

## Letters to the Editors

### Help Hair Shake—Solid Science and Reproducible Results

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*\*Inventor and Founder of Help Hair Products, Accelerated Follicular Restoration (AFR), SHAPIRO Chart, Low Anabolic Profile, & Anabolic Index Rating*

In order to maximize the results with the shake, it is important to understand the science behind the SHAPIRO Chart. In this Letter to the Editor, I am going to respond to the specific questions raised about the various scientific references and clarify the issues about this new and exciting topic, which can be quite confusing to those not familiar with Accelerated Follicular Restoration (AFR). My paper on the Low Anabolic Profile and SHAPIRO Chart Pathways 1,2,3 will be published in the upcoming October issue of the Japanese peer-reviewed journal, "Skin." These Pathways explain how the Low Anabolic Profile and anabolic supplements affect hair growth. I will be submitting SHAPIRO Pathways 4,5,6,7 as an original manuscript to either this Forum or the Japanese "Skin" journal in the next few months. These pathways explain how the shake affects hair growth, regrowth, and AFR.

It has been clearly shown that the high branched-chain amino acids (BCCA) do play a significant role in raising testosterone levels. As noted in the Sharp study, the BCAAs in whey protein isolate (WPI) are the real culprit in raising the testosterone levels during and after exercise.<sup>1</sup> In the Sharp study, subjects consumed BCAA with high-intensity total-body resistance training. Blood serum was analyzed for testosterone. It was noted: "Serum testosterone levels were significantly higher in the BCAA group during and following resistance training." And this study was done using as little as 15gm of WPI, so the threshold with elevating testosterone levels is a very small threshold. I spoke with both Dr. Sharp and Dr. Jeff Volek (co-author with Hulmi study). They have run hundreds of these studies and the purpose of WPI is to create an anabolic state. My paper also references the fact that the WPI initial reaction is what Dr. Volek called the Hulmi paradox, after the main author, which is an initial lowering of the testosterone levels due to an increase in the AR response. This is a transient response because the AR become saturated<sup>2</sup> in the skeletal muscle since they are responding to the increased testosterone response from the WPI. Otherwise WPI would elicit a low testosterone response, the exact opposite effect of the "cutting effects or muscle building effects." Not only does the Sharp study confirm that WPI increases testosterone levels, but actually an earlier study done in 1992 by Carli explains the reason for the Hulmi paradox.<sup>3</sup> The reason for the lower testosterone was believed to be initially the result of increased metabolic clearance of testosterone from the exercise but at rest testosterone levels rose afterwards probably due to the saturation of the AR from the BCCA'S. "The athletes with BCAAs, showed no reduction in the hormones noted and they were actually increased following the rest period. They concluded that BCCAs provide a direct anabolic effect on muscle proteins during exercise."<sup>3</sup>

I spoke in depth at the Help Hair Dinner in the Bahamas about these studies and proper shake usage. All but 1 physician and staff using the Help Hair Shake participated. The typical BCAA content of dietary proteins is 15-20gm per 100gm of protein.<sup>4</sup> The daily intake of the BCAAs in a 70kg person consuming the

RDA for protein would thus be 8.4-11.2 g.<sup>5</sup> I have seen many patients consume over 60gm per day of BCCAs and over 250gm of WPI daily in 24 years of practice.

Let's also discuss Zajac because when my abstracts were reviewed they did not compare the study to the Creatine study. Many WPI add not only extra leucine but arginine, which is found in creatine. Creatine is a common over-the-counter product used by weight lifters to gain muscle mass and, in addition, it is used as a weight gainer. Creatine is made up of three amino acids: arginine, glycine, and L-methionine. It raises DHT directly without affecting serum testosterone levels, although IGF-1 is elevated.<sup>6</sup> A study showed that after 7 days of creatine loading, or a further 2 weeks of creatine maintenance dose, there was no change in serum testosterone levels. However, DHT levels increased by 56% after a week of creatine loading and remained 40% above baseline after two weeks of maintenance (SHAPIRO Pathway 3). This explains the Zajac study and the reason that testosterone levels remain level because arginine, the main amino acid in creatine, is increasing the rate of conversion of T to DHT. Nor do we add BCAAs to Help Hair Shake as was alleged. In fact, this assumption is completely wrong and shows a complete lack of understanding of how the product works. BCAAs are naturally occurring but do not exceed levels that will make it anabolic since we are way below the study's minimum intake. In fact, the Criminal Division of the Australian government just banned many WPIs because they have gone awry of doping regulations with added aminos. Help Hair was approved for use in Australia without any issues.<sup>7</sup>

It is absolutely correct that the terminal hairs that are regrown are sharper and pointed. Moreover, in many AFR cases we have observed that 40-60% of the transplanted hairs do not shock and remain intact and will start to grow at 6-8 weeks. This explains the fact that we do not have a narrower shaft on these non-shocked hairs. Of course, this non-shocked hair will vary based also on how the transplanted hair is treated after the procedure. This was clearly explained to clinics properly trained in AFR. This fact, if misunderstood, would lead us to believe that any early regrowth was unintentionally under reported. The shake is also good for nutritionally deficient patients. Very few of my patients are nutritionally deficient, however, and we have seen very good results with patients who have tried it regardless of nutritional background.

