

A PROFESSIONAL SKIN CARE SYSTEM

Acne Balance *Method*

*A comprehensive system for diagnosing,
treating, and preventing acne — from
biology to long-term skin balance.*

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CHAPTER ONE

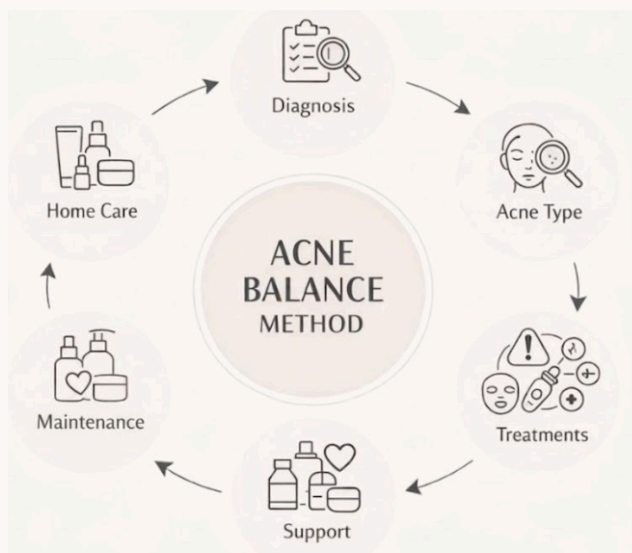
Introduction

Why a condition affecting 85% of people remains so difficult to treat — and what a systematic approach changes.

Acne is not a skincare problem. It is a biological condition that requires a clinical framework to treat effectively.

Most people who struggle with persistent acne have tried almost everything. They have worked through aisles of pharmacy products and followed advice from forums, dermatologists, and well-meaning friends. Some saw brief improvements that faded. Others found that their skin responded unpredictably — clearing up in one season and flaring badly in the next.

The problem is rarely a lack of effort. It is almost always a lack of a system. Individual products, no matter how well formulated, cannot compensate for an incomplete understanding of what is actually driving the breakouts.



The Acne Balance Method is a structured approach to acne care developed over years of clinical practice. It is built on a simple premise: that lasting improvement requires addressing multiple mechanisms simultaneously — not cycling through individual treatments in sequence.

The Four Pillars

DIAGNOSIS FIRST

Every treatment decision flows from a thorough assessment of skin type, acne type, barrier condition, triggers, and current product use.

TYPE-SPECIFIC CARE

Comedonal acne, inflammatory acne, and adult acne each require different approaches. One protocol cannot address all three.

TRIGGER ELIMINATION

Diet, stress, hormonal patterns, and product formulations all contribute. Identifying and reducing the key amplifiers is non-negotiable.

LAYERED TREATMENT

Home care, professional procedures, and lifestyle adjustments work together. No single element delivers lasting results alone.

This book walks through each component of the method in full. Whether you are an esthetics professional learning a new framework, or someone seeking a deeper understanding of their own skin, the goal is the same: not temporary clearing, but genuine skin stability.

“The skin cannot be fixed from the outside alone. It responds to what we eat, how we sleep, which hormones are elevated, and what we put on it — all at once “

CHAPTER TWO

THE HUK ACNE BALANCE METHOD™

A Systemic Approach to Acne Correction is a proprietary clinical framework developed by esthetician and acne specialist Anastasiia Huk through years of practical work with acne-prone skin.

Unlike traditional approaches that focus only on suppressing breakouts, the Huk Acne Balance Method addresses multiple factors that contribute to acne development, including skin barrier dysfunction, inappropriate skincare, cosmetic triggers, lifestyle habits, nutritional factors, and treatment compliance.

The method is built on one fundamental principle:

Acne cannot be successfully managed without identifying and controlling the factors that continue to trigger inflammation.

The goal is not temporary improvement, but long-term skin stabilization and maintenance.

The framework follows a structured progression inspired by modern acne management principles that emphasize assessment, individualized treatment, maintenance, and prevention of relapse.

The Five Stages of the Huk Acne Balance Method™

Stage 1: Diagnostic Assessment

During this stage, the specialist evaluates:

- acne type
- acne severity
- lesion distribution
- inflammation level

- previous treatments
- home skincare routine
- decorative cosmetics
- SPF use
- hair products
- lifestyle habits
- nutritional triggers
- potential internal factors

The purpose of this stage is to identify both visible symptoms and hidden aggravating factors.

Many acne cases fail not because of ineffective products, but because important triggers remain unnoticed.

Stage 2: Barrier Stabilization

Before introducing aggressive correction, the skin must be stabilized.

Clinical goals:

- reduce irritation
- improve hydration
- restore barrier function
- decrease inflammatory reactivity
- improve product tolerance

During this phase, treatment focuses on:

- gentle cleansing
- hydration support
- anti-inflammatory ingredients
- elimination of irritating products
- SPF compliance

Barrier restoration is often one of the most overlooked steps in acne management.

Stage 3: Controlled Active Therapy

Once the skin becomes stable, active acne correction begins.

Treatment selection depends on acne type and individual skin tolerance.

The Acne Balance Method may incorporate:

- benzoyl peroxide
- azelaic acid
- salicylic acid
- mandelic acid
- glycolic acid
- lactic acid
- sulfur
- niacinamide
- LED therapy
- corrective home-care progression

The objective is to reduce:

- comedones
- inflammatory lesions
- congestion
- post-inflammatory redness

while minimizing excessive irritation.

Stage 4: Professional Integration

Professional procedures are introduced according to skin readiness.

Depending on clinical presentation, treatment may include:

- professional acne cleanings
- enzyme therapy
- chemical peels
- LED therapy
- corrective exfoliation
- microneedling (when appropriate)
- barrier-repair protocols

The Acne Balance Method does not rely on a single procedure.

Professional treatments are used strategically to support the overall correction plan.

Stage 5: Maintenance and Relapse Prevention

Acne improvement is not the end of treatment.

The final stage focuses on maintaining results and reducing the risk of recurrence.

Maintenance includes:

- simplified home care
- trigger monitoring
- dietary awareness
- acne-safe cosmetics
- periodic professional treatments
- long-term skin observation

The goal is sustained remission rather than temporary clearance.

The Role of Compliance

One of the core principles of the Huk Acne Balance Method is patient compliance.

Clinical experience demonstrates that even the most effective protocol cannot produce consistent results when recommendations are followed inconsistently.

For this reason, education is considered an essential part of treatment.

Patients are taught:

- how acne develops
- how products should be used
- common treatment mistakes
- how lifestyle factors affect the skin
- how to recognize early signs of relapse

The Huk Acne Balance Philosophy

The Huk Acne Balance Method™ is based on a simple concept:

Successful acne treatment requires more than products and procedures. It requires understanding the individual factors driving the condition and creating a structured plan that the patient can realistically follow.

By combining diagnostic assessment, barrier restoration, controlled active therapy, professional treatments, and long-term maintenance, the method aims to create predictable and sustainable acne improvement while minimizing unnecessary skin irritation and treatment burnout.

What Makes the Huk Acne Balance Method™ Different?

Many acne treatment approaches focus primarily on prescribing medications or recommending products. While these interventions may reduce symptoms, they do not always address the factors that contribute to recurrent breakouts.

