BEAUTY

What Actually Shifts Closed Comedones

Those persistent little bumps need an acne active, not harder scrubbing or an ever-expanding shelf of remedies.

Step 1: Stop treating them as dirt

You run a finger over your forehead or chin and feel them: small, stubborn bumps that never quite become spots. So you cleanse again, inspect more closely and wonder whether you have somehow failed to wash properly. You have not. The bumps commonly called closed comedones fit acne's central pattern: pimples form when hair follicles beneath the skin become clogged.

That distinction matters because it changes the job. You are not trying to polish something off the surface. Blackheads and pimples are not caused by dirt, and aggressive cleaning does not address the clogged follicle described in acne. The useful starting point is much less dramatic: clean your skin gently and try not to touch it.

Food is another tempting culprit. Chocolate and greasy meals often get blamed, but there is little evidence that foods have much effect on acne for most people. Stress does not cause acne either, although it can make acne worse. If a search for one guilty snack is taking over your attention, the available evidence points you back toward the skin itself.

For this first step, all you need is a gentle cleanser. Toners, scrubs, masks and long cleansing rituals are not supported by the evidence provided here as the things that shift acne. Keep cleansing in its proper role: it cleans your skin without turning every bump into a reason to scour it.

Step 2: Choose one proven active

The ingredient with the clearest relevance to a field of closed bumps is a topical retinoid. A 2024 evidence-based acne guideline gives topical retinoids a strong recommendation. A 2019 systematic review of 54 clinical trials also found that topical retinoids improved acne more than an inactive vehicle, supporting their place as a first-line acne treatment.

The exact retinoid may matter less than the marketing around it suggests. In that review, differences in efficacy between topical retinoids appeared minor, and there was no significant efficacy difference between tretinoin and tazarotene. Tolerability did differ: adapalene had the

better tolerability profile among the retinoids reviewed. That does not make every formulation interchangeable, but it does mean a grander name is not automatically a better answer.

Benzoyl peroxide is another well-supported acne active. The 2024 guideline strongly recommends it, while salicylic acid and azelaic acid receive conditional recommendations. "Conditional" is not the same as useless; it means the recommendation is less certain or more dependent on individual circumstances than the strong recommendations for benzoyl peroxide and topical retinoids.

This is where a crowded routine can become a distraction. Pick one acne active rather than stacking every plausible ingredient at once. The object this step takes is simple: a topical retinoid product, or another evidence-supported acne product chosen with a health professional when that is more appropriate for you. The treatment is the active. Extra layers are not doing equal work.

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Step 3: Escalate with evidence, not hope

If one active is not enough, combinations have stronger evidence than a random assortment of remedies. A 2022 network meta-analysis brought together 179 randomized controlled trials with about 35,000 observations. For mild-to-moderate acne, a topical retinoid combined with benzoyl peroxide was among the most effective topical options, reducing total lesion counts more than placebo.

The 2019 retinoid review reached a similar conclusion. Combining a topical retinoid with benzoyl peroxide produced better investigator-rated improvement than an inactive vehicle. The 2024 guideline also recommends combining topical therapies that work through different mechanisms as good practice. In other words, combination treatment can be rational-but that is different from adding products simply because the first one has not produced an immediate transformation.

There is a trade-off. The large 2022 analysis found that benzoyl peroxide and topical retinoids were less well tolerated than placebo. It also judged the quality of the included trials moderate to very low and found substantial uncertainty in some comparisons. The overall support for topical combinations remained, but the evidence does not promise perfectly clear skin or a trouble-free experience.

Be particularly wary of "natural" detours presented as gentler certainties. There is not enough rigorous research to recommend topical tea tree oil or bee venom therapy for acne. More broadly, complementary approaches for skin conditions have been studied only sparingly, and

many studies have been small or poorly designed. Natural does not automatically mean safe, and supplements can cause side effects or interact with medicines.

If you are considering a combination, the things it takes are two evidence-supported actives, such as a topical retinoid and benzoyl peroxide, or a combined product containing them. Because tolerability varies, questions about which option fits your skin belong with a pharmacist, doctor or dermatologist rather than an online promise.

Step 4: Know when bumps need another plan

Not every collection of bumps is routine acne. Painful, boil-like lumps beneath the skin-particularly in areas where skin rubs together, such as the armpits or groin-can be hidradenitis suppurativa (HS). These lumps may break open, drain fluid or pus, heal slowly, recur and leave scars or tunnels beneath the skin. HS can resemble pimples or acne early on, so it can be difficult to identify without a clinical assessment.

Ordinary acne also stops being just a shelf-editing problem when it is severe, is causing scarring or psychosocial burden, or has not responded to standard topical or oral therapy. The 2024 guideline strongly recommends oral isotretinoin in those circumstances. That is a medical treatment decision, not a cue to intensify a home routine by yourself. Skin that does not improve or gets worse should be discussed with a health care professional.

For the next week, make the routine visible and small. Put a gentle cleanser beside one evidence-supported acne active, and move the unsupported extras out of the way. That takes two ordinary objects: a gentle cleanser and a topical retinoid or other recommended acne product. Clean gently, avoid picking, and let the active-not scrubbing, diet blame or a crowded shelf-carry the work.

The useful routine is the one whose purpose you can see. If painful lumps, drainage, recurring sores or scarring are part of the picture, use the week to arrange an appointment instead. Write down where the bumps occur, whether they recur and whether they leave marks. That short note gives the conversation somewhere concrete to begin.

Where this comes from

- Acne

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/acne.html
- Hidradenitis Suppurativa

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