

SPRING  
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OFFICIAL SHOW PROGRAM

THE OFFICIAL MAGAZINE OF THE AMERICAN ACADEMY OF ANTI-AGING MEDICINE



# Anti-Aging Medical News



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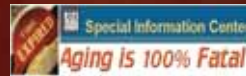
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Sincerely,

Ken Shipley, Chairman  
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*Dear Attendee:*

*The American Academy of Anti-Aging Medicine (A4M) welcomes you to Florida for the 15<sup>th</sup> Annual International Congress on Anti-Aging Medicine and Regenerative Biomedical Technologies, Spring 2007 Session.*

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*With warm regards,*



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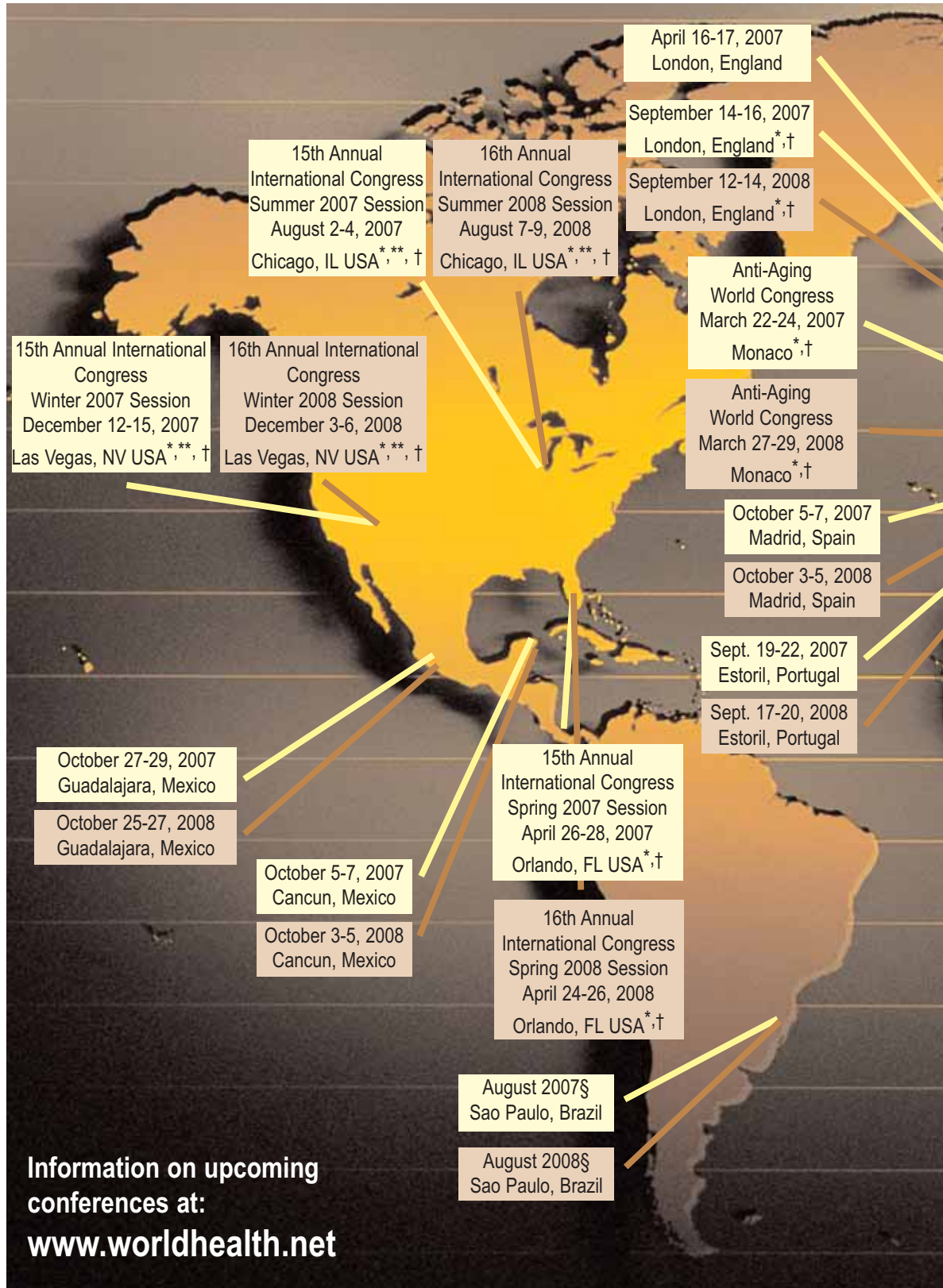
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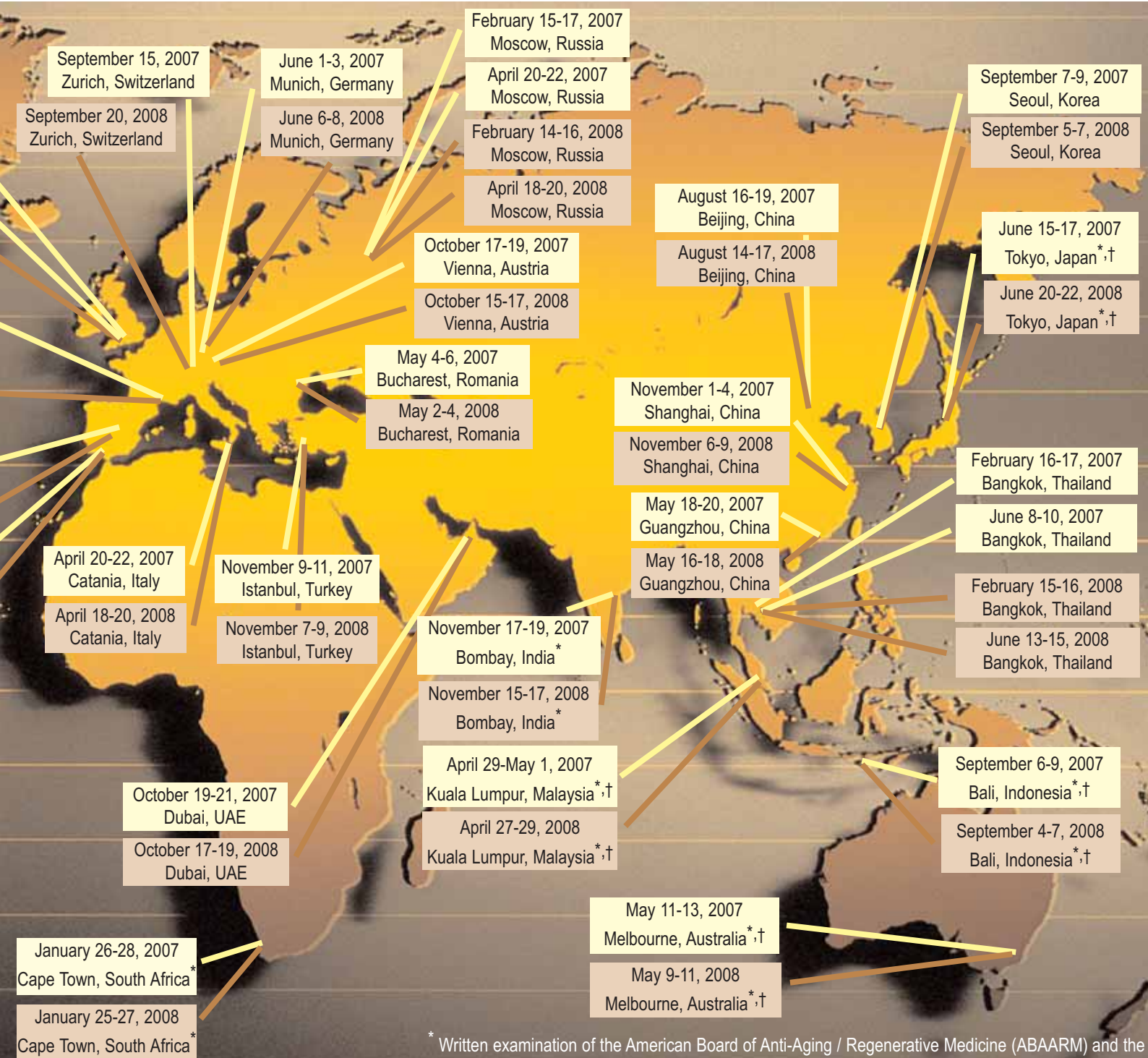
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## Lifespan Literature Scan



