utilising science to
ACHIEVE RESULTS

Skin: a delicate precious organ which man has protected since ancient times, first with natural ingredients, then with the most innovative tools. Now it has a valuable ally: the chemical peel or chemoexfoliation. A medical procedure that utilises chemical compounds which influence the histological and ultra structural regeneration of skin by renewing the epidermis and reshaping the micro-architecture of the dermis.
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Chemofoliation, or chemical peeling, is a procedure used to improve specific cutaneous conditions through the controlled stratum corneum removal. The aim of this procedure is altering the appearance of the skin through the regeneration of new epidermis. Chemofoliation, compared to physical or mechanical exfoliation, has evident advantages such as:

- **MAJOR EFFICACY**
- **MAJOR EFFICIENCY**
- **EASIER EXECUTION OF PROCEDURE**
- **VERSATILITY**: use of organic acids of various natures for the treatment of different cutaneous problems.
- **INDEPENDENCE OF THE TECHNICAL EXPERTISE OF THE DOCTOR**: contrary to mechanical or physical peelings (such as laser, micro and dermabrasion) chemofoliation does not depend totally on the technical expertise of whom executes the procedure.
- **POSSIBILITY OF INTEGRATION WITH AUXILIARY SUBSTANCES**: “medicated” chemical peelings contain active ingredients that are able to synergize the activity of different acids.
WHAT IS AN ACID?

According to the Brønsted-Lowry theory an acid is a substance able to donate H+ ions (protons) to another chemical molecule known as a base. Acids are divided according to their nature into organic and inorganic.

The proton H+ is an atom of hydrogen minus an electron and, consequently, is positively charged.

ORGANIC ACIDS

Organic acids are characterized by the presence of carboxyl group – COOH. This is the part of the molecule capable of releasing the proton H+. In reality, many other organic molecules, which lack the carboxyl group, can act like an acid (e.g. resorcinol). This is due to the ability to release a proton, under certain chemico-physical conditions, also from an alcoholic group – O–H.

INTRINSIC CHARACTERISTICS OF ACIDS

The acidic characteristics of a molecule are expressed by a recognised constant of acid dissociation (Ka) in its logarithmic form, called pKa. The lower the value of pKa is, the greater the acidic potential of a molecule is and thus the more easily a proton is released. In some organic molecules the presence of other functions in addition to the carboxyl group, such as alcohol-OH groups or the presence of atoms such as halogens (Chlorine atoms in Trichloroacetic Acid) can make it even easier for the proton to be released from the carboxyl group, increasing the acidic potential of the molecule.

<table>
<thead>
<tr>
<th>ACID</th>
<th>°C</th>
<th>pKa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trichloroacetic Acid</td>
<td>25</td>
<td>0.70</td>
</tr>
<tr>
<td>Pyruvic Acid</td>
<td>25</td>
<td>2.49</td>
</tr>
<tr>
<td>Salicylic Acid</td>
<td>25</td>
<td>2.97</td>
</tr>
<tr>
<td>Lactic Acid</td>
<td>25</td>
<td>3.08</td>
</tr>
<tr>
<td>Glycolic Acid</td>
<td>25</td>
<td>3.83</td>
</tr>
<tr>
<td>Resorcin</td>
<td>25</td>
<td>9.81</td>
</tr>
</tbody>
</table>
Two electrochemical variables that define the acidity of an aqueous solution are:

**pH**

The acidity of an aqueous solution of an acid is defined by pH. Practically, it defines the concentration of hydrogen ions ($H^+$) that are free in the solution.

**Electrical Conductivity**

Electrical conductivity, measured in mS/cm, describes the speed with which a proton moves in an aqueous solution.

The mobility of protons: From Grotthuss to Enerpeel Technology

The mobility of protons in an aqueous solution has been described for the first time by Grotthuss in 1806. According to his theory, the excessive proton released by the acid in an aqueous solution jumps from one water molecule to another, forming step by step the unstable oxonium ion ($H_3O^+$), charged positively because of the hydrogen atom in excess inherited from the acid.

The oxonium ion, because of its instability, releases at its turn the hydronium ion (proton in excess), that bonds the adjacent water molecule. This is a dynamic mechanism and the proton released by the acid moves in the network of water molecules with a specific speed, evaluated by the electrical conductivity.

In aqueous solutions of organic acids, normally used for the procedures of chemoexfoliation, the values of the proton mobility are already expressed at the maximum levels with a consequent ratio between surface trauma and chemoexfoliant efficacy that is skewed towards irritation. The protons are, in a solution with the Enerpeel Technology, kept in a “dormant” state and their mobility increases with a simple though effective mechanism once the product is absorbed by the skin.
Chemical peeling is described as a controlled insult at cutaneous level and it is determined by the acid nature, by its absorption profile and by the electrochemical behavior of the proton released by the acid. The action of the solution on the skin can be characterized by two separated phases:

- **CATABOLIC PHASE**: removal of existing cellular and fibrous structures.
- **ANABOLIC PHASE**: replacement with new epidermal cells and with new amorphous and fibrous structures of the dermis.

**CATABOLIC PHASE**

The proton released by the acid causes the breaking of peptide bonds that bind the various amino acids together to form the protein structure of:

- keratin fibres;
- corneocytes;
- desmosomes (which connect keratinocytes);
- other skin structures.

**ANABOLIC PHASE**

It is determined by the differentiation of cells in the basal layer of the epidermis which replace the eliminated keratinocytes during the desquamation phase with the subsequent formation of new stratum corneum through the natural process of keratinization.
The limits of CHEMOEXFOLIATION

The chemoexfoliation obtained using a simple aqueous solution of an organic acid is characterized by an important limiting effect: the intensity of the surface trauma is not proportional to the agents ability to renew the epidermis and to remodel the dermis.