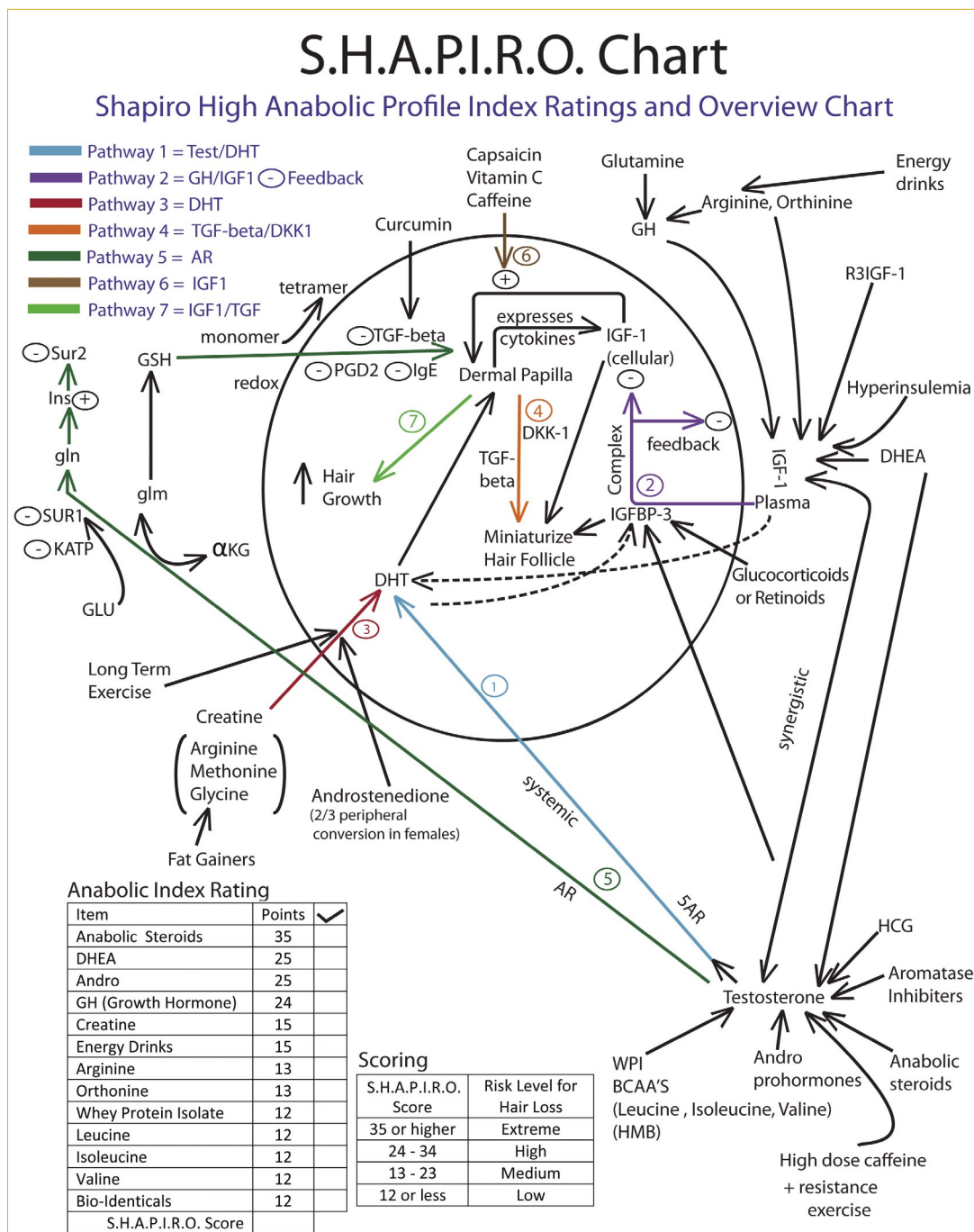
There are many types of IGF-1.<sup>8</sup> It is easy to confuse these groups. Both in the hair follicle produced by the dermal papilla, which increases hair growth (SHAPIRO Pathway 6,7), and the serum produced by the liver (SHAPIRO Pathway 2). IGF-1 from the liver is anabolic. For instance, the most recent form known to the public is by the professional athletes who take IGF-1 serum or deer urine to increase anabolic activity to build muscle. It has been shown that increased IGF-1 serum levels were correlated with vertex baldness.<sup>9</sup> The effect of IGF-I was about 100x that of androgen: "The researchers studied whether androgen induction of the enzyme activity could be via IGF-I production. Adding a monoclonal antibody against IGF-I significantly reduced the effect of DHT. The study showed that, "...simultaneous addition of a specific IGF-I receptor antibody blocked the expected induction of 5 alpha R activity (control, 4.9±0.5; DHT, 8.0±1.9; DHT plus

IGF-I receptor antibody,  $3.7 \pm 0.4\%$ ). These studies indicate that IGF-I may be an important regulator of skin 5 alpha reductase activity and, thus, may influence DHT formation. "The previously known androgen induction of this peripheral steroidogenic enzyme may be via paracrine/autocrine production of an IGF-I-type growth factor."<sup>10</sup>

With respect to HGH, IGF-1 and serum total and free testosterone, these studies clearly explain my position on SHAPIRO Pathway 2. HGH decreases SHBG. "CONCLUSIONS: Low dose, continuously infused GH resulted in a parallel decrease in serum SHBG and testosterone concentrations. Thyroid hormone concentrations were affected in a similar way to that previously demonstrated following daily injections of GH."<sup>11</sup>

Free testosterone is not bound to SHBG and is the bio-available fraction to target tissues.<sup>13</sup> "Serum testosterone circulates in a free or bound state. Most testosterone is bound to either sex hormone-binding globulin (SHBG) (60%) or albumin (38%). Testosterone is tightly bound to SHBG, but weakly bound to albumin. Consequently, both albumin-bound testosterone and free testosterone (FT) are accessible to target tissues and constitute the bio-available (BT) fraction that carries out the actions of testosterone. Sex hormone-binding globulin-bound testosterone is not biologically active. Generally, TDS manifestations correlate with the degree of testosterone deficiency."<sup>12</sup> Decreased SHBG increases free testosterone.<sup>13</sup> "The frequency of sub normal values in SHBG, FSH, testosterone and epi testosterone (but not in free androgen index) was significant in the balding men. A borderline significant trend was recorded with respect to increased levels in 17OH-P and prolactin."<sup>18</sup> An example from such a study showed that decreased SHBG—and increased free T—might be the cause of hirsutism in women with normal total T levels.<sup>13</sup>

Finally, if we understand the above relationship, then we can understand that SHBG is inversely related to IGF-1. So if



IGF-1 is elevated, the SHBG is decreased and free testosterone is increased.<sup>17</sup> So any anabolic substance that raises IGF-1 would increase free testosterone. (SHAPIRO Pathway 2). For example, arginine, which increases DHT (SHAPIRO Pathway 3), directly increases GH and IGF-1 (serum) (SHAPIRO Pathway 2). Thus, "Significant increases ( $p < 0.05$ ) were observed in both GH and IGF-1 serum levels after arginine and ornithine supplementation."<sup>14</sup> So my Zajac reference was misunderstood with respect to both testosterone levels and IGF-1.

