

THE GLOBAL RESOURCE FOR ANTI-AGING



# Anti-Aging MEDICAL NEWS

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Fall 2013  
BHRT Symposium

It's  
About  
Time!

See Page 12





# WELCOME TO Boston



## THE FUTURE OF MEDICINE TODAY

Distinguished Colleagues,

The American Academy of Anti-Aging Medicine (A4M) welcomes you to Boston for the Bio-Identical Hormone Replacement Therapy Symposium and A4M Fellowship Training.

The A4M is proud that our 26,000 physicians, practitioners, and scientific members from 120 nations worldwide have made a lasting and palpable commitment that expands the availability of advanced biotechnologies and cutting-edge preventive healthcare throughout the world. Now in its third decade of educational service, the A4M's scientific educational programs have trained over 100,000 medical professionals worldwide.

As pioneers in Anti-Aging Medicine, our conferences offer a wide educational exposure to doctors not only locally and regionally, but also internationally. Anti-Aging Medicine is transforming healthcare, one practice at a time as a way for patients to adopt a healthy lifestyle based on scientific and academic research in preventive medicine.

It is an exciting time to be involved in Anti-Aging Medicine. With your involvement, the Anti-Aging medical specialty continues to expand and become more widely accessible. By attending this event, you are part of this transformation, and we applaud you for joining this fast-growing movement.

With warm regards,



*Ronald Klatz*  
**Ronald Klatz, M.D., D.O., FAASP**  
President, A4M



*Robert Goldman*  
**Robert Goldman, M.D., Ph.D., D.O., FAASP**  
Chairman, A4M

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# THE FUTURE OF MEDICINE TODAY

Bio-Identical Hormone Replacement Therapy Symposium & Fellowship Modules  
September 18 -21, 2013 • Boston, MA

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# EXPLORING Boston

## Staying an extra day or have some free time?

### For The History Buff



- **Boston Common** <http://www.cityofboston.gov/freedomtrail/bostoncommon.asp>  
The oldest city park in the United States, used as a British camp before the Revolutionary War, currently used for public gatherings
- **Boston Tea Party Ships & Museum** <http://www.bostonteatpartyship.com/>  
Take an interactive tour and learn about the event that led up to the America Revolution
- **Bunker Hill Monument** <http://www.cityofboston.gov/freedomtrail/bunkerhill.asp>  
When you visit Boston Common; see the site of the first major battle of the American Revolution
- **Charlestown Navy Yard** <http://www.nps.gov/bost/historyculture/cny.htm>  
Part of Boston National Historical Park, see where the USS Constitution is docked and learn the history of naval ship building
- **Faneuil Hall** <http://www.faneuilhallmarketplace.com/>  
Visit the 271 year-old marketplace and meeting hall, used during the fight for independence from Great Britain and currently used for political speeches and debates and home for the Boston Classical Orchestra. The marketplace is home to restaurants, shops and the theater
- **The New England Holocaust Memorial** <http://www.nehm.org/>  
This memorial started by Holocaust survivors who found a new home in Boston, is open 24/7 for the remembrance of those who perished during the Holocaust



## For The Tourist

- **Boston Duck Tours** (0.5 miles from hotel) <http://www.bostonducktours.com/>  
Tour Boston by boat
- **Copley Square** <http://www.aviewoncities.com/boston/copleysquare.htm>  
See some of Boston's most impressive architectural structures
- **Fenway Park** (.9 miles from hotel) <http://boston.redsox.mlb.com/bos/ballpark/index.jsp>  
Catch a Red Sox game or take a tour of the historic baseball stadium
- **New England Aquarium/ Wharf** <http://www.neaq.org/index.php>  
Visit one of the nation's premier aquariums
- **Old Town Trolley Tour** <http://www.trolleytours.com/boston/>  
Take a guided tour of the historic city via trolley



## For The Shopper

- **Copley Place** <http://www.simon.com/mall/copley-place>
- **Downtown Crossing Shopping District**  
<http://www.celebrateboston.com/downtown-crossing.htm>
- **Newbury Street** (.2 miles from hotel) <http://www.newbury-st.com/>



## Where To Eat

- **Cheers**  
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2) Faneuil Hall Marketplace- Quincy Market South  
Boston, Massachusetts 02109 • (617) 227-0150
- **Durkin Park - Faneuil Hall Marketplace**  
340 N. Market Street  
Boston, MA 02109 • (617) 227-2038
- **Legal Seafood - Copley Place**  
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- **Union Oyster House**  
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# THE FUTURE OF MEDICINE TODAY

Bio-Identical Hormone Replacement Therapy Symposium & Fellowship Modules  
September 18 -21, 2013 • Boston, MA

GENERAL Information

## General Information

### **BADGES:**

The official registration badge should be prominently displayed at all times for admission into the meeting rooms and Exhibit Hall, during show hours and official events.

### **SHOW REGULATIONS:**

1. An official picture ID is required to pick up name badge.
2. Name badge must be worn at all times during show hours and official events.
3. No one under the age of 18 will be admitted into the Exhibit Hall.
4. This event is open to healthcare professionals and their invited guests only.
5. Photography is permitted in the Exhibit Hall only by press, with the prior permission of show management, and prior permission from the firm(s) whose booth(s) are being photographed. Videography in the Exhibit Hall (motion video, film, or digital) is permitted only at discretion and with advance permission of show management and the prior permission of individual(s) and/or firm being photographed.
6. Audio-recording (tape or digital) of this event is expressly prohibited.
7. Unauthorized solicitation is prohibited. Solicitation of business on the event premises by anyone other than official exhibitors is strictly forbidden. Solicitation of business in, and in the immediate proximity of the event is extremely prohibited. In addition, non-A4M and/or commercial literature of any kind may not be distributed near or at the event registration area and all event-related general public areas.
8. No medical procedures are permitted to take place in Exhibit Hall booths without prior permission of show management.
9. Smoking is prohibited on the exhibit floor and in all meeting rooms.
10. Show management reserves the right to expel any individual and/or company without recourse or refund at its sole discretion.
11. PHOTO RELEASE: Anyone in attendance at any A4M event may be subject to any photography or videography conducted during the event which may be used in any form for future media purposes. Please contact A4M with any concerns.



# THE FUTURE OF MEDICINE TODAY

## Schedule-At-A-Glance

# BIO-IDENTICAL HORMONE REPLACEMENT SYMPOSIUM WITH THE A4M FELLOWSHIP MODULES

SCHEDULE At-A-Glance

September 18 – 21, 2013 – Boston, MA	
<b>• Wednesday, September 18, 2013 •</b>	
6:30 pm – 9:30 pm	A4M Board Certification Written Exam
6:30 pm – 8:30 pm	BHRT Symposium
<b>• Thursday, September 19, 2013 •</b>	
6:30 am - 5:00 pm	Exhibit Hours
7:30 am - 6:00 pm	BHRT Symposium
<b>Fellowship Modules</b>	
7:30 am - 6:00 pm	FAARM – Module IV (T)
7:30 am - 6:00 pm	FAARM – Module VIII (T)
7:30 am - 6:00 pm	FAARM -Module XVI-C-Cardio
7:30 am - 6:00 pm	ICT – Cancer VII
<b>A4M Board Certification</b>	
8:00 am - 5:00 pm	Oral Exams
6:15 pm - 8:00 pm	Sponsored Workshop – Nature-Thyroid Workshop (Non-CME)
<b>• Friday, September 20, 2013 •</b>	
6:30 am - 5:00 pm	Exhibit Hours
7:30 am - 6:00 pm	BHRT Symposium
<b>Fellowship Modules</b>	
7:30 am - 6:00 pm	FAARM – Module IV
7:30 am - 6:00 pm	FAARM – Module VIII
7:30 am - 6:00 pm	FAARM -Module XVI-C-Cardio
7:30 am - 6:00 pm	ICT – Cancer VII
<b>A4M Board Certification</b>	
8:00 am - 5:00 pm	Oral Exams
6:00 pm - 7:00 pm	Networking Reception - Mix and Mingle
<b>• Saturday, September 21, 2013 •</b>	
6:00 am - 2:00 pm	Exhibit Hours
7:30 am - 6:00 pm	BHRT Symposium
<b>Fellowship Modules</b>	
7:00 am - 5:30 pm	FAARM – Module IV
7:00 am - 5:30 pm	FAARM – Module VIII
7:00 am - 5:30 pm	FAARM -Module XVI-C-Cardio
7:00 am - 5:30 pm	ICT – Cancer VII
<b>A4M Board Certification</b>	
8:00 am - 5:00 pm	Oral Exams





**Eric Braverman, MD**

Dr. Braverman is the Director of The Place for Achieving Total Health (PATH) Medical, New York City, NY, a full-service family health care integrative medical practice. He also is President of Total Health Nutrients and author of several books, including *Male Sexual Health*, *Edge Effect* and *Younger You*.



**Thierry Hertoghe, MD**

Dr. Hertoghe is the President of the International Hormone Society. He practices lifespan/reversing aging medicine and hormone therapy. He currently practices medicine in the field of hormone therapy in Brussels. He is an internationally known authority in medical therapies oriented to correct hormone deficiencies, reduce aging or even on some aspects reverse aging and possibly extend lifespan.



**Jennifer Landa, MD, OB/GYN, FAARM**

Jennifer Landa, MD, OB/GYN, FAARM is the Chief Medical Officer for BodyLogicMD. Dr. Landa specializes in helping women and men balance their hormones, restore their energy, and replenish their sex lives. At the heart of her practice is the belief that maintaining one's health is hard work and she encourages her patients to make lifestyle changes that will result in increased health. Dr. Landa just completed her first book with co-author Virginia Hopkins. Their book, *The Sex Drive Solution for Women*, is a no-nonsense approach to many of the sex issues that Dr. Landa addresses with her patients every day. Dr. Landa is also the Director for the Sexual Health and Treatment Certification program with the American Academy of Anti-Aging Medicine.

Dr. Rothenberg is Clinical Professor and Course Director of Preventative and Family Medicine, University of California, San Diego School of Medicine. He is the author of *Forever Ageless* and has recently been featured in the University of California M.D. television series.