Three factors that trigger superficial trauma:

- NON HOMOGENEOUS ABSORPTION OF THE ACID.
- HIGH CONCENTRATION OF PROTONS (LOW pH).
- HIGH MOBILITY OF PROTONS.

In a standard aqueous solution of an acid, the concentration and the mobility of the protons are already at their peak; when the solution is put in contact with the skin surface, the relationship between superficial trauma and effective chemoexfoliation is skewed towards irritation.

yesterday’s illusion: REDUCING THE SURFACE TRAUMA BY BUFFERING THE CHEMOEXFOLIANT SOLUTION

To reduce skin trauma, different techniques have been utilized, such as:

- buffering the aqueous system;
- increasing the pH of the aqueous system.

In this way it is possible to reduce the trauma induced by the protons but proportionally the efficiency of the overall chemoexfoliant system.

Some other techniques, such as chelating the acid (TCA), have been proposed to solve this problem: none of them have been scientifically demonstrated.

Finally, it is possible to reduce the surface trauma but never changing the shape of the ideogram: the triangle.
the revolution of **ENERPEEL TECHNOLOGY: CHEMICAL PEELING CHANGES FORM**

**The peeling changes form**

The figure demonstrates the ability of ENERPEEL Technology to improve the chemo-exfoliant efficiency, increasing the proportionality between irritation and renewal and remodelling of skin favouring the latter. The triangular shape is modified to a trapezoidal shape.

Every problem has a solution, but we must choose the right one: it is possible to reduce the surface trauma and simultaneously to achieve a more efficient chemoexfoliation.

ENERPEEL acts on the only 3 variables that may be influenced:

- **MORE UNIFORM ABSORPTION OF THE ACID**
- **SLOWING DOWN THE PROTON MOBILITY INSIDE THE ENERPEEL SOLUTION**
- **ACTIVATION OF THE PROTON (BY INCREASING ITS MOBILITY) ONCE ABSORBED INTO THE SKIN**

With the ENERPEEL Technology the shape of the ideogram can be changed from triangular to trapezoidal.

The ENERPEEL Technology made it possible to reduce surface trauma rendering simultaneously more efficient the renewal of the epidermis and the remodelling of the dermis.

Acid in aqueous solution  Acid in ENERPEEL system  Comparison
The level changes? The efficacy remains.
The chemoexfoliation can act at different levels of the skin structure:

- **VERY SUPERFICIAL:** affects the stratum corneum.
- **SUPERFICIAL:** affects the vital portion of the epidermis.
- **MEDIUM:** affects the top layer of the dermis.
- **DEEP:** affects the reticular portion of the dermis.

ENERPEEL manages the proton to obtain excellent results.

There is only one way to get an efficient remodelling peel: to act in a targeted manner in the deepest layers of the skin. ENERPEEL Technology promotes this: therefore it delivers cutting edge technology that activates the proton as the acid penetrates into the skin and comes into contact with higher amounts of water.

Activating the proton at different layers of cellular and protein structures means ensuring a controlled and efficient chemical, biochemical and physiological action, but also has a less traumatic action.
ENERPEEL Technology modifies the electrochemical prerogatives of organic acids.

**pH CHANGES**

Diluting the starting solution up to 90% shows that pH increases relatively, presenting values similar to those of a simple aqueous solution of the same acid, at the same concentration.

In the graphic can be observed the behaviour of ENERPEEL PA, Pyruvic Acid 50%.

**PROTON MOBILITY**

The proton mobility, assessed with electrical conductivity and expressed in mS/cm, is noticeably slowed down in ENERPEEL PA if compared to a simple solution of Pyruvic Acid 50% in water. With ENERPEEL Technology, the proton that is in a “dormant state”, will “awake” and acquire mobility, interacting with ever higher amounts of water.

At the highest dilutions it surpasses the mobility of a proton in a simple aqueous solution of an acid.

**Comparison between the electrochemical variables of Pyruvic Acid in the ENERPEEL system and in a normal aqueous solution**
ENERPEEL: more homogeneous absorption

With the ENERPEEL Technology it is possible to make more uniform the permeation through the skin of polar compounds like the organic acids.

Thanks to the use of a carrier, a particular patented molecule by General Topics that is able to permeate both the polar and apolar skin structures (corneal lipids), it is possible to obtain a more homogeneous absorption of the organic acids used in chemoexfoliant procedures.

In the trial in question, the rate of absorption of Glycolic Acid carried out with ENERPEEL Technology, results increased of more than 100%.

Absorption through the membrane of the stratum corneum /epidermis

Normal acid solution

ENERPEEL system

Profile of the acid absorption

In the first figure: the absorption of a normal acid solution, in the second figure: the action of ENERPEEL Technology that ensures a more homogeneous absorption of the acid in the skin.

Data on file General Topics: University of Catania, Department of Pharmaceutical Sciences, Prof. Francesco Bonina
ENERPEEL: less surface trauma

The graphic at the right shows that the intensity of the surface trauma (expressed as erythema index, I.E.) is always less, in a time between 4 and 60 hours after peeling, when the acid is conveyed by ENERPEEL Technology. After 60 hours, the intensity of the surface trauma is reduced about 50%.

ENERPEEL: increases the epidermal turnover

The chemoexfoliant efficiency has been evaluated according to an innovative procedure that can test the speed of epidermal turnover. The application of dihydroxyacetone (DHA) on the skin causes the formation of a coloured compound called Schiff base, which has an absorption spectrum similar to that of melanin. By means of reflectance spectrophotometry was evaluated at different times, the intensity of skin colour after application of ENERPEEL PA (Pyruvic Acid 50%) and of a simple aqueous solution of the same acid at the same concentration. The greater the colour intensity (I.M.) is, the lower the cutaneous desquamation and therefore the chemoexfoliant efficiency is. The graphic at the right points out that the amount of desquamated cells is, at any time (from the 2nd to the 20th day following the treatment), increased when the acid is conveyed by ENERPEEL Technology.

