ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 02 | February - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

SKIN CARE HABITS OF DERMATOLOGY PATIENTS IN PSM TERTIARY CARE TEACHING HOSPITAL

Dermatology

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ABSTRACT

Introduction: In our society, having black skin has long been considered beautiful. After then, bleaching gained a lot of popularity in our communities, although little is known about skin care practices. Finding out how patients took care of their skin was the aim of this study. Patients and **Procedures:** This study included all patients seen from March 2023 to October 2023 in the dermatological clinic at PSM Hospital. Age and sex differences in skin care practices were compared. $p < 5\%$ was the threshold for statistical significance. **Findings:** A total of 714 medical files—296 male and 418 females—were examined over the course of the study. The most popular bathing soaps for both men and women were antibacterial soap and savon de Marseille, in that order. But compared to males, women preferred bleaching, super fat, and exfoliating soaps in statistically significant amounts (78.0% vs. 22.0%, 69.0% vs. 31.0%, 87.0% vs. 13.0%). Eczemas affected 35% of antiseptic soap users. Compared to 84% of males, just 16.0% of women did not use body lotions every day ($p = 0.0001$). It was evident that women used bleaching lotion (13% total) more frequently than males did (87.0% vs. 13.0%; $p = 0.0001$). Acne was linked to the usage of topical corticosteroids. In conclusion, a sizable fraction of our patients uses antiseptic soaps and bleaching treatments. If allowed unchecked, the use of antiseptic soaps and the use of topical steroids in commercial products could pose a major risk to public health.

KEYWORDS

INTRODUCTION

Black, bright skin used to be a beauty criterion in our environment. Smith et al. declare in an article on hair and skin care in black children, that the skin and hair that were well appreciated before the time of slavery had lost their value after the contact with the whites [1]. Progressively, the desire for skin bleaching by African Americans in the USA and later in African populations became widespread throughout the black population, reaching prevalence of 80% in some African towns [1-3]. Skin bleaching then became a sign of well-being for those who practiced it. Bleaching has thus become a very popular practice in several communities, in spite of its many well-known side effects. Besides skin bleaching, other habits which appear to be less dangerous should equally be of interest to health practitioners in our context in order to promote good cosmetologic practices. The objective of this work was to identify the different skin care habits of patients received at the dermatology outpatient clinic in the PSM Hospital.

Patients and Methods

The survey was done at the PSM Hospital. We reviewed 714 files of all patients consecutively received at the dermatology outpatient consultation either on appointment or as an emergency, during the period from March 2023 to October 2023. The main inclusion criterion was any patient presenting with a skin problem at the dermatology outpatient clinic, irrespective of age or sex. All patients in this department were seen by the same dermatologist and data were systematically collected irrespective of the main complaint. The pathologic conditions observed were recorded according to the following groups: allergies, scars, systemic diseases, infections, sexually transmissible disease (STD) syndromes (genital ulceration, urethral discharge, vaginal discharge, scrotal swelling, lower abdominal pains), HIV infection, disorders of epidermal appendages, disorders of epidermal differentiation, pigmentation disorders, tumours and others. The following variables were extracted from the case files for analysis: chief presenting complaint, sociodemographic data (age, sex), cosmotologic history (nature of body lotions and bathing soaps used on a daily basis).

Any soap or body lotion prescribed during the medical consultation was considered as an integral part of the treatment and were thus not included as habitual use in the analysis. The pharmacological composition of the soaps and body lotions was not taken into consideration for this study. Information collected from patients and vendors of cosmetic products facilitated the classification of products unknown to the dermatologist. The different soaps recorded were separated into seven types: antiseptic soaps, bleaching soaps, super fat soaps, ordinary soaps, exfoliative soaps and the unclassified. The term "ordinary soaps" groups all soaps with perfume, in solid or liquid form available in the market. The expression "savon de Marseille" referred to non-perfumed neutral soaps. The nature of the soap was described as undetermined when no information concerning it could obtain.

