# A 12 Week Study Evaluating the Efficacy of a Novel Standardized **Nutraceutical to Improve Acne and Skin Health**

Isabelle Raymond, PhD, Emily Hu, MS, Nicole Townsend, BA, Rvan McLendon, MS, Adina Hazan, PhD

Nutraceutical Wellness, Inc. New York, NY

# INTRODUCTION

Although acne is generally viewed as the result of a localized immune response at the pilosebaceous unit, it is a condition with multifactorial etiology. While conventional treatments have focused primarily on the four major pathogenic factors, nutraceuticals offer an alternative or complementary approach to address more systemic, intertwined mechanisms involved in acne pathogenesis. These include stress, diet and metabolism, skin and gut microbiome, hormonal fluctuations, oxidative stress, and immune function. Therapies which target these underlying mechanisms have gone largely unexplored as ways to address acne. Here, we present the results of a novel nutraceutical addressing these root causes in patients with non-cystic acne.

# METHODS

nclusion Criteria:	Exclusion Criteria:
Healthy women and men	Cystic acne
Age range 18-50	<ul> <li>Pregnant or breastfeeding</li> </ul>
All Fitzpatrick Skin Types	<ul> <li>Current use of any oral or topical</li> </ul>
Mild to moderate acne with	medications for acne
Investigator's Global	<ul> <li>Isotretinoin &lt;6 months</li> </ul>
Assessment (IGA) severity	Current use of prescription testosterone
score of 2-3 with at least:	therapy
>3 inflammatory lesions	· Having started, stopped or changed dose of
>5 non-inflammatory lesions	HRT, birth control <3 months prior to start
Severe acne with IGA severity	<ul> <li>Health condition(s) or pre-existing/</li> </ul>
score of 4 with at least:	dormant dermatological disease on test
>5 inflammatory	area/face
>5 non-inflammatory lesions	<ul> <li>Known reactivity and allergies to test</li> </ul>
	materials

# RESULTS

## 51 subjects entered with 39 subjects completing the study (mean age = $31.5 \pm 7.7$ years, range = 19-48).

Subject demographics were female (67%), White/Caucasian (41%, 6:10 M:F ratio), Black (41%, 5:11 M:F ratio), and Asian (13%, 1:3 M:F ratio). All Fitzpatrick Skin Types were represented.

Reasons for discontinuation were lost to follow-up/withdrawal (N=7), non-compliance (N=1), and adverse events (N=4). AEs deemed probably related to the product included headache, pain, malaise and nausea. AEs were not serious and all resolved. Week 12 Baseline



Table 2. Bioinstrumentation

## Table 1. Clinical Grading of Skin Parameters

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Parameter	% Subjects Improved at 12 weeks	p-value	Measurement	Baseline	Week 12	
Skin Texture (Visual)	85%	p<0.001				Γ
Skin Smoothness (Tactile)	85%	p<0.001	Sebumeter	158.1	121.6	_
Hyperpigmentation	67%	p<0.001	Corneometer	35.0	42.7	
Redness (Visual)	80%	p<0.001				
Acne Marks (PIH/PIE)	80%	p<0.001	Tewameter	17.3	26.9	

Week 8

82% \*\*\*

82% \*\*\*

74% \*\*

87% \*\*\*

Table 1 Percent of subjects improved at Week 12 compared to baseline in clinically graded skin guality parameters. Overall, there was a progressive improvement of most parameters throughout the duration of the study. p-value indicates 12 week values analyzed compared to BL.

Week 4

61%

61%

74% \*\*

71% \*

Table 3 Self-assessment questionnaire results showing percent of favorable responses for

Table 3. Self-Assessment Ouestionnaire

Select Acne Attributes

My skin is clearer.

I have less breakouts.

My acne has improved

My skin is less oily.

Table 2 Indicated measurements showing decrease in sebum (sebumeter) and increased hydration (corneometer). No significant change detected in transepidermal water loss (TEWL). Measurements taken at baseline, week 4, week 8 and week 12. p-value indicates 12 week value compared to BL

Cross Polarized images of Baseline and week 12 timepoints in 3 subjects

#### CONCLUSION Week 12

87% \*\*\*

77% \*\*

74% \*\*

87% \*\*\*

< 0.001

The paucity of scientific evidence and lack of clinical data on the efficacy of CAM. including nutraceuticals, have limited their recommendation for use in acne. This proof-of-concept study showed improvements in acne and skin parameters. Although more studies are needed, these results offer insight into the potential benefits of nutraceuticals addressing underlying mechanisms that up to now, have gone largely unexplored. Addressing root causes that contribute to a generalized inflammatory response leading to the development of acne may prove to be an important step in expanding our toolbox in providing more options for patients and improving skin health.

6 Subiects

Improved

72%

74%

41%

p-value

p=0.002

p=0.002

NS

# medications/biologics. or corticosteroids Clinic visits: at Baseline, Week 4, 8 and 12. Wash Out Phase

- Oral and/or topical prescription wash out was 14 days
- Systemic medication (antibiotics, steroids) wash out was 30 days OTC retinol containing products and any other OTC acne products wash out was 14 days

Current use of immunosuppressive,

### Subjects instructed to take 4 capsules per day of the nutraceutical for 12 weeks

# Study Assessments

- FDA Investigator's Global Assessment (IGA) of Acne Severity
- Inflammatory and non-inflammatory lesion counts
- Clinical grading (0-9 scale) of skin texture, skin smoothness, hyperpigmentation, redness, and acne marks (PIH/PIE)
- Bioinstrumentation: Tewameter, Sebumeter, and Corneometer
- Self-Assessment Ouestionnaire

# Statistical Analyses

Statistical analyses included Paired t Tests, Wilcoxon-signed Rank Tests and Binomial (sign) Tests.

weeks 4, 8, and 12. Sig	nificance determine	d by comparing p	proportion of f	avorable
responses to unfavora	ble responses for ea	ich statement. *p	<0.05, **p<0.0	1, ***p<0