ENERPEEL: proven effectiveness with cutting edge techniques

Confocal laser microscopy is an innovative instrumental method to analyse in vivo the skin, in a non-invasive way, with an almost histological resolution to the depth of the papillary dermis. By using this technique changes on cellular level were verified immediately after application of ENERPEEL products and after 24 hours.

Images below are obtained with confocal laser microscopy of the different skin layers after application of ENERPEEL TCA Strong, Trichloroacetic Acid 40%.
**INDICATIONS**

**ROSACEA**

**POST-LASER TREATMENT (AFTER A COMPLETE RE-EPITHELIALIZATION)**

**CHEMOEXFOLIATION OF SENSITIVE AND HYPER-REACTIVE SKIN**

**REFRESHING YEAR AROUND**

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**ENERPEEL® MA**

**INDICATIONS**

- **Rosacea**
- **Post-Laser Treatment (After a Complete Re-Epithelialization)**
- **Chemoexfoliation of Sensitive and Hyper-Reactive Skin**
- **Refreshing Year Round**

**CHEMOEXFOLIANT SOLUTION BASED ON MANDELIC ACID**

<table>
<thead>
<tr>
<th>Composition</th>
<th>Mandelic Acid 40%, MSM (Dimethyl Sulfone)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemoexfoliation</td>
<td>Very superficial, superficial</td>
</tr>
<tr>
<td>Number of Layers</td>
<td>Monolayer application: very superficial, Multilayer application: superficial</td>
</tr>
<tr>
<td>Application</td>
<td>Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.</td>
</tr>
<tr>
<td>Time Prior to Neutralization</td>
<td>2 - 10 minutes, depending on patient reaction</td>
</tr>
<tr>
<td>Number of Peels per Series</td>
<td>4, minimum 10 days apart</td>
</tr>
<tr>
<td>Number of Series per Year</td>
<td>2 - 3</td>
</tr>
<tr>
<td>Appearance</td>
<td>Light yellow transparent water solution</td>
</tr>
</tbody>
</table>

**Possible complications:** Mild erythema may occur immediately after the chemoexfoliation, but generally it is of low intensity and short duration.

**Contraindications:**
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components (particularly Mandelic Acid).
- Other medical considerations.

**Important Warnings**

- Do not let the solution come into contact with the cornea or vermilion.

**pH** (10% dilution in deionized water): 2.02 - 2.14

**Electrical conductivity** (10% dilution in deionized water): 2.88 - 3.08 mS/cm

**Appearance:** Light yellow transparent water solution
chboroexfoliant solution based on
GLYCOLIC ACID

**COMPOSITION**
GLYCOLIC ACID 30%

**CHEMOEXFOLIATION**
Very superficial, superficial

**NUMBER OF LAYERS**
Monolayer application: very superficial
Multilayer application: superficial

**APPLICATION TIME PRIOR TO NEUTRALIZATION**
1-5 minutes, depending on patient reaction. If “frosting” appears when it is undesired, proceed immediately to remove.

**NUMBER OF PEELS PER SERIES**
1-4, minimum 10 days apart

**NUMBER OF SERIES PER YEAR**
3-4

**APPLICATION METHOD**
Prepare the skin removing the lipids with ENErPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENErPEEL NEU wipes.

**Possible complications:** swelling, erythema, Herpes and bacterial infections, post inflammatory hyperpigmentation (usually temporary), acneiform eruptions, changes in skin texture.

**Contraindications:**
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

**IMPORTANT WARNINGS**
Do not let the solution come into contact with the cornea or vermilion.
### COMPOSITION
- GLYCOLIC ACID 40%

### CHEMEOXFOLIATION
- Very superficial, superficial

### NUMBER OF LAYERS
- Monolayer application: very superficial
- Multilayer application: superficial

### APPLICATION TIME PRIOR TO NEUTRALIZATION
- 1-5 minutes, depending on patient reaction. If “frosting” appears when it is undesired, proceed immediately to remove.

### NUMBER OF PEELS PER SERIES
- 1-4, minimum 10 days apart

### NUMBER OF SERIES PER YEAR
- 3-4

### APPLICATION METHOD
- Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.

### pH (10% dilution in deionized water): 1.62-1.71
### Electrical conductivity (10% dilution in deionized water): 3.30-4.90 mS/cm
### Appearance: Colourless transparent water solution

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**Possible complications:** swelling, erythema, Herpes and bacterial infections, post-inflammatory hyperpigmentation (usually temporary), acneiform eruptions, changes in skin texture.

**Contraindications:**
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

**IMPORTANT WARNINGS**
- Do not let the solution come into contact with the cornea or vermilion.
### INDICATIONS

- Severe Hyperpigmentation
- Moderate Hyperkeratosis
- Moderate Chrono-aging
- Moderate Photo-aging

### Chemoexfoliant Solution Based on Glycolic Acid

**Composition**

| GLYCOLIC ACID 50%

**Chemoexfoliation**

Superficial, superficial-medium

**Number of Layers**

- Monolayer application: superficial
- Multilayer application: superficial-medium

**Application Time Prior to Neutralization**

1-3 minutes, depending on patient reaction. If "frosting" appears when it is undesired, proceed immediately to remove.

**Number of Peels Per Series**

1-4, minimum 10 days apart

**Number of Series Per Year**

2-4

**Application Method**

Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.

