Alopecia: The virgin canvas
Cosmetic tattooing adds smiles... not just brows

By Carol Vogel
Reprinted with permission from the Reno Gazette-Journal

When Judy Kohz became bald 25 years ago due to alopecia areata -- a condition that results in the loss of head and body hair -- she didn’t shed a tear or complain. Instead, she bought a few wigs and moved on with her life.

"I consider this to be not even an inconvenience," she said. "If my husband comes home and says to me ‘let’s go to dinner,’ all I have to do is put on a wig."

Today, there are more than 4.6 million alopecia areata sufferers in the U.S., a condition that equally attacks males and females as well as all ethnic groups. It also affects children more often than adults.

In an image conscious society, hair loss can be a traumatic experience for anyone but for children it’s even more devastating, said Vicki Kalabokes, chief operation officer for the National Alopecia Areata Foundation.

Many times children are teased relentlessly at school and ostracized by their peers. To ease their pain NAAF offers children’s networks, education programs and videos along with summer camps where they come together to talk about their experiences with the disease.

"They will tell stories about a kindergartner getting on the school bus the first day and some kid spitting on his head," she said. "Or the 14-year-old girl walking to school and some guy pulling off her wig."

The embarrassment of living with the disease creates a lot of problems for alopecia areata sufferers, said Pamela Horton, a Gardnerville, Nevada permanent makeup technician. She knows only too well the trauma some people experience due to hair loss and even travels to San Francisco on weekends to treat sufferers like a 13-year-old girl she recently worked on.

This year alone, three Carson Valley residents with the disease came to Horton to have their eyebrows and eyelids tattooed on. One woman was so thankful for the transformation that she called the next day and was so pleased she didn’t look like an "alien" anymore.

"A lot of people have it but they don’t want anyone to know," Horton said. "They’re embarrassed and nobody wants to admit they have it."

continued on page 6
Jeffery Lyle Segal, Margie Grimm, Elli Richardson, Jackie Thompson and the Dermastar trio of Rosemarie Beauchemin, Elizabeth Finch and Pati Pavlik all have something unique and valuable to share with beginning and advanced students of cosmetic tattooing. People are raving about DermaStar workshops and Camouflage pigments (888/763-2328). Jeffery Segal knows makeup like few others in the business... and now he’s decided to be an instructor in both Los Angeles and Chicago (tel 323/851-3417). Elli Richardson and Jackie Thompson are in Phoenix, Arizona and can be contacted by calling 480/755-9963. Alfredo Gonzales is a gifted makeup artist and instructor as well and can be reached at 956/686-8686 at his Texas studio. Chantelle Chou of BioTouch offers beginning and advanced instruction, equipment and pigments. BioTouch tel 626/964-0638. Margie Grimm teaches with a smile and her tel# is 408/364-4198. She is an expert on eyebrows and teaches the manual method—great for California electrical crisis! If you’re near Florida, call Joyce Cirasuola of BocaTa2 at 352/529-0211.

It is important to know the difference between a Board Certified Plastic Surgeon and a Cosmetic Surgeon. A Plastic Surgeon has spent at least seven years after medical school to complete both general and plastic surgery residencies. Write a letter to introduce yourself with the theme of your letter being: “You bake the cake. We’ll frost it!” Tell them that you can make their work look even better by adding the colors and contrast to the face that have slipped away with the years. Tell them that their hard work and good results will provide their clients with the perfect opportunity to look even better with permanent cosmetics. Emphasize that you will seek a natural look to help their clients feel even better and save time and money too. Emphasize that you’d like the opportunity to serve the surgeon’s patients and help in any way you can. Give the office manager your business cards and brochures and show them your portfolio. Robin Hays can give you more tips. You can email Robin at: haysface@cdc.net

There are hairstrokes and there are Ana Cascales hairstrokes. When I watched Anna do this client’s brows in Miami last October I asked if she would let me take a picture. I hope you can see this unique brow. Ana has performed permanent makeup on royalty in Europe. Beautiful work Ana!
Aloha Jane,

Women have two questions in permanent cosmetics: **Does it hurt?** and **How much does it cost?**

Pain and fear trigger the release of the body’s own defenses including release of the adrenal cortex hormone epinephrine. The result is an increase in heart rate and blood pressure and blood supply to the muscles.

