



International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Cosmeceuticals: Pharmaceutical Ingredients Used in Cosmeceutical Preparations

Muskan Jahan, Mr. Pramod Mishra, Mr. Sujeet Pratap Singh, Dr. Tarkeshwar P. Shukla

SCPM College of Pharmacy

ABSTRACT

The term *cosmeceutical* has long been debated due to the absence of a universally accepted definition and the overlap between cosmetic and pharmaceutical functions. This paper aims to clarify the concept of cosmeceuticals, outline their dermatological relevance, and explain their regulatory positioning between cosmetics and drugs. With increasing interest in topical delivery systems for convenience and effectiveness, cosmeceuticals continue to evolve. This article differentiates cosmeceuticals from cosmetics and pharmaceuticals, reviews regulatory aspects, and highlights the importance of interprofessional collaboration in their appropriate selection and patient education.

Objectives

- Define the term *cosmeceutical* and categorize its key components
- Discuss the regulation and licensing considerations of cosmeceuticals
- Explain indications for cosmeceutical use
- Differentiate cosmetics, pharmaceuticals, cosmeceuticals, nutricosmetics, and dermocosmetics
- Provide classification, toxicokinetic considerations, and a comprehensive conclusion

Introduction

The cosmetic industry has recently popularized the concept of *cosmeceuticals*—a hybrid term derived from “cosmetics” and “pharmaceuticals.” These products contain biologically active ingredients capable of enhancing skin function beyond superficial aesthetics. According to the FD&C Act, cosmetics include substances intended to cleanse, beautify, or alter appearance.

As the young Indian population ages and becomes more affluent, demand for advanced anti-aging formulations has significantly increased. Cosmetic companies now incorporate functionally active ingredients designed to influence skin biology rather than merely improve appearance.

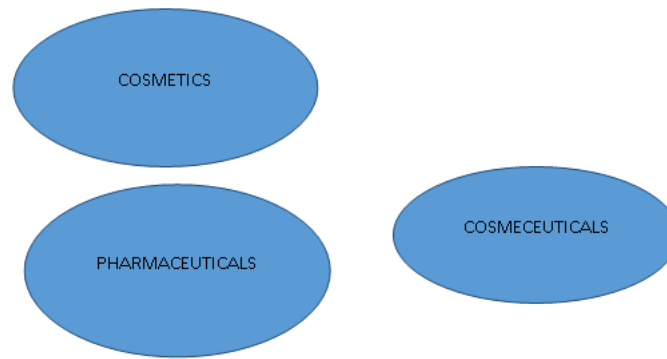
Cosmetics

Under the U.S. FD&C Act, cosmetics are defined as products applied to the body for cleansing, beautification, or appearance enhancement. They are not intended to alter body structure or treat disease.

Pharmaceuticals (Drugs)

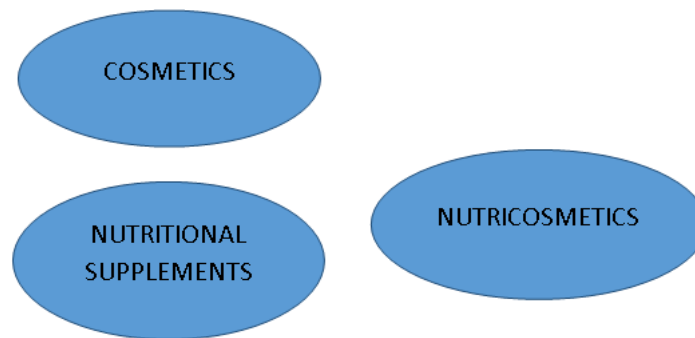
Drugs are defined as substances intended for diagnosis, cure, mitigation, treatment, or prevention of disease, or those meant to affect bodily structure or function. Unlike cosmetics, drugs undergo strict regulatory evaluation.

Cosmeceuticals



Cosmeceuticals are topical products that blend cosmetic use with bioactive pharmaceutical-like effects. They include creams, lotions, and serums containing active ingredients capable of visibly improving skin quality by modulating biological processes. Unlike drugs, they are not universally regulated as therapeutic agents.

Nutricosmetics



Nutricosmetics refer to oral supplements—such as gummies, pills, beverages, and powders—designed to support skin health from within. They combine nutrition with cosmetic benefits and target concerns such as aging, inflammation, and hyperpigmentation.

Dermocosmetics

Dermocosmetics are dermatologically formulated products capable of penetrating into the dermis to correct, protect, and maintain skin health. They address concerns like aging, dryness, and inflammation with ingredients designed for deeper biological action.

