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# **Asethetic Medicines**

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#### ABSTRACT

Aesthetic medicine will provide assistance to patients seeking aesthetic beauty by aiding the maintenance, modification, and reshaping of their bodily appearance and beauty. Aesthetic medicine includes aesthetic surgery, aesthetic dermatology, aesthetic dentistry, aesthetic traditional chinese medicine, aesthetic medical technology, aesthetic healthcare technology, aesthetic clinical psychology, medical aesthetic techniques, etc. The branches of aesthetic medicine originate from their parent discipline and share related objectives and aims. Aesthetic surgery originated from plastic, maxillofacial, eye, ear, nose, and throat, and orthopedic surgeries, including microsurgery, etc. The target population is different: interventions are not aimed at traditional patients but healthy individuals who perceive themselves as having appearance and bodily defects and experience psychologic requirement for aesthetic improvement, so called aesthetic seekers. The differences of medical requirements and services: all programs within aesthetic medicine can be considered as non-essential medical needs.

Keywords: Aesthetic medicine, chinese medicine, aesthetic medical technology, bodily defects, aesthetic seekers.

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## **CONTENTS**

1.	Introduction
2.	Conclusion
3.	References

#### 1. Introduction

Aesthetic Medicine comprises all medical procedures that are aimed at improving the physical appearance and satisfaction of the patient, using non-invasive to minimally invasive cosmetic procedures. The Aesthetic Medicine specialty is not confined to dermatologists and plastic surgeons as doctors of all specialties seek to offer services to address their patient's aesthetic needs and desires. Some Aesthetic Medicine procedures are performed under local anesthesia while some procedures don't require

anesthetics at all. The exciting field of Aesthetic Medicine is a new trend in modern medicine. Patients not only want to be in good health, they also want to enjoy life to the fullest, be fit and minimize the effects of normal aging. Indeed, patients are now requesting quick, non-invasive procedures with minor downtime and very little risk. As a general rule, the needle is increasingly replacing the scalpel<sup>1-4</sup>.

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This recent trend explains the current success of Aesthetic Medicine around the globe. These aesthetic procedures consist of <sup>5-9</sup>:

- Hair Reduction
- Fat Grafting/Platelet Rich Plasma
- Laser and IPL
- Injections of Neurotoxins and Dermal Fillers
- Chemical Peels
- Cosmetic Dermatology treatments
- Microdermabrasion
- Body Contouring and Treatment of Cellulite
- Nutrition
- Hair Transplant
- Scar Management
- Venous Treatment
- Cosmetic Gynecology

# Some of the most popular treatments under aesthetic medicine are <sup>10-15</sup>:

- Reconstructive surgery The goal of reconstructive surgery is two fold; first, it aims to revert the appearance of a particular part of the body that may have been damaged by disease, malpractice, or trauma. These include women who have their breasts removed during a mastectomy or a person with significant burns. Second, it can improve the body part's function, although it's not always a guarantee. For example, new breasts may no longer be able to produce milk while treated skin burns may increase a patient's mobility.
- Physical surgery Physical surgery is an in-depth procedure that is done on the body, particularly the face, with the sole purpose of enhancing the appearance. Under these are fat removal methods such as liposuction and tummy tuck (which can be partial or complete). Others are to reduce skin laxity, which normally happens as a person ages. Surgeries these days have already become less invasive, which means they involve fewer cuts and risks such as infection, long recovery, and bleeding. To perform these, aesthetic medicine specialists often use scopes such as laparoscope and other technologies 16-22.
- Non-invasive procedures These are aesthetic medicine practices that can boost the physical appearance without the need for general anesthesia and surgery. Good examples are chemical peeling, skin tightening and photorejuvenation, hair and tattoo removal, and treatment of skin blemishes and conditions including moles, hyperpigmentation, acne, and scars. Meanwhile, some of the technologies that are under non-invasive procedures are Botox injections that use a purified form of toxin that helps relax the muscles and reduces the

appearance of wrinkles and fine lines, dermal fillers that create more defined contours and smoothen wrinkles, and microdermabrasion crystals that lift dead skin cells to stimulate the production of new ones<sup>23-28</sup>.