### Over 5 Million Americans Afflicted with Alzheimer's

The Alzheimer's Association reports that more than 5 million Americans are living with Alzheimer's Disease (AD), a 10% increase since the last estimates issued by the organization five years ago. The Association projects that, unless scientists discover a way to delay AD, the condition could afflict 7.7 million Americans by 2030, and 16 million by 2050. Alzheimer's Association vice-president Steve McConnell observed that: "[in fighting heart disease, cancer, and other diseases, ironically] we're keeping people alive so they can live long enough to get Alzheimer's disease." US government figures released in 2006 show small declines from most of the nation's leading killers between 2000 and 2004, but deaths attributed to AD rose by 33%.

*Associated Press, 20 March 2007.*



### Rising Cost of Living Affects Seniors

In the United Kingdom, the Consumer Credit Counseling service (CCCS) has found that the number of people age 60-plus experiencing money concerns is growing faster than any other age group. Pensioners are being forced into debt because of the rising cost of living. Recent reports have shown that the personal inflation rate for those age 60-plus is near 10%. According to the Office for National Statistics, food prices were up 4.9%, electricity 27%, and gas 39.9%.

*The Telegraph UK, 20 March 2007.*

*continued on page 5*



# M CARE

A REPORT FROM THE MEDICAL COMMITTEE FOR AGING RESEARCH AND EDUCATION

*continued from page 4*



## Consequences of An Aging Population

The proportion of elderly people is growing faster in China than in any major country, with the number of retirees set to double between 2005 and 2015, when it will reach 200 million. By midcentury, 430 million Chinese – about a third of the nation’s population – will be retirees. The nations’ one-child policy, along with a decline in the numbers of younger workers, will cause the ratio of workers to retired people to decline, from 6 to 1 now to 2 to 1 by 2040. All of these demographic shifts are expected to place enormous demands on the country’s finances. As a result, China is considering raising the retirement age, from the current 50 to 55 for women and 55 to 60 for men. While raising the retirement age may alleviate pressures on the pension system, some experts are fearful that it would spur prolonged unemployment among younger workers. In 2006, 4.13 million young Chinese graduated from universities, yet 30% of them are still unemployed. Prolonged employment of older workers is feared to worsen the unemployment of the nation’s youth.

*International Herald Tribune, 20 March 2007.*



## Americans Easing into Retirement

A study by The Vanguard Group, a mutual funds company, found that many Americans are easing into retirement via a gradual transition phase. The study of 2,500 adults age 40 to 60 found that “a common strategy for making the transition from work to retirement is downshifting,” where workers shift to less stressful or simpler jobs before stopping work entirely. Nearly 25% of those age 55-plus who were surveyed have downshifted at least once, and 40% expected to do so in the future. As a result, about 6 in 10 Americans will include part- or full-time work in their retirement plans.

*Associated Press, 18 March 2007.*



## Spending Habits of Singapore’s Seniors

Singapore seeks to establish itself as a center of excellence for the elderly, where Asians flock to for goods and services to enhance their golden years. The nation’s Social Enterprise Committee aims to grow a vibrant social entrepreneurship culture by 2010, which ultimately is hoped to spinoff economic independence to Singapore’s elderly citizens. It is estimated that in 2007, senior Singaporeans spent US\$ 1.2 billion on dining, entertaining, and shopping, as well as US\$ 300 million on travel and leisure. Experts predict that in the next decade, elderly Singaporeans will outspend their younger counterparts by three-fold.

*Channel NewsAsia, 16 March 2007.*



## India Raises Retirement Age for Teachers

India’s Central government has increased the retirement age for teachers in centrally-aided educational institutions from 62 to 65 years. In addition, they can be re-employed beyond 65 years and up to 70 years against sanctioned vacancies if they are not filled by regular candidates. The increase in retirement age has been necessitated to meet the growing demand for experienced teachers both in technical and non-technical fields, explained Union Information and Broadcasting Minister Priya Ranjan Dasmunsi.

