This product developed in Germany, and tested at the Rudolf-Virchon University Hospital in West Berlin is designed to minimise many disfigurements of an accidental, dermatological, surgical or congenital nature.

It is the most advanced camouflage make-up available in the world today and is constantly being up-dated and added to by the manufacturers. It most certainly supersedes current camouflage cosmetics available today.

Although the product may have well been marketable through the standard commercial channels, it was decided that it should be used only in a clinical context (where the patient/client receives personal and private attention by the physician or surgeon). This is in line with Europe where, especially in Germany and Holland, the Paramedical Make-up Artist is considered part of the Health Team and plays a significant part in the after-care of patients, in helping them to regain their self-esteem.

The Dermacolour Camouflage System has the advantage of being:-

1. Specifically formulated for camouflage of disfigurements.

2. It has an excellent colour range - over 70 colours and every ethnic group colouring is catered for. All colours are intermixable and if necessary, the colours are mixed by the Paramedical Make-up Artist, thus eliminating the necessity for patients to mix their own colour on a daily basis. This has been a distinct drawback of camouflage cosmetics to date.

3. As it contains a very high percentage of opaque colouring, a very light application gives an excellent result, without losing skin texture.

4. It adheres well to disfigured skin where normal cosmetics tend to "slide" off, due to the high wax content and acts, to a small degree, as a filler, thus smoothing over some areas.

5. The system is waterproof, when correctly applied. It will hold onto the skin even in the sauna, whilst skiing, swimming etc. and is not lifted by sweat.

6. It is especially mild, containing no alcohol or perfumes, (Perfumes are often the cause of a person being allergic to a particular cosmetic). It has no negative components which could affect in terms of medication, either treatment being given orally or topically.

7. It adheres to acrylic, silastic and silicone rubber prostheses, so facilitating a closer match to the patient's own skin tone.

   Thus the colouring of the prostheses can be modified, or the patient's skin tone can be modified when necessary, due to seasonal changes or if there is a change in skin tone for any reason.

8. The Dermacolor Camouflage System can be modified for day-light and artificial light, for seasonal changes or for any situation where the patient may change skin tone.

9. It is formulated for men, women and children. The techniques used are changed according to the disfigurement and as to whether it is a man, woman or child.

10. During some 14 years use in Europe and 12 years in Australia, it has so far given no allergic reactions. The Coverage given and the technique taught, is one of "blending" a disfigurement rather than "masking". Blending gives a much more natural appearance and usually a lighter application, which is more comfortable for the patient, both physically and emotionally.

11. At present, the titanium dioxide content gives a 50 - 60% blocking ability.

The Dermacolor Camouflage System consists of :-

1. Over 70 intermixable Base Shades which include colours to match to the patients skin, highlighting, shading and cheek colours.

2. A range of colours which can be used to simulate hairline areas where there is a lack of hair growth.

3. Fixing Powder - in 7 colours which is used to matt blend and render the make-up waterproof. The powder is translucent and can be used to modify the base shade slightly and is also used as a "touch up" powder. Usually this is the only repairing necessary whilst the cosmetic is being worn.

4. Erase Sticks - in lipstick presentation available in 14 colours. These are ideal for purse size and are used for touching up the foundation if necessary.
5. **Body Covers** - 50ml tube available in 23 colours. These are used for larger body coverage and have a built in powder.

6. **Cleansing Cream** - for daily removal of the camouflage cosmetic from the body, or face area or where very dry skin indicates the need.

7. **Cleansing Milk** - for daily removal of the camouflage cream from the face.

8. **Cleansing Lotion** - for use as a pre-condition of the area prior to the application and after the use of the cleansing cream or cleansing milk to remove all residue cosmetic.

9. **Fixier Spray** - available in both aerosol and pump form. To be used if the area will be exposed to extreme conditions or on an area where constant rubbing occurs such as collars or cuffs or when skin plastic is being used.

10. **Skin Plastic** - comes in three shades, No. 1 - light, No. 2 - medium and No. 3 - dark. Used for indentations or smoothing out of uneven skin.

11. **Moisturiser Effective No. 1** - with collagen for dehydrated skin

12. **Moisturiser Effective No. 2** - for normal to dry skin

**PSYCHOLOGICAL ASPECTS**

**Introduction**
The quest for an improved reflective/self image has directed the thoughts and actions of mankind since the beginning of time. Today, especially because of various media methods, for example heavy advertising, the general public is intensely aware of their physical appearance or their reflective image. Advertising helps to create and perpetuate feelings of inadequacy.

Our society is built upon beauty and the body beautiful and a constant search for the "Fountain of Youth". We are very youth/health/beauty orientated. We have set up stringent standard for our reflective image as dictated by trends in fashions, hairstyles, make-up etc. We are pushed to be carbon copies of various advertising campaigns aimed at making us feel insecure because we do not smell right, have the right coloured hair and use Brand X for whatever.

