

NANDU NAI LEARNING

Skin Therapist

Salon textbook

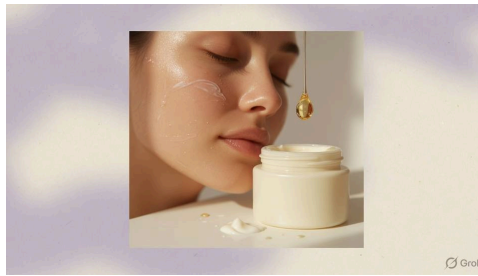
English

nandunai.com

This textbook is for salon skin therapists who want a clear, safe way to support adult clients. It is not a dermatology manual, and it does not replace medical training. Every client example is fictional. The chapters cover barrier care, acne, cosmetic actives, label reading, sunscreen, pigmentation, melasma, aging and texture, a realistic six-to-eight-week plan, deeper skin types, the lesions a therapist only needs to recognise, and the signs that need a same-day referral. The aim is simple: do what a salon can do well, explain the limits, and refer early when the skin needs a doctor. Products and frequencies in this book describe typical cosmetic use, not prescriptions or doses. The therapist does not diagnose disease, prescribe medicine, or promise a change in natural skin colour.

nandunai.com

Barrier First



What the skin barrier does

The outermost layer of the skin, the stratum corneum, is often described as a brick wall. The bricks are flattened skin cells, and the mortar is a mixture of ceramides, cholesterol, and fatty acids. This wall is thin, but it does a large job. It holds water inside the body so the skin stays flexible, and it keeps irritants, bacteria, and pollution on the outside. A healthy wall is not visible. It shows itself through skin that feels comfortable after washing, tolerates a normal moisturiser, and does not sting for no reason. When the mortar is depleted, the same skin can become reactive within days, even if nothing about the client's routine looks harsh.

The barrier also decides how much water the skin loses through the day. This is called transepidermal water loss, and it rises when the outer layer is thin or disorganised. The skin then feels tight, looks dull, and develops fine flakes that do not respond to a heavier cream for long. At the same time, outside substances pass in more easily, so a familiar product can suddenly burn. The barrier is not a fixed shield. It is rebuilt continuously from the oils the skin makes and the products applied to it. That is why sleep, illness, weather, and cleansing habits all show up on the face within a week or two, and why a calm routine can settle the skin without a dramatic treatment.

Several ordinary habits weaken the barrier. Washing more than twice a day, using hot water, and scrubbing with grains all remove oil faster than the skin can replace it. Stacking an acid, a retinoid, and a vitamin C serum in the same week gives the skin no time to recover. Long hours in air conditioning, cold wind, and dry indoor heating pull water from the surface. Friction from a mask, a phone, a helmet strap, or a pillowcase adds a mechanical load that is easy to overlook. Some medicines, including prescriptions from a doctor, can make the skin drier or more sensitive. None of these causes needs blame. They need to be identified in the consultation and reduced in a sensible order.

A therapist should check the barrier before choosing any active, because the first job decides everything that follows. If the skin is stinging, flaking, or flushed, an acid or a retinoid will add injury rather than improvement. The practical rule is simple: two or more barrier signs mean repair first, for two weeks, with no new product. This pause is not a wasted appointment. It gives the client a clear routine, gives the skin time to settle, and gives the therapist a fair baseline for the next decision. It also separates a true barrier problem from a product reaction, a medical condition, or acne that needs a different plan. Document the decision, the date, and the review, so the next visit starts with facts rather than memory.

- 1. Ask the client to list every product used in the past month, morning and night.

- 2. Ask when the tightness, stinging, or flaking started and what changed that week.
- 3. Look at the skin in daylight as well as under the salon lamp.
- 4. Note flaking, shine, redness, warmth, and rough texture by area, not as one impression.
- 5. Ask about hot water, scrubs, clay masks, brushes, and devices used at home.
- 6. Ask about recent salon services, medicine, pregnancy, illness, and stress.
- 7. Write the barrier decision on the client card before choosing any product.
- 8. If two or more barrier signs are present, plan two weeks of repair before any active.

Salon example

A fictional client, Meera, age thirty-four, came to the salon because her usual serum now stung. She had added a daily scrub and a strong clay mask two weeks earlier, hoping to smooth the rough patches on her cheeks. Under daylight the skin was faintly red, flaky beside the nose, and shiny across the cheekbones. The therapist asked what had changed, wrote the products on the card, and stopped the scrub, the mask, and the serum that day. Meera left with a mild cleanser, a plain moisturiser, and a broad-spectrum sunscreen. She was asked to use lukewarm water, skip all actives, and return in two weeks. She was disappointed because she wanted a facial before a family function. At the review, the stinging had gone and the flakes had almost cleared. The therapist kept the simple routine for another two weeks before discussing a single gentle product for texture. Meera also wrote down the three products she had stopped, so the next review could show whether the calm came from the pause or from a product she had been using.

CAUTION

Stinging is a warning from a damaged barrier, not proof that a product is working.

Signs that the barrier is struggling

The obvious signs are tightness after washing, a sting from a moisturiser that used to feel neutral, and flakes that return despite regular cream. The skin may look shiny rather than glowing, and the cheeks may carry a fine flush that fades slowly. Some clients feel itching without a visible rash, or report that water itself feels sharp. Others notice that makeup sits unevenly and that foundation which used to blend now catches on dry patches. A single sign can have another cause, but a cluster of signs is strong evidence. The therapist should record what the client feels, what can be seen, and what has been applied recently. That record is more useful than a severity label invented at the chair.

On deeper skin, barrier trouble can be harder to see. Redness may read as purple, grey, or brown rather than pink, and the first visible change may be a new dark patch after a small spot. The skin can feel warm and tight while looking almost normal in a photograph. Texture is a better guide than colour alone, so the therapist should run a clean finger lightly across the cheek and jaw and ask whether the surface feels rough, papery, or tender. Swelling, warmth, and a lasting sting matter more than a faint flush. A client with Fitzpatrick IV to VI deserves the same careful look, not a stronger product because the redness is less obvious.

The history often explains the sensitivity before any product is opened. A client may have started a retinoid every night, added a vitamin C serum in the morning, taken long hot showers after the gym, and travelled to a dry city in the same month. Any one of these can be tolerated; all four together often are not. Ask about a recent course of prescription treatment, a new medication, a hormonal change, and a period of poor sleep. Ask whether the skin improved on holiday and worsened on return, because that pattern points to environment and routine. Listen without turning the consultation into a lecture about mistakes. The client came for a plan, and the plan begins with what actually happened.

When the signs are clear, the response is calm and immediate. Stop every acid, scrub, retinoid, vitamin C, clay mask, and brightening product, including the ones the client believes are gentle. Keep a mild cleanser, a plain moisturiser, and sunscreen, and add nothing else for two weeks. Do not offer steam, a warming massage, or a deep cleanse on skin that is already reactive. Book a review rather than leaving the client to guess. If the skin is oozing, crusting, swelling, or spreading red, send the client for medical review the same day. Barrier care is the most common service a salon provides, and its first principle is restraint.

- 1. Ask the client to demonstrate how much cleanser they use and how hot the water is.
- 2. Look for flaking, shine, and a fine flush in daylight, not only under warm light.
- 3. Touch the skin lightly and ask whether it feels rough, papery, or tender.
- 4. Ask whether water, moisturiser, or makeup now stings where it did not before.
- 5. Compare both cheeks and the jawline, where irritation is often missed.
- 6. Ask what was new in the past four weeks, including medicine and salon services.
- 7. Write the signs you found instead of a vague comment such as sensitive skin.
- 8. If two or more signs are present, start the repair plan and set a two-week review.

Salon example

A fictional client, Rekha, age forty-one, worked long shifts in an air-conditioned office and exercised every evening. She washed her face three times a day with a foaming cleanser, then used an exfoliating toner because the skin felt rough. By the time she reached the salon, her cheeks were flaky, her jaw felt tight, and her usual moisturiser stung for several minutes. The therapist did not add a repairing serum. She reduced cleansing to twice a day, changed the foaming product to a mild cream cleanser, and kept a plain moisturiser and sunscreen. The toner was stopped completely, and Rekha was asked to shower with lukewarm water after the gym. The therapist wrote the plan on a card and booked a review for two weeks. At that visit, the stinging had stopped and the flakes had reduced, though the skin was still slightly rough. The simple routine was continued for two more weeks before a single active was considered. Rekha also stopped using the exfoliating toner on her neck, where the skin had started to sting in the shower, and she moved her evening workout earlier so she was not washing late at night.

CAUTION

A tight feeling after cleansing is a sign of stripping, not a sign of cleanliness.

A two-week reset

A reset is a short, deliberate pause, not a new permanent routine. For two weeks the client stops acids, scrubs, retinoid products, clay masks, cleansing brushes, and any device that heats or aggressively exfoliates. The routine becomes three steps: a mild cleanser, a moisturiser that suits the skin, and a broad-spectrum sunscreen of SPF 30 or higher. Makeup may continue if it is removed gently. The aim is to remove the load so the skin can settle, not to punish the client for past choices. A reset is also a test: if the skin calms on a simple routine, the products that were removed were part of the problem. If it does not calm, the cause may be medical, and the next step is a referral.

The details of the reset decide whether it works. Cleanse with lukewarm water, once at night and once in the morning only if the skin is oily. Apply moisturiser to slightly damp skin within a few minutes of washing, because that holds water in. Choose a plain formula built on ceramides or glycerin, without perfume or a long list of plant extracts. Use sunscreen every morning, even indoors near a window, and reapply if the client is outdoors for long. Skip steam, hot towels, facial massage on red skin, and anything that tingles. Keep the routine boring on purpose. A client who is used to seven steps may find this hard, so explain that the pause is temporary and that it protects the result they want later.

A common mistake is to add a repair product during the reset. The client reads the word barrier on a bottle and believes it will speed recovery, then applies a new serum with fragrance, essential oil, or an acid. If a reaction follows, nobody can tell which product caused it. The reset works because it is simple enough to be read. Keep the same cleanser, moisturiser, and sunscreen for the full two weeks, and write their names on the card. If the client cannot tolerate the moisturiser, change that one product, not three. If the skin improves, resist the urge to add an active early. The review date is part of the treatment, not an appointment to be filled with a new recommendation.

At the two-week review, ask three questions: is the stinging better, is the flaking better, and is the skin calmer to touch? If the answer is yes, keep the simple routine for another two weeks or add one product at a time. If the skin is unchanged, look again for a missed cause such as a prescription cream, a hair product, or a habit at home. If it is worse, or if there is swelling, oozing, crusting, or spreading redness, refer the same day. A salon should not keep swapping products to chase a reaction. The reset is a boundary that protects the client, and it gives the therapist a clean starting point for a six-to-eight-week plan.

- 1. Stop all acids, scrubs, retinoids, clay masks, and brightening products today.
- 2. Keep only a mild cleanser, a plain moisturiser, and a broad-spectrum sunscreen.
- 3. Wash with lukewarm water and pat the skin dry without rubbing.
- 4. Apply moisturiser to slightly damp skin within a few minutes of cleansing.
- 5. Use SPF 30 or higher every morning, including cloudy days and indoor window light.
- 6. Avoid steam, hot towels, facial massage on red skin, and anything that tingles.
- 7. Do not add a new repair serum or mask during the two weeks.
- 8. Book a review at the two-week mark and write down what changed.
- 9. Refer the same day if there is oozing, crusting, swelling, or spreading redness.

Salon example

A fictional client, Sameer, age twenty-nine, wanted better texture before a family wedding. In one month he bought a scrub, a strong toner, and a retinoid serum, and used all three most nights. His cheeks became red and painful, and he booked a brightening facial. The therapist declined the facial, explained the reset, and wrote a three-step plan on a card. Sameer stopped the three products that day and used a mild cleanser, a fragrance-free moisturiser, and sunscreen. He was told to avoid hot water, skip the gym sauna, and keep the routine boring. At the two-week review the redness had faded and the pain had gone, although some flaking remained around the mouth. The therapist kept the same routine for two more weeks. Only then was a single gentle product discussed, tested on the jaw for three nights. The wedding photographs were taken with calm skin rather than a fast result. Sameer kept the plan card in his wallet and marked the review date, because he had already forgotten which serum had caused the sting. He also gave the unused scrub to a friend rather than keeping it in the bathroom as a temptation.

CAUTION

A reset is not a cure. Severe, painful, or spreading symptoms need a doctor, not another two weeks.

nandunai.com

Acne Types and What a Salon Can Do



Reading the lesions

Acne produces several kinds of lesions, and they do not all behave the same way. A comedone is a blocked pore. It can be open, with a dark top, or closed, with a small white bump beneath the surface. A papule is a small, red, raised bump without visible pus. A pustule is a red bump with a visible white or yellow centre. These four types can often be supported in a salon with gentle care, sensible products, and honest expectations. The therapist should describe what is visible, where it sits, and how many lesions are present, rather than inventing a severity score. The name of the lesion decides whether extraction is appropriate, whether an active is safe, and whether the client needs a doctor.

Deeper lesions are a different category. A nodule is a firm, painful lump under the skin, and a cyst is a larger, deeper swelling that may be tender and may leave a mark or a scar. Neither should be squeezed, needled, or forced with heat. A pustule that looks ready may release easily with gentle pressure, but a nodule has no opening and pressure only pushes inflammation sideways. The salon should not attempt extraction on these lesions, and should not use a hot compress to bring them to a head. A client with nodules or cysts needs a dermatologist even when the visible count is small. The same applies when acne is painful, leaves scars, or appears suddenly in an adult.

A good examination is systematic. Clean the skin gently, use bright light, and look at the forehead, nose, cheeks, jaw, chin, neck, chest, and back if the client is comfortable. Note the type, the number, the depth, and whether marks or scars are already present. Ask how long the lesions last, whether they change with the monthly cycle, and what the client has used. Photographs with written consent help track change over weeks, but they are not a diagnosis. Do not name a disease or tell the client what caused the acne. Describe the pattern in plain words, such as blocked pores with a few inflamed bumps, and keep the language kind. Acne carries shame for many people, and a calm explanation is part of care.

The lesion type also sets the pace. Comedones may respond to a steady routine and a few months of patience. A handful of papules and pustules may settle with gentle home care and a supportive facial every three to four weeks. Nodules, cysts, widespread inflammation, and scarring need medical treatment, and the salon should not compete with it. If the client is already on a prescription product, support the basics and avoid adding strong actives without advice. Record what you saw and what you advised. The next clinician, whether a doctor or another therapist, should be able to read the note and understand the decision. Clear records protect the client and make the salon's limits visible.

- 1. Cleanse the skin gently and examine it in bright, even light.

- 2. Look at the forehead, nose, cheeks, jaw, chin, neck, chest, and back.
- 3. Name each lesion as a comedone, papule, pustule, nodule, or cyst.
- 4. Record the number, depth, location, and whether marks or scars are present.
- 5. Ask how long the lesions have been there and what makes them worse.
- 6. Ask what the client uses now, including prescription products.
- 7. Photograph the area only with written consent and a clear purpose.
- 8. Decide from the lesion type whether the salon can help or must refer.

Salon example

A fictional client, Priya, age twenty-two, booked a cleanup for bumps on her jaw. She had open comedones on her nose and a few small red papules on one cheek. On the other side of her jaw there was a firm, tender lump that had been present for ten days. The therapist examined the skin in daylight and wrote the findings by type. She extracted only the open comedones on the nose, using gentle pressure, and stopped when the skin became pink. The lump was not touched and no heat was applied. The therapist explained that it felt deeper than a surface spot and advised a dermatology appointment within the week. Priya was given a simple routine with a mild cleanser, a non-comedogenic moisturiser, and sunscreen, and was told not to squeeze the lump. She returned after the medical visit with a treatment plan. The salon continued only gentle care and sunscreen support while the doctor managed the deeper lesions. Priya also brought the pharmacy wash she had used, so the next plan would not repeat an ingredient that had already failed, and the therapist added it to the note.

CAUTION

Never squeeze, needle, or force a deep, painful lump that has no visible opening.

Support for comedones and mild papules

For comedones and a few mild papules, the salon can support a consistent routine without promising a cure. Cleansing twice a day with a mild product is enough for most adults, and a non-comedogenic moisturiser keeps the skin comfortable while treatment continues. Broad-spectrum sunscreen prevents the dark marks that follow inflammation, especially on deeper skin. Salicylic acid can help loosen blocked pores, and a cosmetic product is typically used a few nights a week rather than every night for a beginner. Benzoyl peroxide can help inflamed spots, but it can bleach towels and clothing, so the client must hear that warning before the first application. Improvement takes weeks, not days, and the plan should say so.

