

FOUNDER'S EDITION

The ClearScalp Protocol

The Complete Guide to Beating Seborrheic Dermatitis

A pragmatic, evidence-led handbook for calming flares, choosing products intelligently, and staying clear long term.

44-page
printable guide

14-day reset
protocol

Scalp and face
playbooks

OTC and
prescription
roadmap

Created for ClearScalp

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BEFORE YOU START

How To Use This Guide

This guide is educational. It is built to help you use evidence intelligently, choose products with less confusion, and implement a repeatable protocol for scalp and facial seborrheic dermatitis.

It is not a substitute for a medical exam. If your diagnosis is uncertain, your rash is severe or infected, or you are losing hair, use the protocol carefully but seek clinical review.

The highest-value move is simple: pick a start date, strip your routine down, and follow the 14-day reset before you decide whether the plan is working.

FAST START

1. Choose one primary scalp or facial antifungal.
2. Keep the rest of the routine bland for 14 days.
3. Track triggers, symptoms, and response.
4. Taper into maintenance instead of stopping abruptly.

DISCLAIMER

This material is for educational purposes only and is not medical advice, diagnosis, or treatment. Always read product labels and use prescription medicines only as directed by a licensed clinician.

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The 3-Phase Framework

DAYS 1-14

Phase 1: Calm The Flare

Reduce yeast load, decrease inflammation, and stop the product chaos that keeps the cycle going.

Use one antifungal wash or shampoo on schedule, not randomly. Most people do best with 2 to 4 treatment days per week and a 5-minute contact time before rinsing.

Keep the rest of the routine plain: gentle cleanser, lightweight moisturizer, and fragrance-free styling only if needed.

Use a short rescue anti-inflammatory only if the skin is burning, intensely itchy, or visibly inflamed. Keep face steroid use brief and minimal.

Track every trigger and every product for two weeks so you can separate correlation from noise.

WEEKS 3-6

Phase 2: Rebuild The Barrier

Once the flare is quieter, shift from aggressive treatment to repeatable maintenance.

Reduce treatment frequency gradually instead of stopping the moment you look better.

Add barrier support: ceramide-rich moisturizer, gentle cleansing, and scalp products without heavy

fragrance if you can tolerate them poorly.

Patch test anything new. Seborrheic dermatitis often coexists with irritant dermatitis, and the overlap matters.

Keep one proven flare-rescue option on hand so you can intervene early rather than waiting for a full relapse.

ONGOING

Phase 3: Stay Clear

Seborrheic dermatitis is usually controlled, not permanently cured. Long-term success depends on maintenance.

Continue an antifungal maintenance wash 1 to 2 times weekly or at the lowest frequency that keeps you stable.

Rotate routines with the season. Winter dryness and stress-heavy periods often need more support.

Treat the entire seborrheic pattern, not just the spot screaming the loudest. Hairline, eyebrows, beard area, behind the ears, and chest often flare together.

Escalate to a dermatologist if the condition stops behaving like seborrheic dermatitis or does not respond after 4 to 6 weeks of disciplined treatment.

What Seborrheic Dermatitis Actually Is

Understand the mechanism before you chase cures.

Seborrheic dermatitis is not just dry skin and it is not simply poor hygiene. It is a chronic inflammatory condition that tends to show up in oil-rich areas: scalp, eyebrows, around the nose, beard area, ears, chest, and sometimes the upper back.

The working model: yeast, oil, barrier, inflammation

The best modern model is a four-part loop.

Malassezia yeast lives on normal human skin, feeds on lipids, releases irritating metabolites, and in susceptible people triggers an outsized inflammatory response. That response is amplified when the skin barrier is already fragile or when the local environment is especially oily.

That is why seborrheic dermatitis behaves differently from person to person. Two people can have the same yeast on the skin, but only one gets the itch, redness, waxy flakes, and recurring flare pattern. The difference is not cleanliness. It is susceptibility.

