Mineral Make-Up Melbourne - Me Clinic

Canonical: https://www.meclinic.com.au/skin/skin-rejuvenation-and-treatments/mineral-make-up/

Details:

Mineral make-up uses finely milled mineral pigments — principally zinc oxide, titanium dioxide and iron oxides — instead of the oils, silicones and synthetic pigments in many conventional cosmetics.

Those minerals sit on the surface of the skin rather than sinking into it, which is why mineral formulations are generally better tolerated by skin that is reactive, recently treated or prone to congestion.

Based on laboratory testing, our range is non-comedogenic (formulated not to block pores) and oil-free. It is used as concealer, foundation and finishing powder.

What the three minerals actually do

Worth knowing, because it explains what mineral make-up can and cannot be relied on for.

Mineral	What it is doing
Zinc oxide	A physical UV filter and the main source of opacity. Also mildly soothing, which is part of why it suits irritated skin.
Titanium dioxide	A physical UV filter and a brightener. Highly reflective, which is why heavy application can leave a pale cast, particularly in flash photography and on deeper skin tones.
Iron oxides	The colour. Red, yellow and black iron oxides are blended to make every shade. They are also the only ingredient here that meaningfully absorbs visible light rather than ultraviolet.

That last point has a practical consequence. Ultraviolet is not the only light that drives pigmentation — visible light, including the light from a window on an overcast day, contributes to melasma and to post-inflammatory pigment. Ordinary untinted sunscreen filters UV and lets visible light straight through. A tinted mineral product worn over sunscreen adds a layer of protection that the sunscreen underneath does not provide. For melasma specifically, that is not a marketing line; it is the reason tinted cover is recommended to this group rather than simply permitted.

Why a clinic stocks make-up at all

It is not an afterthought at the counter. Mineral make-up does specific jobs in a treatment plan:

After a treatment. Skin that has had a peel, laser, needling or a lesion removed needs cover that will not irritate it or block healing follicles. Mineral formulations are the usual answer.

While a course works. Pigmentation, redness and acne treatments take weeks to months. Cover in the meantime is a reasonable thing to want, and it should not be sabotaging the treatment.

For acne-prone skin. Heavy occlusive foundation worsens congestion. Non-comedogenic mineral cover does not.

For redness. Green-toned mineral products neutralise red more effectively than adding more coverage.

For sensitive and reactive skin , including rosacea , where fragrance and some preservatives are poorly tolerated.

As camouflage for birthmarks , scars and pigmentation that is being managed rather than removed.

What the words on the packet mean, and do not mean

Cosmetic labelling is far less regulated than medicine labelling, and several of the terms that sell mineral make-up carry no fixed definition at all. None of this makes the products worse; it means the claim is not the reason to choose one.

“Mineral” is not a protected term. A product can be called mineral while containing a substantial proportion of other ingredients. Read the list, not the front of the packet.

“Natural” and “chemical-free” mean nothing useful. Zinc oxide is a chemical, mined ingredients are processed before use, and being naturally occurring says nothing about how skin will tolerate something — poison ivy is natural.

“Hypoallergenic” has no agreed standard behind it. It is not a promise that you will not react.

“Non-comedogenic” does have a basis — it comes from laboratory testing of whether a formulation blocks pores — but it describes the formulation, not your individual skin.

An SPF number on a make-up product is measured under laboratory conditions using a thickness of product almost nobody applies. See below.

The honest reason to use mineral make-up on treated skin is that it sits on the surface, contains fewer of the ingredients that irritate reactive skin, and washes off easily — not that it is natural.

Sun protection, accurately

Zinc oxide and titanium dioxide are physical UV filters, so mineral make-up gives some protection — but it is not a substitute for sunscreen , and no one should treat it as one.

The reason is practical: the quantity of make-up people apply is a fraction of the amount needed to achieve a tested SPF, and it is rarely reapplied through the day. In Australia, only a product carrying a TGA-listed SPF rating, applied and reapplied properly, should be relied on for sun protection.

Use a broad-spectrum SPF 30 or higher sunscreen first, then mineral make-up over it. The make-up is a useful additional physical barrier, particularly against visible light in melasma — not the primary defence. The term sunblock is not used in Australia, because no product blocks all UV.

Using it after a procedure

Follow the specific instructions you are given, which differ by treatment. As a general guide:

No make-up at all on broken skin, an open wound or an unhealed treatment site

After microdermabrasion or epidermal levelling — usually the same day

After skin needling — usually after 24 hours

After peels and laser — when your practitioner says the skin has closed, which may be several days

Apply with clean hands or a clean brush; wash brushes regularly

Remove gently at the end of the day with a mild cleanser

Press, do not buff

The usual way to apply powder is to sweep and buff it in with a brush. On recently treated skin that is mechanical exfoliation of a surface that is still repairing, and it is the most common way people set their own recovery back a few days.

