



THE AGA KHAN UNIVERSITY

eCommons@AKU

Internal Medicine, East Africa

Medical College, East Africa

January 2008

The concept of skin bleaching in Africa and its devastating health implications

Melanie de Souza
Aga Khan University

Follow this and additional works at: http://ecommons.aku.edu/eastafrica_fhs_mc_intern_med



Part of the [Dermatology Commons](#)

Recommended Citation

de Souza, M. (2008). The concept of skin bleaching in Africa and its devastating health implications. *Clinics in Dermatology*, 26, 27-29.
Available at: http://ecommons.aku.edu/eastafrica_fhs_mc_intern_med/4



The concept of skin bleaching in Africa and its devastating health implications

Melanie Miyanji de Souza, MD*

The Aga Khan University Hospital, 00202 Nairobi, Kenya

Abstract Africa is considered a continent of mystery and intrigue with absurd concepts and beliefs. Cosmetic dermatology is no less intriguing than other issues. While quick judgement may be passed condemning attitudes and misconceptions in this field, we need to analyze factors that contribute to such ideas. Acquiring a lighter skin forms the basis of Skin Care and Cosmetology in dark skinned people. This regrettably has far reaching devastating effects on health and individual finances. This in return has enriched unscrupulous stake holders. Help from the international medical fraternity and the pharmaceutical/cosmetology industry is required to end this evil.

© 2008 Elsevier Inc. All rights reserved.

Introduction

The quest for beauty and beautiful skin knows no boundaries and extends across race, sex, and all age groups. Beautiful, even-toned, blemish-free skin is everybody's dream.

Cosmetology and skin care existed in Africa centuries ago, as documented in archives. The use of basic, locally available substances or sophisticated imported products depended on availability and affordability.

Skin color was at one time used as a criterion to define race, ethnic grouping, and tribes. Today, the distinct color lines are blurred and continue to have less definite racial implications as intermarriages across continents and ethnic groups become more common.

One may simplify the desire for a lighter skin color, believing that human nature admires what others have—light-skinned persons wish to get browner. The “idolization” of a whiter skin is more complicated, however.

Factors that contributed to the concept of skin bleaching

Three to 4 decades ago, the concept of skin bleaching was kindled in Africa—a distorted view to change to a lighter, more attractive skin color. This falsity has spread right through the sub-Saharan continent, extending from east to west and north to south.

Acquiring whiter skin was not only an obsession but a craze that has left several persons with devastating disfiguring, self-destructive injury to the skin and body at large, even leading to death. Whereas society and the international community condemn this concept, let us analyze factors that led to it.

Memories of historical overtones of colonization, slavery, discrimination, mistreatment, and color rating in social class—against dark skin—and better job opportunities, executive positions, and chances in beauty pageants favoring those with less skin pigmentation are factors that upheld the supremacy of white skin.¹

Billboard advertising in Africa for a long time portrayed white-skinned individuals as “icons” of beauty, and so did the print and electronic media. The cosmetic industry, until

* Doctors Plaza, Aga Khan University Hospital, PO Box 20714, Nairobi 00202, Kenya.

E-mail addresses: melmiy@nbi.ispkenya.com; melsouz@yahoo.com.

recently, was not known to produce color cosmetics to suit dark skin, hence the idolization of white skin, and skin bleaching was considered a means to affluence, respect, and a better lot in life.¹

An industry that grew

To fulfill this desire for lighter skin, the most unconventional and absurd methods of “cosmetic care” were being used: “herbs;” muds; soil; caustic noxious chemicals, substances, and procedures; and mixtures in clay pots and over open fires were first started by individuals and their families.

Skin bleaching has grown to a full-blown international industry with syndicates involving overseas markets. Many unscrupulous stakeholders cashed in on this human weakness, advertising, producing, and marketing products; enriching themselves; and endangering the life of the naive gullible consumer.

Whereas local cosmetic producers gained from this, there was a dumping of products from overseas industries of substandard, toxic substances not passed for human use in their country of origin.

Difficulties encountered in the battle against this

Practice

Owing to the nature and medical and legal unacceptability of the practice, a lot of secrecy shrouds the production and sale of the merchandise. In Africa, and other countries where the absurd concept of skin bleaching is entertained by a sector of the public, legislation on such products has been scanty or not vigorously enforced.

Counterfeit products, adulteration of branded products, strict-prescription dermatologic/medical products given out by pharmacies on patient demand or sold in back streets, and some physicians being known to give out concoctions with no known formula of contained ingredients are ways that perpetuated and strengthened this obnoxious practice.

