

MesoGlow and Mesolift to Rejuvenate Facial Skin

Patricia Frisari, MD, Raúl Pinto, MD

Patricia Frisari, MD

- International Diplomate of Aesthetic Medicine (UIME)
- Member of Pinto Institute
- Dermatologic Surgery (AMA)

Raúl Pinto , MD

- Honorary President of the International Union of Aesthetic Medicine (UIME)
- Director of the Aesthetic & Anti Aging International School of Medicine (AAAMIS)
- Director of Pinto Institute

Clinically, older skin is characterized by a yellowish color, flaking and wrinkles. Loss of skin elasticity starts to be more visible in our late twenties as the production of elastic fibers and collagen begins to decrease. Other changes include diminished blood circulation, lower oxygen consumption, and reduction in superficial adipose tissue.

The face and neck mesotherapy treatment we propose is different from other types of treatment like laser, botulinum toxin, facial thread, implants or plastic surgery. The final treatment outcome results in younger looking, rejuvenated and shining skin with much lesser wrinkle lines.

For every treatment we use formulation of hyaluronic acid and neutral 1% procaine. Hyaluronic acid is a glycosaminoglycan (GAG) is an essential component of extra cellular matrix and forms a strong net by uniting with proteoglycans. Its water retaining abilities are essential for proper skin tone and elasticity.

The treatment is based on weekly mesotherapy sessions (using nappage technique) for a period of 2-3 months and then monthly maintenance treatments.

The formulation for face and neck treatment consists of 2 cc of hyaluronic acid and 1 cc of 1% neutral procaine.

IN ADDITION TO THE BASIC FORMULATION WE SUPPLEMENT EACH TREATMENT BY INJECTING CERTAIN FACE OR NECK AREAS WITH HEXAPEPTIDE 3 OR DIMETHYLAMINOETHANOL (DMAE). WE USE ONLY ONE OF THESE COMPOUNDS PER TREATMENT AND USE IT EVERY OTHER WEEK INTERCHANGEABLY.

Hexapeptide 3 is an amino acid sequence blocking acetylcholine release. Acetylcholine as we all know is a neurotransmitter required for muscles contraction. Blocking it helps relax muscles and smooth the wrinkles. Hexapeptide 3 is much weaker blocker than botulinum toxin and of much shorter action duration. The formulation of 1/2 cc of 5 mcg/1cc hexapeptide 3 mixed with 1cc of 1% neutral procaine is used for the forehead, periocular and glabellar area treatment commencing right after injecting with basic formulation.

DMAE is a precursor of phosphatidylcholine and also participates in the conversion of choline into acetylcholine - a neurotransmitter involved in increasing muscular tone - thus helping improving muscles firmness. It also acts as an antioxidant protecting cellular membrane.

Formulation of 10 mg/1 cc of DMAE mixed with 1 cc of 1% neutral procaine is used for the lower part of the face or neck (or face and neck) treatment commencing right after injecting with basic formulation.

Hexapeptide 3 and DMAE must not be given together during the same session as each has opposite effect. Alternate and use them every other week interchangeably.

Treatment protocols:

- Week #1** **hyaluronic acid + procaine
DMAE + procaine**
- Week #2** **hyaluronic acid + procaine
Hexapeptide 3 + procaine**
- Week # 3** **The same as week #1**
- Week #4** **The same as week #2**

Continue treatment for 2-3 months and then every 3-4 weeks as maintenance therapy. We strongly advise using nappage injection technique or mesotherapy gun.

You can see the results of this treatment regimen in the photos below. Use the protocol and write your case presentation based on your results.

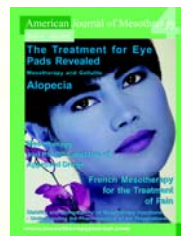
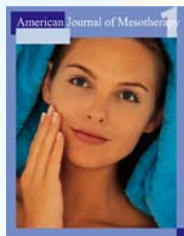


Patient, 74 years old, female. The treatment consisted of 3 months of facial mesotherapy with hyaluronic acid, hexapeptide 3 and DMAE .

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Medicine is an ever-changing landscape. All areas of medicine transform with such speed that keeping up with the changes requires onstant access to medical information. Mesotherapy, a new and fascinating area of medicine, is in its infancy but has already gained unprecedented popularity and recognition in the medical community.

A number of academies, associations, and societies have been formed to disseminate knowledge and provide basic mesotherapy training. Approximately 16,000 US physicians use mesotherapy in their daily medical practice, and the number of mesotherapy-trained physicians grows by 300 every month. As our ranks grow, we need a platform for the exchange of information and discussion about mesotherapy research.

Our goal and hope is that the American Journal of Mesotherapy will be an open forum to share our knowledge and experience in mesotherapy. Like all new methodologies, mesotherapy has been criticized by some, possibly due to a general lack of knowledge and perhaps, in some cases, the use of unproven methods by individuals lacking the necessary training and experience.

Our mission is to publish scientific research in mesotherapy to improve knowledge and practice in this field. Help us reach our goal by subscribing to the Journal. Any income generated will be used for financial support of research in mesotherapy.

I extend our gratitude toward the Editorial Board for their support and encouragement.

Again, this journal is open for all of us.
Aleksy Dobradin, MD

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