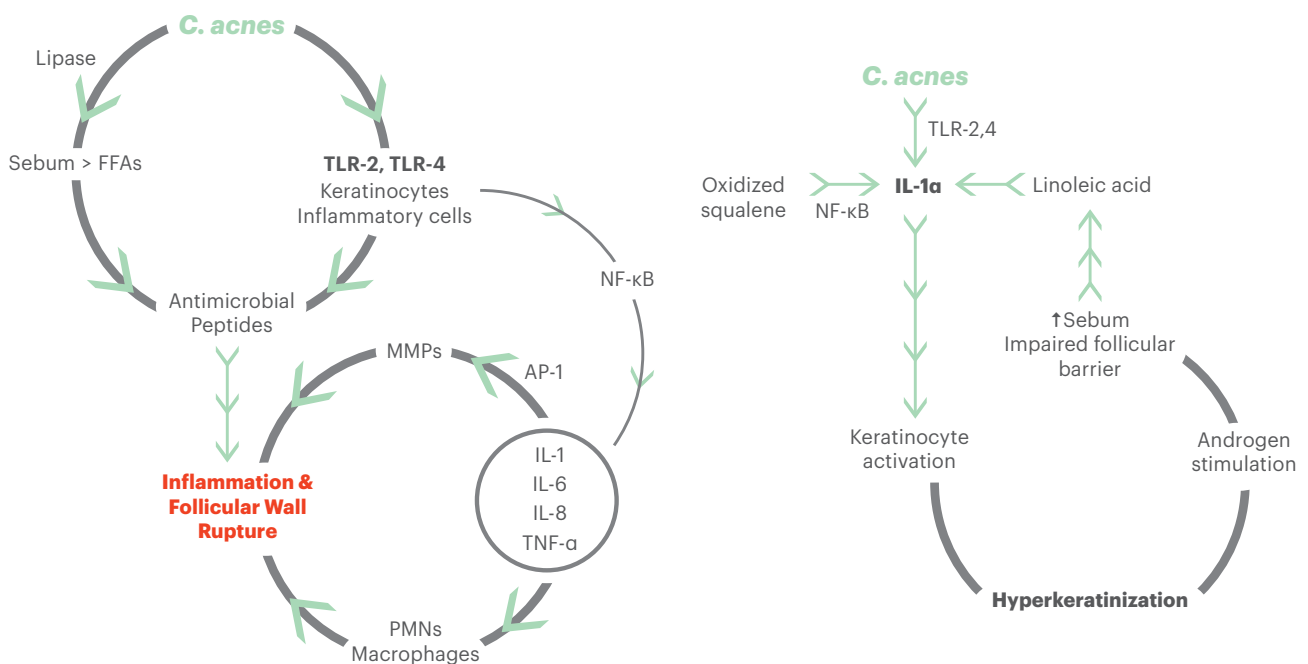


Figure 4. Effect of *C. acnes* in innate immunity and its correlation to acne mechanisms. Adapted.³⁰
 AP: activator protein, FFA: free fatty acid, IL: interleukin, MMP: matrix metalloproteinases,
 NF: nuclear factor, PMNs: polymorphonuclear leukocytes, TLR: toll-like receptor, TNF: tumor necrosis factor.

Finally, the concept of exposome is also being introduced to the acne researches. Exposome can be understood as the sum of internal and external exposures that the person is exposed to from conception until death.³¹ In this context, researches have demonstrated that the main internal factors related to the acne are:

- *C. acnes* abnormal proliferation in skin, due to dysbiosis;
- elevated sebum production;
- alteration of follicular epithelium (hyperkeratinization, due to the hyperseborrhoea);
- inflammatory processes, both in innate and acquired immunities.^{32,33}

In addition, the external factors that can play a role in both the severity and treatment efficacy of the disease are:^{34,35}

- Nutrition (diet)
- Medication
- Stress
- Occupational factors
- Pollutants
- Sun exposure
- Weather factors (such as temperature and humidity)
- Psychosocial and lifestyle parameters.



Cleoderm™ Clarifying Cream

A functional vehicle for acne treatments and topical products for oily skin

Cleoderm™ Clarifying Cream is a functional vehicle with selected ingredients that makes it the ideal choice for compounding topical treatments for acneic or oily skin. Its main constituents are *Cleome gynandra* L leaf extract, palmitoyl tripeptide-8, bisabolol, hyaluronic acid, and functional oils (avocado, jojoba, dog rose, coconut, English lavender, tea tree, rosemary, shea tree, and vitamin E acetate).

Cleome gynandra L. leaf extract

- Rich in rutin and hydroxycinnamic acid.
- Reduces seborrhea in acting on specific lipids associated with acne.
- Improves sebum quality in rebalancing its composition.
- Reduces inflammation.

Known by common names such as Gynandropsis, cats whisker, and African spider flower, *C. gynandra* has anti-inflammatory and antioxidant activities^{36,37}, as well as positive effects on wound repair³⁸ and skin allergy/ itching.³⁹

Cleoderm™ Clarifying Cream uses a patented *C. gynandra* extract within a specific diluent. The main components of this product are polyphenols, notably rutin and hydroxycinnamic acid. These substances can act synergistically on decreasing sebum secretion and inflammation (inhibits *C. acnes*, and suppresses TLR2, IL-8, and neutrophils).⁴⁰⁻⁴²

A series of *in vitro* and *ex vivo* tests were conducted with such component, and the main results are graphically described here.

