I was scanning another thread in this forum (Dr. Woods and Cambell reply to Spencer) and found a post from "Jaded", a portion of which, is SO relevant to this thread, I just had to add it. It's as follows:

"I just read an article on Hairlosstalk.com where Dr. Rassman bad mouthed Dr. Woods. As someone who has had surgery with both Dr. Rassamn and Dr. Woods, I can confirm that Dr. Woods did NOT shave my head as Rassman states...and that the reason I had to go to Australia was because Dr. Rassman left me with a 1/2 " wide scar in my donor area because he let a physician in training close my donor incision without my consent. To me, that is unethical. I never agreed to that verbally or in writing. I had to travel to Australia to have Dr. Woods and Campbell fix the scars (after living with them for 5 years) with hair removed individually from other donor sites. Again, Dr. Woods did not shave my head as Dr. Rassman alleges is done by Dr. Woods. I support Drs. Woods and Campbell and caution anyone against Spencer Kobren and Dr. Rassman of NHI. They have done "some good", but they are both ultimately driven by the almighty dollar and let their wallets rule their conscience. Good luck Drs. Woods and Campbell and thanks for telling us the truth about Spencer."

Jaded"

That my friends....speaks more to Dr. Rassmans lack of shame more than anything I could possibly imagine. Nuff said.

Xman

P.S. Jaded. I wish you the best with your results.

http://www.hairlosshelp.com/FORUMS/messageview.cfm?catid=5&threadid=4573&highlight_key=y&keyword1=Rassman

The following is a statement by Dr. Rassman in a recent interview:

Dr. Rassman: "I don't have any real idea as to what this Doctor does. When you talk to some of the doctors in Australia, they don't have many good things to say about what they have seen. They've have reported to me that they have seen a substantial number of failures related to the technique which he is performing, and the patients have been complaining about their results. I am sure he must have some good results, but as I never spoke to that doctor, or seen his work in person, I have no direct information about what he is doing. He is very secretive about it."

Have you no shame Dr. Rassman? You have never made a negative comment concerning your collegues and members in good standing with the ISHRS responsible for a countless number of atrocities [Greuel] that have negatively effected and in some cases ruined lives. However, when your professional status and profit margin is threatened you find it necesary to attack Dr. Woods.

Please explain: Who are the anonymous doctors that contacted you in Australia concerning Dr. Woods?

I look forward to your reply Senator McCarthy! Excuse me, I mean Dr. Rassman!

I am embarresed for you in advance!

Timetested
Your going to wait a long time for a reply to your question. It will be interesting to see how Dr. Bernstein will back track on his recent statements.

It's not as though several years passed and Dr. Rassman was busy as a beaver in his laboratory not only figuring out the Woods method but in a matter of a few months he perfected and enhanced the procedure! I'm looking forward to seeing Dr. Rassman publishing his enhanced Woods method in the New England Journal of Medicine. So I guess Dr. Rassman will be able to repair all the scars he is responsible for with his enhanced Woods method?

Dr. Bernstein will do what every hair transplant doctor does when he paints himself into a corner because he really shot himself in the foot on this one

Timetested

http://www.hairlosshelp.com/FORUMS/messageview.cfm?catid=5&threadid=4475&highlight_key=y&keyword1=Rassman
08/19/2001 02:09 AM
Dear Dr. Bernstein,

I'm a bit confused, correct me if I'm wrong, but a few months ago you publicly stated in this forum, "Ask an expert" on the 21st of March 2001, that it was "IMPOSSIBLE" to do what Woods was claiming and you gave every reason under the sun as to why it was "impossible." And, in your hands you stated you had IN EXCESS of a "30% transection rate", and that you "abandoned the technique". Now you are saying again publicly that you have been doing this technique for 3 yrs!!! THIS IS PUBLIC RECORD. Obviously someone isn't telling the truth and they are both called Dr Bernstein. By the way, Dr Woods has always stated that the reason why he is not yet ready to share his technique is because inadequately skilled doctors would falsely claim that they are doing his technique without the time and training required to do it properly. Dr B, how can you be doing this amazing turnaround in a few months when its taken Woods approx. 11 yrs. Dr B please explain this, your credibility is at stake...

As for you Dr Woods, isn't it time you got off your butt and come to the U.S. to set up a clinic as you have also publicly stated.

03/16/2001 06:11 AM
http://www.hairlosshelp.com/FORUMS/messageview.cfm?catid=5&threadid=300&highlight_key=y&keyword1=Rassman
Dr Woods and Dr Campbell (The Woods Technique of Top-UP Hair Transplantation) are absolutely delighted with Dr Bernsteins public acknowledgement that the best doctors in the world have attempted and failed to achieve what we have totally perfected over the last 10years. Please refer to 'Hairlosshelp.com-ask an expert-Dr Bernstein, March 13'. The reason is simple.....We have spent 10years of total committment, devotion and single minded obsession in perfecting the best hair transplantation system in the world. We have reached the end point of hair transplantation and further improvement is not possible. Transection in our technique after 10years of refinement is absolutely NEGLIGIBLE. We estimate that damage and loss in the strip excision is approx 50%. We microsurgically remove follicular units of 1,2,or 3 hair...We can pick and choose the units we want. If an artistic and highly skilled doctor spends 60 plus hours per week for 8 to 10years for little financial gain and has access to the highest level of microengineering innovation and expertise, he or she may come close to our achievement.

Dr Woods
(www.4hair.com.au) A video will soon be available on our website.
Dr Bernsteins comments in 'hairlosshelp....ask the experts...March13' regarding the 'Woods Technique' are interesting. He is of the opinion that donor site trauma is greater in the 'WOODS TECHNIQUE' than in donor 'strip excision' method.