Those subjected to the ill effects of such products would shy away from medical attention, and those seeking medical help are not forthcoming and revealing with their history. Hence, knowledge of what was used is difficult for the physician.²⁻⁵

Analysis of substances and products as to their content and ingredients is costly and often an impossibility. Some substances used for skin bleaching purposes were mercury, lead, hydroquinone, hydrogen peroxide, corticosteroids, polyhydroxy acids, azelaic acid, phenols, solvents, salicylic acid, dubious ingredients extracted from plants or animals, soil, and concoctions of unknown chemicals. A recent

review on the potential hazards of hydroquinone, including cancer, was published elsewhere.⁶ These concoctions are produced as lotions, milk, creams, pomades, ointments, gels, soaps, and even oral formulations. They contain a mixture of a variety of substances, which perhaps even interact among themselves, causing more toxic reactions in the users.

Damage produced depends on the extent of use: some use them only on exposed skin—face, neck, arms—whereas most apply the formulation all over the entire skin surface. This is a time-consuming exercise because it is a daily ritual, but that is how far people go to achieve a dream.

Medical complications

Side effects are more pronounced on thin, highly vascularized skin and in the folds, face, eyelids, axillary areas, and groin, which show nasty rashes before the rest of the skin. The severity also depends on toxicity, concentration, duration of use, number of products used at one time, concomitant topical and systemic therapy for other conditions, and skin sensitivity.^{2,4}

Skin diseases and other medical conditions make the skin more vulnerable to skin bleaching preparations. One’s lifestyle—exposure to workplace, home environment, leisure, contact with aggressive environmental conditions, charcoal fires, sunlight, dryness, lack of fresh air, and pollution—all compound the effects of the unknown substances used on the skin.

Damage produced includes skin atrophy, thinning, and breaking, giving rise to keloidal scarring, payroll dermatitis, contact allergic and irritant dermatitis, acneiform eruptions, striae, hypertrichosis, telangiectasias, and infections—fungal (*Candida*, dermatophyte) and bacterial (pyoderma, folliculitis, furuncles, impetiginous lesions, erysipelas).^{2,4,5}

Unusual presentation of scabies, pediculosis, warts (verruca, molluscum contagiosum), photosensitive dermatitis, burns, ochronosis, and cobbling have been seen. A whole array of self-induced dermatologic conditions may happen. Absorption of harmful substances can lead to organ failure and death by poisoning.^{3,5,7}

It is our guess that hydroquinone and corticosteroids are the most commonly misused.

An attempt to withdraw from their use gives an immediate flare-up of unsightly rashes, which discourages persons from stopping, because they cannot deal with the rebound and withdrawal signs and symptoms. The patients would rather not seek medical help and continue use.

Addressing the issue

After several years of grappling with this issue, against all odds, by educating the public and health workers, using the

local and foreign media, and trying to alert government authorities, we have made headway.

In May 2001, skin bleaching products were banned in Kenya. Other neighboring countries followed, and some are in the process of doing so. Some African countries impose fines and penalties for those found marketing or even using such products.

Although this practice continues, it is to a much less extent. The good news is that many consumers are aware of what they purchase and use. Some who were victims of such a practice have visited physicians for help. This is a first important step for consumer safety.

The way forward

Law enforcement—proper surveillance and continued information to the consumer—is necessary to wipe out this

scourge. The responsibility and challenge lies with dermatologists and other health workers.

References

1. Westerhof W. A few more grains of melanin. *Int J Dermatol* 1997;36:573-4.
2. Faye O, Keita S, Diakit  FS, Konar  HD, Ndiaye HT. Side effects of depigmenting products in Bamako, Mali. *Int J Dermatol* 2005;44(Suppl 1):35-6.
3. Mahe A, Ly F, Perret J-L. Systemic complications of the cosmetic use of skin bleaching products. *Int J Dermatol* 2005;44(Suppl 1):37-8.
4. Pitch  P, Kombat  K, Tchangai-Walla K. Cosmetic use of skin-bleaching products and associated complications. *Int J Dermatol* 2005;44(Suppl 1):39-40.
5. Ajose FAO. Consequences of skin bleaching in Nigerian men and women. *Int J Dermatol* 2005;44(Suppl 1):41-3.
6. Kooyers TJ, Westerhof W. Toxicology and health risks of hydroquinone in skin lightening formulations. *J Eur Acad Dermatol Venerol* 2006;20:777-80.
7. Karamagi C. Hydroquinone neuropathy following use of skin bleaching creams. *East Afr Med J* 2001;78.