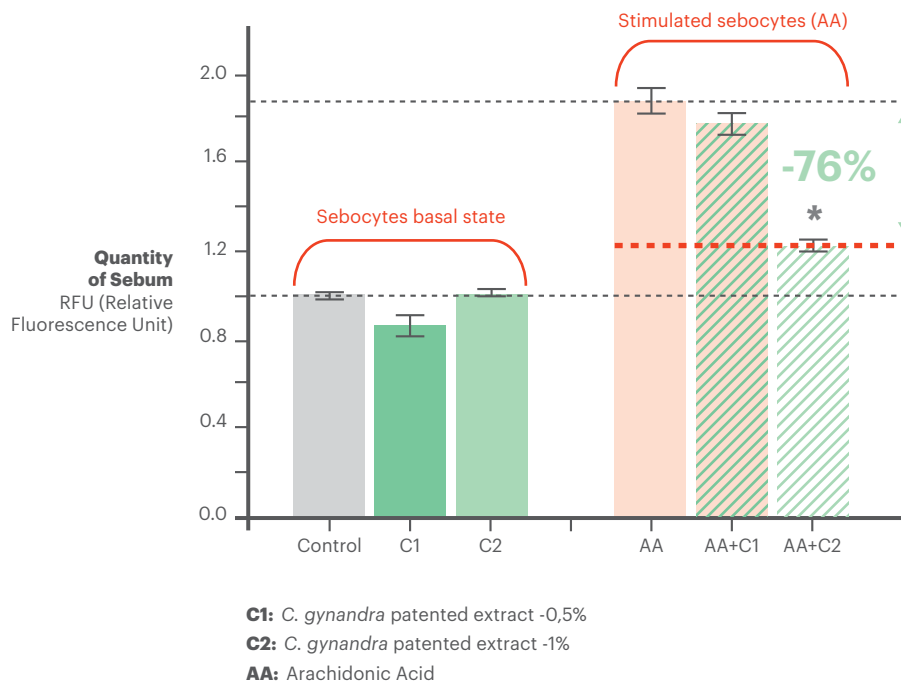


Figure 5. Stimulation of seborrhea with arachidonic acid (AA) inflammatory stress, in human sebocytes model. Lower and higher concentrations of **C. gynandra extract decreased the quantity of sebum** in both stimulated and nonstimulated sebocytes. *p<0.05

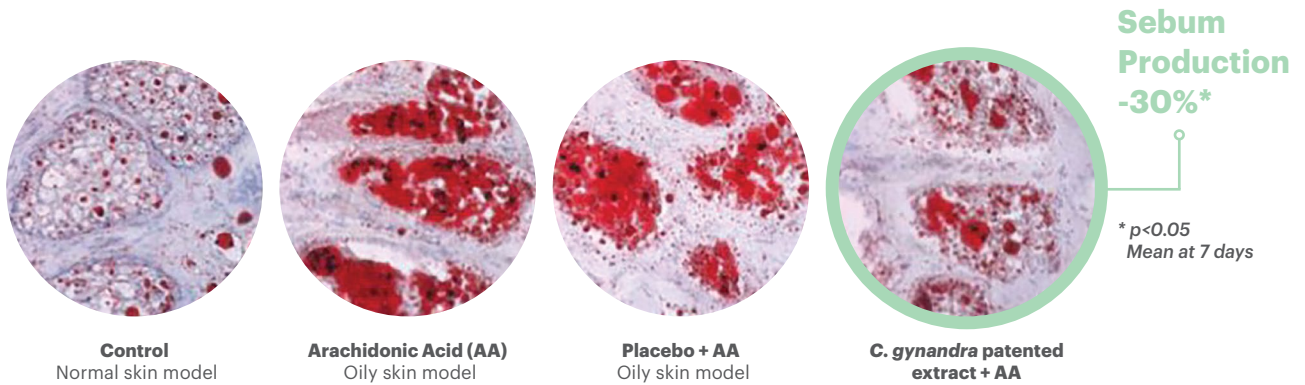


Figure 6. Sebum quantity assessment (Oil-Red-O staining). Explants from human skin, next to the scalp area, treated with arachidonic acid to simulate the inflammatory phase of acne. **C. gynandra was able to decrease in up to 30% the quantity of sebum**, after 7 days.

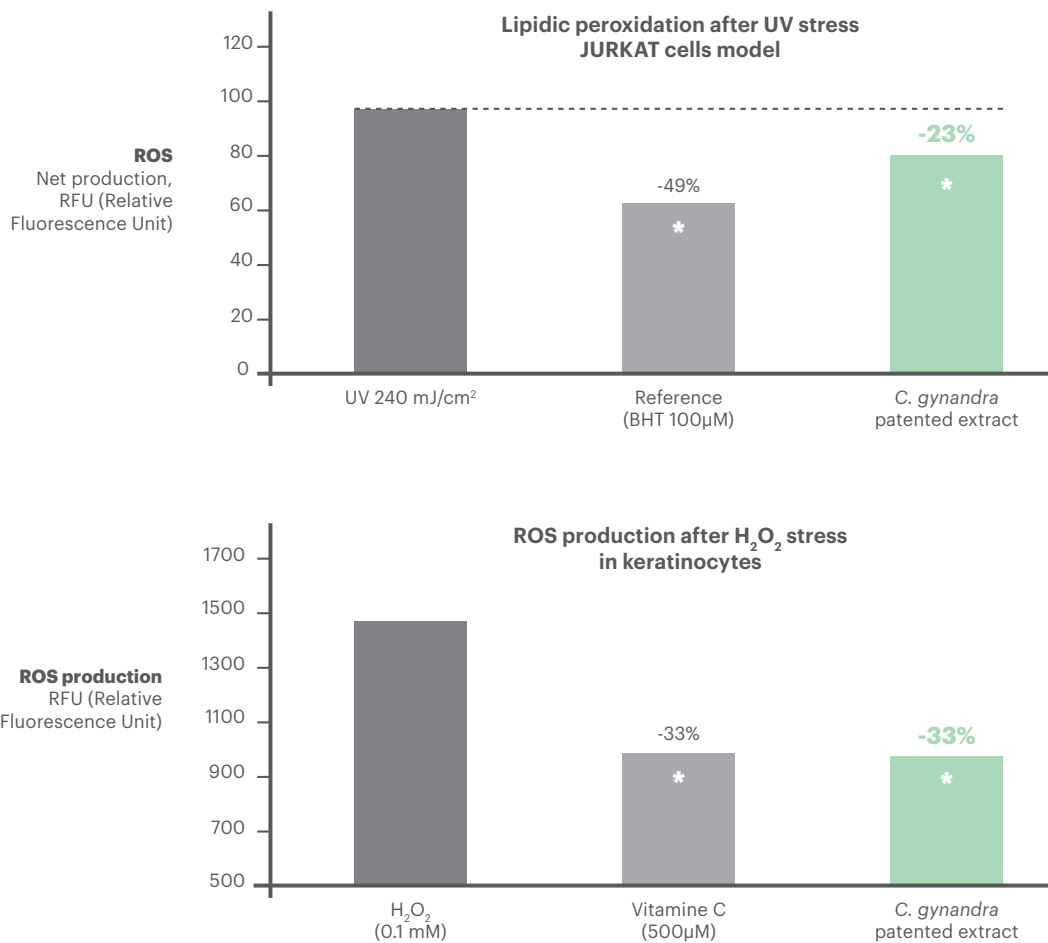


Figure 7. Acne severity is frequently associated with reactive oxygen species (ROS) quantity, and consequently oxidation of squalene. Acneic skins present two times more squalene than health skin; in addition, squalene is highly susceptible to oxidation, and peroxidized squalene is comedogenic and pro-inflammatory. **C. gynandra patented extract was able to reduce lipid peroxidation and ROS production**, improving sebum quality. *p<0.05