In 'THE WOODS TECHNIQUE', follicular units of 1, 2 or 3 hair are removed microsurgically under high power magnification. Surrounding tissue stays where it belongs.....in your neck and not on a technicians chopping board

Also interesting is Dr Bernsteins comment that he is very familiar with our technique. Funny, I don't remember ever talking to him or any other surgeon about our technique, which took 10 years of intensive, committed and devoted work, and several million dollars in costs.

Dr Bernstein also suggests that you 'do the math'.....yes, I agree.....and don't forget to use your commonsense while your at it
All this reminds me of a saying....'people who live in glass houses should not throw stones'
Dr Ray Woods

I am amazed that Dr. Bernstein would actually post this on the NHI website!

Unless Dr. Woods is actually using a punch/cylinder extraction technique,(which he says he does not) than the following article by NHI/Bernstein is clearly defamation/slander/libel and potentially subject to punitive damages in a civil action. The verdict in a punitive award is NOT covered by any type of insurance (against public policy) and could therefore, potentially, subject the entire NHI chain to bankruptcy in the event of a trial and runaway verdict in a civil action.

Download this onto your hardrive asap, Dr. Woods. You have witnesses.

Call your attorney in New York TODAY, and file a civil action against NHI for slander and libel!
Unless, of course........it is a cylinder/punch !

If it is, then you'll have no case and lot's of egg on your face.
What's it gonna be? Only you know the truth.

What's it gonna be, Dr. Woods?

The website where Dr Bernstein discusses Dr Woods is www.hairlossstalk.com under the 'ask the expert' specify Dr Bernstein, The question was put by 'Bill' on March 13.

They may be experiencing technical difficulties or they may have gone into 'Damage Control'.

They may be experiencing technical difficulties or they may have gone into 'Damage Control'.
What is the "Cylinder Harvesting Technique" of Dr. Woods in Australia?

Q: A number of patients have recently asked about the work of Dr. Ray Woods in Australia. "He's doing transplants without any stitching up of the donor area. He doesn't use the strip excision method. Therefore, there is no chance of a scar at all in the donor area. His sessions are very small per visit, but he can do 4 sessions in 10 days. The amount of hair pieces transplanted over that time can be up to 4000. But like I said he doesn't even have to stitch the donor area up. My question is "why don't all reputable hair transplantation clinics use this method?"

A: This technique is identical to the old punch technique that was abandoned by most doctors 20 years ago. The marketing is clever. The "cylinders" that he refers to are simply the old punches originally developed by Dr. Orentreich in the 1950's.

The problem is that the tiny punches of 1-1.5 mm in size produce an extraordinary amount of follicular transection. Dr. Rassman, at NHI, has experimented with this technique using fiber optic guidance, but has not been able to perform it without unacceptable transection. Think about the problem. The old punches were 4-mm and produced transection around the periphery. Do the math with a 1-mm punch.

Dr. Woods states that there are "no stitches," but he doesn't state (as you do) that there is no scar. Of course there are scars, not just a linear one. There is a scar for each graft removed. They take 10 days to heal, as Dr. Wood s states. In fact the total scarring from this type of procedure is at least 10 times that of a linear scar. Dr. Limmer published this several years ago. The increased transection of follicles is far too great a price to pay for not having a hairline linear scar in the donor area. In some cases of extensive donor scarring, where a linear incision is impossible and only minute quantities of donor hair are needed, the cylindrical "punch" technique may have merit, but certainly not for traditional hair transplants.

You ask "Why don't all reputable hair transplantation clinics use this method?" The answer is that we are concerned about follicular transection. The Hippocratic tradition, implores Physicians to share with their colleagues, any scientific knowledge that will benefit patients. It is hard to believe, that any doctor with a legitimate technique, will keep it a secret for 10 years. The argument that Dr. Woods keeps his techniques secret because only he can perform it well is, in my opinion, totally bogus.

Stereo-microscopic dissection, thought to be impractical by all but a few doctors just 3-4 years ago, is gradually becoming standard of care. By publishing the technique early, doctors around the world were able to evaluate and improve upon it. This has happened with every other advance in medicine. Dr. Woods has been invited, on multiple occasions, to speak at the Australian Hair Restoration Society meeting and has refused each time. If Dr. Woods' procedure were "the best transplantation system in the
world" as he claims, **myself and many other physicians would take great pains to learn it.**

Until a technique is open to professional scrutiny, I would advise any patient seeking "secret" treatments to beware. The field of hair restoration has a poor track record of doctors scamming uninformed patients.

**Strip Excisions vs. Cylindrical Excisions**

Q: What is your opinion regarding damage in the donor area using a Strip Excision as compared to Small Cylindrical Excisions in the Woods Technique?

A: The importance of minimizing follicular transection was first scientifically addressed by Dr. Bobby Limmer in Texas, who began using a stereomicroscope in 1988. With the microscope, he was able to see **significant amounts of dissection caused by punches and multi-bladed knives**, damage that was unnoticed by gross visualization or with ordinary loop magnification. To solve this problem he developed the technique of single-strip harvesting, followed by stereo-microscopically controlled slivering, followed by stereo-microscopic controlled dissection of small mini-micrografts.

