BEAUTY

Brightening and bleaching are not the same promise

Learn how to translate vague skin-lightening language into the specific change, evidence and risks that matter to you.

The label is not the outcome

You turn over a cream and find a hopeful word: "brightening." Somewhere else, the same kind of promise is called "bleaching." One sounds like radiance; the other sounds drastic. Yet neither word, by itself, tells you exactly what will change in your skin.

Pigmentation is simply skin colouring. It comes from melanin, a pigment made by specialised cells in the skin. If the body makes more melanin, skin becomes darker; if it makes less, skin becomes lighter. Pigmentation changes may affect one patch or the entire body.

That distinction matters more than the marketing vocabulary. Trying to fade a dark mark left after inflammation is a targeted aim. Trying to lighten unaffected skin across a larger area is a generalised one. A word such as "brightening" can blur the distance between those goals rather than clarify it.

So the useful question is not whether a product sounds gentle. It is what outcome its evidence actually measured. Did researchers study a particular pigmentation disorder, a localised patch, facial pigmentation or general skin lightening? If the answer is missing, the promise is missing its most important noun.

One dark area can have several explanations

A darker patch is not one universal problem. Sun exposure can make skin darker, as can pregnancy and Addison's disease. Post-inflammatory hyperpigmentation (PIH) commonly follows inflammatory conditions and can persist, particularly in darker skin tones. Different explanations cannot be compressed into one cosmetic word without losing something important.

Under-eye darkness shows the problem clearly. A 2021 systematic review found that periorbital hyperpigmentation can have pigmentary, structural, vascular or mixed causes. That means a product described as brightening may be aimed at pigment even when pigment is not

the only reason the area looks dark.

The review reported that topical creams and chemical peels may be useful for pigment-based under-eye darkness. Fillers or fat grafting appeared most effective when volume loss was responsible, while surgery was judged best when excessive skin laxity was the underlying issue. Lasers offered mild to moderate benefit for vascular and pigment types.

Those findings sound precise, but the reviewers also warned that high-quality evidence was scarce and that recommendations should be interpreted selectively. The language on the front of a product may be broad. The condition underneath it may be specific, mixed and not especially well studied.

A softer word does not soften a biological aim.

Fading a mark is harder than the wording suggests

A 2024 systematic review brought together 48 studies involving 1,356 people of colour with PIH. Most cases followed inflammatory conditions, and most affected the face. The review found no treatment category with consistently robust efficacy. That is a sharp contrast with language that makes even, luminous skin sound like a straightforward purchase.

Topical retinoids and laser therapy were the most frequently reported interventions. Partial improvement was recorded in 85% of participants using topical retinoids and 66% receiving laser treatment. Laser was the only intervention associated with complete resolution in a subgroup, but some people also experienced worsening of PIH after treatment.

Chemical peels and hydroquinone were among the other treatments studied, with less effective outcomes in that review. These results do not mean nobody improves. They mean "fades pigmentation" is not the same as "removes it," and partial change should not be rewritten as certainty.

The most honest language leaves room for persistence. It also keeps a localised mark separate from the rest of your skin. "Brightening" may sound like a finishing touch, but if the aim is to alter pigmentation, you deserve to know whether the evidence concerns that exact type of pigmentation and people with skin like yours.

Skin lightening is a real biological claim

Glutathione shows why euphemisms are unhelpful. It has antioxidant and anti-melanogenic properties and has been studied as a skin-lightening agent and for melasma. A 2025 systematic review examined topical, oral and intravenous forms rather than treating every

route as interchangeable.

The review found moderately effective skin-lightening outcomes from topical and oral glutathione. Topical results were localised, while oral results were generalised. That difference is fundamental: one concerns where a product is applied, while the other concerns a broader change. Calling both "brightening" would hide the scope of the intended effect.

The evidence was not clean or conclusive. The review judged almost equal numbers of studies to have low and high risk of bias. It described the outcomes as unsustainable and noted that adverse effects were minimal with topical use but substantial with oral use. Intravenous (IV) glutathione was contraindicated because of side effects and lack of efficacy.

A softer word does not soften a biological aim. If a product or procedure is intended to reduce melanin or lighten skin, that is the claim worth examining. The ingredient, route, area treated, durability and adverse effects tell you more than whether the package chooses "brightening," "lightening" or "bleaching."

Translate the promise with paper and a pen

Before buying or using something for pigmentation, take a sheet of plain paper and a pen. Write down the exact change you want: one mark after inflammation, pigment under the eyes, melasma, or a broader lightening effect. Do not start with the product's preferred word. Start with the place and the change.

Next, write four questions: What ingredient or procedure is supposed to act? Was it studied for this particular concern? Was the result partial or complete, localised or generalised? What adverse effects were reported? If the available description cannot answer those questions, "brightening" is decoration rather than useful guidance.

Keep changing skin out of this cosmetic exercise. Moles are clusters of pigment cells, and most are ordinary. But a mole that looks unusual, grows larger, changes colour or outline, or changes in another way should be checked by a health professional. That is the point where interpreting beauty language stops being enough.

For the next week, use your paper and pen to translate every pigmentation promise before it reaches your skin. One sentence is enough: "This aims to change this area, using this method, with this level of evidence." If you cannot finish it, you have not been told enough yet.

Where this comes from

- Skin Pigmentation Disorders

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/skinpigmentationdisorders.html
- Moles

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/moles.html
- Treatment of Post-Inflammatory Hyperpigmentation in Skin of Colour: A Systematic Review.

  Journal of cutaneous medicine and surgery, 2024 · https://pubmed.ncbi.nlm.nih.gov/39075672/
- Treatments of Periorbital Hyperpigmentation: A Systematic Review.

  Dermatologic surgery : official publication for American Society for Dermatologic Surgery [et al.], 2021 · https://pubmed.ncbi.nlm.nih.gov/32740208/
- Glutathione as a skin-lightening agent and in melasma: a systematic review.

  International journal of dermatology, 2025 · https://pubmed.ncbi.nlm.nih.gov/39444151/