C. gynandra patented extract effect on C. acnes (in-tubo)

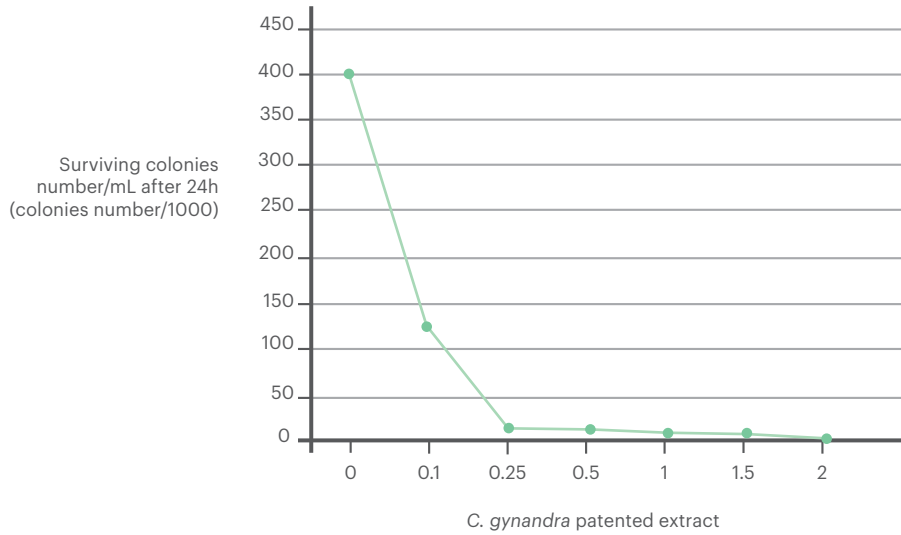
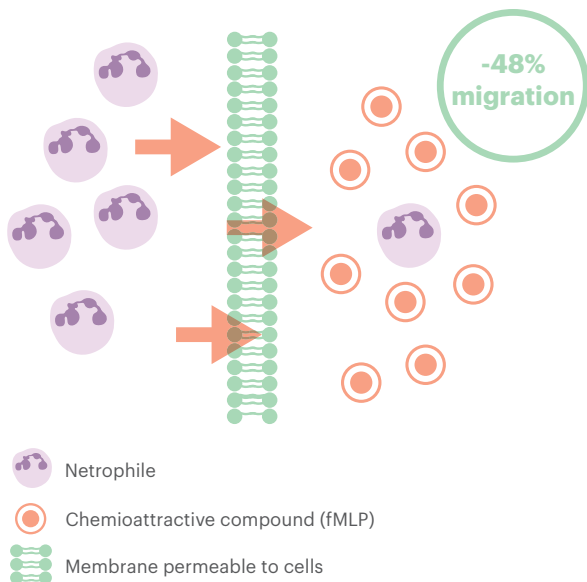


Figure 8. The antimicrobial components of **C. gynandra patented extract** were able to decrease the **C. acnes population**, helping the skin to protect itself against the bacterial proliferation.

Neutrophile migration: fMLP + C. gynandra patented extract (0.002%)



LTB4 release by human neutrophils stimulated by opsonized zymosan

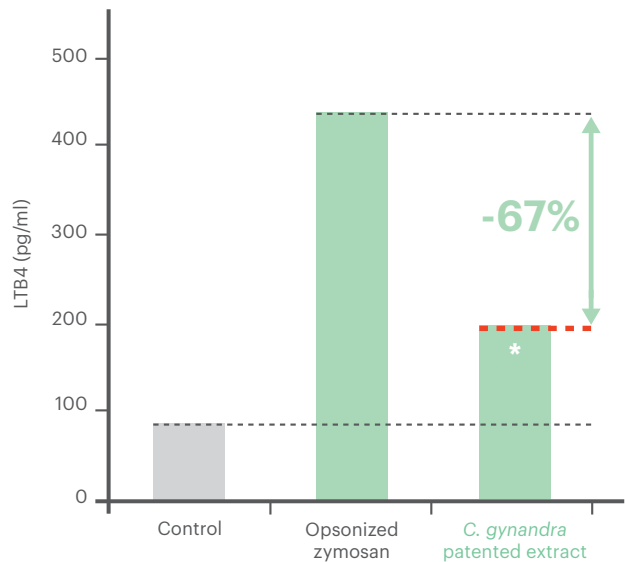


Figure 9. The effects on neutrophil migration can be observed, showing the anti-inflammatory effect of the **C. gynandra patented extract**. Neutrophils produce LTB4, which increase inflammation and sebum production. **C. gynandra patented extract is able to decrease neutrophil migration in 48%, and LTB4 release in 67%.** LTB4: Leukotriene B4. *p<0.05.