GH also increases IGF-1 (serum).<sup>15,16</sup> (SHAPIRO Pathway 2). In addition, SHBG was negatively associated with insulin, glucose, HOMA-IR index, and IGF-1 levels: "In our cohort, higher IGF-1 and IGF-BP<sup>3</sup> levels are associated with lower SHBG levels, independent of body composition. This suggests that the relationship between IGF-1 and SHBG is related to the different

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components of the somatotropic axis.<sup>17</sup> This axis is also known as the hypothalamic-pituitary-growth hormone-Igf-1 axis.

In conclusion, reproducibility is the first step in testing the Help Hair Shakes. Most clinics report back after 4-5 months when using the product, rather than wait 18 months, so proper guidance can be given. One of our oldest AFR clinics thinks that prolonged AFR may be attributable to the amount of vascular compromise with some of their procedures. But there are many variables between clinics, such as improper usage of the shake including improper dosage, preparation of the grafts with respect to certain holding solutions, amount of grafts that are denuded, or injection of steroids for swelling. Feedback with the product is important. We welcome it. We have attached before/after pictures and Letters to the Editor to show feedback from 5 different Worldwide AFR clinics including Dr. David Zakarias (Hungary), Dr. Christian Schmitz (Germany), Dr. Marwan Saifi (Poland), Dr. Patrick Mwamba (Belgium), and Kate Dawes, Trichologist, from MHRA Australia. The clinics who have reproduced our results have reported one or more of the following:

1. Faster regrowth after surgery starting at 5.5 weeks to 9 weeks, and 90% growth by 5-7 months. This faster regrowth also occurs in second, third sittings, which without the shake tend to have an even longer lag time.
2. Improved texture and density of existing non-transplanted hair.
3. Improved donor hair by "preloading" or taking the shake prior to surgery to improve the outcome, especially on poor- or low-density donor.
4. Less shock loss after surgery with many clinics reporting 40-60% of transplanted hair remaining and then starting to grow at 6-8 weeks.
5. Less shock loss of non-transplanted hair after surgery.
6. Use of the shake for patients who are thinning and not ready or not candidates for a hair transplant with less shedding at 6-8 weeks and improvement of texture and quality of hair at 5-6 months.

We encourage the use of finasteride and minoxidil with the shake, but we do not know how other therapies/modalities work with it although they may be beneficial. AFR results will vary with dosing as 1 scoop 2x daily gets the fastest results. All the clinics that have reported results attended the 2-hour Help Hair dinner and have been in frequent contact with our office.

When a new product is introduced to the market such as surgical equipment like an FUE extractor or products for better regrowth such as Help Hair Shake a certain learning curve is involved. Instruction is paramount otherwise the full benefits of the product will not be achieved.

The ISHRS should allow me to lecture, as they do with other inventors and innovators, to ALL members at the next meeting so that they properly learn to utilize the shake and AFR for faster results. Currently we have over 40 Independent Worldwide Help Hair Clinics. In the future we will require AFR Certification for proper shake usage and constant feedback from new AFR clinics so that we can monitor their progress on a regular basis. We will be presenting a scientific poster presentation on AFR and possibly

setting up another AFR Live Patient Viewing at the San Francisco convention. We may also have another Help Hair Dinner if time is permitting. I will be able to respond to any further questions on this hot new topic at one of these venues.

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Before (Dr. David Zakarias, Hungary)



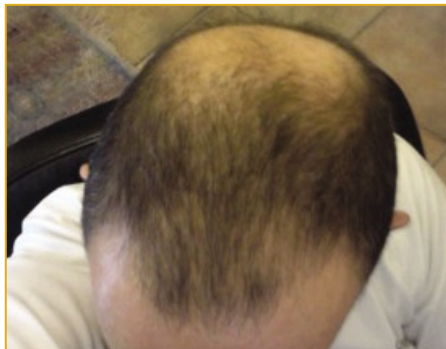
6 months post-op using shake



Before (Dr. Jennifer Martinick, Australia)



6 months post-op using shake



Before (Dr Marwan Saifi, Poland)



2 months after using shake to improve donor



6.5 months post-op with shake (wet)



6.5 months post-op with shake (dry)

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Before (Dr. Larry Shapiro)



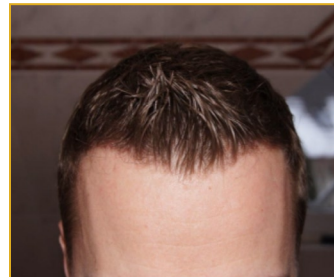
3 months AFR



6 months AFR



Before (Dr. Patrick Mwamba)



7 months' post-op using shake



Live Patient Viewing Bahamas with AFR patient (seated) and Drs. Christian Schmitz and David Zakarias (right)



Before



After 6 months AFR LPV patient

**Re: Help Hair Protein Shake****Kate Dawes, Trichologist Perth, Australia**

I would like to share our experience at Medical Hair Restoration Australia using Help Hair Protein Shake. We have been recommending Help Hair to our patients for the past 1 ½ years. As a Trichologist, I have found the results achieved from the shake to be excellent. Most of my patients are women, so there are few treatments available to them. After taking Help Hair, they are experiencing less shedding, faster growth, and better quality and texture of the hair. I have found that Help Hair has given predictable and consistently good results for a variety of hair loss conditions. All of my patients are explained how to use the product to gain the maximum result, and I feel this is very important. Like all treatments, the correct use of the product is paramount to the success of that treatment. Help Hair is

no different. Due to these successful results, we implemented our “Help Hair Protocol” to our Hair Transplant patients. All hair transplant patients are given a bottle of Help Hair shake 1 month prior to surgery. Then they are to take the shake for 6 months post-surgery to gain maximum results. Since we have implemented this, we are seeing less shock loss, better quality donor hair, and growth at 3 months. Usually we are seeing full growth by 8 months and expect even better results once we are given the permit to import the Help Hair vitamin tablets from the TGA (Therapeutic Goods Administration). Help Hair has been an excellent addition to our services and products. As a Trichologist with a special interest in Nutrition, Help Hair has become a large part of my treatment regimen for those unsuitable for surgery, and a successful addition to improve the quality of our hair transplant surgeries. ♦