The Huk Acne Balance Method™ differs in several key areas:

Trigger Identification Before Treatment

Rather than immediately introducing active ingredients, the method begins with a detailed assessment of potential acne triggers.

This includes evaluation of:

- skincare products
- decorative cosmetics
- SPF products
- hair care products
- lifestyle habits
- dietary patterns
- previous treatment history

The goal is to identify factors that may continuously contribute to acne development.

Barrier-First Approach

Many acne sufferers have a compromised skin barrier due to excessive use of active ingredients, harsh cleansers, over-exfoliation, or inappropriate treatments.

The Huk Acne Balance Method™ prioritizes skin stabilization before intensive correction begins.

This helps improve treatment tolerance and reduces unnecessary irritation.

Structured Progression

Instead of applying multiple aggressive treatments simultaneously, interventions are introduced in stages according to skin readiness.

Each stage has specific objectives, treatment criteria, and expected outcomes.

This progression helps reduce treatment-related complications and improves patient compliance.

Home Care as a Clinical Tool

In many treatment models, home care is considered secondary.

The Huk Acne Balance Method™ views daily skincare as one of the primary determinants of treatment success.

Patients receive structured home-care guidance with ongoing adjustments throughout the correction process.

Integration of Professional and Home Treatment

The method combines professional procedures with individualized home care rather than relying exclusively on either approach.

This creates a more comprehensive treatment strategy aimed at supporting long-term improvement.

Focus on Long-Term Remission

Many acne sufferers experience temporary improvement followed by relapse.

The Huk Acne Balance Method™ emphasizes maintenance, trigger management, patient education, and relapse prevention as essential components of treatment.

Education-Based Model

A key component of the method is patient education.

Patients learn:

- how acne develops
- common treatment mistakes
- how to evaluate products
- how to identify personal triggers
- how to maintain results after active correction

The objective is not only to improve the skin, but also to provide patients with the knowledge necessary to support long-term skin health.

Summary

The Huk Acne Balance Method™ combines trigger identification, barrier restoration, progressive active therapy, professional treatment integration, patient education, and long-term maintenance into a structured acne management framework designed to support sustainable results rather than short-term improvement alone.

CHAPTER THREE

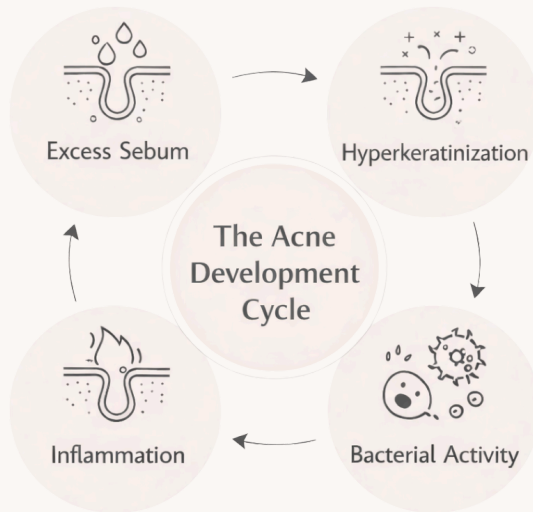
The Biology of Acne

Understanding what happens beneath the surface — and why every layer of the process matters.

Acne emerges from the convergence of four biological processes — each capable of amplifying the others.

To treat acne effectively, we need to understand what is actually happening inside the skin. Most approaches fail not because the products are wrong, but because they target only one mechanism while ignoring the rest.

The Acne Development Cycle



Sebum is produced by the sebaceous glands as a natural moisturizer and barrier. When production is excessive — driven by genetics, androgens, or stress — the follicle becomes overwhelmed. Simultaneously, the normal process of cellular renewal slows and dead cells begin to accumulate inside the pore rather than shedding naturally. This is hyperkeratinization, and it is at the root of both comedones and inflammatory lesions.

When sebum and accumulated cells block the follicle, they create an oxygen-depleted environment where *Cutibacterium acnes* — a bacterium that lives harmlessly on healthy skin — begins to multiply rapidly. The immune system responds with inflammation. The result is the redness, swelling, and pain we associate with active acne.

Common misconception:

Blackheads are not caused by dirt. Their dark color occurs when sebum oxidizes on contact with air — a chemical reaction, not a hygiene issue. Aggressive scrubbing does not help, and typically damages the barrier.

The Skin's Architecture

Acne forms specifically in the pilosebaceous unit — the structure that includes the hair follicle and its attached sebaceous gland. Understanding this geography matters because it explains why acne forms where it does, why some treatments reach the follicle and others do not, and why certain procedures are effective while others remain at the surface.

EPIDERMIS

The outermost layer. Cells here renew constantly — when renewal is disrupted, hyperkeratinization develops and pores begin to clog.

DERMIS

The deeper layer housing sebaceous glands, blood vessels, and nerve endings. Severe acne inflammation can damage this layer, leading to scarring.

The Acne Formation Process



Why Biology Matters for Treatment

Each of the four mechanisms — sebum overproduction, impaired cell renewal, bacterial proliferation, and inflammation — responds to different active ingredients and different intervention types. A treatment protocol that addresses only one mechanism will produce partial results at best.

The Acne Balance Method is designed to address all four simultaneously, using a layered approach that prioritizes barrier health first, then pore clearance, then inflammation control, and finally skin renewal and post-acne correction.

CHAPTER FOUR

The Root Cause

What genetics determines, what it does not — and where the real opportunity for improvement lies.

Genetics sets the predisposition. Everything else determines how severely it expresses itself

Acne is fundamentally a genetic condition. The size of your sebaceous glands, the rate at which your skin cells turn over, the sensitivity of your follicles to androgens, and your immune system's inflammatory threshold are all determined by your DNA. This is why acne runs in families, and why some people can eat poorly, sleep badly, and use harsh products without developing a single blemish — while others do everything right and still struggle.

You cannot change your genetics. You can dramatically change how they express themselves.

Understanding this distinction is liberating rather than discouraging. It means that the goal of treatment is not to fix something broken, but to systematically reduce the external and internal factors that push a genetic predisposition toward active disease. When those factors are identified and minimized, most people with acne-prone skin can achieve a stable, manageable baseline.

What Genetics Determines

SEBACEOUS ACTIVITY

How much sebum your glands produce, and how sensitive they are to hormonal signals — particularly androgens.

CELL TURNOVER RATE

The speed at which epidermal cells renew and shed. Slower turnover increases the risk of comedone formation.

INFLAMMATORY RESPONSE

How quickly and intensely your immune system responds to bacterial presence inside the follicle.

PORE ARCHITECTURE

Pore size, follicle density, and skin thickness — all of which influence how easily congestion develops.

What Can Be Changed

While genetic predisposition is fixed, the factors that amplify it are largely controllable. Diet, stress levels, sleep quality, hormonal balance, the products applied to the skin, and environmental exposures all modulate how actively the genetic predisposition expresses itself. In clinical practice, addressing these modifiable factors consistently produces significant improvement — often more than changing skincare products alone.

Common misconception:

Many clients arrive having tried numerous products without lasting success. In the majority of cases, the missing element is not a better product — it is a systematic understanding of which factors are amplifying their genetic predisposition, and a plan to address them.

