

The Unplugged for Good Series

# How to Stop Ugly Painful Legs

Simple solutions to complex medical issues...  
#2 of The Unplugged for Good series

Owen Thomas Ashton, M.D. FACPh

... Continuing to whack the beehive.

Your legs reflect your overall health and well-being.



## From the Ashton Transformational Academy

This book is based on the personal observations and experiences of Dr. Owen Thomas Ashton. The author's intent is to offer information of a general nature to help you in your quest for physical, emotional, and spiritual well-being. Any application of the material set forth in the following pages is at the reader's discretion and is his or her sole responsibility. The author and the publisher assume no responsibility for your actions. The stories in this book are all true, but the names have been changed in some circumstances to protect privacy.

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## ARE YOU READY?

Ready means receptive. It's a state of mind that is established by our intent to embrace change. This occurs when we turn against our own worn out belief systems and open the conscious mind to new possibilities. New and innovative thought processes are required to achieve results. You may think it's impossible to achieve excellent health. The truth here revealed will set you free from accepting the *status quo* as your ultimate destiny. Every word and concept here described is backed and authenticated by research and direct experience. *Open your mind to outrageous concepts that have thus far escaped your perception.* Get ready for a radical departure from "normal." Get ready to enter the realm of our new realities. You don't have to suffer. Get ready to become whole, strong, powerful, loving, harmonious, and happy. Ready means receptive.

**Dedicated to suffering people everywhere**

**Other books by Owen Thomas Ashton, MD FACPh**

***Above the Fray: The Awareness Project***

*Available on Amazon*

***Unplugged for Good, Pathway to Health and Happiness***

“You will be amazed and thrilled by the simple solutions that exist to complex medical and lifestyle issues”

—*OTA*

## **Begin the Change**

### **Standard Medical Care is Killing You...**

It may seem odd to begin our journey with a statement like, “standard medical care is killing you”, but based on my over thirty years of experience working in clinics and hospitals, I can make that statement without reservation. Many interesting events have entered my awareness through the years. I feel compelled to share this information with you.

The survival of our health care system desperately needs attention. In essence the system is on “life support”, and the current trend cannot continue. Our medical care is on a rapidly increasing death spiral. These dangerous trends have challenged our ability to perceive security and happiness. The health care system no longer provides *health*, and no one seems to *care*.

Sometimes we may even doubt our collective abilities to cope. We doubt our abilities to resolve complex medical and lifestyle issues. We doubt that we can end suffering and find true happiness. This indicates that we have not yet been exposed to the truth. All too often we believe the lies because someone with authority, someone we respect, has directed our thinking.

Unfortunately, these lies began for each of us from the moment of our birth. By three years of age

we became intoxicated by the sugar, the wheat, and the lifestyles dictated by our parents. We watched our guardians slowly poison themselves, become obese, become chronically ill. **Then we became them.** We believe that the slow steady decline in health is inevitable. This book and others in our series attempts to inform you of the insanity we call normal. In the first book of the “*Unplugged*” series, we expanded the teachings of “*Above the Fray, The Awareness Project*” (2016).

Although this writing focuses on leg problems, we will find that the condition of your legs directly relates to your overall medical status and generally exposes the level of inflammation that exists in your entire body. Some of these inflammatory changes are obvious by the condition of your legs, but these deadly changes also occur in every other part of your body. The condition of your legs is just the tip of the iceberg.

The condition of “insanity” is not easily reversed. The habits in eating and lifestyle that you consider normal, that are slowly leading you into suffering, takes a complete 100% commitment to change.

**That is exactly why I do life coaching at the Ashton Academy for Transformation (AAT).**

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*It is nearly impossible to make the necessary connection to your lifestyle and your attitudes of suffering without some help. You must experience a transformational change in nearly everything you hold near and dear in the realm of diet and lifestyle. Nothing can change until you change. Also, you must never ignore the spiritual aspects of your life.*

**You must unplug from conventional and accepted belief, and you must enhance your belief in your own power.**

I make it a very important rule that herein, we speak only the truth and we back it up with proper research and experience.

You may not agree with all you read here. I simply challenge you therefore to do your own research. If you find some inaccuracy or misrepresentation, please share your findings with me. ([www.owenthomasashtonmd@gmail.com](mailto:www.owenthomasashtonmd@gmail.com) )

But how can we really accept that excellent health care is no longer affordable and although technology is great at prolonging life, the quality of that life is usually full of suffering for our last 15 to 20 years.

**This we all accept as normal and this we tolerate....**

*I wrote this book to prove to you that it doesn't have to be that way.* No matter what your age or medical condition, you can rewind your clock. I didn't say you could turn back time, but you can really and absolutely *enjoy your life* right up until the moment you die of old age, healthy and without years of suffering.

In spite of giant advances in technology, pharmacology, and education, our health care system continues to collapse under its own weight. Increased awareness of the many shortcomings in our abilities to cure diseases and feel better has resulted in an extreme medical and lifestyle emergency.

Healthy Aging is possible in this chaotic collection of events we call life. I am asking you in the writings that follow to be skeptical but receptive. Question these concepts yes, but open your mind to new avenues of thought that will require you to use your powers of intuition and your imagination. These powers represent the core of abilities that define our species. These powers define our position in creation as creators of our own destinies.

In the writings that follow, you will find that any unhealthy condition you may encounter does not occur as a single isolated condition. All disease entities are related to either heredity, (actually very rare, notwithstanding what you have been told),

diet, lifestyle, expectations, and attitude. These factors all funnel down into a process of *inflammation* that represents the key element. That element must (and can be) controlled.

Think about that very carefully. Look at that list again:

- Heredity
- Diet
- Lifestyle
- Expectations
- Attitude

Research has shown that fully 90% of disease entities are related to the last four in this list. The remaining 10% relate to genetic defects, congenital heart and body defects, and other conditions considered hereditary.

**The big news here is that when we assume we have heart disease, obesity, or even diabetes, because of genetics, we still can alter these genes in favor of a disease-free state.**

Our genetic coding is not 100% hard wired and not necessarily predetermined. This is a huge piece of knowledge that changes everything. It means that approximately 95% of disease entities can be prevented or reversed by *personal management*. The bottom line is that regardless of what you now

accept as inevitable, is not. You can really control your own destiny. You can be the Captain of your own ship.

