

A woman with her hair in a bun, shown in profile from the chest up. She is looking towards the right. The background is a soft, warm-toned studio setting with a draped fabric on the right. The image is split vertically by a thin white line.

history

Aesthetic medicine and surgery have their origins in plastic surgery.

of aesthetic medicine & surgery

“Plastic surgeons were the first to develop aesthetic techniques”

Aesthetic medicine originates from aesthetic surgery which in turn originates from plastic surgery. It did not develop seriously before the appearance of the first collagen grafts. For many years, the history of aesthetic medicine and surgery has been confused with plastic and reconstructive surgery.

Plastic surgeons were the first to develop aesthetic techniques.

The Indian Era

Aesthetic surgery was born 2,500 years ago and underwent its greatest development during the two world wars. In the year 600 b.C., an Indian surgeon could reconstruct a nose using flaps of skin from the cheeks, and around the year 1,000, rhinoplasty, or nose surgery, using skin from the forehead, was known as an Indian technique. This was because, according to the British “Madras Government Consultation Book” of 1679, the practice was not to kill but to cut off the noses and upper lips of the enemies. To have a nose cut off was also one of the punishments under Indian justice.

The Italian Era

In the XVI century, **Gaspere Tagliacozzi**, an Italian barber, sometimes called the father of plastic surgery, reconstructed a nose by using flaps from the upper arm. This is more likely due to the fact that, at the end of the XV century, syphilis, a sexually transmitted disease, had a telltale symptom of a depressed nose.

And it was very important to reconstruct and give a cosmetic solution to this disgrace, related to immoral behaviour. In fact, the surgeon who introduced this technique in England in 1815 made it very clear : he was prepared to treat the heroes of the Napoleonic Wars, but not fornicators

The Modern Era

In the XIX century, in 1880, the New York surgeon, **John Orlando Roe**, developed internal, or closed, rhinoplasty, making incisions inside the nostrils. This same John Orlando Roe had classified five different types of nose ; the Roman nose, the Greek, the Jewish, the Snub or Pug and the Celestial. He related these physical types with psychological traits.

The Roman nose was the sign of a leader and of strength, the Greek nose was a sign of refinement, the Jewish nose indicated commercialism, the Snub or Pug nose indicated weakness or lack of development, and the Celestial was a sign of inquisitiveness.

Charles C. Millers, born in 1880, published a series of articles in Chicago in 1906 about physiognomic surgery and the following year more articles and a book titled “Cosmetic Surgery”. He described various techniques such as for the ears, the eyelids and the correction of thin or thick lips. With regard to wrinkles, he proposed sectioning subcutaneous muscles to prevent them appearing.