**Re: Help Hair Shake Protein and Vitamin****Patrick Mwamba, MD Brussels, Belgium**

I started to use the Help Hair Shake 2 years ago in my clinic in Belgium as advised by a colleague hair surgeon from Mexico who was using the shake too. We had a patient from Germany who had two surgeries with us. The first one was before the shake. The result was good and he grew in at the normal rate of about 10 months. After the second surgery, we recommended him to take the Help Hair protein shake. He told us that his hairs grew back faster than the first time. The patient had full results around 6 months instead of 10 months, and the quality of his hair was great. He got the impression that his hair color was darker with the shake. We also treated his sister with the shake who was experiencing thinning and she is extremely happy with the treatment.

It encouraged me to attend the Help Hair dinner in the Bahamas for a better understanding of the science behind the product. Since then, I usually discuss the Shapiro Chart with my patients to reveal the complexity of hair loss causes with all the different pathways. I do encourage them to follow the Low Anabolic Profile (LAP) + the Low Glycemic Index (LGI) to promote fast growth.

Before we used to have noticeable growth (I don't say full growth as I do believe hairs will continue to mature as time goes) around 9-10 months. But now most of our patients report growth around 6-7 months. We published several results in public forums lately. We tried to find out when they really start to observe the first grow and it was between 2 and 3 months post-op. It seems like we are getting 2-3 months regrowth as our norm. We are still collecting our data for statistical conclusions in the future.

Our recommendation is two protein shakes per day for 6 months, then one scoop per day for the other 6 months, then a maintenance dosage of 2 to 3 times one scoop per day.

Our second protocol is one protein shake + one pill of Help Hair vitamin for 12 months; then, for maintenance, one scoop per day of Help Hair protein two to three times per week or two pills of Help Hair vitamins two to three times per week.

Sometimes we combine the Help Hair products with Rogaine® and/or Propecia® and/or laser light.

However, we have never had early regrowth prior to using the shake. We strongly recommend it. ♦

**Re: Help Hair Shake and Hair Texture and Quality****Marwan Saifi, MD Wroclaw, Poland**

I have been using Help Hair Shake on some of my patients for 1.5 years. I have seen some improvement in the texture and quality of patients' hair and a relatively early growth after surgery. It seems like a good modality to offer patients. After 15

years in practice performing hair transplantations, early growth is extremely desirable. It does take some education and there is a learning curve but we give Dr. Larry Shapiro a lot of feedback and he in turn will talk your ear off about how to use it properly. We are extremely pleased with the results. ♦

**Re: Help Hair Shake and Follicular Regeneration****Christian Schmitz, MD Cologne, Germany [schmitz@purehair.de](mailto:schmitz@purehair.de)**

I have been using the shake in Germany and from my clinical experience there is no doubt the Help Hair Shake is good for follicular regeneration. Its repeated effects on patients is very

consistent with early results. It is extremely important to understand the Low Anabolic Profile, SHAPIRO Chart, and protocols on using the shake. A patient with AFR results was featured in a big daily German Magazine. ♦

**Re: Help Hair Shake Use Over 2 Years****David Zakarias MD Budapest, Hungary [david@hairhungary.hu](mailto:david@hairhungary.hu)**

I have been using Help Hair Shake for 2 years. We offer it to our patients in our hair transplant clinic in Hungary. We see early growth with many of our patients. We were trained by Dr. Shapiro on how use the shake and if used properly by using the Low Anabolic Profile we have very consistent results. Screening is very important for anabolic substances. Otherwise it will not work. We attended the Help Hair dinner, which was very informative. Last year we brought a patient to the Live Patient Viewing at the ISHRS convention for everyone to examine. We plan on bringing a patient this year too. I have enclosed pictures from the patient from the Live Patient Viewing in the Bahamas. Our protocol is to use the shake 1 scoop 2x daily. They must avoid all products such as Whey Protein Isolate, Creatine, Growth Hor-

mone, soy milk, testosterone and testosterone boosters, Arginine, Glutamine. If they take these supplements, growth is slowed. I have reviewed the research paper and scientific references and the SHAPIRO Chart clearly shows that there is a difference between IGF-1 serum and IGF-1 dermal papilla. IGF-1 serum is anabolic. So avoiding anabolic substances plus the shake has been shown clearly in our clinic to get early regrowth. We also see that quite a few patients do not have the amount of shock loss and most of the transplanted hair remains after the surgery and then starts to grow at around 6-8 weeks. And we think it has benefited the hair with improved texture. In our clinic we do only FUE, so we think the shake has made an impact. AFR is new to the medical field but it is very useful as a modality since we have never seen early regrowth like this prior to its use. ♦

# Message from the 2013 Annual Scientific Meeting Program Chair

Robert H. True, MD, MPH New York, New York, USA [drtrue@hairlossdoctors.com](mailto:drtrue@hairlossdoctors.com)

The 21st Annual Scientific Meeting is just around the corner. We look forward to seeing you in San Francisco for an exciting meeting. There is so much to look forward to; I find it hard to pick what I am anticipating the most.

Perhaps it is the invited speakers: Drs. Chuong, Hellstrom, Jahoda, and Price. Or maybe it's the state-of-the-art lectures on FUT and FUE. But, also, as I have seen the workshops and lunch symposia coming together, I know I want to attend them all. And I also am really looking forward to see what Dr. Jerry Wong has put together for the live patient viewing and to review in more detail the outstanding posters.

On the social side, we can look forward to the opportunity to catch up with one another and enjoy collegiality at the receptions and luncheons, and especially at



San Francisco Travel Association photo by Phillip H. Coblenz

the Gala where you can enjoy the after-hours jam session.