*IndiaEduNews.net, 16 March 2007.*

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ISSUE 1 2007

M CARE



# Obesity and Longevity

**Stephen Holt MD, LLD (Hon.), PhD, DNM, FRCP (C), MRCP (UK), FACP, FAGG, FAGN, FACAM, Distinguished Professor of Medicine, OSJ, Chairman, Department of Integrative Medicine, NYCPM, NY**

## Introduction

The global epidemic of obesity threatens longevity. Considerable evidence supports the notion that a physically active person of normal body weight lives longer than the overweight, inactive individual.<sup>1,2</sup> Obesity causes premature morbidity and mortality as a consequence of obesity related diseases are often associated metabolic problems, such as the Metabolic Syndrome X. Among the commonest causes of premature death and disability are heart disease, cancer, stroke, lung disease, diabetes mellitus, organic brain disease, accidents, infections and side effects of drugs. These diseases or disorders are often associated with obesity or the Metabolic Syndrome X. The many obesity related diseases and diseases associated with Syndrome X mirror common causes of premature morbidity and mortality.<sup>2,3</sup>

The association between being overweight and the occurrence of the Metabolic Syndrome X presents a unifying concept of premature aging, with its attendant morbidity and mortality.<sup>3</sup> Metabolic Syndrome X is characterized by the variable continuation of obesity, hypertension and hypercholesterolemia, linked by resistance to the hormone insulin. This variable constellation of problems that are en-

countered in Syndrome X have been associated with many other diseases (Syndrome X, Y, Z...)<sup>3</sup>

Obesity is caused by an interaction of complex factors, including: genetic predispositions, poor lifestyle, normal reductions in lean body mass with age and diet. Pivotal observations of the effect of diet on aging are provided by many animal studies which show a relationship between retention of body functions or survival and partial food restriction.<sup>1,4</sup>

This article is designed to reinforce the importance of the management of an overweight status with appropriate consideration of obesity related disease, most notably Syndrome X. The approach described is a strategy for “anti-aging” given the characterization of obesity and Metabolic Syndrome X as disorders of premature aging.

## Weight Management Principles

Simple or single interventions for weight control are universally unsuccessful. There is not a documented, “stand-alone” use of a diet, drug or dietary supplement that has resulted consistently in sustained weight loss or weight control. A combat against obesity must involve a multi-factorial approach including: positive lifestyle change, behavior modification, exer-

cise and controlled calorie diets. The many causes of weight gain require a multi-pronged clinical approach. Bariatric medicine has not addressed consistently the management of obesity related disease or Metabolic Syndrome X in weight control tactics.

Obesity has a series of “ugly disease companions” and it has emerged as the nation’s number one cause of premature death, at least indirectly. This means that weight control initiatives must address the primary objective of overall health and well being.<sup>3</sup> Excess dietary intake of simple sugars, compounded by other factors, drives the disordered regulation of the functions of insulin (metabolic dysglycemia). Insulin resistance leads to excess insulin secretion which has many negative effects on the body. In addition to the inefficient “handling” of blood glucose, insulin excess in the presence of insulin resistance can promote cholesterol synthesis in liver, raise blood pressure, cause other hormonal aberrations and result in cell proliferation.<sup>3</sup>

The legacy of Metabolic Syndrome X has not been fully experienced. Some credible opinions imply that we may have a current generation of adults who may variably outlive their children. Syndrome X may be precipitating a “human dinosaur” phe-

*Stephen Holt, MD is a pioneer of integrative medicine, best-selling author and he holds the academic rank of distinguished professor of medicine. Dr. Holt is a frequent guest lecturer at scientific meetings and he is a Knight of the Order of St. John.*



nomenon as the metabolic evolution of humankind cannot keep pace with “advancing lifestyles”. Such lifestyles are characterized often by excess calorie intake combined with inactivity.

## Metabolic Syndrome X, Syndrome X, Y, and Z., Insulin Resistance Syndrome

The phrase “Syndrome X” had been used to describe the combination of obesity, hypertension and hypercholesterolemia, linked by underlying insulin resistance.<sup>3, 5</sup> Approximately 70 million Americans have Syndrome X which is causally linked with the development of cardiovascular disease (Metabolic Syndrome X), female endocrine disorders, polycystic ovaries (PCOS), non-alcoholic fatty liver

disease, gestational diabetes, changes in eicosanoid status and cancer. The pathophysiology of Metabolic Syndrome X creates a platform for the development of many disease.<sup>3, 5, 6</sup> This is why I coined the terms Syndrome X, Y, and Z...<sup>3</sup> Syndrome X is caused by a combination of adverse lifestyle and genetic predispositions; and it has variable manifestations are apparent in proposed diagnostic criteria for metabolic syndrome or the newly proposed “Syndrome X Clinical Index”.<sup>3</sup>

Effective prevention and treatment of Syndrome X involves a multifaceted approach to impact all cardinal components of the disorder. Current allopathic treatments may have been too focused on individual components of Syndrome X and they tend to form

a “back up plan” for management.<sup>3, 11, 12</sup> In contrast, natural approaches with lifestyle modification and nutritional and/or nutraceutical interventions may provide versatile and powerful, first-line management options.<sup>3</sup>

The use of dietary supplements in the adjunctive management of the metabolic syndrome in the overweight individual has led to the suggestion that there is an array of nutraceuticals that can be defined as syndrome X nutritional factors. (Table 1.) These nutritional factors include a variety of nutrients or botanicals or herbs that may be used variably in a synergistic manner to correct underlying metabolic problems in Syndrome X. (Table 1.)

*continued on page 8*

**TABLE 1. Syndrome X Nutritional Factors**

Syndrome X nutritional factors are composed of nutrients, botanicals, herbs and extracts that are of potential value in the nutritional management of Metabolic Syndrome X, associated with obesity. Some listed substances may provide nutritional support for diets used in the management of diabetes mellitus.