The home habits around acne matter as much as the bottle. Hair products can transfer oil to the forehead and jaw, especially with a fringe or long hair worn loose. A phone held against the cheek, a helmet strap, and a pillowcase washed rarely all add friction and oil. Sweat should be rinsed off after exercise rather than left to dry. The client should avoid gritty scrubs, strong toners, and kitchen pastes made from lemon, baking soda, or turmeric, because these irritate the skin and can deepen a mark.

None of these habits is a moral failure, and the therapist should say that plainly. The aim is a routine the client can follow on a busy day, not a perfect life.

Extraction is a small part of care, not the main event. Only ready comedones should be considered, and only after the skin has been cleansed and softened with a warm, damp cloth if needed. Use gentle pressure, work on one area at a time, and stop when the skin becomes red or the client feels pain. Do not extract inflamed papules or pustules, because pressure spreads inflammation and increases the chance of a scar. Do not use a metal tool aggressively or dig into a pore. After extraction, apply a calming product and sunscreen, and tell the client to keep the area clean and avoid makeup for the rest of the day. If the skin reacts, the next visit goes gentler, not stronger.

A realistic acne plan has three parts: a simple daily routine, one active matched to the lesion type, and a review date. Start the active slowly. Salicylic acid a few nights a week suits oily, comedonal skin; benzoyl peroxide suits inflamed papules and pustules but dries the skin and bleaches fabric. Do not stack both on the same night at the start, and do not add a retinoid in the same week. Ask the client to hold everything else steady for two weeks so a reaction can be traced. At the review, count new lesions rather than judging the whole face by mood. If there is no change by six to eight weeks, change one thing or refer. Do not keep adding products to a plan that is not working.

- 1. Cleanse twice a day with a mild product and rinse after heavy sweating.
- 2. Use a non-comedogenic moisturiser and broad-spectrum sunscreen daily.
- 3. Start salicylic acid a few nights a week, not every night.
- 4. Warn that benzoyl peroxide can bleach towels, pillowcases, and clothing.
- 5. Do not use a scrub, a strong toner, or a kitchen paste on inflamed skin.
- 6. Keep hair products away from the forehead and jaw where possible.
- 7. Extract only ready comedones, with gentle pressure, and stop if the skin reddens.
- 8. Hold the rest of the routine steady for two weeks and review at six to eight weeks.

Salon example

A fictional client, Neha, age twenty-seven, had open comedones on her forehead and a few papules near the hairline. She used a strong scrub every morning and a heavy hair oil at night. The therapist moved the hair oil away from the scalp edge, stopped the scrub for two weeks, and kept a mild cleanser and a non-comedogenic moisturiser. Salicylic acid was introduced later, three nights a week, on the forehead only. Neha was asked to change her pillowcase twice a week and to rinse her face after the gym. She wanted the spots gone before a holiday in ten days, and the therapist said that was not realistic. At the six-week review the forehead was smoother and the papules were fewer, though not gone. The plan continued at the same pace, with no new product added. Neha said the slower approach was easier to keep than the scrub routine. She also stopped applying the hair oil to her parting and used it only on the ends, which reduced the transfer to her forehead. The therapist wrote both changes on the card so the next visit could tell which one helped.

CAUTION

Do not promise clear skin by a specific date, and do not add a second active to speed it up.

When a client must see a dermatologist

Referral is part of good salon care, not a failure of it. Send the client to a dermatologist when there are nodules or cysts, when acne is painful, when scars are forming, or when the chest and back are heavily affected. Also refer when acne appears suddenly in an adult, when it comes with fever or joint pain, or when a person is pregnant and needs treatment advice. A client who has tried sensible cosmetic care for six to eight weeks without change may also need medical help. The salon can continue gentle support alongside medical treatment, but it should not compete with it or suggest that a facial can replace it.

The conversation should be direct and kind. Say what you can see, what you can safely do, and why the deeper lesions need a doctor. Avoid guessing at a diagnosis or naming a medicine. Write the referral in the client record, including the date, the location, and the reason. If the client is worried about cost or time, do not argue; explain that early treatment can reduce scarring and that waiting often makes the course longer. A salon that refers well earns trust. A salon that keeps extracting painful lesions to keep a booking loses it. The boundary protects both the client and the business, and it is easier to hold when it is explained before a treatment begins.

Some situations need speed. A rapidly growing, hot, swollen area with spreading redness may be an infection, and it should not wait for a facial appointment. A client with a fever and widespread skin lesions needs medical care. A client who has taken a prescription acne medicine and developed severe dryness, headache, or vision changes should speak to their doctor promptly. A pregnant or breastfeeding client who asks for a retinoid or a strong acid should be sent to their doctor for advice on a specific product. The salon does not adjust a prescription, stop a medicine, or suggest a substitute. It supports cleansing, moisturising, and sunscreen, and it keeps the note factual.

Follow-up keeps the referral honest. If the client does not go, ask again at the next contact without pressure. If they do go, ask what the doctor advised and record it with permission. Do not change the medical plan, and do not add a strong active because the client is impatient. If the doctor prescribes a product, the salon can help with the order of steps and the amount used, but it should not invent a schedule. When the acne is calmer, the salon may return to gentle maintenance. The record should show the whole arc: what was seen, what was advised, when the client was referred, and what happened next. That record is the difference between a professional service and a hopeful guess.

- 1. Refer nodules, cysts, painful acne, and any acne that is leaving scars.
- 2. Refer sudden adult acne and acne with fever, joint pain, or feeling unwell.
- 3. Refer a pregnant or breastfeeding client who wants an active the label warns against.
- 4. Refer a client whose skin is not settling after six to eight weeks of sensible care.
- 5. Do not extract, needle, or apply heat to a deep or painful lesion.
- 6. Write the reason, location, and date of the referral in the client record.
- 7. Give the client the safe basics: cleanser, moisturiser, and sunscreen.

- 8. Ask about the outcome at the next contact and record it with permission.

Salon example

A fictional client, Karan, age thirty, asked for a deep cleansing facial because of painful lumps on his back and jaw. He had tried a medicated wash from a pharmacy and a salon scrub without improvement. The therapist saw several nodules, some with dark marks around them, and no open comedones that needed extraction. She did not perform the facial. She explained that the lumps were deeper than surface pores and that squeezing could worsen the scars. She recommended a dermatology appointment within the week and gave him a simple cleansing and sunscreen routine for the meantime. Karan was initially disappointed and said the facial was cheaper than a doctor. The therapist did not argue; she said the lumps needed a medical plan and that the salon would still be there afterwards. He returned a month later with a treatment plan and said the lumps were less painful. The salon booked only gentle care while he continued treatment. Karan also stopped using the pharmacy wash on his back, because the doctor wanted to see the skin without another active in the way, and he changed his gym towel twice a week.

CAUTION

Do not treat a painful, deep lesion as a cosmetic problem or promise that a facial will clear it.

nandunai.com

Cosmetic Actives: Typical Use, Not Prescriptions



Cosmetic active versus medicine

A cosmetic product cleans, moisturises, perfumes, or changes appearance. A drug treats or prevents disease. The same ingredient can appear in both worlds at different strengths and with different claims. In a salon, the therapist works with cosmetic products and typical use, which means supporting the look and comfort of the skin rather than diagnosing acne or prescribing treatment. A cosmetic active may still cause irritation, so the therapist must respect the label, the client's history, and the skin's response. The word active sounds powerful, but it does not mean more is better. A short, steady routine usually beats a crowded shelf of half-used bottles.

Reading the label is a practical skill, and the cosmetic actives chapter is not the only place it matters. Look at the ingredient list, the directions, and the warnings. If a product says to use it twice a week, do not suggest daily use because the client wants faster results. If the label says to avoid broken skin, respect that. If a product has no ingredient list and no manufacturer details, do not apply it. The therapist should also ask what else the client uses, including prescription products from a doctor. A cosmetic serum can sit alongside medical treatment, but the timing and the combination need thought. When in doubt, keep the routine simple and refer.

The consultation decides more than the product. Ask what the client uses morning and night, how long the concern has been present, and what has already failed. Ask about pregnancy, breastfeeding, medicine, and recent salon treatments, because each changes what is safe to suggest. Ask what a good result would look like in the client's own words. Some clients want a calmer skin; others want a mark gone by a wedding. The therapist can work honestly with the first wish and must be cautious with the second. A plan built on the client's real routine, not an ideal one, is more likely to be followed. If the client will do two steps on a busy day, design two steps.

One new product at a time is the rule that makes the rest of the plan readable. Introduce it on a small area for two to three nights, then move to the full face if there is no sting, swelling, or spreading redness. Start at the lower end of the label's frequency, which is often once a day or every other night. Hold the cleanser, moisturiser, and sunscreen steady for two weeks so a reaction can be traced. Write the start date on the plan card. If a reaction begins, stop only the new product; stopping everything teaches nothing. This method is slower than a shopping spree, but it produces a clear answer, which is what the client came for.

- 1. Ask for the names of every product used in the morning and at night.
- 2. Check the ingredient list, directions, and warnings on each product.

- 3. Ask about pregnancy, breastfeeding, medicine, and recent salon treatments.
- 4. Choose one active for the first job and leave the rest for later.
- 5. Test the new product on a small area for two to three nights.
- 6. Start at the lower end of the label's frequency, not twice a day by default.
- 7. Hold the cleanser, moisturiser, and sunscreen steady for two weeks.
- 8. Write the start date and the review date on the plan card.

Salon example

A fictional client, Aarti, age thirty-five, brought a bag of unlabelled serums to her appointment. She had bought them online after watching videos about glass skin. One bottle had no ingredient list, and another had a strong perfume smell. The therapist explained that she could not safely apply products without a label and that she would not guess at the contents. Aarti was disappointed because she had spent money on them. The therapist did not criticise her. Instead, she reviewed the one product with a clear label, checked the directions, and planned a small test on the jaw. The unlabelled bottles were set aside. The routine was reduced to a mild cleanser, a moisturiser, and sunscreen, with the labelled serum used on alternate nights after the test. At the review, Aarti said her skin felt less irritated. The therapist noted that a clear label was more useful than a dramatic promise, and that the money already spent was not a reason to use an unknown product. Aarti photographed the label of the serum she kept, so she could find the same product again instead of buying another unlabelled bottle.

CAUTION

Do not apply a product that has no ingredient list or manufacturer details, however popular it is.

Common actives and sensible rhythms

Several cosmetic actives are common in salon and home care, and each has a typical rhythm. Salicylic acid helps loosen blocked pores and is usually used a few nights a week in a cleanser or leave-on product, not every day for a beginner. Benzoyl peroxide helps inflamed spots; a small amount on the spot or a low-strength wash once a day is a common start, and it can bleach fabric, towels, and hair. Azelaic acid supports acne and the look of marks and is often better tolerated than a strong acid. Niacinamide supports the barrier and the look of pores, often at two to five per cent in a serum or moisturiser. Vitamin C is a morning antioxidant used under sunscreen. These are cosmetic roles, not prescriptions, and the label decides the details.

Retinoid products need the slowest start of all. A pea-sized amount for the whole face, at night, two nights a week, is a common beginning for a beginner. Dryness, flaking, and a temporary purge can appear in the first weeks, so a moisturiser and sunscreen are essential. Build the frequency only after two calm weeks, and do not use a strong acid or a scrub on the same night. Vitamin C is usually a morning step because it sits well under sunscreen, while a retinoid is usually a night step. A brief tingle from an acid can be normal; a sting that lasts, swelling, or a rash is not. Stop the product and treat it as a reaction.

The order of steps matters less than consistency, but a few rules prevent trouble. Apply the thinnest product first, then the moisturiser, then sunscreen in the morning. If a retinoid is part of the plan, apply it to dry skin and follow with moisturiser if the skin is dry. Do not mix a strong acid and a retinoid in the same layer or the same night for a beginner. Do not use a vitamin C serum that has turned dark brown, because it is spent and may irritate. Do not add a new active during a reaction or a course of prescription treatment. The client should be able to say what they use and when without reading a list. If they cannot, the plan is too complicated.

Some clients will ask for faster results, and the honest answer is that cosmetic actives work over weeks. Texture and pores may look better by six to eight weeks; marks take longer; fine lines soften slowly, if at all. Promising more invites disappointment and, worse, encourages stacking. The therapist should explain the timeline at the start and repeat it at each review. If the client wants a stronger product, ask what they hope it will do and whether they have followed the current plan on most days. A missed routine is more common than a weak product. Change one thing, give it time, and keep a record. That is the professional pace, even when the client wants a dramatic one.

- 1. Use salicylic acid a few nights a week to start, not every night.
- 2. Apply benzoyl peroxide only as directed and warn that it can bleach cloth.
- 3. Use azelaic acid once a day to start and watch for lasting sting.
- 4. Choose niacinamide at a typical two to five per cent and start lower if the skin flushes.
- 5. Put vitamin C in the morning, under sunscreen, not after it.
- 6. Start a retinoid at pea size for the whole face, two nights a week.
- 7. Do not use a strong acid on the same night as a retinoid for a beginner.
- 8. Do not suggest a retinoid in pregnancy unless the client's doctor approves that product.
- 9. Stop any product that causes swelling, a spreading rash, or a sting that lasts.

Salon example

A fictional client, Sana, age thirty-eight, wanted to start three new products in one week: a vitamin C serum, a retinoid, and a salicylic toner. The therapist agreed to one. Sana began with vitamin C in the morning, applied under sunscreen, and kept the rest of the routine unchanged for two weeks. Her skin tolerated it. The retinoid was added next, two nights a week, with a pea-sized amount and a moisturiser on top. The salicylic toner was left for later. In the third week Sana developed mild flaking around the mouth. The therapist reduced the retinoid to one night a week and added a thicker moisturiser at night. The flaking settled. The toner was introduced after another two weeks, on alternate nights. The sequence was slower than Sana wanted, but it made the cause of each reaction easy to find. She said she finally understood which product did what, instead of blaming her skin. The therapist wrote the sequence on a card with the start date of each product, and Sana agreed to bring the card to every visit so the history did not depend on memory.

CAUTION

Do not start two new actives in the same week, and never start two on the same night.

What not to recommend

Some treatments belong to a doctor. Tretinoin is a prescription retinoid, and oral isotretinoin is a prescription medicine with important risks and monitoring. A salon should not recommend, supply, or adjust either one, and should not tell a client to stop or restart a course. Hydroquinone is a medicine for pigment and belongs under medical guidance. Oral tranexamic acid is also a medicine with risks, including clotting concerns, and is not a salon recommendation. Steroid creams for brightness are dangerous and can thin the skin, trigger acne, and cause stubborn pigmentation when stopped. When a client asks for any of these, the answer is a clear explanation and a referral, not a workaround.

Do not compound peels in the salon or mix ingredients to make a stronger product. Do not use a medical peel protocol without training, supervision, and the right setting. A peel is not a shortcut for a wedding, and a stronger peel is not a better peel. Do not recommend a retinoid to a client who is pregnant, planning pregnancy, or breastfeeding unless their doctor says a specific product is acceptable. Do not suggest a strong acid, a high-strength peel, or a combination of actives as a substitute for medical care. The therapist can explain why the boundary exists without frightening the client. The safe path is a simple routine and a referral when the question moves beyond cosmetic support.

Be careful with claims as well as ingredients. A product that promises to remove wrinkles, cure acne, or lighten natural skin colour is making a promise the salon cannot support. Collagen drinks, powders, and teas are not a treatment for skin aging, and the evidence is weak. A supplement recommended by a friend is still a medicine-like product with possible interactions, so do not suggest one. If a client is already taking a supplement or a prescription, record it and work around it. Do not sell a package of strong peels as an anti-aging cure. Honest limits are part of professional care, and they protect the client from harm and the salon from a complaint it cannot answer.

Every refusal should come with an alternative. If the client wants a strong peel before an event, offer a gentle cleanse, a hydrating mask, and a sunscreen review, and explain that calm skin photographs better than irritated skin. If the client wants a fairness cream, ask what they dislike and work on marks, texture, or acne instead. If the client wants a prescription product, help them prepare questions for a doctor. A refusal without a next step feels like rejection. A refusal with a plan feels like care. Write the alternative on the card so the client leaves with something practical, and set a review date so the conversation continues rather than ending at the word no.

- 1. Do not recommend, supply, or adjust tretinoin or oral isotretinoin.
- 2. Do not recommend hydroquinone or oral tranexamic acid; refer instead.
- 3. Do not recommend a retinoid in pregnancy or breastfeeding without the doctor's approval.
- 4. Do not compound a peel or mix strong actives to make a stronger product.
- 5. Do not use a medical peel protocol without training, supervision, and consent.
- 6. Do not recommend steroid creams or fairness creams for brightness.
- 7. Do not rank collagen drinks, powders, or teas as a skin treatment.
- 8. Offer a safe alternative and a referral instead of ending at no.