In my first book, *Above the Fray, the Awareness Project*, (2016), available on Amazon, I describe this process in complete step by step detail on a mental and spiritual level. Before we proceed with the specific topic of leg disease, the following Section describes how to begin to control your health status in a very specific way.

## Section One

### **The Standard American Diet is Killing You**

I know you love your bread and pasta. You love corn and other deadly foods. You were taught that “bread” is the staff of life. You think that life would be lousy without bread. Fresh baked bread smells so good, so inviting. Pleasant memories are invoked by the very aroma of bread, especially fresh baked bread.

My own personal memory of this goes back to my childhood when every Saturday morning, my Mother would be baking bread. We would wake up to the familiar sound of Mom slapping the doe in preparation for baking. Then the comforting smell of bread would fill the house, and we knew breakfast would include freshly baked bread right out of the oven.

**You can just imagine my shock and disbelief to learn some 50 years later, that bread was actually poison.**

You are also going to be shocked. You are also going to have a difficult time believing that your food choices are killing you, slowly and painfully. Doctor William Davis in his book, *Undoctored*, (2017), states that “modern eating habits are

extreme: extremely counter to our evolutionary past, extremely adrift from realities of human physiology, extremely illogical, extremely unhealthy.”

What this means is that our standard diet choices are slowly and surely advancing our suffering and creating lethal inflammatory disease states that assure our suffering. I highly advise you to obtain this book, study its contents, learn how not to suffer.

**The Standard American Diet (SAD) is killing you.**

Yes, it is SAD and this diet should be called the Standard Deadly Diet. And the very disturbing part is this:

**the information you are about to learn as been known, yet ignored by government and large food conglomerates for over a century.**

“People living primitive lifestyles in the absence of modern food enjoy extraordinary health. So-called diseases of civilization-diabetes, overweight and obesity, much psychiatric illness, autoimmune disease, heart disease, colon cancer, constipation, even common skin conditions like acne and skin rashes (and many more conditions)-are virtually unknown in primitive societies...” (*Davis*).

Furthermore, with good natural foods, there will be no deformities from rheumatoid arthritis, no irritable bowel syndrome, no chronic heart disease, very few cancers, no tooth decay, no hypertension, no acid reflux (heartburn), no phlebitis, (even if you do have varicose veins) and the list goes on and on. Remember, we know that 95% of our health concerns are related to inflammation. **Inflammation is directly related to diet and lifestyle.**

With this knowledge, it is “mal practice” for your physician to treat your hypertension (and other conditions) with pills without informing you of the alternatives. The alternatives are to remove wheat and refined sugar from your diet. And the alternative is to move a little more, a little faster, a little further each day. We call that “exercise”.

“Grain elimination in particular, needs to be a 100 percent effort, as just modest or occasional quantities trigger long-term persistent effects: inflammation that can last for days to weeks, autoimmune responses that can go on for months or years, formation of LDL particles causing heart disease risk that is cumulative, and appetite stimulation for several days, enough to add at least several pounds of weight-just from a single indulgence.” (Davis).

**It seems unreasonable to eliminate all grains from the diet, and I understand that you will resist this advice.**

Yet, if you have chronic venous insufficiency, (the fancy term for leg disease), you must understand that the dangerous inflammation created by grain and even sugar causes inflammatory changes called *phlebitis*. This causes pain, edema (swelling), redness, itching, and eventually blood clots or chronic ulcers. And your legs look really bad: blue to purple around the ankles, swollen and finally ulcerated.

There is no going half way with this commitment to eliminate wheat from your diet. Just as there is no being a little pregnant, there is no halfway when it comes to being grain-free... no wheat, ever!!!

At this point you may be subconsciously asking, why would anyone not want and enjoy bread and other wheat and grain foods? You want to enjoy these foods because you were never told the truth. It's the same reason we have an opioid death epidemic, now world- wide. We were never told of the extremely powerful addictive nature of pain medications, just as we were never told of the poisonous and addictive power of grains.



**It may shock you to learn that the brain receptors that are responsible for opioid addiction, are the same receptors that create an addiction to wheat and all wheat products.**

You read that correctly. You and most of the planet are addicted to the gliadin, gluten, and other poisons found in wheat. Although this addiction is less obvious (simply because you can get your gluten fix at each and every meal, and all day long in your snacks) it is just as difficult to control.

You may now be aware of some detrimental effects of gluten, and you may be even using “gluten free” products. What you don’t know is the cover-up story about **gliadin**, the other less well-known poison. “Gliadin variants are partially digested to small peptides that enter the bloodstream and then bind to opiate receptors on the human brain-the same receptors activated by heroin and morphine with effects that include mind “fog”, paranoia, anxiety, the mania or bipolar illness, depression and appetite stimulation.” (Davis). That last one, appetite stimulation is one of the reasons wheat eaters cannot easily lose weight. Their brains seek more and more gliadin just as the heroin addict seeks more and more heroin.

**I am herein accusing the food producers of wheat and other grain based products (like corn)**

**of being no better than the drug cartels that supply dealers with deadly addictive drugs.**

I am accusing any entity that peddles these products to their uninformed customers. They are as immoral as the drug dealers that trap and slowly destroy their customers.

Try to eliminate all wheat products from your diet. During the first two weeks, you will experience withdrawal symptoms indistinguishable from abrupt withdrawal from opioids and heroin. Where do you buy your bread? Why does it feel warm and cozy to walk into the supermarket and view the many varieties of bread and other grain poisons? It's the same feeling the heroin addict gets when making a drug deal.

These withdrawal symptoms may include nausea, headache, fatigue, and depression. It may take a week or two to get over it. It's unfortunate that we do not have rehab centers available to get you over this addiction.

The drug dealer goes to jail, Big Ag and Big Retail grow profits. You die a slow painful death.

It is advisable therefore to withdraw from wheat gradually just as you would from addictive drugs. And once clean, you should never go back.

More information on this subject is to be found in the "*Undoctored*" book by William Davis, MD.

Get this very thorough and well written book, follow the advice, and save yourself and your children from years and years of disease and suffering.