FACTOR	THERAPEUTIC EFFECTS
Soluble fiber e.g. oat beta glucan	Soluble fiber reduces post-prandial blood glucose, reduces blood cholesterol, improves glucose tolerance, regulates bowel function, primes the immune system, probably by a prebiotic effect. In addition, soluble fiber promotes satiety and it has other intrinsic metabolic effects. Plays a pivotal role in nutritional management of syndrome X and weight control, especially in children.
Soy Protein (25 g/day)	Soy protein reduces blood cholesterol and its isoflavone content may reduce platelet “stickiness” and exert valuable antioxidant functions. Value of vegetable protein rotation in diets. Soy has many other health benefits and it is an ideal dietary substrate for use in diabetes mellitus and syndrome X. Soy is not toxic.
Omega 3 fatty acids (EPA)	Omega 3 fatty acids are best taken in fish oil concentrates, high in EPA, presented in enteric coated capsules for greater compliance and bioavailability. Plant precursors of omega 3 fatty acids (e.g. flaxseed oils, walnut oils, macadamia etc. are not reliable sources of active fatty acids). Fish oil sensitizes insulin by acting on PPAR receptors and it has multiple health benefits including: cardiovascular benefits, anti-inflammatory actions etc.
Chromium	Several studies imply that chromium in various forms may assist in blood cholesterol reduction, weight control and they may sensitize the actions of insulin.
Alpha lipoic acid	A powerful anti-oxidant which plays a specific role in combat against advanced glycation end-products (AGES), with possible reduction in tissue complications in states of dysglycemia. Has a specific insulin sensitizing role, but should not be given by parenteral administration.
Vanadium	An insulin sensitizer of variable value.
Antioxidants	Including but not limited to anthocyanadins, ellagic acid, turmeric, bioflavonoids, direct or indirect anti-oxidant vitamins or minerals e.g. Vitamin E, C, A, selenium, zinc etc. Anti-oxidants are often misused and mis-formulated. Anti-oxidants should be given with REDOX balance to access all body tissues, hydrophilic and lipophilic properties. Single high dose antioxidants are best avoided, especially by unopposed intravenous administration.
Starch blockers and fat blockers	White kidney bean extract, soluble fiber, chitin of variable value.
Cinnamon	An insulin mimetic.
Maitake	Weak insulin sensitizing effect with both whole mushroom powder and fractions. Not a stand-alone weight control or syndrome X nutritional factor.
Green coffee bean extract	Polyphenols e.g. chlorogenic acid assists in correction of dysglycemia, with specific effects on hepatic glucose synthesis.
Green tea	Very potent antioxidant with widespread health benefits, including effects on glucose metabolism. Distinguished content of catechins, especially EGCG.
Hoodia gordonii	Proposed as a non-stimulant appetite suppressant due to its content of steroidal glycosides.

These natural substances may help reverse pathophysiology encountered in the overweight person by addressing: abnormal glucose metabolism, insulin resistance, body status of inflammation, diminished immune function, blood lipid abnormalities, hypertension and other issues that precipitate or contribute to obesity related disease. (Table 1.) However, one has to be reminded that dietary supplements are not to be used prevent or treat disease: an enigma created by the law in many countries.

### **Obesitis: A Concept that Further Unifies Modern Disease Theories?**

Obesity and excess body fat can be classified as inflammatory conditions and inflammation is a key factor in the pathophysiology of Metabolic Syndrome X.<sup>6,7,13,14</sup> Not only does obesity raise the level of pro-inflammatory messenger molecules in the body, it precipitates or contributes to several disorders of inflammation, including cardiovascular disease, cancer, arthritis, liver disease and asthma.<sup>6</sup> This inflammatory disease “link” compounds the undesirable effects of insulin resistance.

The hallmarks of Metabolic Syndrome X and many cases of pre-Type II, or early Type II diabetes mellitus involves the presence of insulin resistance.<sup>7</sup> Insulin acts by specific receptor binding which precipitates many intra-cellular events.<sup>7</sup> Current evidence suggests that insulin resistance is determined partially by chemical mediators that are released from immune competent cells or fat cells.<sup>7,15</sup> For example, elevated levels of the inflammatory cytokine, tumor necrosis factor-alpha (TNF-alpha) are associated with overnutrition and reduction of TNF-alpha activity is associated with weight loss improvements in insulin resistance.<sup>16</sup> Many factors that link inflammation and tissue damage have come from recent studies of non-alcoholic, fatty liver disease which is a common component of Metabolic Syndrome X.<sup>3,9</sup>

While the underlying biochemical basis of the relationships between obesity or Metabolic Syndrome X and inflammatory disease remains underexplored, these circumstances permit me to coin the term “obesitis” and propose that “anti-inflammatory” approaches shouldn’t be overlooked as an important part of obesity management.

Up to one third of blood levels of the inflammatory cytokine, IL-6, may emanate from adipose tissue and weight loss is often associated with reduction in blood markers of inflammation e.g. C-reactive protein (CRP), IL-18.<sup>17</sup> Popular healthcare authors have attempted to link inflammation with many common diseases, but their interpretation of this important association is limited or naive because only changes in eicosanoid status are emphasized (e.g. The Zone).<sup>18</sup> While correcting eicosanoid precursor pathways with Omega 3 fatty acids is an important anti-inflammatory and insulin sensitizing maneuver, it is not the whole story.<sup>3,6-12</sup>

Recent studies have confirmed the anti-inflammatory actions of certain substances that are found in fat tissue.<sup>16</sup> These substances have been referred to as adipocytokines which include leptin, adiponectin, and visfatin.<sup>16</sup> Adiponectin is manufactured by fat cells and blood levels of this protein are reduced in states of obesity, insulin resistance, type II diabetes mellitus and atheroma.<sup>8,12</sup> Adiponectin exhibits potent anti-inflammatory effects by suppressing TNF-alpha synthesis and promoting the availability of anti-inflammatory cytokines, e.g. interleukin-10 or interleukin-1-receptor antagonist.<sup>13,19</sup> The “plot” thickens in “obesitis” where imbalances of pro-inflammatory and anti-inflammatory cytokines exist.

The final common pathway of tissue damage often involves oxidated damage due to the generation of free radicals, perhaps exacerbated by a reduction in antioxidant defenses in the body.<sup>13</sup> Of course, the progression of

the complications of obesity and diabetes mellitus is related to oxidated tissue stress with the development of advanced glycation end products (AGES).<sup>3</sup> Therefore, the treatment of obesity related disease seems quite incomplete without supporting antioxidant activity in the obese clinical management of the obese or overweight person. (Tables 1 and 2.)

### **Circadian Biorhythms, Sleep, Obesity and Metabolic Syndrome X**

Sleep deprivation, overweight status and Metabolic Syndrome X appear to be inextricably linked in many people. The mechanisms of this association are not fully understood. Reduction in sleep duration in healthy young men is associated with major changes in hormonal levels of substances (ghrelin and leptin) that increase hunger and appetite, thereby promoting weight gain.<sup>27</sup> An established association between short sleep duration and obesity has led to the proposition that more sleep is necessary to prevent obesity.<sup>27-29</sup>

Chronic lack of sleep may increase susceptibility to the Metabolic Syndrome X and it is known that forced sleep deprivation in healthy young adults appears to be “diabetogenic”, as evidenced by detectable alterations of glucose metabolism.<sup>27</sup> The diabetogenic effects of sleep deprivation may be hormonally mediated. Sleeplessness has been associated with decreases in the normal nocturnal surge of thyrotropin or growth hormone and increases in corticosteroid secretion. These hormonal changes are often present in the elderly, reinforcing the notion of a potential causal relationship between sleeplessness and/or obesity and premature aging.<sup>27-31</sup>

