

Mesotherapy: A Clinician's Perspective

Charles A. Leroy

I became interested in mesotherapy in April 2003 and in the ensuing 2 years it has become the dominant modality in my daily practice. Having become a competent mesotherapist thanks to the careful tutelage of the pioneering American doctors, Lionel Bissoon, DO, and Raul Rodriguez, MD, with further insight gained from French practitioners in Paris later that year, I soon became a proficient and even innovative mesotherapist.

Mesotherapy was an especially good fit to my existing medical practice. For the previous 8 years I had been practicing skin care and weight management, utilizing my background and experience in endocrinology and metabolism. I was hopeful, as well, of utilizing my knowledge of cell physiology which I had gained at Vanderbilt University, where I had completed the coursework for a masters' degree in molecular biology (I eschewed the masters thesis and degree in favor of attending Georgetown Medical School).

Since April 2003, I have treated more than 400 patients, performing thousands of individual treatments. My exposure to 3 of the most innovative mesotherapists—Drs. Bissoon, Rodriguez and Le Coz—led me to become innovative myself. The following 2 cases will illustrate my approach to body sculpting and fat reduction, offering proof of the success of this intriguing medical specialty with unretouched photographs. In future articles I will present my work in cellulite and skin rejuvenation.

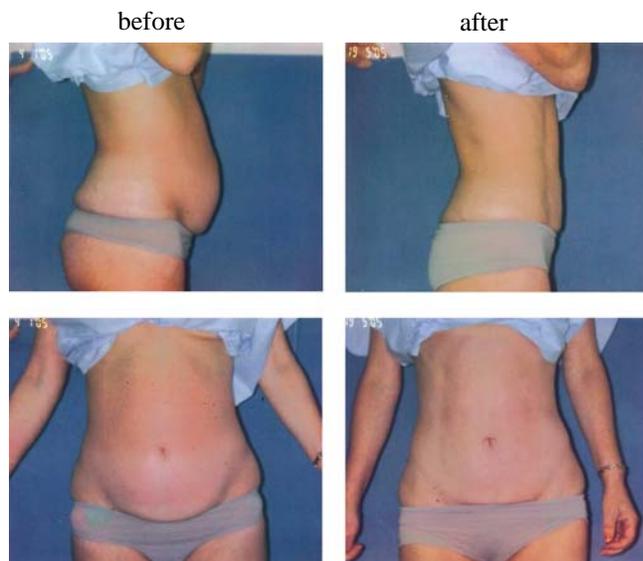
My cases are documented with a Polaroid Macro5 SLR, providing for extremely reproducible photographs. My technique employs 4 and 6 mm 30-gauge AirTite or 30-gauge ½-inch BD needles for injection into the mesoderm.

My formulas are an evolving personal specialty, and it is my view that the real science of mesotherapy lies in the formulas and the unique manner in which specific substances influence cell physiology. Typically, I use a 12-cc syringe with a formula of lidocaine with a combination of aminophylline, phosphatidylcholine (PC), triac, yohimbine, Isuprel or isoproterenol in the newer 64 picomole form, L-carnitine, ginkgo biloba, lipase, collagenase, pentoxifylline, amino acid-Cellulyse, biotin, conjugated linoleic acid, adenosine monophosphate, and human growth hormone. I do not mix lipase with PC. Cellulyse treatment, presented at the anti-aging meeting in Monaco, is a powerful treatment for both fat and cellulite and is available at Pharmacy Creations. It is a mixture of mannitol, theophylline, and 4 mg of amino acids. I find I can eliminate aminophylline when I use Cellulyse.

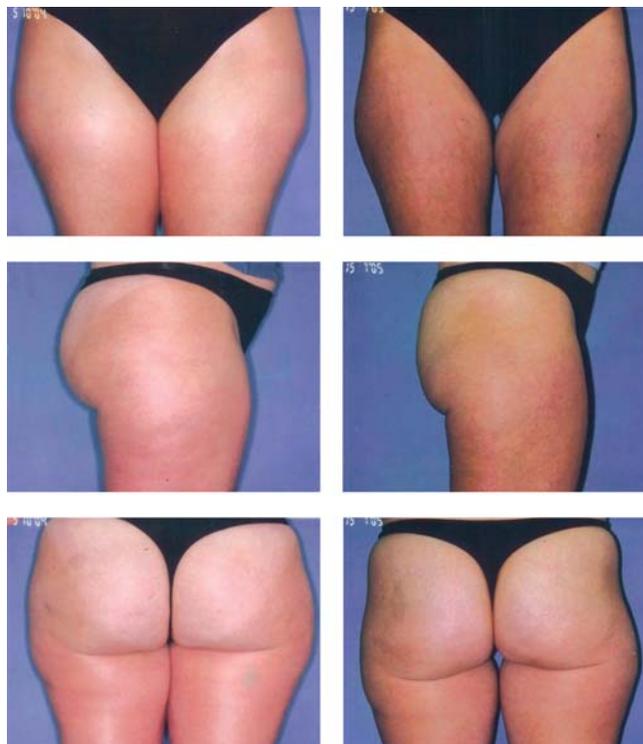
Mesotherapy is not an isolated therapy. The attempt to alter body weight, girth, and the lean-to-fat ratio should be viewed in terms of permanency, and no therapeutic modality should be spared or ignored. In that spirit, many mesotherapy patients will also benefit from hormone replacement therapy, weight loss medications such as phenteramine and phendimetazine, and concepts of healthy dietary behaviors.

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Before and after photos.



Case 1. A 47 y.o. female treated 7 times over 3 months with: lido/PC/carnitine/collagenase/triac/aminophylline/yohimbine/Isuprel



Case 2. A 38 y.o. female treated 11 times over 4 months with: lido/PC/LC/amino/AMP/collagenase/pent/yoh/IsuTriac

Send us your case presentation along with before and after photographs.