

H O P E

Humectant Occlusive Protective Emollient

MOISTURIZER

NEWSLETTER



FEATURE STORY

The End of the Steroid Era? AAD 2026 Redefines Pediatric Atopic Dermatitis Management



Updated AAD guidelines signal a shift from systemic corticosteroids toward targeted therapies that deliver sustained disease control and improved long-term outcomes.

Why This Matters

- 💧 Steroids no longer favored for routine systemic use
- 💧 Focus on long-term disease modification
- 💧 Better sleep, quality of life, and caregiver outcomes
- 💧 Precision medicine is becoming the standard of care



Key Guideline Message

The focus is shifting from flare control to long-term disease management and improved quality of life.

For pediatric patients up to age 18 with AD, AAD strongly recommends the use of moisturizers.



Therapeutic Shift At a Glance

Then	Now
 Systemic corticosteroids	 Targeted biologics
 Broad immunosuppression	 Precision immunomodulation
 Short-term symptom control	 Long-term disease management
 Limited treatment options	 Multiple individualized therapies

Key Therapies



Dupilumab

- First approved biologic for AD
- Proven efficacy and safety

IL-13 Biologics

Expanded targeted options



JAK Inhibitors

- Upadacitinib
- Abrocitinib
- Rapid disease control



Clinical Pearl

AAD strongly recommends the use of moisturizers along with other therapies in the treatment of pediatric AD.

(Source: Sidbury R, et al. Guidelines of care for the primary prevention of atopic dermatitis and awareness of comorbid conditions in pediatric atopic dermatitis. J Am Acad Dermatol. 2026 Apr 7:S0190-9622(26)00344-0.)

THE FUTURE OF DERMATOLOGY

DIGITAL DERMATOLOGY & ARTIFICIAL INTELLIGENCE



Can AI Match Dermatology Experts in Psoriatic Disease?

Artificial intelligence is increasingly being explored as a clinical decision-support tool in dermatology. In challenging cases of psoriatic disease, AI demonstrated promising diagnostic capabilities, helping differentiate complex presentations and support clinical assessment.

While dermatologists continue to outperform AI in nuanced clinical decision-making, these tools may improve efficiency and assist clinicians in managing difficult cases.

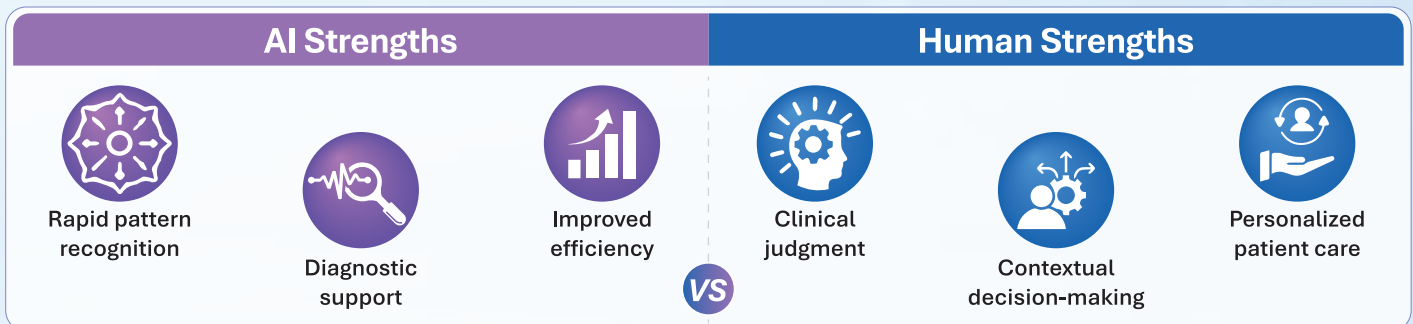
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Key Takeaway

AI is not replacing dermatologists but it is emerging as a valuable partner in navigating complex psoriatic disease presentations.

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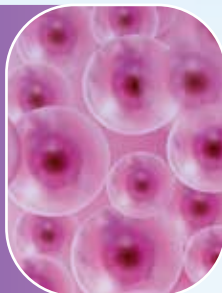
AI vs Dermatologists



(Source: Pérez-Chada LM, et al. AI versus Experts: Navigating Challenging Cases in Psoriatic Disease. J Invest Dermatol. 2026. doi:10.1016/j.jid.2026.01210.)

DISEASE DECODED: UNDERSTANDING THE BIOLOGY

Psoriasis and Eczema: Similar Appearance, Distinct Biology



Although psoriasis and eczema may appear clinically similar, they are driven by different immune pathways. Psoriasis is primarily mediated by the IL-23/Th17 axis, while eczema is characterized by Th2-driven inflammation involving IL-4 and IL-13. Understanding these molecular differences has paved the way for targeted therapies and more precise diagnosis and treatment.