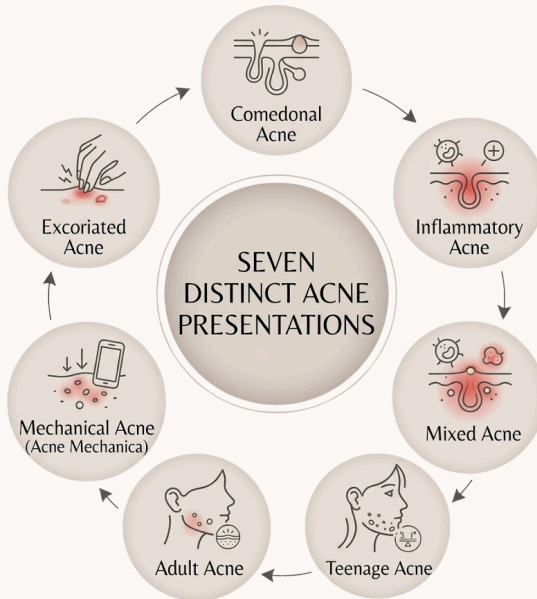
CHAPTER FIVE

The Seven Types of Acne

Accurate classification is the foundation of effective treatment. Different types require fundamentally different approaches.

Treating all acne the same way is one of the most common reasons treatment fails. The type matters as much as the severity

The Acne Balance Method recognizes seven distinct acne presentations. Each has characteristic features, preferred zones, and a different treatment logic. Identifying the type correctly at the diagnostic stage prevents the common mistake of applying an inflammatory acne protocol to comedonal skin, or vice versa.



Acne presents in various forms, ranging from Comedonal Acne, characterized by non-inflammatory blackheads and whiteheads, to Inflammatory Acne, which involves redness, papules, and pustules. Most cases are classified as Mixed Acne, a common combination of both comedonal and inflammatory lesions that requires a balanced treatment approach. While Teenage Acne is typically driven by pubertal hormonal shifts and excess oil, Adult Acne often targets the lower face and necessitates a gentler touch due to underlying skin sensitivity. Additionally, external factors play a role, as seen in Mechanical Acne caused by physical friction and Excoriated Acne, which is exacerbated by the habit of picking or scratching the skin. Understanding these distinct presentations is essential for selecting the correct therapeutic strategy, focusing on everything from pore clearance to behavioral changes.

Why this matters:

The type of acne determines which actives to introduce first, which professional procedures are appropriate, and what the realistic timeline for improvement looks like. Misclassification at the start leads to months of ineffective treatment.

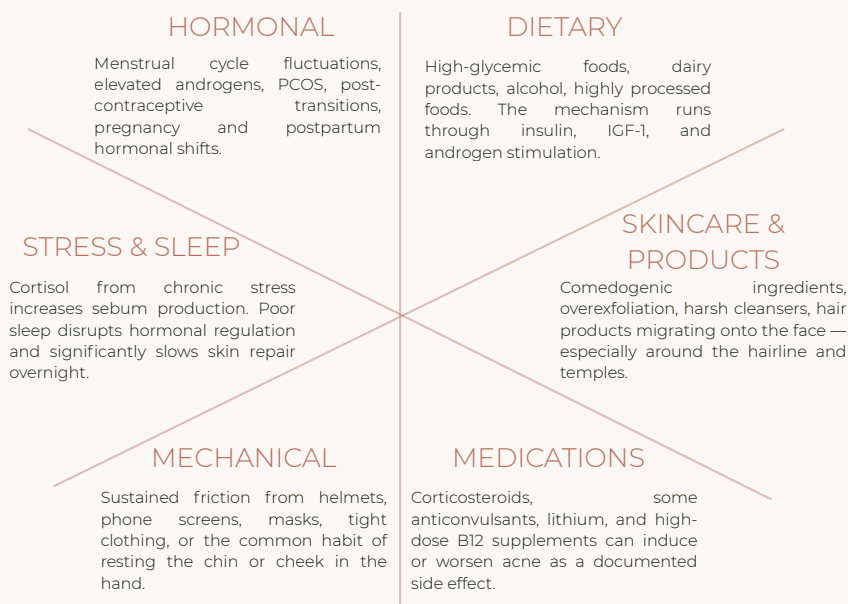
CHAPTER SIX

Triggers and Amplifiers

Factors that do not cause acne — but consistently make it worse. Identifying yours changes the entire treatment trajectory

Genetics loads the gun. Triggers pull it. Removing even two or three key triggers can produce improvements that no product change can replicate.

A trigger is not a cause. Your predisposition to acne is set at the genetic level. What triggers do is amplify that predisposition — sometimes dramatically. In clinical practice, identifying and addressing the primary triggers is often where the most significant improvements come from, independent of changes to skincare routine.



Stress As The Primary Trigger

Of all triggers, chronic stress is the most prevalent and the most consistently underestimated. Cortisol directly stimulates sebaceous gland activity — it is one of the most potent androgens the body produces, and its effects on sebum production are measurable. Beyond sebum, cortisol degrades the skin's barrier function and promotes systemic inflammation, creating a compounding cycle that is difficult to break with skincare alone.

Clients reliably report that skin deteriorates during high-pressure periods and improves during rest. This is not coincidence — it is a direct physiological response, and it can override even a well-designed treatment protocol.

Hormonal Triggers in Adult Women

 Menstrual Cycle Progesterone rise in the luteal phase increases sebum; typically appear 7-10 days before menstruation	 PCOS Elevated androgens drive persistent inflammatory acne, lower the face and jaw	 Post-Pill Hormonal rebound after can trigger significant can flares lasting 3-6 months	 Pregnancy First trimester surges often cause breakouts; skin frequently stabilizes in the second trimester
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When hormonal involvement is suspected based on breakout pattern, location, and timing, referral to a gynecologist or endocrinologist is an important part of the treatment plan. Skincare alone cannot address an underlying hormonal imbalance.

*Identifying a trigger is the difference
between guessing and healing.*

CHAPTER SEVEN

Acne Balance Diet

What you eat does not cause acne. But for many people, it significantly affects how severe it becomes.

Diet is not the cause of acne — but it is one of the most reliably controllable amplifiers. For many clients, dietary adjustments produce visible improvements within four to six weeks.

The relationship between food and acne operates through three primary hormonal pathways: insulin signaling, IGF-1 (insulin-like growth factor), and androgen production. When these pathways are chronically elevated — which certain dietary patterns do reliably — they stimulate sebaceous gland activity, accelerate cell division inside the follicle, and promote systemic inflammation.

The Hormonal Mechanism

INSULIN & HIGH-GI FOODS

High-glycemic foods cause rapid insulin spikes, which stimulate androgen production and directly increase sebum output. Chronic high-GI eating maintains a constant low-level hormonal stimulus for acne.

ANDROGENS & INFLAMMATION

Diets rich in processed foods, trans fats, and alcohol sustain a state of low-grade systemic inflammation that amplifies androgen sensitivity in sebaceous glands.

IGF-1 & DAIRY

Milk contains bioactive compounds that raise IGF-1 levels. Elevated IGF-1 accelerates follicular cell division and increases sebaceous gland activity. Lowfat milk appears to have a stronger effect than full-fat.

INDIVIDUAL VARIATION

Dietary response to acne is highly individual. The elimination protocol provides a structured method for identifying personal triggers without guesswork.