A practical implication follows from this: treatment works best when you lower the yeast burden and calm inflammation at the same time. Focusing on only

one side of the equation usually leaves people stuck in the relapse loop.

- Malassezia is involved, but seborrheic dermatitis is not a classic infection.
- Inflammation matters as much as scale.
- Barrier damage makes almost every treatment sting more and work worse.

Typical symptoms and pattern recognition

The classic pattern is greasy or powdery flaking with itch and pink or red inflammation. On lighter skin the area may look pink or salmon colored; on darker skin it may appear hypopigmented, hyperpigmented, or simply look like persistent flaky irritation with less obvious redness.

The scalp is the most common site, but the face is often the most frustrating because facial skin is thinner and far less tolerant of aggressive treatment. The eyebrows, crease of the nose, beard region, hairline, behind the ears, and the outer ear are common hot spots.

- Scalp dandruff and seborrheic dermatitis overlap; seborrheic dermatitis is the more inflamed end of the spectrum.
- Flares are common in cold weather, stressful periods, and times of disrupted routine.
- Symptoms often improve, then recur, which is why people mistakenly think treatment 'stopped working'.

Common triggers that raise the volume

Triggers do not create the condition from nothing, but they often determine whether it stays quiet or flares hard. Weather shifts, sweat, occlusive hats, fragranced hair products, harsh cleansers, stress, alcohol binges, illness, and sleep disruption all show up repeatedly in real-world flare histories.

Neurologic disease, immunosuppression, and HIV are associated with more severe seborrheic dermatitis, which is another reason severe or unusual cases deserve medical review instead of endless self-experimentation.

- Winter and dry indoor heat commonly worsen facial irritation.
- Product build-up can matter as much as the active ingredient in the shampoo bottle.
- Stress is not imaginary here; it meaningfully shifts inflammation and skin behavior.

What it is not

Seborrheic dermatitis is frequently confused with psoriasis, rosacea, perioral dermatitis, allergic contact dermatitis, and fungal infection such as tinea. If you are seeing thick silvery plaques, painful cracking, pustules, patchy hair loss, or ring-shaped lesions, do not assume it is standard seborrheic dermatitis.

If the diagnosis is wrong, even a technically correct seborrheic dermatitis protocol will disappoint. That is why any guide worth paying for should tell you when to stop guessing and get examined.

CAUTION

Seek medical care sooner if the rash is rapidly worsening, oozing, painful, infected, or associated with significant hair loss.

KEY TAKEAWAYS

Seborrheic dermatitis is a chronic inflammatory condition with *Malassezia* involvement.

It usually needs both antifungal and anti-inflammatory thinking.

Triggers matter, but diagnosis matters first.

The Mistakes That Keep People Stuck

Most chronic flares are maintained by habits, not bad luck.

People rarely fail because they did nothing. They fail because they did too many conflicting things, changed products too fast, or leaned on a short-term rescue tool as if it were a long-term plan.

Mistake 1: relying on steroids and never addressing the yeast component

A mild topical steroid can make seborrheic dermatitis look better fast because it reduces redness and itch. That speed is exactly why people overuse it. But steroids do not solve the ongoing *Malassezia*-driven part of the process, and repeated use on the face invites rebound, thinning, and a more complicated rash picture.

Think of steroids as a fire extinguisher, not a heating system. They are rescue tools. If your routine needs them every week just to stay presentable, the protocol underneath is wrong or incomplete.

Mistake 2: treating only when the flare is unbearable

Seborrheic dermatitis usually punishes inconsistency. Many people wait until the scalp is snowing or the sides of the nose are bright red, then they use a medicated product twice, get partial relief, stop, and repeat the cycle a week later.

Maintenance is not optional. Once you find an active ingredient that works, the goal is to taper to a low,

Mistake 3: over-cleansing, over-exfoliating, or chasing a squeaky-clean feeling

sustainable frequency, not quit completely every time you improve.

Inflamed skin loves predictability and hates over-correction. Scrubs, acids, long hot showers, alcohol-based toners, and harsh shampoos can strip the barrier enough to make every proven treatment harder to tolerate.