*And if you truly want to improve your leg conditions you must strongly consider first eliminating one of the sources of your pain, edema, and inflammation. Avoid them, eliminate grains and refined sugar.*

Now let us learn what you came here for: How to stop ugly painful legs. *Unlike this section, the following sections are shorter, more to the point and more concise. So, relax and be assured, when you finish this reading, you will know much more about leg and venous problems than the average physician.*

## Section two

### **Vein Stripping is really mal-practice**

By whatever means we deem effective for our evolution into enhanced awareness, let us set an intention to become more balanced by paying more attention to our intuition, and less time plugging into conventional approaches that are often the *wrong* approaches.

**Vein stripping is the wrong approach to achieving leg health.**

Vein stripping is in my opinion mal-practice, because most vascular surgeons guide you into this barbaric procedure without informing you of the alternatives. Later we will discuss these alternatives.

Vein stripping consists of making an incision (cutting into) the groin area and dissecting down into the tissue to expose the Greater Saphenous Vein. This vein is the source of the problem that causes the veins in the lower leg to bulge out under the skin. A wire is placed in the upper part of the vein and exited in the lower part of the leg. Once secured, the wire is literally pulled forcefully down so as to tear the vein from its branches and subcutaneous tissue.

**The vein is removed but bleeding can be massive because the branches from the main vein are numerous.**

Once the main feeder vein is stripped out, large incisions are made over the bulging veins and they are either clipped or torn out. The scarring from this procedure is found anywhere a varicose vein is visible. You are exchanging a bulging vein for a large unsightly scar. Here again the bleeding can be substantial. These incisions are usually closed with metal clips that do close the wound, but contribute to the unsightly scarring.

If this stripping is taken all the way down to the ankle, there is a high risk of nerve damage since in the lower leg, the Greater Saphenous Vein is in close proximity to vital nerve structures. If the stripping is not taken all the way to the ankle, there is a high degree of recurrences of the bulging veins.

This brutal operation is accomplished under general anesthesia, adding to the cost, and all the risks that go with any general anesthetics. Those risks include sudden death, cardiac arrest, brain damage, and allergic reactions.

Once complete, the leg is tightly wrapped in dressings to help control bleeding and guard against infection. Bed rest in the hospital is sometimes required. This again adds to cost, and increases the risk of infections that can be acquired just by being in a hospital (nosocomial infections can be deadly).

The problems with vein stripping do not stop once you leave the hospital. Pain control is a must due to the multiple incisions and especially the large incision in the groin. Thus, you are introduced to the crazy unpredictable world of opioid use.

Opioids cause constipation. Now you are not only in pain, but you can't poop.

In my surgical career I have done several hundreds of these vein stripping operations. Many times, after about one week in bed, using opioids that I prescribed, I would get a call from the Emergency Room. It was always after midnight, and the ER Doc was always convinced it was bowel obstruction. I would dutifully go to the ER and run all the necessary tests to demonstrate that there was not an obstruction. *Opioids can do that.* Severe constipation is predictable when such meds are required for pain relief.

### **But constipation is not the worse complication.**

I cringe when I think of how many of these patients may have become addicted and possibly even died. This was during a time when BIG Pharma was telling us that opioids were not addictive. (Sort of like BIG Ag refuses to inform us that wheat gliadin is addictive and deadly)

Another little-known complication of vein stripping is a near 85% recurrence rate of the

varicose veins because of *neovascularization*. That means that the original incision and dissection in the groin stimulates the body to form new veins and eventually the varicosities reoccur because these new veins lack the valvular structures needed to inhibit the downward pressure to the lower veins. These recurrences represent an unacceptable risk and once again its mal-practice if you were not informed of this fact.

And realistically, what surgeon is going to tell you that yes, we can remove your veins, but there is an 85% chance they will come back in a few years? They won't tell you that unless you ask, and even then, they will say, "well in my hands, the recurrence rate is much, much less". Many surgeons never know if they get a recurrence because it takes perhaps five to seven years, and who wants to go back to the same surgeon that started this mess in the first place?

Ok now you know to never, never submit yourself to vein stripping. Now you are going to learn how your legs reflect your overall health status.

## Section three

### Secrets of radically healthy people

First, let's be thankful. After all, we live in an amazing even thrilling time of prosperity and innovation. The average person in our modern world enjoys a life of opportunity and relative stability that was unattainable even 100 years ago. The last two generations have witnessed and contributed to miraculous advancements, enhancing our collective lifestyles and potentials.

Hold that thought in your consciousness, then answer me this...

**Why are we so fat, depressed, over medicated, immobile, unhappy, divided and addicted?? And why do we have ugly legs?**

Why are we all not dancing in the streets in celebration of our good fortunes and why are we not positively excited about the future? Here is my answer... All too often we allow ourselves to be "played". This happens when we place our trust in outside forces without consulting our most powerful force, our intuition. Our goal here is to unplug ourselves from social and personal dependence (and even addictions), and plug into positive sustaining forces we all innately know exists.



*Let's become the player and not the played.*

I wrote this book because in my thirty years of surgical practice and after many years of inquiry and research I have discovered many disturbing trends in our approach to health, nutrition, exercise, addiction, and consciousness.

Let us investigate the status of our conventional thinking and our worn-out belief systems that have ushered us into this quagmire of ill health, and hateful politically based thinking.

Let us emulate that person we all know. Yes, that person that seems to have it all figured out.

We will discover that the radically healthy among us march to the beat of a different drummer. You don't see this person slouched over a triple cheese burger and a huge serving of french-fries, washed down with a gallon of sugary soda and a chocolate sundae.

You don't see this person popping pills and sinking further and further into addiction. This person will never die from a drug overdose. You don't see this person shopping the mall, walking about on swollen ugly legs.

You do see this person shopping the outer edges of the grocery store, never wondering into the middle shelves laden with poison processed foods. You do see this person free from sugar addiction, free from wheat addiction, and free from alcohol

abuse. And of course you will never see this person smoking.

You don't encounter this person in the emergency room with chest pain, or frankly complaining of any chronic degenerative disease. You will never encounter this person passed out in the shower foaming at the mouth and near death.

And most certainly you do not see this person following the concepts taught by expert nutritionists who push their clients off the cliff by placing them on the *Standard American Diet*.

Rather than having an orientation toward accepting conventional teachings as gospel, these folks instinctively make the mind-body-spirit connection and are capable of self-validation.

They know that the government, the food industry, the drug industry, the medical industry, and media have discovered that their fortunes depend on an approach oriented toward *profit* before service, *profit* before honesty, *profit* before compassion, *profit* before your health, and *profit* before anything.