We all have heard of people who have had supernatural strength in a crisis such as a mother lifting a car off her child who was pinned underneath. This is due to increased blood flow to the muscles as a result of the body releasing epinephrine. This life-saving hormone is given to children and adults with asthma to let them breathe, to people in shock from allergic reactions, to patients in open-heart surgery and by paramedics in the field to trauma victims in circulatory collapse.

The safe and effective doses of local anesthetics with epinephrine have been known for decades. Since constriction is its primary effect on peripheral blood vessels, epinephrine provides safety and prolonged pain relief as well as the ability to control bleeding during procedures when used with local anesthetics.

Because of its constriction properties, the absorption of epinephrine in topical anesthetics (TAG #45) is very slow. Used topically in permanent cosmetics, epinephrine provides an extra measure of protection to the client because it slows not only the absorption of the local anesthetics but of the epinephrine itself. Controlling pain not only makes for a happier, calmer client but also reduces stress on the technician.

Because epinephrine shrinks blood vessels, it also reduces bleeding and swelling. In permanent cosmetics, this is very helpful because it allows us to implant color at the proper level and helps prevent overworking the skin. Overworking the skin is a topic which I’ve addressed in my next newsletter so I won’t cover that problem here.

An overdose of epinephrine would be possible if someone mistakenly or inadvertently injected a concentrated dose of epinephrine into a blood vessel directly (dentists have seen this). But even then the body metabolizes epinephrine rapidly and the effects are short-lived.

Epinephrine shrinks blood vessels so there is less swelling and bleeding during any cosmetic invasive procedure.

For the past five years, it has been my earnest desire to help control pain in permanent cosmetics. While it is human nature to think that "stronger is better, and longer is better", this is not the case when dealing with the delicate tissues of the face. Unit Dose makes topical anesthetics which are safe, effective and are kinder and gentler than many people thought possible. Also, technique goes a long way to allay anxiety and pain in our clients. With the added safety AND effectiveness of DOTC Blue and TAG #45 and other topical anesthetics we can now practice our profession with less pain and stress to everyone, including ourselves.

Bottom line, we’ve come a long way since my March 1996 survey was published on what PC tech’s were then using for pain control. I discovered that the cosmetologists, estheticians and electrologists who were practicing PC’s were using any and every kind of products they could lay their hands on.

Today we know that if a topical anesthetic is effective but not safe then it’s of no help. Likewise if it’s safe but ineffective then it’s useless. There is plenty of unnerving stimuli during PC procedures. Noise from machines, stretching skin, and working in vulnerable areas such as the eyes are exceeded only by the fear of pain.

It’s just a fact that clients who trust their technician and remain calm do well. We’ve all had patients who fall asleep during procedures, a sure sign of being pain free, and patients who are difficult no matter what we do.

We face many challenges in permanent cosmetics and good pain control allows us to focus on getting the right color into the right place – no matter what methods or pigments we choose.

Sincerely,

Linda H Dixon, MD
Wake Up with Make Up • Hawaii

Have you ordered your copy of Huck Spaulding’s Tattooing A–Z yet? Call 1 888/9–TATTOO today.
Until recently, dermatologists speculated that stress might trigger the condition.

And while stress does play a part in the equation, Kalabokes points to a recent Israel study that stated the cause of alopecia areata is an autoimmune disease.

It occurs when a person’s own immune system mistakes part of his or her own tissue such as hair follicles, as a foreign invading organism, attacks and attempts to destroy that part of the tissue. Studies also indicate that there is a genetic predisposition or susceptibility to the condition.

"What we can’t figure out is what the trigger is and what turns the disease on and off," Kalabokes said. "Because it can turn off and hair can grow back at any time."

Kohz speculates the death of her father when she was 25 triggered the onset of the disease and she noticed a small bald patch on her head the size of a dime.

At the time, the doctor told her the stress of her father’s death may have caused it. A short time later the tiny bald spot cleared up but 10 years later she noticed another patch of missing hair. By the time she was 42 she was totally bald.

Typically, that’s how it begins when the initial alopecia areata lesion appears as a smooth bald patch, sometimes within 24 hours. Some people report feeling a "tingling" sensation or pain in the affected area, others feel nothing and may suddenly wake one morning with hair on their pillow.