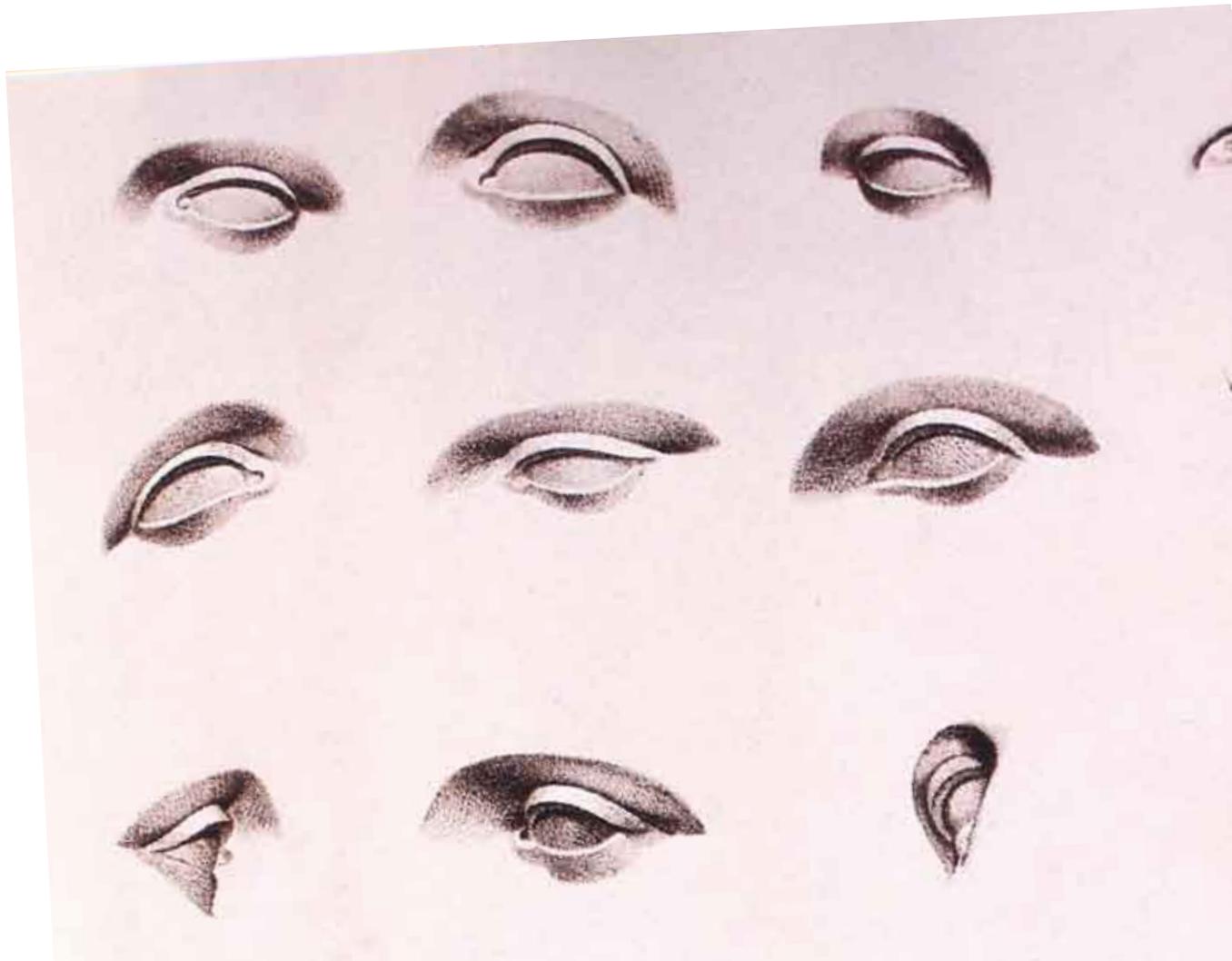
□ HANDSOME

Plastic surgeons appeared as a result of the Civil War at the end of the nineteenth century in the United States, and the European wars at the beginning of the twentieth century. The bomb, a new kind of weapon, more powerful and destructive, apart from killing with more efficiency, was causing widespread, deep injuries, but with the possibility of surviving injuries. The Americans and the Europeans reacted differently to these injuries. What in Europe was taken to be a mark of the heroes who had fought to liberate their homelands, in America was considered to be mark of ugliness, social rejection leading to non-acceptance. To solve this, the first association of plastic surgeons, "The American Association of Plastic Surgeons" was created in the United States in 1921. Of course, the history of cosmetic care goes back to ancient times, and everyone knows that there have always been attempts to slow down the effects of aging on the face, whether with oils, herbs, milk or honey, etc. But these treatments are more related to the superficial appearance of the skin, or rather the cosmetic aspect, the speciality of the beauty salons and beauty consultants. We have the following facts and figures : between 1890 and 1907 the number of hairdressers in the United States increased from 9,000 to 36,000, and there were hundreds of beauty salons.

Aesthetic medicine that can really be called as such, began in 1903 when doctors started injecting paraffin to fill out the sunken areas of the face. Surgeons knew how to remove the excesses, like a saddle nose, but had not yet dominated the technique of grafting in the cases of elevating sunken areas.