Salon example

A fictional client, Ritu, age thirty-three, asked for a strong peel because she wanted faster results before a wedding. She was also using a retinoid given by a friend and had not told her doctor. The therapist explained that a strong peel could not be stacked with a retinoid and that the combination could cause burns and dark marks, especially on her skin type. Ritu was unhappy because she wanted a dramatic change. The therapist did not promise one. She stopped the retinoid, kept a gentle routine, and recommended a dermatology appointment to review the treatment. She offered a hydrating service before the wedding instead of a peel. Ritu accepted reluctantly. The wedding took place without a peel, and her skin was calm in the photographs. She returned later with a medical plan and said the honest conversation had saved her from a worse outcome. The salon kept her as a client because it had not rushed her. Ritu later said the calm skin in the photographs mattered more than a dramatic change she could not have explained to her family. The therapist recorded the refusal and the alternative service on the card.

CAUTION

A strong peel is not a salon shortcut, and a prescription product is not a salon recommendation.

nandunai.com

Pigment and PIH on Deeper Skin



Why deeper skin marks after inflammation

In darker skin, inflammation often leaves a mark after the original spot has gone. This is called post-inflammatory hyperpigmentation, or PIH. Melanocytes, the cells that make pigment, respond to injury by producing more melanin, and the mark can sit in the same place for months. Acne, insect bites, eczema, burns, friction, and rough extractions can all trigger it. The mark is not a scar in the sense of a permanent dent, although scars and marks can exist together. The client often cares about the colour more than the texture. The therapist should explain that the mark is the skin's response to injury, not dirt, poor hygiene, or a sign that the client did something wrong.

Deeper skin has a higher risk of pigment change after heat, friction, and strong peels. A treatment that leaves a light-skinned client slightly pink can leave a darker-skinned client with a brown patch that lasts far longer. This is why the same protocol cannot be applied to every face. The therapist should ask about previous reactions, keloids, and dark marks after cuts, waxing, or laser. A history of a mark that stayed for a year after a minor injury is useful information. It does not mean the client cannot be treated; it means the plan should be conservative, with sunscreen as the first step and actives introduced slowly. The goal is to fade the mark without creating a new one.

The assessment should separate the mark from the condition that caused it. Ask whether the skin is still inflamed, whether new spots are forming, and whether the client is picking or scrubbing. A mark that is still being irritated every day will not fade, no matter which serum is applied. Look at the borders, the colour, and the texture. A flat brown patch is different from a raised or changing lesion. Photograph the area with written consent and use the same light at each visit, because memory is unreliable over eight weeks. Record the Fitzpatrick type, the products in use, and any recent procedure. These details make the plan repeatable and the progress honest.

The first job is to stop new inflammation. That means treating active acne gently, stopping scrubs and picking, and protecting the skin from sun every morning. The second job is support, with one cosmetic active such as azelaic acid, niacinamide, arbutin, or vitamin C. The third job is time. Typical fading takes weeks to months, and a mark can look darker before it looks lighter if the skin is irritated. The therapist should not promise removal in a set number of days. Review at six to eight weeks, compare the photographs, and decide whether to continue, change one product, or refer. If a mark is changing, bleeding, or new and dark, it is not a pigment case, and the client needs a same-day referral.

- 1. Ask what caused the mark and whether the original problem is still active.
- 2. Ask about dark marks after past cuts, waxing, laser, or insect bites.

- 3. Look at the border, colour, texture, and size in bright daylight.
- 4. Record the Fitzpatrick type and every product the client is using.
- 5. Photograph the area with written consent and the same lighting each time.
- 6. Stop picking, scrubbing, and any product that stings.
- 7. Start daily sunscreen before adding any brightening product.
- 8. Review at six to eight weeks and refer if the lesion is changing or bleeding.

Salon example

A fictional client, Farah, age twenty-six, had a dark mark on her cheek after a small pimple. She had squeezed the pimple and applied a paste made from lemon juice and baking soda. The mark was now larger and darker than the original spot. The therapist explained that the paste had caused more irritation and that the pigment would take months to fade. Farah wanted a quick peel. The therapist recommended sunscreen every morning, a mild cleanser, and a moisturiser, with no scrub and no paste. Azelaic acid was added after two weeks, on alternate nights, and the skin tolerated it. Progress was photographed at each visit in the same light. At eight weeks the mark had faded but was still visible. Farah was told that patience was part of the treatment and that a second strong product would not speed it up safely. She admitted that she had expected a dramatic change and said the photographs helped her see the smaller, real improvement. The therapist also asked her to bring the paste ingredients to the next visit, so the conversation about kitchen remedies could be specific rather than general.

CAUTION

Do not scrub a dark mark or treat it with lemon juice, baking soda, or another kitchen paste.

Sunscreen as the main step

For pigment, sunscreen is not an add-on. It is the main step. Ultraviolet light stimulates melanocytes and can darken an existing mark within days, especially on skin that already makes pigment easily. A broad-spectrum sunscreen of SPF 30 or higher should be used every morning, even indoors near a window, and reapplied during long outdoor time. The client should cover the face, ears, neck, and any exposed chest. A hat and shade add protection that no bottle can replace. A tinted sunscreen with iron oxides can also help with visible light, which matters for some pigment conditions. The therapist should treat sunscreen as a technique to be taught, not a product to be sold.

The amount matters, and most people apply far less than the label intends. For an average adult body, the FDA describes about one ounce, roughly a shot glass, as the amount needed for even coverage. That full-body measure is the practical version of the two milligrams per square centimetre used in the laboratory SPF test. For the face and neck, the therapist can teach an everyday measure such as two finger lengths, without turning it into a gram prescription. The point is not precision at the mirror; it is enough product to cover the skin evenly. Many clients miss the ears, the nose, the lips, the neck, the hands, the feet, and the hairline, so those spots belong in the demonstration.

Reapplication is where daily protection usually fails. The FDA advises reapplying at least every two hours, and sooner after swimming, heavy sweating, or towelling off. No sunscreen is waterproof, and a water-resistant label describes a limited time in water or sweat, not a whole afternoon. A client who applies once before work and then sits near a window may still be exposed. Makeup with SPF is not enough on its own, because most people apply a thin layer and do not reapply it through the day. A powder with SPF can top up over makeup, but it does not replace a proper base layer. A hat, shade, and sunglasses reduce the load that sunscreen has to carry.

Sunscreen alone will not erase a mark, but without it other products work against a moving target. The therapist should check how the client applies it, not just whether they own a bottle. Ask them to show the amount on their hand, and watch which areas they skip. Many people miss the jawline, the sides of the neck, and the upper lip. In a hot climate, a light formula may be more tolerable than a heavy cream, and comfort improves daily use. The salon can help the client find a texture they will actually wear. A product that stays in the bag protects no one. Consistency over months is the realistic goal, and the review should ask about the boring days, not the holiday.

- 1. Choose a broad-spectrum sunscreen of SPF 30 or higher.
- 2. Apply it every morning, including cloudy days and indoor window light.
- 3. Use enough for even coverage; about one ounce covers an average adult body.
- 4. Cover the ears, nose, lips, neck, hands, feet, and hairline.
- 5. Reapply at least every two hours, and sooner after swimming or sweating.
- 6. Do not rely on makeup with SPF as the only protection.
- 7. Add a hat, shade, and sunglasses for long outdoor time.
- 8. Check the client's technique at each visit and correct the missed spots.

Salon example

A fictional client, Divya, age thirty-four, wanted her dark upper-lip mark to fade before a family function. She used a brightening cream at night but no sunscreen during the day. She worked outdoors for part of each morning and did not reapply anything. The therapist explained that the morning sun was likely maintaining the mark. Divya chose a light, tinted sunscreen that she found comfortable and kept it in her bag. She applied it before leaving home, again at lunch, and once more before the drive back. She also wore a wide-brimmed hat on outdoor days and began using an SPF lip balm, because she had not realised her lips were exposed. The unlabelled brightening cream was stopped. At six weeks the mark was lighter but not gone. Divya said the change was slow, and the therapist agreed, showing her the first photograph beside the current one. The plan continued with sunscreen as the anchor and no extra serum. Divya also started keeping a second bottle at work, because she often forgot to carry the first one, and the therapist noted the change in her record.

CAUTION

A brightening product without daily sunscreen is incomplete care, and makeup with SPF is not a substitute for it.

Supportive actives and medical treatment

Several cosmetic actives can support the look of uneven tone. Azelaic acid and niacinamide are often used for redness and pigment, and arbutin and vitamin C are common in brightening products. These ingredients can be helpful, but they are support, not a guarantee. Introduce one at a time, test on a small area, and stop if irritation appears. Do not combine several brightening products in the hope of faster results, because irritation itself can create more pigment. The client should understand that pigment fades over months and that new sun exposure can undo progress. A calm routine with sunscreen is more reliable than a shelf of strong serums, and it is easier to keep when the client is tired or busy.

Some pigment treatments are medical. Hydroquinone is a medicine and should be used under a doctor's guidance, not as an unlabelled salon product. Oral tranexamic acid is also a medicine with risks, including clotting concerns, and it is not a salon recommendation. A dermatologist may combine treatments, adjust strength, and monitor side effects. The salon should not suggest these medicines, source them for clients, or tell a client to use a friend's supply. If a client is already using a medical pigment treatment, the therapist can support the basic routine and ask what the doctor advised. The salon should not add a strong active without that information. Referral is the correct response when the question moves beyond cosmetic support.

Steroid fairness creams are a particular danger, and they are common in many markets. They can thin the skin, cause visible veins, trigger acne-like bumps, and produce severe pigmentation when stopped. A cream bought without a prescription may contain a steroid, mercury, or another ingredient that is not on the label. Signs include shiny skin, fine hair, stretch marks, and dark patches that get darker over time. If a client is using one, advise stopping and seeing a doctor, because a sudden stop can cause a flare that needs supervision. Do not taper it yourself and do not replace it with another untested cream. The conversation should be respectful, because many clients were sold these products as a normal beauty purchase.

The honest timeline is the therapist's most useful tool. A new mark may improve a little by six weeks, but deeper pigment often needs several months, and some marks never disappear completely. The goal is a more even look, not a colour change. At each review, compare photographs, ask about new spots, and check whether the client has been using sunscreen on ordinary days. If a product is causing stinging, reduce it or stop it. If the client wants a faster result, explain that a stronger product raises the risk of more pigment. Keep the plan to one active and one review date. That simple structure is easier to follow than a complicated routine and easier to judge when the client returns.

- 1. Choose one supportive active: azelaic acid, niacinamide, arbutin, or vitamin C.
- 2. Test it on a small area for two to three nights before the full face.
- 3. Use it at the lower end of the label's frequency to start.
- 4. Do not layer two brightening products in the same routine.
- 5. Stop the active if the skin stings, flakes, or develops new redness.
- 6. Do not supply or recommend hydroquinone or oral tranexamic acid.
- 7. Advise stopping a steroid fairness cream and seeing a doctor.
- 8. Review at six to eight weeks with photographs and an honest comparison.

Salon example

A fictional client, Meena, age forty-two, brought a cream from a local shop that promised fair skin in two weeks. The tube had no ingredient list, only a picture of a pale face. She had used it for three months and noticed thinning skin and new spots on her cheeks. The therapist did not apply any treatment. She explained that the cream might contain a steroid and that stopping suddenly could cause a flare. Meena was advised to see a dermatologist for a supervised plan. In the meantime the salon kept a gentle cleanser, a moisturiser, and sunscreen, and added no brightening active. Meena was upset by the change in her skin and needed a clear, honest explanation. The therapist showed her the signs on her own face in a mirror and wrote them down, so she could describe them to the doctor. She also asked Meena to bring the tube to the appointment. The referral was the most useful service that day, and the salon booked a review for after the medical visit. Meena was asked to bring the tube and a list of what she had used before it, so the doctor could see the full history rather than one product.

CAUTION

Do not recommend a fairness cream, promise a lighter skin colour, or stop a steroid cream without medical advice.

nandunai.com

Melasma: Calm, Not Aggressive



What melasma is

Melasma is a common pigment condition that usually appears as symmetrical brown patches on the cheeks, forehead, upper lip, or chin. On deeper skin the colour may look brown, grey, or bluish rather than pink. It is more common in women, particularly those with medium to dark skin, and it can run in families. Sun exposure, heat, hormonal changes, and some medicines can contribute. It is not contagious, it is not a sign of poor hygiene, and it is not a type of skin cancer. The patches may fade and return, which makes melasma a long-term condition rather than a quick fix. A salon therapist can support daily care and help the client avoid triggers, but should not claim to cure it.

The pattern is usually bilateral, but it can be uneven. Some clients notice it during pregnancy, after starting a hormonal contraceptive, or after a summer of outdoor work. Others cannot identify a trigger. The therapist should ask about sun, heat, and product history, and should look at the whole face rather than one patch. Melasma can coexist with post-inflammatory marks and with sun damage, and the client may confuse the three. A dermatologist can confirm the diagnosis, sometimes with a lamp or a scope. The salon should not treat every brown patch as melasma or every melasma as a simple cosmetic problem. Clear language prevents false hope and unnecessary treatment.

The consultation should include the questions that change the plan. Ask when the patches first appeared and whether they change with seasons, pregnancy, or a new medicine. Ask about outdoor work, cooking over a hot stove, long drives, and time in a sauna or steam room. Ask about family history and about previous peels or laser treatments. Ask whether the patches itch, burn, or bleed, because those symptoms point away from ordinary melasma. Ask what the client hopes for, and listen for the difference between covering the patches for an event and treating them for the long term. The answer decides whether the salon offers gentle care, a camouflage lesson, or a referral.

What the salon can do is modest and useful. It can teach daily sunscreen, shade, and a hat. It can keep the routine gentle and fragrance-free. It can avoid heat, friction, and strong peels. It can review the skin every three to four weeks and refer when the pattern changes or the client wants medical treatment. It can also help the client set a realistic goal: calmer, more even-looking skin with fewer flares, not a guarantee of one uniform colour. Melasma is often controlled rather than cured, and saying so early prevents the disappointment that leads clients to stronger and more dangerous products.

Melasma is not the same as a mark left by a single pimple, although the two can sit side by side. A post-inflammatory mark usually has a clear cause and a defined edge; melasma is often broader, symmetrical, and driven by heat and light. The therapist should describe what is visible and avoid

naming a diagnosis with certainty. If the pattern is unclear, if only one side of the face is affected, or if there is scaling, tenderness, or a raised border, refer. A photograph can help the doctor, but the salon should not diagnose from it. The client should leave knowing what the salon will do, what it will not do, and when to return.

- 1. Ask when the patches appeared and whether they change with season or hormones.
- 2. Ask about pregnancy, hormonal contraception, and medicines.
- 3. Ask about outdoor work, cooking heat, saunas, and long drives.
- 4. Look at the whole face and describe the pattern in plain words.
- 5. Ask about itching, burning, bleeding, or a raised border.
- 6. Ask what the client wants: cover for an event or long-term care.
- 7. Do not confirm a diagnosis from a photograph or a single visit.
- 8. Refer when the pattern is unclear or the client wants medical treatment.

Salon example

A fictional client, Shalini, age thirty-nine, noticed brown patches on both cheeks after a holiday. She assumed the cause was a new face wash and asked the salon for a strong brightening facial. The therapist saw a symmetrical pattern across both cheeks and the upper lip, which had also appeared during her pregnancy years earlier. She did not promise that the facial would remove it. She explained that sun and heat could keep the patches active and that a dermatologist should confirm the diagnosis. Shalini was given a simple routine with sunscreen, a mild cleanser, and a moisturiser, and was advised to avoid direct sun and hot cooking steam. She booked a medical appointment. The salon offered only gentle care later, with no heat treatments and no peel. Shalini said she valued the honesty more than a quick facial, although she wished the answer were simpler. The therapist recorded the pattern, the referral, and the review date. Shalini also agreed to photograph her cheeks in the same window light each week, which gave the doctor a simple record of whether the patches were stable or changing.

CAUTION

Do not diagnose melasma from a single photograph, and do not promise that a facial will clear it.

Heat, steam, and peels

For melasma, heat is a common trigger. Steam, hot towels, hot oil treatments, sauna, and prolonged massage with warm tools can all make the skin flush and may worsen pigment. A deep peel is also risky: it can cause irritation, post-inflammatory pigment, or a rebound darkening, especially in deeper skin. The salon should avoid these treatments when melasma is known or suspected. A gentle cleanse, a cool compress if the client is overheated, and sunscreen are safer choices. The therapist should explain why the relaxing part of a facial is not always helpful for this condition. Comfort and safety can coexist, but the plan has to put pigment first.

Clients often expect a facial to include steam because it feels professional. The therapist can offer a cool, hydrating treatment instead and explain the reason. Do not use a hot steamer to open pores; pores do not open and close like doors, and the heat adds a trigger without cleaning deeper. Do not apply essential oils or strong scrubs to an active patch. Do not promise that a peel will lift the pigment. If a client has had a recent peel elsewhere and the skin is red, swollen, or darker, stop and refer. The salon record should note the decision. A short explanation now can prevent a long pigmentation problem later, and a client who understands the why is less likely to seek a stronger treatment elsewhere.

