

MESOLIFT TREATMENT

The Micro-Injections Facial Mesotherapy

By Patricia Rittes

Mesotherapy is a simple concept, whose objective is to deliver specific targeted medications closer to the area of pathology. It was first developed and described by Dr. Michel Pistor. The process is an allopathic method that utilizes intradermic as well as subcutaneous mini-doses of injectable medications.

Mesolift is a mesotherapy treatment specifically designed for skin regeneration and revitalization. The treatment uses a super dose of vitamins and minerals to revitalize tired skin, replenish nutrients and it also helps repair sun damaged skin.

Mesolift therapy does not require surgery and “down-time”. Patients may return to their daily routine immediately.

Treatment consists of a series of micro-injections with a pool of vitamins (A,E,C,D,B,K) which provide an anti-deficiency function; amino-acids that allow better protein construction; minerals that guarantee the ionic balance of the medium; coenzymes to activate the biochemical reaction and nucleic acids to stimulate synthesis of the derma and thereby restructure the entire tissue. Those elements all together can revitalize and tighten loose skin in the face and neck area.

Mesolift does not replace a Face-Lift. It improves skin tone and texture and many patients report feeling the skin tighter. Results are seen immediately after the first treatment and the effects of Mesolift treatment are cumulative.

METHOD

It is generally a series of treatments for a period of about 30 weeks.

Drugs used:

Vit C 222mg/ml

Polidocanol* 0,5%

Procaine 1%

Mesocaine 1%

DMAE* 25mg/ml

Juvelift*

Hydrosol Polyvitamine B.O.N.*

The protocols include injecting the following formulations:

Formulation 1: Consists of Vit C + polidocanol* + mesocaine (Mix 5ml of Vit.C + 0,5ml of Polidocanol + 0,5ml of mesocaine) injections evenly distributed throughout the face.

Formulation 2: Consists of DMAE* + Procaine (Mix 5ml of DMAE + 1ml of Procaine) injected evenly throughout the face.

Formulation 3: Consists of one vial of Juvelift* + 1 vial of Hydrosol Polyvitamine B.O.N.* mixed vigorously prior to injecting.

Day 0 – 1st session	Day 15 – 2nd session	Day 30 – 3rd session
Formulation 1	Formulation 2	Formulation 3

Formulations #1 , #2 and # 3 are being used interchangeably 2 weeks apart.

This protocol should be followed for about 7 months.

As a maintenance treatment, the physician can use Juvelift* with Hydrosol B.O.N.* monthly (Formulation #3).

Before and after photo showing results:



Juvelift* - A solution of non cross-linked hyaluronic acid of biosynthetic origin

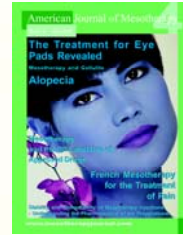
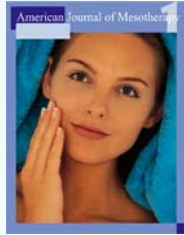
DMAE* - dimethylaminoethanol, a naturally occurring substance that facilitates the synthesis of a neurotransmitter acetylcholine.

Polidocanol* - a mixture of polyethylene glycol monododecyl ethers averaging about 9 ethylene oxide groups per molecule; it has also been used as a sclerosing agent in treatment of varicose veins. Also called *laureth 9*.

Hydrosol Polyvitamine B.O.N.* - a mixture of Vitamins A, D, E, B1, B2, PP, B6, Panthenol and C.

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ANNUAL SUBSCRIPTION REQUEST



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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