The relationship between obesity and insomnia may be linked to the excitability of brain cells, most notably the stress-responsive hypocretin/orexin cells in the hypothalamus.<sup>30</sup> Daily stresses may act on the hypothalamus, resulting in sustained stimulation of hypocretin/orexin cells which could

precipitate insomnia and overeating. One may now postulate the link between obesity and other conditions such as fasting, periodic hypoglycemia and peri-menopause which could all serve to excite hypothalamic neurons.<sup>30</sup> The restoration of sleep patterns of optimum quality and duration can be expected to improve the management of obesity, but stress management appears to be a very important additional factor in obesity management, because of its beneficial effect on sleep patterns or body metabolism that favors weight control.<sup>28-31</sup>

Inducing sleep by the use of certain

hypnotic drugs does not appear to be valuable in the management of the overweight individual and it may be quite undesirable in certain circumstances. For reasons that remain unclear, drugs such as Ambien® (Sanofi-Aventis) may cause weight gain and binge eating.<sup>30</sup> Clearly, natural ways to healthy sleep are preferred over pharmaceutical interventions and comprehensive lifestyle plans suggest that first-line options for adjuncts to sleep involve increasingly the use of dietary supplements.<sup>31</sup> Sleeping naturally has been described in programs that involve lifestyle change and the use of nutritional support for sleep with di-

etary supplements.<sup>31</sup>

### Implications for Effective Management of Obesity

Integrative medicine can offer the optimal pathway to the management of an overweight status, if the modern science of allopathic medicine is complemented by holistic care. (Table 2.) Many people can shed a few pounds of bodyweight in the short term, but sustained weight control involves many management principles, other than diet alone.

*continued on page 10*

**Table 2. A Holistic Weight Management Program for Natural Clinicians**

A holistic management plan for obesity proposed by Stephen Holt, MD

FACTORS TO ADDRESS	ACTIONS
Mutual acceptance of weight status, required commitments and targets for weight and health management	Weight assessment BMI measurement Fat distribution Definition of realistic weight loss targets with health focus. Avoid unrealistic weight loss expectations.
Identify and exclude specific secondary causes of obesity	Congenital disorder, thyroid disease, Cushings Syndrome, psychiatric disease, drugs, surgery, metabolism and insulin resistance syndrome, Metabolic Syndrome X, etc.
Is Metabolic Syndrome X present?	The overweight person with syndrome X has increased risk of many diseases (Syndrome X, Y, Z...) Failure to address insulin resistance syndrome in the presence of obesity is incomplete medical management.
Diet	Tailored to specific weight control targets and objectives. Short-term accelerated weight loss with low carbohydrate approach, Long term maintenance with balanced diets includes: restricted simple sugar, trans-fatty acids and saturated fats, moderate protein intake (1g/Kg) with vegetable protein inclusion, moderate salt intake. Planning required for special circumstances of liver disease, diabetes mellitus, hypertension and, again, beware of Syndrome X.
"Obesitis" Obesity is an inflammatory disorder	All factors that may suppress inflammation are worthy interventions. The common pathway of inflammation often involves oxidative stress. Various nutraceuticals may suppress inflammation and/or independently or simultaneously sensitize the actions of insulin, e.g. alpha-lipoic acid, hydrophilic and lipophilic antioxidants and the versatility and power of eicosapentanoic acid (EPA), given in enteric coated capsules for compliance and bioavailability.
Correct Biorhythm	Reductions in sleep duration and quality promote weight gain, abnormal glucose metabolism and insulin resistance. Without healthy sleep weight loss cannot be sustained and eating disorders emerge, especially nocturnal "fridge-raiding"
Behavior Modification	Many approaches, but altered attitudes to food and removal of positive reinforcements to overeating. Frequent social gluttony
Exercise	Movement is an absolute prerequisite for weight control. Energy into the body must be balance by energy expenditure. Aerobic exercise must be matched to physical fitness levels. Panacea benefits from exercise are apparent.
Adjunctive Approach	Dietary supplements for weight control are often associated with illegal treatment claims for obesity and many have a poor scientific basis for their use. Stimulant weight loss supplements should be avoided in the mature, obese person. Reductions in net calorie intake are the goal, but modern nutraceutical technology has combined appetite suppression with attempts to alter metabolic changes associated with obesity e.g. dysglycemia and insulin resistance syndrome, the hallmark of Metabolic Syndrome X. Drugs used in weight control have onerous side effects. Hoodia gordonii shows promise for non-stimulant appetite suppression and it can be combined with natural substances that alter dysglycemia e.g. green tea and chlorogenic acid (found in green coffee bean) etc.
Surgical Intervention	A variety of approaches with contemporary interests in non-invasive surgery e.g. gastric banding. Surgery for obesity results in a circumstance of forced malnutrition. The clinical course and natural history of the post-obesity surgery patient has not been evaluated in the long-term. The nutritional status of the post-surgical obese individual is often mismanaged. A big question mark exists with obesity surgery in children and teenagers. Careful selection required for surgery, but holistic care of these patients must occur to decrease post-surgical morbidity and mortality. Surgery is "the last ditch".



The last thing that is required in the new millennium is another diet promise for weight loss. That said, carbohydrate restriction in the short term can result in apparently safe and effective, accelerated weight loss.<sup>20</sup> However, long term restriction of carbohydrate intake is probably neither safe nor effective and compliance is a problem.<sup>20</sup> Low carbohydrate diets result in rebound weight gain, largely because of lack of compliance and failure of carbohydrate restriction to overcome insulin resistance.<sup>20</sup>

Without positive lifestyle change there cannot be a health benefit from any weight control program. I have great reservations about the increasing use of surgery for weight control, even though recent studies imply that laparoscopic, gastric-banding techniques are reported to be more effective than diet and lifestyle interventions for weight control. Furthermore, improvements are to be expected as a consequence of certain surgical procedures in Syndrome X; and short-term quality of life measures may improve.<sup>21</sup>

Some recent comparative studies of obesity surgery<sup>21</sup> have involved patients who would not normally receive surgery for obesity. However, obesity

surgery comes with complications and its outcome may be related to the existing health of the patient and the skill of the surgeon. There may be a tendency to overestimate the value and safety of bariatric surgery and its use in teenagers poses worrisome issues because of lack of long-term follow up studies. It is not known exactly when the risk-benefit ratio of surgery is most favorable and non-invasive management obesity must always be perceived as the first-line option.<sup>3</sup>

Drugs for weight control are often undesirable because of side effect profiles. Nutritional approaches are often safe and they are assumed cost effective when used in an appropriate manner. Unfortunately, dietary supplements used for weight control are purveyed often with weak evidence of efficacy. Natural substances that reduce appetite by stimulant mechanisms may compound cardiovascular risks in the obese individual who may already have hypertension and cardiovascular risk factors (Metabolic Syndrome X). The removal of Ephedra (Mahuang) as a dietary supplement for weight control was appropriate because of the misuse of this otherwise useful dietary supplement.