**Possible Complications**

- Swelling, erythema, Herpes and bacterial infections, post-inflammatory hyperpigmentation (usually temporary), acneiform eruptions, changes in skin texture.

**Contraindications**

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

**Important Warnings**

Do not let the solution come into contact with the cornea or vermilion.
Severe Hyperpigmentation

Moderate Hyperkeratosis

Moderate Chrono-Aging

Moderate Photo-Aging

**Chemoexfoliant solution based on GLYCOLIC ACID**

**Composition**
- Glycolic Acid 70%

**Chemoexfoliation**
- Superficial, superficial-medium

**Number of Layers**
- Monolayer application: superficial
- Multilayer application: superficial-medium

**Application Time Prior to Neutralization**
- 1-3 minutes, depending on patient reaction. If "frosting" appears when it is undesired, proceed immediately to remove.

**Number of Peels Per Series**
- 1-4, minimum 10 days apart

**Number of Series Per Year**
- 2-4

**Application Method**
- Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.

**Possible Complications:**
- Swelling, erythema, Herpes and bacterial infections, post inflammatory hyperpigmentation (usually temporary), acneiform eruptions, changes in skin texture.

**Contraindications:**
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

**Important Warnings**
- Do not let the solution come into contact with the cornea or vermillion.
**INDICATIONS**

- **SEBORRHEA**
- **MILD ACTINIC KERATOSIS**
- **MODERATE CHRONO-AGING**
- **MODERATE PHOTO-AGING**

**CHEMOEXFOLIANT SOLUTION BASED ON PYRUVIC ACID**

- **COMPOSITION**: PYRUVIC ACID 50%
- **CHEMOEXFOLIATION**: Superficial, superficial-medium, medium
- **NUMBER OF LAYERS**: Monolayer application: superficial, superficial-medium, medium. Multilayer application: superficial-medium, medium
- **APPLICATION TIME PRIOR TO NEUTRALIZATION**: 1-3 minutes, depending on patient reaction. Prolonging the application time up to 5 minutes may increase complications risk but also improve results. If “frosting” appears when it is undesired, proceed immediately to remove.
- **NUMBER OF PEELS PER SERIES**: 1-4, minimum 10 days apart
- **NUMBER OF SERIES PER YEAR**: 2-3
- **APPLICATION METHOD**: Prepare the skin removing the lipids with ENERPEEL PS wipes. Apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.

**PH (10% dilution in deionized water)**: 0.59-0.71

**Electrical conductivity (10% dilution in deionized water)**: 22.30-27.30 mS/cm

**Appearance**: yellow transparent clear water solution

**Possible complications**: seborrhea, comedonic acne with concomitant seborrhea, actinic keratosis of moderate severity, mild and moderate chrono and photo ageing.

**Contraindications**:
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

**IMPORTANT WARNINGS**

Do not let the solution come into contact with the cornea or vermillion. Pyruvic Acid releases vapours that can be irritating to the respiratory system; apply the device in a well ventilated environment. During its application in the upper lip area, place cotton balls in the nostrils in order to reduce the risk of respiratory irritation.
MILD-MODERATE COMEDONIC AND INFLAMMATORY ACNE
(INDIcATED IN THE EARLY ADOLESCENCE)

SA-15

INDICATIONS

cheonexfoliant solution based on SALICYLIC ACID

COMPOSITION: SALICYLIC ACID 15%; Triethyl Citrate; Ethyl Linoleate; GT-peptide-10

CHEMOEXFOLIATION: Superficial

NUMBER OF LAYERS: 1-3 layers

APPLICATION TIME PRIOR TO PRECIPITATE REMOVAL: 1-3 minutes, depending on patient reaction. After about 1 minutes from the application, a white precipitate of Salicylic Acid appears, due to evaporation of the solution. This should not be confused with “frosting”.

NUMBER OF PEELS PER SERIES: 4, minimum 10 days apart

NUMBER OF SERIES PER YEAR: 2-4

APPLICATION METHOD: Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then remove the precipitate with ENERPEEL PW wipes.

POSSIBLE COMPLICATIONS: erythema usually of short duration (3-4 days), dry skin. A sensation of itching and burning of medium intensity can be felt by the patient during the application.

CONTRAINDICATIONS:
• Presence and/or family history of Herpes simplex in the area to be treated.
• Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
• Recent (the last 6 months) laser treatments.
• Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
• Immunosuppressive diseases.
• Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
• Family history of developing keloids or hypertrophic scars.
• Family history of developing post-inflammatory hyperpigmentation.
• Pregnancy.
• Breastfeeding.
• Allergy and/or known hypersensitivity to one or more of the components (particularly Salicylic Acid).
• Salicylism.
• Do not use in patients younger than 14 years old.
• Do not perform chemoexfoliation in case of anticoagulant therapy.
• Other medical considerations.

IMPORTANT WARNINGS:
Do not let the solution come into contact with the cornea or vermilion. It is recommended to keep the patient hydrated with 8-10 glasses of water during the day when chemoexfoliation with ENERPEEL SA-15 is performed. Due to the presence of salicylic acid, it is recommended to use the medical device on limited skin areas (for example, for each peel only face or neck). When the medical device is applied on large areas, the doctor should carefully evaluate the possibility of getting a higher absorption of salicylic acid: consequently, the time between one treatment and the following one should be cautiously prolonged.