A lot of 'treatment resistance' is actually irritated skin reacting to the full routine, not failure of the antifungal itself.

Mistake 4: using the wrong moisturizers and styling products

Very heavy oils, waxes, pomades, fragranced serums, and leave-ins can make scalp and hairline disease harder to control. On the face, rich products that trap heat and sweat or contain many botanical extracts frequently aggravate already sensitive skin.

This does not mean every oil is forbidden forever. It means your flare routine should be ruthlessly simple until the condition is quiet enough to test extras one at a time.

- Do not judge a product by marketing terms like natural, calming, or scalp-safe.
- During a flare, plain beats exciting almost every time.
- Patch test new facial products for several days before full use.

Mistake 5: ignoring the pattern outside the scalp

A common error is treating only the scalp while leaving the eyebrows, ears, beard, or nose untouched. Seborrheic dermatitis often behaves like

one regional pattern rather than isolated islands. If you treat one zone and ignore the rest, recurrence is common.

You do not need to treat every area with the same intensity, but you do need to acknowledge the full footprint of the condition.

KEY TAKEAWAYS

Steroids are rescue tools, not the foundation.

Inconsistency creates the illusion that nothing works.

Most people need a simpler routine, not a more exotic one.

The ClearScalp Protocol

A step-by-step reset that favors repeatability over hype.

This protocol is built for adults with typical seborrheic dermatitis of the scalp and/or face. It is conservative, evidence-based, and designed to keep you out of the cycle of panic-buying products every weekend.

Step 1: Choose one primary antifungal and commit to a schedule

For the scalp, the strongest OTC starting point is usually ketoconazole 1% or selenium sulfide 1%, used 2 to 4 times weekly depending on severity. Zinc pyrithione can work well for maintenance or milder cases and is also useful in rotation.

For the face, ketoconazole 2% cream is a common prescription choice, while ketoconazole shampoo used carefully as a short-contact wash can also help the hairline, brows, and beard area. The principle is the same: use it predictably and allow enough contact time.

- Scalp contact time: aim for about 5 minutes before rinsing.
- Face contact time for medicated wash: usually 30 to 60 seconds is enough.
- Do not rotate five actives at once. You want signal, not noise.

Step 2: Add anti-inflammatory control only if you need it

If you are extremely itchy, bright red, or tender, a short anti-inflammatory rescue layer can make the routine tolerable. On the scalp, a brief course of steroid solution or foam may be reasonable. On the face, low-potency hydrocortisone should be used sparingly and briefly, while pimecrolimus or tacrolimus are usually better long-term steroid-sparing options when available.

If you are calm enough to skip steroids, skip them. Every layer in the routine should earn its place.

Step 3: Make the non-treatment days boring

The ideal off-day routine is intentionally unimpressive: gentle cleansing, light moisturizing, minimal styling residue, and no experimental acids or exfoliants. The job of the off-day is to let the barrier recover so you can tolerate the active days.

This is where many routines fail. People use excellent medicated shampoos and then sabotage the result with aggressive cleansers, fragrance-heavy products, and constant picking at scale.

Step 4: Reassess after two disciplined weeks

Two weeks is enough time to judge direction, not always enough to achieve perfection. You are looking for reduced itch, fewer new flakes, less redness, easier control, and longer stretches between symptoms. If you have zero improvement, revisit the diagnosis, the contact time, or the product tolerance.

Once you improve, taper slowly. Jumping from four treatment days straight to none is one of the fastest ways to relapse.

PROTOCOL NOTE

The best routine is the least dramatic routine that still keeps you clear.

KEY TAKEAWAYS

Pick a primary antifungal and use it consistently.

Use anti-inflammatory treatment briefly and purposefully.

Taper, do not vanish.

The Scalp-Specific Playbook

Treat scale, oil, and itch without wrecking the scalp barrier.

