

Dermatologically Speaking

The skinny on creams, lotions, ointments and other concoctions

BY BROBSON LUTZ M.D.



As daffodils fade, glimpses of skin begin peeking out of winter sweaters and long sleeves to confront yet another long summer. Human skin, the body's largest organ, is the target of countless creams, ointments, gels, sprays, balms and other concoctions. Whether for bug protection, poison ivy, sunscreen or various allergies, use of topical preparations soars with the hot and humid days of summer.

The carrier ingredient for the more liquid-like skin products that populate drugstore aisles are various natural and synthetic oils. Water and other carrier vehicles give various products their consistency and feel, while other additives provide preventive and therapeutic qualities. Petrolatum, mineral oil and other concoctions form the base for semi-solid products.

Dr. Neil Farnsworth is a native New Orleanian with a rich pollination of education and training. After attending high school at Isidore Newman School, he received an undergraduate English literature degree from Harvard, took additional pre-med courses at the University of Pennsylvania and received his medical degree from Baylor in Houston. He did an internship at Tulane and then jumped over to LSU for a dermatology residency.

After a few years in a Texas dermatology practice, he returned to New Orleans after Hurricane Katrina and established Farnsworth Dermatology on Napoleon Avenue.

In addition to diagnosing and treating skin diseases, dermatologic surgery, and administering Botox, Dr. Farnsworth is a gracious go-to source for all things skin related. I queried him about topical treatments in general. His responses were edited for brevity:

What's the difference in creams, ointments, lotions and gels? Creams, emulsions of water and oil, are less occlusive and greasy than semi-solid ointments. Lotions are thinner and lighter but even less binding and often contain an alcohol to help with spreading. Gels are even lighter, containing mostly alcohol or water.

When to use what and when? Ointments are ideal for disrupted or broken skin, unless it is an actively weeping or wet dermatitis. Creams are heavy but slightly less occlusive, non-greasy, and generally recommended for day-to-day moisturizing. Lotions, gels, solutions, and mousses are even lighter and often better for scalps or other hairy surfaces.

What over-the-counter tubes of goo are good to keep on hand in medicine cabinet? Petroleum jelly in a tube, so not contaminated by dirty fingers. Apply to minor cuts and scrapes and top with a Band-Aid. An aluminum chloride roll-on antiperspirant, such as Certain Dri, is excellent to stop bleeding from minor cuts from shaving without the mess of a styptic pencil. A waxy, lipid containing moisturizing cream, like CeraVe, is good for dry, mildly itchy skin. Apply daily, after toweling from bathing. Longterm, an over-the-counter or prescription retinoid will reduce wrinkles and fine-lines and even reverse some sun damage. Apply the retinoid with a nice SPF 30 moisturizer every morning for at least 90 percent of the efficacy of any ultra-expensive regimen.

When to use an over-the-counter hydrocortisone product? OTC hydrocortisone creams and lotions are good for minor inflammation, redness, itching and flaking anywhere on the face, body folds, or genital area. Use only for short periods of time and in the absence of any acute infection.

What do dermatologist think of bacitracin and other mixtures of antimicrobial agents? Not much. Both neomycin and bacitracin are common causes of contact dermatitis. Head-to-head studies in wound healing show that petroleum jelly is just as effective as antimicrobial creams and ointments for most minor skin problems.

Any specific advice on any topical potions? Throw away anything advertising Vitamin C or E that comes in a jar or transparent container. Air and sunlight oxidize both to make any possible advertised benefits from either with that packaging.