**Ron Rothenberg, MD**

Dr. Smith is a former emergency room physician with the Detroit Medical Center, diplomat of the Board of the American Academy of Anti-Aging Physicians, and director of The Fellowship in Anti-Aging, Regenerative and Functional Medicine (FAARFM). Dr. Smith is an internationally known speaker and author on the subject of Metabolic, Anti-Aging and Functional Medicine. She is currently the Director of both the Center for Healthy Living and Longevity as well as the director of the Master's Program in Metabolic and Nutritional Medicine at the University Of South Florida College Of Medicine. She is the author of several best-selling books including *HRT: The Answers, Vitamins Hype or Hope*, and *Demystifying Weight Loss* among others.



**Pamela W. Smith, MD, MPH, MS**

Dr. Wright is Medical Director and practicing physician at Tahoma Clinic in Renton, WA. A graduate of Harvard University (A.B., 1965) and the University of Michigan (M.D., 1969), he began private practice in 1972. With Dr. Gaby, he has taught nutritional therapy since 1983, revolutionizing the medical practices of thousands of physicians. Dr. Wright is recognized as a pioneer and innovator in the field of nutritional medicine.



**Jonathan Wright, MD**



# BIO-IDENTICAL HORMONE REPLACEMENT SYMPOSIUM



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# It's About Time!

**W**hen people think of aging, they probably think about wrinkles, gray hair, and hearing aids. From Ponce de Leon seeking the fountain of youth, to decades of cosmetic injections and treatments, people have always been looking for a way to look younger and cover up the effects of aging. One thing that goes overlooked nowadays is that the aging process can be slowed down naturally and simply. Plus, who doesn't want to age gracefully? *It's about time* we take charge of our ticking clocks and determine how we want to live the rest of our lives.

In the 70's and 80's the buzz was all about early detection of disease. Years later, we have learned as the statistics are staggering for heart disease, cancer and diabetes; is that prevention is the key. We should reduce the risks by maintaining a lifestyle and activities that promote our health, like exercise and diet. The American Heart Association, American Institute of Cancer, American Medical Association and now even the President of the United States are issuing guidelines for people to follow.

According to U.S. News and World Report, the four causes of aging include free radicals, inflammation, glycation, and stress. Free radicals damage our cells and DNA, accelerating the aging process and increasing the risk of developing cancer and other chronic diseases. Inflammation is a major factor in cancer, diabetes, heart disease and Alzheimer's. Glycation, the consumption of excess amounts of sugar, causes inflammation and growth of free radicals. Lastly, when the level of the stress hormone, cortisol, is chronically elevated, the long term memory can be affected, also causing inflammation, and insulin resistance.

In another U.S. News and World Report article, S. Jay Olshansky, a biodemographer from the University of Illinois in Chicago, stated that "scientists are changing the definition of old age" and the focus should not just be about how long we are living but how *well* we are living. Olshansky continues to explain that prolonging the aging

process would also delay the risk of developing cancer, heart disease, stroke, diabetes and Alzheimer's. There are copious amounts of scientific reasons as to why our bodies age and what we can do to make the process easier and more pleasant. In this day and age, there seems to be a sort-of phenomenon around "how to live longer," and "how to look half your age." However, shouldn't the focus be on how you feel, rather than all about how you look? Who wants to look 25 but feel 90? The trick is to find a happy medium. Taking care of your inside as well as your outside is equally as important. For example, eating right, exercising and providing your body with the proper nutrients, benefits internal health, brain function, as well as the skin and other outer appearances such as weight and body structure. *It's about time* we take care of ourselves in order to be as healthy and happy as we can be.

Forbes.com published "10 Tricks to Reverse Aging." The tips include storing-up on calcium in your 20's, taking Omega 3 fish oil supplements for brain health, continuing to work to stimulate the mind, reducing coffee and soda intake and taking care of your skin, especially when it comes to sun exposure, among others. While these are all wise pieces of advice, perhaps *slowing* would be a better word to use as opposed to reversing which seems more like a "Benjamin Button" story rather than just aging gracefully and remaining healthy throughout one's life.

Other popular tips designed to promote healthy aging include exercise daily, drink lots of water, deal with stress in a positive way, surround yourself with family and friends, get a pet, avoid too much sun, and eliminate smoking and drinking habits.

We are told multiple times a day, by various sources ranging from medical professionals, basic word of mouth and especially the media (including this article), that exercising, getting enough sleep, and eating healthy are all essential to living a long life. But why are these important in other



ways besides losing weight? Here's the science behind it. Exercising decreases inflammation that naturally comes with aging. Exercise can also limit the chance of developing heart disease, depression, decreased mental function and loss of muscle mass, according to Men's Fitness. Physical activity not only keeps the heart healthy and the blood flowing, it can boost your mood, help with sleeping problems and keep the mind sharp.

As for getting enough sleep, not sleeping the adequate amount one's body needs, can severely impact the immune system. WebMD breaks it down for us: "Not getting enough sleep has been linked to a laundry list of mental and physical health problems, including those that stem from an impaired immune system. Our immune system is designed to protect us from colds, flu, and other ailments, but when it is not functioning properly, it fails to do its job. The consequences can include more sick days."

Eating healthy and maintaining the "you are what you eat" mentality can obviously help you shed unwanted pounds. In addition, to shrinking your waist line, eating fruits and veggies and limiting the sweets and Trans fats, can provide your body with the nutrients, vitamins, and energy needed to provide you with a long and healthy life. Clearly, someone who eats fast food every day, drinks sugar filled soda, and sits on the couch nine hours a day, is not going to be as healthy as someone who eats a balanced diet of fruits, veggies and protein, takes their vitamins and gets their daily dosage of physical activity. WebMD covers this too: "You already know that eating the right foods helps keep you healthy. Here's more good news: A healthy diet can also make you look and feel young. It may even slow the aging process. Eating foods such as fruit, vegetables, fish, nuts, and whole grains protects against many chronic

conditions that could limit your life, including diabetes and heart disease. These foods help keep your blood vessels in top shape. That's important for your heart -- and for every organ of your body. Certain foods can protect vision and hearing. Eating healthy foods may even help preserve memory and protect against Alzheimer's."

Doing all you can to eat healthy, stay active and well rested are all well and good and a necessary part of living a long and happy life. However, there are sneaky diseases and health issues that sneak up on us. For example, there are people who seem perfectly healthy and fine one day and then BOOM they have a heart attack the next day. Therefore seeing a health professional regularly is an important part of taking care of yourself. *It's about time* to make a change.

"Each of us is born with a personal bank account. Its name is time. Every morning it credits you with 86,400 seconds. Every night it writes off as lost whatever of this you have failed to invest to good purpose. It carries over no balance. It allows no overdraft. Each day it opens a new account for you. Each night it burns the remains of the day. If you fail to use the day's deposits, the loss is yours. There is no going back. There is no drawing against tomorrow. You must live in the present and focus on today's deposits. Invest your time wisely and you will receive the utmost in all you need," Chris Hermes wrote.

So, it takes both science and motivation to help us age gracefully. The fields of Anti-Aging, Regenerative, and Aesthetic Medicine are working with cutting-edge research, dedicated to preventive medicine and providing medical professionals with the ability to help their patients all over the world.











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## ● What you will learn

- Module A: Female Sexual Health
- Module B: Male Sexual Health, Gay and Transgender Therapy
- Module C: Impact of Medical and Psychological Conditions on Sexuality
- Module D: Hormones and Sexual Dysfunction plus Sex and Pregnancy

## ● Who should attend the certification program?

- OB/GYNs, Urologists, Family Practitioners

## ● You don't want to miss

- Module D- Hormones and Sexual Dysfunction plus Sex and Pregnancy

**21<sup>st</sup> Annual World Congress on Anti-Aging, Regenerative and Aesthetic Medicine  
December 13-15, 2013  
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*"I practice Natural Hormone Replacement Therapy at Pill Box Pharmacy in Florida, I see many patients with low libido and sexual problems. After taking the Sexual Health Modules, I became equipped with an enormous amount of knowledge which expanded my professional skills tremendously. I learned different factors and treatments of sexual health, how to speak and ask questions about sensitive issues, and what protocols to use. By practicing what we learn in this module, your patients will come back to you with words like this: "Thank you for saving my marriage", "Thank you for giving my wife/husband back", "I feel great, like I'm 25 again!" and a lot more. I highly recommend this module to all medical doctors and medical practitioners who specialize in hormone replacement therapy or who practice functional medicine."*

**-Angela Pressman, Pharm.D, CPh; Diplomat A4M, AARM, AMMG**

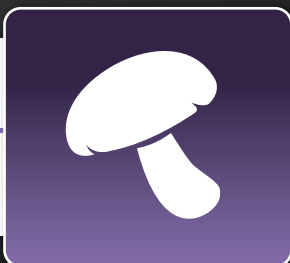
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Servings Per Container 30

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Shiitake Mushroom ( <i>Lentinula edodes</i> )		*
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Oyster Mushroom ( <i>Pleurotus ostreatus</i> )		*
Maitake Mushroom ( <i>MaitakeGold404</i> <sup>®</sup> Fruit Body Extract)		*
Wellmune WGP <sup>®</sup> Bakers Yeast Extract 250 mg (Standardized to contain 75% beta-glucan)		*
Chaga Mushroom Extract 5:1	150 mg	*

\* Daily Value not established

VISIT US AT TABLE 26

# Everyone needs a lifeguard.



*Gena Lee Nolin*

Former "Baywatch" star and current  
"Thyroid Sexy" advocate

## How Nature-Throid® saved my life.

➤ I was first diagnosed with hypothyroidism after my third child in 2009. I felt misunderstood by everyone, even my doctor. I was suffering from exhaustion, a sense of cold, weight gain and depression. Nature-Throid® not only saved my life, it helped me feel sexy again. Most synthetic thyroid treatments contain only T4 hormone. Nature-Throid® contains both T4 and T3 hormones, providing a more natural response. It's also hypoallergenic and delivers a consistent hormone replacement. Nature-Throid® is my lifeguard. Learn how it can become yours at [nature-throid.com](http://nature-throid.com)

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# THE FUTURE OF MEDICINE TODAY



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### LEARN

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### The Fellowship in Anti-Aging, Regenerative & Functional Medicine (FAARM)

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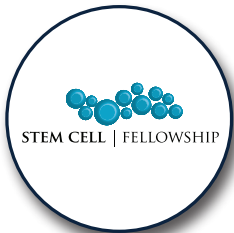
### The Fellowship in Integrative Cancer Therapies (ICT)

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# INFLAMMATION

## The silent epidemic

Silvia Slazenger, P.hD./Dr. rer. nat.  
Microbiology, Molecular biology



There is no doubt you often encounter patients presenting with symptoms such as chronic inflammatory bowel disease, diabetes, obesity, metabolic syndrome, atopic eczema, osteoporosis, arthritis, atherosclerosis, stroke, Alzheimer's disease, cancer and many others. These mostly chronic diseases have increased dramatically in recent decades and are suspected to have a common basis: systemic inflammatory processes.

