OILY SKIN.

There are two types of oily skin: the oily skin having a waxy appearance, with the sebum product stagnant in the follicle, is defined asphyxiated; while that with a flowing sebum is defined oily.

The hair follicles: They develops following the invagination of the epidermis in the derma and the formation of a bottle-like structure called follicle. The follicle includes 3 parts: the sack, that is the terminal part with the papilla, connected with the blood capillaries; the collar, that is the median zone in which the sebaceous glands and in some areas the sudoriparous apocrine ones are grafted; the ostium or exit hole, from which the secretions and the hair come out. The hair follows a certain rhythm of growth that alternates phases of rest and activity and has different phases of development. On the scalp, it is particularly developed; it is middly present in the axillary cavity and in the pelvic zone and, in the man, it is also present on the breast and on the face. If the hair is atrophied, the follicle directly opens on the hairless cutaneous surface as happens on the forehead, on the wings of the nose and, for the women, on the chin. The follicle is connected with the muscle of the hair, says "horrifying", a particular erector muscle placed under the sebaceous gland, that when it is visibly contracted generates the so-called goose bumps. The hair is constituted by keratin that doesn't develop horizontally as the horny layer and the fingernails, but it develops vertically along the follicular axle. The hair as the hair, has a structure constituted by a scaly sheath, defined cuticle, by an intermediate area formed by thin lengthened plates called cortex and by the marrow, that is the interior part formed by rounded off bodies. The hair colour is given by the melanin pigment present in the cortex. The different colour shades are variedly determined by the percentage of pigment present and by its uniform arrangement.

Asphyxiated skin, characteristic of the teen-ager, is given by the combination of secretive and structural modifications: in fact it shows itself with a sebaceous waxy hyper-secretion invading the follicle and with an hyper-keratosis of the horny layer. On this type of skin there are horny plugs, blackheads and comedones, furthermore the sebum accumulation in follicular sacks hinders the normal cutaneous lubrication and makes this type of skin particularly prone to infections, rather thick and outwardly dry. On this skin there is often acne. The oily asphyxiated skin needs emollient, sebum-normalizing products and hygienic and cleansing interventions.

Oily skin is visibly shiny, is greasy to the touch, follicles are dilated and assume a characteristic aspect of orange peel and when the sebum is abundant it is defined seborrhoeic. The increase of the sebum secretion and the change of its quality originates from endogenous, endocrine, digestive and nervous causes. This type of cutaneous unaestheticism is often accompanied by an abundant perspiration and it is just the association of the 2 types of hyper-secretion that determines the greasy and sweaty aspect of the skin and

the dilatation of pores and follicles. The glands are hypertrophic, more active and they produce a sebum which has a different composition in comparison with the normal one.

The sebaceous glands: they are esocrine glands, that is to say having an external secretion, always connected with the follicle. They fully work in the first year of life, then they remain inactive until puberty. They can be of different size and they can be found in the whole body with the exception of the palm-plantar zones. These glands have a cluster structure and they are made up of cells producing a mixture of lipids called sebum. The sebum escapes to the outside, passing through the neck and the follicular ostium, and it is distributed on the cutaneous and hair surface. The sebaceous glands can be one of the way of penetration of the substances externally applied.

The sudioriparous glands: They are grafted in the dermis, but more in depth than the sebaceous ones and they have the function to bring the sweat outside. The sweat is essentially constituted by a diluted salt solution containing different organic and inorganic substances. The glands secretion is stimulated by the heat, by the assumption of determined substances, by hormonal and psychic stimuli. The secreting tube can directly open on the skin surface skin with an oblique pore or in some areas it is placed in the follicular neck. One defines a sudoriparous eccrine gland, when there is the structure described in the first case, and it is already present in the whole body since the birth. In the second case the sudoriparous gland is called apocrine and it is present since puberty in the axillar, pelvic and perianal area.

The normal sebum is made up of a mixture of free fat acids, (some of which are called skin just for their specificity) of triglicerids, of free and esterificated cholesterol and of squalene. The ratio among the components has to remain within certain limits; in fact if the percentage of unsaturated fat acids is modified in favour of those saturated or if the quantity of free cholesterol decreases in favour of the esterificated one, the sebum loses its characteristics and its functions of auto-sterilization and hydrophilia. Therefore on the seborrhoic skin there is a high rate of micro-organisms and in addition, being the oily skin' sebum poor in the fraction of free cholesterol, this loses the characteristic hydrophilia to become hydrophobic. The existing equilibrium between fats and water is broken and the consequences manifest themselves exteriorly on the skin: the lipidic layer that one finds on the skin becomes inactive just because of the lack of affinity towards water.

Seborrhea determined by endocrine causes. It is characteristic of the adolescent age, due to the hormonal unbalance determined by the activity of the glands regulating sexuality, correlated with the activity of the hypophysis and of the thyroid. The result is an abnormal sebum production, so much that some researchers think that the same functionality of the sebaceous gland is modified transforming the activity of secretion in activity of synthesis towards steroidic substances, such as the squalene and the cholesterol.

This change would determine the increase of the sebaceous flow and the production of sebum poor in cholesterol.

Seborrhea caused by digestive disorders. In this case the sebaceous gland tends to expel the surplus fats present in the blood following epato-bilious dysfunctions. It is possible not to worsen the situation trying to follow a correct nutrition, avoiding the excessive use of fried fats, of margarines, of chocolate and of pork meat that are contraindicated in this particular condition.

Seborrhea caused by nervous problems. The nervous system affects the activity of the sebaceous gland: some particular conditions as nervous traumas, anxiety, an excessive emotionalism transmit impulses through the nice system and determine an alteration of the functionality of the cutaneous glands, especially of those located on the forehead and on the scalp. The anxious subjects are particularly affected both by perspiration and by an abundant sebaceous secretion.

Against the seborrhea, to resolve the physical or nervous causes, first of all it is opportune to consult a dermatologist, then, if necessary, an endocrinologist, a dietician or a psychologist that, only after a careful diagnosis, can prescribe the right treatments to correct the organic or emotional dysfunctions causing the cutaneous pathology.