Foods to Limit and Foods to Include

LIMIT OR AVOID

- Sugar and foods with added sugar
- White bread, pastries, refined flour
- Sweet beverages, juices, energy drinks
- Low-fat milk, milkshakes, whey protein
- Fast food and heavily processed foods
- Alcohol — amplifies inflammation and disrupts hormonal balance

PRIORITIZE

Fatty fish: salmon, mackerel, sardines (omega-3) Leafy greens, broccoli, bell peppers (antioxidants) Pumpkin seeds, beef, shellfish (zinc) Whole grains: buckwheat, oats, quinoa Eggs, liver, carrots, sweet potato (vitamin A) Berries, green tea (anti-inflammatory antioxidants)

Skin-Supporting Nutrients



Zinc

Reduces sebum production, inhibits C. acnes, supports wound healing. Found in pumpkin seeds, beef, oysters.



Omega-3

Anti-inflammatory, supports the lipid barrier. Found in fatty fish, flaxseed, walnuts, chia seeds.



Vitamin A

Regulates cell renewal and sebaceous activity — the same mechanism as retinoids. Found in liver, eggs, carrots.



Vitamin D

Regulates immune and inflammatory responses. Deficiency is widespread and frequently correlates with worsened acne.



Antioxidants

Counter oxidative stress from inflammation. Berries, dark leafy greens, and green tea are the richest sources.



Hydration

Dehydration impairs barrier function and slows cellular renewal. Consistent water intake supports every aspect of skin health.

CHAPTER EIGHT

The Diagnostic Protocol

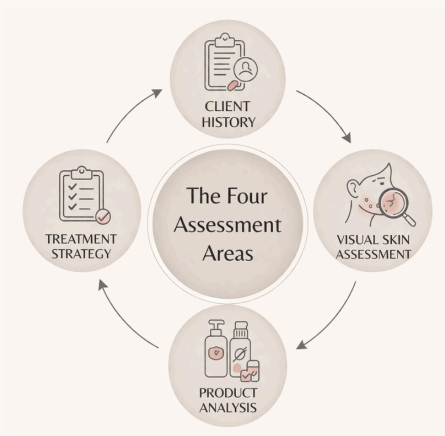
How to assess skin the right way — before reaching for a single product or planning a single procedure.

*Diagnosis is not an optional preliminary step.
It is the foundation on which every effective
treatment decision is built.*

In the Acne Balance Method, every client relationship begins with a structured assessment that covers four areas: medical and lifestyle history, visual skin examination, current product analysis, and identification of triggers. Only after completing all four stages is a treatment protocol designed.

This approach may seem slow at the start. In practice, it saves significant time — because it eliminates the months often spent cycling through treatments that were never right for the skin in question.

The Four Assessment Areas



Client history evaluates acne progression, past treatments, hormonal factors, medications, and lifestyle elements like stress, sleep, and diet. Visual skin assessment identifies skin type, acne severity, lesion location, and any post-acne marks, often using face mapping for tracking. Product analysis reviews all used cosmetics for comedogenic or barrier-damaging ingredients. Based on this, a treatment strategy is created, prioritizing concerns and setting a plan with follow-up timelines.

At every follow-up visit:

A condensed version of the assessment is repeated —tracking changes in skin condition, reviewing reactions to new products or procedures, and adjusting the protocol as needed. Treatment that does not adapt to the skin's response is not treatment — it is guesswork on a schedule.

What the Intake Form Covers



CHAPTER NINE

Home Care for Acne-Prone Skin

Professional results are impossible to sustain without the right daily routine at home.

Professional treatments create change. Home care sustains it. Without a consistent, well-chosen routine, the effects of even the most skilled procedure will fade within weeks.

The most common mistake in home care for acne is trying to do too much. Loading a routine with multiple acids, active serums, and targeted treatments simultaneously is one of the fastest routes to a damaged skin barrier — which paradoxically produces more breakouts, not fewer.

The Core Routine

Morning routine:

1 Gentle gel or foam cleanser

Remove overnight sebum without stripping the barrier. Water-based formulas work well for most acne-prone skin types.

2 Niacinamide serum

Anti-inflammatory, sebum-regulating, and barrier-supportive. Apply to damp skin before moisturizer.

3 Lightweight non-comedogenic moisturizer

Gel textures or fluid lotions for oily skin; cream textures if barrier impairment is present.

4 SPF 30+, every day

Post-inflammatory hyperpigmentation worsens dramatically with UV exposure. This step is non-negotiable.

Evening routine:

1 Double cleanse if wearing makeup or SPF

First pass removes surface products; second pass cleanses the skin itself.

2 Active treatment (on designated nights only)

Acid pad, azelaic acid, or retinol — not all three simultaneously. Rotate rather than layer.

3 Moisturizer

Slightly richer than the morning formula is acceptable. Focus on barrier support — ceramides, squalane, panthenol.

4 Spot treatment if needed

Sulfur-based spot treatment applied directly to active lesions after moisturizer.

The Most Common Home Care Mistakes

OVER-EXFOLIATION

Using acids daily, or combining multiple exfoliants, destroys the barrier and triggers reactive sebum overproduction. Acids should be used 2–3 times per week maximum during active treatment.

SKIPPING MOISTURIZER

Avoiding hydration on oily or acne-prone skin is one of the most damaging myths in skincare. A compromised barrier worsens acne, period.

INCONSISTENCY

Skin responds to consistency over weeks, not dramatic changes overnight. Switching products every few days resets any progress being made.

SKIPPING SPF

Post-inflammatory marks darken and persist far longer when the skin is unprotected from UV. SPF is a therapeutic tool, not a cosmetic one.

**MORNING**

**1. CLEANSE**
(Gentle cleanser)

**2. TREAT**
(Antioxidant or brightening serum)

**3. MOISTURIZE**
(Light, non-comedogenic)

**4. PROTECT**
(SPF 30+ every day)

**EVENING**

**1. CLEANSE**
(Remove dirt, oil, and makeup)

**2. TREAT**
(Active ingredients based on skin needs)

**3. MOISTURIZE**
(Repair and hydrate the skin)

**4. OPTIONAL**
(Targeted treatments 2–3 times per week)

CHAPTER TEN

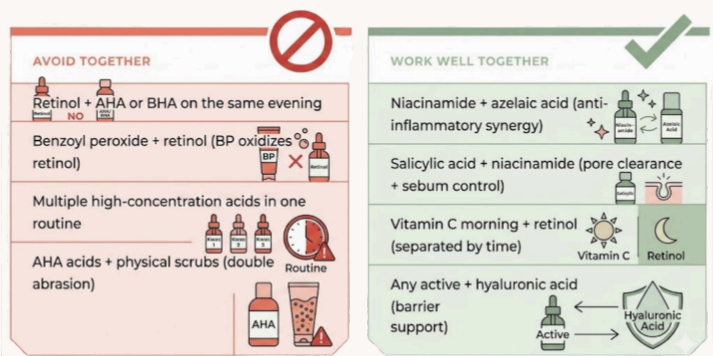
Active Ingredients

A precise guide to the compounds that drive results — what each one does, when to use it, and what not to combine.