Most often hair loss starts gradually with a small patch of bald skin the size of a dime or quarter as in Kohz’s case and takes years for a person to go completely bald.

"Then they get another patch and another and finally all the patches become one after many months or even years," Kalabokes said. "So the disease has no pattern. It follows its own course with each person."

Kohz thinks a mild case of rheumatoid arthritis may have compromised her immune system, which led to the hair loss. She also didn’t realize how important ear and nose hair was until she lost it.

"Try to walk through a cosmetic department sometime without hair in your nose," said the Carson Valley resident. "You sneeze for an hour. Those are things you don’t notice until later. But I don’t consider it to be a handicap. In fact I feel lucky and grateful that I don’t have to shave my legs anymore."

Treatment for the condition varies. Depending on the severity of the case it might include monthly cortisone injections, cortisone pills and topical creams such as cortisone, anthralin and Minoxadil that may stimulate hair growth; but there is no cure for it.

"None of these treatments are turning the disease off," Kalabokes said. "What they try to do is to fool the body some way to grow hair while the disease is in an on position."

Even if Kohz could have it successfully treated, she isn’t interested. She questions the side effects of steroids on the body and would rather live with the condition.

From the beginning, she had no problem accepting her hair loss and kept a positive attitude. She moved on to what she calls "plan B," bought four synthetic wigs with the same style and washes them periodically in cold water.

She also has her son-in-law, a...
Male Stress Alopecia

Here a dot. There a dot.

This young 32 y/o male called this afternoon because he’d been at a few holiday parties and people are making comments about the “bald spot” at the back of his shaved head. I said to come in right away and we’d take a look. My daughter, Jaci Callahan, mixed MUD and Blackjack and started dotting away. I quickly snapped these photos mid-stream. We both received BIG hugs “Hawaiian style” from this client. He took home his little pot of HealQuick™ to care for his new patch of color. Dots made the difference. He only had this limited area of alopecia and said it was from stress (no injury).

"It’s changed my whole life," Kohz said.

Kalabokes said it’s possible that people like Kohz may experience a spontaneous remission and hair may grow back again. Still, as quickly as it comes back, in 10 years it may fall out again.

Either way Kohz isn’t concerned. She could care less if her hair comes back or not.

"No. I’ve never once even thought about it," she said. "As long as I can cope with it I don’t want to bother with it. Besides, I think my purpose here is to tell people there is hope and life after hair loss."

Photos included in this article are from Pamela Horton, Diplomate AAM
Gardnerville, Nevada
and Linda H. Dixon, MD
Wakeup with Makeup, Hawaii

Alopecia Areata Foundation

To find out more about alopecia areata, contact the National Alopecia Areata Foundation at (415) 456-4644.
Case Study
Lower Eyelashes Grow Heavenward
Uncommon Cause of Corneal Abrasions

This young lady came for lower eyeliner and during her consultation (right) I noticed that her lower eyelashes actually grew straight up from the eyelid. I have seen hundreds of clients and have never seen lashes growing in this manner. I asked if she ever had problems with them scratching her eye (corneal abrasions) and she said yes, especially upon awakening in the morning.

This case study also illustrates the result from a combination of Blackjack™ Eyeliner Pigment with a drop of straight Orange added using the Ladybug #7 Velvet Needle™. When she came for her touch-up it was apparent that she didn’t need one. (Machine used: BioTek CHALLENGE® from Italy). She said she had healed quickly and completely within 3 days.

I have really been pleased with the Velvet Needles™ which are made by hand in the USA and include the GEO #1430 and #1433, the Ladybug #730, and the #1436 Butterfly Round Shader for thick, soft (smudgy) eyeliner. Velvet’s are uniquely manufactured and grouped for the job— from lipcolor to brows to eyeliner!

Note: I have consistently found that adding a drop or two of pure Orange (Premier or Masterpiece) to Blackjack and using Velvet Needles™ offers spectacular results.

For a FREE “Handy Guide to Needles” or more information call Toll Free: 888-664-9990.

Or call BOCATA2 at 352/529-0211.