On healing skin, press the product on instead — a clean flat brush, a clean sponge or clean fingertips, straight down and lift, working in overlapping patches rather than strokes. Build in thin layers rather than one heavy one. Removing it works the same way: soften with a mild cleanser and lift it off, rather than rubbing.

Covering a bruise or redness: which colour does what

Bruising after an injectable or a minor procedure is common, expected, and the thing people most often want to hide before going back to work. Adding more foundation to a bruise makes it grey. Neutralising the colour first, then covering, works far better — and it is worth knowing which is which before you stand in front of a shelf.

What you are covering	Correct with
Redness — rosacea, post-treatment flush, an inflamed spot	Green
A fresh bruise, blue or purple	Peach or salmon on lighter skin; deeper orange on deeper skin
A bruise turning green or yellow	Lavender or a light peach
Brown pigment and dark circles	Peach to orange, matched to depth of skin tone
A red or pink new scar	Green, then cover

Apply the corrector only on the mark itself, thinly, press it in, then take foundation over the whole area so there is no edge. Set lightly with powder. The aim is to neutralise, not to hide with thickness — a thick patch draws more attention than the bruise did.

None of this should go on an open wound or an unhealed suture line. Bruising away from the wound is fine; the wound itself is not.

Getting it matched

Shade matching is worth doing in person rather than guessing online, and it is part of a skincare consultation.

Match in daylight where possible, not under clinic lighting alone.

Match to the jawline , not the back of the hand, which is usually a different tone.

Bring what you currently use , so the match accounts for what you are moving from.

Expect your shade to shift with the seasons — a summer and winter shade is normal, not a sales tactic.

Ask about green-toned correction if redness rather than coverage is the problem.

Check it in a photograph before you commit. Titanium dioxide is highly reflective, and a shade that looks right in the mirror can flash back pale under a camera flash — more noticeably on deeper skin tones.

Is it right for you?

Clear yes: recently treated skin, active acne, rosacea or reactive skin, or anything you want covered while a course of treatment runs.

Clear yes: pigmentation or a birthmark being managed rather than removed, where cover is the point.

Not a treatment: if you want the underlying condition changed, this is not that, and it should never be sold as one.

Not your sunscreen: if it is the only sun protection you use, you are under-protected.

Who it suits, in practice

Acne-prone skin. The main reason many people switch. Heavy occlusive foundation makes congestion worse, and stopping make-up altogether is not a realistic instruction for most people, so a non-comedogenic surface product is the workable middle.

Rosacea and reactive skin. Fewer of the ingredients that trigger flares, plus green correction that works with the colour rather than burying it.

Melasma. The group with the strongest reason to wear a tinted product every day, because of the visible-light protection iron oxides give.

After surgery, once healed. A maturing scar is red for months. Cover over a closed, healed scar is reasonable and does no harm — over an unhealed one it is an infection risk.

Men. Coverage of a scar, a birthmark or post-procedure bruising is not a gendered request and is matched the same way. A finishing powder alone, without foundation, is often all that is wanted.

People having laser or IPL. Skin must be completely clean of make-up before treatment, so plan around the appointment rather than removing it in the treatment room.

Hygiene and replacing products

This matters more than usual when skin is being treated or is healing.

Wash brushes regularly — they collect skin cells, oil and bacteria, and a dirty brush on treated skin is an avoidable infection risk.

Do not share brushes or products, particularly around the eyes.

Replace anything used on an infected or broken area rather than reusing it.

Check expiry and open-jar dates ; mineral powders last well but they are not indefinite.

Replace anything used during a cold sore or eye infection , including the applicator, once it has resolved.

What it does and does not do

It does: provide cover that is unlikely to irritate or congest, add a degree of physical sun protection, and give a finish that sits well on skin being actively treated.

It does not: treat any skin condition, replace sunscreen, clear acne, or change the skin underneath. It is cosmetic cover, well chosen for the job. Individual results vary.

What sits outside this

We do not sell make-up as a treatment , and no product here will be described to you as clearing, curing or fading anything.

We do not provide medical tattooing or permanent camouflage. Where that is the right answer it is referred.

We do not recommend make-up as a reason to postpone assessment of a lesion. Anything being covered because it is changing should be looked at first.

We do not apply make-up to unhealed skin , and will say so rather than sell you something you cannot yet use.

What you should leave with

A shade matched in person, and a note of which product and shade it is

When you can start using it after your specific treatment

How to apply and remove it while skin is healing

A clear statement that it sits over sunscreen rather than replacing it

Which corrector, if any, suits what you are covering

Risks

Allergic or irritant reaction — uncommon, but no product is non-reactive for everyone; patch test if your skin is sensitive

Congestion if applied too heavily or not removed properly

Infection risk from applying make-up to broken or healing skin

Dryness with some powder formulations on already-dry skin

Setting back healing by buffing rather than pressing product onto recently treated skin

A false sense of sun protection if relied on instead of sunscreen

Cost and buying

Products are priced individually and are available at the clinic and through the Me Clinic shop. Shade matching and application advice are part of a skincare consultation — as at September 2024 and including GST, a skin assessment is $50.