Electrical conductivity (pure solution): 8,00-22,00 µS/cm
Appearance: colourless transparent alcoholic solution
MILD-MODERATE COMEDONIC AND INFLAMMATORY ACNE LOCALIZED ON THE FACE

**INDICATIONS**

**CHEMOEXFOLIANT SOLUTION BASED ON SALICYLIC ACID**

<table>
<thead>
<tr>
<th>COMPOSITION</th>
<th>SALICYLIC ACID 30%; Triethyl Citrate; Ethyl Linoleate; GT-peptide-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMOEXFOLIATION</td>
<td>Superficial, superficial-medium</td>
</tr>
<tr>
<td>NUMBER OF LAYERS</td>
<td>1-3 layers</td>
</tr>
<tr>
<td>APPLICATION TIME PRIOR TO PRECIPITATE REMOVAL</td>
<td>1-3 minutes, depending on patient reaction. After about 1 minute from the application, a white precipitate of Salicylic Acid appears, due to evaporation of the solution. This should not be confused with “frosting”.</td>
</tr>
<tr>
<td>NUMBER OF PEELS PER SERIES</td>
<td>4, minimum 10 days apart</td>
</tr>
<tr>
<td>NUMBER OF SERIES PER YEAR</td>
<td>2-3</td>
</tr>
<tr>
<td>APPLICATION METHOD</td>
<td>Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then remove the precipitate with ENERPEEL RW wipes.</td>
</tr>
</tbody>
</table>

Possible complications: erythema usually of short duration (3-4 days), dry skin. A sensation of itching and burning of medium intensity can be felt by the patient during the application.

Contraindications:
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components (particularly Salicylic Acid).
- Salicylism.
- Do not use in patients younger than 14 years old.
- Do not perform chemoexfoliation in case of anticoagulant therapy.
- Other medical considerations.

**IMPORTANT WARNINGS**

Do not let the solution come into contact with the cornea or vermilion. It is recommended to keep the patient hydrated with 8-10 glasses of water during the day when chemoexfoliation with ENERPEEL SA is performed. Due to the presence of salicylic acid, it is recommended to use the medical device on limited skin areas (for example, for each peel only face or neck). When the medical device is applied on large areas, the doctor should carefully evaluate the possibility of getting a higher absorption of salicylic acid; consequently, the time between one treatment and the following one should be cautiously prolonged.

**Electrical conductivity (pure solution):** 8.00-22.00 µS/cm

**Appearance:** colourless transparent alcoholic solution
**INDICATIONS**

MILD-MODERATE COMEDONIC AND INFLAMMATORY ACNE LOCALIZED ON CHEST AND BACK

**chemoexfoliant solution based on SALICYLIC ACID**

**COMPOSITION**
- SALICYLIC ACID 30%:
- Triethyl Citrate; Ethyl Linoleate; GT-peptide-10

**CHEMOEXFOLIATION**
- Superficial, superficial-medium

**NUMBER OF LAYERS**
- 1-3 layers

**APPLICATION TIME PRIOR TO PRECIPITATE REMOVAL**
- 1-3 minutes, depending on patient reaction. After about 1 minute from the application, a white precipitate of Salicylic Acid appears, due to evaporation of the solution. This should not be confused with “frosting”.

**NUMBER OF PEELS PER SERIES**
- 4, minimum 10 days apart

**NUMBER OF SERIES PER YEAR**
- 2-3

**APPLICATION METHOD**
- Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then remove the precipitate with ENERPEEL RW wipes.

**Possible complications:**
- Erythema usually of short duration (3-4 days), dry skin. A sensation of itching and burning of medium intensity can be felt by the patient during the application.

**Contraindications:**
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery.
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components (particularly Salicylic Acid).
- Salicylism.
- Do not use in patients younger than 14 years old.
- Do not perform chemoexfoliation in case of anticoagulant therapy.
- Other medical considerations.

**IMPORTANT WARNINGS**
- Do not let the solution come into contact with the cornea or vermilion. It is recommended to keep the patient hydrated with 8-10 glasses of water during the day when chemoexfoliation with ENERPEEL SA-CB Chest&Back is performed. Due to the presence of salicylic acid, it is recommended to use the medical device on limited skin areas (for example, for each peel only chest or neck or arms or back). When the medical device is applied on large areas, the doctor should carefully evaluate the possibility of getting a higher absorption of salicylic acid; consequently, the time between one treatment and the following one should be cautiously prolonged.

**Appearance:**
- Colourless transparent alcoholic solution

**Electrical conductivity (pure solution):**
- 5.50-22.50 µS/cm

**SA-CB**
**INDICATIONS**

- **SEBORRHEA**
- **MILD HYPERPIGMENTATION**
- **MODERATE ACTINIC KERATOSIS**
- **MODERATE HYPERKERATOSIS**
- **MODERATE/SEVERE CHRONO-AGING**
- **MODERATE/SEVERE PHOTO-AGING**

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**ENERPEEL® JR**

**CHEMOEXFOLIANT SOLUTION BASED ON SALICYLIC ACID, LACTIC ACID, RESORCIN**

**COMPOSITION**
- **SALICYLIC ACID 15%**
- **LACTIC ACID 20%**
- **RESORCIN 14%**

**CHEMOEXFOLIATION**
- Superficial, superficial-medium, medium

**NUMBER OF LAYERS**
- 1-2 layers: superficial
- 3-4 layers: medium

**APPLICATION TIME PRIOR TO PRECIPITATE REMOVAL**
- 2-3 minutes, depending on patient reaction. After about 1 minute from the application, a white precipitate of Salicylic Acid appears, due to evaporation of the solution. This should not be confused with "frosting".

**NUMBER OF PEELS PER SERIES**
- 1-3; minimum 14 days apart

**NUMBER OF SERIES PER YEAR**
- 3

**APPLICATION METHOD**
- Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then remove the precipitate with ENERPEEL RW wipes.