So, our hypothetical *radically healthy person* (RHP) is stable, responsible, and happy until they encounter an unexpected event. Perhaps it's a toothache, a headache, a stumped toe, or a broken bone. Perhaps it's something much more serious, like a major accident, or a severe back problem or varicose veins.

It could be a relationship that has gone bad, or depression. It could be a perception of low self-esteem.

Now our RHP seeks advice and relief.

**RHP gets plugged into the most dangerous system known to man, The Health Care System....**

RHP now seeks to avoid pain. There is this blind trust, placed in the doctor, the hospital, the insurance company, and even the government.

**It is all too common that each and every one of these entities will fail our RHP.**

The first and most pervasive example of this is our own government. Government is oriented toward elections and money contributions before service to the people. We now consider this as “normal”.

If you think you can trust our government, think again. I am sure you are aware of many examples of this. In this book we are going to review some astoundingly disturbing examples of this as it relates to medical care, our food supply, diet recommendations, our pharmacopeia, and other lifestyle issues.

**But don't worry. We have options.** There are simple solutions to these complex problems.

Just for fun, let's briefly set the stage so you will understand how completely corrupt our system really is.

Just imagine that out there in the world there is a powerful entity that seeks our ultimate destruction. We have managed so far to outwit and even control this enemy. After all, we won the "cold war" right?

Then how did Russia obtain 20% of our uranium stocks? We now know that many politicians and government officials and ex-officials, before during and after this transaction, raked in millions if not billions of dollars (from Russian sources). Do you think allowing our sworn enemy to control the very material that could be used to incinerate our cities is acting in our best interest? I don't think so.

I know this example has nothing to do with our stated subject, except to open up our thinking as to what is going on here. Its insanity, and no one seems to notice.

Am I losing my mind? But how do you think I put that information together? Well, I have no CIA source, but I did stay at a Holiday Inn last night. On the TV, I witnessed a news alert about a foreign enemy that now owns 20% of our uranium and that

large sums of money were paid to authorities. These huge payouts were linked to Russia. Does it not make sense to you that someone should be investigating this?

As we proceed, we are going to unplug from the insanity of the *status quo*, evolve our thinking (as well as our behavior) in an entirely new and sustainable direction.

**We are going to drain our own personal swamp.....we are sick and tired of being sick and tired and we are sick of being played.**

We are going to begin taking personal responsibility for our choices in every aspect of our life styles. Instead of being validated by divisive political and cultural beliefs, we are going to pursue *self-validation*. It has become painfully obvious that in this environment of uncertainty and chaos, we are presented with no other reasonable options.

**Our respected and entrenched institutions are failing us.**

Let's get back to our RHP with a broken ankle. After excellent emergency care and repair of the fracture, she finds herself home, mending, on restricted activity, and in pain.

The original prescription from the orthopedic doctor is gone. She naturally turns to her family physician, and obtains another supply of opioids.

**After the four weeks of pain medication she is now addicted.....**

Our RHP has joined the ranks of our RAP **radically addicted person.**

**RAP is now on a slow predictable downward spiral to death.**

After several confrontations with her family doctor, he refuses to renew her prescription with the explanation that he fears she will become addicted. The fact is, out of ten people started on opioids, two to three will become addicted in less than ten days after using oxy.

RAP now is referred to the “pain clinic”. Here her experience is not pleasant. She will have to prove beyond a reasonable doubt that she has a legitimate condition that requires long term pain management. And since her bones are healing, she may or may not be successful. Not to worry, Dr. Pain Management sees another revenue stream.

If she does not get her official prescription for opioids, she will turn to the street. If she gets a fentanyl patch, (these patients usually do), she will

do relatively well until Dr. Pain Management decides enough is enough already.

Since the DEA is closely monitoring him, he will eventually stop prescribing.

Then in worse shape than ever, she must turn to the street.

At first, she is pleasantly surprised, **street meds can be cheaper than getting legal drugs, and they really work!!!**

Once she turns to the street drug scene, she is almost surely going to try stronger and stronger meds until she eventually tries heroine.

*Her death is now nearly assured.*

It will not be an easy death. As she slowly declines, her relationships begin to change. She loses her job, her husband, and her kids. The only way she can support her addiction is by selling herself in prostitution. At this point there is nothing she will not do to feed her addiction.

Remember our RHP? Remember how beautiful she was, and what great habits she had? All gone. Now she is dirty, straggly hair, teeth decayed. As her beauty fades, and her time sobering up in jail increases, she becomes more and more desperate.

Then one night she finds herself in a deserted house, crawling with roaches and rodents. Five other addicts are there, all men. They all shoot up together as each of the men rape her, one after the other until they all drift into coma.

She doesn't really care as the warm and cozy euphoria of the injection sweeps over her body. She sinks into a deep state of unconsciousness and dies.

**Radically Addicted People like this are dying 7 each hour, 175 each day, and 65,000 each year.**

At one time we all were Radically Heathy People, even those who are now dead, or almost dead. All having suffered because the government lied, the Big Pharma lied, the doctor was ignorant, and the Pharmacist buried his head in counting pills, collecting his salary, and feeling secure that his counting actually helped someone today.

Why do I make this such a big issue? The standard of care for varicose veins is vein stripping. This causes pain. Opioids are prescribed and our varicose vein patient dies. If you think this is not a crisis, think again. Read the newspaper, watch the news.

We have good solutions to ugly legs and varicose veins. Since 1995 I have performed well over 5,000 laser procedures. I never write a script for anything stronger than Motrin. It simply is not needed to risk an addiction.



## **Section Three**

### **Your legs reflect your overall health status**

Inflammation is your enemy. Your enemy is not your genetics, although the odds are greater for leg problems if someone in your family has varicose veins. The exact genetic mechanism for this is not completely known at this time, but even if you do have a family history of varicose veins, there are many preventative steps you can take to prevent the progression of this condition.

Yes, we inherit our essence and our potentials from our ancestors. But when you consider the evolution of our species, it is quite evident that genes are capable of change. If that were not so, we would still be crawling around in caves, or possibly even swinging from trees!!

It has been shown that genes are associated with certain tendencies, but that healthy life choices can alter your long-term destiny. For example, in my phlebology practice, I have seen two categories of patients.