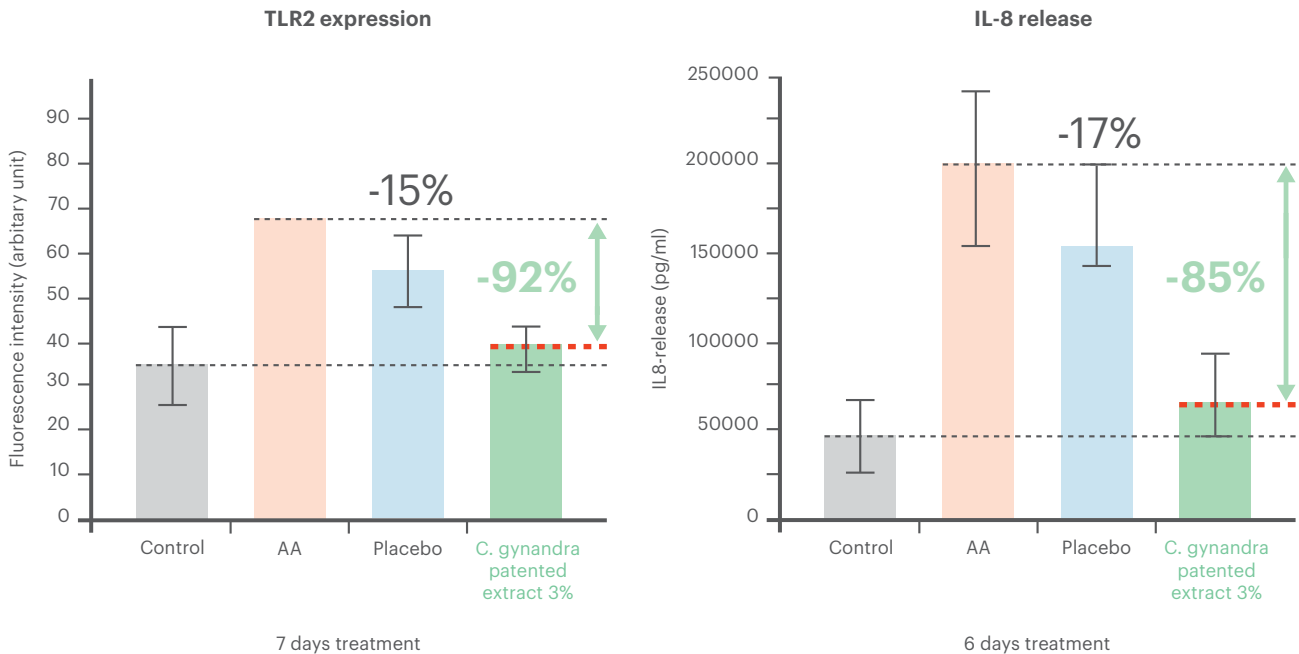


Figure 10. TLR2 is a natural receptor of human immune system which, when activated by *C. acnes*, generates inflammation. Once TLR2 is activated, IL-8 is then released. As one can see, **C. gynandra patented extract was capable of decreasing in up to 92% the TLR2 expression, and in up to 85% the IL-8 release**, due to its anti-inflammatory properties. AA: arachidonic acid.

Palmitoyl Tripeptide-8

- Anti-inflammatory and soothing agent.
- Lipopeptide derived from a neuromediator.
- Prevents and reverses signs of neurogenic inflammation.

A single group efficacy trial with 50 patients with rosacea showed that the use of a facial lotion containing palmitoyl tripeptide-8 significantly improved redness, flushing, overall appearance, rosacea severity and lesion count – in comparison to the baseline.⁴³

Bisabolol

- Potent antioxidant and anti-irritant properties.
- Restores suppleness and protects the skin against daily environmental stress.
- Percutaneous absorption of active ingredients (skin-penetration enhancer).

Bisabolol can reduce proinflammatory cytokine production (e.g., TNF- α and IL-6), which can aid in the treatment of inflammatory conditions of the skin, ameliorating its aspect.⁴⁴

In addition to the reduction of proinflammatory markers, bisabolol can also reduce oxidative stress⁴⁵ and proved to be safe for topical application on skin.⁴⁴

Due to its anti-inflammatory and antibacterial activities, it can help to treat skin wounds and burns^{46,47} as well as act as a penetration enhancer.⁴⁸

Hyaluronic acid

- Improve skin hydration and production of collagen.
- Fight free radicals and maintain skin elasticity.
- Antibacterial and anti-inflammatory properties that help with wound healing.



The current main application of hyaluronic acid in aesthetic dermatology is in fillers and skincare – for the eyes, face, neck, and body, and in anticellulite and antistretch cosmetics. As the molecule does not penetrate deep into the skin, it acts by covering the stratum corneum and then prevents water loss, acting as a moisturizer – and the protective layer also makes skin appear softer and feel smoother to the touch.⁴⁹⁻⁵¹

Hyaluronic acid has shown a range of different activities on the skin: buffering action, due to its excellent viscoelastic properties after water absorption;⁵² anti-inflammatory and antibacterial properties;^{53,54} antioxidant capacity,⁵⁵ and accelerator of the wound healing process.^{54,56,57}

Functional oils

Cleoderm™ Clarifying Cream has a unique blend of functional oils carefully chosen to optimal effect and sensory experience:

- **Persea gratissima oil (avocado)**
Due to its composition, Persea gratissima oil has positive effects on acne⁵⁸ and atopic dermatitis.⁵⁹
- **Simmondsia chinensis seed oil (jojoba)**
Simmondsia chinensis seed oil contains up to 50% wax esters, while natural human sebum consist of approximately 26% wax esters, which makes it good option to altered-skin barrier conditions, presenting positive effects on acne⁶⁰, wound healing⁶¹, psoriasis and rosacea.⁶²
- **Rosa canina flower oil (dog rose)**
Rosa canina is a remarkable source of vitamin C⁶³ and has documented antioxidant⁶⁴, anti-inflammatory⁶⁵ and antimicrobial activities⁶⁶, as well as clinic evidence of its effects on eczema.⁶⁷
- **Cocos nucifera oil (coconut)**
Cocos nucifera oil contains monolaurin, a molecule with antimicrobial effects.⁶⁸ It presents a marked wound healing capacity⁶⁹ and anti-inflammatory property.⁷⁰
- **Lavandula angustifolia herb oil (English lavender)**
Lavender has long been used in dermatology, for its capacity to relieve symptoms of conditions such as psoriasis, dermatitis and eczema, as well as inhibition of skin allergies.^{71,72}