**IMPORTANT WARNINGS**

- Do not let the solution come into contact with the cornea or vermilion. It is recommended to keep the patient hydrated with 8-10 glasses of water during the day when chemoexfoliation with ENERPEEL JR is performed. Due to the presence of salicylic acid, it is recommended to use the medical device on limited skin areas (for example, for each peel only face or neck or arms or back). When the medical device is applied on large areas, the doctor should carefully evaluate the possibility of getting a higher absorption of salicylic acid; consequently, the time between one treatment and the following one should be cautiously prolonged. The combination of ENERPEEL JR with other medical devices, for example energeel tca, can induce a more intense response of the skin during the successive treatment. For this reason, intervals of time between one treatment or one peel and the following ones should be carefully evaluated by the doctor according to the subjective characteristics of the patient.

**Electrical conductivity (pure solution):** 8.00-22.00 µS/cm

**Appearance:** Light pink transparent alcoholic solution

**Possible complications:** Erythema usually of short duration (3-4 days), dry skin. A sensation of itching and burning of medium intensity can be felt by the patient during the application.

**Contraindications:**
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components (particularly Salicylic Acid and resorcin).
- Salicylism.
- Thyroid disturbances.
- Do not use the product in patients under 14 years old.
- Do not perform chemoexfoliation in case of anticoagulant therapy.
- The continued use of resorcin can induce contact dermatitis.
- Other medical considerations.
INDICATIONS

SEVERE HYPERPIGMENTATION
MODERATE ACTinic KERATOSIS
MODERATE HYPERKERATOSIS
MODERATE POST-ACNE SCARS
MODERATE/SEVERE CHRONO-AGING
MODERATE/SEVERE PHOTO-AGING

**PH (10% dilution in deionized water):** 0.98-1.10
**Electrical conductivity (10% dilution in deionized water):** 61.50-66.50 mS/cm
**Appearance:** Colourless transparent water solution

**Possible complications:** Swelling, erythema, Herpes and bacterial infections, post-inflammatory hyperpigmentation (usually temporary), acneiform eruptions, prolonged sensitivity to environmental stimuli (light, wind, etc.), telangiectasia, atrophic scars, permanent hypopigmentation, change in skin texture, increased pore size, hypertrophic scars, apparition of demarcation lines on the areas submitted to chemoexfoliation.

**Contraindications:**
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

**INDICATIONS**

ENERPEEL®

**TRICHLOROACETIC ACID 25%**

**COMPOSITION**

**CHEMOEXFOLIATION**

Superficial, superficial-medium, medium

**NUMBER OF LAYERS**

Monolayer application: superficial
Multilayer application: medium

**APPLICATION TIME PRIOR TO NEUTRALIZATION**

1-4 minutes, neutralize from 5-8 seconds after the appearance of a homogeneous “frosting”

**NUMBER OF PEELS PER SERIES**

1-3, minimum 20 days apart

**NUMBER OF SERIES PER YEAR**

2-3

**APPLICATION METHOD**

Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.

**IMPORTANT WARNINGS**

Do not let the solution come into contact with the cornea or vermilion. Avoid the application on cutaneous units characterized by sebaceous hyperplasia or thin areas that present seborrhoeic keratosis.
INDICATIONS

- SEVERE HYPERPIGMENTATION
- MODERATE ACTINIC KERATOSIS
- MODERATE HYPERKERATOSIS
- MODERATE POST-ACNE SCARS
- MODERATE/SEVERE CHRONO-AGING
- MODERATE/SEVERE PHOTO-AGING

**chemical exfoliant solution based on ACIDO TRICLOROACETICO**

**COMPOSITION**
- TRICHLOROACETIC ACID 25%
- MSM (Dimethyl Sulfone)

**CHEMEOXFOLIATION**
- Superficial, superficial-medium, medium

**NUMBER OF LAYERS**
- Monolayer application: superficial
- Multilayer application: medium

**APPLICATION TIME PRIOR TO NEUTRALIZATION**
- 1-4 minutes, neutralize from 5-8 seconds after the appearance of a homogeneous "frosting".

**NUMBER OF PEELS PER SERIES**
- 1-3, minimum 30 days apart

**NUMBER OF SERIES PER YEAR**
- 2-3

**APPLICATION METHOD**
- Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.

**Possible complications:** swelling, erythema, Herpes and bacterial infections, post inflammatory hyperpigmentation (usually temporary), acneiform eruptions, prolonged sensitivity to environmental stimuli (light, wind, etc.), telangiectasia, atrophic scars, permanent hyperpigmentation, change in skin texture, increased pore size, hypertrophic scars, apparition of demarcation lines on the areas submitted to chemoexfoliation.

**Contraindications:**
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

**INDICATIONS**

TCA-LP

**IMPORTANT WARNINGS**
Do not let the solution come into contact with the cornea or vermilion. Avoid the application on cutaneous units characterized by sebaceous hyperplasia or thin areas that present seborrheic keratosis.
INDICATIONS

- SEVERE HYPERPIGMENTATION
- SEVERE ACTINIC KERATOSIS
- SEVERE HYPERTROPHIC SCARS
- SEVERE POST-ACNE SCARS
- MODERATE POST-ACNE SCARS
- SEVERE CHRONO-AGING
- SEVERE PHOTO-AGING

**CHemoexfoliant solution based on TRICHLOROACETIC ACID**

**COMPOSITION**

TRICHLOROACETIC ACID 40%

**CHEMOEXFOLIATION**

Medium

**NUMBER OF LAYERS**

Monolayer application. A white lamellae, expression of "frosting", appears when chemoeXfoliation becomes superficial-medium, medium.

**APPLICATION TIME PRIOR TO NEUTRALIZATION**

1-4 minutes; neutralize from 5-8 seconds after the appearance of a homogenous "frosting".