When we published Follicular Transplantation in 1995, we were mainly concerned with keeping follicular units intact. The first thing we did was to greatly increasing the spacing of the blades on the multibladed knife, the next was to use loop magnification for all aspects of the dissection, and the third was to build backlighting tables at all of our work stations to provide trans-illumination of the grafts, in order to increase visibility during dissection (This was the idea of Dr. Paul Rose). Unfortunately, none of these procedures were effective in keeping the units entirely intact. When we first heard of Dr. Limmer’s techniques (actually through the work of Dr. David Seager) it seemed obvious that this was the solution for both keeping follicular units intact, as well as avoiding follicular transection. **We published a bilateral controlled study in Derm Surg the following year comparing the techniques and showed this indeed to be the case.**

The reason why single strip harvesting and stereo-microscopic dissection are more effective than other techniques in preventing follicular transection and keeping follicular units intact can best be understood if one divides all harvesting and dissection into two types of procedure, one that is performed "blind" and another performed under "direct visualization." Blind harvesting and dissection would include situations where one is unable to see the entire length of the follicular structure during harvesting or dissection and/or when one is unable to surgically adjust for what is seen. Direct visualization would be defined as the situation in which the entire follicular structure can be seen and, equally important, when the technique allows the operator to adjust surgically to these visual cues to avoid follicular and follicular unit damage. A goal of Follicular Unit Transplantation (FUT) is to minimize blind harvesting and perform as many parts of the harvesting and dissection under direct visualization. Whenever the initial incision into the donor area is made, it is a form of blind harvesting.!!

Even when one removes a single ellipse, and the surgeon carefully (under magnification) observes the wound edge as he cuts, in order to follow the exact angle of the hair, there is some transection and splitting of follicular units. Fortunately it is extremely small. This has actually been measured by Dr. Limmer using stereomicroscopy and is consistently around 1% (I think that this answers one of your questions). The idea behind single strip harvesting is that it keeps the area of tissue that is cut "blind" to an absolute minimum. To illustrate this point, lets take a typical 1,000-graft procedure. The strip would measure 1cm x 11cm. (The additional 1cm is to account for the fact that the ends are tapered into an ellipse). The 10cm2 would yield 1,000 follicular units, as there is 1 follicular unit per mm2 of donor tissue in the average Caucasian. The linear cut would thus be 22cm. There would be 1% damage in this "blind" part of the procedure, but then the strip is placed under a stereomicroscope and divided, via
slivering, into large sections and placed in chilled Ringers Lactate. The "slivering" enables the dissector to go around follicular units with no transection. Once thin slivers are generated from the slivered sections, individual follicular unit dissection can proceed.

With the donor tissue viewed under the stereomicroscope in vitro (out of the body), the strip literally becomes transparent and the structures of the unit stand out. With the microscope, a skilled dissector can readily avoid any follicular damage and keep follicular units intact. We have carefully studied (and published data on) the ability of our own staff to do this.

To answer the concern about the donor strip drying. The donor strip is a large mass of tissue compared to an individual graft. Although a single graft may dry out in 2-5 minutes, the donor strip will not be impacted at all during this time period. Once the donor strip is removed, it is immediately placed in chilled Ringers lactate and only the section that is being dissected is kept out of the bath, not the whole strip. In addition, as we dissect, we have syringes of chilled Ringers that are used to keep the tissues constantly hydrated. The tissue is never allowed to dry.

In our practice, donor wounds are sutured with Monocryl, a suture of low tissue reactivity that is absorbed by the hydrolysis (slowly broken down by the action of water). The sutures are placed within 1.5mm of the wound edge and spaced ½ cm apart so there is very minimal encroachment upon follicular units. We have recently published this technique.

Contrast this to using a small 1.25mm punch (cylinder). For the same 1000 graft procedure, if one removed every other follicular unit, 20 sq cm of tissue would be involved (rather than the 10 cm with single strip harvesting). The length of the incision would be 1.25mm x 3.14 (pi) x 1000 grafts = 40 cm (rather than the 22cm with single strip harvesting). In addition, there would be 1000 wounds, albeit small, to heal by secondary intention (i.e. fill in with scar tissue) in contrast to almost none with the primary intention closure of single strip harvesting.

The issues regarding the use of small punches are not as simple as one would think. First, is the problem of blind harvesting that I mentioned. But, a much more important fact is that, although follicles are grouped in the upper portion of the skin (the dermis) into discrete follicular units, the bulbs of each follicle are random in the fat.

This means that each follicle takes a curved, rather than straight, path through tissue. If one looks at this in three dimensions, the follicular unit looks much like a broom that is gathered at the top and splayed towards the end. Since the curves go in opposite directions, we (and others) have found it impossible to remove follicular units with small punches, and also capture all of the bulbs. (This is what I had alluded to in my first comments with the fiber optic technique we were using.) As a result, the transection rate with small punches exceeded 30% in our hands and we thus abandoned the technique.

An additional problem is that the removal of one graft, and subsequent healing, distorts the adjacent grafts, making subsequent procedures more difficult. As a result, the person using a punch technique must extend well beyond the mid-portion of the donor zone for tissue. Even from the example I gave above, where every other follicular unit is removed, the donor width must be double what one needs with single strip harvesting.

In repair cases with severe donor scarring, when a very tight scalp precludes a strip excision, small punch excisions have been used by a number of us to remove small amounts of donor hair. The risk of follicular transection is sometimes warranted in these cases, since the patient is left with few other surgical options.

We all welcome solutions to the problems discussed above, but are not terribly impressed
by unsubstantiated claims. The testimonials of patients, although very important, does not give real insight into a technique. Wasting of donor hair is rarely appreciated by the patient, especially early on, or when the balding is limited. The observation of doctors working under magnification gives little information about the ability to solve some of the problems I have mentioned.