A peel is not a neutral service. The strength, the number of layers, the pH, and the aftercare all affect the result, and deeper skin carries a higher risk of pigment change. Salon staff should not invent a peel protocol, combine acids to make a stronger product, or use a medical peel without training and supervision. If the salon offers peels, it should follow a trained protocol, obtain consent, and explain the downtime and the signs that need medical care. For a client with melasma, the safer choice is usually no peel at all. The therapist should say that plainly rather than offering a mild peel and hoping. A calm service that protects the barrier is a better use of the appointment.

The service itself should be designed around cooling and hydration. Use tepid water, a gentle cleanser, and a mask at room temperature. Skip the steamer, the hot towel, and the warming massage. Keep the massage short and light if the barrier is intact, and avoid friction on the patches. Apply sunscreen at the end, including the ears and neck, and show the client how to reapply later. Ask what they use at home and remove any scrub, brush, or hot oil treatment. If the client wants a glow before an event, offer hydration and camouflage advice rather than heat and exfoliation. The result may be less dramatic in the chair, but it is less likely to leave a darker patch behind.

- 1. Skip steam, hot towels, sauna, and hot oil on the face.
- 2. Do not use a hot steamer to open pores; it adds heat without cleaning deeper.
- 3. Avoid a deep peel on known or suspected melasma.
- 4. Do not scrub, brush, or rub the patches.
- 5. Use tepid water, a gentle cleanser, and a cool or room-temperature mask.
- 6. Keep massage short and light, and avoid friction on the patches.
- 7. Apply sunscreen at the end and teach reapplication.
- 8. Stop and refer if the skin is red, swollen, or darker after a recent peel elsewhere.

Salon example

A fictional client, Nisha, age thirty-one, booked a glow facial before her sister's wedding. She had melasma on her forehead and cheeks and wanted the patches covered, not treated. The therapist explained that the standard facial included steam and a warm massage, which could make the patches darker. Nisha was disappointed because she had expected the full experience. The therapist offered a cool cleanse, a hydrating mask at room temperature, and sunscreen, with no steam and no peel. Nisha agreed. The therapist also showed her how to apply sunscreen around the hairline, where she often missed it, and suggested a hat for the outdoor ceremony. The facial was shorter than expected but comfortable. Two weeks later the patches had not darkened. Nisha booked the same gentle service again and asked for help with makeup that would not rub the skin. The therapist kept a note that heat was to be avoided at every visit. Nisha later said the cool facial felt strange at first but she did not have to hide her cheeks the next morning, which mattered more than the steam she had expected.

CAUTION

Steam and heat are not neutral for melasma, and a deep peel can make it darker.

Referral and long-term care

Refer a client with melasma when the patches are spreading, when the colour is changing quickly, when there is pain or itching, or when the diagnosis is uncertain. Also refer during pregnancy, when a client is planning pregnancy, or when a client wants medical treatment. A dermatologist can assess the pattern and discuss options that are not available in a salon. The salon can continue gentle cleansing, moisturising, and sunscreen support alongside medical care. The client should not be sent away with a vague instruction to avoid the sun. Give clear, practical steps and a review date. The referral should name what was seen, not a guessed disease, and it should be written in the record.

Long-term care is about consistency. Sunscreen every morning, shade during peak hours, a hat, and a gentle routine matter more than a dramatic weekly treatment. The client should know that melasma can return after improvement and that maintenance is normal. Avoid frequent changes of products, because each new active can cause irritation. Keep a simple record of what is used and how the skin responds. If a product causes stinging or redness, stop it. The salon should not promise permanent removal. A realistic goal is a calmer, more even-looking skin with fewer flares, not a guarantee of one uniform colour. Progress should be judged over months, with photographs taken in the same light.

The client's daily life shapes the result. Ask about commuting, cooking, gardening, and outdoor exercise. A helmet, a hot kitchen, and a sunny balcony all matter. Suggest a wide-brimmed hat, shade during the middle of the day, and a sunscreen the client will actually reapply. For some clients, a tinted sunscreen with iron oxides helps with visible light and doubles as light coverage. For others, a separate camouflage product is the practical answer for an event. Neither is a treatment, and the therapist should say so. The aim is protection and confidence while the medical or cosmetic plan does its slow work. A client who feels covered is less likely to try a harsh remedy out of frustration.

Review is what keeps the plan honest. At each visit, ask about new patches, stinging, and sun exposure. Compare the photographs and note whether the colour is calmer, the same, or darker. If the skin is calmer, continue and resist adding a product. If it is worse despite good protection, refer. If the client has stopped the routine, ask why before judging the result. A plan that does not fit the client's life will fail, and the therapist should adjust the number of steps rather than the strength of the products. Melasma is a long conversation, not a single treatment. The salon's value is continuity, clear limits, and a calm place to return to when the patches flare.

- 1. Refer spreading, painful, itchy, or rapidly changing pigment.
- 2. Refer when the diagnosis is uncertain or the pattern is one-sided.
- 3. Refer during pregnancy or when the client wants medical treatment.
- 4. Continue gentle cleansing, moisturising, and sunscreen alongside medical care.
- 5. Recommend a hat, shade, and reapplication during long outdoor time.
- 6. Keep the routine stable and change one product at most at a review.
- 7. Compare photographs in the same light every three to four weeks.
- 8. Do not promise permanent removal; describe control and fewer flares.

Salon example

A fictional client, Anita, age forty-five, had melasma that had spread from her cheeks to her jaw over three months. She wanted the salon to treat it with a strong peel because a friend had good results. The therapist explained that spreading pigment needed a medical review first and that a peel could make it worse. Anita was reluctant but agreed to an appointment. The dermatologist confirmed melasma and discussed a plan. The salon continued with a gentle cleanser, a moisturiser, and sunscreen, and did not add any active during the first weeks. Anita found the routine boring. The therapist reminded her that boring was the point and showed her the photographs from the first visit. At the review the spreading had stopped and the colour was slightly calmer. Anita kept the same routine and began wearing a hat on her walk to work. The therapist recorded the medical plan without changing it. Anita also stopped using a hot oil treatment at home, which she had believed was harmless because it was natural, and the therapist explained the difference between a soothing ritual and a pigment trigger.

CAUTION

Refer spreading pigment rather than treating it more aggressively, and never promise a cure.

A Six-to-Eight-Week Plan



The morning routine

A morning routine should be short enough to repeat on a busy day. Start with a mild cleanser if the skin is oily or has been treated at night; otherwise lukewarm water may be enough for dry or sensitive skin. Apply a moisturiser suited to the skin type, then a broad-spectrum sunscreen of SPF 30 or higher. If vitamin C is part of the plan, it goes before the moisturiser and sunscreen. Makeup can follow once the sunscreen has settled. The order matters less than consistency, but sunscreen should always be the last skincare step before makeup. A routine that takes two minutes is more likely to be used daily, and daily use is what produces the result.

The morning is also a good time to check the skin. Look for new redness, flaking, or swelling before applying anything. If the skin is irritated, remove the active and keep the basics. Do not add a second serum to cancel the irritation. The client should carry sunscreen for reapplication if they will be outdoors, and a hat is useful in strong sun. In humid weather a lighter moisturiser may be more comfortable; in dry weather a richer one may help. The plan should bend with the season, not break. The therapist can review these details at each visit and adjust one thing at a time, which keeps the cause of any change easy to find.

The amount of sunscreen is part of the technique. For the face and neck, teach a practical measure such as two finger lengths, and show the client how to cover the ears, the sides of the neck, and the hairline. For the body, the FDA describes about one ounce, a shot-glass amount, for an average adult. Reapply at least every two hours outdoors, and sooner after swimming or heavy sweating. Do not rely on makeup with SPF as the only layer. A client who wears a light moisturiser, a sunscreen, and a tinted powder has a better chance of even coverage than one who relies on a foundation labelled with a number. The therapist should check the bottle's directions and expiry, because an old product may be less effective.

A morning plan should also fit the client's work. Someone who starts at seven may not wait between steps, so choose products that sit well together and do not pill. Someone who works outdoors needs a water-resistant option and a way to reapply. Someone who works nights may apply sunscreen before sleeping and again before leaving in the morning, because the routine follows light exposure, not the clock. Ask about the real morning, not the ideal one. If the client has ten minutes and two children, a three-step plan is realistic and a six-step plan is not. Write the steps in order, with the amount for sunscreen, and ask the client to repeat them back. That small check catches most misunderstandings before they become a skin problem.

- 1. Cleanse with a mild product, or rinse with lukewarm water if the skin is dry.

- 2. Apply vitamin C first if it is in the plan, and only if the skin tolerates it.
- 3. Apply a moisturiser suited to the skin type.
- 4. Apply broad-spectrum SPF 30 or higher as the last skincare step.
- 5. Use a practical measure for the face and neck and do not forget the ears.
- 6. Wait for the sunscreen to settle before applying makeup.
- 7. Carry sunscreen for reapplication and use a hat outdoors.
- 8. Check the skin for redness or flaking before adding the active.

Salon example

A fictional client, Pooja, age twenty-nine, said she had no time for a morning routine. She woke late, skipped breakfast, and applied makeup on bare skin. The therapist built a two-minute plan: rinse with lukewarm water, apply a light moisturiser, then a sunscreen that also had a slight tint. Pooja kept the sunscreen beside her toothbrush so she would see it. She was not asked to add vitamin C or a serum. The therapist showed her how to cover her ears and the back of her neck, which she had never done. After two weeks she reported that the routine felt normal. Her skin was less tight by midday, and the tint gave her enough coverage to skip foundation on some days. The therapist then asked whether she wanted to add one product. Pooja chose to keep the routine as it was for another month, and the review was set for six weeks. She also put a hat in her bag after the therapist pointed out that her commute crossed the sunniest part of the morning, and she began applying the tinted sunscreen to her ears, which she had previously skipped.

CAUTION

Do not build a morning routine so long that the client abandons it, and do not let makeup replace sunscreen.

The night routine

At night the goal is to remove the day gently and support repair. Use a mild cleanser and lukewarm water. If the client wears sunscreen or makeup, a double cleanse may help, but it should not involve scrubbing. Pat the skin dry and apply moisturiser. On active nights, use only one active and follow the label. A retinoid is usually applied to dry skin, in a pea-sized amount for the whole face, and followed by moisturiser if the skin is dry. Do not layer a retinoid with a strong acid or a scrub on the same night. The fewer the steps, the easier it is to spot a problem and the more likely the client is to keep going.

The night routine should change when the skin is stressed. If there is stinging, redness, or flaking, stop the active and use only cleanser and moisturiser until the skin settles. Do not use a mask to fix irritation caused by another product. Do not apply a thick layer of a strong active in the belief that more will work faster. The client should also change pillowcases regularly and keep hair products away from the face. Sleep, food, and stress affect the skin, but the therapist should not promise that a perfect routine will solve every flare. The plan is support, not control, and the client should not feel blamed when the skin has a bad week.

Active nights need a simple calendar. A retinoid might be used on Monday and Thursday to begin; a salicylic product might be used on other nights, but not in the same week as a new retinoid for a beginner. Azelaic acid can be used on alternate nights, and niacinamide can be used more often if the skin tolerates it. Write the nights down and keep the rest of the routine the same. If the client loses track, fewer active nights are better than a guess. Do not use two acids on the same night, and do not use a strong acid after a salon peel or a long day in the sun. The schedule should be boring enough to repeat and clear enough to explain to someone else.

The night is also when the client notices change. Ask them to note stinging, flaking, new spots, or a calmer feeling in the morning. A short message once a week is enough; a daily diary often becomes a chore. If a product causes swelling, a spreading rash, or hives, stop it and seek advice. If the skin is simply a little dry, add moisturiser rather than removing the active immediately. The therapist should explain the difference between a mild adjustment and a reaction, because clients often stop too early or push through too much. The plan card should list what to stop, what to keep, and when to call. That clarity is more valuable than a long list of products.

- 1. Remove sunscreen and makeup gently with a mild cleanser.
- 2. Use a double cleanse only if needed, and never scrub.
- 3. Pat the skin dry and apply moisturiser on damp skin.
- 4. Use one active on an active night, following the label.
- 5. Apply a retinoid at pea size for the whole face, on dry skin.
- 6. Do not use a strong acid on the same night as a retinoid as a beginner.
- 7. Stop the active if the skin stings, flakes, or becomes red.
- 8. Note changes once a week and bring the plan card to the review.

Salon example

A fictional client, Rohan, age thirty-two, used a retinoid every night because he wanted faster results. His skin was flaking around the mouth and stinging when he applied moisturiser. The therapist stopped the retinoid for two weeks and kept a mild cleanser and a plain moisturiser. Rohan was told to use sunscreen in the morning and to avoid scrubs. After two weeks the flaking had settled. The retinoid was restarted two nights a week, with a pea-sized amount and a moisturiser on top. Rohan wanted to use it every night again, but the therapist explained that the goal was tolerance, not speed, and wrote the two nights on a calendar. At the next review his skin was calm. The frequency was kept the same for another month. He also changed his pillowcase twice a week and stopped applying the retinoid to the corners of his mouth, where the skin is thin. The therapist wrote both changes on the card, so the next review could tell whether the calmer skin came from the lower frequency or the smaller area. Rohan also stopped using a clay mask on the weekend, because it had been drying the same corners.

CAUTION

More active is not better when the skin is already irritated, and a sting that lasts is a reason to stop.

Salon visits every three to four weeks

A salon visit every three to four weeks gives the therapist time to see change without overwhelming the skin. The visit should start with a short review: what the client used, what changed, and how the skin responded. Then assess the skin in good light and decide whether to do a gentle treatment or simply review the routine. Not every visit needs a mask, steam, or extraction. Some visits are best spent on education and sunscreen technique. The therapist should record the plan and the next review date. This rhythm fits a six-to-eight-week plan and makes it easier to judge whether a product is helping, because the intervals are regular and the notes are comparable.

Extractions should be limited to suitable comedones and should stop if the skin becomes very red or the client is in pain. Do not extract inflamed papules, nodules, or cysts. Do not use a strong peel as a routine monthly treatment without a clear reason and appropriate training. The salon should also ask about other treatments, including those from another clinic. Stacking services can cause irritation that the client attributes to the last product used. The therapist should keep the plan visible and avoid changing several things at once. Consistency and good notes are more valuable than a dramatic service, and a client who trusts the pace is less likely to seek a stronger treatment elsewhere.

The service should match the current skin, not the original plan. If the barrier is calm and the plan is a pigment plan, use gentle cleansing, hydration, and sunscreen, with no heat. If the plan is for comedonal acne, use mild exfoliation within tolerance and extract only ready comedones. If the plan is for aging and texture, use hydration and a light massage only if the barrier is intact. If the client had a reaction since the last visit, the service goes gentler, not stronger. Ask what the client used the night before, because a home retinoid and a salon acid on the same day is a common mistake. The therapist should be willing to change the booked service when the skin asks for it.

The six-to-eight-week review is the decision point. Compare the photographs, the client's notes, and the original concerns. Ask whether the skin is calmer, whether there are fewer new spots, and whether the marks look different. If there is progress, continue and resist adding a product. If there is no change, change one thing: the frequency, the amount, or the product, not all three. If the skin is worse or the client is unhappy, consider a referral rather than a stronger service. Decide together whether to continue, pause, or stop. Write the decision and the next review date. A plan that is reviewed honestly is safer than one that is defended, and the client can see that the salon is paying attention.

- 1. Start every visit with what the client used and what changed.
- 2. Assess the skin in good light before choosing a service.
- 3. Limit extractions to suitable comedones and stop if the skin reddens.
- 4. Do not perform a strong peel as a routine monthly add-on.
- 5. Ask about treatments from other clinics and products used the night before.
- 6. Match the service to the current skin, not the original plan.
- 7. Adjust one thing at most and write it on the plan card.
- 8. Review at six to eight weeks and decide to continue, pause, or refer.

Salon example

A fictional client, Kavita, age thirty-six, booked a facial every two weeks because she believed more visits would fade her marks faster. The therapist suggested a visit every three to four weeks instead, with a simple home routine in between. At each visit they reviewed the sunscreen, the cleanser, and one active. The therapist did not perform extractions on the red papules. Some visits included a cool hydrating mask; others were only a review. Kavita found the slower rhythm frustrating at first and asked whether a peel would speed things up. The therapist explained the pigment risk and offered a camouflage lesson instead. At eight weeks her skin was calmer and the marks were slightly lighter. She admitted that the previous schedule had left her red and discouraged. Kavita kept a short written record of each change, and the plan continued at the same pace. She said the four-week gap felt less like neglect once she understood that the home routine was doing most of the work and the salon was checking it. The therapist also gave her a sunscreen sample for her handbag and asked her to note the days she missed.