The holistic view of the symptoms is therefore more important than ever and looking into the molecular events underlying these symptoms and syndromes is very helpful and reveals preventive measures that can be taken.

**Inflammation is a natural immunological defense mechanism of the body that may in some circumstances become a problem.**

We distinguish between acute inflammation (characterized by the typical five signs of; redness, warmth, swelling, pain, limited function), which is often a response to pathogens, and that of "sterile" inflammation, which can have different causes and symptoms and often is initially "silent" that is, occurring unnoticed. This includes the so-called immunosenescence, often titled as "Inflamaging", which is characterized by a weakening of the adaptive immune response and increased  $\gamma$ -interferon levels. Also soft tissue injury due to accidents (contusion), heart attack or pancreatitis after abnormal zymogen activation (premature activation of digestive enzymes) can cause unnoticed inflammatory processes<sup>(1)</sup>.

The cause of increased incidence of chronic inflammation include longer life expectancy to which our immune system has not adapted to the genetically and industrialized modification of food and profound changes in dietary and eating habits. People no longer prepare their own food, families don't eat together and fast food now comprises an increasing, sometimes predominant, position of the diet. Unfortunately, silent inflammation is affecting more and more young people.

**Sterile inflammation in the absence of pathogens can occur in all tissues and is the consequence of a wide range of stimuli that cause stress and tissue damage.**

The sterile inflammation (SI) of the liver is an example of sub-clinical inflammations. Studies at Yale University showed that SI in the liver is a key factor underlying tissue damage triggered by drugs and alcohol or non-alcoholic fatty liver hepatitis (steatohepatitis) and may lead to the development of fibrosis or carcinogenesis<sup>(2)</sup>.

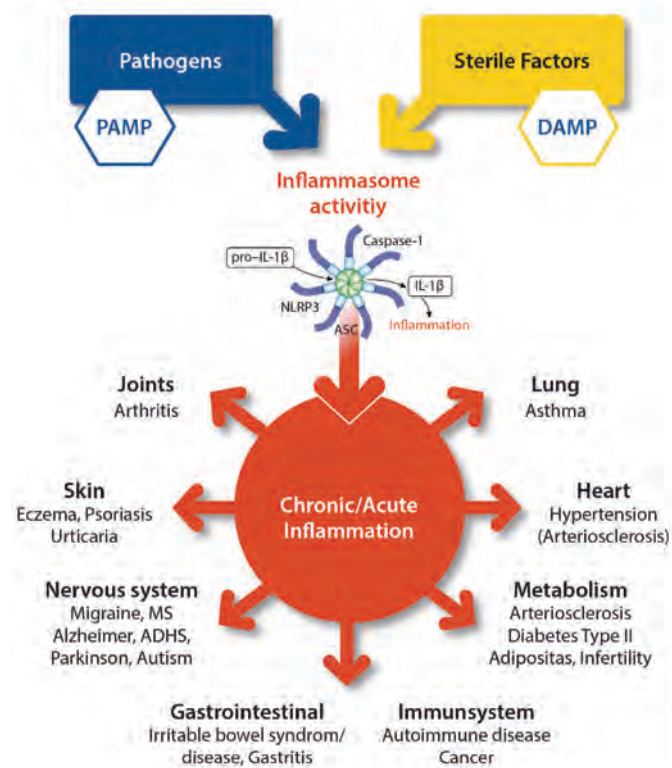
Apart from the liver, other tissues and organs can also be affected by SI. During SI certain molecular complexes called DAMPs (Danger Associated Molecular Patterns)\* are released into the extracellular environment and set in motion molecular signaling pathways that ultimately cause damage by oxidative processes. The first step, the activation of specific pattern-recognition receptors (e.g., NODs or Toll-like receptor 4) by DAMPs, leads to a variety of immune responses. The list of previously identified molecules that can act as a DAMP is continuously growing<sup>(3)</sup>. Recent studies have shown that uric acid and mitochondrial components represent activators of particularly high relevance. Also tumor DNA can take over the role of a DAMP.

\* DAMP = danger associated molecular pattern, associated with sterile inflammation, PAMP = pathogen associated molecular pattern, in inflammation caused by pathogens.

**A key role in these inflammatory signaling cascades plays the so-called inflammasome, a multi-protein complex discovered in 2002.**

After DAMP release and their binding to corresponding pattern recognition receptors (such as the aforementioned TLR4) it induces the assembly of cytosolic proteins: the inflammasome. Through further stimuli this complex assumes its activated form and induces the maturation and secretion of the cytokines IL-1 $\beta$  and IL-18, potent inflammatory mediators. This process is characterized by the production of other cytokines (tumor necrosis factor TNF- $\alpha$  and interferon IFN- $\gamma$ ), and the recruitment of other immune cells by chemotaxis. For example neutrophils are attracted

to a site of local infection, inflammation or injury, and then attack pathogens or other structures classified as “dangerous” mainly by releasing high-dose cytotoxic oxygen and nitrogen radicals and/or strong proteolytic enzymes, like myeloperoxidase. That process then prompts further tissue damage. The neutrophils themselves die through apoptosis, necrosis or pyroptosis, the latter two processes causing the release of debris, including damaged DNA potentially becoming immunogenic. This may trigger auto-immune reactions and may further induce adjacent cells to release additional various stimuli, which in turn trigger further inflammasome activation and thus perpetuate the inflammatory process in a vicious cycle.



Why does nature make things so complicated? The reason is that these inflammatory mediators are so toxic they must be extremely tightly regulated and only released under threat, and then following the coordinated activation by multiple triggers. Unfortunately, our artificially constructed modern environment, with its myriad of ubiquitous xenobiotic ingredients, amply provides for over activation of these triggers; thus, through the maladaptation processes of sterile inflammation we have, in the space of a mere two generations, seen a seismic epidemiological shift away from disease induced by pathogens to a landscape dominated by chronic degenerative disease states. Thus, to effectively manage the health challenges created by widespread industrialization and the profound changes wrought in diet and lifestyle, there need to be equally profound changes in medical paradigms.

### The immunological mechanism of protection by the innate immune system can cause trouble.

Macrophages and mainly neutrophils, which represent around 70% of circulating immune cells, are important players in the formation and maintenance of inflammation. 90% of the neutrophils patrol continuously in the blood stream. They are lured by the inflammasome-driven processes described above to the site of inflammation migrating to sites of damage, or perceived damaged, where they carry out their function. They are uniquely equipped with a high phagocytic capacity and a large arsenal of rapidly synthesized or already intracellular preformed “weapons” against microbes. As critical effector cells of the innate immune system<sup>(4)</sup> they can respond quickly and non-specifically and represent an effective first line of defense. But the immune system is a double-edged sword: It is this lack of specificity that can also be fatal if the immune cells are engaged in inappropriate chronic activation.

Activated neutrophils release oxidative and proteolytic substances for the destruction of supposed dangers. Among these are superoxide anion (which reacts with the neutrophil-mediator), myeloperoxidase (which forms hypochloric acid), peroxonitrate and hydrogen peroxide (which is not a free radical, but is highly toxic to cells), and others. In a chronically activated condition the surrounding tissue is severely damaged. However, through the generation and distribution of cellular debris and other substances other areas of the physiology can soon be affected. If the original stimulus persists, as it might if there were habitual exposure to an offending food, chemical or other noxious environmental stimulant, the inflammation becomes chronic, thus creating chronic symptoms that may or may not fit particular diagnostic criteria.

The nature of the underlying stimuli differ according to each case and situation; e.g. from foods, food additives, toxins, endogenous molecules, viruses, bacteria, fungi, drugs, etc.; to physical triggers, such as sunlight or cigarette smoke, etc.

### Modulation of immune function by food - the good, the bad, the ugly.

Foods can significantly affect our immune status. Immunological activity may begin already in the mouth or the esophagus but typically the most significant reactivity occurs in the gut. With an area of up to 500 square meters, it is as our “inner skin” the greatest surface area through which the body interacts with the environment. Everything we eat influences the intestinal flora, which contains more bacteria than we have own body cells. Even the subtlest changes in this microbiome are registered by the surrounding lymphoid tissue into which the gut is embedded. The GALT – Gut Associated Lymphoid Tissue - comprises approximately 70% of our immune system.

As Prof. Alessio Fasano from Harvard University has stated, the gut is NOT like Las Vegas. That which happens in the gut does

NOT stay in the gut. It is a dynamic environment, containing more neurons than the brain and representing the most fundamental border of the individual and his environment. Every molecule passing through is monitored and evaluated. Certain foods are well known, tolerated, and will not be further considered, yet others can act immune-modulating. There are a number of studies on the immune-modulatory function of foods in healthy or immunosuppressed (e.g., after tumor surgery or neonatal) or hypersensitive people<sup>(5)</sup>. Thereby the immunomodulation is examined on the basis of parameters of the innate as well as the adaptive immune system. Basically, there are substances that assist the immune system in its functions positively by promoting, for example, the immune balance and suppress inflammation, and those that can cause an unwanted activation of the immune system - a cause of food allergies or immunologically mediated food intolerance.

Through the above-described mechanism of sterile inflammation, food, chemicals or additives can cause an activation of neutrophils and other immune cells, leading to inflammatory reactions in the body. This can especially happen if a bowel injury already is on hand, because such the intestinal barrier no longer fulfills its full function, as it is the case with "leaky gut". Individual research areas such as the studies about gluten by Prof. Fasano have brought in recent years more light on the complex molecular biological processes and relationships between nutrition and the immune system. Fasano was able to show that gluten activates endogenous molecules (zonulin), which lead to an undesired opening of the intestinal barrier (i.e. the tight junctions) and allow direct contact between large food molecules and the immune system, which would not, otherwise, occur.