Regulation and Licensing

Regulating cosmeceuticals is challenging because they fall between cosmetics and drugs. Ideally, their approval should be simpler than pharmaceuticals, though clinical evidence demonstrating safety and efficacy remains essential. In the United States, certain cosmeceuticals may be marketed similarly to OTC products. Regulatory classification depends more on product activity than on intended use.

Indications for Cosmeceutical Use

1. Anti-aging
2. Treatment of photodamage
3. Management of hyperpigmentation
4. Reduction of wrinkles
5. Fat reduction
6. Hair growth support
7. Prevention of hair fall
8. Improvement of complexion
9. Cleansing and conditioning
10. Beautification
11. Alteration of appearance



Classification of Cosmeceuticals

Cosmeceuticals may be categorized by:

A. Etiological purpose (skin concern):

1. Skin lightening agents
2. Sunscreens
3. Moisturizers
4. Anti-aging agents
5. Scar-reducing ingredients
6. Antioxidants
7. Hair-strengthening compounds
8. Disorder-specific agents (acne, rosacea, melasma)
9. Miscellaneous

B. Common Active Ingredients Include:

- Alpha-lipoic acid
- Coenzyme Q10
- Vitamins B, C
- Hydroquinone
- AHAs and BHAs
- Fatty acids
- Peptides
- Retinol
- Herbal extracts (licorice, turmeric, pomegranate, chamomile, aloe vera)
- Kojic acid, arbutin
- Ceramides
- Sunscreen actives
- Niacinamide
- Hyaluronic acid

Differential Diagnosis of Skin Conditions

1. Atopic dermatitis

2. Contact dermatitis
3. Drug eruptions
4. Erythema infectiosum
5. Erythema multiforme
6. Folliculitis
7. Insect bites
8. Nummular eczema
9. Tinea corporis
10. Urticaria

Skin-Care Cosmeceuticals

Daily skincare often includes cosmeceuticals aimed at protecting the skin from free radicals, UV damage, and premature aging. UV exposure increases free-radical formation, leading to collagen damage and impaired elasticity. Various botanicals and antioxidants—such as green tea, pomegranate, chamomile, and curcumin—have proven beneficial in mitigating these effects.

Common Cosmeceutical Ingredients and Their Benefits:

Hyaluronic Acid:

Hydrates deeply, strengthens the skin barrier, smoothens texture, and suits all skin types.

Niacinamide (Vitamin B3):

Reduces inflammation, minimizes pores, fades hyperpigmentation, and supports barrier repair.

Retinol (Vitamin A):

Improves cell turnover, reduces wrinkles, treats acne, and enhances skin tone.

Ceramides:

Restore the skin barrier and maintain hydration.

Glycerin:

Acts as a humectant, drawing moisture to the skin while reducing fine lines.

Vitamin C:

Brightens skin, provides antioxidant protection, boosts collagen, and reduces pigmentation.

Depigmenting Agents

Hyperpigmentation results from increased melanin, either due to higher melanocyte activity (*melanosis*) or increased cell numbers (*melanocytosis*).

Types of Hyperpigmentation

- Age spots
- Post-acne marks
- Freckles
- Melasma

Examples of Depigmenting Compounds

- Hormonal agents (estrogens, progesterone)
- Exfoliants (AHAs, BHAs)
- Botulinum toxin A



Examples of Depigmenting Compounds

- Hormonal agents (estrogens, progesterone)
- Exfoliants (AHAs, BHAs)
- Botulinum toxin A

Toxicokinetics and Safety Concerns

Although many cosmeceuticals contain beneficial actives, certain chemical additives pose toxicity risks. Important examples include:

1. **1,4-Dioxane** – potential carcinogen, respiratory irritant
2. **Formaldehyde compounds** – allergenic, mutagenic, associated with leukemia risk
3. **Parabens** – linked to endocrine disruption and potential reproductive effects
4. **PFAS chemicals** – persistent “forever chemicals” tied to liver damage and hormonal disruption
5. **Siloxanes, fragrances, talc, acrylates, heavy metals** – varying toxic profiles

Conclusion

Cosmeceuticals bridge the gap between cosmetics and pharmaceuticals by offering visible improvements supported by bioactive compounds. While consumer demand continues to rise, appropriate regulation, safety evaluation, and clinical validation remain crucial. As research advances, cosmeceuticals—whether topical, oral, or dermatological—will play an increasingly significant role in skincare and aesthetic medicine.

Interprofessional collaboration is essential to guide consumers toward safe and effective use.