Category 1: This individual has a genetic tendency for leg problems, varicose veins, swelling, phlebitis, and even ulcerations in several blood relatives. This patient seeks advice on how to prevent these problems. She is not overweight, and is very active physically. She concentrates on

healthy food choices, and has eliminated wheat, sugar, and other refined foods from her diet. She meditates daily, and has self-confidence and is happy.

A screening Ultrasound of her legs show that there is no evidence of venous or arterial disease. There is no edema. Her legs do not hurt and there are no skin changes: normal color, and no evidence of dermatitis. We did the Ultrasound at her insistence as she was concerned about her family history.

Although this patient has a genetic risk, she is doing all the right things to prevent the development of leg problems. My advice to her is to continue her healthy life-style and diet, always stay well hydrated, wear properly fitting shoes with good support, and wear gradient compression stockings (not support stockings) when she travels or is immobile for prolonged periods.

I am confident she will not develop leg problems in the future if she continues to take personal responsibility for her health. It is doubtful she will ever develop other chronic health conditions, because her diet and life styles are anti-inflammatory.

Category 2: This patient does not remember anyone in the family that has leg problems. She is 55 years old. She is fifty pounds over ideal weight.

She takes multiple medications to control her blood pressure, her type II diabetes, her high cholesterol, her depression, and her insomnia. She has three children. Her daily activity consists of cooking and cleaning the house, shopping and watching TV.

Last year she had a mild heart attack that resulted in placement of a cardiac stent. She had an episode of atrial fib, and takes blood thinners.

Her complaint is that her legs feel heavy, she gets leg cramps at night and has restless legs.

### **Now what do you think her legs look like?**

Yep, you guessed it. She has bulging varicose veins from the mid-thigh to below her knees, purple ankles, massive leg edema, and her legs are tender and red.

This patient is a disaster waiting to happen. She is thirty times more at risk for DVT (deep venous thrombosis) when compared to our Category 1 patient. Actually, she is at risk for many medical emergencies including stroke, fatal heart attack, kidney failure, and arthritis. She is in fact scheduled for bilateral knee replacement.

In medical circles Category 2 is referred to as a “train wreck” waiting to happen.

What is my advice? I might tell her to get her final arrangements in order because she will

probably die tomorrow. No, I would never say that, but I do tend to worry about these patients.

So, without scaring her to death, I order a venous and arterial study. Remarkably, her arteries are not that bad, but her venous system function is shot. She has very large veins that allow reverse flow into her legs. Instead of the main superficial veins draining the blood and returning blood to be circulated, the blood in those veins flows down the leg instead of up the leg. Normal blood flow is like white-water rapids flowing quickly. *Her blood flows like a swamp*: it stagnates and flows very slowly. The blood pools in her superficial leg veins (varicose veins).

Later we will discuss how this patient should be treated and how we will approach her overall medical status.

**I want you to understand that leg problems are often your sign that something terrible is going on in your entire body.**

Rare is the case that appears in my office with only bad legs. Generally, we discover a host of other medical problems as well.

When you look at your legs what do you see? And when you complete your daily routine, what do you see and feel? Normal healthy legs do not hurt. Normal healthy legs do not swell (edema). Normal

healthy legs are not red, blue, purple, and for sure normal legs do not have veins that protrude.

Normal healthy legs are free from these inflammatory changes, they do not feel heavy and painful, and there are no skin changes.

## Section Four

### Why we need healthy legs

Generally, we need our legs for walking. They are handy also for dancing and playing. It's also good to kick your legs while swimming.

**Seriously though, you really need good strong healthy legs.**

This fact is painfully obvious to those who do not have healthy legs, yet most of us are oblivious to this as we scurry about our daily activities getting our bread and sugar fix all day long.

A person with unhealthy legs becomes acutely aware of the problem at a very late stage of the game. Leg discomfort can come on so gradually, that we hardly notice until one day our spouse points out how ugly they look. I have many male patients. Usually the wife drags them into the office because she is tired of looking at this man's legs as they slowly deteriorate.

As noted these patients are usually the Category 2 type. Their legs are not healthy nor is the rest of the body. 90% of these guys are grossly over-weight. *Bad legs are not created in a vacuum.* Yes, there is the rare case of a healthy athlete that has varicose veins. And these cases are chalked up as congenital.

However, if I see 10 men, 9 of them are generally “train wrecks”. How do you fix a train wreck? Truthfully, *I can fix the vein problem*. Our high-tech laser and sclerotherapy techniques are very, very effective, but the train wreck is not prevented by fixing just one wheel.

As I start in on my lecture with Mr. Category 2, the wife sits there nodding her head in agreement. Mrs. Cat 2 has reached a point of panic. She wants her vital active sexy husband back.

Advice: lose the weight, get daily exercise, get off the couch, walk-jog-run. Stretch, get some flexibility back into those legs. Do some resistance training and regain some of that muscle. Have some wild and crazy sex. Hmmm sounds good to me!!

We advise a 30-minute walk, every day. Additionally, we advise a visit to the Age Management Doctor. Hormone optimization may be indicated. You need to walk after each treatment session, and you need to wear your gradient compression stockings (40mmHg), daily until the edema goes away.

**Never, never, never use knee high stockings when you have edema.**

These stockings create a tourniquet effect to the lower leg. This restricts blood flow up the leg, the

very thing we are trying to avoid. Knee high stockings create more edema. It's frustrating when physicians without venous experience place their patients in knee highs. They come into my vein center with edema worse than ever.

The very frustrating scenario in treating Cat 2 is that they are very resistant to advice on their over-all health status. Just because their Primary has their blood pressure under control with pills, they assume the problem is solved. They continue with their daily input of wheat and sugar poison, do not lose weight and soon will be sent for hip and knee replacement surgery. In our society this is normal, I call it insanity.

Treating hypertension with just pills is only addressing the "tip of the iceberg". Like the iceberg, the real problem has a source. That source is vascular endothelial dysfunction, and it can be improved or eliminated by healthy diet, exercise, and commonsense life-style choices. If your doctor isn't telling you this, I consider it mal practice because the ethical standard is one of "informed consent". That means he must make you aware of the alternatives to medication.