**Speaking on behalf of Physicians in the ISHRS, and as a Contributing Editor of Dermatologic Surgery, I welcome any physician possessing special skills or techniques to share them with the scientific community at large, so every patient may benefit from this knowledge. Sincerely,**

Dr. Bernstein

---

I'll offer limited comment as well, but from my first experience with the grafts being removed by Dr. Jones. Besides the incision with the 1mm punch, which isn't going to far into the dermis, the grafts are being guided out as well, they are not being cut out. At this point I'm starting to think one of the only main differences here for the procedure is the extraction tool that Woods uses. It obviously has the ability to take into account the non linear placement of the follicle itself, but even then Dr. Woods admits that there still is approx 5% Transsection, which of course vs a strip surgery is still nothing. Also we know that both use a 1mm incison so at least size wise both tools are the same. Here's the quote from the HairlossHelp interview with Dr. Woods:

-------------

**Q: How do you remove the hair follicles without cutting?**

It is impossible to remove bulbs without cutting. This is a microsurgical procedure. However, the central principle is of trauma minimalization. We endeavored to **develop a procedure that was minimally surgically invasive.**

**The first law of medicine is "Do No Harm".** At one stage I also worried about hair loss. Hence I tended to adopt that little saying," Do unto others as you would have them do unto you." It was extremely important for us to be able to remove follicles with the minimal amount of cutting. Over many years we perfected the science and the art of **removing follicles via 1 mm Micro incisions.** The time, effort and sacrifices were incredible, but then again, so are the results, which makes it all worth it.

---

Aug 2002


<< **Dr. William Rassman’s History of Follicular Unit Transplantation** >>

<< Dr. Rassman has a convenient memory of history which supports the promotional methodology of NHI and relegates 8 or more years of original clinical research to one acknowledgement, “microscope.” **The first Follicular Unit Hair Transplant was done on October 21,1988**, on our patient, Richard Krause. Between 1988 and 1990 every single element of follicular unit transplantation as we know it today was perfected >>
1.) Single blade donor harvest
2.) Total microscopic dissection of all individual follicular units into grafts
3.) Implantation of these grafts by the “stick and place” method into very small needle holes.

The first video of the entire method was made in 1992 for the education of both patients and physicians. This video was updated and sold through Dr. Norwood and the Hair Transplant Forum for educational purposes to physicians’ offices. In 1994, six years of compiled data on 330 patients was published in the Journal of Dermatologic Surgery and Oncology (currently called Dermatologic Surgery). At that time, graft terminology was limited to micrografts, minigrafs, and plugs and the article was entitled as micrografting rather than follicular unit grafting, but each and every element of this method as practiced today was described. In 1994 Dr. Rassman was publishing articles on the advantages of minigrafs. Shortly after publication of the JDSO article in 1994, Dr. Rassman began to promote “follicular transplantation” not follicular unit transplantation. In 1998, 10 years after first case, a multi-authored article was written on the classification and terminology of this method which Dr. Rassmann and Bernstein entitled “Classification and Description of Follicular Transplantation and Mini- Micrografting Techniques” initially. After a timely debate led by Doctors O’Tar Norwood, Dow Stough, And Bob Limmer they agreed to change the title to “Classification and Description of Follicular Unit Transplantation and Mini- Micrografting Techniques” which more accurately reflected the true nature of follicular units as described by Dr. Headington, a dermatopathologist in 1984.

In short, the entire method of follicular unit transplantation was developed and perfected by 1992 and contrary to much promotional literature, it did not happen in the offices of Dr. Rassman and Bernstein. Some 78 transplant surgeons who observed the procedure in practice in our offices between 1992-1998 will be happy to confirm this history. Dr. Rassman has been a very vocal ardent promoter of follicular unit transplantation and deserves credit for popularizing a procedure developed by others. However, promotion is not science and per Dr. Rassman’s communication of 09-11-2002 neither is it accurate history.

-B.L. Limmer, MD/jal

http://www.hairlossresearch.com/hair_transplant_articles/rbernstein_origin_transplant.htm

By Dr. Bernstein:

Dr. Halperin mentioned that Dr. John Headington, a dermatopathologist at the University of Michigan had done extensive work with horizontal scalp sections. I spoke with Dr. Headington about our project and he sent me an article that he had written in 1984 entitled "Transverse microscopic anatomy of the human scalp." To my surprise, not only had Headington defined the follicular unit histologically, but noted the same follicular unit constant that we had observed clinically. Clearly, he is responsible for originating the term "follicular unit" back in 1984.

By Dr. Woods:

We have only publically entered the debate because of Dr Bernsteins open criticism and comments regarding the WOODS TECHNIQUE. The reasons why there is so much transection and damage with the strip excision are as follows - The act of pushing a scaple blade through the dense hairbearing donor area causes transection and destruction of hundreds of follicles even if an angled blade is used. On average this cut takes 1 to 5 minutes.

Look at the back of anyones head. Follicular units are randomly scattered and overlapping. How can anyone dissect single follicular units without cutting through and transecting follicular units above, below and to either side. It is unfortunate for the technicians who chop up the strip that nature did not align the follicular units in perfectly straight geometric rows to aid in dissection. Slow dissection means the donor strip is exposed to air drying for prolonged periods and
dessication will destroy follicles in 2 to 5 minutes. The entire donor strip is chopped up and placed into the recipient area. That is the fat, dermis, skin etc. - Tissue which should have stayed in the back of your head is now competing with the follicles for circulation and nutrition and the follicle often loses. Sewing up the hole with a needle and thick nylon thread pushed into adjacent hair bearing skin means further follicles are transected and screwed and traction damage also occurs. Sewing up the donor site usually takes between 5 and 15 minutes. **With the Woods technique 10,000 to 15,000 hair can be moved depending on donor site density.** But this is rarely required as excellent results can be achieved with far less.

It is our belief, and we have many patients who have both techniques to back it up, that we only need to move half of the follicles required in strip excision to achieve a better result.

As far as coverage which can be achieved this depends on the size of the bald area, coarseness and color of hair and many other factors which vary from client to client. I hope this helps to answer your questions,

Dr Woods.

---

**The Truth by Spencer Kobren**

http://www.hairlosshelp.com/FORUMS/messageview.cfm?catid=5&threadid=4581&highlight_key=y&keyword1=Rassman

08/29/2001 01:38 AM

The Truth...