For those reading this issue after the meeting, I want to thank everyone who participated and supported the meeting: the CME Committee and Annual Scientific Meeting members; the extra course, symposia, and workshop directors; all the members who presented their studies and techniques; and the corporate sponsors and vendors.

I must give special mention to the support of our outstanding president, Carlos Puig, DO, and to Victoria Ceh, Melanie Stancampiano, and all the headquarter's staff for their invaluable effort and skill in making this meeting a special event. ♦



## Beautiful Brows Workshop ISHRS Regional Workshop San Francisco October 27 - 28, 2013

### Program Highlights:

- International hair restoration faculty
- Live patient viewings
- Live patient surgeries including both female and male brow surgeries and reconstructive surgery
- Instruction for both surgeons and staff
- Permanent Make-up demonstrations



Sara Wasserbauer, M.D.  
Workshop Host and Chair



### Location:

Offices of Sara Wasserbauer, M.D.  
1299 Newell Hill Place #200  
Walnut Creek, CA 94596 USA  
Phone: 1-925-939-4763

|                                  |             |
|----------------------------------|-------------|
| Physician ISHRS Member           | \$1,500 USD |
| Physician ISHRS Member - Pending | \$1,700 USD |
| Physician Non ISHRS Member       | \$2,000 USD |
| Non-Physician                    | \$1,200 USD |

As head hair goes, eyebrows frame a face more completely than some hairlines and are more of a focal point than either beards or eyelashes. And, unlike other head hair, there are few cosmetically acceptable alternatives for restoring brows. This workshop will review the causes of brow hair loss, and both the surgical and non-surgical techniques for restoring eyebrows for several types of patients including those with trauma and loss from over-plucking and both male and female patients. Hands on practice sessions.

With our international faculty and live patient surgery viewing, it will be a fascinating workshop - **join us!**

**For more information, registration and ACCME Accreditation go to: [eyebrowworkshop.com](http://eyebrowworkshop.com).**

**Free 20 min. shuttle for those attending the San Francisco ISHRS conference.**

## Message from the 2013 Surgical Assistants Program Chair

Diana Carmona La Jolla, California, USA [karis\\_137@yahoo.com](mailto:karis_137@yahoo.com)

It gives me great pleasure to be part of our 21st Annual Scientific Meeting. I would like to thank all the staff and members for your help and support. I also want to encourage all of you to attend and be part of our scientific meeting.

This year in San Francisco we have an information-packed program covering a variety of pertinent topics that will be addressed both with lectures and panel discussions, and there will be plenty of time for Q&A interaction. You will be amazed how much networking you can do during lunchtime!

In past years, attendees have been reenergized with new ideas and new techniques for assisting their doctors. This leads to excellence in patient care and satisfaction.

Everyone, from the physician to the office staff, can benefit from attending the Surgical Assistant's Workshop in San Francisco this year.

Looking forward to seeing you all there! ♦



## Message from the 2013 Surgical Assistants Program Vice-Chair

Aileen Ullrich Hillsboro, Oregon, USA [aileen@gabelcenter.com](mailto:aileen@gabelcenter.com)

October is fast approaching and we are all hard at work making the final preparations for this year's annual meeting. These meetings provide an opportunity to gather together to learn about new developments within our field, expand our knowledge, improve our skills, and collaborate with colleagues to advance the field of hair restoration. The surgical assistant's workshop will play an integral role in doing just that.

Attendees will have ample hands-on practice time with cadaver tissue and one-on-one guidance by experienced faculty members. During this time they will have the opportunity to experiment with several different techniques, instruments, and magnification used for hair restoration. Our distinguished

faculty has generously contributed an assortment of educational materials to advance the learning process, many of which will also be included in an electronic PDF handout for each attendee. This handout will include photographs, diagrams, tips & pearls, and informative articles specifically geared toward the surgical assistant.

Registration for this course is open and limited space is available. I am looking forward to this year's workshop being a fulfilling and productive educational experience for both beginning and advanced technicians, and I invite you all to attend. ♦



## Hair Transplant 360 Workshop

Comprehensive Hair Transplant Course & FUE Hands-On Course

November 14-17, 2013 | St. Louis, MO, USA

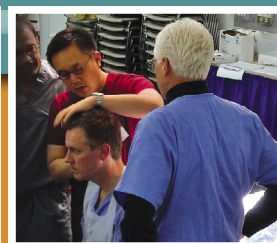
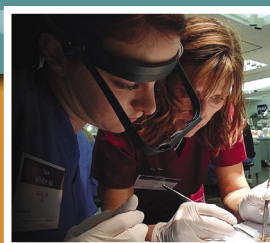
- ▶ Hairline Design
- ▶ Donor Harvest/Closure
- ▶ Recipient Site Creation
- ▶ Graft Dissection
- ▶ Graft Placement
- ▶ Crown Design
- ▶ Female Hairline Design
- ▶ Temporal Point Design
- ▶ Graft Calculation
- ▶ Eyebrow Transplant
- ▶ Marketing
- ▶ Consulting
- ▶ Medical Treatment
- ▶ Critical Thinking Day
- ▶ Quality Control
- ▶ FUE

**Course Director:**  
Samuel M. Lam, MD, FACS

**Physician Faculty:**  
Michael Beehner, MD  
Glenn Charles, DO  
James A. Harris, MD, FACS  
Robert P. Niedbalski, DO  
Carlos Puig, DO  
Lawrence E. Samuels, MD  
Ken L. Williams, Jr, DO  
Bradley R. Wolf, MD

**Assistant Course Director:**  
Emina Karamanovski, MD

**Assistant Faculty:**  
Tina Lardner  
Charlene Smith  
Shellie Henderson  
Brandi Burgess



- New, Expanded Course Format
- 4 Information Packed Days
- Latest High-Definition Live 3D Lectures and Surgery Dissection
- Extensive, Hands-on Cadaver Workshop with Low Student-to-Faculty Ratio
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## Surgical Assistants Corner

Ailene Russell, NCMA Charlotte, North Carolina, USA [arussell@haircenter.com](mailto:arussell@haircenter.com)



Brandi Burgess is the lead hair tech in the OR at Carolina Dermatology. She began working with Dr. Cooley in 2000 and assists him in all areas of the clinic. She has worked in the OR under a microscope and as the main placer for years. I am sure every clinic has faced the issue of a patient's perception of the clinic. I am also sure all of us have faced questions regarding transplants and our clinics or even questions about other clinics. This is Brandi's idea of being the "Ambassador" for Carolina Dermatology in particular and the World of Hair Restoration in general!