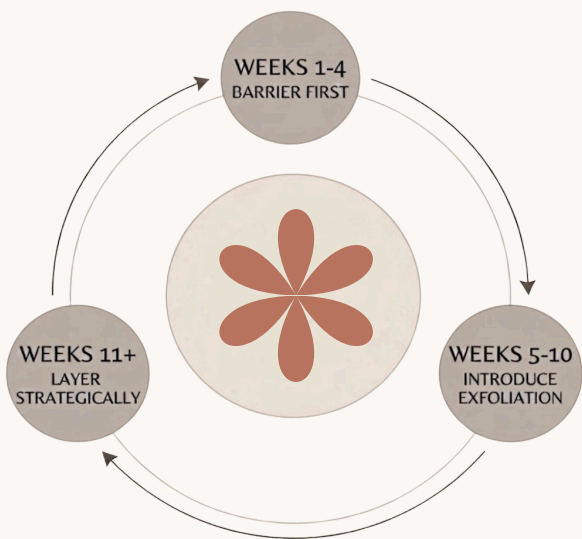
The right ingredient for your skin depends entirely on which mechanism needs addressing first — and the current state of your barrier.

INGREDIENT	TYPE	PRIMARY ACTIONS	BEST FOR	NOTES
Benzoyl Peroxide	Antibacterial	Kills C. acnes · Reduces inflammation · Clears pores	Inflammatory	Introduce slowly. May bleach fabric.
Azelaic Acid	Anti-inflam. / Antibact.	Reduces inflammation · Fades PIH · Antibacterial	Sensitive, Adult	Safe in pregnancy. Excellent for redness.
Salicylic Acid	BHA	Clears pores from inside · Dissolves sebum · Anti-inflam.	Comedonal, Mixed	Oil-soluble — uniquely effective deep in pores.
Mandelic Acid	AHA	Mild peel. Limits buildup.	Sensitive, First-time	Large molecule = slower, gentler action.
Lactic Acid	AHA	Mild exfoliation. Hydration. Texture improvement	Dehydrated, Post-acne	Humectant properties — good for dry skin types.
Glycolic Acid	AHA	Accelerates renewal · Reduces dense congestion · PIH	Dense Skin, Post-acne	Most potent AHA. SPF mandatory. Not for reactive skin.
Niacinamide	Vitamin B3	Regulates sebum · Strengthens barrier · Anti-inflam.	All Types	Universal compatibility. Safe in pregnancy.

Ingredient Combinations



The Introduction Sequence



Start by rebuilding your skin barrier with a gentle cleanser, niacinamide, and SPF before introducing any active treatments. Once stable, gradually incorporate mandelic or salicylic acid 2–3 times a week to exfoliate and monitor for progress. Finally, strategically layer advanced ingredients like azelaic acid or retinol to target persistent acne while maintaining a healthy, resilient complexion.

CHAPTER ELEVEN

Professional Treatments

When to go deeper — and how professional procedures fit into a systematic treatment plan.

A professional treatment is not a shortcut. It is a precisely timed intervention that amplifies what consistent home care has already built.

One of the most persistent misconceptions in acne care is that professional procedures can replace a good home routine. In practice, the opposite is true — a professional treatment performed on unprepared skin, or followed by inadequate home care, will produce results that fade within weeks. The procedure is the accelerant; the routine is the fuel.

What Professional Procedures Achieve

PORE CLEARANCE

Controlled extraction and chemical exfoliation clear congestion at a depth and precision that home care cannot replicate.

ACCELERATED RENEWAL

Professional-grade peels deliver actives at concentrations that produce measurable changes in cell turnover and texture in a single session.

INFLAMMATION REDUCTION

Targeted application of azelaic, salicylic, or TCA combinations can reduce active inflammation significantly between home care cycles.

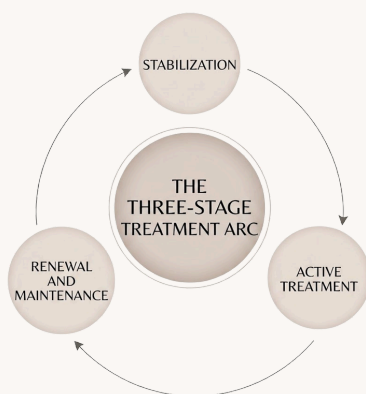
POST-ACNE CORRECTION

Once active acne is controlled, professional peels address hyperpigmentation, uneven texture, and shallow scarring with precision.

Treatment Intervals

Professional treatments in the Acne Balance Method are scheduled in alignment with the skin's natural renewal cycle — approximately every three to four weeks. More frequent sessions do not produce faster results; they produce barrier damage and increased sensitivity. Skin requires time between sessions to complete the renewal process that the treatment initiates.

The Three-Stage Treatment Arc



The treatment process begins with Stabilization, focusing on restoring the skin barrier and reducing inflammation through gentle home care without aggressive exfoliation. Once stabilized, the Active Treatment phase introduces clearing procedures like chemical peels and extractions, with plans adjusted at every visit to ensure progress. Finally, the Renewal and Maintenance stage shifts the focus to improving skin texture and resolving post-acne marks, utilizing higher-level actives to maintain long-term stability once active breakouts are controlled.

Important:

The sequence matters. Performing a deep exfoliating peel on skin with active inflammatory lesions increases inflammation, spreads bacteria, and risks post-inflammatory hyperpigmentation. Stabilization always comes first.

CHAPTER TWELVE

Professional Peels

Choosing the right peel for the right stage — and understanding what each formula is designed to accomplish.

The question is never which peel is "strongest." It is which peel addresses the mechanism that is most active in this skin, at this stage of treatment.

Professional peels are one of the most powerful tools in acne treatment when applied correctly — and one of the most frequently misused. Peel collection was developed specifically around the mechanisms of acne, with each formula targeting a distinct phase of the treatment arc.

Peel Range



Enzyme Peel

Gentle non-acid exfoliation. Dissolves dead skin cells, smooths surface texture, and instantly brightens the complexion.

Safe for all skin types, including hypersensitive or compromised skin. Ideal for Stage 1 or treatment preparation.



TCA Peel 5%

Mild renewal peel. Stimulates turnover, reduces comedonal congestion, improves overall texture. Well-tolerated entry point

sensitive or reactive skin types. Ideal for Stage 2 treatment.



TCA Peel 10%

More pronounced renewal. dense hyperkeratinization, addresses post-acne marks, e-skin tone. For skin with established barrier function and tolerance. Used in Stage 3.



Salicylic + Azelaic

Anti-inflammatory clearing peel. Reduces active lesions, controls sebum, clears pores, and minimizes redness. The primary peel for inflammatory or mixed acne during active treatment phases.

Professional chemical peel range offers tailored solutions for every stage of skin renewal. The TCA 5% provides a gentle entry point for sensitive skin, while the TCA 10% targets deeper texture issues and post-acne marks for more resilient types. For those battling active breakouts, our Salicylic + Azelaic blend effectively clears pores and reduces inflammation. Together, these treatments systematically improve skin tone and clarity by addressing specific concerns from congestion to hyperkeratinization. Choose the precise formula your skin needs to achieve a balanced, radiant complexion.

When to Use Each Peel

PEEL	TYPE	ACNE TYPE	CONTRAINDICATIONS
Enzyme	Stage 0-1	Sensitive, mild congestion, skin preparation	Open wounds, severe sunburn, active infections
Salicylic + Azelaic	Stage 1-2	Inflammatory, mixed, sensitive	Active eczema, open wounds, very reactive barrier
TCA 5%	Stage 2	Comedonal, mixed, postacne begins	Active inflammation, recent sun exposure, isotretinoin use
TCA 10%	Stage 3	Post-acne texture, PIH, dense congestion	Active acne, sensitive or reactive skin, recent procedures

Critical principle:

Peels accelerate what is already in motion. Used before the skin is prepared — before the barrier is functional and inflammation is reduced — they produce setbacks, not progress. The preparation phase is not optional.