Scalp seborrheic dermatitis often responds best when you stop treating shampoo like a cosmetic and start treating it like contact therapy. The active only works if it stays on the scalp long enough and actually reaches the skin.

How to use medicated shampoo correctly

Wet the hair thoroughly, apply enough product to reach the scalp rather than only the hair shafts, and use the fingertips to distribute it to the crown, hairline, behind the ears, and the back of the scalp. Let it sit before rinsing. The more severe the flare, the more important the contact time becomes.

If build-up is heavy, a gentle first wash can remove residue so the medicated second wash actually reaches the scalp. This is especially useful when using dry shampoo, gels, waxes, or dense styling creams.

- Use fingertips, not nails.
- Treatment shampoo should touch scalp skin, not just hair.
- A timer is more useful than guessing.

When scale is thick or tightly adherent

Very thick scale can block medicated products from penetrating well. In that situation, soften first. A dermatologist may recommend mineral oil, coconut-free emollient softening, or a keratolytic such as salicylic acid depending on your tolerance and diagnosis.

Do not aggressively scrape or pick. Mechanical trauma can inflame the scalp further, increase tenderness, and make the flare feel worse even when the original condition was improving.

Rotating actives without overcomplicating life

If ketoconazole helps but not enough, or if the scalp plateaus, a second active can be helpful. A very workable rotation is ketoconazole twice weekly with selenium sulfide or zinc pyrithione once or twice weekly, leaving one or more wash days for a gentle non-medicated shampoo.

More is not always better. The point of rotation is to improve tolerability and broaden control, not to create a spreadsheet of seven products that all burn.

Scalp styling rules during a flare

Minimize leave-in oils, pomades, heavy waxes, and fragranced dry shampoos when the scalp is active. They are not automatically the cause, but they can trap residue and make it harder to judge whether the medical part of the routine is working.

If you need styling, choose the least occlusive option you can tolerate and focus it on the hair lengths rather than the scalp.

Contact time and technique matter more than people think.

Thick scale often needs softening before treatment works well.

A simple rotation beats a chaotic one.

The Face-Specific Playbook

Facial skin needs a gentler hand and better product judgment.

Face seborrheic dermatitis is usually less tolerant of experimentation than scalp disease. Even good treatments can backfire if the cleanser is harsh, the moisturizer is irritating, or the rescue steroid becomes a habit.

The safest default facial routine

Start with a gentle cleanser once or twice daily, a light barrier-supportive moisturizer, and one targeted medicated step. If the skin is very reactive, cleanse only at night and use water in the morning. The goal is lower friction, not more products.

A common pattern is ketoconazole cream or ciclopirox cream on affected areas with a bland moisturizer layered afterward once the medication has dried. This keeps the routine therapeutic without turning it into a chemistry set.

Where facial seborrheic dermatitis hides

Do not ignore the eyebrows, beard line, sides of the nose, crease of the nostrils, outer ear, and skin behind the ears. These areas often seed the next flare. If one area repeatedly relapses, check the neighboring zones before assuming the treatment failed.

Steroid caution matters most on the face

Men with beard involvement often need to treat the skin under the beard, not only the visible surface hair.

Low-potency hydrocortisone can sometimes calm a bad facial flare fast, but the face is where repeated steroid use does the most damage. Perioral dermatitis, rebound redness, telangiectasia, skin thinning, and dependency can all complicate a problem that started simpler.

If you repeatedly need anti-inflammatory help on the face, ask about pimecrolimus, tacrolimus, or newer non-steroidal options rather than normalizing chronic steroid use.

What to avoid during facial flares

Avoid scrubs, retinoid overuse, strong acids, fragranced essential oils, and harsh acne products on top of an active flare unless a clinician explicitly told you to use them. Even if they help another condition, they can make seborrheic dermatitis harder to interpret and harder to calm.

If you also have rosacea or acne, you may need a staged plan instead of trying to solve every skin issue in the same week.

KEY TAKEAWAYS

Facial seborrheic dermatitis responds best to a lower-friction routine.

Repeated steroid use on the face is where many people get into trouble.