- **Melaleuca alternifolia leaf oil (tea tree)**
Tea tree oil presents a range of positive effects for dermatological purposes, such as antioxidant effect⁷³, amelioration of acne vulgaris due to anti-inflammatory and antimicrobial effects against C. acnes^{74,75}, improvement of seborrheic dermatitis⁷⁶, and increase in wound healing rates.⁷⁷
- **Rosmarinus officinalis leaf oil (rosemary)**
This component has strong antioxidant⁷⁸ and anti-inflammatory activities^{79,80}. In addition, it has been shown to decrease proliferation of C. acnes., as well as suppress the released of chemical inflammatory markers due to its colonization, such as IL-8 and IL-1β.⁸¹
- **Vitellaria paradoxa butter (shea tree)**
Topical use of shea butter has demonstrated anti-inflammatory and anti-aging properties.⁸² It also plays a positive role in wound healing, on wrinkles and on oxidative damage.⁸³
- **Tocopheryl acetate (vitamin E acetate)**
The antioxidant vitamin E has also photoprotective and skin barrier-stabilizing properties.⁸⁴ It may also play a role in atopic dermatitis,, psoriasis, skin cancer prevention, wound healing and melasma.⁸⁵

Emulsifier

- Derived from sunflower (*Helianthus annuus*), with low irritation potential.
- Botanical, biodegradable, PEG-free.
- Liquid crystal structure.
- Functional: decreases TEWL (transepidermal water loss), increasing skin hydration and maintaining barrier function.

Thickener

- Acrylamide-free thickener
- Super fresh, soft, velvety feel
- No tacky effect
- Maintain strong viscosity through an extremely wide pH range, and is especially effective at low pH for formulation

Formulas with Cleoderm™

ACNE

Fagron Derma Pack CTNC

Clindamycin hydrochloride	1 g
Tretinoin	15 mg
Nicotinamide	2 g
Cleoderm™	qs 50 g

ACNE

Fagron Derma Pack EBAC

Erythromycin	1.5 g
Benzoyl peroxide hydrous	2.5 g
Azelaic acid	10 g
Cleoderm™	qs 50 g

ACNE

Fagron Derma Pack ETC

Erythromycin	2 g
Tretinoin	15 mg
Cleoderm™	qs 50 g

ACNE

Fagron Derma Pack ABNC

Adapalene	150 mg
Benzoyl peroxide hydrous	1.25 g
Nicotinamide	2 g
Cleoderm™	50 g

ACNE (maintenance phase)

Fagron Derma Pack GS-NAC

Glycolic acid	1.5 g
Salicylic acid	1 g
Nicotinamide	1 g
Fagron aloe vera gel 10x	1.5 g
Cleoderm™	qs 50 g

ACNE (maintenance phase)

Fagron Derma Pack VNC

Vitamin A	200 mg
Nicotinamide	2.5 g
Cleoderm™	qs 50 g

ROSACEA

Fagron Derma Pack PEC

Permethrin	2.5 g
Cleoderm™	qs 50 g

ROSACEA

Fagron Derma Pack INC

Ivermectin	500 mg
Nicotinamide	2 g
Cleoderm™	qs 50 g

ACNE SCARS

Fagron Derma Pack TGC

Tretinoin	12.5 mg
Glycolic acid	6 g
Cleoderm™	50 g

PHOTOAGING

Fagron Derma Pack AHAC

Ascorbic acid	5 g
Glycolic acid	1 g
Azelaic acid	5 g
Lactic acid	2.5 g
Cleoderm™	qs 50 g

SEBORRHEIC DERMATITIS

Fagron Derma Pack KEBC

Ketoconazole	1 g
Nicotinamide	2 g
Betamethasone	25 mg
Tea tree oil	2.5 g
Cleoderm™	qs 50 g

SEBORRHOEIC HYPERKERATOSIS

Fagron Derma Pack TAC

Tazarotene	50 mg
Lactic acid	3 g
Cleoderm™	qs 50 g

HYPERPIGMENTATION

Fagron Derma Pack ANAC

Azelaic acid	7.5 g
Nicotinamide	2.5 g
Alpha bisabolol	500 mg
Tranexamic acid	1 g
Kojic acid	500 mg
Cleoderm™	qs 50 g

Safety

Free from dyes, parabens, mineral oil, sodium lauryl sulfate, propylene glycol, and petrolatum, Cleoderm™ Clarifying Cream is especially suitable for dehydrated and affected skin.