Recent studies with non-stimulant

appetite suppressants such as Hoodia Gordonii and Caralluma fimbriata extract or wall are very promising because controlled intake of calories is the key initiative in weight control.<sup>22, 32</sup> Evolution of research into components of soluble fiber (beta glucans) have shown that soluble fiber or its hydrocolloid components can effectively lower blood cholesterol, reduce post-prandial blood glucose and induce satiety and appetite suppression.<sup>3, 23, 24</sup> Whilst these beta glucan containing glucocolloids have physico-chemical properties that modulate gastrointestinal motility (delay gastric emptying)<sup>3, 23</sup> and retard or impede specific macronutrient absorption (glucose and fats)<sup>23</sup>, they have intrinsic metabolic effects (IMEF).<sup>3</sup> An example of one IMEF of soluble fiber fractions is their fermentation in the colon to produce short-chain fatty acids (propionate, aceto-acetate and butyrate). Propionic acid can enter the portal circulation of the liver and interfere with cholesterol synthesis by blocking HMG Co-reductase enzyme activity.<sup>3, 24</sup>

Recent research has underscored the importance of eicosanoid changes in Syndrome X and it is known that eicosapentanoic acid (EPA) can enhance insulin sensitivity by presumed effects on PPAR-receptors, which

regulate the actions of insulin.<sup>3</sup> These observations open up the pathway of the development of “genome-nutraceuticals”. Diets to combat Syndrome X should have more liberal “healthy fat” recommendations (omega 3 and 6 fatty acids in the correct balance) with strict control of refined carbohydrate intake, restricted salt intake, enhanced fiber intake and a move toward vegetable sources of protein (e.g. Soy).<sup>3, 25, 26</sup>

The “balancing” effects of beta glucans on blood glucose are part of the concept of the glycemic index of food, which is relevant to new dietary guidelines to combat Syndrome X.<sup>3, 20</sup> A major component of the glycemic index is related to altered rates of sugar absorption, determined to a significant degree by altered rates of transfer of glucose to its site of maximal absorption in the small bowel (a function of gastric emptying rate).<sup>23</sup> Currently,

alternative and complementary Medicine may have more to offer the prevention and treatment of Syndrome X (Table 3.) than many existing pharma-

ceuticals<sup>3</sup>, which are being scrutinized increasingly in terms of their cost effectiveness and safety.

**Table 3. Elements of Syndrome X (Metabolic Syndrome) and Nutritional Factors that may counteract them**

<p><b>Insulin resistance:</b> Chromium polynicotinate, vanadium, maitake, green tea polyphenols, mixed berry antioxidants and alpha lipoic may assist insulin function. Beta-glucan fractions of oat soluble fiber may lower blood glucose levels after sugar intake. Green coffee bean extracts alter hepatic glucose metabolism. Cinnamon is an insulin mimetic.</p>
<p><b>Abnormal blood lipids:</b> Antioxidants and chromium with biotin may exert favorable effects on blood cholesterol. Ota beta-glucan may reduce blood levels of low-density lipoprotein (LDL) cholesterol, and triglycerides, and may variably increase high-density lipoprotein (HDL) cholesterol.</p>
<p><b>Obesity:</b> Starch-blockers may inhibit sugar absorption. Oat beta-glucan may produce a sensation of satiety when taken before meals, and thereby assist in controlling calorie intake. Delayed appetite suppressant effects of fiber occur and smoothing out blood glucose responses may help to stop “sugar craving.”</p>
<p><b>Hypertension:</b> Variable but small reductions in blood pressure result from weight control and lifestyle changes, e.g. exercise, avoidance of substance abuse (alcohol, caffeine and smoking). Soluble fiber may have modest independent blood pressure-lowering effects.</p>
<p><b>Oxidative stress and advanced glycation end products:</b> This may be reduced by bioflavonoids, ellagic acid, anthocyanidins, alpha lipoic acid and other antioxidants.</p>
<p><b>Homocysteine:</b> Vitamins B6, B12, and folic acid may reduce blood homocysteine levels. Homocysteine and hyperuricemia must not be overlooked in the metabolic syndrome X.</p>

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# Research Recaps

## Dementia and Alzheimer's Disease: A Scientific Literature Review

### Introduction

Dementia is a brain disorder that seriously affects a person's ability to carry out daily activities. The term "dementia" describes a group of symptoms that are caused by changes in brain function. The most common form of dementia among older people is Alzheimer's disease (AD), which initially involves the parts of the brain that control thought, memory, and language. The brains of individuals affected with AD display amyloid plaques (abnormal clumps) and neurofibrillary tangles (tangled bundles of fibers).

AD is a slow disease, starting with mild memory problems and ending with severe brain damage. The course the disease takes and how fast changes occur vary from person to person. On average, AD patients live from 8 to 10 years after they are diagnosed, though the disease can last for as many as 20 years.

According to Alzheimer's Disease International, there are currently an estimated 24 million people worldwide with dementia, and projections indicate that AD will afflict more than 81 million people by 2040. In the United States, it is estimated that more than 5 million Americans suffer from AD. The direct and indirect costs of Alzheimer care is estimated at over \$100 billion in the US alone.

Presently, AD is irreversible and no cure exists. Additionally, not enough is known about the causes of AD for any specific preventative measures to be recommended. However, researchers are making strides in identifying risk factors and contributing lifestyle links. We review some of these most recent findings in this article.

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### Cocoa Fights Dementia

Flavanol-rich chocolate may boost blood flow in the brain and reduce the risk of dementia. In previous research, cocoa flavanols have been shown to benefit cardiovascular health: flavanols improve blood flow by increasing the production of nitric oxide, which is utilized by the endothelium to signal surrounding muscle to relax. According to this new research, consumption of flavanol-rich cocoa was associated with increased blood flow to the brain's grey matter for 2 to 3 hours. The study authors suggest that "cocoa flavanols may be beneficial in ... enhancing brain function among older adults."

*International Journal of Medical Sciences* volume 4, via Nutraingredients.com, 19 February 2007.