The different products used to moisten or smoothen the skin were classified into 5 categories: pure glycerine, oils (palm kernel, palm, maize, olive, almond), dermo-cosmetic lotions, (specific non perfumed lotions, available only in the pharmacy), bleaching lotions (irrespective of the active ingredient), ordinary moisturing lotions (neither bleaching nor antiseptic, perfumed or not available in the open market). Any lotion was considered "indeterminate" if the patient did not know its nature. It was considered that there was "no lotion" when the patient was not applying any emollient or moisturizers after bathing and douching. The extracted data were analysed using Epi Info version 6.0 for Windows (CDC Atlanta). Qualitative variables were expressed as frequencies or percentages. The cosmetologic habits of males were compared with those of females and also between different age groups and with reference to the chief presenting complaint using the Chi2 test. The level of statistical significance was set at 5% ($p<0,05$).

RESULTS

Of 714 files studied (59.0% female and 41.0% male) with ages varying from 6 weeks to 89 years, the five most frequent reasons for consultation in decreasing order were: pruritus (46.0%), asymptomatic eruption (20%), acne (8.0%), pigmentary disorders (6.0%) and pain (5.0%). The five main diagnostic groupings recorded in decreasing order were: allergic reactions (34.0%); infections (20.0%); skin appendage disorders (15.0%) and pigmentation disorders (4.0%). The allergic conditions were dominated by eczema (66.00%). Fungal infections were the most frequent (32.0%) followed by parasitic infections (28.0%) among all infectious conditions. Acne was the most frequent skin appendage condition recorded (86.0%). Globally there was a statistically significant difference in the percentage of chief complaints in both sexes. More women than men had as chief complaint acne, pruritus and pigment disorders ($p = 0.000001$, 0.008110, 0.003900 respectively) but more men than women consulted for scars and ulcerations ($p = 0.028300$ and 0.000591 respectively). Six types of bathing soaps were currently used, in the following decreasing order: savon de Marseille, antiseptic soap, bleaching soap, super soap, ordinary soap, and exfoliative soap. Savon de Marseille and antiseptic soap were the first and second choices respectively for men as well as for women. However, women had a statistically significant preference for bleaching, super fat, and exfoliative soaps (78.0% vs 22.0%, $p = 0.0435$; 69.0% vs 31.0%, $p = 0.0398$; 87.0% vs 13.0%, $p = 0.0008$) with respect to men (Table 2).

Table 2. Soap Using Habits of Patients with Respect to Sex

Type of Soap	N	Female (%)	Male (%)	P Value
Total	714	59	41	
Antiseptic soap	123	60	40	0.1503
Savon de Marseille	334	87	13	0.0008
Exfoliative soap	8	56	44	0.0576
Bleaching soap	63	78	22	0.0435
Ordinary soap	52	58	42	0.0757

Super-fat soap	55	69	31	0.0398
Indeterminate soap	79	42	58	0.0569

Among all the case files reviewed, 11.06% of patients did not know the nature of the soap they used. In the group of those who knew the nature of the soap (635/714), and exfoliative soap the less preferred (1.0%). The use of antiseptic soap (123) was introduced within the age-group 0-10 years in 2.0% of the sample population with a knowledge of the nature of the soap (data not shown on table). Antiseptic soaps were most used by the 11-20 and 21-30 age groups and this represented 11.0% of the sample population with a knowledge of the nature of the soap.

In the case files, 87.00% practiced daily body care after a bath, with a significant difference between men and women: only 16.0% of women do not apply daily body lotion as against 94.0% for men (p = 0.0001). The analysis of skin care habits showed in the two sexes a preference for ordinary moisturizing body milk (65% in women vs 35.0% in men). The use of bleaching lotions was clearly more widespread in women than in men (87.0% vs 30.0%; p = 0.0004). Some patients (1.8%) could not determine the nature of products used.

87.00% of the case files' participants engaged in daily body care following a bath; however, there was a notable gender difference: only 16.0% of women did not apply daily body lotion as 94.0% for men, in contrast (p = 0.0001). The examination of skin care practices revealed that both sexes preferred regular body milk with added moisture (65% in women vs. 35.0% in males).

It was evident that women used bleaching lotions more frequently than men did (87.0% vs. 30.0%; p = 0.0004). 1.8% of patients were unable to identify the type of items utilized.

