



The green drug company®

THE PESKIN COLLABORATIVE FOR ADVANCED WOUND/SURGICAL HEALING

A New Era in Expedited Healing
Regardless of Underlying Etiology

Less Scarring
Fewer Patient Post-Ops
25%-35% Faster Healing
with Essential EFAs

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.

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.**

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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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 Essential EFAs. 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 EFA 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 specialties.**

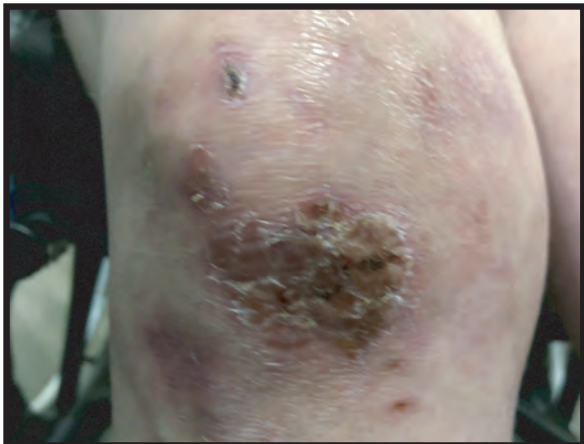
**14-Day Pretreated Healing Progression of Knee:
Ingestion of Essential Plant-Based Oils Only
No Ointments, etc. Slow-Healing Type I Diabetic**



January 1, 2019 .



January 9, 2019
8 days healing.



January 11, 2019
10 days healing.



January 14, 2019
13 days healing.

Pretreated Healing Progression in Crushing Fall
86-Year-Old Patient — No break/fracture/concussion
(No pain meds required after 1-day hospital discharge)



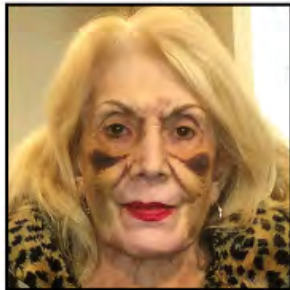
January 13
Initial trauma from fall.



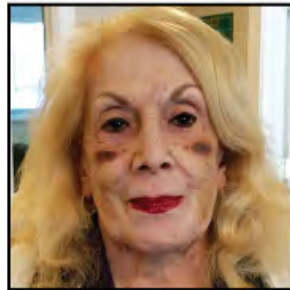
January 23
10 days after fall.



January 30
17 days after fall.



February 7
24 days after fall.



February 13
31 days after fall.



February 21
39 days after fall.



February 28
46 days after fall.



March 8
54 days after fall.

"This 86-year-old patient experienced a significant bilateral orbitofrontal and nasal crushing injury in a fall. She incurred the anticipated bilateral upper and mid-facial swelling and ecchymosis, but surprisingly had much less nasal injury than expected, including no fractured/comminuted nasal bones or orbital rim/floor fracture.

Within 10 days, she demonstrated remarkable resolution of the facial edema and bruising and quickly thereafter eliminated the remainder over the ensuing weeks. So not only did it seem that her facial soft tissues and bones were more resilient and the bones also not brittle, but her overall recovery was unusually expedited and uncomplicated."

Geoffrey L. Robb, M.D., F.A.C.S.
Professor / Past Chairman (1998-2013) Department of Plastic
Surgery, The University of Texas MD Anderson Cancer
Center, Houston, TX

Superb Clinical Results with Essential EFAs

2008: "I previously wrote you about the remarkable cause / effect relationship in reversing plaque volume in a (**smoking**) patient taking conventional treatment (i.e. statins, aspirin, Co-Q10, etc.). In reading over [the patient's] scans **I have never seen such a remarkable result.**

When he [the patient] **stopped the Essential EFAs the plaque came back.**

As you can see, for the first time from 2007 to 2008, the volume of plaque decreased from 39 to 30, which is a decrease of 22% when annualized on a yearly basis.

I have never seen a decrease of coronary artery plaque volume by more than 5% in one year."

Robert Kagan, MD

Radiologist, USA

Former Chairman of the Board of Nuclear Medicine Resource Committee of the College of American Pathologists.