Cosmetics have been used as a barrier against outsiders from the earliest recorded time. They made the wearer protected, magic, religious, brave or attractive, dependent on the tribal customs. Make-up has been worn for births, deaths, marriages, feasts and war. While the use and styles of make-up in all societies has varied, cosmetics have almost been the constant signature of theatrical, film and T.V. artists, whether for concealment or in the form of masks for transformation, or for beautification of todays actors and actresses.

The paramedical make-up artist who has a thorough knowledge of the cosmetic services needed by physicians and surgeons whose patient problems range from post-operative scars, edema and discoloration sometimes following cosmetic surgery, accidents, hyperpigmentation, dermatological problems and congenital defects to general everyday improvement and enhancement of the reflective image, is of optimum value when used as part of the continuing care of the patient. The role is to normalise or, at least, minimise and maybe enhance an individual who is seeking to take his place once again in the mainstream of life after having his physical image altered either by accident or congenitally, or who has elected to have aesthetic surgery.

People who work in Burns Units, Surgical Units, Dermatologists, Psychiatrists, Psychologists, nursing staff, social workers and other paramedics, become so used to seeing disfigurements that they tend to underestimate the emotional effect that these may have on the patient. The size of the disfigurement bears no relationship to the degree of the emotional effect on the patient. Whilst one patient may find the smallest scar or birthmark of concern, thereby bringing down his confidence to some extent, and this may have a profound effect on his psyche and his body image, in particular. Another patient may have come to terms with his disfigurement regardless of the area on the body or the size, and will need no props to help him through the rest of his life. It is extremely difficult to ascertain the psychological needs of a patient in regard to camouflage treatment.

To suggest to a patient that he should use camouflage cosmetic may in turn suggest to that patient that a problem exists, that there is something to cause embarrassment and concern. This may well bring about a situation which could undermine all he has been able to build up in himself, all he has overcome in his mental attitudes, and perhaps even build up barriers that were not there before, thus creating other psychological problems. Sometimes a patient who initially rejects paramedical cosmetics may later, after having time to accept the idea, be prepared to try. This patient
must be treated with extreme sensitivity so that he is not pushed away from the idea once again. His confidence must be maintained.

Unfortunately, in so many ways, this is the world of the "beautiful people", built by advertising campaigns and the recent worship of the youth cult in general. Those who are unfortunate to be disfigured often are turned away from positions in which they would be extremely capable because they do not conform to today's standards of visual beauty that have been accepted as the norm. They are considered to be an embarrassment to the public, because we ourselves are embarrassed.

Hence, a situation occurs where someone of great potential may take a mediocre position, not only in his work, but in his life and never achieve his full potential because he does not fit the accepted conventional idea of the norm, he feels that he has to hide away, both physically and mentally. Society has conditioned him in this way, he feels inadequate and a social outcast.

Obviously, this is the extreme and is not the situation for all people but everyone who has a disfigurement will fall between two poles. On one side, the pole of acceptance and on the other side, the pole of total unacceptability of his situation. Most people fall somewhere in between the two situations.

There are many people who do not consider that a disfigurement is a drawback and have never seriously entertained the idea that it is a problem or, alternatively, have overcome the effect that it may have had on their psyche. We need not be over concerned for these people. The delicacy of the situation is obvious. It takes skill, tact and great experience to judge whether a person needs, psychologically, a camouflage make-up and as much skill to understand exactly the right moment to approach the patient and suggest such a remedial course of action to the patient. Fortunately, for the referred patient, the physician has made this decision for you. Once the suggestion has been made and the patient feels that he can be helped to restore his confidence in his self-image by the use of such remedial treatment, then the Paramedical Make-up Adviser must help instruct him as much as possible. The Paramedical Make-up Adviser has a responsibility to the medical profession who refer their patients for cosmetic help that is to treat the patient with courtesy and respect and to impart information and camouflage techniques to the patient.

One's beauty or strength of character is generally mirrored through the individual's face and hair. The degree to which these features are accentuated or emphasised will greatly determine the level of acceptance by peers and society in general.

Reflective/self image also determines to a great degree our extent of self esteem (self image) and how we act or interact in our society. It determines whether we are confident and aggressive or shy and passive. It enables us to compete with, rather than follow the crowd. As a result, concern for one's appearance, seeking realistic self improvement is important in reflective/self image.

It seems reasonable to think that every measure possible should be taken to lessen a patient's concern of his reflective/self image. It should be part of the remedial treatment of the patient.

There are various areas of use for a camouflage cosmetic :-

(a) During the patient's lifetime to help him have confidence in himself.