In 18.0% of cases, there was an additional component added to commercial moisturizers or emollient formulations (data not provided). 13.0% glycerin and the most often added medications were topical corticosteroids (2.0%) (data not shown). 3.0% (21/714) of the instances had additional products added (data not displayed).

13.0% of the patients in the 714 case files (92/714) did not use any body lotion. 12.0% of the group (n = 622) that applied body lotion following a bath were unaware of the product's composition. Lotions for moisturizing the skin were most frequently used (67.0%), whereas dermo cosmetic lotions were least popular (1.0%). Bleaching lotions were first introduced in the age range of 0–10 years (4.0%), and the age group of 21–30 years (24.0%) used them the most. Based on the type of bathing soap used, users of body moisturizers/emollients were analysed, and Table 6 revealed that 16.0% of those who regularly used antiseptic soaps did not apply any body lotion at all. Among patients who presented, an examination of their primary concerns and cosmetic practices showed that Table 7 shows that a considerable proportion of those with acne-p = 0.025- added additional ingredients to their body lotion compared to those who did not. Additionally, it was noted that 13.0% of topical corticosteroids, 19.0% of unidentified chemicals, and 63.0% of additional glycerin were present.

DISCUSSION

This is the first study on skin care practices conducted in PSM hospital. It demonstrates how crucial skin care practices are for those seeking advice on a range of skin issues. According to our findings, after savon de Marseille. Moreover, our research indicates that early exposure to antiseptic soap occurs. It is generally known that these products indiscriminately damage skin flora, changing the saprophyte flora, one of the body's defense mechanisms against pathogens [6]. Long-term usage of antibacterial soap has also been shown to modify the skin's protective hydrolipid film [6]. The physiology is altered by the combination of these two effects of using antiseptic soap. of the skin over time, weakening it and making it more vulnerable to additional external attack. The fact that antiseptic soaps were applied to participants' biologically immature skin before the age of ten makes the issue even more dire.

We believe that regular body rubbing in a tropical climate lessens the irritation of the skin; however, the delicate balance of skin physiology is quickly shifting. In a recent study, it was shown that 12.20% of people who regularly used antiseptic soaps did not use any body lotion at all. Atopic dermatitis and contact eczema are becoming more common, according to certain African writers, while infectious dermatoses, which used to be the most common, are becoming less common [7, 8]. They attribute this change to a combination of dietary variables and elevated environmental allergens. We do, however, propose the regular application of antiseptic treatments to the skin as a potential further hypothesis to help explain this phenomenon. Our discovery that a significant amount of antiseptic Our observation that a significant percentage of people who use antiseptic soap (35%) have allergic skin conditions, particularly eczemas, provides some evidence in favor of this theory. The trend of patients (17.7%) mixing non-commercial moisturizers and emollients with other substances is not unique to our setting. This procedure carries some risk since it could produce a product whose composition has been altered and does not adhere to quality standards. This is a truth that many ladies seeking bleaching are aware of [2]. Nonetheless, the percentage of participants in our study who added pure glycerin was not insignificant. This most likely indicates a lack of compatibility between black skin's cosmetic needs and the goods available on the market, particularly with regard to moisturizing properties. The greatest cosmetics are still out of reach for consumers, despite producers' best attempts to cater to their needs with regard to items made for black skin [13]. the bulk of people using inferior items, which causes individuals who are dissatisfied to turn to handmade preparations. Okeke had revealed the deficiencies in the quality control of the goods that Nigerian consumers may purchase [13].

This preliminary study has some limitations for example: patients generally would not be able to give precise information such as duration of skin care habits. Another limitation is that the association of chief presenting complaints and cosmetologic habits may not have a causal relationship. Furthermore, as the study was conducted in a specialized department of a tertiary health institution, the results cannot be extrapolated to the general population. Nevertheless, the study provides the baseline for further work that will hopefully answer some of the many issues raised by the use of these skin modifying agents for habitual skin care.

CONCLUSION

Patients who visit the Dermatology outpatient clinic in Yaoundé frequently use bleaching chemicals and antiseptic soap, and they do so quite early in existence. Furthermore, if these patients' addition of some dangerous ingredients to commercial treatments is allowed to continue unchecked, it could develop into a major health issue. Further research on these environmental concerns is required.

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