**NUMBER OF PEELS PER SERIES**

1-3, minimum 30 days apart

**NUMBER OF SERIES PER YEAR**

2-3

**APPLICATION METHOD**

Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoeXfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.

**pH** (10% dilution in deionized water): 0.79-0.91

**Electrical conductivity** (10% dilution in deionized water): 153.50-158.50 mS/cm

**Appearance**: Colourless transparent water solution

**IMPORTANT WARNINGS**

Do not let the solution come into contact with the cornea or vermilion. Avoid the application on cutaneous units characterized by sebaceous hyperplasia or thin areas that present seborrhoeic keratosis.

**Possible complications**: swelling, erythema, Herpes and bacterial infections, post-inflammatory hypopigmentation (usually temporary), acneiform eruptions, prolonged sensitivity to environmental stimuli (light, wind, etc.), telangiectasia, atrophic scars, permanent hypopigmentation, change in skin texture, increased pore size, hypertrophic scars, apparition of demarcation lines on the areas submitted to chemoeXfoliation.

**Contraindications**:

- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Recent (the last 6 months) laser treatments.
- Dermabrasion treatments and any other treatment that may alter or compromise the cutaneous structure.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hypopigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.
INDICATIONS

HYPERPIGMENTATION LOCALIZED ON THE PERIOCULAR AND LABIAL AREAS

ACTINIC KERATOSIS ON THE PERIOCULAR AND LABIAL AREAS

CHRONO-AGING ON THE PERIOCULAR AND LABIAL AREAS

PHOTO-AGING ON THE PERIOCULAR AND LABIAL AREAS

chemoexfoliant solution based on TRICHLOROACETIC ACID, LACTIC ACID

**PH** (pure solution): 0.00-1.00

**Appearance:** colourless, slightly opalescent monophasic gel

<table>
<thead>
<tr>
<th>COMPOSITION</th>
<th>TRICHLOROACETIC ACID 3.75%, LACTIC ACID 15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMExFOLIATION</td>
<td>Medium</td>
</tr>
<tr>
<td>NUMBER OF LAYERS</td>
<td>Monolayer application; maximum 4 layers</td>
</tr>
<tr>
<td>APPLICATION TIME PRIOR TO NEUTRALIZATION</td>
<td>1-2 minutes per layer, 5 minutes for the fourth layer. If &quot;frosting&quot; appears when it is undesired, proceed immediately to remove.</td>
</tr>
<tr>
<td>NUMBER OF PEELS PER SERIES</td>
<td>Maximum 4, minimum 1-2 weeks apart</td>
</tr>
<tr>
<td>NUMBER OF SERIES PER YEAR</td>
<td>2</td>
</tr>
<tr>
<td>APPLICATION METHOD</td>
<td>Prepare the skin removing the lipids with ENERPEEL PS wipes, apply 4 layers of the chemoexfoliant gel on every area to be treated. After application of the fourth layer, leave the exfoliant solution to act before neutralizing with ENERPEEL NEU wipes.</td>
</tr>
</tbody>
</table>

**Possible complications:** swelling, erythema, usually of short duration.

**Contraindications:**
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery (blepharoplasty, eyelid lifting, etc.).
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

**IMPORTANT WARNINGS**

Do not apply the device on damaged skin. Do not let the solution come into contact with the cornea or vermilion. Avoid areas of thin skin with sebaceous hyperplasia and areas characterized by seborrhoeic keratosis.
### INDICATIONS
- Hyperpigmented lesions localized on the back of the hands
- Actinic keratosis of the hands
- Chrono-aging of the hands
- Photo-aging of the hands

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### ENERPEEL® Hands

**Chemical Exfoliant Solution Based on**

TRICHLOROACETIC ACID, LACTIC ACID

- **Composition**
  - TRICHLOROACETIC ACID 20%
  - LACTIC ACID 10%
  - KOJIC ACID

- **Chemical Exfoliation**
  - Superficial, superficial-medium, medium

- **Number of Layers**
  - 1 layer: superficial
  - 2 layers: superficial-medium
  - 3 layers: medium, with the formation of "frosting"

- **Application Time Prior to Neutralization**
  - 2-4 minutes per layer, neutralize from 5-8 seconds after the appearance of a homogenous "frosting"

- **Number of Peels per Series**
  - 1-3, minimo 15 giorni tra l’una e l’altra

- **Number of Series per Year**
  - 3

- **Application Method**
  - Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemical exfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.

**Possible complications:** swelling, erythema.

**Contraindications:**
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

**Important Warnings**
- Do not let the solution come into contact with the cornea or vermilion.
- This device is exclusively dedicated to treat the hands.

**Technical Data**
- **pH** (10% dilution in deionized water): 0.88-1.00
- Electrical conductivity (10% dilution in deionized water): 51.00-56.00 mS/cm
- Appearance: yellow/pink transparent clear water solution

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**ENERPEEL® Hands**

**Appearance:** yellow/pink transparent clear water solution

**INDICATIONS**

- HYPERPIGMENTED LESIONS LOCALIZED ON THE BACK OF THE HANDS
- ACTINIC KERATOSIS OF THE HANDS
- CHRONO-AGING OF THE HANDS
- PHOTO-AGING OF THE HANDS
INDICATIONS