Reference

- Baumann, L. (2009). Understanding cosmeceuticals: Mechanisms and clinical applications. *Dermatologic Therapy*, 22(4), 379–395.
- Draelos, Z. D. (2012). Cosmeceuticals: An overview of active ingredients and their mechanisms. *Journal of Cosmetic Dermatology*, 11(3), 196–203.
- Kligman, A. M., & Draelos, Z. D. (2000). The role of topical agents in anti-aging therapy. *Dermatologic Clinics*, 18(3), 609–615.
- Mukherjee, P. K., & Maity, N. (2017). Botanical actives as cosmeceuticals: Current trends and future prospects. *Toxicology Reports*, 4, 568–579.
- Farris, P. (2015). Topical vitamin C in dermatology: Mechanisms and benefits. *Journal of Drugs in Dermatology*, 14(9), 784–788.
- Ortonne, J. P. (2006). Retinoids in pigmentation disorders and photoaging. *Journal of Dermatological Science*, 42(2), 75–82.
- Goodman, G. (2011). Hyaluronic acid formulations in skin rejuvenation. *Journal of Cosmetic Dermatology*, 10(3), 258–264.
- Lin, J. Y., & Fisher, D. E. (2007). Pathways involved in UV-induced pigmentation. *Journal of Investigative Dermatology*, 127(6), 1349–1357.
- Callender, V. D. (2017). Clinical approach to hyperpigmentation: Diagnosis and management. *American Journal of Clinical Dermatology*, 18(1), 1–10.
- Sarkar, R., & Puri, P. (2014). Melasma update: Pathogenesis and treatment options. *Indian Journal of Dermatology*, 59(1), 12–25.
- Gold, M. H. (2010). Cosmeceutical ingredients in facial rejuvenation. *Clinics in Dermatology*, 28(4), 397–402.

- Shapiro, J., & Wiseman, M. (2014). Comprehensive review of hair loss mechanisms and therapies. *Dermatologic Clinics*, 32(2), 177–187.
- Chan, H. H. (2000). Review of depigmenting agents and their clinical efficacy. *Journal of the American Academy of Dermatology*, 43(2), 268–276.
- Cohen, J. L. (2010). Applications of botulinum toxin A in aesthetic dermatology. *Aesthetic Surgery Journal*, 30(1), 45–50.
- Thiele, J. J. (2005). Antioxidant interventions in skin protection. *Journal of Investigative Dermatology Symposium Proceedings*, 10(3), 184–190.
- Rawlings, A. V., & Harding, C. R. (2004). Moisturizer science: Ingredients and mechanisms. *Dermatologic Therapy*, 17(1), 43–48.
- Katiyar, S. K. (2011). Green tea polyphenols in skin protection. *Archives of Dermatology*, 147(3), 273–282.
- Zouboulis, C. C. (2009). Nutrition and skin aging: Biological pathways. *Dermato-Endocrinology*, 1(5), 271–277.
- Rattan, S. I. (2008). Hormetic cosmetic ingredients: Anti-aging effects. *Dose-Response*, 6(1), 95–121.
- Nohynek, G. J. (2010). Safety evaluation of cosmetic ingredients: A global perspective. *Toxicology*, 267(3), 88–94.
- Scientific Committee on Consumer Safety (SCCS). (2018). Opinion on parabens in cosmetics. European Commission.
- ATSDR. (2021). Toxicological profile for PFAS. Agency for Toxic Substances and Disease Registry.
- US EPA. (2020). Health effects of 1,4-dioxane: Hazard summary.
- FDA. (2022). Cosmetic products and safety regulatory framework.
- European Commission. (2019). Cosmetics Regulation (EC) No. 1223/2009: Safety and compliance guidelines.
- Gupta, M., & Mahajan, V. K. (2018). Herbal extracts in dermatology: A review. *Journal of Ayurveda and Integrative Medicine*, 9(1), 3–12.
- Sivamani, R. K., et al. (2015). Cosmeceuticals in clinical dermatology: Evidence and practice. *Clinics in Dermatology*, 33(2), 223–230.
- D'Souza, P., & Rathi, S. K. (2010). Cosmeceuticals and dermatologic therapy. *Indian Journal of Dermatology*, 55(1), 2–8.
- Bissett, D. L. (2009). The role of niacinamide in skin health. *Dermatologic Surgery*, 35(1), 10–15.
- Grether-Beck, S., et al. (2012). UV-induced oxidative stress and skin aging mechanisms. *Photodermatology, Photoimmunology & Photomedicine*, 28(5), 247–256.