By Spencer Kobren

It's very difficult for me to sit by and see some of you guys continually question my integrity on complete hearsay.

I have been in contact with Dr. Woods for about 2 years [summer 1999]...And it was I who introduced Dr. Woods to Farrel Manne and this forum which was once used by The Bald Truth web site.

After being convinced that Dr. Woods was on to something, I began offering this option to those who have been mutilated in the past by some of the Drs. in this insipid industry and had nowhere else to turn...Patients in desperate need of help who had been turned away by conventional strip guys...Those turned away by the best America had to offer...I offered them this option being full aware of both the political, and financial implications this might have on The Bald Truth.

From the beginning Dr. Woods wanted to work out some financial compensation or a "referral" fee. (HIS IDEA COMPLETELY...I NEVER ONCE APPROACHED HIM FOR ANY COMPENSATION). At the beginning I turned him down flat...letting him know that I was not interested in having any financial ties to him...After several months of speaking with Dr. Woods...around the same time as Timetested had his first procedure...He offered this "referral" fee to me again...I considered it and we agreed on an appropriate amount...Just so you know, if I decided to go through with this, it absolutely would have added up to far more than most of you on this board make in two years!

A few weeks after this discussion, I decided for both personal and professional reasons that this would be a bad idea and told Dr. Woods that I would have to decline his generous offer, however, I told him that I will continue to refer patients to him that needed his help with corrective surgery...AT NO COST. I made it very clear that I would never take any money for referring patients to him and Dr. Camble.

Dr. Woods also consulted with me on just how much he could charge Americans for his work...He was most interested in working with the "wealthy" and I agreed that if he could actually help these "wealthy" men that he could charge a pretty penny...And quite frankly, I think he deserves what he makes since the procedure is so all consuming and laborious.
His biggest compliant was that I was sending him the most difficult cases...I assured him that if he can prove to me that he can repair those that were considered a "lost cause" in the states, that this would be proof to me that indeed he was the "miracle worker" that he claimed to be.

I have seen two repair patients...One who was astounding and one who was also very good. However, the second patient really did not need much repair work and he was sent to Australia more for his mental stability than for his lack of hair or scarring. By the way...all of this information is documented through e-mail correspondence... Another way of checking the facts would be to ask Farrel Manne directly...he was my confidant throughout my talks with Dr. Woods. (I'm sorry to drag you into this Farrel...But like you told me ...the Truth must be told...journalistic integrity, I think it was.) If Farrel recalls correctly and decides to offer the truth..then you guys can say that the man truly has "balls"!... I’m confident that he will confirm all of this if asked.

To address Dr. Woods' allegations that his patients "pursued" me to be on my program...This is a complete fabrication! I actually had Timetested on my program before he had his surgery down under...I also asked him to return to the show after his first round of procedures...I spoke with him on several occasions he even called me from Dr. Woods' office when Timetested was in Australia...

What went down was this...After Dr. Woods began being trashed on this very board about his prices...He panicked and decided to write a long post explaining that it was the fault of a "certain well known American" who was trying to sabotage his efforts in the field and price him out of the business...He meant me

The fact of the matter is that after years of working on his procedure and providing his services for almost nothing...he felt that it was due time that he got "PAID."

I agreed with him...He has the right to charge as much as he wants for his work...if people want to pay it, they will...the choice was his. However, I did tell him flat out that he would not be able to offer his procedure to the common man at his prices...This was absolutely fine with him, and since I knew that he could not meet the demand of the masses, I thought that this would be a great way to judge his work without dangling a carrot in front of those who could NEVER reach it.

He was angry that I wasn't sending him the "movie stars and "Wealthy Americans"... He flat out told me that he would prefer "virgin" scalps over performing repair work...Hey that's his prerogative...I could absolutely send him "wealthy Americans" and yes even some "movie stars"...but why would I risk my reputation without seeing what he could do for the people who really have no other choice?...Why should I jeopardize relationships that I have built and the trust that people have in me...on the word of one Dr. and a video tape?

After this incident I spoke to Timetested at length...for about an hour...We both agreed that it would be a bad time to have him on my program and that we should let things cool down for a while...

As far as Dr. Woods being on my program...Well, he told me himself that he would not only Bash NHI and others performing conventional follicular...
unit transplantation, but he would openly bash Merck&Co.

siting the studies of one Australian Dr. who claims Propecia can cause osteoporosis in men who take it, when EVERY single study on bone density and propecia use points to the opposite effect...He agreed that again the time is not right to be on my program and I told him that it would be irresponsible of me to allow him to put completely unsubstantiated fear into the minds of men considering using a drug that can potentially help them tremendously.

So...here's the whole truth and nothing but the truth...No one, including Dr. Woods, Farrel or Timetested(sorry Timetested, but it was your post telling me to hang in there that prompted me to write this) can say that every single word written in this statement is not ABSOLUTELY true!

I want all of you to know that I still think that Dr. Woods has a lot to offer this field and I will continue to send him patients who really need his services...

I would also like all of you to know that...YES, NHI has been a long time supporter of The Bald Truth, however there are no "stings" being pulled here...I chose them because they perform consistently superior work. I could be affiliated with much larger organizations who would provide The Bald Truth a fortune of advertising dollars per year...I chose NHI and continue to believe that they provide some of best work that this field has to offer.

Remember every word of this statement is the verifiable truth! Believe what you will.