Aesthetic medicine also delves on the assessment and diagnosis of certain conditions that may have change a person's physical appearance such as acne, eczema, allergies, as well as symptoms of hormonal imbalances like excessive hair and weight gain. Aesthetic specialists also needs to have a deep understanding and knowledge on fitness, nutrition, use of lasers and other similar technologies, medications, and analgesia, to name a few. Patients are expected to counsel, especially since many procedures can lead to significant change in appearance, and provide the much-needed medical care all throughout the process, including pre- and post-operative care. Existing doctors, nurses, and other healthcare specialists can join the field. Aesthetic medicine is still considered a new medical specialty, and thus, there's no definite certification or certification board for it. Some, however, have decided to limit the kinds of doctors they admit, usually based on the geographical area of practice, to establish a more comprehensive unifying standard in the profession<sup>29-30</sup>.

#### Conditions associated with aesthetic medicine:

- Are seeing the physical signs of aging: Aesthetic medicine also falls under anti-aging medicine since it deals with the common signs associated with increased age, such as skin laxity as the body reduces the production of collagen, a fiber protein that provides support to the skin tissue, and slow metabolism, which can lead to excessive, unwanted fat<sup>31-35</sup>.
- Want to boost your self-esteem: Aesthetic medicine can help improve the mental and social capabilities of patients. A better physical appearance often enhances mood, increases selfconfidence, and leads to better self-satisfaction<sup>36-</sup>
- Have undergone trauma that have affected with individuals appearance: Violence and accidents can create traumatic injuries on the body that may be so severe they can lead to disfigurement, amputation (loss of limb), or significant decrease in body function. Burns, for example, can contract the skin, limiting the movements of the limbs.
- Are diagnosed with certain medical conditions –
   Aesthetic medicine can be considered as a
   preventive or management measure for certain
   medical conditions that can potentially change
   the patient's physical appearance. These include
   cancer, diabetes, obesity, hormonal imbalances,
   hyperhidrosis, hirsutism, allergies, autoimmune
   diseases like lupus and psoriasis<sup>40</sup>.

#### 2. Conclusion

There is no systematic indication to enhance human beauty. The professional techniques differ with aesthetic medicine not only employs multiple clinically applied technical skills and uses medical aesthetic capabilities. The applied techniques have to be practiced within the purview of aesthetic enhancements. The effectiveness of aesthetic medicine is evaluated according to body aesthetic standards. The principles and requirements of medical ethics, medical sociology, medical laws, etc, differ from those of clinical medicine. All programs within aesthetic medicine can be considered as non-essential medical needs, whereas all branches of clinical medicine are considered basic medical needs.

### 3. References

- [1] Acevedo-Rodríguez, P. & M. T. Strong. 2012. Eriksen MB, Frandsen TF (2018) The impact of patient, intervention, comparison, outcome (PICO) as a search strategy tool on literature search quality: a systematic review. J Med Libr Assoc 106: 420-431.
- [2] Considine J, Shaban RZ, Fry M, Curtis K (2017) Evidence based emergency nursing: Designing a research question and searching the literature. Int Emerg Nurs 32: 78-82.
- [3] Lefebvre C, Manheimer E, Glanville J Chapter 6: Searching for Studies. In: Higgins JP, Green S, eds. Cochrane Handbook for Systematic Reviews of Interventions. Wiley Online Library. 2008:95-150.
- [4] Guyatt GH, Oxman AD, Vist GE, Kunz R, Falck-Ytter Y et al. (2008) GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. BMJ 336: 924-926.
- [5] Goodman GJ, Magnusson MR, Callan P, Roberts S, Hart S et al. (2020) A Consensus on Minimizing the Risk of Hyaluronic Acid Embolic Visual Loss and Suggestions for Immediate Bedside Management. Aesthet Surg J 40: 1009-1021.
- [6] Beleznay K, Carruthers JDA, Humphrey S, Carruthers A, Jones D (2019) Update on Avoiding and Treating Blindness From Fillers: A Recent Review of the World Literature. Aesthet Surg J 39: 662-674.
- [7] Stojanovic L, Majdic N (2019) Effectiveness and safety of hyaluronic acid fillers used to enhance overall lip fullness: A systematic review of clinical studies. J Cosmet Dermatol 18: 436-443.
- [8] Cohen JL, Dayan SH, Brandt FS, Nelson DB, Axford-Gatley RA et al. (2013) Systematic review of clinical trials of small- and large-gel-particle hyaluronic acid injectable fillers for aesthetic soft tissue augmentation. Dermatol Surg 39: 205-231.
- [9] Bertucci V, Lin X, Axford-Gatley RA, Theisen MJ, Swift A (2013) Safety and effectiveness of large gel particle hyaluronic acid with lidocaine for