(b) Use whilst healing is taking place, e.g. cosmetic surgery.

(c) Between revisions of surgery to minimise problems which later will be corrected.

(d) Use whilst the patient is emotionally accepting what has happened to his physical image and helps him to regain his own self esteem after accidents, surgical procedures, cancer excision, dermabrasion etc.

(e) For dermatological problems e.g. vitiligo, acne, broken capillaries, psoriasis.

(f) Birthmarks

(g) To counteract the visible effects of medication or disease.

Since the primary purpose of make-up is to enhance an individual by applying various tones and shades, it stands to reason that the same technique can be used to diminish or disguise various conditions of the face and body, such as temporary or permanent discolourations, as well as to enhance and brighten the features of the less than normal appearance or accidentally altered image. Unfortunately, it cannot correct third dimensional deformities such as pitting or keloid scars, but with skilled techniques of highlighting and shading, these can appear minimised. The shape of eyes, nose and face when the normal situation has been altered, can be seemingly changed with professional techniques. The techniques of cosmetic camouflage and the services of a Paramedical Make-up Adviser are of as much therapeutic value to the patient as the cosmetic.
The purpose of using the camouflage make-up for the patient is to try and improve his physical image in a positive manner - the motive of using any cosmetic is always psychological - we are trying to improve our image and improve our impression on others.

Cosmetics can have a definite psychotherapeutic effect when it helps to bring the reflective image in closer proximity to the self image or where the reflective/self image has been damaged or altered due to a congenital or accidental problem. The latter is the use of paramedical make-up techniques.

Make-up has achieved a frivolous connotation through media advertising, particularly over recent years. However, if we semantically change the concept to consider cosmetics as a "Topical Chemical Prosthesis" rather than as a beauty aid, it becomes a serious support to the psyche, as a brace is to a limb. This "Topical Chemical Prosthesis" used as a remedial treatment for the continuing care of the patient can be a valuable aid to both the patient and can help overcome the transient stress period accompanying disfigurement trauma. Used as an adjunct to aesthetic and reconstructive surgery, it is a further valuable aid to the patient seeking maximum results in the pursuit of an enhanced or improved image.

Until now, the disfigured patient, on leaving hospital having been through the trauma of surgery, physiotherapy, etc., has been left with a feeling of despair. He knows that the Health Team has done as much as is possible medically, but he is the one left with the disfigurement. Often when the question is asked, "What can I do about my scarring?", the answer has been one of "Perhaps you can find some make-up to cover it" or "Learn to live with it". This is where the Paramedical Make-up Adviser, brought into the Health Team, can help the patient to minimise the disfigurement and help him regain his self esteem.

Cosmetics act in three ways: Firstly, on the body of the user, secondly, on the psyche of the user and thirdly, on the attitude of others. Once a patient has been shown that corrective camouflage/cosmetic techniques can minimise his disfigurement, he feels emotionally better, because he feels someone is trying to help him further his recover. Both pre-operatively and post-operatively, the Paramedical Make-Up Adviser can help by discussing with the surgeon and the patient how camouflage cosmetic techniques will help to minimise disfigurement and in so doing, can help relieve the patient to some extent from the mental anguish of disfigurement.

MEN, CHILDREN AND DISFIGUREMENT THERAPY

It is initially difficult for men to use cosmetic preparations, especially here in Australia, as our society has deemed the use of cosmetics by the Australian male to be "feminine". Once a man has been shown the aid to his image that the paramedical cosmetics can achieve and he is assured in his own mind that this is not feminine to conceal and minimise a disfigurement, he will then concede to the idea and allow the Paramedical Make-up Adviser to help him regain his own self esteem. It seems to be a good idea, when working with males, not to refer to Dermacolor as a make-up, but rather as a topical cream for minimising disfigurements, or as a colour cream, or some such name which to some degree removes it from the term "make-up".

Often the male patient will want to go away and think about it for a while, or to show his family and discuss the camouflage cosmetic with them, to see how his workmates react, or even to see what the reaction is in the street. The average male will return to the Make-up Adviser within a week or so, having had it confirmed in his own mind that it is a "good idea".

Obviously, the way the male patient is handled during consultation, is of great importance and it takes tact to enable them to accept the idea. There is a lot more effort in trying to counsel a male patient than there is with woman, who traditionally already accepts the idea of cosmetics for enhancement. Many male patients seem to rush in through the door, grab the cosmetic and run away as quickly as possible. One has to take the time to calm their embarrassment and their nervous state. It is then important to make them realise that the correct application of DERMACOLOR is of great importance to the success of the camouflaging of disfigurements.