CHAPTER THIRTEEN

THE ACNE BALANCE TREATMENT ALGORITHM

Navigating the step-by-step clinical pathway — and understanding how to tailor each phase for optimal skin correction.

Five progressive clinical stages from skin stabilization to long-term acne maintenance.

Acne correction is not a single procedure. Successful treatment requires staged progression based on the skin's current condition, inflammatory activity, barrier integrity, and patient compliance.

One of the most common reasons acne treatment fails is the use of aggressive interventions too early, before inflammation is controlled and the skin barrier is properly prepared.

The Acne Balance Method combines professional corrective procedures with structured home care progression to achieve stable, long-term skin improvement.

The five clinical stages of acne correction

STAGE 1 STABILIZATION AND BARRIER PREPARATION

1 Clinical Goal

Reduce irritation, calm inflammatory reactivity, restore barrier function, and prepare the skin for active correction.

2 Indications

- sensitized acne-prone skin
- impaired skin barrier
- redness, burning, dehydration
- over-exfoliated skin
- reactive inflammatory acne
- patients with a history of inappropriate aggressive product use

3 Clinical Focus

During this stage, aggressive peeling and extensive extraction should be avoided. The priority is stabilization, not rapid correction.

4 Professional Tools May Include

- H.A. Skin Lab Oxy Cleanser
- enzyme skin preparation
- barrier-supportive regenerative treatment
- H.A. Skin Lab Exosome Recovery Mask

5 Home Care Focus

- gentle acne-safe cleansing
- barrier support
- hydration
- elimination of irritating or comedogenic products

6 Transition Criteria

Progress to Stage 2 when skin sensitivity decreases, barrier function improves, and active irritation is controlled.

STAGE 2 ACTIVE INFLAMMATION CONTROL

1 Clinical Goal

Reduce inflammatory lesions, suppress active breakout progression, and normalize excessive sebum production and inflammatory activity.

2 Indications

- papular acne
- pustular acne
- active inflammatory breakouts
- painful inflamed lesions
- recurrent inflammatory flares

3 Clinical Focus

The objective is inflammation control with carefully selected keratolytic support while minimizing unnecessary irritation.

4 Professional Tools May Include

- H.A. Skin Lab Oxy Cleanser
- Salicylic + Azelaic Corrective Peel
- targeted anti-inflammatory correction
- H.A. Skin Lab Exosome Recovery Mask

5 Home Care Focus

- structured anti-acne home correction
- anti-inflammatory active ingredients
- strict treatment consistency

6 Transition Criteria

Progress when inflammatory activity is significantly reduced and skin tolerance is stable.

STAGE 3 CONGESTION CLEARANCE

1 Clinical Goal

Remove retained keratin buildup, clear follicular congestion, and address comedonal obstruction.

2 Indications

- closed comedones
- open comedones
- oily congested skin
- thickened keratinized skin
- mixed acne with persistent congestion

3 Clinical Focus

Controlled extraction and resurfacing may be introduced only after inflammation is reasonably controlled.

4 Professional Tools May Include

- H.A. Skin Lab Oxy Cleanser
- enzyme preparation
- skin softening / degreasing
- manual extraction after proper skin preparation
- TCA 5% corrective peel
- H.A. Skin Lab Exosome Recovery Mask

5 Home Care Focus

- H.A. Skin Lab Corrective Pads
- structured keratolytic maintenance
- acne-safe cleansing support
- revealing Peel Pads

6 Transition Criteria

Progress when congestion is reduced, extractions become minimal, and skin demonstrates improved texture and stability.

STAGE 4 RESISTANT ACNE CORRECTION

1 Clinical Goal

Address persistent resistant acne, recurrent congestion, and post-acne textural irregularities.

2 Indications

- resistant acne patterns
- recurrent congestion
- persistent uneven skin texture
- post-acne textural irregularities

3 Clinical Focus

More intensive corrective resurfacing should only be introduced once the skin barrier is stable and inflammatory activity is controlled.

4 Professional Tools May Include

- TCA 10% corrective resurfacing
- advanced corrective peeling protocols
- H.A. Skin Lab Exosome Recovery Mask

5 Home Care Focus

- H.A. Skin Lab Corrective Pads
- structured maintenance actives
- barrier support

6 Transition Criteria

Progress when acne activity is stable and the patient enters long-term maintenance.

STAGE 5 MAINTENANCE AND RELAPSE PREVENTION

1 Clinical Goal

Maintain skin clarity, prevent relapse, and support long-term acne control.

2 Clinical Focus

Acne management does not end when the skin clears. Maintenance is essential to reduce recurrence and preserve long-term results.

3 Professional Tools May Include

- maintenance corrective peels
- supportive professional treatments
- periodic skin reassessment

5 Home Care Focus

- H.A. Skin Lab Oxy Cleanser
- H.A. Skin Lab Corrective Pads
- H.A. Skin Lab Revealing Peel Pads
- acne-safe maintenance products
- trigger avoidance
- long-term consistency

The five clinical stages of acne correction

INFLAMMATORY ACNE PROTOCOL

For active papular / pustular acne

- H.A. Skin Lab Oxy Cleanser
- Anti-inflammatory skin preparation
- Limited extraction if clinically indicated
- Salicylic + Azelaic Corrective Peel
- H.A. Skin Lab Exosome Recovery Mask
- Reinforcement of structured home care

Comedonal / Congested Acne Protocol

For closed comedones, congestion, and resistant buildup

- H.A. Skin Lab Oxy Cleanser
- Enzyme preparation
- Skin softening / degreasing
- Manual extraction after proper skin preparation
- TCA 5% corrective peel
- H.A. Skin Lab Exosome Recovery Mask
- H.A. Skin Lab Corrective Pads for home maintenance

Sensitive / Reactive Acne Protocol

For acne patients with compromised barrier function

- Gentle cleansing with H.A. Skin Lab Oxy Cleanser
- Enzyme support therapy
- Barrier-focused regenerative treatment
- H.A. Skin Lab Exosome Recovery Mask
- Barrier repair home protocol

CHAPTER FOURTEEN

H.A SKIN LAB PRODUCTS FOR ACNE- PRONE SKIN

Understanding the mechanism of action — from rapidly clearing current blemishes to fortifying the skin's structure against future relapse.

Effective acne therapy restores skin function. We don't just reduce spots; we re-educate the skin to balance its biology, blending cellular function and barrier health.

- 1 Oxy Cleanser (Purifying / Exfoliating Cleanser)
Acid-based cleansing formula for acne-prone and congested skin

Action:

- gently removes excess sebum, impurities, and SPF/makeup residue;
- helps reduce clogged pores; (helps minimize pore clogging;)
- promotes gentle daily exfoliation of dead skin cells;
- supports a clearer skin texture;
- prepares the skin for subsequent acne-corrective products.

Recommended for:

Oily skin, combination skin, clogged pores, comedonal acne, inflammatory acne-prone skin.