## The assistant's role as ambassador to the world of hair restoration

Brandi Burgess, Charlotte, North Carolina, USA [bburgess@haircenter.com](mailto:bburgess@haircenter.com)

You are an AMBASSADOR to the world of Hair Restoration... and your clinic! Or ARE you?

This subject has multiple facets, both in the operating room (OR) and during your off time.

I think every tech has been cornered either by a patient or by a neighbor, friend, or even a complete stranger when they disclose what their career field is. The way we answer is the key to being an effective ambassador.

There should be clear guidelines set by the physician regarding "allowed OR" conversations. There should also be a good understanding of the hair loss process and your physician's recommendations for the surgical patient or just the potential patient thinking about this process. There is a lot of obsolete and inaccurate information available to the general public. Sometimes this information does not lead to a true understanding of the hair transplantation process. It is up to those of us in the field, the "ambassadors," or representatives, to make certain that we are knowledgeable and clear when we speak of the procedures that are options.

During a transplant, there are many times when a patient will ask questions or even passively lay there listening to the conversations of the techs. It is imperative that those in the OR never let their guard down, and never assume that a patient cannot hear what is being said, even when they appear to be asleep. The staff should always converse as if the patient is wide awake and coherent.

The informed, educated tech is the tech who is able to respond to patients' questions or concerns and not only reassure them but give them valuable guidance.

Some hair doctors require a quiet OR. Some clinics are very laid back and allow chitchat but discourage discussions that can be controversial such as religion and politics. But, in my opinion the hardest conversations to monitor are the conversations about personal subjects.

Do you discuss marital or other relationships with your fellow techs? Do you assume the patient is sleeping and discuss sensitive subjects about your children while placing? How many times have we heard someone else talking about one of these subjects or even been a part of the conversation? How much of these conversations are remembered or a part of the memory of the surgical experience? You may be surprised by what a patient will recall even when under sedation. A "key" word that lets everyone know to change the subject can be helpful in this situation, and if all else fails, I have been known to simply whisper, "Zip it!"

Of course, in every office there is a variety of personalities: the drama queen, the quiet one, the outspoken one, and the one who takes charge. Learning how to meld all personalities and to introduce the patient's personality into the mix is a challenge at best and sometimes ground rules just don't apply. Being a team player is part of being an Ambassador, so understanding what is appropriate or sensitive is extremely important.

Try to be sensitive to body language, particularly that of the patient. Sometimes unspoken thoughts are louder than the ones we shout. Many patients are nervous and it is the tech's job to reassure with instruction and confidence that the day will go well and the end result will be worth the effort!

All of us have had panic moments and have had second thoughts about giving advice or answering an awkward question. NEVER panic! Smile, and if you don't know the answer simply say so, but always offer to get the recommendation of your surgeon. And then make sure that you follow through with your promise.

Remember that there are many techniques, so even if your clinic or physician does something a certain way, it is not the only way. Always defer to the surgeon when in doubt about the answer! Remember, bad news travels a lot faster than good news. You always want to represent yourself, your clinic, and the industry in the most professional light. You are the ambassador! ♦

## Classified Ads

### Hair Transplant Surgeon Career Opportunity

Hair transplant surgeon is needed for established hair transplant clinic in Orange County, California.

We invite surgeons with MD or DO degree in good standing.

Tasks involve consulting, suturing, incision making, and supervision.

We prefer surgeons familiar with strip technique and FUE.

Willing to train qualified applicants with limited experience. If interested, please forward your CV to [jsmitty328@yahoo.com](mailto:jsmitty328@yahoo.com).

### Hair Restoration Physician Needed

The Capri Clinic is offering an excellent opportunity for a Pennsylvania licensed physician to join our surgical team in Pennsylvania. The Clinic's Surgery Center is centrally located in Bensalem, PA with offices in New York City, North Jersey and South Jersey. All procedures are performed at our Bensalem clinic (no travel necessary). We are proud to extend to the right person our reputation with outstanding patient based references and unsurpassed level of care.

Please email or fax your C.V. or résumé.

Our contact information: Phone: 877-602-2774; Fax: 215-633-0177; Email: [thecapriclinic@gmail.com](mailto:thecapriclinic@gmail.com)

### Seeking Qualified Hair Restoration Surgeon

Dermatology Associates, PA, of the Palm Beaches seeking a qualified hair restoration surgeon.

Applicant should be board certified with a Florida License either active or willing to apply.

We are offering a competitive compensation package with a beautiful South Florida Lifestyle.

Interested candidates should email [garyberlin17@hotmail.com](mailto:garyberlin17@hotmail.com) with their CVs.

### Offered for Sale—Limmer Hair Transplant Clinic

San Antonio, Texas.

Contact Dr. Bobby Limmer: [limmerhtc@yahoo.com](mailto:limmerhtc@yahoo.com) or

Tel: 1-210-496-9929 or 1-210-410-9506

### Practice for Sale

An established hair transplant clinic with 22 years in business is for sale.

Office is set up for hair transplant, with very experienced staff.

Main location is in Orange County, California, with three satellite offices in Southern California.

Steady client load, with great income. If interested, please email [jsmitty328@yahoo.com](mailto:jsmitty328@yahoo.com).

### Seeking Experienced Int'l Practice Performance Manager

We are actively recruiting for an experienced International Practice Performance Manager – Europe, Home based.

He/She plays an important role in supporting new and existing customers to grow their practice through clinical excellence and/or practice marketing.

Previous surgical hair transplant and medical device training experience, credentials such as RN/PA/MA/Engineering preferred.

Ability to travel within assigned region 30%-50% of the time. English language skills required.