For men, women and children, Paramedical Make-up Advisers should be made available to those who wish to use them and information given so that they are made aware of such a service in the same manner as they are referred to physiotherapy and occupational therapy or any other health service for the ongoing care and treatment.

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The very young child has no verbal way of expressing their feelings. His actions will/maybe tell a parent. An older child might say "Mummy, make it go away".

COMMUNICATION WITH THE CLIENT
The person who attends for cosmetic camouflage therapy is in a state of lowered self-esteem, whatever the degree may be.
No sign of shock or embarrassment of the condition must be given and control of emotions in the facial expressions of the consultant are of first priority. With the right attitude, the consultant will be able to give a feeling of confidence, and the patient will be able to relax and feel that the correct information, technique and understanding will be given, needs attended to and instruction given.

New ideas should be gently suggested, not forced upon that person and empathy is necessary between the patient and the consultant. The client will be mentally receptive to ideas and discussion of his need when confidence is created by a positive, professional attitude, backed up by the knowledge and technical skills. The consultant should always remember that she is there to counsel and instruct the client and be sensitive to needs.

A third part, such as a girlfriend, partner, mother, father, etc., is usually not a good idea. This person will often make the conversation guarded and try to impose their views on the patients, thus interfering with the empathetic feeling between the consultant and the client. This will often result in a "tail chasing" situation, with the consultant and the client trying to please someone else's ideas rather than his own and the ideas which the consultant is trying to suggest.

Once a desired effect has been achieved, then the third person can be called in the admire the result. If the work has been done professionally, then the third party will endorse this and so will be positive. Obviously there are cases when a third person needs to be present, eg. a small child or a mentally or physically handicapped person. The parents, or someone close, will have to learn the camouflage procedures.

Teenagers are usually best counseled in private as they are often not receptive to suggestions of parents at this age and even resent parents comments and seemingly, their concern. Changing emotional patterns causes great lack of self-confidence and lowered self-esteem and teenagers need positive handling without the interference of a third party. Certainly, the consultant is better to work with the teenager without a group of adolescent friends around, who will tend to comment, giggle and generally disrupt the consultation.

NON-VERBAL COMMUNICATION

There are three areas of non-verbal communication on the face -

   The Eyebrows ........ The Eyes ........ The Mouth

These three areas help express our emotions as well as put meaning to the words we speak. Our chances of expressing our emotions or promoting our message are lessened by the altering of any of these three areas. It is important that these areas are normalised. Defining these areas assists the patient to communicate his ideas.

Heavy camouflage make-up can hide the individual's true characteristics and minimise the chance for that person to communicate properly. Subtle camouflage and if necessary, enhancement of these areas, allows the patient to place maximum emphasis on verbal communication, with the confidence that the non-verbal areas are acceptable.

Older patients have expressed the idea that as a small child, they were concerned about their physical image and they would have really liked some help in concealing a particular disfigurement.

It is not necessary for a child to "Learn to live with it" and to go through those highly impressionable, formative years without some help to minimise a disfigurement.

The peer group in these early years is particularly cruel to each other, sometimes intentionally, often unintentionally, but the words and actions of classmates hurt and can cause harmful mental attitudes towards others and towards one's own self. What happens at this stage directly relates to attitudes in later life.

The family is also concerned and their attitude ties up with the child's attitude and creates a very tight knot which is often hard to undo.

By helping a child to correctly conceal a disfigurement, maybe we can help him to develop a happy, healthy mental attitude to life and allow him to develop his full potential, both in his chosen profession and in his private and social life, without concern for his physical image.

It is a known fact that people with a facial disfigurement are often placed in a disadvantaged position in today's society where the visual image counts for so much. Thousands of dollars are spent each year by people trying to achieve more socially desirable characteristics and feel more accepted by society. The disfigured person often feels a lack of self-esteem and is usually anxious about this. Hostility and social withdrawal often follow and recently a study has shown that there is a relationship between criminal behavior and facial disfigurement.

The tendency is to judge a person initially on visual attractiveness, especially of the face. Negative feelings are often felt by someone who meets a disfigured person. Facialy unattractive people with scars, birthmarks or pockmarks may be treated in a stigmatized manner with no logic attached. This can have a long-range emotional effect on that person.
or child and these people often have a high anxiety level. They feel that their disfigurement is causing embarrassment and interferes with personal relationships.

Paramedical Make-up advice used as a Health Care Service for the ongoing care and treatment of the disfigured patient should be part of the remedial treatment of the patient to lessen his concern or his reflective/self image, no matter how young, or whether male or female.

SKIN COLOURS DEFINED

1. WHITE SKIN
   The lightest human skin is without colour pigmentation. (Albinism). Generally, a person who is an Albino will have a milky white or translucent skin, white or colourless hair, eyes with a pink or blue iris and deep red pupils. This is a rare condition. It is interesting to note that there is a procedure available where an iris is photographed fusing it to a contact lense and presuming the person can wear the lenses, the patient appears to have normal coloured eyes with the lenses in position.