CAUTION

Do not add a treatment just because the client has booked, and do not change three things at one review.

nandunai.com

Fitzpatrick IV-VI: Testing and Stacking



Why Fitzpatrick IV-VI needs a different pace

The Fitzpatrick scale describes how skin responds to sun. Types IV to VI usually tan easily, may burn less obviously, and have a higher risk of pigment change after injury or inflammation. That does not mean the skin is stronger. It means the signs of damage can be less visible at first and the pigment response can be more persistent. A therapist should assess the skin type, ask about previous reactions, and look for keloids or dark marks after cuts and spots. The same active or peel that suits a lighter skin type may be too aggressive. The plan should be built around the individual response, not a standard package or a trend from another country.

Darker skin can also show redness differently. Inflammation may look purple, grey, or brown rather than bright red, so a therapist who only looks for redness can miss it. Swelling, warmth, and pain are useful signs. The client may know their skin better than the chart does, so ask what happened after previous facials, waxing, or laser. A history of dark marks after a burn is a warning to go slowly. The salon should avoid strong heat, aggressive scrubbing, and high-strength peels. Gentle cleansing, moisturiser, and sunscreen remain the base. The aim is improvement without a new pigment problem, even if that means a slower visible change than the client hoped for.

In many Indian salons, Fitzpatrick IV to VI is the default rather than the exception. The plan should assume pigment risk unless the history says otherwise. That means testing a new active on a small area for two weeks, keeping heat low, and avoiding a strong peel stacked with a retinoid. It also means explaining that a mark may take months and that a product which causes redness is not a sign of progress. The therapist should not use a lighter-skinned client's result as a promise. Skin responds to its own history, its own barrier, and its own exposure. A plan that respects that is more likely to produce a calm result than one built on a generic before-and-after photograph.

The default pace is slower and the documentation is more detailed. Record the Fitzpatrick type, the products used, the previous reactions, and the areas treated. Take photographs with consent and use the same light. Ask about the client's work, because heat, sun, and friction vary by occupation. At each visit, judge warmth, swelling, and texture as well as colour. If the skin is warm and tight after a service, the next service goes gentler. If a mark appears after a treatment, stop and review before adding anything else. The therapist should be willing to say that the salon will not do a particular treatment on this skin, and should offer a safe alternative in the same visit.

Pigment risk is not a reason to refuse all care. It is a reason to choose the care carefully. Gentle cleansing, hydration, sunscreen, and a single well-tolerated active can improve texture and tone without provoking a mark. The key is to avoid the combination of heat, friction, and strong acids that

pushes the skin into inflammation. A therapist who understands this can serve deeper-skinned clients well, provided the promises stay honest and the referral route is clear. The client should leave knowing that the pace is deliberate, not neglectful, and that the salon will stop if the skin signals trouble.

- 1. Ask about previous reactions after facials, waxing, laser, and injuries.
- 2. Record the Fitzpatrick type and the areas treated in the client notes.
- 3. Look for purple, grey, or brown inflammation as well as redness.
- 4. Judge irritation by warmth, swelling, and texture, not colour alone.
- 5. Avoid strong heat, aggressive scrubs, and high-strength peels.
- 6. Test every new active on a small area for at least two weeks.
- 7. Photograph progress with consent and consistent lighting.
- 8. Offer a gentle alternative when a treatment is not safe for the skin.

Salon example

A fictional client, Zoya, age twenty-eight, had Fitzpatrick type V skin and wanted a peel for uneven tone. She had a history of dark marks after waxing and after an insect bite. The therapist explained that her skin might react to a strong peel with more pigment, even if a friend with lighter skin had a good result. Zoya was disappointed because she wanted a visible change before a party. The therapist offered a gentle cleanse, a hydrating mask, and a sunscreen review instead. No peel was performed. Zoya agreed to try the gentle plan for six weeks and to photograph the area with consent. At the review the tone was slightly more even and no new marks had appeared. The therapist kept the same approach and added nothing. Zoya said the change was smaller than she had imagined but she trusted it more, because her skin had not reacted. She also asked for a written note about the peel she had wanted, so she could discuss it with a doctor rather than another salon, and she kept the note in her bag for the appointment.

CAUTION

Do not assume deeper skin is tougher skin, and do not use a lighter-skinned result as a promise.

Patch testing a new active

A patch test is a small, controlled introduction. Choose a small area, often behind the ear or on the jaw, and apply the product as directed. Use only one new product at a time. Leave the area alone for forty-eight to seventy-two hours and check for redness, itching, swelling, or a burning feeling. A mild tingling may be normal for some products, but pain is not. Record the product, the date, and the result. If there is a reaction, stop and do not apply it to the face. A patch test does not guarantee that a product will never cause a reaction, but it lowers the risk and gives the therapist a clear reason to say no.

The test area should be skin that the client can see and protect. The jaw is practical because it is easy to check, but a product can still transfer to the cheek. Behind the ear is discreet but harder to photograph. Choose based on the product and the client. Do not test a product on broken or

sunburned skin. Do not test several products on the same day, because a reaction cannot be assigned to one. If the client uses a prescription product, ask the doctor before adding a cosmetic active. The therapist should write the result in the record and review it before the next application. A test that is not recorded is a test that will be repeated by mistake.

Two weeks is a better test for pigment-prone skin than two days. A short test can catch an immediate allergy, but irritation and pigment change may appear more slowly, especially with acids and retinoids. For a new active on Fitzpatrick IV to VI, use it on the jaw edge or the side of the neck for two to three nights, then pause and look. If there is no sting, swelling, or spreading redness, move to the full face at the lower end of the label's frequency. Keep the rest of the routine steady. Do not add a new cleanser, mask, or scrub during the test. The slower introduction is not indecision; it is the only way to know which product caused which change.

The client should understand what counts as a reaction. A brief tingle from an acid is common. A sting that lasts, a hot feeling, swelling, hives, or a rash is not. If a reaction starts, stop only the new product and keep the cleanser and moisturiser, so the skin can settle and the cause remains clear. Do not apply a second product to cancel the first. Do not use a steroid cream from the cupboard unless a doctor has advised it. If the reaction is severe, spreading, or comes with breathing difficulty, seek urgent medical help. The therapist should document the reaction, the date, and the advice given, and should not retest the same product without medical guidance.

- 1. Choose one new product and one small test area.
- 2. Apply it as directed on the jaw edge or behind the ear.
- 3. Leave the area alone for forty-eight to seventy-two hours.
- 4. Check for redness, itching, swelling, or a burning feeling.
- 5. For pigment-prone skin, extend the test to two to three nights and a two-week review.
- 6. Keep the cleanser, moisturiser, and sunscreen unchanged during the test.
- 7. Record the product, date, area, and result.
- 8. Stop the product if there is a reaction and do not apply it to the face.

Salon example

A fictional client, Ishaan, age thirty, wanted to try a new exfoliating serum. The therapist applied a small amount to his jaw and asked him not to use anything else on that area. Ishaan was impatient and wanted to apply it to his whole face that night. The therapist explained that the test would be wasted if he did, and that a reaction on the jaw was easier to manage than a reaction on both cheeks. Two days later the jaw area was slightly red and itchy. The product was not used on the face. The reaction settled with a mild moisturiser and no active. A different product was tested two weeks later and tolerated. Ishaan admitted that he would have applied the first serum everywhere and blamed the salon if his face had reacted. The record showed the test date, the area, and the result, and the therapist used it at the next review. Ishaan also agreed to wait a full week before trying the second product, which gave the first reaction time to settle completely before another variable was introduced.

CAUTION

A patch test is not a guarantee, and a reaction means stop the product rather than apply less of it.

No strong peel stacked with a retinoid

A strong peel and a retinoid both increase skin turnover and can irritate the barrier. Using them close together raises the risk of redness, peeling, pain, and post-inflammatory pigment, especially in Fitzpatrick IV to VI. The salon should ask what the client is using before any peel, including prescription products. If a client is on a retinoid, do not perform a strong peel on the same day or in the same week. The safe choice may be to skip the peel, keep gentle care, and let the skin settle. The therapist should not adjust a prescription or tell the client to stop it without medical advice. The question is not whether the peel is mild on the label, but whether this skin is ready for it today.

Timing is not the only issue. The strength of a peel, the number of layers, the pH, and the aftercare all affect the result. Salon staff should not invent a peel protocol or combine acids to make a stronger product. If the salon offers peels, it should follow a trained protocol and a clear consent process. The client should know the expected downtime and the signs that need medical care. A strong peel is not a routine add-on to a facial. It is a treatment with real risks. When the question is beyond the salon's training, the answer is to refer. A refused peel is easier to explain than a burn that takes months to fade.

The same logic applies to other combinations. Do not layer a salon acid with a home retinoid on the same day, and do not add a scrub after either. Do not use a strong peel before a wedding or a holiday, because the skin may be red or peeling when the client wants to look calm. Do not assume that a client who tolerated a peel last year will tolerate one now, because the barrier, the weather, and the products at home may have changed. Ask what was used in the past week, not only the past month. Write the answer on the card. If the client is unsure, postpone the peel rather than guess. The safe service is the one the skin can recover from.

Aftercare is part of the treatment, not an afterthought. A client who has had a peel needs gentle cleansing, a plain moisturiser, and sunscreen, with no actives until the skin has settled. Give written instructions and a contact route if something goes wrong. Do not send the client home with a bag of new products. Do not tell them to scrub off the peeling skin. If the skin becomes hot, swollen, blistered, or darker, they should seek medical advice promptly. The salon should record the peel, the strength category, the aftercare, and the review. A peel that is documented and followed up is safer than one that ends at the door, and the record protects the client if another clinician needs to take over.

- 1. Ask what the client used in the past week before any peel.
- 2. Ask specifically about retinoids, prescription products, and acids.
- 3. Do not perform a strong peel on the same day or week as a retinoid.
- 4. Do not combine acids or invent a stronger peel protocol.
- 5. Follow a trained protocol and obtain written consent.

- 6. Explain the downtime and the signs that need medical care.
- 7. Give written aftercare with cleanser, moisturiser, and sunscreen only.
- 8. Record the peel, the aftercare, and the review date.

Salon example

A fictional client, Tanvi, age thirty-four, booked a peel and mentioned at the start that she had used a retinoid the night before. The therapist stopped the booking. Tanvi was annoyed because she had taken time off work. The therapist explained that the combination could cause a burn and dark marks, especially on her skin type, and that the salon would not take that risk for a service she could have later. She offered a gentle cleanse and a hydrating mask instead, and asked Tanvi to return after a break from the retinoid if she still wanted a peel. Tanvi agreed to the gentle service. Two weeks later she returned with a note about her retinoid plan from her doctor. The salon scheduled a consultation rather than a treatment. The therapist documented the decision and the alternative. The peel was postponed until the skin was ready, and Tanvi said she appreciated the refusal once she understood the reason. The therapist also gave her a card listing what to avoid before a peel, including a home retinoid, a scrub, and a strong vitamin C product, so the next booking would start from a known baseline.

CAUTION

A recent retinoid is a reason to postpone a strong peel, not a reason to use a milder acid without checking.

Same-Day Referral and Honest Limits



Same-day referral signs

Some signs need a doctor the same day, not a salon appointment next week. A mole that is changing in size, shape, colour, or border needs assessment. A spot that bleeds without being scratched, or a sore that does not heal, also needs medical review. A painful, rapidly growing cyst, a lesion with spreading redness, or a fever with skin symptoms should not wait. So should swelling, hives, or difficulty breathing after a product. A child with a skin problem should be referred to a doctor rather than treated with adult products. The salon should keep a short list and use it without hesitation. The list is not a diagnosis; it is a trigger for action.

The therapist does not need to know the diagnosis to act. The key is to recognise that the situation is outside salon scope and to say so clearly. A client may resist because of cost, fear, or a previous bad experience. Listen, explain the reason, and offer practical help such as writing the concern down or suggesting a clinic. Do not apply a product to a lesion that is bleeding, oozing, or painful. Do not cover a changing mole with makeup and send the client home. Document the advice and the time. If the client declines, record that too. Safety comes before the service, and a same-day referral is not an overreaction when the sign is on the list.

A child deserves special care. Children's skin is thinner, their products are different, and a concern that looks minor can change quickly. A salon should not perform an adult facial, peel, or active treatment on a child. If a parent brings a child with a rash, a mole, a bump, or a changing spot, refer to a doctor the same day. The same applies to a teenager who wants an acne treatment: the basics can be discussed, but active treatment and any prescription question belong with a doctor or an esthetician working within their scope and local rules. The therapist should be kind to the parent, who may be worried, and should not imply that the salon can handle it because the child is young.

Some product reactions are emergencies. Swelling of the lips, tongue, or throat, difficulty breathing, or fainting after a product needs urgent medical help, not a salon booking. Call emergency services according to local practice and stay with the client. For a spreading rash, hives, or facial swelling without breathing trouble, stop all products and send the client to a doctor the same day. Do not apply another product to calm the reaction, and do not suggest an antihistamine unless the client's doctor has advised one. Record what was used, when, and how much, without guessing. The salon should have a written emergency plan and a first-aid kit, and staff should know where the nearest clinic is. Preparation turns panic into a clear sequence.

The same-day list should be posted where staff can see it, not buried in a folder. It should include a changing mole, a bleeding or non-healing spot, a painful deep lump, spreading redness with fever, a

severe product reaction, a child with a skin concern, and any lesion the therapist cannot describe confidently. The list should also say what to do: stop the service, give the client a written note, and record the advice. Review the list at staff meetings so new employees learn it before they are alone with a client. A salon that refers well is not admitting weakness. It is showing that it knows where its work ends and medical care begins.

- 1. Refer a changing mole or a bleeding spot the same day.
- 2. Refer a painful, rapidly growing lump or a spreading red area.
- 3. Refer a non-healing sore, a new dark lesion, or an uncertain lesion.
- 4. Refer any child with a skin concern rather than treating with adult products.
- 5. Refer swelling, hives, or a spreading rash after a product the same day.
- 6. Call emergency services for breathing difficulty, throat swelling, or fainting.
- 7. Stop the service and do not apply makeup over a suspicious lesion.
- 8. Record the sign, the advice, and the time in the client notes.

Salon example

A fictional client, Arjun, age fifty-two, came for a facial and mentioned a small spot on his temple that had bled twice while shaving. The therapist looked at the spot and saw that it was irregular and darker than the surrounding skin. She did not apply any product. She explained that a bleeding spot needed a doctor and wrote the location on a card for him. Arjun said it was probably nothing and asked her to continue. The therapist declined and repeated the advice, and offered to move the booking to another day. He left annoyed. Two weeks later he returned to thank her. His doctor had removed the spot for testing and told him it had been worth checking. The salon had lost one facial but gained a loyal client. The therapist recorded the referral, the date, and the client's initial refusal, and she added the case to the next staff meeting. She also wrote a short note for Arjun to take to the doctor, describing when the spot had first bled, how it had changed, and that he had no pain, so the doctor had a clear history.

CAUTION

Do not treat a bleeding or changing lesion as a cosmetic problem or cover it with makeup.

How to refer clearly

A good referral is specific. Say what you saw, how long it has been there, and why it needs medical review. Avoid naming a disease or guessing at a diagnosis. Give the client a written note with the location and the date. Suggest a dermatology clinic or a doctor the client already trusts, but do not insist on one. Explain what the salon will do in the meantime: gentle cleansing, moisturiser, and sunscreen, with no active on the area. Ask the client to return after the medical visit if they want to continue salon care. A clear referral is a professional handover, not a rejection, and the client should feel helped rather than dismissed.

The language matters. Use plain words: a spot that has changed, a sore that has not healed, a lump that is deep and painful, a rash that is spreading. Do not say it is definitely harmless, and do not say it is definitely serious. Do not use a disease name to sound expert. The therapist can say that the sign is outside what a salon can safely assess and that a doctor can look more closely. If the client asks what it might be, say that only a doctor can answer that after an examination. This honesty protects the client from false reassurance and protects the therapist from making a claim that is not theirs to make.

Follow-up matters. If the client does not go, ask again at the next contact without pressure. If they do go, ask what the doctor advised and record it with permission. Do not change a medical plan. If the doctor prescribes a product, the salon can support the routine around it, but should not add strong actives without advice. The therapist should also know local emergency signs: swelling of the lips or throat, difficulty breathing, or fainting need urgent help, not a salon booking. Keep the language simple and the tone calm. The client is more likely to act when the reason is clear and when the next step is practical rather than vague.

A referral should include the safe basics so the client is not left with nothing. Write down a mild cleanser, a plain moisturiser, and sunscreen. Say what not to do: do not pick, scrub, apply heat, or cover the area with a thick product. Give a review date after the medical visit. If the client is anxious, acknowledge it without promising an outcome. If the client refuses, record the refusal and repeat the advice at the next visit. The salon's duty is to inform and document, not to force. A calm, specific referral is one of the most professional acts in the industry, and it often earns more trust than a treatment that should not have been done.