## Section Five

### Are your legs good to go?

You can be your own best physician. Make a diagnosis. What do you feel? Healthy vital legs, free of inflammatory changes? I will venture a guess. Based on the thousands of patients that enter my practice, I see evidence of disease starting as early as age 25.

Do you experience restless legs at night that disturb your sleep? If you are not getting a good night's rest free of disruptions, you are not going to ever reach a level of excellent health. Maybe it is leg muscle spasms that wake you up at 3 AM. There are several reasons for leg cramps, but if you have other signs of venous insufficiency, *chances are high that addressing your venous problem will also eliminate the cramps, and other discomforts.*

I have many patients that report no leg cramps in the treated leg, while the yet to be treated leg continues to hurt.

If you have leg symptoms, it is easy to find out if this is caused by *venous insufficiency*. Ultrasound testing done in the office (covered by Medicare and most insurance plans) can give us the definitive answer. If you are 65 or older, we also include an arterial study. We need to know the full picture as to the cause of you pain or discomfort. **Note that**

**changes in blood flow can be detected years** in advance of skin changes or even swelling.

If you have purple discoloration (corona phlebectasia) around the ankles, it indicates that you have had venous insufficiency for over 10 years. The earlier you start the corrective actions, the easier it is to fix.

## **Section Six**

### **Look at your legs**

We need to recognize disease when we see it. By now you know what bad legs look and feel like. You have to look at your legs. Are you happy with what you see? Do you wear cosmetic stockings and long pants to cover up your legs? Are you embarrassed to go the pool or walk on the beach?

Just think of the fun you are missing. Especially with the knowledge that you no longer have to endure vein stripping or heavy thick stockings like your Mom or Grandma. The modern advanced laser techniques we now have are essentially painless, leave no scars, and you return to your normal activity the very next day.

The bonus is that these procedures are definitive and lasting.

**Don't depend on your primary care physician to notice, or care.**

Unless you have a rip roaring open active ulcer most physicians will say, "Don't bother it unless it really bothers you". It's another way of saying "shut up and go away". I only have 5 minutes for you and I have to write you out 4 prescriptions for

your hypertension, your high cholesterol, and oh yes “do you want a sleeping pill”?

He actually doesn't know much about venous disease. In medical training, venous disease is like a neglected stepchild. In most training programs varicose vein procedures are not taught except to surgeons. That training by tradition is sadly, “vein stripping”.

**No one wants or needs to have vein stripping.**

My opinion is that vein stripping and other very invasive techniques like high ligation, and perforator ligation, are NEVER indicated and may even be mal-practice unless the patient is fully informed on the alternatives of minimally invasive very effective techniques. Techniques that require essentially no down time, and very little discomfort. Of course, I am biased because that's what I do. However, I do base that on over 5,000 cases with near zero complications or recurrences. I think this is true of any well-trained Phlebologist. I do not recommend having your veins fixed by radiologists, dermatologists, cardiologists, or primary care physicians. These docs are great at what they do, but **venous treatment should not be a side show, it should be the main event.**

Here is the truth about these doctors that are not certified in vein disease. A laser salesman enters the

office in hopes of selling the doctor a \$30-40,000 laser. The claim is that this laser can fix almost anything. It can even remove warts. How many warts do you need to remove to pay for a \$40,000 piece of equipment?

Not to worry, you can also do varicose veins, and we will teach you how. You can pay for your lease by doing only two procedures per month. You can find two patients per month right?

What the salesman does not tell you is that first you have to be expert in Ultrasound mapping of the venous system, you have to be expert at Ultrasound Guided Sclerotherapy, and you have to be expert at cosmetic sclerotherapy, and to be recognized as capable by the American Board of Venous and Lymphatic Medicine. You have to have done at least 150 cases under supervision, and you have to pass a certification exam. It is vital to be a Fellow of the American College of Phlebology. Your local doctor without this training and experience should not tell you he can solve your problem simply by doing a laser case.

# **Section Seven**

## **Frequently asked questions**

If you don't read anything else in this book, you should read this section. Here we have a list of questions that have been presented to me over the years of treating thousands of patients with venous disease.

### **Ten Little Known Facts about vein disease**

In answer to many diverse questions, here are Ten Little Known Facts about vein disease.

#1: The appearance of your legs is not always a reliable guide to the extent of venous disease. Swelling for example has many causes and a proper diagnosis can be reached by further testing. This should include Duplex Ultrasound mapping done with the patient standing.

#2: The size of your varicose veins is not a reliable indicator of the extent of venous disease. Your problem may be more or less than you might think. Only accurate Ultrasound testing can determine the severity of venous disease.

#3: Symptoms are experienced and venous tests are abnormal long before any abnormal veins are visible on the leg. You should pay close attention to how your legs feel. Some of the early symptoms

include night cramps, tired heavy legs, restless leg syndrome, skin changes and itching.

#4: Some people have an inborn weakness of the vein walls that can lead to serious problems. Standing or sitting for long periods can make the condition worse. Gradient compression stockings can help.

#5: Although varicose vein disease tends to run in families, the specific genetic risk factors are unknown.

#6: Treatment of varicose veins prior to pregnancy helps prevent progression during and after pregnancy. If not treated before pregnancy, veins tend to worsen during pregnancy.

#7: Symptoms of pain, soreness, aching, throbbing, cramping, fatigue, and restless legs may begin years before you notice varicose veins.

#8: Venous disease and varicose veins can increase the risk of blood clots and if open sores or stasis ulcers are chronic, there is an additional risk of cancer at the site of the ulcer. Adequate treatment of disease veins lowers these risks.

#9: Birth control pills can make varicose veins and spider veins worse. But there is no need to stop using these medications, if the vein problem is adequately treated.

#10: You do not need painful vein stripping to treat varicose veins.

It may be possible to eliminate your varicose veins problems with a simple in office laser procedure. There will be no need for general anesthesia or bed rest. With these procedures, there has been no blood loss, no infections, and no hospitalization required in over 5,000 patients treated. We expect that you will resume your normal activity the very next day.



## **You can't always trust your doctor**

Question: I'm confused. My doctor said I have varicose veins, but not to worry about it.