### **Subclinical inflammation caused by food intolerance and chemical hypersensitivity - complementary therapies.**

It is most important to withdraw the molecular biological basis of the inflammatory responses in order to stop them. For this purpose, the elimination of the trigger is traditionally recommended. Identifying the triggering agents, various methods can be used. Classically, oral provocation is applied, in which the patient gets administered sequentially in several day's duration intervals those foods that are suspected to cause incompatibilities. This procedure is often enlightening, but also very time consuming and can often significantly increase the suffering of the patient. Alternatively, the market offers various test methods for trigger identification, such as blood tests like the ALCAT Test for stimulation and measurement of leukocytes). Basically, this is a welcome development, since such a test can simplify the diagnosis. After identification of an appropriate trigger an elimination/rotational diet should be adhered to in order to - in the truest sense of the word - evade the inflammatory processes that may be induced by the most ubiquitous exposure= food.

### **Conclusion**

Recent research demonstrates that the innate immune system, which in an evolutionary context is upstream of the adaptive immune system, is not as primitive as previously thought. Quite the contrary: It controls substantial inflammatory process pathways which are mediated by inflammasomes.

Due to the nature and variety of newly discovered immunological pathways, the classification of reactions into existing systems, such as the classification of allergies and intolerances type I-IV according to Coombs and Gell from the 60s, is often no longer universally valid. Rather, it requires some updates to reflect, current research.

Silent inflammation processes in the body are of enormous importance for health. Studies show that they are heavily involved as the basis of many "diseases of civilization" and often remain undetected. Also, the triggers can be numerous. Especially foods and food additives, in the way they are consumed today, play an important role. Therefore, the modern health care practitioner can only be encouraged at this point to always stay "up to date" in Inflammation Research to be able to understand the background, check proven methods for their mechanisms of action and if applicable improve them. This benefits the patient and health care practitioner.

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Dr. Slazenger is a biologist specializing in Microbiology, Molecular Biology and Virology. After graduation, she worked in the pharmaceutical industry and a contract research organization, focusing her efforts in the field of inflammation, immunology, oncology and toxicology. In international study trips she deepened her medical knowledge through interchange with various clinics and specialized practices. Dr. Slazenger writes articles for professional journals related to immunology and nutrition and is giving presentations and training courses at international congresses. Dr. Slazenger is Chief Scientific Officer for Alcat Europe, G.m.b.H. in Potsdam, Germany. Her email is [Slazenger@Alcat-Europe.com](mailto:Slazenger@Alcat-Europe.com).



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# Spotlight on the Fellowship in Anti-Aging, Regenerative & Functional Medicine



In this age of consumer awareness, it is critical for anyone who wishes to practice Anti-Aging Medicine - the fastest growing medical specialty - to have their credentials in order. The A4M offers an elite Fellowship Program focused on Anti-Aging, Regenerative and Functional Medicine that will give you the knowledge needed to run a successful Anti-Aging Practice.

## ● Why the Fellowship is right for you

The Fellowship is a place to rediscover your passion for patient care. It allows you to continue caring for your patients while learning the most current and relevant integrative approaches for the prevention and treatment of disease. You can immediately begin to incorporate what you learn into your medical practice.

## ● What you will learn

The Fellowship is an interactive-educational experience with modular training that includes hands-on clinical training and web broadcasts, that will teach you the knowledge and skills you need to effectively practice Anti-Aging, Regenerative and Functional Medicine. This elite Fellowship comprises the latest findings in areas of endocrinology, cardiology, neurology, cancer therapies, nutrition and much more.

The Fellowship curriculum is designed for progressive learning and is created by world-renowned experts from a variety of disciplines.

### **Topics include:**

- Endocrinology and hormone therapies
- Hypertension, Diabetes, Coronary Artery Disease
- Metabolic Syndrome
- Gastroenterology, Neurotransmitters, Neurology
- Amino Acid and Fatty Acid Metabolism
- Osteoporosis and Nutrition
- Laboratory Evaluations
- Case Studies...and more!





**Pamela W. Smith, MD, MPH, MS**  
Director of the Anti-Aging,  
Regenerative & Functional Fellowship



## ● Who should attend the Fellowship?

The Fellowship program is open to physicians, PhD's, physician assistants, nurse clinicians, pharmacists, nurse practitioners, nutritionists, chiropractors, Bachelor of Medicine, Bachelor of Surgery, DDS's and more.

## ● Fellowship awards

### Fellow in Anti-Aging and Regenerative Medicine (FAARM)

- Modules I – V are required
- Webcasts required
- A4M Board Certification

### Fellow in Anti-Aging, Regenerative and Functional Medicine (FAARFM)

- Modules I – VIII
- Webcasts required
- A4M Board Certification

### University of South Florida Master's Degree Preparation Modules I – VIII

- Two (2) Elective Modules
- Webcasts Required
- A4M Board Certification

### Additional program information

- Modules do not need to be completed in numerical order
- Each live module has been approved for 24 AMA PRA Category 1 Credits except Module V (no CME credits offered)
- CME credits are not available for online modules

## Spotlight on the Fellowship in Integrative Cancer Therapies: A Better Way to Treat Patients with Cancer



The A4M Fellowship in Integrative Cancer Therapies is the most advanced, progressive educational program on treating and preventing both early and advanced stage cancers. This program will give practitioners the tools necessary to immediately integrate cancer fighting modalities into their practice.

### ● Why the Fellowship is right for you

The knowledge gleaned from attending this fellowship will allow practitioners to provide improved cancer treatments, allowing a better quality and quantity of life for cancer patients. In addition, practitioners will be learning “cutting edge” therapies. Although, monetary gain should not be the primary motive, this type of practice is lucrative to the healthcare provider. Because many of the alternative treatments are not covered by insurance, the patients must pay out of pocket. This is analogous to the practice of Anti-Aging Medicine.

### ● What you will learn

The Fellowship in Integrative Cancer Therapies consists of ten modules.

#### Topics include:

- **Module I** - Cancer Prevention
- **Module II** - The Biology of Cancer
- **Module III** - Immunology of Cancer
- **Module IV** - Targeted Cancer Therapies
- **Module V** - Case Histories In Cancer Therapies
- **Module VI** - Integrative Cancer Therapies
- **Module VII** - Dietary Treatments of Cancer
- **Module VIII** - Nutritional Integrative Cancer Therapies
- **Module IX** - Detoxification and its Role as a Cancer Therapy
- **Module X** - New Radiological Treatments of Cancer and Stem Cell Therapies

### ● Who should attend the Fellowship?

All healthcare practitioners can benefit from this fellowship. In addition, all healthcare practitioners, regardless of specialty, can practice ICT. Although oncologists are welcome and urged to attend this fellowship, the majority of attendees will be non-oncologists. The Fellowship is open to physicians, physician assistant, nurse clinicians, pharmacists, D.D.S. and chiropractors.

### ● Completion Requirements

- Modules I – VIII
- Complete the A4M Board Certification

### NOW ONLINE!

Because this program is in such demand we have added it to our slate of online Fellowships. You can now experience all the benefits of the live program from the comfort of your home or office.





**Mark Rosenberg, MD**  
Director of the Fellowship in  
Integrative Cancer

*"We're taking a brand new approach to fighting cancer," said Dr. Rosenberg. "Each cancer cell needs to pump out lactic acid in order to stay alive. Well, what if we prevent them from doing that? Simply stated, if we block their ability to pump out this acid, the cells become extremely weak and easy to destroy."*

## ● Criteria for completion of the Fellowship includes:

### I. Molecular Biology of Cancer

- Personalized Chemotherapy based on tumor profiling
- Antioxidant use in Cancer therapy
- Nutritional approach to cancer therapy
- Genetic and viral predispositions to Cancer

### II. Understanding Tumor Classification, Staging, and Grading

- Overview of complementary and alternative medicine in Cancer therapy
- Harnessing the febrile immune response in the treatment of advanced-stage cancer
- Coley's toxins

### III. The Role of Radiation Therapy in Cancer Treatment

- Cutting-edge radiation therapy technology
- Understanding Chemotherapy - old and new drugs
- Understanding hematopoietic stem cell transplantation
- Off-label pharmaceuticals in Cancer therapy

### IV. Assessment and Treatment of Problems Common to the Cancer Patient

- Assessment and treatment of hematologic complications in the Cancer patient
- Assessment and treatment of Cancer-related venous thromboembolism
- Managing Cancer-related infections
- Metabolic and paraneoplastic syndromes

### V. Non-pharmacological Complementary Therapies in Cancer Therapy

- Calorie restriction, amino acid restriction, carbohydrate restriction, and the ketogenic diet- can these dietary manipulations affect cancer outcome?
- Treating Cancer with immunotherapy
- Treating Cancer with hyperthermia
- Herbal supplementation in Cancer therapy I

### VI. How to Manage an Integrative Cancer Practice

- Herbal supplementation in Cancer therapy II
- Integrative Cancer therapy in review
- Q & A

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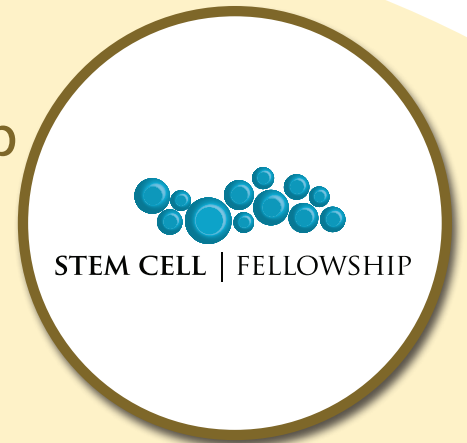
- Participants will leave the Fellowship competent to practice Integrative Cancer Therapies without supervision in his or her area of medical specialty
- Off-label pharmaceuticals will be included with each module

# Spotlight on the Stem Cell Medicine Fellowship



THE FUTURE OF MEDICINE IS HERE

**Dipnarine Maharaj, MD**  
Director of the Stem Cell Medicine Fellowship



*"It's exciting to share this information with the world. I chose to study hematology and oncology to make a real difference in the quality of cancer care and to change people's lives for the better" - Dr. Maharaj.*

## ● Why the Fellowship is right for you

The American Academy of Anti-Aging Medicine (A4M) has recognized the need for knowledge on stem cells amongst physicians and healthcare professionals, thus creating the world's first Stem Cell Medicine Fellowship program. Stem cell therapies involve the potential replacement of cells or organs that are diseased, injured, infirmed, ailing or aged. In this modular training program, a group of experienced academia's, involved in stem cell transplantation, present a series of topics to cover the general principles and practice of stem cell biology and evidence-based treatments for physicians to optimize the health of their patients.