- 1. Describe what you saw, where it is, and how long it has been there.
- 2. Do not name a disease or guess at a diagnosis.
- 3. Give a written note with the location and the date.
- 4. Suggest a clinic or doctor without insisting on one.
- 5. Explain what the salon will not do and why.
- 6. Give the safe basics: cleanser, moisturiser, and sunscreen.
- 7. Ask the client to return after the medical visit and record the outcome.
- 8. Record a refusal and repeat the advice at the next contact.

Salon example

A fictional client, Leela, age forty-eight, had a red, scaly patch near her nose that had not healed for a month. She wanted the salon to cover it with makeup for a wedding. The therapist explained that a non-healing patch needed a doctor and that makeup could irritate it. She wrote a short note describing the patch and its duration, and suggested a dermatology clinic. Leela was worried about the wedding photographs. The therapist helped her choose a gentle sunscreen and showed her how to apply makeup around the area, not on it. She also gave her a mild cleanser and a plain moisturiser, and asked her to return after the wedding. Leela saw the doctor the following week. The patch was treated, and she returned to the salon with a medical plan. The therapist recorded the referral, the advice, and the date, and kept the skincare gentle while the doctor's plan continued. Leela later said the written note made the appointment easier, because she could describe the patch without trying to remember the timeline, and the doctor asked fewer questions about when it started.

CAUTION

Do not diagnose a lesion, call it harmless, or promise that it will settle on its own.

No whitening promise

Skin colour is determined by melanin and genetics, and a salon cannot and should not promise to change it. Brightening products may reduce the look of uneven tone caused by sun or inflammation, but they do not turn darker skin into lighter skin. The word whitening is a warning sign. Products that promise rapid fairness often contain steroids, mercury, or unknown ingredients. They can cause thinning, acne, stretch marks, and severe pigmentation after stopping. The therapist should explain the difference between treating a mark and changing natural skin colour. Honesty here is not a sales loss; it is a safety requirement, and it is also a form of respect for the client's body.

Every client deserves a plan that respects their skin. Ask what result they want and why. Sometimes the real concern is acne, texture, or a specific mark, not overall colour. Address that concern directly instead of offering a fairness promise. If a client is using a whitening cream, advise stopping and seeing a doctor, especially if the skin is thin, shiny, or covered in fine hair. Do not sell a replacement cream from an unlabelled jar. Keep the conversation respectful and free of judgment. The salon's job is healthy-looking skin and honest expectations, not a beauty standard built on colour. A client who feels heard is more likely to accept a realistic plan.

The language of the industry needs care. Avoid words such as fair, whitening, lightening, and brightening when they imply a change in natural colour. Prefer even tone, calm redness, fading of marks, and healthy-looking skin. If a product label uses a claim that the salon cannot support, do not repeat it in the consultation. Explain that a mark from acne or sun can fade over months with sunscreen and support, while natural skin colour stays. This distinction is simple and can be said in one sentence. It also gives the client a way to judge other offers, which is useful when they leave the salon and see an advertisement that promises more.

The refusal should come with an alternative. If the client wants lighter skin before a wedding, offer a plan for glow, hydration, and even tone, and explain that calm skin photographs well. If the client wants a mark gone, build a pigment plan with sunscreen and one active, and set a review at six to eight weeks. If the client is already using a fairness cream with signs of thinning or dark patches, refer and support the barrier in the meantime. Do not argue about beauty standards; the client did not invent them. Offer a professional standard instead: safety, honesty, and care that does not harm. That standard is the salon's real differentiator.

- 1. Do not promise to lighten natural skin colour or change a complexion.
- 2. Explain the difference between a mark and natural skin tone.
- 3. Ask what the client dislikes and address that concern directly.
- 4. Advise stopping an unlabelled whitening cream and seeing a doctor.
- 5. Do not sell a replacement cream from an unlabelled jar.
- 6. Use words such as even tone, calm redness, and fading marks.
- 7. Offer an alternative plan for hydration, texture, or pigment.
- 8. Record the concern and the plan without judgment.

Salon example

A fictional client, Saira, age twenty-four, asked for a whitening facial because she wanted lighter skin for her engagement. The therapist explained that the salon could work on uneven tone and texture but could not change her natural colour. Saira was upset and said other salons had promised results. The therapist did not argue. She asked what Saira disliked about her skin and learned that she was concerned about old acne marks on her cheeks. They built a plan with sunscreen, a gentle cleanser, and one supportive active later. No whitening product was used. Saira continued the routine and photographed the marks with consent. At eight weeks the marks were slightly lighter and her skin looked calmer. She said she felt more comfortable in photographs, not lighter. The therapist also explained why the other salons' promises worried her, and Saira said she would ask more questions next time. The plan card listed the sunscreen, the cleanser, and the review date, with no whitening product anywhere on it. Saira also asked her mother to stop buying fairness creams for her, which was a harder conversation than the facial.

CAUTION

Never promise a lighter skin colour, and never describe a harmful fairness cream as a beauty treatment.

Sunscreen: Amount, Timing, and Honest Protection



How much and when

Sunscreen is the most useful product in a skin plan, and it is also the one most people use badly. The FDA advises applying it about fifteen minutes before sun exposure, so the film has time to form before the skin meets the sun. For an average adult body, the FDA describes about one ounce, roughly a shot glass, as the amount needed for even coverage. That is far more than most people use. The laboratory test that sets an SPF uses two milligrams of product per square centimetre of skin, and the one-ounce body measure is the practical version of that density. The therapist does not need to quote the lab number to every client, but it explains why a thin smear is not enough.

For the face and neck, a practical measure is easier to teach than a weight. Two finger lengths of product, applied evenly and including the ears, is a common demonstration. A face-only gram dose should not be invented, because the amount depends on the product, the face size, and the number of applications. The therapist should show the client the measure on their own hand, then watch them copy it. The aim is enough product for an even film, not a ritual of precision. A sunscreen that is applied generously and feels comfortable will be used again tomorrow; one that is applied in a tiny dot to avoid shine will not protect the skin.

The missed spots are predictable. The FDA lists the ears, nose, lips, neck, hands, feet, and hairline as areas people often forget. Add the sides of the neck, the tops of the ears, the parting, and any exposed scalp. Lips need an SPF lip balm, because a face sunscreen is not pleasant to taste and is often licked away. Hands are exposed while driving and should be covered if the client is outdoors. Feet matter for clients who wear sandals. The therapist should turn the application into a short routine: face, ears, neck, hands, then any exposed part. A mirror and a written card help the client remember the order until it becomes automatic.

Application conditions matter as much as the amount. Apply to dry skin, because a wet surface dilutes the film. If the client uses a moisturiser, apply the sunscreen after it and wait a moment so the products do not pill. If the client uses an insect repellent, follow the label and keep the sunscreen underneath where the directions say so. Sprays should not be applied directly to the face; spray into the hands first and then apply, and keep the eyes and mouth away from the mist. Store the bottle out of direct sun and heat, because a car dashboard can degrade the product. Check the expiry date, and discard a bottle that has changed colour or smell.

A sunscreen habit is built on a realistic morning. Ask when the client leaves the house, what they do first, and whether they wear makeup. If the answer is that they dress the children and run, put the sunscreen beside the door or the toothbrush. If they work outdoors, choose a water-resistant product

and plan a reapplication. If they work nights, the routine follows daylight rather than the clock. The therapist should not hand over a product and assume it will be used. Demonstrate, ask for a repeat demonstration, write the amount on the card, and review the technique at the next visit. The best sunscreen is the one the client applies correctly on ordinary days, not the one with the highest number on the bottle.

- 1. Apply sunscreen about fifteen minutes before going into the sun.
- 2. Use about one ounce, a shot-glass amount, for an average adult body.
- 3. Use a practical face-and-neck measure such as two finger lengths.
- 4. Cover the ears, nose, lips, neck, hands, feet, and hairline.
- 5. Apply to dry skin, after moisturiser, and let it settle before makeup.
- 6. Use an SPF lip balm and do not spray directly onto the face.
- 7. Store the bottle out of heat and check the expiry date.
- 8. Show the client the amount and ask them to repeat the technique.

Salon example

A fictional client, Ramesh, age forty-six, worked as a site supervisor and spent most of the day outdoors. He used a sunscreen in the morning but applied a small dot to each cheek and nothing else. He could not understand why his forehead and ears were darker than his cheeks. The therapist asked him to show the amount on his hand, then demonstrated two finger lengths for the face and neck. She showed him how to cover the ears, the hairline, and the back of the neck, and suggested an SPF lip balm. For the body he was shown the one-ounce, shot-glass measure described by the FDA, and he agreed to keep a bottle in his bag. He also chose a hat with a brim for the site. At the review he said the routine took an extra minute, but his ears no longer burned and he was reapplying at lunch. He also asked for a sunscreen stick for his ears, which was easier to use on site than a lotion, and a spare bottle to leave in the site office so he never had to carry one home.

CAUTION

Do not invent a face-only gram dose, and do not let a high SPF number replace correct application.

Reapply through the day

Reapplication is where sunscreen plans usually fail. The FDA advises reapplying at least every two hours, and sooner if the client is swimming or sweating. No sunscreen is waterproof, and a water-resistant label describes a limited time in water or sweat, usually forty or eighty minutes, not a whole afternoon. A client who applies once at seven in the morning and eats lunch outdoors at one has been unprotected for hours. The therapist should ask about the real day: the commute, the school run, the lunch break, the evening walk. The plan should place reapplication at moments the client already remembers, such as after lunch, before the afternoon break, and before driving home.

Reapplication does not always mean a full new face of cream over makeup. A light lotion can be patted over the skin if the client is willing to disturb the makeup, and a tinted sunscreen can double as touch-up. An SPF powder or a cushion can top up over makeup, but it should not be the only product, because the amount applied is usually small. A sunscreen stick is practical around the eyes, ears, and hairline, though it should be applied several passes to build a film. The client should not rely on a setting spray with SPF as the main protection. The therapist can help the client choose a method that fits their day and their tolerance for shine.

Water and sweat change the schedule. After swimming, towelling off, or heavy exercise, reapply immediately, even if the label says water resistant. A wet towel removes product as effectively as water. On a humid day, a lighter formula may be more comfortable and therefore more likely to be reapplied. On a dry, windy day, the skin may need a moisturising sunscreen. The client should keep a second bottle in the bag or at the desk, because a product at home protects no one. If the client wears a helmet, a mask, or a cap, the friction can remove sunscreen from the edges; those areas need extra attention. The plan should be built around the client's actual exposure, not an idealised one.

The therapist should also explain that sunscreen is one layer of protection. Shade, a wide-brimmed hat, sunglasses, and clothing reduce the amount of ultraviolet light reaching the skin. Midday sun is stronger, and the client should plan outdoor tasks for earlier or later where possible. A tinted sunscreen with iron oxides can help with visible light, which matters for pigment conditions. None of these measures makes the client invincible, and none replaces reapplication. The honest message is simple: apply enough, apply it before the sun, and apply it again through the day. A client who does that with an ordinary SPF 30 is better protected than one who uses a high-SPF product once and forgets it.

- 1. Reapply at least every two hours, and sooner after swimming or sweating.
- 2. Reapply immediately after towelling off or heavy exercise.
- 3. Keep a second bottle in the bag, car, or desk.
- 4. Use a stick or SPF powder to top up over makeup, not as the only layer.
- 5. Do not spray directly onto the face; spray into the hands first.
- 6. Pay extra attention where a helmet, mask, or cap rubs the skin.
- 7. Add shade, a hat, and sunglasses for long outdoor time.
- 8. Plan reapplication around meals, breaks, and the drive home.

Salon example

A fictional client, Sneha, age thirty-one, applied sunscreen before work and then spent her lunch hour walking in the park. She did not reapply because she did not want to disturb her makeup, and she believed her SPF 50 product lasted all day. The therapist explained that the FDA advises reapplying at least every two hours and sooner after sweating, and that no sunscreen is waterproof. Sneha chose a sunscreen stick for her ears and hairline and a tinted powder for the centre of her face, while keeping a light lotion for the walk. She moved her walk to before the hottest part of the day and began carrying a hat. At the next visit she said the routine was easier than she expected once the products were in her bag. The therapist checked her application and corrected the amount on her forehead, which had been too thin. Sneha also began keeping a small reminder note in her lunch bag, because the afternoon walk was the step she forgot most often, and she set a phone alarm for the first week.

CAUTION

Do not describe any sunscreen as waterproof or all-day, and do not treat makeup with SPF as enough.

Broad spectrum in plain words

Broad spectrum is a plain phrase with a specific meaning. The sun gives off ultraviolet B rays, which cause sunburn, and ultraviolet A rays, which penetrate deeper and contribute to aging and pigment. An SPF number describes protection against UVB, not UVA. A broad-spectrum label means the product has passed a test for both. On some products the UVA protection is also shown as a PA rating, with more plus signs meaning more protection. The therapist does not need to teach the physics. The client needs to know that an SPF number alone is not the whole story, and that the words broad spectrum belong on the bottle.

SPF is not a measure of time. An SPF 30 product does not give the client thirty times longer in the sun, and it does not allow a longer day without reapplication. The number describes how much UVB reaches the skin under test conditions compared with unprotected skin, and those conditions assume a generous application. In real life, a thin layer lowers the effective protection well below the label. The FDA explains that higher SPF values offer more protection against sunburn, but the client still has to apply the full amount and reapply on schedule. A high number with poor technique is not better than a moderate number applied well.

Deeper skin needs sunscreen for reasons beyond sunburn. Melanocytes in darker skin respond to ultraviolet light by making more pigment, so sun exposure can deepen existing marks and trigger new ones. Melasma and post-inflammatory marks are driven partly by light and heat. A client who says they do not burn may still see dark patches worsen after a sunny holiday. The therapist should explain this without suggesting that the client is at no risk. Sun protection is part of pigment care, not a cosmetic extra. A broad-spectrum product with iron oxides can help with visible light, which some pigment conditions respond to. The client should choose a texture they will wear and reapply, because consistency matters more than a perfect label.

Practical label reading helps the client choose. Look for broad spectrum, SPF 30 or higher, and a direction that matches the day. Check the expiry date and the storage advice. A product without an expiry date and more than three years old should be replaced. A sunscreen that has separated, changed colour, or smells different should not be used. The therapist should also explain that sunscreen is not recommended for infants under six months, who should be kept out of the sun and covered with clothing and a hat; ask a doctor before using any product on a baby. For older children, follow the label. These details are not marketing. They are the difference between a product that protects and one that gives false confidence.

- 1. Choose a product labelled broad spectrum, not only a high SPF number.
- 2. Use SPF 30 or higher for daily wear.
- 3. Explain that SPF is not a measure of time in the sun.
- 4. Reapply even if the label says high protection.
- 5. Consider a tinted product with iron oxides for pigment-prone skin.
- 6. Check the expiry date and replace a separated or changed product.
- 7. Keep infants under six months out of the sun and ask a doctor before use.
- 8. Treat sunscreen as one layer alongside shade, a hat, and clothing.

Salon example

A fictional client, Ayesha, age thirty-five, had a bottle of SPF 50 that she had kept in her car for two summers. She used it only on beach holidays and believed her skin did not need protection because she rarely burned. She also had melasma on her cheeks that worsened after every holiday. The therapist explained the difference between UVB and UVA, why broad spectrum matters, and why heat and light can deepen patches even without a burn. Ayesha chose a tinted broad-spectrum sunscreen with iron oxides, kept it in her bag rather than the car, and began applying it every morning. She also started wearing a wide-brimmed hat on her evening walk. At the review she said the patches had not darkened after a weekend away, which was the first time in two years. The therapist checked the expiry date and helped her replace the old bottle. Ayesha also started applying the product to her ears and the back of her neck, which she had never covered, and she stopped leaving the bottle in the car, where the heat had probably shortened its life.

CAUTION

Do not say that deeper skin does not need sunscreen, and do not imply that SPF replaces reapplication.

Aging and Texture: A Realistic Plan



What changes with age and what a salon can do

With age, the skin makes less collagen and elastin, the proteins that give it bounce and support. The outer layer can hold less water, and the surface may look rougher or duller. Pores may appear larger because the skin around them loses firmness, and fine lines form where repeated movement meets thinner skin. Sun exposure accelerates most of these changes, which is why a client who protected their skin for years often looks calmer than one who did not. A salon cannot reverse the process, and a therapist should not imply that it can. What a salon can do is support hydration, protect the barrier, teach sunscreen, and guide a slow cosmetic routine that improves the look of texture over weeks.