Treat the folds, hairline, ears, and beard, not only the obvious patch.

Natural And Adjunctive Options

Useful only when you rank the evidence honestly.

A lot of people with seborrheic dermatitis turn to natural options after being disappointed by harsh routines or steroid overuse. That instinct is understandable, but most 'natural cures' are either weakly supported, badly formulated, or much more irritating than their marketing suggests.

Tea tree oil

Tea tree oil has some evidence in dandruff-focused studies and a plausible antifungal angle, which is why it shows up in so many scalp products. But direct seborrheic dermatitis evidence is limited, and irritation or allergy is common enough that it should never be your first-line move on already inflamed skin.

If you want to test it, use a well-formulated finished product or a very conservative dilution, patch test first, and stop immediately if you feel heat, burning, or escalating redness.

Raw honey

Raw honey gets repeated because of a small study that reported improvement with diluted honey applied every other day, followed by weekly maintenance. That is interesting, but it is not the same as robust modern evidence.

Honey is best thought of as a motivated-person adjunct: messy, time-heavy, and optional. If it helps you, keep it in the supporting cast. Do not let it replace a reliable antifungal foundation.

MCT oil

MCT oil is popular in seborrheic dermatitis communities because *Malassezia* relies on certain fatty acids and caprylic/capric triglyceride is theoretically less hospitable than many richer oils. That theory is reasonable, but direct clinical evidence for seborrheic dermatitis remains thin.

For some people, MCT oil is a useful beard or scalp softener that does not clearly worsen symptoms. For others, any leave-in oil feels occlusive. Treat it as an experiment, not a rule.

Apple cider vinegar

Apple cider vinegar is one of the most over-recommended and under-disciplined home remedies in skin care. There is no robust clinical evidence making it a core seborrheic dermatitis treatment, and it can cause significant irritation, especially when used undiluted.

If you are tempted to try it anyway, dilute it substantially, avoid broken skin, and remember that a remedy that burns is not necessarily a remedy that works.

CAUTION

Undiluted vinegar can trigger irritant dermatitis and set your progress back.

The rule for all adjuncts

Add adjuncts only after your main protocol is stable. Otherwise, every new bottle confuses the picture. A sound order of operations is simple: first prove that your antifungal-plus-barrier routine works, then test optional supports one at a time.

KEY TAKEAWAYS

Natural does not mean low-risk.

Tea tree and honey have some rationale, but the evidence is limited.

Adjuncts belong after, not before, your core treatment plan.

Diet, Gut Health, Stress, And Lifestyle

These factors matter, but they are supportive levers, not magic bullets.

People often swing between two extremes: 'diet has nothing to do with it' and 'fix your gut and the skin disappears.' Both are too simple.

Seborrheic dermatitis is primarily a skin condition, but systemic inflammation, sleep quality, stress load, alcohol use, and overall health can influence how noisy it becomes.

Diet: aim for anti-inflammatory consistency, not ideology

The current evidence does not support a universal seborrheic dermatitis diet. What it does support is the general principle that a nutrient-dense pattern with fiber, adequate protein, omega-3-rich foods, fruit, vegetables, and less ultra-processed excess may improve overall inflammatory tone and resilience.

If a certain food predictably worsens your skin, respect the pattern. But do not build your entire identity around cutting ten food groups unless the data in your own body are actually strong.

- Prioritize whole foods over high-sugar, high-alcohol chaos.
- Notice whether binge patterns correlate with flares.

- Do not replace a medical routine with supplements alone.

Probiotics and the gut-skin question

The gut-skin connection is real in the broad sense, but direct high-quality evidence for probiotics as a primary seborrheic dermatitis treatment is limited. A probiotic may be a reasonable adjunct if you personally tolerate it well, especially if gut symptoms coexist, but it should not be sold as the central cure.

If you try one, give it a fair but finite window and track outcomes. Blind faith is not the same as self-experimentation.