By enrolling in the Fellowship, you will learn how to treat the diseases associated with aging with stem cell therapies- the medicine of the future. After completion of this modular training program, physicians will be able to intelligently decide which stem cell protocols to recommend to their patients. Become a pioneer in stem cells and the future of Regenerative Medicine.

## ● What you will learn

The Stem Cell Medicine Fellowship consists of six modules

- **Module I:** The Basic Principles of Stem Cells
- **Module II:** The Biological Basis of Stem Cells in Regenerative Medicine
- **Module III:** The Principles of Stem Cell Tissue and Organ Repair: Bench To Bedside
- **Module IV:** Understanding the Principles of Therapeutic Applications of Cell Therapy
- **Module V:** Clinical Case Studies of Stem Cells for Blood Disorders, Chronic Diseases and Disorders of Aging
- **Module VI:** Stem Cells at the Frontiers of Disease and Aging

## ● Who should attend the Fellowship?

The Stem Cell Medicine Fellowship program is open to physicians, PhD's, physician assistants, nurse clinicians, pharmacists, nurse practitioners, nutritionists, chiropractors, Bachelor of Medicine, Bachelor of Surgery and more.

## ● Completion Requirements

- Modules I-VI
- Complete the A4M Board Certification



# Spotlight on the Aesthetic Anti-Aging Medicine Fellowship

The  
**Aesthetic**  
AntiAging Fellowship



**Sharon McQuillan, MD**  
Director of The Aesthetic  
Anti-Aging Medicine Fellowship



**Dr. Maria Angelo-Khattar (UAE)**  
Clinical Training Director and  
Chief Lecturer (Dubai Program)

The Aesthetic Anti-Aging Medicine Fellowship was instituted in 2007 by the American Academy of Anti-Aging Medicine (A4M) and provides a unique fusion of scientific data, methodical clinical tutorials and business insight. The Fellowship was developed to help professionals from all medical specialties add new services to their practice. Aesthetic Fellow graduates can readily establish their practices as leading facilities for Aesthetic Medicine by receiving new patient referrals from patients seeking qualified Anti-Aging and Aesthetic doctors via A4M.

## ● Why the Fellowship is right for you

The Fellowship is a postgraduate training program which combines online audiovisual lectures and hands-on tutorials in a clinical setting. The Fellowship denotes peer recognition in one of the fastest growing medical specialties. Also, the Fellowship will provide medical practitioners with a maximum exposure to the scientific, clinical and industry information necessary to introduce noninvasive Aesthetic procedures in their practice.

## ● What you will learn

The Aesthetic Anti-Aging Medicine Fellowship is a seven-part series consisting of a four module lecture series, offered online and a three module intensive, hands-on clinical training series (*Available in FL, USA and Dubai, UAE.*) in the following aesthetic treatments:

- Botulinum Toxin A Injections
- Facial Filler Injections
- Aesthetic Laser and Light Treatments
- Aesthetic Venous Treatments
- Body Contouring Techniques
- Chemical and Mechanical Resurfacing
- Cosmeceuticals

## ● Who should attend the Fellowship?

The Aesthetic Anti-Aging Medicine Fellowship program is open to MD's, DO's, or MBBS individuals. The long-term objective of the Fellowship is to achieve formal sub-specialty recognition and a new status for Aesthetic Medicine.

## ● Completion Requirements

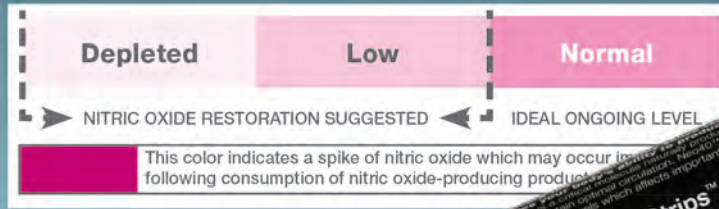
- Modules I-VII
- Case Study Submissions in Aesthetic procedures
- Written Examination

*"I recommend this program to everyone from beginners to more advanced experts who seek practical techniques to further their Anti-Aging practice successfully"*  
- *Najia Nek, MD from Germany.*



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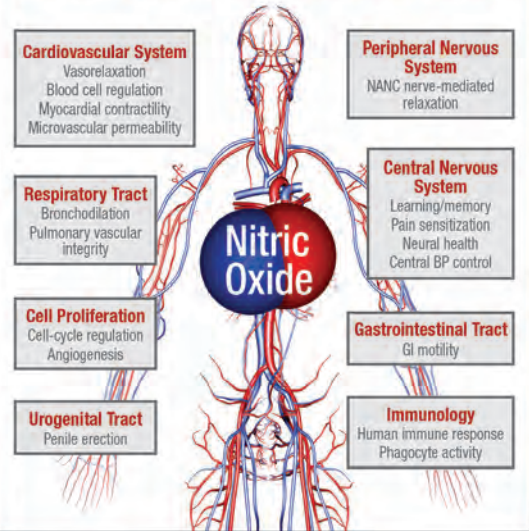
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– President of The American Heart Association, quoted in *The New York Times*

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# Getting to Know The A4M Faculty

## William Davis, MD

### Bestselling author and cardiologist

**D**r. William Davis is a practicing cardiologist and author of the New York Times bestseller *Wheat Belly: Lose the Wheat, Lose the Weight* and *Find Your Path Back to Health*. Davis is medical director and founder of the Track Your Plaque Program for heart disease prevention and reversal. Dr. Davis is also a featured speaker at A4M's Gut, Brain, and Autoimmune Disorders Symposiums in 2013.

#### Why do you believe wheat is so problematic?

The most important issue is what we're being sold today is not traditional wheat. What we're being sold today is an 18-inch tall high yield, semi-dwarf strain that is the spawn of genetic manipulation. It's different than what we all regard as wheat. There are extensive external changes in the appearance. You've got to wonder if there are other changes that you can't see with your eyes. Are there internal genetic and biochemical changes? The external changes only hint at the internal genetic and biochemical changes. We have to reject the notion that healthy whole grains are good for heart health. That's nonsense. In the 14 epidemiological studies that proved whole grains are good for you, they really showed that, if you replace white enriched flour products with whole grain products, there is a benefit. This is inarguably true. What they didn't ask is, "What happens when you remove grains?" For that we have to look elsewhere. That's where you see extraordinary changes.

#### How is wheat consumption linked to heart health?

Wheat is the most inflammatory food you can possibly consume. Wheat increases intestinal permeability that opens tight junctions and allows foreign substances into your blood stream and these are inflammatory and/or generate autoimmune mis-signals. High blood glucose derives from wheat. Two slices of whole wheat bread raise blood sugar higher than six teaspoons of table sugar. The high blood sugar causes high blood insulin, which causes additional fat growth which leads to a cascade of events that increases cardiovascular risk.

We know that people with metabolic syndrome, diabetes and inflammatory visceral fat have higher cardiovascular risk. Wheat is perfectly crafted to make you fat. It has multiple components to generate inflammation, it increases high blood glucose, insulin, and is also degraded to several opiates

that stimulate appetite for carbohydrates. People who consume wheat, consume on average 400 more calories per day of carbs such as chips, cookies and cake. Wheat is perfectly crafted to make you fat and fat people have more heart disease.

#### What other conditions have you seen associated to wheat consumption?

Coronary disease, diabetes, pre-diabetes, metabolic syndrome, Type 1 Diabetes in children average age 4, rheumatoid arthritis, and 74 other autoimmune disorders including Lupus, and others. Wheat causes inflammation super imposed on osteoarthritis, large joint arthritis, in the lower back, hips and knees. Wheat doesn't cause arthritis, it just aggravates inflammation. Wheat is a factor in a long list of rashes, such as seborrhea, and psoriasis. Of all the rashes that can afflict humans, every single one can be caused by wheat. It can cause mental effects in everyday people, such as mind fog and appetite stimulation. In kids with ADHD and Autism, it causes behavioral outbursts. In people with bipolar illness, it triggers the mania. In people with tendencies to binge eat and people with bulimia, it causes food obsessions and intrusive food thoughts. Wheat also negatively affects acid reflux, the bowel urgency in IBS, and also it makes Crohn's and Colitis much worse. A hundred billion dollar a year drug industry is based on the fiction of healthy whole grains.

#### Can you share a successful story of a patient who has finally given up wheat?

This is the story that made me realize I had to start talking about this issue more widely; it was a 38-year-old school teacher who was incapacitated by Ulcerative Colitis for 12 years, who I met for an unrelated, trivial issue. She gave up wheat and after 3 months all Colitis symptoms that she had for 12 years were gone, she stopped all her medication and didn't have to have her colon removed, she lost 38 pounds and she was cured.



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This was never my intention, I was taking wheat out of the diet to reduce blood sugar. People would come to me with cures for Ulcerative Colitis, Crohn's disease and cures for rheumatoid arthritis. People were losing 30, 50, 70, 150 pounds, and diabetics were telling me they're off their drugs and that they no longer had diabetes. When I saw the outcomes and even though I had removed wheat for other reasons, it became clear to me that there was something desperately wrong. That's when I started to poke around and understand what was going on with modern wheat.

### **What is the hardest part about giving up wheat and what should we be eating?**

Many people instinctively know they are addicted to wheat. The opiates in wheat cause an addictive relationship with food that triggers appetite. Due to the opiates, there is a withdrawal from wheat. Symptoms can include headaches, nausea, depression, and fatigue lasting about 5 days. About 40 percent of people get this opiate withdrawal from wheat.