The consultation should separate the concerns the client names. A client may say they want to look younger when they mean dull skin, visible pores, or a specific line. Ask what they see in the mirror and what they would like to change first. Look at texture, pores, tone, and firmness, and note the areas that bother them. Ask about sun history, smoking, sleep, and weight change, because these affect the skin and the plan. Ask about their routine and how much time they will give it. The therapist should not promise to remove wrinkles or restore a younger face. An honest plan targets texture and a brighter look, with a review at six to twelve weeks.

The sun is the largest modifiable factor. Daily broad-spectrum sunscreen protects the collagen that remains and reduces the deepening of marks and lines. A client who will not use sunscreen should not be started on a retinoid, because the combination of increased turnover and unprotected sun is a poor trade. Smoking, poor sleep, and a harsh routine also show on the skin, but the therapist should raise them without lecturing. The aim is to find the one or two changes the client will actually make. A plan built on shame is abandoned quickly. A plan built on a realistic morning and a clear review is more likely to survive the first month.

The salon's role is support, not repair. Gentle cleansing, hydration, a calming mask, and a light massage on an intact barrier can improve comfort and glow. A therapist should avoid aggressive peeling, strong heat, and anything that leaves the skin red for hours. Those services may produce a temporary tightness that clients mistake for progress, but they raise the risk of irritation and pigment, especially on deeper skin. The plan should be paced like the rest of the book: one active, one review, and a clear stop list. The client should leave knowing what the salon will do, what only time and genetics can do, and what a doctor may offer if the concern is medical.

- 1. Ask which concern bothers the client most: texture, pores, tone, or lines.
- 2. Look at the skin in daylight and note texture, pores, and firmness by area.

- 3. Ask about sun history, smoking, sleep, and previous treatments.
- 4. Ask how much time the client will give a routine on a busy day.
- 5. Explain that sunscreen protects the collagen that remains.
- 6. Offer hydration and calming care rather than aggressive peeling.
- 7. Choose one active for texture and leave the rest for later.
- 8. Set a review at six to twelve weeks with photographs and honest language.

Salon example

A fictional client, Vandana, age forty-nine, asked for a treatment that would remove the lines around her eyes before her son's wedding. The therapist listened, then asked what she noticed first in the mirror. Vandana said her skin looked dull and her pores seemed larger, and the lines were part of a bigger worry about looking tired. The therapist explained that a salon could improve hydration and the look of texture but could not remove the lines, and that sunscreen mattered more than any serum. They built a plan with a mild cleanser, a moisturiser, a broad-spectrum sunscreen, and a cosmetic retinoid introduced slowly. Vandana also chose a hydrating service before the wedding instead of a peel. At the eight-week review her skin looked brighter and the pores were slightly less visible. The lines were still there, and she said she minded them less because the rest of her skin looked calmer. The therapist wrote down what had changed and what had not, so the next conversation would not drift into a promise about wrinkles, and Vandana signed the note to show she had understood the limit.

CAUTION

Do not promise to remove wrinkles or restore a younger face, and do not sell a peel package as an aging cure.

Retinoid pace

A cosmetic retinoid is one of the better-supported ingredients for the look of texture, pores, and fine lines, but it is also one of the most common causes of irritation. The pace matters more than the product name. For a beginner, a pea-sized amount for the whole face, at night, two nights a week, is a sensible start. Apply it to dry skin, avoid the eyelids, the corners of the nose, and the corners of the mouth, and follow with moisturiser if the skin is dry. Do not use a strong acid or a scrub on the same night. The first weeks may bring dryness, flaking, and a temporary purge of small bumps. That is not a reason to quit immediately, but it is a reason to slow down.

The build should be gradual. After two calm weeks at two nights, the client may move to three nights if the skin is comfortable. After another two calm weeks, they may try alternate nights. Some clients never need more than three nights a week, and that is fine. The goal is tolerance, not a maximum frequency. If the skin stings, flakes heavily, or looks red and tight, reduce the frequency or pause for a few nights and use only cleanser and moisturiser. Do not add a second active to compensate. Do not apply a thicker layer, because more product does not mean a better result and can increase irritation around the folds of the face.

Some clients should not start a retinoid in the salon at all. A client who is pregnant, planning pregnancy, or breastfeeding should use one only if their doctor approves a specific product. A client with a broken barrier should repair first. A client who will not use sunscreen should not start. A client on a prescription retinoid or oral isotretinoin should not be given a cosmetic retinoid on top, and the therapist should not adjust the prescription. Tretinoin and oral isotretinoin are prescription treatments and are outside this role. If the client asks for them, explain the boundary and refer. The salon can support the basic routine while the doctor manages the medical part.

The review should ask about stinging, flaking, and new spots, and should look at the skin before the next application. A purge in the first weeks can be normal, but a painful rash, swelling, or a spreading redness is not. The therapist should write the nights, the amount, and the start date on the plan card. If the client misses nights, do not double up the next day. If the client wants faster results, explain that texture changes usually appear over eight to twelve weeks and that fine lines soften slowly, if at all. The honest pace protects the barrier and makes the result easier to judge. A client who stays at two nights for a month is doing the plan correctly, not falling behind.

- 1. Start with a pea-sized amount for the whole face, at night, two nights a week.
- 2. Apply to dry skin and avoid the eyelids, nose corners, and mouth corners.
- 3. Follow with moisturiser if the skin feels dry.
- 4. Do not use a strong acid or scrub on the same night as a beginner.
- 5. Build to three nights, then alternate nights, only after two calm weeks at each step.
- 6. Pause and use cleanser and moisturiser only if the skin stings or flakes heavily.
- 7. Do not start in pregnancy or breastfeeding unless the client's doctor approves that product.
- 8. Do not recommend tretinoin or oral isotretinoin; refer for the medical option.
- 9. Review at eight to twelve weeks and change one thing at most.

Salon example

A fictional client, Aakash, age forty-two, wanted to start a retinoid every night because a friend had recommended it. The therapist explained the pace and wrote two nights a week on a card. Aakash used a pea-sized amount on Monday and Thursday, with moisturiser on top. In the second week his skin felt tight and slightly flaky. He wanted to stop, but the therapist suggested reducing to one night a week and adding a thicker moisturiser rather than quitting. The flaking settled. After two calm weeks he returned to two nights, then three. At the twelve-week review the texture on his cheeks looked smoother and the pores were less obvious. The fine line on his forehead was still visible. Aakash said he had expected a new face and was relieved that the plan had not irritated his skin. The therapist kept the same frequency and did not add a second active. She also asked him to keep the card on his bedside table, because he had forgotten two nights in the first month, and to mark each night with a pen so the pattern was visible.

CAUTION

Do not start a retinoid in pregnancy or breastfeeding without the doctor's approval, and never supply tretinoin or oral isotretinoin.

Moisturiser and optional peptides

A moisturiser is not a failure of ambition. It supports the barrier, reduces water loss, and makes an active easier to tolerate. For dry or aging skin, a formula built on ceramides, glycerin, or cholesterol is a sensible choice. Humectants such as glycerin pull water into the outer layer, emollients soften the surface, and occlusives slow water loss. The label does not need to be complicated. A plain product with a short ingredient list is often better than a heavily fragranced cream with a long story. Apply it to slightly damp skin, morning and night, and use more on the nights with a retinoid. If the skin is oily, a lighter lotion or gel cream may be enough. The right moisturiser is the one the client will use consistently.

Peptides are an optional support, not a treatment. They are short chains of amino acids used in cosmetic formulas, and some may support the look of firmness and texture over time. The evidence is modest, and the therapist should not oversell them. If a client wants to add one, it can go in a serum in the morning or at night, but it should not replace sunscreen or a retinoid. It should not be stacked with several other new products in the same week. Peptides are expensive, and a client on a budget may get more value from a good sunscreen and a simple moisturiser. Say that plainly. Honesty about relative value is part of professional advice, not a sales obstacle.

Niacinamide is another useful support. It is often used at two to five per cent in a serum or moisturiser, and it can help the look of pores and support the barrier. Some clients flush at higher strengths, so a lower start is sensible. Vitamin C in the morning under sunscreen can support the look of uneven tone, but it should not be used on a broken barrier. These are optional layers, not requirements. The core plan remains cleanser, moisturiser, sunscreen, and a retinoid if the client wants one and can tolerate it. A routine with four reliable steps is better than eight products used twice and abandoned. The therapist should help the client subtract before adding.

The claims around aging deserve scepticism. Collagen drinks, powders, and teas are not a treatment for skin aging, and the evidence is weak. A collagen molecule in a drink is digested like any other protein; it is not delivered intact to the face. If a client asks, say that the evidence is weak and that sunscreen and a retinoid matter more. Do not rank a supplement as a plan. Do not promise to remove wrinkles, lift the face, or restore volume. The honest outcome is a calmer, more hydrated look, slightly smoother texture, and a slower visible change in fine lines. That is worth having, and it is more likely to be delivered if the therapist does not exaggerate. The client should leave with a plan they understand and a review date that keeps the conversation honest.

- 1. Choose a plain moisturiser with ceramides, glycerin, or cholesterol for dry skin.
- 2. Apply it to slightly damp skin, morning and night.
- 3. Use a lighter lotion or gel cream if the skin is oily.
- 4. Add more moisturiser on the nights a retinoid is used.
- 5. Treat peptides as optional support, not a treatment or a promise.
- 6. Use niacinamide at a typical two to five per cent and start lower if the skin flushes.
- 7. Put vitamin C in the morning under sunscreen, not on a broken barrier.
- 8. Do not rank collagen drinks, powders, or teas as a skin treatment.
- 9. Review the routine and remove what the client is not using.

Salon example

A fictional client, Nandini, age fifty-three, brought a collagen drink, a peptide serum, a niacinamide serum, and a retinoid to her appointment. She used all of them most days and still felt her skin was dry. The therapist asked her to lay the products on the table and talk through her week. Nandini was using the retinoid every night, the peptide serum in the morning, and the collagen drink at breakfast. Her skin was flaky and her routine took twenty minutes. The therapist stopped the retinoid for two weeks, kept a mild cleanser, a ceramide moisturiser, and sunscreen, and paused the peptide serum. The collagen drink was left alone but not ranked as a treatment. After two weeks the flaking had settled. The retinoid was restarted twice a week, and the peptide serum was added later on alternate mornings. Nandini said the simpler routine was easier to keep and her skin felt less tight. She kept the collagen drink out of habit but stopped describing it as her treatment, and the therapist noted the change without making an issue of it.

CAUTION

Do not claim that a collagen drink, powder, or tea treats aging, and do not promise to remove wrinkles.

nandunai.com

Reading a Label Without Being Fooled



INCI order and the bulk of the bottle

An ingredient list is written in a standard way, using International Nomenclature of Cosmetic Ingredients names, usually called INCI. The names can look scientific because they are standardised, not because the product is better or worse. Ingredients are listed in descending order of concentration until one per cent, after which the order is not fixed. In practice, the first five ingredients are the bulk of the formula: water, a solvent, an oil, a humectant, an emulsifier, or a surfactant. If water is first, the product is water-based. If an oil is first, the product is rich. The therapist can read the first few names and understand what the bottle mostly is before looking at the claim on the front.

The position of an active is useful but not decisive. A salicylic acid or niacinamide that appears after the fragrance may be present in a small amount, while one near the top is likely a main ingredient. The label does not always state the percentage, and the same ingredient can behave differently at different strengths. The therapist should not assume that a lower position means the product is useless, because some actives work at low levels. Equally, a product with an active near the top is not automatically better. The formula, the pH, the packaging, and the client's tolerance matter. Read the list as one piece of evidence, not a score card.

Fragrance is a useful marker. On a barrier product, fragrance should sit low in the list or be absent, because it adds little to skin function and can irritate reactive skin. The word parfum means the same thing. Essential oils such as lavender, citrus, peppermint, and eucalyptus are fragrance ingredients even when the label calls them natural. They can be pleasant in a massage product and unnecessary in a repair cream. A product can be labelled fragrance-free and still contain a masking fragrance, so the list is more reliable than the front of the pack. For a client with a broken barrier or a history of reactions, choose the shorter, plainer list. That is not a guarantee, but it lowers the number of variables.

The list also shows what is not there. A product that claims to be free of something may still contain a related ingredient, and a product that claims to be natural may contain a strong irritant. Do not treat the list as a recipe and do not try to mix products to recreate a formula. The therapist is not a formulator in this role. The useful skill is to compare two products, notice the first five ingredients, find the fragrance, check the directions, and decide whether the product fits the plan. If the list is missing, incomplete, or printed in a language the client cannot read and the staff cannot verify, do not apply it. A clear label is a basic safety feature, not a premium extra.

- 1. Find the ingredient list, not only the front-of-pack claim.

- 2. Read the first five ingredients to understand the bulk of the formula.
- 3. Note whether water or an oil is first, which tells you the texture.
- 4. Look for the active and its position, without treating position as a dose.
- 5. Find fragrance or parfum and keep it low on a barrier product.
- 6. Treat essential oils as fragrance even when the label says natural.
- 7. Check the directions and warnings before the marketing words.
- 8. Refuse a product with no ingredient list or no manufacturer details.

Salon example

A fictional client, Rohit, age thirty-seven, brought two moisturisers and asked which was better for his dry, reactive skin. The first had a long list with fragrance near the top and several plant extracts. The second had water, glycerin, a ceramide, and a short list with no fragrance. The therapist read the first five ingredients of each and explained that the second was simpler, not because it was more expensive or more scientific, but because it had fewer things that could irritate. Rohit was drawn to the first because the packaging promised repair. The therapist did not dismiss the marketing; she showed him where the fragrance sat and suggested a small test of the simpler product on his jaw. He used it for a week without stinging. The first bottle was kept for his hands, where the skin was less reactive. Rohit said he had never read a label before and found the order easier to understand than the claims. The therapist suggested he photograph the back of any new bottle before buying it, so he could compare the list at home rather than at the counter.

CAUTION

Do not treat the ingredient list as a recipe or assume that a lower position means an ingredient is absent.

Fragrance, claims, and warnings

Fragrance is one of the most common causes of contact irritation in cosmetics, and it is often hidden behind words that sound gentle. Parfum, aroma, essential oil blends, and botanical extracts can all carry volatile compounds that irritate a compromised barrier. A product does not have to smell strong to contain fragrance. For a client with eczema, rosacea-like redness, or a recent reaction, choose fragrance-free products and keep the routine short. The therapist should not assume that a product labelled for sensitive skin is automatically safe, because the term is not tightly defined. The ingredient list and a small test are more useful than the front label. If the client loves a fragranced cream, save it for the body rather than the face.

Claims need translation. Dermatologist tested does not mean the product was tested by every dermatologist or that it will suit every skin. Hypoallergenic is not a standardised guarantee; it usually means the maker avoided common allergens, not that a reaction is impossible. Clinically proven may refer to a small study funded by the brand, and the result may be a cosmetic measurement rather than a medical outcome. Non-comedogenic means the product was designed not to block pores, but

it is not a promise for every client. The therapist should not repeat a claim as if it were a diagnosis or a prescription. Say what the product is for, what the label says, and what the client should watch for. That is more useful than a slogan.

The directions and warnings are the part most people skip. They tell the client how often to use the product, whether to avoid broken skin, whether to keep it out of the eyes, and whether sun exposure matters. A product that says to use it twice a week should not be used daily because the client wants faster results. A product that says to avoid the eye area should not be applied to the eyelids. A product with a warning about sun sensitivity should be paired with daily sunscreen. The therapist should read the directions aloud when the product is new, and write the frequency on the plan card. If the label is missing directions, the product is not suitable for a professional recommendation, however attractive the packaging.

Expiry and storage are part of label reading. A period-after-opening symbol tells the client how many months the product is good for after opening, and an expiry date applies to an unopened product. A sunscreen kept in a hot car may degrade before its date. A serum that has changed colour or separated should be discarded. A jar that has been open for a year and smells different is not worth the risk. The therapist should check the date before applying a tester and should not decant products into unlabelled bottles. If a client brings a product with no date, no batch, and no manufacturer, do not use it. These checks are boring, and they prevent the kind of reaction that no facial can fix.

- 1. Read the directions and warnings before the marketing claims.
- 2. Treat fragrance, parfum, aroma, and essential oils as potential irritants.
- 3. Do not assume sensitive skin on a label means the product is safe for every client.
- 4. Translate claims such as dermatologist tested and hypoallergenic without repeating them as guarantees.
- 5. Check whether the product is for daily use or a few times a week.
- 6. Note any warning about broken skin, the eye area, or sun sensitivity.
- 7. Check the expiry date and the period-after-opening symbol.
- 8. Discard a product that has separated, changed colour, or smells different.

