PESKIN PHARMACEUTICALS®

*The green drug company®*

# THE PESKIN COLLABORATIVE FOR ADVANCED SURGICAL HEALING

A New Era in Expedited Surgical Healing
Regardless of Underlying Etiology

**Less Scarring**
**Fewer Patient Post-Ops**

**25%-35% Faster Healing**

Prof. Brian Scott Peskin, BSc., M.I.T.

# Italian Plastic / Reconstructive Surgery
# Case Series Study (Italian Translation)

In my practice as a Plastic Surgeon, I have found myself understanding that to obtain good postoperative results according to the intensity that varies from minor to major operations (**the majority are very intense operations**) the repair phlogistic resolution, edema and the scar tissue are all key factors to success.

My results have improved according to the use of new surgical techniques as well as the use of antibiotics and antiphlogistic drugs.

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However, I must point out **a new major factor that improved greatly my patients' surgical results** after introducing certain "essential fatty acids" 15 days prior to 30 days after surgery.

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The level of tissue repair is what I look for especially in my practice and having the trial opportunity of five patients using Brian Peskin's EFA recommendations, I found in all five **patients an enormously improved result with better recovery** by just assuming a simple prescribed medical therapy with his EFA-based recommendations.

**Unlike fish oil, which causes excessive bleeding, Brian Peskin's Protocol *does not cause excessive bleeding*. In fact, it makes surgery easier and improves patient recovery.**

This improved recovery included:
1. Faster healing
2. Less inflammation
3. Less scar tissue
4. Less pain to the patient.

I finally believe and feel it is necessary to continue this very interesting tissue repair in the near future.

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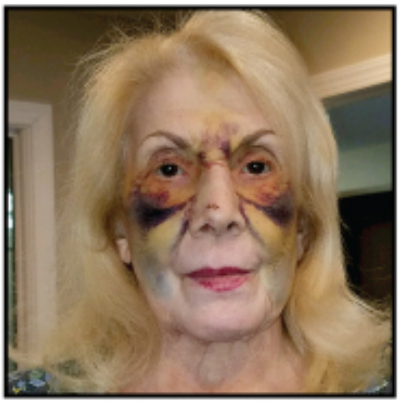
# PEO Healing Progression in Crushing Fall in 86-Year-Old Patient

January 13
Initial trauma from fall.



January 19
6 days after fall.

January 23
10 days after fall.

January 30
17 dafter fall.

January 30
17 days after fall (right side).

January 30
17 days after fall (left side).

February 7
24 day after fall.

February 13
31 day after fall.

## Current State of Wound Healing in Plastic / Reconstructive Surgery:

**"Success in plastic surgery** is founded on comprehensive understanding of one fundamental topic: **wound healing…."**
(*Plastic and Reconstructive Surgery*, **September 2016**, Vol. 138 - Issue 3S: p 9S–17S.)
Prof. Jeffery Janis, MD

**"**There is increasing awareness that **chronic wound healing is very dependent on the patient's nutritional status…."**

Prof. Joseph Molnar, MD, PhD

An excellent review article in the **2016 supplement to *Plastic and Reconstructive Surgery*** covered the current understanding of wound healing. There are some 300 pages. However, a detailed physiologic / biochemical analysis of the strongest modality to expedite and accelerate wound healing was completely missed — an adjuvant of an ingestible, calibrated formulation of PLANT-BASED LIPIDs — physiologic PEOs (Parent Essential Oils). As Prof. Jeffery Janis, MD, makes clear in Introduction to "Current Concepts in Wound Healing: Update 2016"... "And despite recent advances in basic science, therapies and surgery, **the proportion of wounds that heal is still very low**."

The following areas of particular importance to plastic / reconstructive surgeons are from Patrick J. Buchanan, MD, Theodore A. Kung, MD, and Paul S. Cederna, MD, "Evidence-Based Medicine: Wound Closure," *Plastic and Reconstructive Surgery*, September Supplement 138: 257S, 2016. [Originally published in *Plastic and Reconstructive Surgery*, 134:1391-1404, 2014.] An ingestible, calibrated PEO adjuvant is the best answer to mediating these conditions required for expedited wound healing.

This article did an exemplary job of identifying the problems that impede wound healing after surgery. My mission is to address the solutions to expediting healing given these complications by utilizing state-of-the-art, lipids-based cellular physiology and biochemistry. **Although of particular benefit to plastic / reconstructive surgeons, this new technology is applicable to all surgical specialties**.

## Improved outcomes / surgical advantages that are achieved when an ingestible, calibrated PEO adjuvant is prescribed both pre-op and post-op, including:

### 1. Improved split- / full-thickness skin grafts

Most significantly, with an ingestible, calibrated PEO formulation, both split-thickness and full-thickness skin grafts heal much more quickly for at least 3 reasons: Providing the substrate of epithelial tissue; Increased oxygen transfer at the graft site; and Increased nutrient transfer through the underlying wound base.

