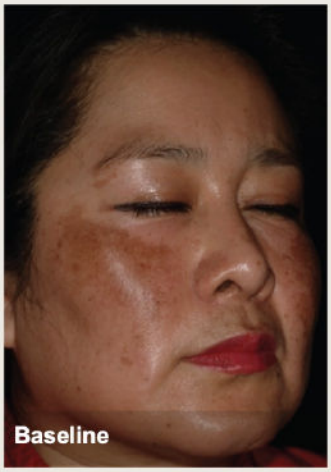
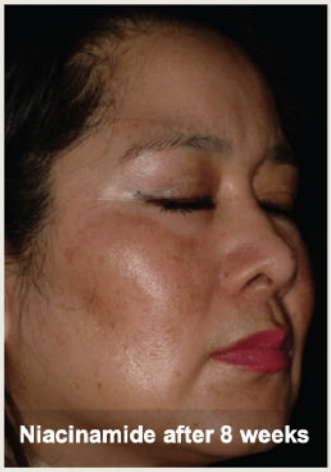
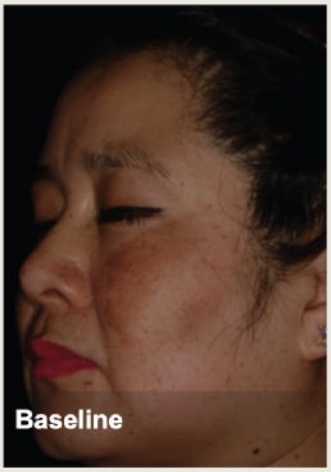
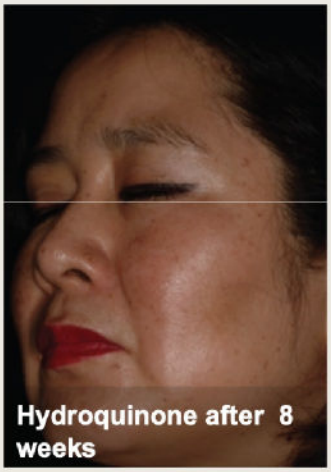
Niacinamide



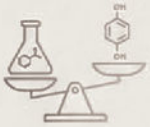






Ingredient Research Highlights

Topical niacinamide significantly improved hyperpigmentation.
In a double-blind, randomized clinical trial of 27 melasma patients, topical 4% niacinamide applied for 8 weeks significantly reduced pigmentation, with a 62% reduction in MASI score from baseline.



Niacinamide demonstrated comparable pigment improvement to hydroquinone.
Patients applied 4% niacinamide to one side of the face and 4% hydroquinone to the other. Objective colorimetric measurements showed no statistically significant difference between the two treatments, indicating niacinamide provided similar visible pigment improvement.

Inflammation and mast cell infiltrate were significantly reduced.
Histological analysis of skin biopsies showed mast cell counts decreased from 22 to 16 cells/mm², indicating anti-inflammatory activity in melasma-affected skin.

Epidermal melanin levels were significantly reduced.
Digital image analysis of biopsy samples demonstrated a significant reduction in epidermal melanin deposition after treatment with niacinamide, supporting its role in improving uneven pigmentation.

Niacinamide demonstrated a favorable safety profile.
Side effects occurred in 18% of niacinamide-treated patients compared to 29% with hydroquinone, and reactions were generally milder, suggesting niacinamide may be a well-tolerated alternative for long-term treatment.

How This Translates to Our Formula

- Helps visibly improve uneven skin tone and hyperpigmentation
- Supports reduction of excess melanin deposition in the skin
- Provides anti-inflammatory support for irritated or sensitive skin
- Helps improve overall skin clarity and brightness
- Designed to promote a more even-looking complexion with excellent tolerability

Source: Navarrete-Solís J, Castanedo-Cázares JP, Torres-Álvarez B, et al.
A Double-Blind, Randomized Clinical Trial of Niacinamide 4% versus Hydroquinone 4% in the Treatment of Melasma. Dermatology Research and Practice. 2011;2011:379173.doi:10.1155/2011/379173.