Biotin and other supplements

Biotin deficiency can produce seborrheic-like dermatitis, but true deficiency is not common in otherwise healthy adults. That means routine high-dose biotin for everyone is weak medicine unless there is a reason to suspect deficiency or a clinician specifically advised it.

The same caution applies to zinc, omega-3s, vitamin D, and multivitamins. Correct deficiencies. Do not assume megadoses beat a poor routine and poor sleep.

Stress, sleep, exercise, and heat

Stress and sleep deprivation are frequent flare amplifiers. They affect immune signaling, skin picking behavior, sweat, routine adherence, and overall inflammatory balance. You do not have to romanticize stress reduction for it to be worth doing.

Aim for boring wins: regular sleep timing, exercise you can keep doing, fast post-workout cleansing if sweat

reliably irritates you, and a plan for high-pressure weeks when your routine usually collapses.

PROTOCOL NOTE

Lifestyle support works best when it makes the core protocol easier to stick with.

KEY TAKEAWAYS

Diet and gut health are adjunctive levers, not replacements for treatment.

Biotin is mainly useful when deficiency is plausible.

Stress and poor sleep are real flare multipliers.

The Maintenance Plan

Long-term control is mostly about preventing the next flare.

By the time most people buy a guide like this, they are tired of temporary wins. Maintenance is where the compounding payoff lives. The goal is not to keep treating yourself like you are in crisis forever. The goal is to find the lowest-effort routine that prevents crises.

Your baseline weekly rhythm

For many people, one to two medicated scalp washes per week plus plain cleansing on other days is enough after the flare settles. Facial maintenance may be as simple as using a gentle cleanser, regular moisturizer, and reintroducing antifungal cream or wash at the first sign of relapse.

The exact rhythm is personal. The principle is not: keep one preventive touchpoint in the week instead of waiting for symptoms to announce themselves loudly.

Early flare rescue beats late flare panic

Most relapses are easier to stop in the first 48 hours than on day 10. The first signs are often subtle: scalp tightness, extra eyebrow shedding, ear itch, or the familiar flake at the sides of the nose. That is the moment to increase treatment frequency briefly and reduce routine noise.

Seasonal adjustment is normal

If you wait until the skin is thick, hot, and raw, you need more intervention and more time to unwind it.

Many people need a slightly different routine in winter than in humid summer weather. Dry indoor air increases irritation; summer sweat can increase scalp activity. Adapt the moisturizer and wash frequency without assuming your treatment suddenly failed.

When to graduate from self-care to medical care

Escalate if you have persistent redness despite good adherence, extensive body involvement, severe itch or pain, frequent relapse that requires steroids, major uncertainty about diagnosis, or significant psychological burden from the condition. A more advanced prescription plan or a corrected diagnosis can save months of wasted effort.

KEY TAKEAWAYS

Maintenance is the real treatment.

Early flare intervention saves time and skin barrier.

Adjust by season instead of assuming relapse equals failure.

How To Shop For Products Without Getting Played

You need actives, tolerability, and restraint.

The seborrheic dermatitis market is full of products that sound supportive and act chaotic. If you understand how to read labels, you can ignore most of the noise and make much better decisions with fewer bottles.

Judge products in this order

First look at the active ingredient. Second, look at the vehicle and full ingredient list. Third, look at how often you realistically will use it. The most evidence-based product in the world is useless if it burns so much that you abandon it after two tries.

- Active ingredient first.
- Tolerability second.
- Marketing claims last.

What makes a cleanser or moisturizer useful here

Useful basics are fragrance-free, gentle, and boring enough that they do not compete with your treatment. Look for cleansers that do not leave the skin tight and moisturizers that restore comfort without feeling suffocating.

How to trial a new product intelligently

The objective is not to find a magical moisturizer that cures seborrheic dermatitis. The objective is to remove unnecessary irritation so the proven parts of the routine can work.

Add one new item at a time and keep it there long enough to learn something. If you change shampoo, cleanser, moisturizer, and serum in the same week, you have learned nothing except that your skin is capable of becoming confusing.