Convenience is the next hurdle. The unexpected advantage is if you take wheat out of the diet; you're consuming on average 400 calories less per day, you don't need to eat all the time. You're less hungry. You eat to provide sustenance so the incessant search for food is gone.

When replacing wheat, eat real, single ingredient foods. The processed food industry puts wheat in everything. For example, in 1960 wheat was in obvious places like bread, rolls, and pancake mix. In 2013, wheat is not only in pancake mix but also in liquorish, seasoning, taco seasoning, Campbell's tomato soup, Lipton instant soup, frozen foods, salad dressings and breakfast cereals. You'll find there is almost no processed food that doesn't have wheat or a wheat derivative in it. It stimulates appetite; you'll find it is difficult to try and be wheat free while consuming processed foods. We go back to real, single ingredient foods that we know haven't been mucked up with wheat flour or some kind of wheat component. For instance we know that olives, olive oil, lamb chops, beef, chicken and bacon are safe, they have no wheat of course. We know that vegetables, nuts and mushrooms do not have wheat. We do not use gluten-free replacement ingredients. The gluten-free industry replaces wheat gluten with corn starch, rice flour, and potato starch. These raise blood sugar even higher than wheat. We recreate foods you might miss; I show people how to make those foods without wheat, no gluten free junk, little to no sugars, so there are benign ways to enjoy pizza, cheesecake and cookies.



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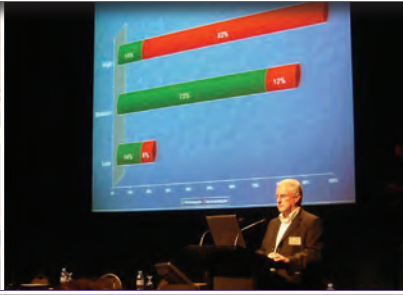
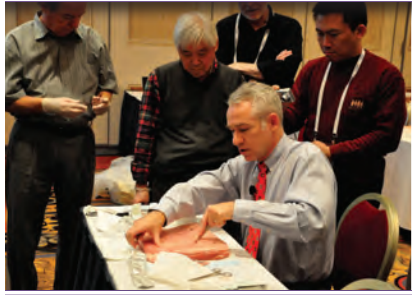
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# Testing with Different Body Fluids and the Results of the Hormone Delivery Rate

By- David Zava, PhD

## **Problems and pitfalls of testing sex-hormones in different body fluids following different routes of hormone delivery**

Hormone testing for sex-steroid hormones (estradiol, estriol, estrone, progesterone, testosterone) is now a mainstay in the clinical evaluation of hormonal imbalances and treatment design for hormone therapy. Testing of an individual's endogenous sex hormones in various body fluids, particularly serum, has been well characterized in the medical literature (Stanczyk 2003, Yang 2004, Wang 2004), but less so in urine, saliva, and capillary whole blood (commonly referred to as Dried Blood Spot-DBS) (Du 2013, Edelman 2007, Glaser 2008, Shirtcliff 2001, Petsos, 1986, Metcalf, 1984).

Overall, most imbalances in endogenous hormone levels (deficiency and excess), can be detected in any of the four main types of body fluids currently used for testing sex-hormones (i.e. serum, saliva, urine, and DBS).

**Chart 1** is a summary of whether or not one of these four body fluids is an appropriate diagnostic medium for testing, based on the most common routes of hormone delivery. In Part I of this series, I will focus on oral hormone therapy, and in Part II, I will discuss the conundrum of topical hormone delivery and why, with this route of delivery, some body fluids are better than others for testing (Du, 2013).

## **Types of Assays Most Commonly Used To Monitor Different Body Fluids for Sex-Hormones**

**Immunoassays** are the most common and cost-effective methods for testing hormones in body fluids such as serum and saliva, but accuracy of these tests depends on the specificity and sensitivity of the antibodies used in the assay format (Stanczyk 2003). FDA-approved auto-analyzers are commercially available (Wang 2004, Yang 2004, Stanczyk 2003) and have well established and validated methods for testing the sex-hormones produced endogenously. However, with exogenous oral dosing of most sex-steroids the levels of steroid metabolites can potentially interfere with an immunoassay, resulting in false-high values (Levine 2000). Removing and separating these inert hormone

metabolites from the active hormone requires specialized separation techniques such as liquid or solid phase extraction (Du 2013), which is not performed in most commercial diagnostic laboratories prior to serum testing.

The degree of cross-reactivity, which causes higher levels of "apparent" hormones, but actually represents a combination of active and inactive hormone metabolites, will depend on the quality of the antibody used, which varies depending on the commercial source (Stanczyk 2003, Wang 2004, Yang 2004). Commercial immunoassays use antibodies that have been selected for high sensitivity (able to detect concentrations of hormones at least as low as the lowest physiological levels) and high specificity (low interaction with other steroids or steroid metabolites).

**Liquid Chromatography Tandem Mass Spectrometry (LC/MS/MS) and Gas Chromatography Tandem Mass Spectrometry (GC/MS/MS)** methods for testing the four most common body fluids differ from immunoassays in that the former measures the levels of steroids by a physical method of separation (LC or GC), based on molecular size, followed by mass spectrometry (mass/charge analysis) (Wang 2004, Kushnir 2008, Yang 2004). Because the LC and GC methods separate and differentiate the active steroid from its metabolites, these methods provide the most accurate and precise assessment of the active sex-steroids present in the diagnostic medium. However, such methods require extraction and in some cases derivatization for hormones at low concentration (e.g. estradiol and testosterone) (Kushnir 2008, Wang 2004). These methods are also more time consuming, require higher-level technical input, and are cost-prohibitive and difficult to automate, which hinders rapid turnaround time and wide scale application required by most commercial testing laboratories. Also, until recently, LC and GC mass spectrometry methods were not sensitive enough to detect the very low levels of estradiol and testosterone seen in the saliva and serum of some postmenopausal women and men. Significant improvement in sensitivity of these instruments, along with innovations in methods of derivatization, are rapidly overcoming these hurdles for testing low levels of sex-steroids (Kushnir 2008),

but such improvements have increased sample processing time and cost, making them still less attractive for broad scale and cost-effective clinical testing.

### **Serum Testing and Oral Hormone Delivery**

Serum is the most well characterized body fluid for testing endogenously produced sex-steroid hormones, but using it to detect hormones following exogenous oral and topical therapy can be problematic (Levine 2000). Bioidentical estrogens (estradiol, estriol, estrone), progestogens (progesterone), and androgens (testosterone and DHEA) are all used orally as a form of hormone restoration therapy (HRT), and tested most commonly in serum by FDA-approved automated immunoassays (Stanczyk 2004, Yang 2004).

The most broadly studied of the orally administered sex-hormones is progesterone, which is widely used both as a pharmaceutical FDA-approved and compounded oral capsule (Simon 1995, Hargrove 1989).

What is common to all forms of oral replacement therapies, regardless of the hormone, is that about 10x physiological dosing is required to achieve a physiological level in whatever body fluid is used for testing. For example, oral estradiol and progesterone dosing are usually in the 0.5-1 mg and 100-300 mg ranges, respectively, but endogenous peak daily ovarian synthesis of these hormones is 0.05-0.1 and 10-30 mg (Simon 1995, Hargrove 1989). The reason a 10x dosing is required is that most (> 90%) of the orally delivered hormone is converted in the gut and liver to inert metabolites before release into the systemic circulation (Levine 2000, Nahoul 1989). Only about 5% or less of the supplemented hormone enters the circulation in its native active form after gut and liver metabolism.

Oral progesterone therapy is perhaps the most widely studied of the sex-hormones as regards problems with progesterone metabolites interfering with immunoassays for serum progesterone (Levine 2000, Nahoul 1989). Some of the commercially available progesterone immunoassays show significant cross-reactivity with progesterone metabolites following oral progesterone therapy, causing false-high progesterone levels in serum. Several studies investigating oral progesterone delivery show that commercial serum progesterone immunoassays can significantly over-estimate the actual level of active progesterone. Studies, comparing conventional commercial immunoassays for progesterone with the "gold-standard" and more precise LC/MS methods of analysis clearly demonstrate that most commercial serum immunoassays that rely on polyclonal antibodies to detect progesterone, following oral hormone delivery, overestimate the true progesterone levels (Levine 2000, Nahoul 1989). Therefore, if conventional commercial immunoassays are used to detect serum progesterone following oral therapy, the values are likely an overestimation of the true active progesterone present, unless more sophisticated methods of extraction are used prior to immunoassay (Stanczyk 2004), or the serum is tested by GC or LC mass spectrometry (Wang 2004, Yang 2004).

### **Saliva Testing and Oral Hormone Delivery**

When the sex-hormones are produced endogenously by the ovaries and testes and released into the bloodstream, or they originate from some form of exogenous delivery (most common are oral, topical, vaginal, troche), most of the active hormones (97-98%) are bound up by specific proteins such as Cortisol Binding Globulin (progesterone), sex-hormone binding globulin (estradiol and testosterone) and albumin (low affinity binding to all sex-hormones). Only a small fraction (about 2-3%) of the active hormone is released from the binding components in the capillary beds into the interstitial space and tissues where they can interact with cellular steroid receptors and activate specific steroid-responsive genes (Vining).

Saliva is somewhat unique and different from serum in that most of the polar inert metabolites resulting from oral hormone therapy, are filtered out by the salivary gland, only allowing the active hormone (e.g. progesterone) not bound by blood-binding proteins (about 2-3%) to enter saliva (Vining 1987). In essence, the salivary gland filters out the metabolites, only allowing entry of the active hormone (e.g. progesterone). Thus, salivary hormones are more representative of not only the amount of the bioactive steroid present in the bloodstream, but also of its bioavailability to target tissues.

It should be emphasized that while saliva is an excellent diagnostic medium to test hormones delivered orally for the reasons mentioned, timing of collection is important for clinically meaningful results. Orally delivered hormones usually peak in the serum and saliva shortly after supplementation (30 min-2 hr) and then drop precipitously over the next 8-12 hours to return to baseline levels (Levine). Most individuals supplementing with oral progesterone take it twice daily, or only once at night before bed. First morning saliva values are usually at the lower end of the physiological reference range, and are not reflective of the much higher levels achieved over the first several hours when progesterone would be entering target tissues (e.g. breast and uterine epithelium), and binding to and activating cellular progesterone receptors. At time points beyond 12 hr, progesterone has usually returned to baseline levels in serum and saliva (Nahoul 1989). Therefore, for orally delivered progesterone, testing salivary progesterone within an 8-12 hr time frame, with an established range for this time course, will provide the most clinically meaningful results.