2 Corrective Pads (Exfoliating Acne Pads)

Multi-acid corrective pads for pore clarification and breakout control

Action:

- help dissolve sebum and impurities inside the pores;
- reduce the formation of comedones (blackheads / whiteheads);
- help diminish inflammatory breakouts; (help reduce acne blemishes;)
- accelerate skin renewal; (speed up skin cell turnover;)
- help fade post-acne marks; (help brighten post-acne marks;)
- enhance the penetration of subsequent active products.

Recommended for:

Comedonal acne, oily skin, acne-prone skin, post-acne discoloration.



3 Cellular Renewal Mask Barrier-supporting recovery mask for acne-stressed skin

Action:

- helps soothe irritated skin;
- supports the restoration of the protective barrier;
- reduces the feeling of dryness after active acne correction;
- promotes more comfortable skin recovery;
- maintains the hydration balance.

Recommended for:

Sensitive acne-prone skin, post-exfoliation care, compromised barrier.



4 Revealing Peel Pads

Action:

- gently exfoliates and resurfaces the skin;
- helps remove dead skin cell buildup and refine the appearance of pores;
- helps clear clogged pores and reduce breakouts;
- improves skin tone, uneven texture, and supports healthy skin renewal;
- brightens the appearance of post-acne marks and discoloration;
- enhances the absorption of subsequent skincare products.

Recommended for:

Acne-prone skin, congested pores, uneven texture, post-acne marks, excess oil, and dull skin.



CHAPTER FIFTEEN

Acne Treatment Case Study

Understanding the lifecycle of post-acne changes — from persistent marks to structural scars — and the evidence-based methods to systematically restore skin clarity and smooth texture.

A case study in precision medicine. We do not apply a single solution to a multi-faceted issue; we calibrate therapy to address pigment, surface roughness, and dermal structure individually for optimal regeneration.

Case Study 1: Moderate Inflammatory Acne



Photos were taken before the start of treatment and after completion of the course at 4 months. The clinical photographs document the patient's skin journey from the initial baseline assessment to the final outcome. Prior to the start of the treatment, the left photo captures the extent of active inflammation and uneven skin texture. For a total of four months, the prescribed protocol was followed with systematic precision and consistency. Upon completion of the full course, significant visible improvements in both skin clarity and overall structural smoothness are clearly demonstrated.

Initial Skin Condition (Before Treatment)

-  Multiple inflammatory lesions
-  Closed comedones
-  Post-inflammatory erythema
-  Uneven skin texture
-  Increased sebum production



IN-OFFICE PROCEDURES

- Skin Preparation**
H.A. Skin Lab Purifying Cleanser. Removes excess oil, impurities, and prepares the skin is for extraction and corrective treatment.
- Keratin Softening / Preparation**
Enzyme Peel. Softens compacted keratin buildup, improves follicular release, and enhances extraction safety while minimizing unnecessary mechanical trauma.
- Extraction Phase**
Dry Cleansing Extraction Technique (Anastasiia Huk Method)
Controlled removal of impacted comedones and retained follicular debris with minimized barrier disruption.
- Corrective Peel**
TCA 5% Peel
Supports keratolysis, improves cellular turnover, reduces persistent congestion, and assists in normalizing follicular function.
- Recovery Phase**
H.A. Skin Lab Exosome Recovery Mask
Promotes barrier recovery, reduces post-procedure irritation, and improves healing response.



HOME CARE PROTOCOL

H.A. Skin Lab Purifying Cleanser

H.A. Skin Lab Corrective Pads
Active ingredients:
• Mandelic Acid, Lactic Acid, Salicylic Acid

Goals:

- daily keratolytic maintenance
- prevention of closed comedones
- oil regulation
- support of long-term acne correction

Clinical Results After 4 Months

-  Significant reduction in inflammatory lesions
-  Decrease in comedones
-  Improved skin texture
-  Reduced redness
-  More even skin tone

The combination of TCA peels and acid-based home care demonstrated high effectiveness in the treatment of inflammatory acne. The gradual increase in peel intensity (5% → 10%) allowed for a safe enhancement of therapeutic effects and resulted in sustained improvement of the skin condition.

Case Study 2: Inflammatory Acne with Comedonal Component



The clinical photographs provide a comparative analysis of the skin's condition before the initiation of therapy and after its successful conclusion. The initial baseline assessment, visible in the left image, highlights the specific inflammatory challenges present prior to treatment. This comprehensive protocol was executed with strict consistency over a dedicated four-month period. Following the completion of the course, a remarkable transformation is evident through the visible reduction of lesions and a refined, smoother skin texture.

Initial Skin Condition (Before Treatment)

- * Inflammatory papules and pustules
- * Closed and open comedones
- * Increased sebum production
- * Uneven skin texture
- * Post-inflammatory pigmentation

Treatment protocol - Case study 2



IN-OFFICE PROCEDURES

- 1. **Skin Preparation**
H.A. Skin Lab Purifying Cleanser Removes excess sebum, surface debris, and environmental impurities while preparing the skin for professional correction.
- 2. **Controlled Active Correction**
Salicylic + Azelaic Corrective Peel A targeted anti-inflammatory peeling protocol designed to reduce active lesions, dissolve follicular congestion, regulate sebum activity, and minimize post-inflammatory pigmentation.
Active Ingredients
 - **Salicylic Acid:** keratolytic, comedolytic, sebum-regulating
 - **Azelaic Acid:** anti-inflammatory, antibacterial, reduces hyperkeratinization, supports post-inflammatory discoloration correction
- 3. **Recovery Phase**
H.A. Skin Lab Exosome Recovery Mask
Supports post-procedure recovery, reduces visible redness, improves skin comfort, and enhances treatment tolerance.



HOME CARE PROTOCOL

- H.A. Skin Lab Purifying Cleanser**
Daily cleansing support to remove excess oil and maintain skin balance.
- H.A. Skin Lab Corrective Pads**
Active Ingredients
 - Mandelic Acid
 - Lactic Acid
 - Salicylic Acid
- Goals**
 - support controlled exfoliation
 - prevent new congestion
 - regulate oil activity
 - maintain professional treatment results

Clinical Results After 4 Months

- * Significant reduction in inflammatory elements
- * Decrease in the number of comedones
- * Improved skin texture
- * Lightening of post-inflammatory pigmentation
- * More even skin tone

The combination of the Anastasiia Huk extraction method, a course of chemical peels, and a regular home care routine demonstrated high efficacy in treating inflammatory and comedonal acne.

A consistent and systemic approach achieved a pronounced improvement in skin condition and reduced the risk of new inflammatory breakouts.

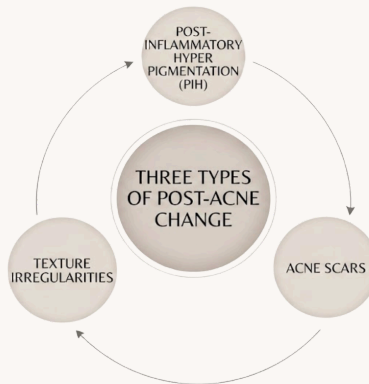
CHAPTER SIXTEEN

Working with Post-Acne

Marks, texture, and scars — what they are, why they form, and how to address them systematically.

Post-acne is not one condition. It is three distinct types of skin change — each requiring a different treatment approach.