Sometimes we don't know what we don't know. This is the case with some medical professionals that are highly focused on their own specialty and yet oblivious to other concerns. Fact is, *venous problems* represent a threat to life, limb, and comfort. Also the cosmetic consequences of varicose veins are just a prelude to pathology that could be significant. This is true even if you have no pain or discomfort. In my opinion, based on experience with thousands of patients, you will not appreciate the status of your leg veins until you have a thorough evaluation, including a duplex ultrasound scan. This scan should be done in the standing position. And since I am there to explain the findings to you, you will know exactly what to expect. We also evaluate your insurance coverage. No surprises.

## **SOME GOOD ADVICE ABOUT VEIN PROBLEMS**

Question: Why should I get my varicose veins treated?

This is a question that even your primary care doctor may not be able to answer. Many of our patients tell me that their doctor advises “if they don’t bother you, don’t bother them.” The fact is that even the appearance of your legs is not always a reliable guide to the extent of venous disease. Swelling (edema) is one sign that has many causes, but if this problem persists after treating other causes, chances are high that the venous or the lymphatic system is not functioning properly.

The diagnosis can only be determined by having an ultrasound of the superficial and deep veins of the legs. Also the size of your varicose veins is not a reliable indicator of the extent of venous disease. Research has shown that even the common symptoms of leg pain, leg cramps, restless legs, and itching occur years after venous insufficiency is demonstrated on ultrasound testing. Venous disease is progressive and will never improve without treatment.

The slow progress of venous disease and the aging process increases the risk of blood clots and significant skin changes leading to ulceration. The

eventual outcome without treatment is stasis ulceration (an open sore on the ankle). So why get your varicose veins treated? You will look and feel better as you reduce chances of future complications.

## Today's Best treatment

Question: I have very bad veins in my legs. What should I do?

Traditional treatment of varicose veins consists of stripping the main vein from groin to the knee. This procedure requires general anesthesia, prolonged recovery time, and large incisions. There is a high incidence of complications and early recurrences.

As a general surgeon, I have done many of these operations, but now today's most advanced methods have rendered vein stripping as unnecessary. The treatment of choice at this time is endovenous ablation as accomplished at the vein center. This approach does not require general anesthesia, and is much more effective. It all starts with a *free screening* that defines the extent of disease and allows the patient to make an informed decision on treatment that specifically addresses the problem. If an Ultrasound test is indicated, this test is done at the Center. This diagnostic test determines the full extent of the problem and guides the treatment.

On testing day, the examination is thoroughly reviewed with the patient and realistic expectations as well as detailed instructions are reviewed. The entire staff including Dr. Ashton is always present and available for answering questions. Additionally, an insurance coverage consultation is done. Our patients are well informed and happy to know that we do all we can to minimize any out of pocket expense.

## **Why do I have to wear support Stockings?**

Almost all of our patients dislike the stockings that are required in the treatment of many leg problems. If you are confined to bed or unable to walk, your doctor will order a specific type of stocking that is designed to prevent blood clots. These are the anti-embolic (anti clot) stockings you get at the hospital. These stockings are white and have a uniform compression from toe to thigh. These are used for patients that are required to remain in bed for prolonged periods.

The stockings used in chronic venous insufficiency, or varicose veins are called “gradient compression stockings”. The pressure at the ankle is high while the pressure at the thigh is low. This gradient in pressure causes blood to flow up the leg in a normal way as you walk. These stockings are usually brown or black. This gradient compression is very important to slow down the progression of varicose veins, especially in advanced cases of skin changes and ulceration. These elastic textiles exert pressure by being stretched. During walking small pressure peaks will occur since the elastic material gives way with every step. Since these stockings are designed to work as we walk, they should be removed at nighttime.

High grade compression stockings should not be used in patients with advanced peripheral arterial disease or severe sensory impairment (numbness).

Often edema (fluid collection in the leg tissue) is a component of varicose veins and chronic venous insufficiency. Gradient compression stockings help by increasing the tissue pressure against the formation of edema. Occupational leg swelling in sitting or standing

professions can be improved by light compression stockings. In advanced cases of edema, an ultrasound evaluation will often demonstrate a reflux of blood flow that can easily be corrected with the endovenous laser technique. This test as performed in our office must be done in the standing position to demonstrate the effects of gravity on the sensitive venous valves that control blood flow.

In order to enhance the results of venous therapies we also use intermittent pneumatic compression therapy in the office. This painless procedure helps reduce the effects of edema and can reduce the length of time compression stockings are required.

Compression with gradient compression stockings has also been shown to reduce the number of injections required for cosmetic treatments of spider veins.

So if your physician suggests the use of these stockings, there is very good reason to follow these recommendations.

## **How you feel depends on severity**

Question: How will I feel after vein treatment?

Venous disease presents in many different forms and many degrees of severity. No two patients are exactly alike. In the case of cosmetic spider veins, you may experience some bruising for several days after treatment. Over about a month, you will notice the gradual disappearance of the spider veins. Your legs will also feel better. We use cosmetic sclerotherapy for these veins. Laser technology is not indicated for spider veins.

If you have a more advanced vein problem, the laser procedure may be indicated. This procedure is done in the office. The patient walks in has the procedure, walks out and in most cases, resumes normal activity the very next day. No longer is vein stripping required, thus there is no blood loss, and no bed rest required.

Our patients report a rapid decline in symptoms and problems related to their legs. In many the leg cramps, pain, tenderness, and heaviness is gone within the first week. If swelling is a problem, that usually takes longer to resolve. Follow-up treatment is a must. Although the problem is related to the long saphenous vein, many patients have branch veins that can contribute to recurrence. These veins are usually treated with sclerotherapy.

Ultrasound guided sclerotherapy as done for follow-up after laser treatment is very effective in clearing off residual veins. This in office procedure is essential to providing the comprehensive care of venous disease.

Many of our athletic patients report increase performance, stamina, and comfort as they compete in their respective sports.



## **What should I expect when I have my legs evaluated by a “Vein Specialist”?**

Over the past twenty years, the treatment of vein disease has grown into a special area of care that has revolutionized the approach and drastically improved the results of therapy. The fully trained “Vein Specialist” will first educate you as to the causes of your problem, the reasons to seek treatment, and your expected results. This is why your free consultation is very important. The Specialist should do a physical examination to document the extent of the problem and discover if you have any other condition that may need to be addressed. An Ultrasound Scan with mapping and measurements will be needed. This exam best accomplished by the vein doctor, should be done in a standing position to optimize the accuracy of the measurements. Once the Ultrasound is complete, the vein doctor can explain the full extent of therapy and how it relates to your specific case. This may include endovenous laser therapy, ablation by sclerotherapy, phlebectomy (a minor surgical procedure), or cosmetic sclerotherapy.

