

AESTHETIC HAUS

VOLUME TWO

Understanding Regenerative Aesthetics

A measured introduction to treatments that work with the skin's own biology, and how they fit into a long-term plan.

Luxury regenerative aesthetics, grounded in surgical expertise and evidence-based medicine.

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What Regenerative Aesthetics Means

Regenerative aesthetics is a category, not a single treatment. It groups together the approaches that aim to influence the skin's underlying biology, prompting it to repair, rebuild or reinforce its own structure. The defining feature is that the result, when it appears, comes from the patient's own tissue responding over weeks and months.

This is a different proposition from approaches focused purely on softening expression or replacing volume. Both have their place, and the categories often work alongside one another, but regenerative treatments are chosen with the longer arc in mind: how the skin will look and behave in years, not days.

Collagen Stimulation

Collagen stimulation is the engine room of regenerative work. Several established modalities can prompt fibroblast activity and gradual collagen remodelling, including poly-L-lactic acid biostimulators, calcium hydroxylapatite, polynucleotide injectables, hyaluronic-acid bio-remodelling, and controlled microinjury through medical skin needling.

Each works through a different mechanism. Biostimulators introduce a scaffold that the body responds to over months. Polynucleotides supply signalling molecules that can support fibroblast function. Bio-remodelling uses cross-linked hyaluronic acid to provide hydration and a deeper biological signal. Needling creates a controlled wound-healing response that can refine surface quality.

Because the effect is biological, results are gradual. Programmes are typically scheduled in cycles, with assessment at planned intervals. Realistic expectations are essential: regenerative treatments are designed to improve quality, not to deliver immediate dramatic change.

Skin Health as the Foundation

Regenerative treatments do not replace a sound skin-health routine. They work best when the skin barrier is intact, hydration is adequate and ultraviolet exposure is consistently managed.

A well-considered cosmeceutical routine, built around evidence-based actives appropriate to the individual, supports the same biological pathways that in-clinic treatments rely on. This is often discussed at the same consultation, because the two work in parallel.

Treatment Pathways

There is no single pathway through regenerative aesthetics. A planned approach typically begins with an assessment of skin condition, structural changes and the person's own priorities. From there, a sequence is mapped that respects what each modality does well and how they interact.

Pathways often combine modalities. For example, a programme might begin with bio-remodelling for hydration and quality, then introduce a biostimulator series for structural support, layered with needling for surface refinement, all assessed at intervals. The shape of the plan depends on findings at consultation.

Long-Term Skin Quality

The aim of a regenerative approach is not a single result but a trajectory: skin that ages more slowly, more evenly and with better quality than it would otherwise. Maintenance is part of the model. Most plans include scheduled reviews and refresher treatments designed to sustain the changes that earlier cycles initiated.

Outcomes vary between individuals and depend on age, biology, lifestyle and adherence to the agreed plan. As with all cosmetic medicine, risks and considerations are discussed during consultation.

Further Reading

A short selection of peer-reviewed sources that informed the perspectives in this guide.

- 01 Goldie K, Peeters W, Alghoul M, et al. (2018). Global consensus guidelines for the injection of diluted and hyperdiluted calcium hydroxylapatite for skin tightening. *Dermatologic Surgery*, 44(Suppl 1), S32 to S41.
<https://doi.org/10.1097/DSS.0000000000001685>
- 02 Cavallini M, Gazzola R, Metalla M, Vaianti L. (2013). The role of hyaluronidase in the treatment of complications from hyaluronic acid dermal fillers. *Aesthetic Surgery Journal*, 33(8), 1167 to 1174.
<https://doi.org/10.1177/1090820X13511970>
- 03 Cassuto D, Bellia G, Schiraldi C. (2021). An overview of soft tissue fillers for cosmetic dermatology: from filling to regenerative medicine. *Clinical, Cosmetic and Investigational Dermatology*, 14, 1857 to 1866.
<https://doi.org/10.2147/CCID.S276676>

Discuss your skin in person, not online.

A consultation allows a registered medical practitioner to assess your skin, your history and your priorities, and to discuss whether any of the approaches described in this guide may be appropriate for you.

REQUEST A CONSULTATION

General educational information only. Not medical advice. All cosmetic procedures carry risks. A consultation with a registered medical practitioner is required before any treatment. Individual results vary and cannot be guaranteed.