12/20/00 Healed Lower Eyeliner
(no touch up needed)

Consult 10/25/00:
Note lower lashes growing upward

After Procedure 11/6/00
Blackjack™ + a drop Orange

12/20/00 Healed Lower Eyeliner
(no touch up needed)

pure Orange (Premier or Masterpiece) to Blackjack and using Velvet Needles™ offers spectacular results.

For a FREE “Handy Guide to Needles” or more information call Toll Free: 888-664-9990.

Or call BOCATA2 at 352/529-0211.

Joyce Cirasuola inspecting a Velvet Needle

Kolorsource

To order Licorice: Go to www.kolorsource.com

Licorice

Soft Matte Black for Eyeliner.

Also Try:

Spanish Eyes
Titanic
Purple Sunset
Peacock
Hazel Khaki
Brown Abyss
Unveiling the Coil Machine Mystery: Part I

Coil machines are like women. They can be temperamental at times, but with a little care and attention, these minor instances can be dealt with effectively. By Terry Lively

After talking to technicians from around the country, I’ve come to realize the trepidation that many feel concerning use of the coil machine. Call it intimidation, fear, or whatever you like, there is a general feeling among technicians in the cosmetic tattooing industry that coil machines are complicated and mysterious creatures.

How does the coil machine work?

According to Huck Spaulding’s Tattooing A-Z:

“...When a machine is connected to a power source and turned on, a full electrical circuit runs through it. When this happens, the two coils become magnetized (an electric magnet) and attract the metal armature bar down to it. As the armature bar moves down, the needles move down. When this happens, the contact points separate from each other, causing a break in the electrical circuit. As soon as this happens, the machine stops, the coils become un magnetized and the armature bar springs back up. This makes the needle go back up.” {Thank you Huck}

Why is this information important?

Because you are dealing with the flow of electrical current, and anything you can do to make that current flow in a smoother fashion, will make your machine run better and smoother. It will also add to the life of your machine.

So what can we do to make our machines run better? First and foremost, make sure your machine is “clean”. I’m referring to contact points, and other areas where carbon can build up and impede electrical flow. When you gently file this contact point, DON’T use a nail file. Nail files leave behind tiny fragments which can become imbedded in the contact point causing more problems. Instead, use a “steel” file. National Tattoo Supply, and other supply houses have these available.

Other areas where carbon can build up and cause problems is between the front coil and the armature bars as well as on the back binding posts where you plug in your clip cord. Also check the tips of the clip cord itself for carbon build-up.

Don’t be tempted to swab down your machines with alcohol because moisture can get into the coils and corrode the wiring. Not good. Instead wrap the machine (and the clip cord) with plastic barrier film. I use the cheap little sandwich baggies with a little hole in the corner to slip it right over the tube. I change it out between every client. Clip cord covers can be found at supply houses.

When was the last time you changed out your springs? This should be done periodically to prevent metal fatigue. Think about that spring moving up and down 3,000 times per minute, day in and day out as you work. After a while, the springs will get weak, and will not be strong enough to push the needles into the skin at a correct depth.

OK, now lets talk about clip cords. The age-old question “does it matter which way you plug it in?” Well, let me ask you this. If you accidentally put your pantyhose on backwards, does it matter? You bet. Well, clip cords should likewise be inserted a certain way.

Look at the small capacitor on your machine. The capacitor is that tiny little, “barrel shaped” thingy wired to the binding posts and coils. Notice a “dimple” on one end of the capacitor. The wire that comes out of the end where this dimple is located, and connected to the binding post, is the “positive” side. The binding post with this connection is the positive binding post, and the positive end of your clipcord should be plugged into this side. Positive to positive, negative to negative.

How do I know which side of the clipcord is the positive side? Most clip cords come with a red band attached to one side. This is the positive side. If your clipcord does not have a red band on one side, or you want to test it to make sure the red band is on the correct side, check my website for detailed instructions on how to do this.

Part 2 on the coil machine in the next PC Medical Newsletter includes information on what to look for in a good coil machine, and questions to ask the manufacturer.

If anyone is interested, I have a series of articles written by Danny Fowler in Skin & Ink Magazine last year. I must warn you though, they are technical in nature, and can be hard to understand. I will be happy to send you these articles if you email me privately. I’ll see that you receive them.