Good luck,

Spencer Kobren
The Bald Truth
http://www.thebaldtruth.com
http://www.hairlosshelp.com/FORUMS/messageview.cfm?catid=5&threadid=4581&highlight_key=y&keyword1=Rassman

Anonymous User Date Posted: Aug/27/2001 6:50 PM
http://www.hairlosshelp.com/FORUMS/messageview.cfm?catid=5&threadid=4563&highlight_key=y&keyword1=Rassman

Reply from Drs Woods and Campbell

From our own experience and from the word of clients and from Farrel and Spencer it was clear that the hair transplantation industry did not want the changes we were proposing. I am on record for saying to journalists as early as 1996 and to Spencer Kobran 2 years ago that we wanted to make strip excision surgery obsolete and that the individual removal of follicles via 1mm microsurgical incisions would replace it.

Doctors in this industry have tried to misrepresent and discredit us. We decided not to reveal our technique to doctors who were hostile to our commitment to changes in this industry because we felt that they would further misrepresent our cause.

We believed that doctors would say, "yes we have seen and are familiar with the Woods technique and it is inferior"

We have been accused of being paranoid but we have been right, as doctors who
have never seen our technique have made similar comments. As I made clear to Farrel and Spencer our intention was to create a frenzy of interest. To advertise in American magazines and create a "pressure cooker" effect......the public would be convinced by living indisputable truth and evidence, that our approach was the end point in hair transplantation surgery.

It is our belief that this would not come from the doctors in this industry. However once the public became aware of the truth they would force a change.

We thank all our clients who have told of their experiences and spread the word. We thank all the posters who have not actually seen us but have the ability to do thorough research. Your intelligent clear thinking has maintained a high level of debate and prevented the hijacking of our achievement, future hopes and principles.

We hope to establish an international clinic and training facility based on the following unshakeable foundation principles-

1. That everyone is a candidate for the WoodsTechnique and strip excision is definitely not done
   No Biopsy or test procedure is required.

2. The entire procedure is to be preformed only by a doctor fully trained and accredited in our technique by Doctors Woods and Campbell
   No one else touches the patient’s head
   Absolutely no assistants

3. The entire procedure adheres strictly to microsurgical cosmetic principles, which defines our technique.

4. There will be no routine legal disclaimer or waiver.

5. The doctor must be responsible for the removal of and the placement of each and every follicle, ensuring a virtually perfect result each and every time.

To my knowledge Dr Campbell and myself are the only cosmetic surgeons in the world who operate without routine legal disclaimers and waivers

For all the people out there who want to make a difference. We ask that you be vocal and spread the word and be part of this fight.

We want everyone to know that it was through the journalistic integrity and courage of Farrel Manne that the truth is told. Farrel had the 'sheer guts' to present us on his website despite opposition.

As far as Spencer is concerned.
Approximately 2 years ago [Sommer 1999] we contacted Spencer Kobran and told him of our achievement - He appeared to be fascinated and told us that we would be on his radio programme. With great excitement our entire staff was informed and we anxiously waited to tell of our achievement and our vision for change to the American public.

However within a week Spencer called me to state that it would be impossible to interview me on his radio programme. We have never since been asked to be on Spencer’s radio programme. We gladly would have done so at any time.

We offered to fly to New York to show him hundreds of case studies never before seen by anyone else - I even offered for him to come to Australia to observe a procedure.

Spencer told us not to come to New York and he declined our invitation to come to Australia. Our American patients have actively pursued trying to go on to Spencers show.

It was due to Spencer himself that he refused to have our patients on his show.

Three days ago was the FIRST TIME we were ever asked to write a statement for Spencers website.

We are now very pleased to provide the above statement to Spencer.

Dr Ray Woods and Dr Angela Campbell
I'm extremely disappointed with Dr. Woods. I can no longer waste time reading and posting in this forum. The unfortunate fact is that Hairlosshelp has become a breeding ground of contempt and in many cases outright lies. I've wasted too much time on this forum as it is. Good luck.
Spencer Kobren
The Bald Truth
http://www.thebaldtruth.com

http://www.hairlosshelp.com/FORUMS/messageview.cfm?catid=5&threadid=4821&highlight_key=y&keyword1=Rassman
09/22/2001 07:51 AM
Really?? You mean your going to have the Dr. Rassman "enhanced" Woods method that doctor Bernstein said was not valid just several months ago but now endorses. I am glad your donor scar is pencil thin. There are a number of Dr. Rassman's patients that have not been so fortunate. Maybe Dr. Rassman will extend his professional courtesy to these past patients and perform his "enhanced" Woods method surgery to correct the effects of the prior surgery.

In the Woods Technique, no assistants or technicians are used. There are no intravenous drugs. And certainly there is no strip excision. Follicular units are removed in groupings of 1,2 and 3 via microsurgical 1 mm incisions. The procedure is interactive and the client can observe as we place the hair, one by one, using 21 gauge, and occasionally 19 gauge hypodermic needles. This can only be done with magnification apparatus, and assures no indentation or scarring.

03/09/2002 03:39 PM
http://www.hairlosshelp.com/FORUMS/messageview.cfm?catid=5&threadid=7815&highlight_key=y&keyword1=Rassman
Hey guy's I just got a brochure in the mail today from NHI claiming that they are also doing single follicle extraction method with no strip incision. Supposedly it's a new method that they can do on certain candidates depending on the person. I was wondering if anyone has heard of it yet.

This would be huge because it would give us another option if we wanted to avoid the scar and not have to fly to Australia and shell out so much cash for Woods. I wonder how good there procedure is? Timetested have you heard anything about this?

You betcha I've heard about the FOX test and the NHI FUE process. This is the mysterious process that prospective NHI patient gets charged a $150.00 for and almost everyone fails. However, if you opt for the strip excision surgery at NHI, the $150.00 that you shelled out for the FOX test will be credited toward the strip excision surgery.

I must admit, this marketing stratagy is pretty slick. It basically projects the image that the patient is not a candidate for the FUE so they shouldn't consider the Woods method and locks them into the strip excision. Bravo!