- correction of midface volume loss. Dermatol Surg 39: 1621-1629.
- [10] Wang C, Luan S, Panayi AC, Xin M, Mi B, et al. (2018) Effectiveness and Safety of Hyaluronic Acid Gel with Lidocaine for the Treatment of Nasolabial Folds: A Systematic Review and Meta-analysis. Aesthetic Plast Surg 42: 1104-1110.
- [11] International Society of Aesthetic Plastic Surgery (ISAPS). ISAPS International Survey on Aesthetic/Cosmetic Procedures performed in 2018.
- [12] The Aesthetic Society. Aesthetic Plastic Surgery National Databank Statistics 2019.
- [13] Funt D, Pavicic T (2013) Dermal fillers in aesthetics: an overview of adverse events and treatment approaches. Clin Cosmet Investig Dermatol 6: 295-316.
- [14] Fortune Business Insights. Dermal Fillers Market Size, Share & COVID-19 Impact Analysis, By Material (Hyaluronic Acid, Calcium Hydroxylapatite, Poly-L-lactic Acid, PMMA (Poly (methyl methacrylate)), Fat Fillers), By Product (Biodegradable and Non-biodegradable), By Application (Scar Treatment, Wrinkle Correction Treatment, Lip Enhancement), By End User (Specialty & Dermatology Clinics, Hospital & Clinics), and Regional Forecast, 2020-2027.
- [15] Urdiales-Galvez F, Delgado NE, Figueiredo V, Lajo-Plaza JV, Mira M et al. (2017) Preventing the Complications Associated with the Use of Dermal Fillers in Facial Aesthetic Procedures: An Expert Group Consensus Report. Aesthetic Plast Surg 41: 667-677.
- [16] Wong CH, Mendelson B (2015) Newer Understanding of Specific Anatomic Targets in the Aging Face as Applied to Injectables: Aging Changes in the Craniofacial Skeleton and Facial Ligaments. Plast Reconstr Surg 136: 44S-48S.
- [17] Cotofana S, Fratila AA, Schenck TL, Redka-Swoboda W, Zilinsky I, et al. (2016) The Anatomy of the Aging Face: A Review. Facial Plast Surg 2016: 32: 253-260.
- [18] Coleman SR, Grover R (2006) The anatomy of the aging face: volume loss and changes in 3-dimensional topography. Aesthet Surg J 26: S4-S9.
- [19] Wulc AE, Sharma P, Czyz CN (2012) The anatomic basis of midfacial aging. In: Hartstein ME, Wulc AE, Holck DE, eds. Midfacial rejuvenation. Berlin: Springer.
- [20] Macierzynska A, Pierzchala E, Placek W (2014) Volumetric techniques: three-dimensional midface modeling. Postepy Dermatol Alergol 31: 388-391.
- [21] Sturm LP, Cooter RD, Mutimer KL, Graham JC, Maddern GJ (2011) A systematic review of dermal