Past President of the Florida Association of Nuclear Physicians.

Novel lipids-based pharmacognosy solutions
Expedited Surgical Healing

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

1. Improved split- / full-thickness skin grafts

Most significantly, with an ingestible, calibrated Essential EFA 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 Essential EFA 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 fully functional Essential EFAs 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 Essential EFA formulation, maximum vascular function / minimum venous insufficiency —by thrombosis outside the zone of injury — is supported via maximized PGE₁ and PGI₂ production.

4. Healing diabetic patients/ Decreased blood glucose levels

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 Essential EFA formulation has been shown to decrease blood glucose levels by 15 points. (See page 8 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 Essential EFA 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 EFA formulation allows maximum wound healing support. Essential EFAs 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.

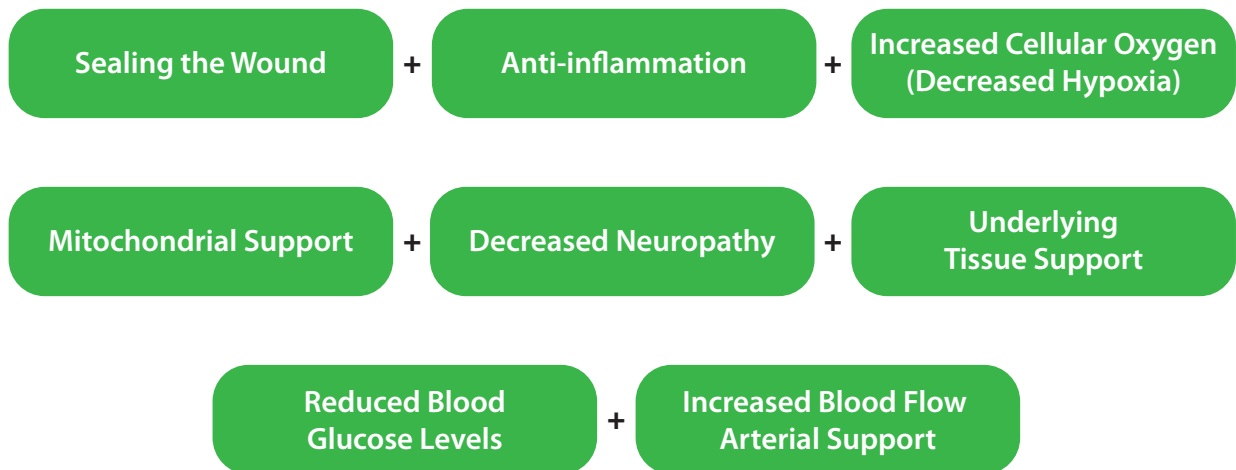
Modes of Action

Ingestible, specially calibrated plant-based lipids are projected to successfully address all of the requirements for effective healing by targeting circulatory deficiencies of chronic wounds – allowing the patient to fully recover and thrive.

Healing Progression of Wounds



Expedited Healing of Diabetic Wounds

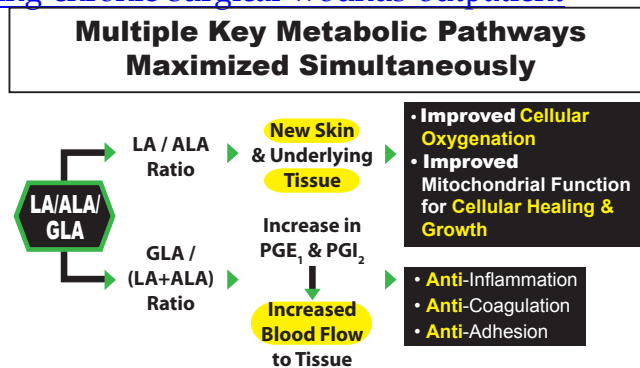


2016 Today's Wound Clinic Journal Article

"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 Essential EFA 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 Essential EFA adjuvant. **Results of the short 16-week study** with the Essential EFA 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 cm².**
- * **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.**

To access [statistical analysis](#), click here: