

## Winterize Your Skin

### A SOFTER YOU FOR THE NEW YEAR

by Melissa W. Schwarzschild

**H**ave you ever wondered why your skin becomes so dry and flaky during the winter months?

Dry skin results from lack of water in the epidermis, the skin's outermost layer. The epidermis is made up of proteins and lipids and serves as a protective barrier, keeping bad things like bacteria out of our bodies, and good things in, like water and nutrients. Water loss from the epidermis can happen for a number of reasons. Decreased humidity in winter saps moisture from the skin. Long, hot baths or showers, and harsh soaps, such as antibacterial soaps, are drying because they break down the lipid barrier that holds the epidermis together. In addition, our skin becomes drier as we age, and certain medications also cause dryness.

When the skin becomes extremely dry, it gets itchy. The itch-scratch-itch cycle, which further damages the skin and results in more itching, is what we refer to as eczema. The goal in treating eczema is to break the cycle by repairing dry skin with potent moisturizers while treating the itch symptoms with steroid creams.

Here are some tips to help avoid the problems of extreme dry skin and eczema.

First, consider using a humidifier in your home. Second, take short baths or showers in warm (not hot) water, and use a mild soap or a non-soap cleanser, such as Cetaphil, Cerave, or Aveeno. Third, and most importantly, moisturize as soon as you get out of the shower. This traps the moisture in your skin, preventing water evaporation. If you can't give up long, hot showers, you can make up for it by moisturizing both in the morning and at night, before going to bed.

With so many moisturizers on the market, which one should you use? For starters, forget the pricey, perfumed creams. Focus instead on ingredients. Just like reading food labels to maintain a healthy diet, you can read skincare

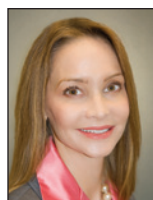
product labels to keep your body healthy. That said, there are three general categories of moisturizers: reparative, humectants, and sealants.

Reparative moisturizers (such as Aveeno, Cerave and Cetaphil's new Restoraderm line), contain ceramides, the most abundant lipid in the skin. These moisturizers work by giving back to your dry skin a missing or damaged ingredient, repairing your skin back to a healthy state.

Humectants include urea, lactic acid, glycerin, propylene glycol, and panthenol. Most moisturizers on the market today contain at least one of these ingredients. Humectants draw moisture into the epidermis.

Finally, sealants include petrolatum (found in Vaseline petroleum jelly and Aquaphor) and dimethicone. These ingredients act as barriers, coating the epidermis to prevent water loss. Of the two sealants, I generally prefer dimethicone because it doesn't leave you feeling greasy like petrolatum does. However, petrolatum is a stronger sealant and is more effective for extremely dry skin.

For me, the ideal moisturizer is a ceramide-containing cream with several humectants to attract moisture and dimethicone to hold in that moisture. So be smart, take care of your body this winter, and learn to read labels to look for what your skin needs. Doing this will keep your skin soft and smooth long after the winter chill is out of the air. ■



**Melissa W. Schwarzschild, M.D.,**

J.D., is a board-certified dermatologist and mother of three. She is a contributing editor for Belle Magazine.



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### The Hospital Without Walls

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Her partner, George Sanborn, M.D., had performed surgery for a retinoblastoma, a malignancy of the eye, the day before. The patient, a child from the Caribbean country of St. Vincent, was the first that Dr. Brown had brought to Richmond through IHC. "To know that this child's life was saved because this organization is here was the motivation for me to become involved with IHC. This child is now in primary school in St. Vincent and I am able to see him each year when I go to St. Vincent to work. He is alive and well thanks to IHC," Dr. Brown said.

David Lanning, M.D., is a pediatric surgeon who works at the Children's Hospital of Richmond at the VCU Medical Center and has been volunteering for the IHC for the last six years. He typically makes a trip to St. Vincent in the Eastern Caribbean every January, but this fall he made his first trip to Belize due to the tremendous need. "There are no true pediatric surgeons there. A lot of these kids will die because they are being operated on by someone who doesn't know what to do," Dr. Lanning said. Over the course of four days in Belize, he performed 20 surgeries.

His most memorable moment from this trip, however, was reuniting with a child on whom he had operated in Richmond over a year ago. Baby Joshua Teck had been born with an incomplete esophagus, which meant it was impossible to feed him. Only four pounds at one month, Joshua's prognosis wasn't good. He had developed pneumonia as well as severe respiratory failure due to feeding attempts. His family was from a small village in Belize, which meant they couldn't afford the life-saving surgery. Had the little boy been born in Richmond, Dr. Lanning could have performed this surgery with relative ease, but IHC denied Baby Joshua transport to Virginia, fearing the child wouldn't survive the trip. However, when IHC's recommended course of treatment improved