Key Takeaway

Similar skin manifestations can mask distinct underlying biology, highlighting the importance of precision medicine in dermatology.

(Source: Yang L, He X, Cao Q. Molecular differentiation of psoriasis and eczema: Reference standards and benchmarking caveats. J Eur Acad Dermatol Venereol. 2026 May 9. doi:10.1111/jdv.70495.)

DERMOCOSMETICS & SKIN BARRIER SCIENCE

Optimizing Recovery After Aesthetic Procedures

As aesthetic procedures become increasingly common, evidence-based skincare is playing a growing role in improving recovery and treatment outcomes. Expert recommendations support the use of gentle cleansing, barrier-repair moisturizers, photoprotection, and targeted skincare tailored to the procedure performed.

Key Recommendations



Photoprotection

- Broad-spectrum sunscreen
- Sun avoidance during recovery



Targeted Support

- Antioxidants
- Depigmenting agents
- Hyaluronic acid-based formulations



Barrier Repair

- Moisturizers support healing
- Help restore skin barrier function

At a Glance

Goal	Recommended Approach
Minimize inflammation	Sunscreen & sun avoidance
Support barrier recovery	Moisturizers
Improve skin quality	Antioxidants & active ingredients
Enhance outcomes	Personalized skincare



Key Takeaway

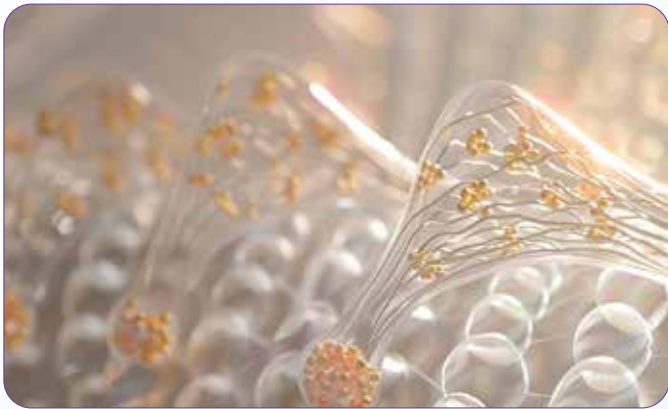
Study provides evidence- and expert-based recommendations for incorporating daily skincare, including cleansers, moisturizers, antioxidant serums, depigmenting agents, and sunscreens, into periprocedural care for minimally invasive aesthetic treatments.

(Source: Gallo RL, Gold MH, Grimes PE, et al. Evidence- and expert-based recommendations for dermocosmetic skincare in minimally invasive aesthetic procedures. Clin Cosmet Investig Dermatol. 2026;19:1259-1274. doi:10.2147/CCID.S577128.)

DERMOCOSMETICS & SKIN BARRIER SCIENCE

Nanotechnology Advances Precision Dermatology

Nanotechnology is transforming dermatology by improving drug delivery, skin penetration, and treatment precision. Novel nanocarriers can enhance drug stability, support controlled release, and increase therapeutic effectiveness across a range of dermatologic conditions.



Major Nanocarriers

Metallic Nanoparticles

- Widely used in sunscreens
- Effective photoprotection

Polymeric Nanoparticles

- Controlled drug delivery
- Targeted treatment approaches

Lipid-Based Systems

- Enhanced drug retention
- Barrier restoration
- Reduced irritation

Potential Applications



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Key Takeaway

Nanotechnology is bringing dermatology closer to highly targeted, personalized therapies, although long-term safety and regulatory challenges remain.

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Clinical Pearl

From barrier science to nanotechnology, modern dermatology is increasingly focused on enhancing treatment precision, improving patient outcomes, and supporting skin health beyond disease control.

(Source: Alshammari SA, Alharbi KS, Almalki WH, et al. Nanotechnology in dermatology: Current applications, challenges, and future perspectives. Health Sci Rep. 2026;9(5):e72524. doi:10.1002/hsr2.72524)

CLINICAL INNOVATIONS & RARE INSIGHT

Can Two Regenerative Therapies Work Better Together?

Atrophic acne scars remain one of aesthetic dermatology's most challenging concerns. A pilot randomized controlled trial suggests that combining platelet-rich plasma (PRP) with stromal vascular fraction (SVF) may provide superior skin remodeling compared with either therapy alone.



Why the Combination?