- fillers for age-related lines and wrinkles. ANZ J Surg 81: 9-17.
- [22] Cotofana S, Schenck TL, Trevidic P, Sykes J, Massry GG et al. (2015) Midface: Clinical Anatomy and Regional Approaches with Injectable Fillers. Plast Reconstr Surg 136:219S-234S.
- [23] Galadari H, Krompouzos G, Kassir M, Gupta M, Wollina U et al. (2020) Complication of Soft Tissue Fillers: Prevention and Management Review. J Drugs Dermatol 19: 829-832.
- [24] Abduljabbar MH, Basendwh MA (2016) Complications of hyaluronic acid fillers and their managements. Journal of Dermatology & Dermatologic Surgery 20: 100-106.
- [25] Philipp-Dormston WG, Bergfeld D, Sommer BM, Sattler G, Cotofana S et al. (2017) Consensus statement on prevention and management of adverse effects following rejuvenation procedures with hyaluronic acid-based fillers. J Eur Acad Dermatol Venereol 31: 1088-1095.
- [26] Signorini M, Liew S, Sundaram H, Boulle KL, Goodman GJ et al. Global Aesthetics Consensus: Avoidance and Management of Complications from Hyaluronic Acid Fillers-Evidence- and Opinion-Based Review and Consensus Recommendations. Plast Reconstr Surg 137: 961e-971e.
- [27] Hotta TA (2017) The Expanding Market of Health Canada-Approved Hyaluronic Acid-Injectable Dermal Fillers. Plast Surg Nurs 37: 25-31.
- [28] Shamseer L, Moher D, Clarke M, Ghersi D, Liberati A et al. (2015) Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation. BMJ 350: g7647.
- [29] Dayan SH, Arkins JP, Mathison CC (2011) Management of impending necrosis associated with soft tissue filler injections. J Drugs Dermatol 10: 1007-1112.
- [30] Swift A, von Grote E, Jonas B, Nogueira A (2017) Minimal recovery time needed to return to social engagement following nasolabial fold correction with hyaluronic acid fillers produced with XpresHAn technology. Clin Cosmet Investig Dermatol 10: 229-238.
- [31] Costa CR, Kordestani R, Small KH, Rohrich RJ (2016) Advances and Refinement in Hyaluronic Acid Facial Fillers. Plast Reconstr Surg 138: 233e-236e.
- [32] Segura S, Anthonioz L, Fuchez F, Herbage B (2012) A complete range of hyaluronic acid filler with distinctive physical properties specifically designed for optimal tissue adaptations. J Drugs Dermatol 11: s5-8.
- [33] Micheels P, Sarazin D, Tran C, Salomon D (2016) Effect of Different Crosslinking Technologies on

- Hyaluronic Acid Behavior: A Visual and Microscopic Study of Seven Hyaluronic Acid Gels. J Drugs Dermatol 15: 600-606.
- [34] Kablik J, Monheit GD, Yu L, Chang G, Gershkovich J (2009) Comparative physical properties of hyaluronic acid dermal fillers. Dermatol Surg 35: 302-312.
- [35] N Sriram, Susmitha Uppugalla, Kavitha Rajesh, S. Someshwara N, B Senthil Kumar, Prasad P Nadedkar, Shanta K Adiki. Cognitive Enhancing and Antioxidant Activity of Ethyl Acetate Soluble Fraction of The Methanol Extract of Pisonia Alba Leaves in Scopolamine-Induced Amnesia. Journal of Pharmaceutical Negative Results [Internet]. 2022 Dec: 3740-9.
- [36] Bitterman-Deutsch O, Kogan L, Nasser F (2015)
  Delayed immune mediated adverse effects to
  hyaluronic Acid fillers: report of five cases and
  review of the literature. Dermatol Reports 7:
  5851.
- [37] International Consortium of Investigative Journalists. The Implant Files: International Medical Devices Database.
- [38] McCann M (2019) Intravenous Hyaluronidase for Visual Loss Secondary to Filler Injection: A Novel Therapeutic Approach. J Clin Aesthet Dermatol 12: 25-27.
- [39] Bravo BS, Rocha CR, Bastos JT, Silva PM (2015) Comprehensive Treatment of Periorbital Region with Hyaluronic Acid. J Clin Aesthet Dermatol 8: 30-35
- [40] Vedamurthy M (2018) Beware What You Inject: Complications of Injectables-Dermal Fillers. J Cutan Aesthet Surg 11: 60-66.
- [41] Susmitha Uppugalla , Kavitha Rajesh , Amareswarapu V Surendra, Kiran Kumar Y , Mohammed Gayasuddin , Sriram N , Prasad P Nadedkar. Effect of Pisonia Alba Root Extract on Cafeteria Diet-Induced Obesity in Rats. Journal of Pharmaceutical Negative Results [Internet]. 2022 Dec: 3732-9.
- [42] Buhren BA, Schrumpf H, Hoff NP, Bolke E, Hilton S, et al. Hyaluronidase: from clinical applications to molecular and cellular mechanisms. Eur J Med Res 21: 5.