Send your résumé to [linal@restorationrobotics.com](mailto:linal@restorationrobotics.com).

➡ Classifieds continue on next page

## Classified Ads

### Seeking Hair Transplant Technicians

The Mosaic Clinic is seeking Hair Transplant Technicians for our Houston Location.  
Please send résumé to: [GreatClinicJobs@yahoo.com](mailto:GreatClinicJobs@yahoo.com)

### Seeking Experienced Hair Transplant Technician

Experienced hair transplant technician needed at Anti-Aging & Aesthetic Medical Center near Raleigh, NC.  
Flexible hours. Great working environment and benefits. Great pay. Moving Expenses.  
All inquiries are completely confidential.  
Please e-mail your résumé to [azacco@earthlink.net](mailto:azacco@earthlink.net) AND call 919-362-5090.



## ISHRS On-Demand Webinars

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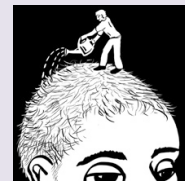
Sponsored by the International Society of Hair Restoration Surgery

The International Society of Hair Restoration Surgery (ISHRS) is pleased to present its On-Demand Webinars. Recorded webinars are 60 to 90 minutes in length. You can listen to the webinars 24/7/365—whenever it's convenient for you!

#### GROW HAIR GROW! MINIMIZING POOR GROWTH IN HAIR TRANSPLANTS AND NEW WAYS TO MAX IT OUT

**Speakers:** Mario Marzola, MBBS; Michael L. Beehner, MD; John P. Cole, MD; William M. Parsley, MD

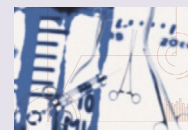
This webinar shares insights on how to minimize poor growth outcomes in FUT and FUE procedures. Case studies illustrate the best practices in maximizing hair growth, lessons learned, and how to confront patients with poor growth. The faculty also discuss new ways to maximize growth in the use of vasodilators, angiogenesis stimulators, PRP, Lipophilic ATP, ACell, and other growth maximizer treatments.



#### INTRO TO BIostatISTICS & EVIDENCE BASED MEDICINE

**Speakers:** Jerry E. Cooley, MD; Jamie Reiter, PhD

This webinar provides basic information regarding proper research design and statistics for investigators in hair restoration surgery through didactic lecture and dialogue between presenters. It covers the importance of proper design and analysis, typical research questions asked by ISHRS members, research design, statistical analysis, and resources.



#### GOING VIRAL: UNLOCKING THE SECRETS OF SOCIAL MEDIA FOR HAIR TRANSPLANT PATIENT EDUCATION AND BEYOND

**Speaker:** Alan J. Bauman, MD

Social media is "an umbrella term that defines the various activities that integrate technology, social interaction, and the construction of words, pictures, videos, and audio." It describes the "zillions" of conversations people are having online 24/7. Social media is shifting power away from the editors, publishers, the establishment and the "media elite." Beyond just another marketing channel, you need to understand how to leverage social media and its implications for your practice.



**Pricing:** ISHRS Members: \$40 per credit hour; ISHRS Pending Members: \$45 per credit hour; Non-Members: \$50 per credit hour

FOR MORE INFORMATION OR TO REGISTER:

<http://www.ishrs.org/content/demand-ishrs-webinars>



# Plan to Attend

## Bridging Technology and Art in Hair Restoration Surgery

The ISHRS's annual scientific meeting is THE premiere meeting of hair transplant surgeons and their staff. You don't want to miss it.

### GENERAL SESSIONS

- State of the Art Hair Restoration Techniques
- Small Group Discussion Tables on a Variety of Topics
- Approaches to Difficult Cases
- Finasteride Symposium
- Practice Tips and Surgical Gems to Achieve the Best Results
- Advances in Hair Biology
- Hairline Design Panel
- Live Patient Viewing

### MORNING WORKSHOPS

- What the Hair Restoration Surgeon Needs to Know – Medical & Surgical Management of Non-Androgenetic Alopecia  
*Directors: Vera Price, MD & Marcelo Pitchon, MD*
- Corrective Surgery & Strategies  
*Director: Jerzy Kolasinski, MD, PhD*
- Hairline Design & Recipient Area Planning  
*Director: Tony Ruston, MD*
- Body Hair FUE  
*Director: Alex Ginzburg, MD*
- Ethnic Considerations in Hair Restoration  
*Director: Kapil Dua, MD*

### LUNCH SYMPOSIA

- Hair Transplant Complications & Their Avoidance  
*Director: Michael L. Beehner, MD*
- Question the Experts  
*Director: Sharon A. Keene, MD*
- Hair Transplant Marketing Strategies  
*Director: Bessam K. Farjo, MBChB*
- Hair Transplant Outcome Improvements (PRP, Storage Solutions, ECM UBM, etc.),  
*Director: Francisco Jimenez, MD*

### OTHER OFFERINGS

- FUE (Follicular Unit Extraction) Hands-On Courses on Specific Devices
- Basics in Hair Restoration Surgery Course – full day with hands-on stations
- Advanced/Review Course – full day
- Surgical Assistants Program and Dissecting & Implanting Workshop
- Networking Luncheon
- Social program including
  - Optional tours and activities in San Francisco
  - Welcome Reception
  - Annual Giving Fund Reception and Saturday Evening Gala Dinner/Dance
  - After Hours Party & Jam Session



**NEWCOMERS ARE WELCOME!** We offer a "Meeting Newcomers Program" to orient those who are new to the ISHRS annual meeting. Newcomers will be paired with hosts.