Document start date, frequency, benefits, and downsides. Good self-care is just low-tech data collection.

KEY TAKEAWAYS

Read the active and the full formula.

Patch testing is not optional for very reactive skin.

A guide should help you buy less, not more.

Red Flags, Diagnosis, And Next Steps

A smart protocol includes an exit ramp.

No self-care guide should pretend it can replace a clinician indefinitely. The real value is in helping you know what is normal, what is fixable at home, and what deserves a higher level of care.

See a dermatologist if...

You are not improving after 4 to 6 disciplined weeks, the rash is spreading beyond the usual pattern, there is crusting or infection, or you are relying on steroids repeatedly just to look normal. Those are signs that the diagnosis, the severity, or the treatment layer needs upgrading.

Also seek help if you are losing hair, if the lesions are painful rather than mainly itchy, or if the scale is unusually thick and sharply demarcated like psoriasis.

Questions to ask at the appointment

Ask whether the diagnosis is definitely seborrheic dermatitis or whether psoriasis, contact dermatitis, rosacea, perioral dermatitis, or fungal infection might be overlapping. Ask what the intended role of each prescription is: rescue, clearance, or maintenance.

A good appointment is not just a prescription handoff. It should clarify the logic of the regimen so you do not recreate the same cycle at home.

Your next move after this guide

Pick a start date. Choose one scalp active, one facial medicated step if needed, one cleanser, and one moisturizer. Strip away the rest for two weeks. The people who get the most from this guide are not the ones who read every page twice. They are the ones who implement the boring parts faithfully.

KEY TAKEAWAYS

No protocol beats a wrong diagnosis.

Persistent, severe, or unusual disease deserves medical review.

Implementation is better than obsession.

REFERENCE TABLE

Evidence Ranking

Not every frequently repeated remedy deserves equal trust. Use this table to separate foundational tools from optional experiments.

Approach	Evidence	Best Use	Verdict	Caution
Ketoconazole and ciclopirox	Strong	Core first-line antifungal treatment for scalp and face	This is the backbone of most reliable routines because it targets the Malassezia-driven part of the process directly.	Overuse can dry sensitive skin; use the minimum schedule that keeps you controlled.
Selenium sulfide and zinc pyrithione	Moderate	Scalp-focused maintenance and flare reduction	Good OTC options, especially for dandruff-dominant scalp disease and as part of a rotation.	Some formulas are fragranced or drying. Always judge the full formula, not just the active.
Low-potency topical corticosteroids	Moderate	Short rescue treatment for marked redness,	Useful when used briefly, especially on the scalp or for a short	Repeated or prolonged use can thin facial skin and trigger

Approach	Evidence	Best Use	Verdict	Caution
		itch, and inflammation	facial flare, but not a maintenance strategy.	rebound or steroid-induced dermatitis.
Tacrolimus and pimecrolimus	Moderate	Face-friendly anti-inflammatory alternatives to recurrent steroid use	Often helpful around the eyebrows, nose, beard, and ears when inflammation is persistent.	May sting on application, especially on compromised skin. Prescription only.
Tea tree oil	Limited	Adjunctive dandruff support when carefully diluted	There is some dandruff evidence, but direct seborrheic dermatitis evidence is thin.	High irritation and allergy potential. Never use undiluted on inflamed skin
Raw honey masks	Limited	Adjunct option for motivated users who tolerate messy routines	A small uncontrolled study suggested benefit, but the evidence base is narrow.	Time-intensive, sticky, and not a substitute for proven antifungal therapy.
MCT oil, probiotics,	Limited	Supportive or	These are not core	Biotin is usually

Approach	Evidence	Best Use	Verdict	Caution
biotin, apple cider vinegar		experimental adjuncts only	treatments. Use them only after the evidence- based routine is already stable.	unnecessary unless deficiency is plausible, and vinegar can irritate badly if misused.

REFERENCE TABLE

Shopping Guide

Examples are meant to make shopping easier, not lock you into one brand. Prioritize the active ingredient and how your skin tolerates the formula.