Many clients experience significant distress from post-acne marks and texture long after active breakouts have cleared. This is understandable — the visual impact of post-inflammatory hyperpigmentation or uneven texture can be as significant as active acne itself. Understanding what each condition is, and what drives it, is essential for setting realistic expectations and choosing effective treatments.



Post-acne changes manifest as dark, flat PIH marks caused by excess melanin, which require strict SPF and brightening actives like vitamin C or azelaic acid. Texture irregularities, such as rough patches and enlarged pores, stem from disrupted cell renewal and are best treated through consistent exfoliation with AHAs.

In contrast, true acne scars involve structural damage to the dermis, resulting in depressed or raised areas that often necessitate advanced professional treatments like microneedling or lasers.

Post-Acne Treatment Tools



1. SPF — THE FOUNDATION

Without daily sun protection, PIH will not improve regardless of other treatments.

UV exposure triggers additional melanin production in already sensitized skin. SPF 50, applied daily, is non-negotiable during post-acne work.



2. AZELAIC ACID & VITAMIN C

Both inhibit melanin synthesis through different pathways. Using them in rotation — azelaic acid at night, vitamin C in the morning — produces better results than either alone.



3. GLYCOLIC ACID PADS & TCA PEELS

Accelerate cell renewal, bringing new, undamaged skin to the surface. The Glycolic Pads and TCA 5–10% peels are the primary for texture correction in the Acne Balance Method.

Timing matters:

Post-acne treatment begins only after active breakouts are under control. Treating pigmentation while new lesions continue to form is futile — each new inflammatory event produces new marks. Stage 4 of the treatment algorithm is the appropriate starting point.

CHAPTER SEVENTEEN

Common Mistakes

What consistently goes wrong in acne treatment — on both sides of the consultation.

Most treatment failures are not failures of products. They are failures of system — or failures of sequence.

After years of clinical practice, the patterns become clear. The same mistakes appear repeatedly — some made by clients acting on their own, others made by practitioners under pressure to produce visible results quickly. Understanding these patterns is as important as understanding the biology.

Client-Side Mistakes

1 SQUEEZING AND PICKING

The single most consistently damaging behavior. Mechanical disruption of the follicle wall spreads bacteria, deepens inflammation, and dramatically increases the risk of scarring and PIH. Even comedones that could be safely extracted professionally should not be squeezed at home.

2 OVERLOADING WITH ACTIVES

More is not better. Using multiple acids, retinoids, and antibacterial treatments simultaneously does not accelerate improvement — it guarantees barrier damage, reactive sebum production, and sensitivity that makes further treatment impossible.

3 INCONSISTENCY AND PRODUCT-HOPPING

Skin responds to consistency measured in weeks, not days. Switching products when results are not immediate resets any progress being made. Most effective treatments require 4–6 weeks of consistent use before results become visible.

4 COMEDOGENIC PRODUCTS

Using makeup or skincare formulations that contain pore-blocking ingredients while treating acne is directly counterproductive. Label analysis is part of the initial consultation for a reason.

Practitioner-Side Mistakes

SKIPPING DIAGNOSIS

Beginning treatment without a thorough assessment means the protocol is at best a well-informed guess. Diagnosis is not a formality — it determines every subsequent decision.

PREMATURE INTENSITY

Performing aggressive peels or extractions on reactive, barriercompromised skin produces setbacks, not results. Stabilization must precede active treatment.

ONE-SIZE PROTOCOLS

Applying the same procedure sequence to every client regardless of acne type or skin condition is not professional practice — it is product delivery. Typespecific planning is fundamental.

NO SYSTEM

Isolated procedures without a cohesive treatment strategy deliver temporary, inconsistent results. The procedure is the tool; the system is what produces change.

CHAPTER EIGHTEEN

Reading Cosmetic Labels

The ingredients to seek, the ingredients to avoid — and how to evaluate a product formula for acne-prone skin.

The most beautifully designed product can perpetuate acne if its formulation contains the wrong ingredients. Label literacy is a clinical skill.

Part of the initial diagnostic assessment in the Acne Balance Method is a review of every product the client is currently using. In a significant number of cases, something in the existing routine is actively contributing to congestion or inflammation. Identifying and removing it can produce visible improvements before a single new product is introduced.

Ingredients to Avoid in Acne-Prone Skin

HIGH-COMEDOGENICITY OILS

Coconut oil, cocoa butter, palm oil, soybean oil. Rich emollients that sit on the skin and block follicle openings — even in small concentrations for some individuals.

COMEDOGENIC ESTERS

Isopropyl myristate, isopropyl palmitate, myristyl myristate — frequently found in foundations and primers. Well-established pore-cloggers.

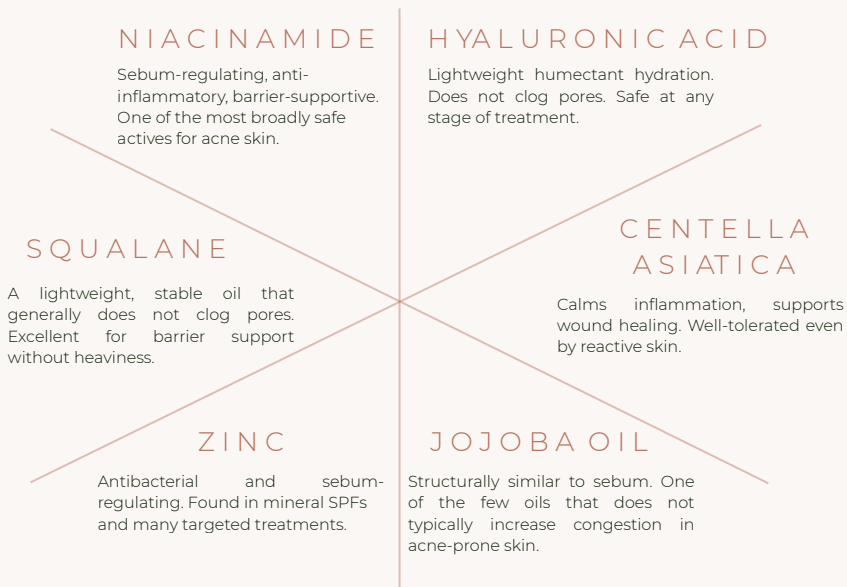
BARRIER-DISRUPTING SURFACTANTS

Sodium lauryl sulfate (SLS) in cleansers strips the barrier aggressively, triggering reactive sebum overproduction and increasing sensitivity to all other products.

LANOLIN

A moisturizing ingredient derived from wool — effective but highly comedogenic for many acne-prone individuals. Appears as lanolin, lanolin alcohol, or acetylated lanolin.

Ingredients That Acne-Prone Skin Tolerates Well



A Final Word

The Acne Balance Method is not about following rigid rules or chasing trends. It is about building a clear, evidence-based understanding of how acne truly works — its causes, underlying mechanisms, and the factors that influence it. With that knowledge, you can make more informed and intentional decisions, not only about skincare products, but also about treatments, timing, and lifestyle habits such as diet, stress, and sleep.

Clear skin is achievable for the vast majority of people who struggle with acne. However, the process is rarely quick or simple. It requires patience, consistency, and a willingness to approach the skin holistically rather than relying on quick fixes or single solutions.

This is not a random journey, but a structured and systematic process. A well-designed system, tailored to the individual and followed consistently over time, will always deliver better and more lasting results than any single product ever could.