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### Selenium Levels Indicative of Cognitive Function

An epidemiological study of 2,000 elderly Chinese people, 70% of whom lived in the same village all their lives, found that increased long-term selenium intake may slow cognitive performance loss. The study, conducted by Indiana University (USA) researchers, found that decreasing selenium levels are associated with lower cognitive scores (with age, gender, education, BMI, and ApoE status all controlled). Lead researcher Sujuan Gao commented: "The effect of the lowest selenium quintile (0.232 mcg per gram or less) compared with the highest quintile (at least 0.553 mcg per gram) ... is equivalent to an increase of 10 years in this cohort."

A separate study, conducted on 1,389 older French men and women, investigated changes in cognitive function as a function of selenium levels in the blood. The average baseline blood selenium level was 1.09 micromoles per litre, and levels were found to generally decrease during the 9 years of follow-up. Adjusting the results for potentially confounding variables, the researchers reported that cognitive decline was associated with decreases of plasma selenium over time. Reports lead author Tasnime Akbaraly of the Universite of Montpellier (France): "Among subjects who had a decrease in their plasma selenium levels, the greater the decrease in plasma selenium, the higher probability of cognitive decline. Because brain oxidative stress is a cause of cognitive impairment, selenium, which is an antioxidant, may protect against cognitive decline."

*American Journal of Epidemiology* February 2007, via Nutraingredients.com, 13 February 2007;  
*Epidemiology* January 2007, via Nutraingredients-usa.com, 2 February 2007.



# Research Recaps

## Dementia and Alzheimer's Disease

### Loneliness Linked to Higher AD Risk

Rush University Medical Center (Chicago, IL USA) researchers followed a group of 823 elderly men and women for 4 years, all of whom were free of dementia at the start of the study. For the study, the team rated the participants' loneliness utilizing a standardized ratings scale. At the conclusion of the study, 76 participants developed dementia that was classified as AD. The researchers found that the risk of developing dementia increased roughly 51% for each notch of increase on the loneliness scale. In addition, loneliness was associated with lower cognitive function at the start of the study and with more rapid cognitive decline during the study. As a result of autopsies performed on 90 individuals who died during the study, the researchers found that loneliness was not related to any of the physiological changes of the brain characteristic of AD; but instead, that loneliness may contribute to the development of AD in some other fashion.

*Archives of General Psychiatry* February 2007, via Reuters Health, 6 February 2007.

### Mental Stimulation Combats AD

University of California-Irvine (USA) researchers, studying hundreds of mice, found that periodic learning sessions were able to slow the development of the plaques and tangles in brain tissue that are characteristic of AD. The team found that infrequent or modest learning was able to have a dramatic effect on the pathology of AD. Comments study author Dr. Kim Green: "So it suggests in humans, if you learn more and more, it's going to have a huge, beneficial effect. What we have shown is that by learning, by stimulating your mind, you're able to protect against the development of the pathologies associated with the disease."

A separate study, conducted by researchers at the Rotman Research Institute of the Baycrest Center for Geriatric Care (Toronto, Ontario, Canada) found that knowledge of more than one language may stave off the onset of dementia symptoms. The team studied 184 Toronto-area residents. Among the unilingual people, dementia began to appear in men at an average age of 70.8 and in women at 71.9. But among those who knew two or more languages, dementia did not appear in men until an average age of 76.1 and in women until 75.1. Comparing the groups as a whole, the difference in the onset of dementia was 4.1 years. Lead author Dr. Ellen Bialystok observed: "How you learn the language probably doesn't make much difference; how good your grammar is probably doesn't matter. What matters is that you have to manage two complete language systems at once."

Reuter's Health, 24 January 2007;

*Neuropsychologia* February 2007, via Globe and Mail, 12 January 2007.

### Cholesterol Decline May Signal Early Dementia

A decline in total cholesterol levels may precede the diagnosis of dementia by at least 15 years. Researchers from King's College London (United Kingdom) analyzed data from the Honolulu-Asia Aging Study, comparing the natural history of changes in cholesterol levels over a 26-year period between 56 men who had dementia at examination 3 years after the last cholesterol measurement and 971 men who did not have dementia. Total cholesterol levels at the beginning of the study did not differ by later dementia status, but the decline in subsequent cholesterol levels was significantly steeper among men who developed dementia later. The cholesterol level was most marked in men with dementia and the ApoE gene mutation, and in those with dementia and worse self-reported general health at the final cholesterol measurement. Few study participants were receiving cholesterol-lowering medication at the time the decline in cholesterol levels was observed, so the researchers rule out medications as responsible. Whereas hypocholesterolemia is recognized to be associated with frailty, poor general health, and inflammatory markers, the researchers suggest that "It is possible that the decline in cholesterol levels is a marker for early processes that reflect neurodegenerative changes and also lead to a decline in general health status."

*Archives of Neurology* January 2007, via Reuters Health, 19 January 2007.

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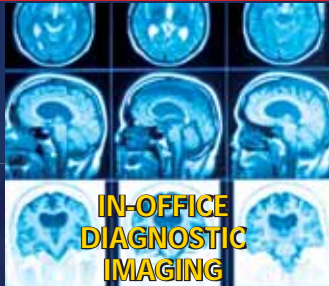
"Lifelong selenium intake may slow age-related cognitive decline," Nutraingredients.com, 13 February 2007.



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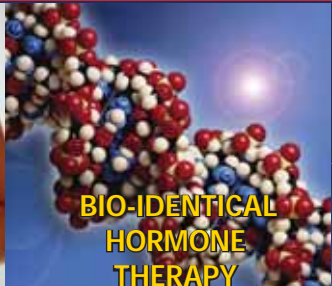
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# Conference Program



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# Schedule at a Glance

Monday, April 23, 2007 - Tuesday, April 24, 2007 - Wednesday, April 25, 2007

## A4M PRECONFERENCE WORKSHOPS

NOTES: TIME, SPEAKERS, TOPICS Subject to Change. \* Indicates CME Credits Not Available

Monday, April 23, 2007 (Additional Registration Required)

7:15 AM – 6:00 PM	Fellowship in Anti-Aging and Functional Medicine: Module III (Day 1)	
Possible CME Credits	8 Hours	

Tuesday, April 24, 2007 (Additional Registration Required)

7:30 AM – 6:00 PM	Fellowship in Anti-Aging and Functional Medicine: Module III (Day 2)	
Possible CME Credits	8 Hours	

Tuesday, April 24, 2007 (Additional Registration Required)