HYPERPIGMENTATION OF NECK AND DÉCOLLETAGE AREAS

ACTINIC KERATOSIS OF NECK AND DÉCOLLETAGE AREAS

CHRONO-AGING OF NECK AND DÉCOLLETAGE AREAS

PHOTO-AGING OF NECK AND DÉCOLLETAGE AREAS

chemoexfoliant solution based on PYRUVIC ACID, LACTIC ACID

**COMPOSITION**
- PYRUVIC ACID 30%
- LACTIC ACID 10%
- FERULIC ACID

**CHEMOEXFOLIATION**
- Superficial, superficial-medium

**NUMBER OF LAYERS**
- Monolayer application: superficial
- Multilayer application: superficial-medium

**APPLICATION TIME PRIOR TO NEUTRALIZATION**
- 2-5 minutes, depending on patient reaction

**NUMBER OF PEELS PER SERIES**
- 3, minimum 10 days apart

**NUMBER OF SERIES PER YEAR**
- 2-3

**APPLICATION METHOD**
- Prepare the skin removing the lipids with ENERPEEL PS wipes, apply the chemoexfoliant solution using the special applicator brush. Wait until the set time has passed, then neutralize with ENERPEEL NEU wipes.
- After neutralization, apply the special ENERPEEL Neck terminator cream, through ENERPEEL Roller, capable of making more uniforme the skin absorption of the active ingredients.

Possible complications: swelling, erythema, usually of short duration.

Contraindications:
- Presence and/or family history of Herpes simplex in the area to be treated.
- Recent (the last 6 months) surgery.
- Immunosuppressive diseases.
- Previous radiotherapy of the skin portion to be exfoliated that might compromise the physiological regeneration of the skin.
- Family history of developing keloids or hypertrophic scars.
- Family history of developing post-inflammatory hyperpigmentation.
- Pregnancy.
- Breastfeeding.
- Allergy and/or known hypersensitivity to one or more of the components.
- Other medical considerations.

**IMPORTANT WARNINGS**
Do not let the solution come into contact with the cornea or vermillion. This device is exclusively dedicated to treat the neck and décolletage areas.
**MANDELIC ACID**
- ROSACEA
- POST-LASER TREATMENT (AFTER A COMPLETE RE-EPITHELIALIZATION)
- CHEMODOXULATION OF SENSITIVE AND HYPER-REACTIVE SKIN
- REFRESHING YEAR ROUND

**GLYCOLIC ACID**
- MILD HYPERPIGMENTATIONS
- MODERATE HYPERKERATOSIS
- MODERATE CHRONO-AGING
- MODERATE PHOTO-AGING

**PYRUVIC ACID**
- SEBORRHEA
- MILD ACTINIC KERATOSIS
- MODERATE CHRONO-AGING
- MODERATE PHOTO-AGING

**TRICHLORACETIC ACID**
- SEVERE HYPERPIGMENTATIONS
- SEVERE ACTINIC KERATOSIS
- SEVERE HYPERKERATOSIS
- SEVERE POST-ACNE SCARS
- MODERATE HYPERTROPHIC SCARS
- SEVERE CHRONO-AGING
- SEVERE PHOTO-AGING

**SALICYLIC ACID**
- MODerate ACTINIC KeratosIs
- MODerate hyPERKERATOSIS
- MODerate hyPERPIGMENTATIONS
- MODerate CHEMODOXULATION
- MODerate/severe PHOTO-AGING

**LACTIC ACID**
- MODerate ACTINIC KeratosIs
- MODerate hyPERKERATOSIS
- MODerate hyPERPIGMENTATIONS
- MODerate CHEMODOXULATION
- MODerate/severe PHOTO-AGING

**RESORCIN**
- MODerate ACTINIC KeratosIs
- MODerate hyPERKERATOSIS
- MODerate hyPERPIGMENTATIONS
- MODerate CHEMODOXULATION
- MODerate/severe PHOTO-AGING

**nature of THE ACID**

**areas OF USE**

**PERIOCULAR AND LABIAL AREAS**
- HYPERPIGMENTATION LOCALIZED ON PERIOCULAR AND LABIAL AREAS
- ACTINIC KERATOSIS LOCALIZED ON PERIOCULAR AND LABIAL AREAS
- CHRONO-AGING LOCALIZED ON PERIOCULAR AND LABIAL AREAS
- PHOTO-AGING LOCALIZED ON PERIOCULAR AND LABIAL AREAS

**NECK AND DÉCOLLÉTAGE**
- HYPERPIGMENTATION OF NECK AND DÉCOLLÉTAGE
- ACTINIC KERATOSIS OF NECK AND DÉCOLLÉTAGE
- CHRONO-AGING OF NECK AND DÉCOLLÉTAGE
- PHOTO-AGING OF NECK AND DÉCOLLÉTAGE

**HANDS**
- HYPERPIGMENTED LESIONS LOCALIZED ON THE BACK OF THE HANDS
- ACTINIC KERATOSIS OF THE HANDS
- CHRONO-AGING OF THE HANDS
- PHOTO-AGING OF THE HANDS

**pathologies to treat**

**MEDICATED ENERPEEL**

**SA-15**
**SA**
**SA-CB**
**Chest&Back**
**MODERATE COMEDONIC AND INFLAMMATORY ACNE**
- SALICYLIC ACID
  - Triethyl Citrate, Ethyl Linoleate, GT-Peptide-10

**ROSACEA**
- MANDELIC ACID
  - MSM (Dimethyl Sulfone)

**MA**
An opening towards a scientific and technological future, a knowledge of mobile barriers, an infinite evolution towards new possibilities. Scientific rigour and technological pragmatism. Intellectual assets acquired from the moment in which a concrete idea becomes tangible and then subjected to testing and experimentation. All of these factors describe the philosophy that provides the base concept of General Topics’ mission. This is an innovative and dynamic environment where the company, along with its research laboratories, operates. In General Topics’ Thinking House we believe in an “open future”, producing science, extrapolating potential and creating ideas and products dedicated to our customers.
Depth must be hidden.
Where?
ON THE SURFACE.

Hugo Von Hofmannsthal