### 2. Improved tissue expansion procedures

With an ingestible, calibrated PEO formulation, the dermis will return to normal thickness much more quickly (currently expectations are approximately 2 years). Because 30% -50% of the adipocytes are permanently lost because of the procedure, it is critical to ensure that patients are ingesting sufficient PEOs for production of replacement tissue.

### 3. Improved flap-based procedures from increased blood flow / decreased thrombus

Flap failure's #1 cause is venous insufficiency from venous thrombosis. 80% of venous insufficiency is caused by blood clots. With an ingestible, calibrated PEO formulation, maximum vascular function / minimum venous insufficiency — by thrombosis outside the zone of injury — is supported via maximized $PGE_1$ and $PGI_2$ production. *(**See** page 6 for venous Case Series information.)*

## 4. Healing diabetic patients

Because blood glucose levels greater than 200 mg/dL ($HbA_1C$>8.5) are associated with poor wound healing outcomes, diabetic patients are especially difficult to heal. An ingestible, calibrated PEO formulation has been shown to decrease blood glucose levels by 15 points. (*See page 6 for diabetic Case Series information.*)

## 5. Healing smokers

Smoking significantly impedes wound healing because of potent vasoconstriction and reduction in proliferation of erythrocytes, macrophages, etc. Nicotine increases adhesiveness of platelets, resulting in increased propensity of thrombus formation. Furthermore, carbon monoxide found in cigarette smoke binds to hemoglobin with a 200-fold higher affinity than oxygen, causing a hypoxic environment to the wound bed. An ingestible, calibrated PEO formulation allows maximum oxygenation of the wound bed, increased vasodilation, and decreased platelet adhesion and aggregation — effectively mediating much of smoking's detrimental effects in wound healing.

## 6. Countering corticosteroid impairment to healing

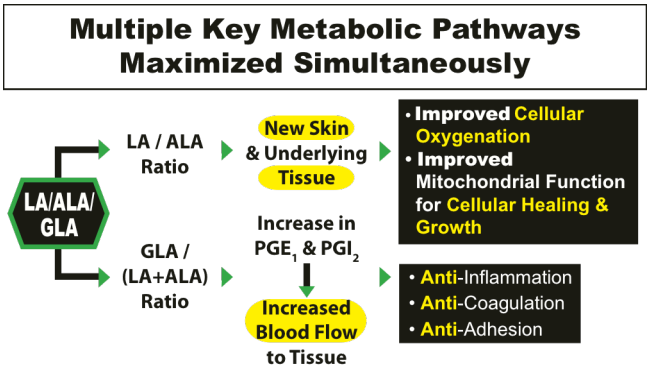
Because systemic corticosteroid therapy increases wound healing complications, cellular production and growth is inhibited. Glucocorticoids decrease critical epithelial regeneration and inhibit fibroblasts, causing a significant reduction in wound strength.

Glucocorticoids have a very deleterious effect on wound healing and infection. In spite of the deleterious effects of corticosteroids, an ingestible, calibrated PEO formulation allows maximum wound healing support. PEOs increase oxygenation of the wound bed, increase vasodilation, and decrease platelet adhesion and aggregation — effectively mediating much of corticosteroid's detrimental effects in wound healing.

# 2016 Today's Wound Clinic Journal Article

## "Utilizing Plant-Based Treatment for Accelerated Healing of Chronic & Surgical Wounds in the Outpatient Clinic"

A recurring topic of discussion among those tasked with treating chronic wound care patients is the need for new, effective treatments. In the current edition of ***Today's Wound Clinic*** **journal, Volume 10, Issue 11, November 2016**, author Brian Scott Peskin, BSc, presents an article that discusses a new modality involving an **ingestible, plant-based adjuvant** that can help **expedite healing of chronic and surgical wounds, regardless of a patient's underlying etiologies**. The research includes evidence that surgical wounds and those requiring debridement procedures will heal more expeditiously **because of the adjuvant's profound effects in supporting epithelial tissue, and maximizing numerous key metabolic pathways simultaneously for expedited healing with less scarring**. This was shown through a clinical case series study conducted by Dr. Andrea Roncarati, a plastic/reconstructive surgeon based in Ferrara, Italy.
http://www.todayswoundclinic.com/articles/utilizing-plant-based-treatment-accelerated-healing-chronic-surgical-wounds-outpatient




## 2016 Chronic Wound Healing Case Series Results:

A Case Series study with an ingestible, calibrated formulation of PLANT-BASED LIPIDs (the adjuvant) at a University Wound Healing & Hyperbaric Center has been completed. The study's duration was 16 weeks. Patients were seen weekly and treated with a high level of standard treatment plus the ingestible PEO adjuvant. **By completition of the 16-week study** with PEO adjuvant:

* **The majority** of patients **experienced 100% healing**.
* **Surface Area decreased by at least 70%** in the majority of patients. This included five patients with an initial wound surface area ≥14 $cm^2$.
* **Wound Volume decreased by at least 70%** in the majority of patients.
* **Diabetic** patients experienced **63% decreased wound surface area** and **77% decreased wound volume**. Access statistical analysis, click at the right: **Statistical Analysis**