References

- Soleymani S, Farzaei MH, Zargaran A, Niknam S, Rahimi R. Promising plant-derived secondary metabolites for treatment of acne vulgaris: a mechanistic review. *Arch Dermatol Res*. Published online 2020. doi:10.1007/s00403-019-01968-z
- Shaheen B, Gonzalez M. A microbial aetiology of acne: What is the evidence? *Br J Dermatol*. Published online 2011. doi:10.1111/j.1365-2133.2011.10375.x
- Wu TQ, Mei SQ, Zhang JX, et al. Prevalence and risk factors of facial acne vulgaris among Chinese adolescents. *Int J Adolesc Med Health*. Published online 2007. doi:10.1515/IJAMH.2007.19.4.407
- Perkins AC, Maglione J, Hillebrand GG, Miyamoto K, Kimball AB. Acne vulgaris in women: Prevalence across the life span. *J Women's Heal*. Published online 2012. doi:10.1089/jwh.2010.2722
- Vilar GN, Dos Santos LA, Filho JFS. Quality of life, self-esteem and psychosocial factors in adolescents with acne vulgaris. *An Bras Dermatol*. Published online 2015. doi:10.1590/abd1806-4841.201533726
- Lynn D, Umari T, Dellavalle R, Dunnick C. The epidemiology of acne vulgaris in late adolescence. *Adolesc Health Med Ther*. Published online 2016. doi:10.2147/ahmt.s55832
- Rapp SR, Feldman SR, Graham G, Fleischer AB, Brenes G, Dailey M. The acne quality of life index (Acne-QOLI): Development and validation of a brief instrument. *Am J Clin Dermatol*. Published online 2006. doi:10.2165/00128071-200607030-00005
- Afsar FS, Seremet S, Demirelendi Duran H, Karaca S, Mumcu Sonmez N. Sexual quality of life in female patients with acne. *Psychol Heal Med*. Published online 2020. doi:10.1080/13548506.2019.1679845
- Dreno B, Bordet C, Seite S, Taieb C. Acne relapses: impact on quality of life and productivity. *J Eur Acad Dermatology Venereol*. Published online 2019. doi:10.1111/jdv.15419
- Cengiz GF, Gürel G. Difficulties in emotion regulation and quality of life in patients with acne. *Qual Life Res*. Published online 2020. doi:10.1007/s11136-019-02318-2
- Haroon MZ, Alam A, Ullah I, Ali R, Taimur MF, Raza K. Quality Of Life And Depression Among Young Patients Suffering From Acne. *J Ayub Med Coll Abbottabad*. Published online 2019.
- Goodarzi A, Behrangi E, Ghassemi M, Nobari NN, Sadeh-zadeh-Bazargan A, Roohaninasab M. Acne scar: A review of classification and treatment. *J Crit Rev*. Published online 2020. doi:10.31838/jcr.07.07.204
- Dréno B. What is new in the pathophysiology of acne, an overview. *J Eur Acad Dermatology Venereol*. Published online 2017. doi:10.1111/jdv.14374
- Tahir I, Khan MR, Shah NA, Aftab M. Evaluation of phytochemicals, antioxidant activity and amelioration of pulmonary fibrosis with Phyllanthus emblica leaves. *BMC Complement Altern Med*. Published online 2016. doi:10.1186/s12906-016-1387-3
- Melnik BC. Acne vulgaris: The metabolic syndrome of the pilosebaceous follicle. *Clin Dermatol*. Published online 2018. doi:10.1016/j.clindermatol.2017.09.006
- Qidwai A, Pandey M, Pathak S, Kumar R, Dikshit A. The emerging principles for acne biogenesis: A dermatological problem of puberty. *Hum Microbiome J*. Published online 2017. doi:10.1016/j.humic.2017.05.001
- Kurokawa I, Nakase K. Recent advances in understanding and managing acne. *F1000 Res*. 2020;9(792):1-8.
- Dorey E. Innovation in acne treatment is long overdue but the treatment pipeline looks promising. *Pharm J*. Published online 2017. doi:10.1211/pj.2017.20203702
- Young BE, Ong SWX, Kalimuddin S, et al. Epidemiologic Features and Clinical Course of Patients Infected with SARS-CoV-2 in Singapore. *JAMA - J Am Med Assoc*. 2020;323(15):1488-1494. doi:10.1001/jama.2020.3204
- Ramasamy S, Barnard E, Dawson TL, Li H. The role of the skin microbiota in acne pathophysiology. *Br J Dermatol*. Published online 2019. doi:10.1111/bjd.18230
- Sparber F, LeibundGut-Landmann S. Host responses to Malassezia spp. in the mammalian skin. *Front Immunol*. Published online 2017. doi:10.3389/fimmu.2017.01614
- Pelle E, McCarthy J, Seltmann H, et al. Identification of histamine receptors and reduction of squalene levels by an antihistamine in sebocytes. *J Invest Dermatol*. Published online 2008. doi:10.1038/sj.jid.5701160
- Yamamoto A, Ito M. Topical spironolactone reduces sebum secretion rates in young adults. *J Dermatol*. Published online 1996. doi:10.1111/j.1346-8138.1996.tb04006.x
- Krause K, Schnitger A, Fimmel S, Glass E, Zouboulis CC. Corticotropin-releasing hormone skin signaling is receptor-mediated and is predominant in the sebaceous glands. *Horm Metab Res*. Published online 2007. doi:10.1055/s-2007-961811
- Trivedi NR, Cong Z, Nelson AM, et al. Peroxisome proliferator-activated receptors increase human sebum production. *J Invest Dermatol*. Published online 2006. doi:10.1038/sj.jid.5700336
- Kim H, Moon SY, Sohn MY, Lee WJ. Insulin-like growth factor-1 increases the expression of inflammatory biomarkers and sebum production in cultured sebocytes. *Ann Dermatol*. Published online 2017. doi:10.5021/ad.2017.29.1.20
- Töröcsik D, Kovács D, Camera E, et al. Leptin promotes a proinflammatory lipid profile and induces inflammatory pathways in human SZ95 sebocytes. *Br J Dermatol*. Published online 2014. doi:10.1111/bjd.13229
- Pucci M, Pirazzi V, Pasquariello N, Maccarrone M. Endocannabinoid signaling and epidermal differentiation. *Eur J Dermatology*. Published online 2011. doi:10.1684/ejd.2011.1266
- Kistowska M, Meier B, Proust T, et al. Propionibacterium acnes promotes Th17 and Th17/Th1 responses in acne patients. *J Invest Dermatol*. Published online 2015. doi:10.1038/jid.2014.290
- Das S, Reynolds R V. Recent Advances in Acne Pathogenesis: Implications for Therapy. *Am J Clin Dermatol*. Published online 2014. doi:10.1007/s40257-014-0099-z
- Wild CP. Complementing the genome with an "exposome": The outstanding challenge of environmental exposure measurement in molecular epidemiology. *Cancer Epidemiol Biomarkers Prev*. Published online 2005. doi:10.1158/1055-9965.EPI-05-0456



32. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. Published online 2016. doi:10.1016/j.jaad.2015.12.037
33. Kapoor S, Saraf S. Topical herbal therapies an alternative and complementary choice to combat acne. *Res J Med Plant*. Published online 2011. doi:10.3923/rjmp.2011.650.669
34. Dréno B, Bettoli V, Araviiskaia E, Sanchez Viera M, Bouloc A. The influence of exposome on acne. *J Eur Acad Dermatol Venereol*. Published online 2018. doi:10.1111/jdv.14820
35. Dreno B, Shourick J, Kerob D, Bouloc A, Taieb C. The role of exposome in acne: results from an international patient survey. *J Eur Acad Dermatology Venereol*. Published online 2020. doi:10.1111/jdv.16119
36. Neamsuvan O, Bunmee P. A survey of herbal weeds for treating skin disorders from Southern Thailand: Songkhla and Krabi Province. *J Ethnopharmacol*. Published online 2016. doi:10.1016/j.jep.2016.09.048
37. Anbazhagi T, Kadavul K, Suguna G, Petrus A. Studies on the pharmacognostical and in vitro antioxidant potential of cleome gynandra Linn. leaves. *Nat Prod Radiance*. 2009;8(2):151-157.
38. Shanmugam S, Rajendran K, Suresh K. Traditional uses of medicinal plants among the rural people in Sivagan-gai district of Tamil Nadu, Southern India. *Asian Pac J Trop Biomed*. Published online 2012. doi:10.1016/S2221-1691(12)60201-9
39. Maurya SK, Seth A. Potential medicinal plants and traditional ayurvedic approach towards urticaria, an allergic skin disorder. *Int J Pharm Pharm Sci*. 2014;6(5):172-177.
40. Gaur K, Kori ML, Nema RK. Comparative Screening of Immunomodulatory Activity of Hydro-alcoholic Extract of Hibiscus rosa sinensis Linn. and Ethanolic Extract of Cleome gynandra Linn. *Glob J Pharmacol*. Published online 2009.
41. Narendhirakannan RT, Subramanian S, Kandaswamy M. Anti-inflammatory and lysosomal stability actions of Cleome gynandra L. studied in adjuvant induced arthritic rats. *Food Chem Toxicol*. Published online 2007. doi:10.1016/j.fct.2006.12.009
42. Mishra SS, Moharana SK, Dash MR. Review on cleome gynandra. *Int J Res Pharm Chem*. Published online 2011.
43. Susana Raab, Oresajo C, Oresajo C, Yatskayer M, Draelos Z. Clinical evaluation of the effectiveness and tolerance of a facial lotion on subjects with rosacea. *J Am Acad Dermatol*. Published online 2012:AB45. doi:10.1016/j.jaad.2011.11.197
44. A.K. M, M. S, V. D, S. S, S. L, D.U. B. α -(-)-bisabolol reduces pro-inflammatory cytokine production and ameliorates skin inflammation. *Curr Pharm Biotechnol*. Published online 2014. doi:10.2174/1389201015666140528152946.
45. Kim EJ, Park H, Kim J, Park JHY. 3,3'-Diindolylmethane suppresses 12-O-tetradecanoylphorbol-13- acetate-induced inflammation and tumor promotion in mouse skin via the downregulation of inflammatory mediators. *Mol Carcinog*. Published online 2010. doi:10.1002/mc.20640
46. Villegas LF, Marçalo A, Martin J, et al. (+)-epi- α -bisabolol is the wound-healing principle of Peperomia galioides: Investigation of the in vivo wound-healing activity of related terpenoids. *J Nat Prod*. Published online 2001. doi:10.1021/np0102859
47. Kamatou GPP, Viljoen AM. A review of the application and pharmacological properties of α -bisabolol and α -bisabolol-rich oils. *JAOCS, J Am Oil Chem Soc*. Published online 2010. doi:10.1007/s11746-009-1483-3
48. Kadir R, Barry BW. α -Bisabolol, a possible safe penetration enhancer for dermal and transdermal therapeutics. *Int J Pharm*. Published online 1991. doi:10.1016/0378-5173(91)90167-M
49. Salwowska NM, Bebenek KA, Źądło DA, Wcisło-Dziadecka DL. Physicochemical properties and application of hyaluronic acid: a systematic review. *J Cosmet Dermatol*. Published online 2016. doi:10.1111/jocd.12237
50. Kogan G, Šoltés L, Stern R, Gemeiner P. Hyaluronic acid: A natural biopolymer with a broad range of biomedical and industrial applications. *Biotechnol Lett*. Published online 2007. doi:10.1007/s10529-006-9219-z
51. Andre P. New trends in face rejuvenation by hyaluronic acid injections. *J Cosmet Dermatol*. Published online 2008. doi:10.1111/j.1473-2165.2008.00402.x
52. Zhang W, Mu H, Zhang A, et al. A decrease in moisture absorption-retention capacity of N-deacetylation of hyaluronic acid. *Glycoconj J*. Published online 2013. doi:10.1007/s10719-012-9457-3
53. Jentsch H, Pomowski R, Kundt G, Göcke R. Treatment of gingivitis with hyaluronan. *J Clin Periodontol*. Published online 2003. doi:10.1034/j.1600-051X.2003.300203.x
54. Frenkel JS. The role of hyaluronan in wound healing. *Int Wound J*. Published online 2014. doi:10.1111/j.1742-481X.2012.01057.x
55. Huang YC, Huang KY, Lew WZ, Fan KH, Chang WJ, Huang HM. Gamma-irradiation-prepared low molecular weight hyaluronic acid promotes skin wound healing. *Polymers (Basel)*. Published online 2019. doi:10.3390/polym11071214
56. Voigt J, Driver VR. Hyaluronic acid derivatives and their healing effect on burns, epithelial surgical wounds, and chronic wounds: A systematic review and meta-analysis of randomized controlled trials. *Wound Repair Regen*. Published online 2012. doi:10.1111/j.1524-475x.2012.00777.x
57. Neuman MG, Nanau RM, Oruña-Sanchez L, Coto G. Hyaluronic acid and wound healing. *J Pharm Pharm Sci*. Published online 2015. doi:10.18433/j3k89d
58. Kanlayavattanakul M, Lourith N. Therapeutic agents and herbs in topical application for acne treatment. *Int J Cosmet Sci*. Published online 2011. doi:10.1111/j.1468-2494.2011.00647.x
59. Stücker M, Pieck C, Stoerb C, Niedner R, Hartung J, Altmeyer P. Topical vitamin B12 - A new therapeutic approach in atopic dermatitis - Evaluation of efficacy and tolerability in a randomized placebo-controlled multicentre clinical trial. *Br J Dermatol*. Published online 2004. doi:10.1111/j.1365-2133.2004.05866.x
60. Meier L, Stange R, Michalsen A, Uehleke B. Clay jojoba oil facial mask for lesioned skin and mild acne-results of a prospective, observational pilot study. *Forsch Komplementarmed*. Published online 2012. doi:10.1159/000338076
61. Ranzato E, Martinotti S, Burlando B. Wound healing properties of jojoba liquid wax: An in vitro study. *J Ethnopharmacol*. Published online 2011. doi:10.1016/j.jep.2010.12.042