Hmmmmm, other than Dr. Rassman's son and a few other NHI staff people, does anyone know of an NHI patient that passed the FOX test and had the FUE surgery?

I happen to live in NYC and I recently came across this NEW info. I was aware they did this in the past but, according to Bernstein, they recently got a letter from an
Australian Dr, not Woods, who informed them of a new way to extract. They claim it is more accurate than their previous efforts. I will be calling Bernstein on Monday for an appointment. I will ask to have a patient present at the time of my appointment, who has had this procedure done on them. I don't really care about the $150, I just want to see that they are capable and have done the procedure on A SINGLE PATIENT.

------------------------------------------

04/10/2002 01:55 PM
What is really disturbing, in order of sequence, is NHI via Dr. Bernstein & Rassman stated that the Woods method of surgery was not viable and in a matter of weeks the same doctors at NHI introduced & proclaimed the FUE & Fox test as valid. If the FUE & FOX test was so great, what happened to the introduction and speeches at the ISHRS convention? How many doctors in the new IAHRS will be performing the FUE & Fox test. Even if Dr. Rassman & Bernstein shared the FUE info with their colleagues it wouldn't matter because they are not buying into it.

Does anyone know of anyone that had a successful FUE from NHI? I mean other than Dr. Rassman's son or a few NHI employees! For that matter, does anyone know of anyone that passed the FOX test? It seems that the highly profitable but unnecessary FOX test is a complete scam and was only invented as a result in preventing prospective HT patients from traveling to Australia.

I don't care if anyone travels to OZ for a hair transplant or has the surgery at all for that matter. What NHI did with promoting the FUE & FOX test is no better than the advertising that MHR & Bosley does. But don't worry gents, if you fail the FOX test your $150.00 is applied to a strip excision.

This in unethical and indefensible!

Timetested

That's not surprising if you know Rassman. Ironically I had to go to Dr. Woods because Dr. Rassman scarred me severely in my donor area. It was the deepest donor scarring EVER seen by Dr. Woods. I actually had to order hair bearing prosthetics to wear over the scars left by Rassman until I had the corrective surgery with Dr. Woods and Campbell. As for professionalism...after Dr. Rassman cut my donor strip he then held it against his groin like a penis and said, "Yup...it's the right size!" I was shocked and none of the all female HT technicians laughed. I nervously tried to make light of it and said, "Why? ...Is your standard for the donor strip to be twice as big as "yours" ? He said, "not bad for a guy under sedation." I smiled faintly, but I knew I was in for trouble, and I was right. It was down hill from there with my NHI/Rassman experience.

When Farrel announced that we had to cut it short, Dr. Rassman really started to lose it. He stood up and started whining like a 10 year-old. (The best way I can describe the scene is as follows: It was like at the end of Trading Places when Murphy/Akroyd tricked the Duke's out of the Frozen Concentrated Orange Juice market. Rassman (Dom Ameche) was demanding that they start the video back up, answer questions and let him speak.) Seriously though, security had to get involved and help Dr. Rassman leave.
I'm pretty tired, so I won't be able to do a proper review, but a few comments. It was great to hear Drs. Woods and Campbell on the show, I've been hoping to hear them speak for a while. They sounded like intelligent and caring people. There weren't any really new revelations though. If you've been interested in Woods for a little while, you will be familiar with his views. He did back off from his alleged criticism of Propecia, and refused to comment one way or the other, saying it was not his area of expertise. Dr. Rassman called the show, and said pretty much what you would expect Dr. Rassman to say...why won't you share your methods, publish some studies, etc. It was answered that Woods and Campbell are currently working on doing that. Dr. Rassman referred to his own method of single FU extraction several times, and Dr. Woods said why was Rassman bugging him for techniques, if he had already figured out how to do it. It was an interesting show, but no real bombs were dropped. Woods did say this was just the first of hopefully many visits (and I hope so too).

The most exciting thing about the show (besides the exchanges between Dr. Woods and Dr. Rassman) was that supposedly yesterday at the Hairloss Expo, Dr. Washenik said that he expects Hair Multiplication to be commercially available within 5 years.

Dr. Rassman of NHI called in and acted like a complete jerk. The same line of attacks about the Hippocratic Oath, etc. Woods' lawyer fended him off. I thought someone should have pointed out to Rassman on-air the parts of the Hippocratic Oath dealing with the lack of dealing with incompetent colleagues. It was nauseating. I'm sure that it's no coincidence you cannot spell Rassman without "ass".

In total, good marks for Woods although Spencer, Intern Dave, and the callers didn't challenge him really so much. Woods had a soapbox to speak upon but he handled himself very well. I don't people learned anything they have not been told about him. I was really encouraged by the blurb on Washenik. Hopefully, we'll see more about the conference. And hopefully, Rassman will turn his anger against his ISHRS buddies who've ruined so many lives. What a jerk.

I heard the bald truth tape when rassman rang up while Dr woods and campbell were there...it was the most ridiculous thing i have ever heard. He truly beleives he has co-pioneered the non-invasive technique....no joke...he really does.

He never mentioned that sort of technique once in previous years and in fact in an interview on the thebaldman.com he calls australian ht surgeons nothing more than family practitioners. Now all of a sudden (in the last years) has been eveying off the non-invasive technique. I am sorry but it sounds like monty python comedy.

I am a reasonable person and he came across like a total idiot on the radio program and apparently at the conference (which i have heard about) not seen personally.

I didnt realise somebody could be so petty when it comes to people suffering from this awful affliction.
You wanna know what friggin nutcase Rassman is? Apparently Rassman jumped up and took a swing at Dr. Woods at the **conference in LA** before he was **hauled off by security!!!** Talk about a damn lunatic. A very jealous man indeed.