### **Urine Testing and Oral Hormone Delivery**

Like serum, urine hormone test results can be misleading when hormones are delivered orally. As mentioned above, when a hormone is introduced into the GI tract much of it is metabolized to down-stream Phase I and II metabolites/conjugates which are rapidly eliminated in urine (Nahoul 1989, Levine 2000, Stanczyk 1997). Urine testing measures only the total amount of metabolites that enter urine, which is more reflective of the amount of hormone dosed, and not the actual amount of bioactive hormone that enters tissues.





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Since it takes about 10x physiological dosing of any orally delivered hormone (e.g. about 100-300 mg of oral progesterone) to get enough of the bioactive hormone into the systemic circulation for a biological effect, this results in very high levels circulating levels of hormone metabolites, which have no biological effect and are rapidly removed from circulation and excreted into urine (Nahoul 1989, Levine 2000, Stanczyk 1997, Metcalf 1984).

**Figure 1** (determined at ZRT Laboratory using GC/MS/MS) shows the median ranges for urinary pregnanediol, a progesterone metabolite commonly used to estimate, indirectly, progesterone levels in urine (Stanczyk 1997, Metcalf 1984) in premenopausal and postmenopausal

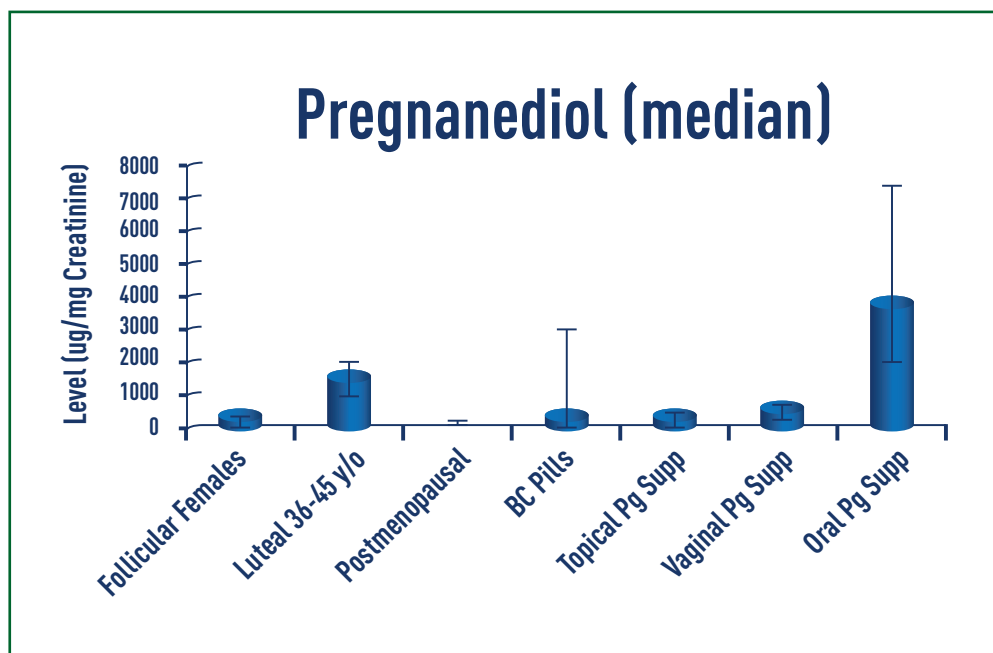
women and those supplementing with different forms of progesterone. Urinary pregnanediol levels, as expected, were low in premenopausal women during the follicular phase of the menstrual cycle, but increased significantly during luteal phase, as reported by others (Stanczyk, 1997). Pregnanediol levels are low in postmenopausal women and women using contraceptive synthetic progestins. Interestingly women using 10-50 mg of topical progesterone, and 100-300 mg of vaginal progesterone suppositories have little pregnanediol in urine. Progesterone levels in urine following topical progesterone delivery are also low (not shown); urinary progesterone levels with vaginal progesterone fluctuate erratically due to direct contamination of the urine (not shown).

Chart 1

Type of Body Fluid	None Endogenous	Oral Steroids	Topical Steroids	Vaginal Steroids	Troche Steroids	Pellet/IM Steroids
Serum	Yes	Yes (1)	No (2)	No (2)	Yes	Yes
Saliva	Yes	Yes	Yes (3)	Yes	No (4)	Yes
Urine	Yes	Yes (1)	No (2)	No (5)	Yes	Yes
DBS	Yes	Yes (1)	Yes (6)	Yes	Yes	Yes

- 1) **Overestimation:** Possible metabolite interference with immunoassays. LC/MS or GC/MS methods ok.
- 2) **Underestimation:** Not reflective of tissue levels
- 3) **Overestimation:** Unless reference ranges reset higher for supplementation
- 4) **Overestimation:** Direct contamination of oral mucosa/saliva
- 5) **Overestimation:** Direct contamination of urine
- 6) **Overestimation:** If hands/fingertips used to apply hormones < 24 hr

Figure 1





In sharp contrast, levels of urine pregnanediol following 100-300 mg oral dosing is much higher than levels seen in women during the luteal phase of the menstrual cycle, which taken at face value could be misconstrued as overdosing. This is not overdosing because very little of the orally supplemented progesterone actually circulates as active progesterone, and even less (2-3%) is bioavailable based on saliva testing (see above).

Urine testing of the supplemented hormone only reveals approximately how much hormone was consumed and eliminated, but it does not provide insight into how much of the active hormone (progesterone) was present in the systemic circulation, or how much actually entered target tissues. Therefore, while urine testing is an excellent way to evaluate endogenous production of the sex-hormones (Figure 1), it will not likely be useful clinically as a diagnostic fluid for exogenous oral hormone delivery.

In summary, all of the four body fluids can be used as a diagnostic medium when hormones are produced

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endogenously. However, with oral administration of the sex-hormones, use of serum, capillary blood, and urine as a diagnostic fluid can result in an overestimation of the true bioactive fraction of hormone in the circulation due to high levels of hormone metabolites. Serum and capillary blood can provide useful information on the bioactive level of the supplemented hormone if procedures (e.g. extraction and/or LC/MS or GC/MS) are used to separate and differentiate the inert hormone metabolites from the active hormone. Saliva is an ideal body fluid to measure hormones delivered orally, as it more accurately reflects how much of the bioactive hormone leaves the bloodstream and enters target tissues.

In Part II of this series I will discuss the problems most practitioners encounter when testing sex-hormones delivered topically (Du 2013), and why levels go up dramatically in saliva and capillary blood, but increase very little in venipuncture serum and urine.

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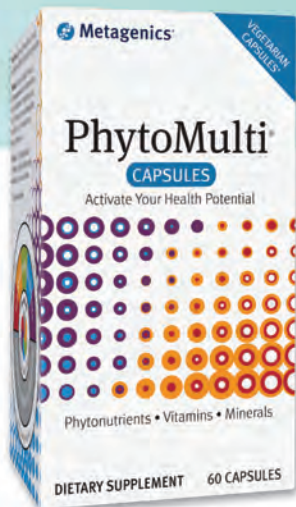
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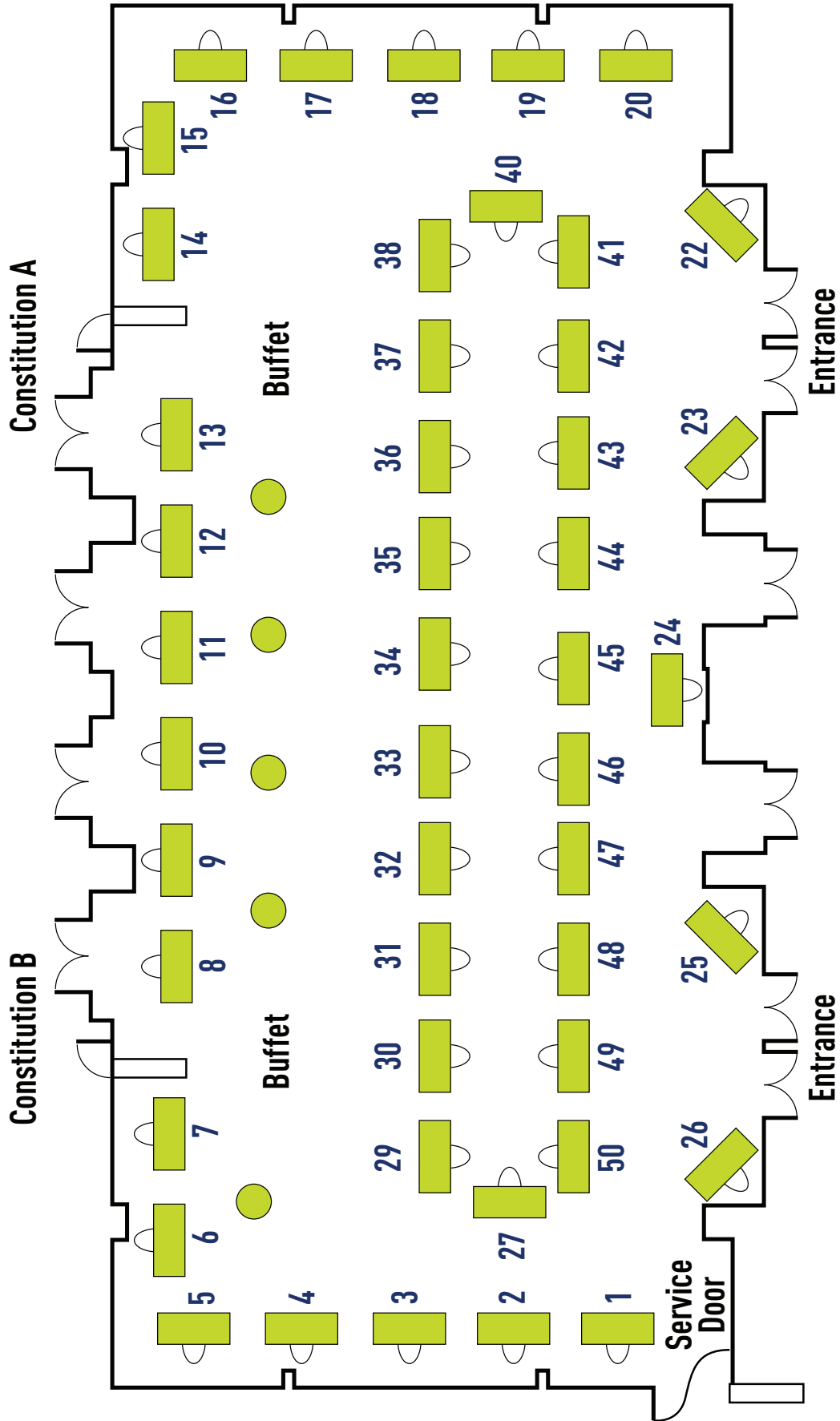
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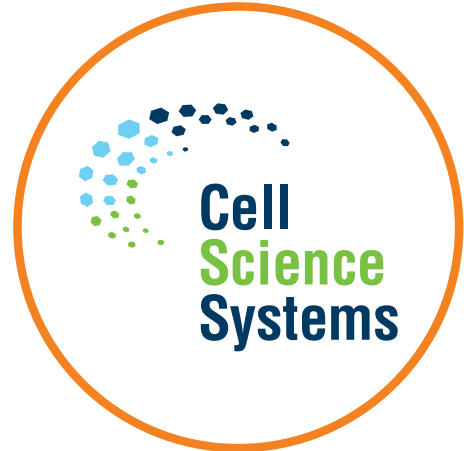
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**Website:** www.webtomed.com