2. LIGHT CREAMY SKIN
   This is a fair skin which may have light creamy or slightly pink undertone. This person is sometimes referred to as a "Nordic" type. This term pertains to the tall, long headed, blond-haired subdivision of the Caucas, ethnic stock. However, a person may have light skin and dark hair, or dark skin and light hair. When selecting a base shade for the face, particularly in a woman, it is generally best to select a colour to complement the skin first, then the hair and eye colours.

3. GOLDEN SKIN
   This skin has a definite yellow cast, if light or if tan, it will have a golden tone. Generally we think of people with yellow or golden skin as being of the Mongoloid ethnic division of man, but this is not always true. Many people other than those from Asia have a yellow or golden skin tone.

4. PINK SKIN
   A pink skin can be fairly pink, light or florid. A florid skin has a ruddy colour or is flushed with redness. People from different ethnic groups may have these red undertones in their skin. North American Indians generally will have red undertones in brown or tanned skin. (refer to the comment in "How Skin Gets Its Colour").

5. TAN SKIN
   Some people have what can be described as tan skin. However, tan skin can range from light to dark brown tan. The undertones of tan skin can be predominately red or yellow or the skin can be more clearly brown.

6. OLIVE SKIN
   This skin colour is said to resemble the colour of an olive. It is described as having a dull, yellowish green colour or somewhat brown complexion tinged with yellow green. Sometimes this greenish brown is hard to detect. Generally the person with olive skin will also have dark hair.

7. BROWN SKIN
   Brown skin may range from light to dark and like tan skin (5) it may be classified as clear brown, light, medium or dark with red or yellow undertones.

8. EBONY
   Ebony is the name of a wood that is almost black but not jet black. A dark skin may range from dark olive, dark brown, deep yellowish brown and deep reddish brown, or even with purple overtones. When selecting a colour for the dark skinned people, it is extremely important to study the undertones of the skin. Facialy, in the case of women, the base shade selected should bring out the richness of the complexion tones.

PRINCIPLES OF COLOUR

People see colour differently because of the type and sensitivity of their eyes (smoking and age decrease sensitivity). It is also an interesting fact that one man in 100 and one woman in 50 are colour-blind in varying degrees. This, of course, does not mean that they cannot see colour at all, but their eyes cannot distinguish between wave lengths and colours in these wave lengths look the same (red and green may look like brown).
It is important to remember that what looks correct in daylight may not be entirely acceptable in artificial light, due to the light source being deficient, or low in certain wave lengths and therefore, it is impossible for that light source to register the colour those wave lengths produce.

Some incandescent lamps, for example, are stronger in the yellow/orange section of the spectrum and thus a hair shade, or eye colour, or lipstick etc. in these colours will become quite definite. One particular light called sodium light only registers the narrow range band of one spectrum.

One should never trust memory when it comes to colour selection. The "mind's eye" memory is very short and colours are very hard to carry in one's memory. It is always necessary to have the patient available when selecting colour, be it base shade, eye colour, lipstick, etc. To ensure correct colour selection the person involved is a necessary participant.

Remember also that people see themselves differently, i.e. "reflected self image" as opposed to actual visual image perceived by the outsider (and that also has its variants). Therefore, basically, client selection is of the utmost importance because it will give an excellent pointer to how the patient sees herself.

Colour can be combined in many ways. If one understands these basic principles, it will be easier to select colours that enhance personal colouring. The Colour Wheel is used to explain the following principles of colour harmony.

**HARMONY, CONTRAST AND COMPLEMENTARY**

To explain these, a geometrical device called a Colour Wheel is used. The straight spectrum line is bent until red joins with blue, yellow with red and blue with yellow. Colours that are next to each other are in harmony, colours opposite each other are in contrast and colours near to each other are complementary.

In relation to the spectrum, the colours near the blues are cold colours, near red and orange are the warm colours.

The PRIMARY COLOURS are Red, Yellow and Blue (from these three basic colours, all additional colours are created)

The SECONDARY COLOURS are created by mixing equal amounts of two of the primary colours -
- eg. Red plus Yellow = Orange
- Yellow plus Blue = Green
- Blue plus Red = Violet

The TERTIARY COLOURS are achieved by mixing a secondary colour and a primary colour in equal parts (An intermediate colour is thus achieved). By further mixing various amounts of colours and black or white, numerous colours are achieved.

**COMBINING COLOURS**

Learning to combine colours successfully is of prime importance to the paramedical make-up adviser to achieve a perfect match to the patient's skin tone.