Category	Active	Examples	Best For	Notes
OTC scalp wash	Ketoconazole 1%	Nizoral A-D or another ketoconazole 1% shampoo	Scalp flares with visible scale, itch, and grease	Use 2 to 3 times weekly during a flare, then taper. Leave on for about 5 minutes before rinsing.
OTC scalp wash	Selenium sulfide 1%	Selsun Blue Medicated or similar selenium sulfide shampoo	Oily scalp, stubborn flakes, maintenance rotation	Strong option when ketoconazole alone is not enough. Some formulas can be drying on color-treated hair.
OTC scalp wash	Zinc pyrithione	DHS Zinc or another zinc pyrithione shampoo	Frequent maintenance and milder dandruff-	Good rotational option. Always confirm the

Category	Active	Examples	Best For	Notes
		available in your market	dominant cases	active ingredient the current label because formulas vary by region and year.
OTC face cleanser	Gentle non-medicated cleanser	Vanicream Gentle Facial Cleanser, CeraVe Hydrating Cleanser	Daily cleansing around inflamed facial areas	Choose fragrance-free, low-foam formulas. The goal is not strip the skin
OTC moisturizer	Ceramides, glycerin, squalane, petrolatum in light formulas	CeraVe PM, Vanicream Daily Facial Moisturizer, La Roche-Posay Toleriane Dermallergo	Barrier repair after antifungal treatment	A lightweight moisturizer reduces irritation from treatment and helps prevent over-cleansing.
Prescription scalp	Ketoconazole 2%, ciclopirox 1%, fluocinolone solution/foam	Rx shampoo or short-course anti-inflammatory scalp solution	Moderate scalp disease or refractory flares	Useful when OTC options plateau. Fluocinolone is for rescue not indefinite maintenance

Category	Active	Examples	Best For	Notes
Prescription face	Ketoconazole 2% cream, ciclopirox 0.77% cream, pimecrolimus, tacrolimus	Dermatologist-directed facial regimen	Recurrent facial seborrheic dermatitis, especially around folds	Calcineurin inhibitors are especially valuable when repeated steroid use is becoming a problem.
Prescription newer option	Roflumilast 0.3% foam	Zoryve foam	Scalp and body seborrheic dermatitis when a non-steroidal anti-inflammatory is needed	Newer foam formulation with phase support. Availability and insurance coverage vary.

My Weekly Maintenance Checklist

Repeatability wins. Use this page as a template to track what keeps your scalp and face stable.

Use my primary antifungal on schedule.

Keep contact time long enough to work.

Moisturize after treatment instead of over-stripping.

Avoid heavy fragrance and unnecessary actives.

Track stress, sleep, and any obvious trigger spikes.

Treat early if a familiar hot spot starts to itch or flake.

TRIGGER TRACKER

Weather or season shift

New hair, beard, or skin product

Travel, poor sleep, or unusual stress

FLARE NOTES

Date

Main symptom

Alcohol-heavy weekend or illness

Skipped maintenance treatment

Suspected trigger

What helped

FAQ

Questions People Usually Ask Too Late

Can seborrheic dermatitis be permanently cured?

Usually not in the strict sense. Most people achieve control rather than a permanent cure, which is why maintenance matters as much as the flare plan.

Should I shampoo more or less often?

Most scalps do better with regular cleansing, not neglect. Shampooing too rarely allows oil, scale, and yeast byproducts to accumulate; shampooing too harshly can irritate the barrier. The sweet spot is consistent treatment days plus gentle wash days.

Do food triggers cause seborrheic dermatitis?

Diet is not the sole cause, but it may influence inflammation, barrier function, and overall skin resilience. The evidence is supportive rather than definitive, so diet changes work best as an adjunct, not as the only treatment.

Is seborrheic dermatitis contagious?

No. *Malassezia* is a normal resident yeast on human skin. The issue is the way your skin and immune system respond to it, not catching it from someone else.

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