BEAUTY

Is Sulphur Worth Using on Spots?

Sulphur may help with clogged pores, but stronger acne evidence points elsewhere-and a simple routine makes that distinction useful.

Step 1: Start with a gentle cleanser

You are standing in front of a shelf of spot treatments, and sulphur sounds reassuringly straightforward. It is familiar, inexpensive-looking and often presented as the thing that will dry a blemish into submission. But the useful question is not whether sulphur sounds plausible. It is whether the evidence provided for acne makes it worth a place in your routine.

First, clear away one persistent idea: acne is not dirt trapped in your skin. Spots develop when oil and dead skin cells plug hair follicles. That mixture can allow bacteria already living on the skin to grow inside the blocked follicle, contributing to inflammation. Blackheads look dark because air discolours the oil at the surface, not because the pore is dirty.

That matters because scrubbing harder is not the answer. Strong soaps, astringents and rough scrub pads can be irritating, while gentle cleansing is recommended for acne-prone skin. Squeezing, picking and rubbing blemishes can also contribute to scars or dark marks. The first useful object in this routine is therefore not an abrasive brush or scrub. It is a mild cleanser.

A cleanser will not do the job of an acne medicine. Its role is smaller and still important: it lets you clean your skin gently without treating acne as a hygiene failure. Toners, masks and elaborate cleansing rituals are not established as the part that clears blocked follicles in the evidence here. Keep this step modest so the treatment step can be judged more clearly.

Step 2: Decide what sulphur is buying you

Sulphur has a specific proposed place in acne care: it helps break down blackheads and whiteheads. Those are comedones-hair follicles blocked by oil and skin cells. That makes sulphur relevant to clogged pores, rather than a universal answer for every bump that gets called a spot.

The catch is the gap between a recognised action and persuasive evidence of results. A 2024 evidence-based acne guideline made strong recommendations for benzoyl peroxide and topical retinoids. It gave conditional recommendations to salicylic acid and azelaic acid. Sulphur was not among its 18 evidence-based recommendations. That does not prove sulphur never

helps; it means this review does not provide the same recommendation-level support for it.

A large 2022 network meta-analysis tells a similar story from another angle. It examined 179 randomised controlled trials, covering roughly 35,000 observations and 49 treatment classes. For mild-to-moderate acne, combinations of a topical retinoid and benzoyl peroxide were among the most effective topical options. For moderate-to-severe acne, combinations again performed prominently. The review did not establish sulphur as a leading treatment.

The comparison is imperfect because tolerability matters. In that analysis, benzoyl peroxide and topical retinoids were less well tolerated than placebo, and the overall quality of the included trials ranged from moderate to very low. There was inconsistency between direct and indirect evidence. Even the stronger-looking options do not arrive with certainty or a promise that your skin will tolerate them.

So what does sulphur buy you? Based on these sources, it buys an ingredient associated with breaking down blackheads and whiteheads, but without the support given to several better-studied acne medicines. If you choose it, use a sulphur-containing topical product with that limitation in mind. Do not mistake inclusion on an ingredient list for proof that it outperforms established options.

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Step 3: Choose one evidence-backed active

If your aim is to treat acne rather than simply try sulphur, choose one acne active whose role is better supported. Benzoyl peroxide kills bacteria and may reduce oil production. Topical retinoids can treat lesions, reduce inflammation and help prevent new acne from forming. Salicylic acid helps break down blackheads and whiteheads and reduces the shedding of cells lining hair follicles.

The 2024 guideline strongly recommended benzoyl peroxide and topical retinoids. Its recommendations for salicylic acid and azelaic acid were conditional, which signals less certainty or a more qualified balance of evidence. Combination treatment can work through multiple mechanisms, but adding several products by yourself also makes it harder to know which one is causing irritation.

Topical acne medicines can cause irritation, burning or redness. That includes a practical reason to resist building a crowded routine: more products are not presented in these sources as automatically better. A mild cleanser and one evidence-backed acne active give each item a clear job. A sulphur product can be your chosen topical, but the evidence here does not justify presenting it as equivalent to the strongly recommended options.

Deep, painful nodules, pus-filled lesions lodged beneath the skin, scarring or acne that is creating a serious emotional burden move this beyond a shelf-shopping decision. Oral isotretinoin is strongly recommended in the 2024 guideline for severe acne, acne causing scarring or psychosocial burden, and acne that has not responded to standard topical or oral therapy. Those situations belong with a health care professional.

Painful, recurring boil-like lumps in the armpits, groin or other places where skin rubs also deserve medical attention. They may be hidradenitis suppurativa (HS), a chronic disease that can resemble pimples early on but may produce draining abscesses, tunnels and scars. A sulphur spot product is not a substitute for having those lumps assessed.

Step 4: Protect the skin you are treating

Acne care can become a hunt for the strongest drying sensation. The sources point towards a calmer final step. Topical medicines may irritate the skin, while several acne medicines can make you more prone to sunburn. Sun exposure can also matter when you are dealing with dark marks after spots heal.

Use a sunscreen when you are outdoors and avoid sunburn and tanning. Choose cosmetics and hair products marked oil-free and noncomedogenic, meaning they are intended not to clog pores, while recognising that even those products can worsen acne for some people. The point is not to assemble a perfect shelf. It is to stop the rest of your routine working against the treatment.

For the next week, keep the experiment readable. Use a mild cleanser, choose one acne active, avoid picking, and take irritation seriously rather than interpreting it as evidence that a product is working. If your skin condition worsens or does not improve, contact a health care professional rather than repeatedly switching remedies.

Your practical final step takes one ordinary object: a sunscreen. Put it beside your mild cleanser so protecting your skin is part of acne care, not an afterthought once irritation or dark marks appear. Sulphur can remain an option for clogged pores, but it has not earned the starring role that its reputation sometimes gives it.

Where this comes from

- Acne

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- Hidradenitis Suppurativa

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