06/28/2002 07:04 AM  

"Guys, the more and more I think about Dr. Woods protecting his techniques for as long as he has - well I'm getting a little turned off. Dr. Woods, IT'S TIME TO SHARE! "

I agree but **this sharing can not be put forth in the traditional way of writing a paper and letting the HT community go at it. That's what Rassman and the other usual suspects want, not so they can practice the Woods method but rather discredit the technique and go right back to the strip excision.**

Dr. Woods has and continues to offer directly and personally instructing and teaching his method to other HT physicians. **How many have taken him up on his offer?**  
**Answer: NONE, NOTHA, ZILCH, ZERO!**

Read between the lines a bit here and see what's going on. The bump & run 2 or 3 patients getting serviced at the same time with the 4 hour usual HT surgery and the technicians performing the majority of the work goes right out the window with the Woods method. **Do you think Rassman would spend the usual 12 hour or more surgical effort Dr. Woods put forth?**

I believe there will be a NEW BREED of ethical doctor with compassion for the patient that will learn & practice the Woods method. The Rassman type of HT doc will become a dinosaur and fade away. Thank GOD!

Timetested

About a month after the surgery I had massive telogen efluvium all around my donor site. All my hair fell out around the area the strip was removed and I had to tell people at work I was in an accident as the scar was very visible at that point. Some of the hair regrew, but not all of it. The scar itself remained about 1/2 to 3/4 inches wide, as stated earlier. About six months post surgery, I expressed my concern to Dr. Rassman and he decided he did not want to try to remove the scar after all. Instead **he said he was working on a follicular unit extraction type procedure that he thought would be of use in my scar.** He said he felt individual hairs could be implanted back into my scar tissue and that he would do it for free! I would have to wait a bit longer, however, as Dr. Rassman had not yet perfected this technique, but I was told it would be ready soon. **That was 1995!** After living with a wide scar deformity for about 2 more years, I kept checking in with Dr. Rassman. "When can I be helped, Dr.?". "We're still working on it...nothing new to report" was the typical email reply I would get in response to a one
"My shoulder has been bothering me so I have not been able to pursue this technique" was what I was told during a phone conversation in 2000, 5 years after I was initially told I would be repaired for free with his new technique in the near future.

Angry and desperate, I flew to an annual meeting of the ISHRS at great personal expense. I felt if I cornered all the best HT doctors in the world, that they would surely have a method of correction to help me.

Spencer Kobren, Oktober 1, 2002:

Now that the air is cleared I’d like to answer your questions.

1) What are the unacceptable techniques or options that would discontinue a surgeon from operating under the IAIRS umbrella?

Please note that there are always exceptions, especially when treating accident victims, burn victims a patients with certain congenital abnormalities.

With that said, we do not endorse flap procedures of any kind, scalp reductions or (male pattern reductions) or conventional plug grafting.

2) Specifically are minigrafts, slot grafts, hair flaps, and scalp reductions allowed as options by IAHRS members?

5 years ago [1997] when I began my career in this field I was a follicular unit "purist". The Bald Truth was the first consumer available text to embrace follicular unit grafting as the gold standard. When the book was published it was met with tremendous scrutiny and downright disdain by the majority of the hair transplant community.

1996-7 I had met with 48 patients from practices all over New York. I was absolutely mortified at the carnage that I saw. The big names that I originally found during my research were turning out monstrous results. I couldn't believe what I was seeing. These were well known names in the field...Well respected members of the medical community right? Instead of witnessing for myself the benefits of cosmetic surgery, I was witness and made privy to men who had felt that there lives had been taken away from them. Many were even to ashamed to tell the very doctor who mutilated them that they were unhappy with the results.

It wasn't until I went to an NHI open house that I actually saw a undetectable hair transplant. A hair transplant that actually improved the appearance of the patient. I was amazed at the results to say the least.

That was [the day that I met Dr. Bernstein and Dr. Rassman] and that was the day I decided that the world had to know about their incredible work.

To this day my detractors in the medical community claim that I re-wrote hair transplant history, however In my opinion the history of the cosmetically acceptable hair transplant began with Dr. Bobby Limmer and Dr., William Rassman. And if it were not for Dr. Rassman, and I'd like to think The Bald Truth, follicular unit hair transplantation would still be a little known procedure performed somewhere in San Antonio Texas.

With that said, over the past five years my idea of the "perfect hair transplant" has evolved. I am no longer a "purist" and believe that the use of larger or "coupled units" is not only acceptable but in some cases necessary.

An example of a "purist who has evolved in this direction is Dr. Ron Shapiro. It is virtually impossible to find a patient of Dr. Shapiro's who is not ecstatic about his work, yet he has abandoned the idea of "pure" follicular unit grafting and has incorporated what he calls "beavers" (coupled units) into his procedures.

So to answer your question Hope, flaps, reductions and conventional mini grafting are not acceptable procedures, however we are not necessarily "purists" when it comes to follicular unit grafting.
3) Does the IAHRS currently allow Follicular Unit grafting as the only option by its members?

Again the answer is that we are not "purists" and accept doctors like Ron Shapiro who use larger grafts when needed. At the end of the day, what matters most is the outcome for the patient. In other words the technique being used is not more important than the results the patient receives. If a doctor thinks that in a certain patient a combination of FUs and "coupled" graft's will result in a better outcome, then that must take priority over one particular technique. Would you as a patient rather have an all FU transplant which may be thinner or less cosmetically acceptable in your particular case, or would you rather have a procedure that is tailored to your specific situation to achieve the maximum aesthetic improvement? I think the answer is obvious, and that's what my mission is, to promote the best possible care and outcome and those methods that deliver that outcome

I hope this sets the record straight.
Spencer Kobren