WebToMed specializes in medical website design, e-Commerce, and internet marketing. We help anti-aging professionals, physicians, clinics, medical spas, labs and pharmacies market their services and sell their products online.





**XYMOGEN - Table #9**

6900 Kingspointe Parkway, Orlando, FL 32819 USA

**Ph:** 800.647.6100 • **F:** 407.445.7227

**Email:** info@xymogen.com

**Website:** www.xymogen.com

XYMOGEN, a family owned health sciences company headquartered in Orlando, Fla., has been providing high-quality dietary supplements to licensed healthcare practitioners for more than a quarter century. The nutraceutical company has introduced numerous innovations to the functional medicine community, and its Medical Board of Advisors consists of clinical practitioners who represent a broad range of specialties. XYMOGEN's unprecedented growth continues with a new, state-of-the-art, 136,000 squarefoot manufacturing facility and laboratory, and a strategic expansion into Canada and Australia, two of the largest international markets. XYMOGEN's strength as a company was reinforced in 2007, 2008, 2010, 2011, and 2012, when it was recognized by Inc. magazine as one of the 5000 fastest-growing private companies in America. For more information, visit [www.xymogen.com](http://www.xymogen.com)



**ZRT LABORATORY - Table #12**

8605 SW Creekside Place, Beaverton, OR 97008 USA

**Ph:** 866.600.1636 • **F:** 503.466.1636

**Email:** info@zrtlab.com

**Website:** www.zrtlab.com

ZRT is a CLIA certified diagnostic laboratory that supports healthcare professionals through accurate, minimally invasive and innovative testing designed to detect hormonal imbalances, CardioMetabolic Risk, infertility and iodine deficiency in patients.

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Dr. Braverman is a graduate of NYU Medical School. Now, director of integrative medicine at a local hospital, he is an acknowledged expert in brain-based medicine who lectures to and trains doctors internationally in Anti-Aging Medicine.

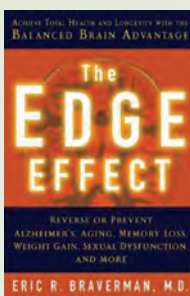


## THE PATH TO TOTAL HEALTH

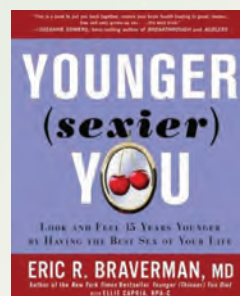
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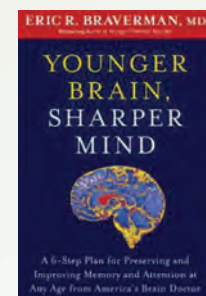
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## 21<sup>st</sup> Annual World Congress on Anti-Aging, Regenerative and Aesthetic Medicine December 12 -15, 2013 • Las Vegas

Thursday, December 15, 2013

### Maximize your Experience & Register for a Specialty Workshop



#### Testosterone Deficiency and Therapy in Men Presented by Abraham Morgentaler, MD, FACS

This workshop will provide an in-depth educational opportunity regarding the exciting and rapidly evolving field of testosterone deficiency (hypogonadism) in men. Presented by a pioneer in the field, Dr. Morgentaler is one of the first, in the US, to provide testosterone therapy to otherwise healthy men who developed age-related declines in testosterone, and performed the research that altered the conventional wisdom that testosterone was risky for prostate cancer.



#### Personalized Lifestyle Medicine Presented by Pamela W. Smith, MD, MPH, MS; Mark Houston, MD; Mark Rosenberg, MD; William Davis, MD

Personalized medicine stands poised to transform healthcare over the next several decades and also offers the possibility improved health outcomes and has the potential to make healthcare more cost-effective. This workshop will include patient case studies, information on hormones, cardio health and more. The workshop will demonstrate practical applications and how physicians can implement into their own practice.



#### Pellet Therapy Presented by James Mahoney, DO

Bio-Identical Hormone Therapy has become a central pillar of Anti-Aging and Age Management Medicine. Subcutaneous pellets are in great demand due to their obvious impact on negative symptoms associated with aging as well as dramatic enhancement in sexual, cognitive, and athletic function. Simple, affordable treatment can be accomplished in less than 10 minutes, 3 – 4 times per year with guaranteed compliance to create benefits unavailable with any other form of therapy. Expert training in all aspects of pellet therapy is critical to success for patients and health professionals.



#### Practice Management Certification: Advancing the Business of MEDICINE Presented by Expert Faculty

This is a 2-part certification program, with part 1 offered in Last Vegas; Part 2 in Orlando 2014. Healthcare is changing – quicker than we think! Too many practices are still on the sidelines, trying to understand new regulations, compliance, technology – and so much more. The broad responsibilities and detailed requirements of managing a revenue cycle, compliance regulations, human resources, health information and general business processes make a Practice Management Certification a MUST. Discover the keys that change your practice.



#### Advances in Body Contouring Presented by Sharon McQuillan, MD

The market for body shaping procedures has experienced tremendous growth as patients' desire youthful body contours to match their youthful facial enhancements, as well as their youthful energy levels as result of Bio-Identical Hormone Replacement. It is predicted that body contour procedure volume will increase 12.8% annually to more than 7.4 million procedures by 2015.

Body contouring treatment modalities include mesotherapy, non-invasive laser and light devices for skin tightening and cellulite reduction, laser lipolysis, and surgical methods and devices for fat and cellulite. This workshop will provide a substantial update regarding the latest advances available to contour the body, reduce inches, and reduce cellulite for experienced as well as novice aesthetic practitioners.

Sunday, December 15, 2013



#### Menopause/Andropause: Improving the Health and Happiness of your Patients with Bio-Identical Hormones Presented by: Jonathan V. Wright, MD and David Rosensweet, MD

Come learn from these pioneer holistic physicians and enhance the lives of your patients in this rewarding world. This 1-day intensive workshop is designed to establish or augment your "Monday Morning" effectiveness in understanding, implementing and modulating bio-identical hormone treatment programs in medical practice. The presenters lay a foundation of basic information, as well as delve into advanced clinical complexities and subtleties. This course will assist the beginner as well as enrich the seasoned practitioner. Doctors Wright and Rosensweet also devote time to address your specific submitted questions, cases and challenges.

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Echocardiogram taken at Children's Hospital in Boston in April 2002: thrombus measures 10mm x 9mm



Echocardiogram taken at Children's Hospital at Westchester Medical Center in New York, October 2002: thrombus measures 6mm x 3mm

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## How ONDAMED Touched My Life By Saving My Son From Open Heart Surgery

Silvia Binder, ND, PhD is the CEO of the Ondamed Companies in USA & Germany

I am not only the CEO of the Ondamed companies and a practitioner in private practice in Germany, I am also the mother of three children.

I first met Rolf Binder, the inventor of ONDAMED, in 2002.

At that time, my 5-year old son Randy was diagnosed with a 1 cm thrombus in his heart. Since he had been therapy resistant to Coumadin for more than 2 months, I started using my newly arrived ONDAMED Technology on him to help resolve the thrombus.

Randy had his first open heart surgery (L-transposition) at the age of 2, and was in the brilliant hands of cardiac surgeon R. Jonas at the Children's Hospital in Boston. We now only had a week before his cardiologists would resort to yet another open heart surgery for the removal of this life threatening thrombus.

After three short ONDAMED sessions, over a 5 day period, my son not only became therapeutic to Coumadin, but he was able to avoid open-heart surgery. By continuing to treat him weekly over the next 6 months, the size of the thrombus was reduced from 10x9mm to 6x4mm in diameter. Since 2003, Randy has been free of all medications and enjoys a healthy life with preventative monthly ONDAMED stimulation. This eye-opening and heart-touching experience fuels my passion to educate the world of this life-changing technology.



Randy at age 5



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### Introducing a NEW 2-part Medical Business Management Certification Program

December 12, 2013 – Part 1, Special Workshop

21st Annual World Congress on Anti-Aging, Regenerative & Aesthetic Medicine

The Venetian/Palazzo • Las Vegas, NV

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December 12, 2013 • Las Vegas

- Business Operations
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May 14, 2014 • Orlando

- Financial Management
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### Who is the certification program for?

Healthcare practitioners and their office staff

*“The course training and credentialing will teach to the best skill sets and practices in order to fill the knowledge gap and meet the demands of a modern practice. Whether it is revenue cycle management, compliance regulations, human resources, health information technology or marketing, this course will provide valuable knowledge,” offered A4M’s Education Program Director.*



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