PRP	SVF
Rich in growth factors	Contains regenerative cells
Stimulates collagen production	Supports angiogenesis
Accelerates tissue repair	Enhances tissue regeneration

“

The Result

PRP + SVF = Enhanced Scar Remodeling

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The combination demonstrated greater improvements in scar severity and skin quality, highlighting the potential of biologically driven regenerative therapies.

Target

Atrophic acne scars

Approach

PRP + SVF combination

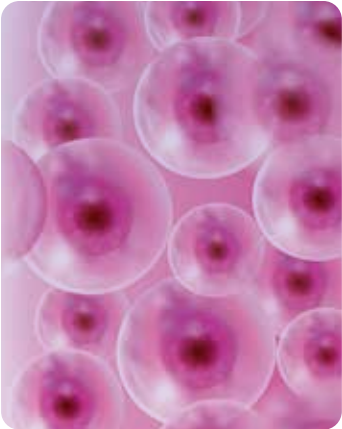
Potential Benefit

Improved scar correction and skin quality

(Source: El-Hawary AA, Abdelrahman SH, El-Mesidy MS, et al. Combination of platelet-rich plasma and stromal vascular fraction for treatment of atrophic acne scars: A pilot randomized controlled trial. Aesthetic Plast Surg. 2026. doi:10.1007/s00266-026-05871-7.)

A Rare KRT10 Mutation Challenges Conventional Thinking

A recently reported case of epidermolytic ichthyosis (EI) challenges the traditional understanding of genotype–phenotype associations in keratin disorders. While palmoplantar keratoderma (PPK) is typically linked to KRT1 mutations, the patient presented with prominent PPK despite harboring a KRT10 mutation, expanding the recognized clinical spectrum of KRT10-related disease. Notably, the patient showed a favorable response to oral retinoid therapy, highlighting its potential therapeutic value in selected cases. This report underscores the importance of molecular testing in atypical presentations and serves as a reminder that genetic disease patterns are not always predictable.



A blue water drop icon with three small stars inside a circle.

Key Takeaway

Precision diagnostics can reveal unexpected disease patterns, helping guide more individualized treatment strategies in rare dermatologic disorders.

(Source: Sharma A, Gupta R, Verma P, et al. Epidermolytic ichthyosis with palmoplantar keratoderma associated with keratin 10 mutation and response to oral retinoid therapy. Indian J Dermatol Venereol Leprol. 2026. Available from: [ijdv.com](https://www.ijdv.com).)

A Real World Dermatologists Insight on Disease -Specific Moisturizer

A Large-Scale

INDIAN Survey

April-May 2025

>5700+

responses from
dermatologist
collected
PAN-India

Large-scale
Rating Survey of
effectiveness
from the
dermatologist

Focus on

6+

skin diseases

Honored with a title by the
Asia Book of Records



Conclusion



- ★ The survey included over **5700+** responses from the dermatologists across the country regarding the prescription of **disease-specific moisturisers**.
- ★ Majority of the dermatologists recommend these moisturisers for skin conditions such as **atopic dermatitis, psoriasis followed by acne & rosacea**.
- ★ **Ingredient formulation, clinical evidence, and availability** are considered essential factors before prescribing.
- ★ **Disease-specific moisturisers have been shown to significantly improve symptoms** like redness, itching and dryness.

Fill in the Missing Word

1. Updated AAD guidelines discourage routine systemic use of _____.
2. Psoriasis is primarily mediated by the IL-23/_____ axis.
3. Eczema is characterized by _____-driven inflammation.
4. PRP is rich in growth factors and stimulates _____ production.
5. Nanocarriers improve drug delivery and treatment _____.

Answers: 1. Corticosteroids; 2. Th17; 3. Th2; 4. Collagen; 5. Precision

Spot the Fact

Which ONE is FALSE?

- ☐ Dupilumab was the first approved biologic for AD
- ☐ AI completely outperformed dermatologists in clinical judgment
- ☐ Nanotechnology can enhance drug delivery
- ☐ PRP contains growth factors

Unscramble the Dermatology Term

- LIABOGIC →
- EMZCAE →
- HT71 →
- FVSPRPQ →
- CHOTNAE →

Answers: 1. Biologic; 2. Eczema; 3. TH17; 4. PRP + SVF; 5. Nanotech



Scan to access
Earlier issues

OA Maslinico, Ceramide 3, Glycerin & Butter based moisturiser

AQUASOFT
MAX



Ceramide & Colloidal Oatmeal-based moisturiser

Biosilk



Aquasoft
— FC —

Advanced
Acne
Moisturiser



Urea-based moisturiser

Aquirea® HF



The **Emollient** **plus**
AVEXA