Salon example

A fictional client, Gauri, age forty, brought a cream labelled hypoallergenic and dermatologist tested. She had used it for three days and her cheeks were red and itchy. The therapist read the ingredient list and found a fragrance blend halfway down, along with several plant extracts. She explained that the claims on the front did not rule out a reaction and that the list was more useful. Gauri was surprised because she had chosen the cream for sensitive skin. The therapist stopped the cream, kept a mild cleanser and a plain moisturiser, and gave her a note for her doctor because the redness was spreading. The reaction settled over a week. Gauri returned with a shorter routine and a new habit of reading the back of the pack. The therapist wrote the product name and the reaction in the record so it would not be recommended again. Gauri also stopped using the cream on her neck, where the skin had begun to itch, and asked for a short list of products she could tolerate, which the therapist wrote on a card with no claims on it.

CAUTION

Do not repeat a marketing claim as a guarantee, and do not apply a product with no directions or expiry information.

Whitening is a claim to refuse

The word whitening on a cosmetic label is a claim to refuse, not a feature to explain. Skin colour is set by genetics and melanin, and no cosmetic product should promise to change it. A product that claims to whiten in days is either exaggerating or containing something that should not be on the skin. Some unregulated creams contain steroids, mercury, or hydroquinone without disclosure, and they can cause thinning, visible veins, acne-like bumps, stretch marks, and severe pigmentation after stopping. The therapist should not stock, apply, or recommend such a product, even if a client brings it and asks for a facial to make it work better. The answer is a clear explanation and a referral, not a compromise.

Natural is not a safety guarantee. Mercury can appear in a cream marketed as herbal, and a plant extract can be a strong irritant. A product sold in an unlabelled jar at a market has no batch number, no expiry, and no way to trace a reaction. The therapist should refuse to apply it and should explain why in plain words: the salon cannot know what is in it, and the risk is not worth the temporary colour. If the client has been using such a cream, advise stopping and seeing a doctor, especially if the skin is thin, shiny, or covered in fine hair. Do not taper the cream or replace it with another brightening product on the same day. The doctor needs to see the skin as it is.

The language of brightening is tricky. A product can legitimately support the look of uneven tone caused by sun or inflammation, and that is different from changing natural colour. The therapist should use words such as even tone, fading of marks, and calm redness, and should avoid fair, whitening, and lightening. If a client asks for a whitening facial, ask what they dislike about their skin and address that concern. Often the answer is acne marks, dullness, or texture. Those can be worked on with sunscreen and one active. The client's natural colour is not a problem to be fixed, and the therapist should not imply that it is. Respect is part of the treatment, not an add-on.

A refusal should be documented and followed by an alternative. Write the product name, the date, and what was advised. Offer a plan for the concern underneath the request: marks, texture, acne, or hydration. If the client insists on a whitening product, say that the salon cannot provide it and that a doctor can discuss the risks of any medical treatment. Do not argue about beauty standards, and do not shame the client for wanting what the market has sold them. The salon's position is simple: it will not harm the skin to meet a claim that cannot be met honestly. That position protects the client, the therapist, and the business, even when it costs a booking.

- 1. Refuse to stock, apply, or recommend a product that promises whitening.
- 2. Explain that natural skin colour is set by genetics and melanin.
- 3. Do not treat natural as a safety guarantee.
- 4. Advise stopping an unlabelled whitening cream and seeing a doctor.
- 5. Do not taper the cream or replace it with another brightening product yourself.
- 6. Use words such as even tone, fading of marks, and calm redness.

- 7. Offer a plan for the concern underneath the request.
- 8. Record the product, the refusal, and the advice in the client notes.

Salon example

A fictional client, Kiran, age twenty-nine, brought a jar of cream from a local market and asked the salon to apply it after a facial so it would work faster. The jar had no ingredient list, only a picture and a promise of fair skin in one week. The therapist explained that she could not apply an unknown product and that the promise was not one the salon could support. Kiran was embarrassed and said her cousin had used it with good results. The therapist did not shame her. She asked what Kiran disliked about her skin and learned that she was worried about dark marks on her chin from old spots. They built a plan with sunscreen, a gentle cleanser, and a supportive active later. The therapist advised her to see a doctor about the jar, especially if she noticed thinning or new hair. Kiran left the jar at home and booked a review for six weeks. She also asked the therapist to write down what to tell her cousin, because she did not want to recommend the cream to anyone else without knowing what was in it.

CAUTION

Never describe a whitening cream as a beauty treatment, and never apply an unlabelled product a client brings.

nandunai.com

Lesions You Only Need to Recognise



Five words for what you see

A therapist does not need to diagnose a lesion, but a few descriptive words make a referral clearer and a note more useful. A macule is a flat area of changed colour, such as a brown mark or a freckle, with no raised surface. A papule is a small, raised bump, usually less than a centimetre, and it can be red, brown, or skin-coloured. A pustule is a raised bump with visible pus, often with a red base. A nodule is a larger, deeper, firm lump that may be painful and may not have a visible opening. A vesicle is a small, fluid-filled blister. These words describe what is visible; they do not name a disease, and the therapist should not use them as a diagnosis.

The distinction between flat and raised is practical. A flat mark can be a pigment change, a birthmark, or a sign of something that needs a doctor, but it cannot be felt as a bump. A raised lesion adds information about depth and structure. Size matters too, and so does the border: a smooth, even border is different from an irregular one. Colour is useful when it is described precisely, such as light brown, dark brown, pink, or blue-grey, rather than simply dark. The therapist should note the location, the size in everyday terms, the colour, the shape, and whether the lesion is tender, itchy, or bleeding. Photographs with consent can help, but they do not replace a medical examination.

A vesicle deserves particular care. A small blister can follow a burn, friction, an insect bite, an infection, or a reaction to a product. It should not be popped, scrubbed, or covered with a strong active. If there are several vesicles, if they are spreading, if there is fever, or if the client feels unwell, refer the same day. A single small blister from a known friction injury may settle with a gentle dressing, but the therapist should not treat it with a facial product. The same applies to a pustule that is large, painful, or surrounded by spreading redness. The salon's job is to recognise, protect, and refer, not to open or drain. When in doubt, the answer is a doctor, not a needle.

Good notes use these words consistently. Write the date, the location, the size, the colour, the shape, and the behaviour. Avoid words such as cyst, melanoma, or eczema unless a doctor has made the diagnosis. Say a firm lump, a flat brown mark, a blister, or a raised pink bump. This language is precise enough for another clinician and honest about the limits of a salon observation. It also protects the client from a label that may be wrong and frightening. The therapist should describe what changes: bigger, darker, bleeding, itchy, or painful. A lesion that is changing is more important than a lesion that has looked the same for years, and the note should make that clear.

- 1. Describe whether the lesion is flat or raised before choosing a word.
- 2. Use macule for a flat colour change and papule for a small raised bump.

- 3. Use pustule only when pus is visible, and nodule for a deep firm lump.
- 4. Use vesicle for a small fluid-filled blister.
- 5. Record the location, size, colour, shape, and border.
- 6. Ask whether the lesion is tender, itchy, bleeding, or changing.
- 7. Do not pop, drain, scrub, or apply an active to a blister or pustule.
- 8. Write plain descriptions and avoid naming a disease as a diagnosis.

Salon example

A fictional client, Mohan, age thirty-eight, pointed to a small bump on his jaw and asked whether the salon could squeeze it. The therapist looked closely and saw a raised, firm lump about the size of a pea, with no visible opening and no surrounding redness. She described it as a nodule and explained that it was deeper than a surface pimple and should not be squeezed. Mohan said it had been there for two weeks and was tender when he shaved. The therapist did not apply heat or a spot treatment. She wrote the location, size, and duration on a card and suggested a doctor review if it did not settle or if it grew. She also gave him a gentle cleanser and sunscreen and asked him to avoid shaving over the area. Mohan returned a week later and said the lump was less tender after the doctor's advice. The therapist checked that he had not squeezed it and kept the area clear of exfoliation, and she recorded the outcome in his notes. She also asked him to return if the lump grew or became hot, rather than waiting for the next appointment.

CAUTION

Do not squeeze, needle, or drain a deep lump, a pustule, or a blister, and do not name a disease.

When the shape or behaviour worries you

Some lesions need a same-day referral because their behaviour is more important than their appearance. A mole that is changing in size, shape, colour, or border needs assessment. A spot that bleeds without being scratched, or a sore that does not heal within a few weeks, needs medical review. A new dark lesion in an adult, especially on sun-exposed skin, should be checked. A lesion that is growing quickly, is painful, or has an irregular edge is also a reason to refer. The therapist should not wait to see whether it settles and should not cover it with makeup. The words on the page are less important than the action: stop the service and send the client to a doctor.

A child with a skin concern needs a same-day referral, even if the concern looks minor. Children's skin is different, the history may be short, and a parent may be anxious. The salon should not perform an adult facial, peel, or active treatment on a child, and should not recommend an adult product. If a child has a rash, a mole, a blister, or a changing spot, the therapist should explain that a doctor needs to look and should give the parent a written note. The same applies to a teenager who wants a strong acne treatment: the basics can be discussed, but the medical decisions belong with a doctor. Kindness and a clear boundary are the right response.

A lesion that is bleeding, oozing, or crusted should not be treated as a cosmetic problem. Do not apply a mask, a scrub, or an acid. Do not use a hot towel. Do not try to remove a crust. Cover it only with a

clean dressing if needed, and refer. If the client is in pain, has a fever, or the redness is spreading, the referral is urgent. The therapist should record what was seen, the time, and the advice. If the client refuses, record that too and repeat the advice at the next contact. A salon is not an emergency department, but it can be the place where a serious problem is first noticed. That possibility is a reason for care, not for fear.

The therapist should also watch for lesions that do not fit the plan. A mark that is not fading after months of good sunscreen, a patch that is spreading despite gentle care, a lump that is returning in the same place, or a rash that comes with joint pain or fever all deserve a medical opinion. The salon should not keep treating a lesion because the client is booked or because the last service seemed to help. Change the plan to gentle basics and refer. If the client is already under a doctor's care, ask what the doctor advised and do not interfere. The boundary is simple: the salon supports skin comfort and appearance, and a doctor assesses disease. Keeping that line clear is a professional skill.

- 1. Refer a mole that is changing in size, shape, colour, or border the same day.
- 2. Refer a spot that bleeds without being scratched or a sore that does not heal.
- 3. Refer a new dark lesion, a fast-growing lesion, or one with an irregular edge.
- 4. Refer any child with a skin concern the same day.
- 5. Do not apply a mask, scrub, acid, or hot towel to a bleeding or crusted lesion.
- 6. Do not cover a suspicious lesion with makeup and send the client home.
- 7. Record the sign, the time, and the advice, including a refusal.
- 8. Ask about the outcome at the next contact and record it with permission.

Salon example

A fictional client, Farida, age forty-four, came for a facial and asked the therapist to cover a small dark spot on her cheekbone for a photograph. The therapist looked at the spot and saw that it had an irregular edge, was darker than the surrounding skin, and had a tiny crust. Farida said it had been there for years but had changed in the last month. The therapist did not apply makeup or a treatment. She explained that a changing spot needed a doctor and wrote a note describing the size, colour, and recent change. Farida was worried about the photograph and asked whether a little concealer would be fine. The therapist said no and offered to help with the rest of her makeup away from the spot. Farida saw a doctor the following week. The spot was assessed and she returned with a plan. The therapist recorded the referral and kept the area bare during later visits. Farida also stopped using a brightening serum on that cheek, because she had been applying it close to the spot without realising how far it spread.

CAUTION

Do not wait to see whether a changing, bleeding, or non-healing lesion settles, and do not cover it with makeup.

Referral language and boundaries

The language of a referral should be concrete and modest. Say what you saw, where it is, how long it has been there, and what changed. Say that the salon cannot assess it safely and that a doctor should look. Do not name a disease, do not guess at a cause, and do not say that it is nothing to worry about. A client who is told it is nothing may delay, and a client who is told it is serious may panic. The middle path is honest: this is outside my role, it needs a medical look, and here is what you can do today. Write the same words on the note so the client does not have to remember them under stress.

The boundary should be stated before the service, not only when a lesion appears. A salon that explains its scope at booking is easier to trust. The therapist can say that the salon works with skin comfort, cleansing, hydration, and cosmetic care, and that moles, bleeding spots, rashes, and lumps are referred to a doctor. This is not a legal disclaimer read in a monotone; it is part of a professional introduction. When the boundary comes up later, the client has already heard it. The therapist should also explain what the salon will not do: no diagnosis, no extraction of a deep lesion, no covering of a suspicious spot, and no strong treatment on broken skin.

A referral should leave the client with a safe routine and a date. Give a mild cleanser, a plain moisturiser, and sunscreen, and say what to avoid on the area. If the client is worried about appearance, offer a gentle option that does not touch the lesion, such as help with the rest of the face. Do not promise that the doctor will find nothing. Do not promise a timeline for the medical visit. Ask the client to return after the appointment if they want to continue salon care, and record the outcome with permission. If the client does not return, that is their choice; the salon's duty is to give clear advice and document it.

The hardest part is holding the boundary when the client pushes. A client may say that another salon would do it, that the spot is nothing, or that they cannot afford a doctor. The therapist can listen, repeat the reason once, and offer the alternative. Do not argue about money or fear, and do not be persuaded by a tip or a booking. The risk is not worth it, and a professional refusal is a form of care. The therapist should also protect junior staff by making the policy written and visible, so a refusal is not a personal judgment. A salon that refers consistently, records clearly, and stays kind is doing the work well, even when the answer is no.

- 1. Say what you saw, where it is, and how long it has been there.
- 2. Say that the lesion is outside the salon's role and needs a medical look.
- 3. Do not name a disease, guess a cause, or call the lesion harmless.
- 4. Write the same information on a note for the client.
- 5. Give a safe routine and say what to avoid on the area.
- 6. Do not cover the lesion with makeup or treat it with heat or acid.
- 7. Record the advice and the client's decision, including a refusal.
- 8. Ask about the medical outcome at the next contact and record it with permission.

Salon example

A fictional client, Sunita, age thirty-six, asked the therapist to look at a small sore near her hairline that had not healed for three weeks. The therapist saw a crusted area with a red edge and did not apply a product. She said plainly that the sore was outside what the salon could assess and that a doctor should look at it. Sunita said she had no time and asked for a cream to cover it for a party. The therapist explained that covering it could irritate the skin and hide a change, and offered to help with the rest of her makeup instead. She wrote a note with the location and duration and gave Sunita a mild cleanser and sunscreen. Sunita agreed to book a doctor's appointment. She returned two weeks later with a treatment plan and thanked the therapist for being direct. The note was kept in her record. Sunita also brought the doctor's advice to the next visit, and the therapist adjusted only the cleansing step around it rather than adding a new active. The record showed the referral date, the outcome, and the products that were safe to continue.

CAUTION

Do not let a client's urgency or a booking persuade you to treat a lesion that needs a doctor.

nandunai.com

Glossary

Barrier

The outer layer of skin that keeps water in and irritants out.

Ceramides

Fats that help hold the skin barrier together.

Comedone

A blocked pore, either open with a dark top or closed with a white bump.

Papule

A small, raised bump without visible pus.

Pustule

A raised bump containing visible pus.

Nodule

A firm, deeper lump that may be painful and has no visible opening.

Cyst

A larger, deeper swelling that may be tender and can scar.

Macule

A flat area of changed colour with no raised surface.

Vesicle

A small, fluid-filled blister.

PIH

Post-inflammatory hyperpigmentation, a dark mark left after inflammation or injury.

Melasma

A long-term pigment condition with symmetrical brown or grey-brown patches.

Fitzpatrick scale

A way to describe how skin responds to sun, from type I to type VI.

Cosmetic active

An ingredient used to improve appearance, not to treat disease.

Retinoid

A vitamin A related ingredient used in cosmetic and prescription products.

Peptide

A short chain of amino acids used in some cosmetic formulas as optional support.

Patch test

A small trial of a product on a limited area before wider use.

SPF

Sun protection factor, a measure of protection against ultraviolet B rays.

Broad spectrum

A label showing the product protects against both ultraviolet A and ultraviolet B rays.

PA rating

A label for ultraviolet A protection, shown with plus signs on some products.

INCI

The standard names used for cosmetic ingredients on a label.

Period after opening

The number of months a product is good for after it is first opened.

Hydroquinone

A medicine used for pigment, available only under medical guidance.

Tranexamic acid

A medicine that may be used orally for pigment under medical supervision.

nandunai.com

References

1. [US Food and Drug Administration: Sunscreen, how to help protect your skin from the sun](#)
Application timing, amount, reapplication, and commonly missed areas
2. [American Academy of Dermatology: Acne](#)
Acne types, general care, and when medical help is needed
3. [American Academy of Dermatology: Melasma overview](#)
Melasma signs, triggers, and long-term care
4. [American Academy of Dermatology: Melasma treatment](#)
Sun protection and medical options for melasma
5. [US Food and Drug Administration: Cosmetics](#)
Cosmetic labelling, claims, and consumer safety

nandunai.com