A vein specialist office should also have a financial advisor that can explain your particular insurance coverage. Our office manager will help you with any financial questions you may have.

## **SEVERAL REASONS WE GET VARICOSE VEINS**

What causes varicose veins and are they mainly seen in women and the elderly?

There are several causes for varicose veins. In some patients, trauma to the leg can result in damage to a vein and the delicate valves that control blood flow. This can result in a large dilated vein near the area of trauma. This may take many years to develop, and the patient may not recall the traumatic event. In most patients with varicose veins, the cause is heredity. In over 80% of cases, the patient can recall someone in the family with a similar condition. The inherited problem is related to the valves inside the veins. Normally these one way valves allow blood to flow up from the leg to the heart, BUT in these cases, blood flow is reversed. Over time this results in dilated veins that may present as varicose veins. The appearance of the leg is often not an indicator of the severity of the venous disorder. Anyone with leg symptoms should be evaluated for chronic venous insufficiency. At the Ashton Vein Center, the treatment of choice is usually endovenous laser ablation followed by close follow-up examinations to achieve excellent medical and cosmetic results.

## **Venous treatment: A process**

Question: I have had laser treatment to my legs. Why do I still have bulging veins?

During the initial consult in our vein clinic, we start a “process” that begins with an accurate diagnostic work-up. This includes ultrasound testing and a mapping of the exact cause of the venous problem. Once the source of the problem is identified, a treatment plan is formulated specifically for that patient. No two patients are exactly the same, and in each case we provide in depth explanations as to what we are doing and why. We explain that treating the obvious problem first as seen on the leg would be treating the symptom but not the disease. Most of our venous patients have damaged veins that start in the groin area. This is corrected with endovenous laser ablation. So, the laser treatment is only the beginning of a process that works from the “inside” vein outwards to the veins seen on the surface. Treating these surface veins is often the last step in assuring a complete and lasting result. But unless an adequate foundation is established with the endovenous laser, recurrence of varicose veins is expected. Additionally, we advise a final scan one year after treatment to uncover any problem that may be recurring.

# Treatment Process

The greater saphenous vein from the knee to the groin STEP #1  
THE LASER PROCEDURE



STEP #2 FIRST FOLLOW-UP VISIT Leg is scanned to confirm closure of the vein one (1) month post-up

Any major branches are closed as well as the greater saphenous vein (TCA)



2<sup>nd</sup> FOLLOW-UP VISIT Second follow-up in 1-2 Treatment to be determined by Ultrasound Scan



STEP #3 SCLEROTHERAPY Spider vein treatment at patient's request. A yearly scan is done to follow.

## **VENOUS DISEASE PROGRESSES OVER TIME**

Question: I realize my legs don't look so great but they don't hurt, so why should I seek treatment now?

No one likes to see or be seen with bulging varicose veins, purple discolorations, or swelling of the legs. Appearance alone however is not the “medical” reason to seek treatment of this very correctable condition. The real reasons for seeking treatment are much more complicated than that.

First and foremost is the fact that varicose vein disease is progressive. As time passes, these veins will get larger, more unsightly, and even dangerous. The typical progression is from a red cluster discoloration (or spider veins), to a bluish, slightly bulging veins. If left untreated at this point, you could be looking at ropey, bulging veins, swelling and finally open sores and ulceration. This progression is preventable, and once present can be reversed with proper treatment.

Research has shown that as we age, the presence of varicose veins can increase the risk of blood clots (thrombosis) by as much as thirty times the normal population. As we age, we become less active. This can be a dangerous combination that often sets the stage for serious complications.

## **Vein treatment not a simple process**

Question: Should my primary physician or dermatologist treat my veins?

In the last several years, the practice of vein treatment has become a special area of expertise. Many types of physicians treat spider veins and even larger varicose veins as an additional service to their existing practices. This often leads to incomplete or even disastrous results. Medical science has evolved into many special areas that require additional training and advanced credentialing. Phlebology has recently been recognized as a board certified specialty. No longer should physicians dabble in this field as a hobby or look to sclerotherapy simply as a source of additional income. The staff at Ashton Vein Center is 100% dedicated to evaluating and treating venous disease. At the center you will get expert advice about the latest techniques to improve circulation and reduce your risk of future venous problems. You will achieve a new awareness of what treatments best fit your specific situation, and you will become aware of some techniques that are not advised. The risks of not treating venous disorders will be explained. You will receive a clear effective plan designed to solve your specific vein problem from minor treatments for spider veins, to more advanced laser treatments for venous insufficiency. Additionally, a complete analysis will be available for your medicare and insurance coverages.

## Random Closing Thoughts

If you read this book you know more about venous disease than most doctors. If you have any concerns about your legs, you should schedule a consultation with a qualified Phlebologist. The evaluation is non-invasive, done in the office, and very informative.

I believe that leg health is a direct reflection of your overall health status. Since inflammation is the characteristic human response to disease states, you must reduce the *lifestyle conditions* that cause and encourage inflammation. We have disclosed to you some of these conditions and suggested what affirmative steps you can take to stop or even reverse disease. You can truly be your own best physician.

**Believe it or not, there is massive evidence that demonstrates how you can control the factors that cause inflammation, and you can do it without pills, and without dangerous in-hospital procedures.**

## About the Author

Owen Thomas Ashton, MD, FACPh

Dr. Ashton, originally from a small Ohio town, has lived and practiced General Surgery in Florida since 1984. He received his MD degree from Rush University College of Medicine. In 1999, he accepted a position as Chief of Surgery for Appling County Hospital in Georgia. He returned to Florida to establish a specialty out-patient venous center. The Ashton Vein and Laser Center has been highly successful in minimally invasive outpatient treatments of venous disease.

*How to stop Ugly Legs (2018)* is his third book which clearly expands on his research and personal experiences. His original effort in *Above the Fray, the Awareness Project (2016)* describes his three close encounters with death, his 30 year experience dealing with life-and-death experiences, and his own reaction to extreme stress. All of which clearly changed his world view and stimulated his need to research the chaos we know as our medical care system.

*Above the Fray, the Awareness Program* is available on Amazon.com