**We want to welcome you, introduce you to other colleagues, and be sure you get the most out of this meeting.**

### 2013 ANNUAL SCIENTIFIC MEETING COMMITTEE

Robert H. True, MD, MPH, *Chair*  
Paul J. McAndrews, MD, *Advanced/Board Review Course Chair*  
Bertram M. Ng, MBBS, *Advanced/Board Review Course Co-Chair*  
Jonathan L. Ballon, MD, *Basics Course Chair*  
Samuel M. Lam, MD, *Basics Course Co-Chair*  
James A. Harris, MD, *Workshops & Lunch Symposia Chair*  
Jerry Wong, MD, *Live Patient Viewing Chair*  
Bessam K. Farjo, MBChB, *Newcomers Chair*  
Francisco Jimenez, MD, *Immediate Past-Chair*  
Steven B. Hopping, MD  
Antonio S. Ruston, MD  
Jerzy Kolasinski, MD, PhD  
Diana Carmona Baez, *Surgical Assistants Chair*



[www.ISHRS.org/AnnualMeeting.html](http://www.ISHRS.org/AnnualMeeting.html)

International Society of Hair Restoration Surgery  
303 West State Street, Geneva, IL 60134 USA  
TEL 1.630.262.5399 or 1.800.444.2737 | FAX 1.630.262.1520  
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# HAIR TRANSPLANT FORUM INTERNATIONAL

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### Dates and locations for future ISHRS Annual Scientific Meetings (ASMs)

- 2013: 21st ASM  
October 23-26, 2013  
*San Francisco, California, USA*
- 2014: 22nd ASM  
November 12-16, 2014  
*Bangkok, Thailand*
- 2015: 23rd ASM  
September 9-13, 2015  
*Chicago, Illinois, USA*
- 2016: 24th ASM  
September or October 2016  
*TBD*



**Advancing the art and  
science of hair restoration**

## Upcoming Events

| Date(s)   | Event/Venue   | Sponsoring Organization(s)   | Contact Information  |
|---|---|--|--|
| October 23-26, 2013                                 | 21st Annual Scientific Meeting<br>of the International Society of Hair Restoration Surgery<br><i>San Francisco, California, USA</i> | International Society of Hair Restoration Surgery<br><a href="http://www.ishrs.org">www.ishrs.org</a>  | Tel: 1-630-262-5399<br>Fax: 1-630-262-1520   |
| October 27-28, 2013                                 | Beautiful Brows<br>ISHRS Regional Workshop<br><i>San Francisco, California, USA</i>   | International Society of Hair Restoration Surgery<br>Hosted by Sara Wasserbauer, MD<br><a href="http://www.eyebrowworkshop.com">www.eyebrowworkshop.com</a>  | Tel: 1-925-939-4763<br><a href="mailto:info@californiahairsurgeon.com">info@californiahairsurgeon.com</a>  |
| November 14-17, 2013                                | 5th Annual Hair Restoration Surgery Cadaver<br>Workshop<br><i>St. Louis, Missouri, USA</i>  | Practical Anatomy & Surgical Education (PASE), Center for Anatomical<br>Science and Education, Saint Louis University School of Medicine<br>In collaboration with the International Society of Hair Restoration Surgery<br><a href="http://pa.slu.edu">http://pa.slu.edu</a> | <a href="http://pa.slu.edu">http://pa.slu.edu</a>  |
| November 22-24, 2013                                | AAHRS 2013 and Haircon 2013<br>(Joint meeting of AHRS and AAHRS)<br><i>Hotel Le Méridien, Bangalore, Karnataka, India</i>           | Association of Hair Restoration Surgeons (India) and<br>Asian Society of Hair Restoration Surgeons<br><a href="http://www.haircon2013.com">www.haircon2013.com</a>   | <a href="mailto:mysorevenkat@hotmail.com">mysorevenkat@hotmail.com</a><br><a href="mailto:drvsa@gmail.com">drvsa@gmail.com</a><br><a href="mailto:drkapildua@gmail.com">drkapildua@gmail.com</a><br><a href="mailto:pradeep@vacationsexotica.com">pradeep@vacationsexotica.com</a> |
| November 23-24, 2013                                | 18th Annual Scientific Meeting of the Japan Society<br>of Clinical Hair Restoration<br><i>Tokyo, Japan</i>                          | Japan Society of Clinical Hair Restoration<br>Hosted by Prof. Akira Takeda, MD<br><a href="http://www.jschr.org">www.jschr.org</a><br><a href="http://rinshoumouhatu.jimdo.com/">http://rinshoumouhatu.jimdo.com/</a>  | Prof. Akira Takeda, MD<br>Mitsuru Nemoto, MD<br>Tel: +81-42-778-9074<br><a href="mailto:kprs@kitasato-u.ac.jp">kprs@kitasato-u.ac.jp</a>   |
| 2 Sessions:<br>March 11-14, 2014<br>May 20-23, 2014 | University Diploma of Scalp Pathology and Surgery<br><i>Paris, France</i>   | University of Paris VI<br><a href="http://www.hair-surgery-diploma-paris.com">www.hair-surgery-diploma-paris.com</a>   | Tel: 33 (0)1 + 42 16 13 09<br><a href="mailto:sylvie.gaillard@upmc.fr">sylvie.gaillard@upmc.fr</a>   |
| April 9-12, 2014                                    | 20th Annual Orlando Live Surgery Workshop<br><i>Orlando, Florida, USA</i>   | International Society of Hair Restoration Surgery<br>Hosted by Matt L. Leavitt, DO   | Valarie Montalbano,<br>Workshop Coordinator<br><a href="mailto:HValarieM@leavittmgt.com">HValarieM@leavittmgt.com</a>  |
| May 21-24, 2014                                     | 5th Brazilian Meeting of Hair Restoration Surgery<br><i>Maresias Beach, Sao Paulo, Brazil</i>                                       | Brazilian Society of Hair Restoration Surgery (ABCRC)<br><a href="http://www.abcrc.com.br/congresso">www.abcrc.com.br/congresso</a>  | Arthur Tykocinski, MD, Program Chair<br><a href="mailto:arthur@cabelo.med.br">arthur@cabelo.med.br</a>   |
| June 13-15, 2014                                    | ISHRS European Hair Transplant Workshop<br><i>Brussels, Belgium</i>   | International Society of Hair Restoration Surgery<br>Hosted by Jean Devroye, MD  | <a href="http://www.European-Hair-Transplant-Workshop.com">www.European-Hair-Transplant-Workshop.com</a><br><a href="mailto:workshop2014@drdevroye.com">workshop2014@drdevroye.com</a>   |