In order to have attractive results of unfortunate combinations of light and make-up it is necessary to have a basic understanding of colour and pigment. Nothing has colour until light is reflected from it. If all the light is absorbed, the object is black, if all the light is reflected the colour is white. If certain light rays are absorbed and others reflected, then it is the reflected light which determines the colour. Also various textures of material and this pertains to skin also, has an effect on the value of the colour, eg. velvet will absorb more light than silk, and therefore the same colour will appear of a darker hue.

If coloured light falls on pigment that is able to reflect, then we see the colour of the light, but if it falls on a pigment which absorbs some of the coloured light, then we see the colour distorted. For example, red light on a red hat - the colour of the hat looks red. But, if green light falls on a "red" hat and those rays are absorbed by the hat, then the hat looks black....(red + green = black). This is because the hat is only able to reflect red rays.

It is of extreme importance to undertake make-up in daylight conditions as this is the most perfect light with which to work, as it will give "true" colour. After the right shade has been chosen, then the make-up can be modified for artificial light.

All colour comes from the source of light. White light is a mixture of light rays of all colours, as is black. All other colours in between are different mixtures and it is the ability of pigment to reflect light rays which give the colour.

Briefly follows a review of colour terminology :-

1. **HUE**
   A colour as the eye perceives it. Red, Blue, Green, etc.

2. **VALUE**
The lightness or darkness of a colour, i.e. how much white or black it contains. One tone darker is SHADE, one tone lighter if a TINT, in relationship to grey.

3. **INTENSITY**

The brightness or dullness of a colour. Flat surface will not reflect the same amount of light as a shiny surface and therefore the colour will vary eg. scar tissue is often very shiny and the surrounding normal skin is of a flatter surface. Wool will absorb more light than polyester.

**COLOUR TEMPERATURE**

Colours are classified as warm or cool. Some colours can be both warm or cool depending on the shade, tint, lightness, or darkness of the colour

| Red - warm,     | Blue - cool,   | Green - cool,   |
| Yellow-green - warm, | Purple - warm, | Brown - warm,   |
| Beige - cool,    | Black - neutral | Grey - neutral |
| White - neutral  |                  |                  |

**WHAT COLOURS DO**

Colours advance or recede.

Warm colours - advance  )contrasting

Cool colours - recede  )colours on colour wheel

Light colours - advance (bright colours advance)

Dark colours - recede  (dull colours recede)

Warm colours make objects seem larger and nearer, cold colours make objects seem smaller and further away.

Thus when trying to create an impression of bringing something forward, for example, a scar indentation, then a lighter colour is used. If trying to give the illusion of pushing something back, such as keloid scarring, than a darker colour is used.

Colour reflects other colours. It is important when considering the correct base shade for the patient that your eye is not being influenced by surrounding colours.

Colour will steal colour. When applying fashion shadows, for example to a woman's eye, a light blue will intensify a darker blue eye, rather than the other way round.

**GENERAL APPROACH FOR CAMOUFLAGING A DISFIGURED AREA**

1. Look at the basic skin tone - is it summer or winter colouring or something in between these two? Is winter coming, or is summer coming? Explain to the patient that he will probably have to return to you for modification as the seasons change. Suggest that there will be a necessity sometimes to modify for artificial light, i.e. night light. Check with the patient - has he been drinking any hot beverages, alcohol, been running, extremely tired, etc. All these can have a bearing on the skin tone as it can be paler or more flushed than normal. Similar applies on very hot or very cold days. Check also to see if medication could be having an effect and may need modification later. Start as close as possible to the natural skin tone.

2. Is the disfigurement the final result to be treated, or will there be further surgery, requiring modification of the Dermacolor Camouflage System.

Maybe the patient is taking medication which is having a side effect on his skin tone (eg. cortisone).

Is the problem to be camouflaged a result of aesthetic surgery, and therefore is probably only a short term situation? If the surgery is recent, then normal healing will probably alter the current situation, eg. scars will mature and change colour.

3. Think whether to "spot treat" a particular area would be a more suitable way to camouflage, rather than making up a very large area eg. vitiligo.
4. Look carefully as to whether there is uneven discolouration in the actual disfigured area, or surrounding areas. Will it be necessary to also treat the surrounding area to gain the best result possible, not necessarily with the same base colour as the disfigured area?

5. Will it be necessary to colour the opposite limb or area to gain a more acceptable result?

6. Will it be necessary to modify a non-disfigured area and compensate the disfigured area to gain a more acceptable result (eg. eyes)?

7. Try to assess how much instruction each patient will accept. Some will go to great lengths to achieve a particular result. Others will only want a basic camouflage. This is not related to sexes as both men and women will accept more or less complicated procedures, depending on their own particular psychological needs. This is not easy at times and requires patience and gentle guidance and suggestion.