Terry Lively is a San Antonio based PC professional and instructor. She can be contacted at 210/342-8758 or look up her webpage at www.facial-art.com/coil.html
According To The FDA...

**Intact Skin:** The only FDA OTC approved topical anesthetic for "intact skin" is a 5% Lidocaine preparation which includes anorectal indications (FDA 1990 Final Monograph). Unit Dose makes such a preparation, **Numquick Pink 5%**, for intact skin (888/664-9990).

5% Lidocaine was determined by the FDA from data presented to be both safe and effective on intact skin which may likely be inflamed (anorectal). Consider that drugs are absorbed much more readily on mucosa (or inflamed skin) than on healthy skin and you can see an extra margin of safety exists when applying the same preparation on non-mucosal skin surfaces. Epinephrine slows absorption of local anesthetics and increases the safety of their use.

**Broken Skin:** The OTC topicals that peak at 4% Lidocaine are for "broken skin" under the FDA 1983 Tentative Final Monograph. The indications are for minor cuts, scrapes, burns (sunburn), non-poisonous insect bites and abrasions, but not intact skin.

**Off Label Use:** Use of ANY topical anesthetics for permanent makeup is considered "off label use," meaning the topicals are used for purposes other than those outlined in the respective FDA final or proposed monographs. Unless there are problems with such "off label use," the FDA does not usually try to police such use if the public welfare is not endangered.

One example of this is the use of Preparation H® by women for puffiness, wrinkles and after-care of permanent cosmetics, Orajel® Lanacaine® and Solarcaine®

**pH of eye (footnote 1 below):** Medical literature reflects that the mean pH values in healthy eyes is 7.5 (SD +/- 0.23). The pH of the blood is 7.4. Dr. Zwerling and Dr. Dixon both tested the 5% Lidocaine Numquick for effectiveness and safety on eyelids. With a pH range of 7.39-7.62, there have been no reports of adverse events. **Numquick Pink 5% Lidocaine, Numquick Original PINK, and DOTC Blue™ all have pH ranges of 7.39-7.8 as an extra measure of protection for eyes.**

Dr. Whitney Tope writes in the Fall 2000 SPCP Newsletter: "A recurring question among tattoo artists who perform eyeliner tattooing is whether or not any of the anesthetic preparation gets into the eye. I believe it is prudent to assume this will happen." (permission to reprint from Dr. Tope).

To this statement Dr. Zwerling and I would concur, especially if any liquid is instilled into the eye prior to the procedure and/or occlusive dressing is used. We believe that the **use of an occlusive dressing on the eyelid is undesirable** if not dangerous for the following reasons:

a) Heat is increased which can melt the topical and cause it to enter the eye;  
   b) Vasodilation and edema (swelling) of underlying tissue is common.  
   c) One cannot see through an occlusive dressing to check the eyes.

With regard to adding topical or local anesthetics to pigments for insertion into the skin, this is ill-advised medically due to tissue toxicity of 4% Lidocaine and illegal for non-medical practitioners by any standard. At least one patented tattoo machine is characterized as an "intradermal injection device". Consider the definitions of tattooing and tattoo that follow (see Oregon statutes):

11) "Tattoo" means the indelible mark, figure or decorative design introduced by insertion of **nontoxic Dyes or pigments** into or under the subcutaneous portion of the skin upon the body of a live human being.

12) "Tattooing" means the process by which the skin is marked or colored by insertion of nontoxic dyes or pigments into or under the subcutaneous portion of the skin so as to form indelible marks for cosmetic, medical or figurative purposes.

By definition, this does NOT include the introduction of drugs with the colorants. Ironically, these definitions by the Oregon legislature are flawed as to the proper and desired depth of tattooing which is intra-dermal rather than subcutaneous. Many tattooists do penetrate the subcutaneous tissue and muscle at times inadvertently.

Medical issues in permanent cosmetics require a multidisciplinary approach with cooperation among specialists who are knowledgeable about the topics involved.

**Artificial tears used before eyelid topicals can liquefy the topical and draw it into the eye.**

1Department of Ophthalmology, Keio University School of Medicine, Tokyo, Japan. The mean pH values of 40 eyes from 20 healthy volunteers was 7.50 (SD +/- 0.23), which corresponded well with those measured by the micro pH-meter.
Use These Before You Begin

**DOTC Blue**
Used safely and effectively in hundreds of thousands of cases, DOTC Blue was the first topical formulated for permanent makeup. Use on eyelids, brows/lips before you start. pH 7.4 range.