Two shades across a year is normal rather than a sales tactic, and a corrector is a small purchase that lasts a long time because so little is used at a time. Nothing here is sold as a course or a subscription.

Booking

Me Clinic, 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050 or (03) 9569 3511, or use the online consultation form .

Related: cosmeceutical skincare , acne , all skin treatments .

Common questions about mineral make-up

What is mineral make-up?

Make-up using finely milled mineral pigments — principally zinc oxide, titanium dioxide and iron oxides — instead of the oils, silicones and synthetic pigments in many conventional cosmetics.

Why is it better tolerated?

Because the minerals sit on the surface of the skin rather than sinking into it, which suits skin that is reactive, recently treated or prone to congestion.

What does each mineral do?

Zinc oxide is a physical UV filter and the main source of opacity, and is mildly soothing. Titanium dioxide is a physical UV filter and a brightener, and is highly reflective. Iron oxides provide the colour.

Why do iron oxides matter for melasma?

Because they are the only ingredient here that meaningfully absorbs visible light rather than ultraviolet. Untinted sunscreen filters UV and lets visible light through, and visible light contributes to melasma — so a tinted product over sunscreen adds protection the sunscreen does not give.

Does mineral make-up replace sunscreen?

No. People apply a fraction of the amount needed to achieve a tested SPF and rarely reapply it. Use a broad-spectrum SPF 30 or higher sunscreen first, then make-up over it.

Is “mineral” a regulated word?

No. A product can be called mineral while containing a substantial proportion of other ingredients. Read the ingredient list rather than the front of the packet.

What about “natural” and “chemical-free”?

They mean nothing useful. Zinc oxide is a chemical, mined ingredients are processed before use, and being naturally occurring says nothing about how skin will tolerate something.

Does “hypoallergenic” mean I will not react?

No. There is no agreed standard behind the term.

What does “non-comedogenic” mean?

It comes from laboratory testing of whether a formulation blocks pores. It describes the formulation, not your individual skin.

Then why use it on treated skin?

Because it sits on the surface, contains fewer of the ingredients that irritate reactive skin, and washes off easily — not because it is natural.

When can I wear make-up after a treatment?

Never on broken skin, an open wound or an unhealed site. Usually the same day after microdermabrasion or epidermal levelling; about 24 hours after needling; and after peels and laser only

when your practitioner says the skin has closed, which may be several days.

How should I apply it to healing skin?

Press, do not buff. Sweeping a brush across recently treated skin is mechanical exfoliation of a surface that is still repairing. Press straight down and lift, in overlapping patches, building thin layers.

How should I remove it?

Soften with a mild cleanser and lift it off rather than rubbing.

How do I cover a bruise after an injectable?

Neutralise the colour first, then cover. A fresh blue or purple bruise takes peach or salmon on lighter skin and a deeper orange on deeper skin; a bruise turning green or yellow takes lavender or light peach. Apply the corrector only on the mark, press it in, then take foundation over the whole area so there is no edge.

What covers redness?

Green. It neutralises red far more effectively than adding more coverage does.

Can I put concealer over a fresh scar?

Over a closed, healed scar, yes — green first, then cover. Over an unhealed wound or suture line, no; that is an infection risk.

How should I get matched?

In daylight where possible, to the jawline rather than the back of the hand, bringing what you currently use. Expect a summer and a winter shade.

Why does my foundation look pale in photographs?

Titanium dioxide is highly reflective and can flash back under a camera flash, more noticeably on deeper skin tones. Check a shade in a photograph before committing to it.

Does it help acne?

It does not treat acne. What it does is avoid making congestion worse, which heavy occlusive foundation does — a realistic middle ground between a bad product and abandoning make-up altogether.

Can men have this?

Yes, and it is matched the same way. Covering a scar, a birthmark or post-procedure bruising is not a gendered request, and a finishing powder alone is often all that is wanted.

Do I need to remove it before laser or IPL?

Yes, completely. Plan around the appointment rather than removing it in the treatment room.

How do I keep it hygienic?

Wash brushes regularly, do not share brushes or products, replace anything used on an infected or broken area, check expiry and open-jar dates, and replace anything used during a cold sore or eye infection once it has resolved.

What are the risks?

Allergic or irritant reaction, uncommon but possible; congestion if applied too heavily or removed poorly; infection if applied to broken or healing skin; dryness from powders on dry skin; setting back healing by buffing rather than pressing; and a false sense of sun protection if it is relied on instead of sunscreen.

What does it cost?

Products are priced individually and are available at the clinic and through the Me Clinic shop. Shade matching and application advice are part of a skincare consultation; a skin assessment is $50 as at September 2024, including GST.

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.