62. Vaughn AR, Clark AK, Sivamani RK, Shi VY. Natural Oils for Skin-Barrier Repair: Ancient Compounds Now Backed by Modern Science. *Am J Clin Dermatol*. Published online 2018. doi:10.1007/s40257-017-0301-1
63. Chrubasik C, Roufogalis BD, Müller-Ladner U, Chrubasik S. A systematic review on the Rosa canina effect and efficacy profiles. *Phyther Res*. Published online 2008. doi:10.1002/ptr.2400
64. Kähkönen MP, Hopia AI, Vuorela HJ, et al. Antioxidant activity of plant extracts containing phenolic compounds. *J Agric Food Chem*. Published online 1999. doi:10.1021/jf990146l
65. Lin TK, Zhong L, Santiago JL. Anti-inflammatory and skin barrier repair effects of topical application of some plant oils. *Int J Mol Sci*. Published online 2018. doi:10.3390/ijms19010070
66. Shiota S, Shimizu M, Mizusima T, et al. Restoration of effectiveness of β -lactams on methicillin-resistant Staphylococcus aureus by tellimagrandin I from rose red. *FEMS Microbiol Lett*. Published online 2000. doi:10.1016/S0378-1097(00)00086-0
67. Shabykin GP, Godorazhi AI. A polyvitamin preparation of fat-soluble vitamins (carotolin) and rose hip oil in the treatment of certain dermatoses. *Vestn Dermatol Venerol*. 1967;41(4):71-73.
68. Huang CB, Alimova Y, Myers TM, Ebersole JL. Short- and medium-chain fatty acids exhibit antimicrobial activity for oral microorganisms. *Arch Oral Biol*. Published online 2011. doi:10.1016/j.archoralbio.2011.01.011
69. Poljšak N, Kreft S, Kočevar Glavač N. Vegetable butters and oils in skin wound healing: Scientific evidence for new opportunities in dermatology. *Phyther Res*. Published online 2020. doi:10.1002/ptr.6524
70. Osman A. Coconut (Cocos nucifera) Oil. In: Ramandan M, ed. *Fruit Oils: Chemistry and Functionality*. Springer, Cham; 2019:209-221. doi:10.1007/978-3-030-12473-1_9
71. Cavanagh HMA, Wilkinson JM. Biological activities of lavender essential oil. *Phyther Res*. Published online 2002. doi:10.1002/ptr.1103
72. Kim H-M, Cho S-H. Lavender Oil Inhibits Immediate-type Allergic Reaction in Mice and Rats. *J Pharm Pharmacol*. Published online 1999. doi:10.1211/0022357991772178
73. Kim HJ, Chen F, Wu C, Wang X, Chung HY, Jin Z. Evaluation of Antioxidant Activity of Australian Tea Tree (Melaleuca alternifolia) Oil and Its Components. *J Agric Food Chem*. Published online 2004. doi:10.1021/jf035377d
74. Enshaieh S, Jooya A, Siadat AH, Iraj F. The efficacy of 5% topical tea tree oil gel in mild to moderate acne vulgaris: A randomized, double-blind placebo-controlled study. *Indian J Dermatol Venereol Leprol*. Published online 2007. doi:10.4103/0378-6323.30646
75. Bassett IB, Pannowitz DL, Barnetson RSC. A comparative study of tea-tree oil versus benzoylperoxide in the treatment of acne. *Med J Aust*. Published online 1990. doi:10.5694/j.1326-5377.1990.tb126150.x
76. Pazyar N, Yaghoobi R, Bagherani N, Kazerouni A. A review of applications of tea tree oil in dermatology. *Int J Dermatol*. Published online 2013. doi:10.1111/j.1365-4632.2012.05654.x
77. Jandera V, Hudson DA, De Wet PM, Innes PM, Rode H. Cooling the burn wound: Evaluation of different modalities. *Burns*. Published online 2000. doi:10.1016/S0305-4179(99)00133-3
78. Cheung S, Tai J. Anti-proliferative and antioxidant properties of rosemary Rosmarinus officinalis. *Oncol Rep*. Published online 2007. doi:10.3892/or.17.6.1525
79. Takaki I, Bersani-Amado LE, Vendruscolo A, et al. Anti-inflammatory and antinociceptive effects of Rosmarinus officinalis L. essential oil in experimental animal models. *J Med Food*. Published online 2008. doi:10.1089/jmf.2007.0524
80. Altinier G, Sosa S, Aquino RP, Mencherini T, Loggia R Della, Tubaro A. Characterization of topical antiinflammatory compounds in Rosmarinus officinalis L. *J Agric Food Chem*. Published online 2007. doi:10.1021/jf062610+
81. Tsai TH, Chuang L Te, Lien TJ, Liing YR, Chen WY, Tsai PJ. Rosmarinus officinalis extract suppresses propionibacterium acnes-induced inflammatory responses. *J Med Food*. Published online 2013. doi:10.1089/jmf.2012.2577
82. Israel MO. Effects of Topical and Dietary Use of Shea Butter on Animals. *Am J Life Sci*. Published online 2014. doi:10.11648/j.ajls.20140205.18
83. Siegel DM, Jakus J, Hooper D. Topical natural products in managing dermatologic conditions: Observations and recommendations. *Cutis*. Published online 2019.
84. Thiele JJ, Hsieh SN, Ekanayake-Mudiyanselage S. Vitamin E: critical review of its current use in cosmetic and clinical dermatology. *Dermatol Surg*. Published online 2005. doi:10.1111/j.1524-4725.2005.31724
85. Keen M, Hassan I. Vitamin E in dermatology. *Indian Dermatol Online J*. Published online 2016. doi:10.4103/2229-5178.185494



Disclaimer

Cleoderm™ is a cosmetic and it is not intended to diagnose, treat, or cure any disease.

Warnings

For external use only.

In case of contact, rinse eyes thoroughly with water. Stop use and ask a doctor if irritation or rashes appear and lasts. Keep out of reach of children. Do not use on mucosa or open wounds.

If swallowed, get medical help or contact a Poison Control Center immediately. Children under 6 years of age should be supervised when using this product.

Scientific Support

Please contact our scientific experts to get more details about the applications and technical benefits of **Cleoderm™**.



Fagron Hellas

12 km N.R. Trikala - Larisa
P.C. 42100, P.O. Box 32
Trikala, Greece

T +30 24310 83633-5
F +30 24310 83615
www.fagron.gr