15 grams $30

**Tag #45**
TAG #45 Topical Analgesic Gel helps control pain, swelling and bleeding during permanent cosmetic procedures on eyelids, brows, lips and areola. Used alone after microdermabrasion or after the skin is broken, TAG #45 is a CLEAR gel with 4% Lidocaine and Epinephrine. Patent pend.

1 oz. gel $30

**2% “Punch” Tetrage**
Pure, 2% Tetracaine is a long-lasting local anesthetic. Used in addition to TAG #45, especially for lips, Tetrage keeps pain under control longer. Put Tetrage in a separate large pigment cup and apply over TAG #45 Gel 2-3 times during lip procedure. Does not contain epinephrine so do not use alone.

1 oz. gel $30

**Numstick**
A topical anesthetic “stick” to be applied several times within a 30 minute period prior to lipcolor procedures. Single patient use. Good for 3-4 procedures. Patient can apply on the way to your office. Follow with TAG #45 Gel when skin is broken. 5% Lidocaine ointment.

Stick/2 grams $8

**Numquick “PINK”**
Tetracaine free! Numquick Pink topical anesthetic works in 15 minutes on delicate skin, including anorectal. 5% Lidocaine with Vitamins and Jojoba oil base. pH 7.4 range.

15 grams $30

**NQ Pink Orig. Botanical Formula**
NQ Pink is like DOTC Blue but with natural antioxidants added. Used in permanent cosmetics pH 7.6 range.

15 grams $30

Use These After You Begin

**NUMquick PINK**
Tetracaine free! NUMquick Pink topical anesthetic works in 15 minutes in delicate skin, including anorectal. 5% Lidocaine with Vitamins and Jojoba oil base. pH 7.4 range.

15 grams $30

**TAG #45 Liquid or Spray**
Some people prefer using a liquid on the lips or brows. So new TAG #45 Liquid comes with a pour top and a spray top. At 5% Lidocaine with Epinephrine, TAG #45 Spray/Liquid is gentle yet effective for minor pain and swelling. Do not use around eyes.

2 oz (60 gms) $49

**Liprotek-7**
Liprotek helps soothe and moisturize full lipcolor procedures AND has the added protection of sunscreen, herpes inhibitor, local anesthetic and antioxidants for healing. A real favorite!

4 grams $4

Use These After You’re Done

**HealQuick: TattooGuard**
Bland ointment with botanicals to soothe and protect permanent makeup during the healing period. Safe for use around eyes, brows and lips. Skin can breathe through this light veil of Aquaphor® type base.

4 grams $4

**Liprotek #7**
Liprotek helps soothe and moisturize full lipcolor procedures AND has the added protection of sunscreen, herpes inhibitor, local anesthetic and antioxidants for healing. A real favorite!

4 grams $12
The American Academy of Micropigmentation takes great pleasure in bestowing upon Dr. Norman Goldstein, MD the title of Member Emeritus. A practicing dermatologist in Honolulu, Hawaii for more years than you can count on your fingers and toes, Dr. Goldstein has published extensively in the medical literature on tattooing and complications as well as removal methods. Known and loved by both traditional and cosmetic tattooists, Dr. Goldstein was co-author of “Micropigmentation: State of the Art” with Charles S. Zwerling, MD, founder of the Academy of Micropigmentation.

Dr. Goldstein was admiring one of my new machines and said “Oh! This is a rotary machine. Rotary machines started when prison inmates used little rotary motors in TOYS to run their needles for tattooing each other.”

Dr. Goldstein rounds out the Medical Advisors available to the Academy with his expertise as a dermatologist and his strong tattooing history.

To join the American Academy go to: www.micropigmentation.org or call Toll Free 800/441-2515

To continue to receive PC Medical Newsletter call Toll Free 888/664-9990 then press 03. FAX your comments to 808/261-9070. Case Reports, observations and comments are welcomed. email: dixonmd@aloha.net

“A gentle answer turns away wrath” Proverbs 15:1