So paraffin began to be used for all kinds of purposes, it was called the "cosmetic effect" and was used to fill out wrinkles, and probably for breasts also. The fashion was real and much in demand, and many unscrupulous doctors started injecting paraffin with no control, in high doses and repeatedly.

Gradually it could be seen that the paraffin began penetrating into the tissue, especially when exposed to heat, even causing cancer. In the end, and the same as later happened with silicone, many surgeons had to remove this substance, leaving large, ugly scars.



By 1920, the more serious surgeons in America had ceased this practice and recommended their patients to not allow any practitioner to inject paraffin into their bodies.

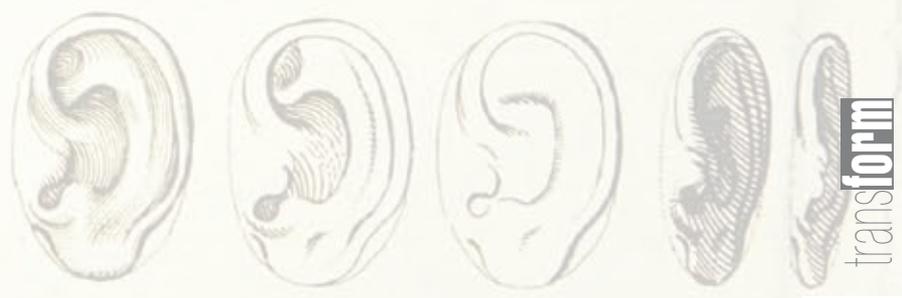
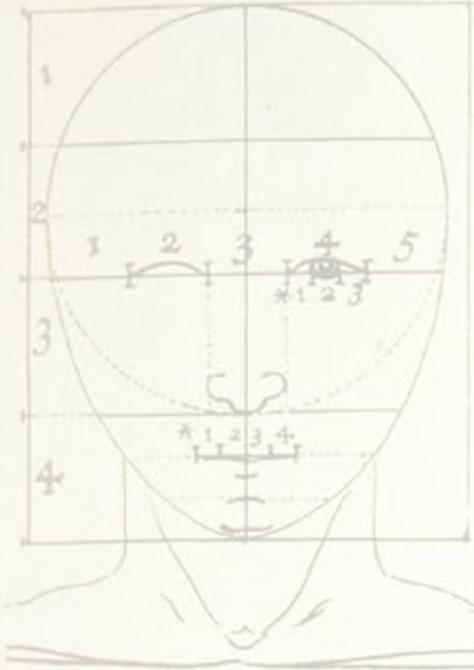
Without going too much into the technical aspect, it can be said that until the 80's, aesthetic medicine and aesthetic surgery was limited to people in the high income bracket. Several techniques of face-lifting have been employed, and nose operations, or rhinoplasty, have improved greatly over the years. Plastic surgeons have understood that face-lifts only have a short-term effect, because the skin is only there to cover the deeper structural elements such as fat and muscles, and when it loses its elasticity it can no longer contain those deeper elements, which have to be lifted as well.

In 1992, the French plastic surgeon, Dr. **Vladimir Mitz**, proposed making folds of the deeper structural elements, and later other techniques were described, all using a vertical or horizontal lifting, or a combination of the two, of these deep structural elements of the face, fat and muscles. Once these elements have been lifted, the left-over skin is cut without being stretched. Only with this method can long-lasting, natural results be obtained, although not all surgeons can guarantee them.

The spectacular development of this speciality brought about the end of social taboos. It was no longer shameful to undergo surgery. Although the majority of men and women prefer to maintain the secrecy, they themselves have acknowledged their interest in rejuvenating their face or improving their body

There is one particular procedure, liposuction, that has advanced greatly. We are still not sure if it was the Italian **Gasparotti** or the French **Illouz** who invented the first technique. It is true that both have contributed significantly to its development. Liposuction consists of removing fat from the body through perforated tubes and to-and-fro movements within the fatty tissue. Before, it was necessary to cut whole sections of fat with the scalpel, after opening the skin, and obviously leaving ugly scars.

The concern with achieving natural results has become a priority in congresses since the year 2000.



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