8. Once a colour selection has been made and one is not necessarily right the first time, due to various reasons, eg. light reflectance - what appears correct in the pallet is not necessarily the right colour when applied. Don't become embarrassed or confused, explain in general terms what is trying to be achieved BUT do not be caught in a situation where the patient becomes hypercritical and then starts to expect much more than is possible. The more aware the patient is made of the difficulty in matching to his skin tone, the more critical he becomes of your attempts.

9. Explain, when necessary to the patient, that certain things cannot be changed by camouflage make-up, but often only minimised. Never let the patient feel that you are going to be a miracle worker. Always advise him that you can blend and minimise a problem, but you cannot make it "go away". Explain that even if the result is only 40% better, then at least it is that much more than before. Blending is a much more acceptable technique than "marking" as that is also an obvious situation as is a disfigurement.

10. Check the camouflaging technique from various angles and under various lighting conditions. The angles at which a light hits can change the make-up quite dramatically, sometimes for the better, sometimes for the worse. The best one can do is to achieve the best result for most conditions.

11. Three dimensional scarring, swelling or depressions, cannot be made to disappear with make-up. The best result one can achieve is to try by using various techniques and minimise the three dimensional effect. The "filling in" property of Dermacolor Camouflage System will also assist this result. The next step after the best possible result has been achieved is to discuss with the patient if he is happy with that result. Here one really has to be quite positive in approach and often taking the make-up off the disfigured area, will help the patient to realise just how well the camouflage make-up had blended his problem area. That is, by using a reversal procedure and reverse psychology, one can often help the patient decide to use the Dermacolor Camouflage System.

The reason behind this is that the "mind's eye" is very quick to forget just what is there and how the disfigured area really looks.

There should be no pressure on the patient to buy the Dermacolor Camouflage System. When the work is done well and correctly, it will virtually sell itself to the patient. However, if you feel that there is some resistance, some hesitation, allow the patient to go home to talk to his family and friends, and to judge what the reaction is when he goes out the door into the public eye. Usually this helps the patient decide that it does not look like he is wearing make-up and will give him confidence. Most times those patients return to be instructed in the use of the Dermacolor Camouflage System. Again this does not relate to whether the patient is a man or woman, but obviously there is sometimes a little more hesitation in the male.

Once the patient has decided that a camouflage cosmetic will do something for his physical image, and therefore for his mental attitude, then it is necessary to train him how to achieve that effect for himself. It is of no use to the patient to be handed a "camouflaging kit" and bundled off through the door without any idea as to where he should start. Often he needs to apply the camouflaging make-up under your supervision two or three times before you are satisfied that he has the technique well under control and before he feels confident enough to go home and practise on his own.

Always leave the patient with the knowledge that you are available to talk to when he needs help with the camouflaging techniques. Give him the security of mind that you will remember him, with the help of your patient cards, and his own particular problem, what you have done in the way of camouflaging techniques and which of the Dermacolor Camouflage System product you have given him.

Tell him you would like to see him again, if necessary, in "X" number of months, for modification of the system. Follow this up with a card to the patient when that time has come. Do not let yourself become hypercritical of final effect as the client will also have expectations which you will keep re-inforcing (catch 22 situation).
Often a piece of foam rubber sponge will achieve a light, quick application and often a much more even result. Use a quick light "rolling" method, sometimes necessary to pick up a little colour on the finger and roll onto an area which may need a little extra colour. The powder is necessary because it acts with the camouflage cream to fix, blend and waterproof. It is possible to repair the make-up without removing completely.

Cleanse area thoroughly. Final cleanse with Final Cleansing Lotion to remove all foreign residue (perhaps on moistened cotton wool). Pat dry with tissues, allow area to dry thoroughly, otherwise the cleansing cream base will skid because of the wax base.

Apply base shade, selected in required technique, lightly as possible, only adding extra colour where necessary. Blend carefully - usually with a foam rubber sponge.

Powder with a rolling pressing motion, allow a few minutes to settle, then dust off lightly.

The powder can be lifted gently with a piece of moistened cotton wool to reduce the "powdered" effect, if necessary. The natural warmth of the body will gently heat the make-up and a natural "glow" will emerge in about 15 minutes to half an hour. If the make-up becomes over-shiny during wearing, then it is usually only necessary to blot the excess oil, or moisture off with a tissue and then lightly powder once again.

For removal, the client can use either the milk cleanser or the cream cleanser, dependent on the skin type, but it is usually recommended that the cream cleanser is used for removal of the cosmetic from the body, unless a condition exists which suggests that the cream cleanser might exacerbate that condition, eg. acne.

It is suggested that the cleansers be used twice and then, if necessary, the final cleansing lotion is used to completely remove all residue cosmetic and cleansers leaving the skin completely clean. A moisturiser or other lubricating cream can then be used. The final cleanse is also used as a pre-conditioner prior to application especially if the skin is oily.

QUESTIONS AND ANSWERS

Q. CAN I USE MY USUAL EYE MAKE-UP, LIPSTICKS, ETC., OVER THE TOP?
A. Once powdered and fixed, it is possible to use your usual cosmetics.

Q. IS IT SUITABLE FOR MEN?
A. Yes, men, once shown how to use the cosmetic should not find it embarrassing to wear.

Q. IS IT SUITABLE FOR CHILDREN?
A. Yes, because of the texture of childrens' skin it is extremely satisfactory.

Q. DOES IT CRACK?
A. No, because of the wax base, it will remain soft in texture throughout the day.

Q. WHAT DEFECT CAN NOT BE COVERED BY D.C.S.?
A. None, but remember it is a system of blending, rather than masking.

Q. WHY IS IT NECESSARY TO USE THE POWDER/CLEANSERS?
A. The powder is part of the fixing process. The D.C.S. is formulated to work as a whole and because of the excellent record of non-allergic reactions, it is wise to use these products.

Q. CAN I WEAR IT IN THE SAUNA?
A. Yes, if necessary, you will just perspire through the make-up and it should remain mostly intact.

Q. CAN I LEAVE IT ON OVERNIGHT?
A. Only if you are discoing till dawn. All make-up should be removed and the skin thoroughly cleansed before bed.

Q. SHOULD A MOISTURISER BE WORN UNDERNEATH?
A. If it is necessary to wear a moisturiser, it should be applied at least half an hour before application and any excess tissue off.

There are now two moisturisers available in the range -
Effective No. 1 - for dehydrated skin with collagen & elastin
Effective No. 2 - for dry to normal skin

These moisturisers are blended for use with the Dermacolor Camouflage range and have been allergy tested.

Q. WILL IT RUB OFF ON CLOTHING?

A. Not to a great degree and if sealed properly with the fixing powder. But it does wash out with soap and water and dry clean out. Use the fixier powder spray if this is a problem.

SKIN PLASTIC - INSTRUCTION FOR USE

1. Choose the shade that is nearest to the natural skin tone.

2. Cleanse the area thoroughly with Dermacolor Cleansing Lotion. The skin must be clean and dry before application.

3. Take a little of the Skin Plastic from the jar with a spatula or similar. A wooden one is best as it is more gently on the skin.

4. Warm the Skin Plastic in the palm of the hand.

5. Take a little at a time and gently and lightly spread over the affected area. Smooth the edges very carefully into the surrounding normal skin.

6. A small amount of the Cleansing Cream will assist to smooth the edges, but residue must be cleansed off with the Cleansing Lotion before applying the Dermacolor Camouflage cream.

7. The lighter the application, the better. Sometimes it is better to partially fill an indentation rather than to have a too heavy build up of the Skin Plastic.

8. Apply the Dermacolor Camouflage cream matched to skin tone, lightly over Skin Plastic, smoothing gently with the fingertips. Then apply the Dermacolor Fixing Powder lightly at first and then pressing gently over the Skin Plastic, to assist the sealing of the cosmetic and the Skin Plastic.

9. REMOVAL

Using the spatula, gently remove as much of the Skin Plastic as possible from the skin. Using either the Cleansing Cream or the Cleansing Milk, cleanse the area thoroughly and then cleanse with the Cleansing Lotion. Apply Dermacolor Moisturiser.

Skin Plastic is available in three shades -
No. 1 - light, No. 2 - medium, No. 3 - dark

FIXIER SPRAY - INSTRUCTIONS FOR USE

Dermacolor Fixier Spray is used to stop Dermacolor Camouflage System from rubbing off on clothes etc. Apply Camouflage Cream and Powder as directed. Lightly remove any excess with a powder brush. Hold the Fixier Spray 20cm from the affected area and move can slowly back and forth. Spray the area lightly and in short bursts. Allow to dry thoroughly before touching or putting on clothes etc. (Drying time will vary according to weather conditions, the amount of Camouflage Cream and Fixier Spray used).

REMOVAL

Cleanse area with Cleansing Milk or Cleansing Cream in the usual manner and complete cleansing with Cleansing Lotion. Apply Dermacolor Moisturiser as normal.

WARNING
Contents under pressure. Do not puncture or throw can into fire or incinerator. Exposure to heat or sun may cause bursting. Store under 50 degrees C. Never use while smoking. Spray only in ventilated areas. Avoid inhalation of mist and fumes. Do not spray into eyes. Keep out of reach of children.