8:00 AM – 6:00 PM	WORKSHOP: ACASP/ Sports Medicine	Co-Chair: James T. Bell, Ph.D.
Possible CME Credits	8 Hours	

Tuesday, April 24, 2007 (Additional Registration Required)

8:30 AM – 5:00 PM	WORKSHOP: Hormone Symposium: Hormones & Aging Preventive Strategies testing Treatment for Men & Women	Eugene Shippen, MD
Possible CME Credits	8 Hours	

Daily CME Hours Possible: 8 Hours



# Schedule at a Glance



## Wednesday, April 25, 2007 (Additional Registration Required)

8:00 AM – 6:00 PM	WORKSHOP: ACASP/ Sports Medicine	Co-Chair: James T. Bell, Ph.D.
Possible CME Credits	8 Hours	

## Wednesday, April 25, 2007 (Additional Registration Required)

8:30 AM – 5:00 PM	WORKSHOP: Hormone Symposium: Hormones & Aging Preventive Strategies testing Treatment for Men & Women	Eugene Shippen, MD
Possible CME Credits	8 Hours	

## Wednesday, April 25, 2007 (Additional Registration Required)

8:00 AM – 5:00 PM	WORKSHOP: Expert Injectables Course	Sharon McQuillan, MD; Holly Barbour, MD; Steven Applebaum, MD; Janette Daher
Possible CME Credits	8 Hours	
8:00 AM – 8:30 AM	Understanding The Aging Face	
8:30 AM – 9:30 AM	Botulinum Toxin A Pharmacology	
9:30 AM – 10:00 AM	Brow Sculpting- Discussion and Demonstration of using Botulinum Toxin A	
10:00 AM – 10:15 AM	Break	
10:15 AM – 10:45 AM	Periocular Rejuvenation- Discussion and Demonstration using Botulinum Toxin A	
10:45 AM – 11:15 AM	Perioral Rejuvenation -Discussion and Demonstration using Botulinum Toxin A	
11:15 AM – 11:45 AM	The Aging Neck- Discussion and Demonstration of neck rejuvenation using Botulinum Toxin A	
11:45 AM - 12:45 PM	Lunch Break	
12:45 PM – 1:45 PM	Facial Filler Properties and Facial Filler Aesthetics	
1:45 PM – 2:05 PM	Using Calcium Hydroxyl Apatite in Facial Rejuvenation	
2:05 PM – 2:25 PM	Nasolabial and Melomental Fold Correction Using Facial Fillers	
2:25 PM – 2:45 PM	Lip Augmentation Techniques Using Facial Fillers	
2:45 PM – 3:00 PM	Break	
3:00 PM – 3:20 PM	Volume Lift Using Facial Fillers	
3:20 PM – 4:15 PM	Demonstration of Facial Filler Techniques	
4:15 PM – 5:00 PM	The Successful Aesthetic Practice	

## Wednesday, April 25, 2007

5:30 PM - 6:30 PM	EVENING WORKSHOP: Vibrational Resurfacing and Lasers* Presented by VIBRADERM, CANDELA	
5:30 PM - 6:30 PM	Vibrational Resurfacing (VIBRADERM)	Jill Lesaic, DO
6:30 PM - 7:30 PM	WORKSHOP Presented by CANDELA	
7:30 PM - 8:30 PM	The Aesthetic Opportunity	Janette Daher

**Daily CME Hours Possible: 8 Hours**

15<sup>th</sup> Annual International Congress on Anti-Aging Medicine and Regenerative Biomedical Technologies | Spring 2007 Session



# Schedule at a Glance

Thursday, April 26, 2007

## A4M PRECONFERENCE WORKSHOPS

NOTES: TIME, SPEAKERS, TOPICS Subject to Change. \* Indicates CME Credits Not Available

### Full Day Overview

6:30 AM	A4M Conference Registration Opens
6:00 PM	A4M Conference Registration Closes

Thursday, April 26, 2007

7:30 AM – 7:00 PM	WORKSHOP #1: Endocrinology - A Practical Application of Treating Adult Hormone Deficiency Using Bio-Identical Hormone Replacement Therapy	Co-Chair: Ron Rothenberg, MD
Possible CME Credits	7.5 Hours	
7:30 AM – 8:30 AM	Introduction to Treating Hormone Deficiency	Thierry Hertoghe, MD
8:30 AM – 9:30 AM	Testosterone – Andropause and Sexual Health	Ron Rothenberg, MD
9:30 AM – 10:00 AM	DHEA – The Mother Hormone	Ron Rothenberg, MD
10:00 AM – 10:15 AM	Break	
10:15 AM – 11:00 AM	Adult Growth Deficiencies Treatments	Thierry Hertoghe, MD
11:00 AM – 11:45 AM	Thyroid Hormone	Ron Rothenberg, MD
11:45 AM - 1:15 PM	Lunch Break	
1:15 PM – 2:15 PM	The Symphony of Hormones	Pamela Smith, MD
2:15 PM – 3:00 PM	Cortisone	Thierry Hertoghe, MD
3:00 PM – 3:15 PM	Break	
3:15 PM – 3:45 PM	Compounds Used in Adult Hormone Deficiency *	John Grasela, R.Ph.
3:45 PM – 4:30 PM	Weight Loss: The Answer	Pamela Smith, MD
4:30 PM – 5:30 PM	The Nuts and Bolts of Anti-Aging Medicine; 'How to Prescribe' Hormones for All Bio-Identical Hormones That Are Used In a Hormone Replacement Practice	Ron Rothenberg, MD
5:30 PM – 6:00 PM	Break	
6:00 PM – 7:00 PM	Questions and Answers with Thierry Hertoghe, MD *	



# Schedule at a Glance



Thursday, April 26, 2007

8:00 AM – 5:00 PM	<b>Workshop #2: Introduction to Aesthetic Medicine and its Implications</b>	Co-Chair: Sharon McQuillan, MD
<b>Possible CME Credits</b>	<b>2.5 Hours</b>	
8:00 AM – 8:30 AM	Current Trends in Aesthetic Medicine	Sharon McQuillan, MD
8:30 AM – 9:15 AM	Skin Lesions: Cosmetic Defect or Something More?	Nina Lundberg, MD
9:15 AM – 10:15 AM	Body Contouring by Injection with Demonstration/ Mesotherapy	Denise Bruner, MD
10:15 AM – 10:30 AM	Break	
10:30 AM – 11:00 AM	New Techniques in Body Contouring	Sharon McQuillan, MD
11:00 AM – 12:00 PM	Body Contouring (SYNERON) *	John Shieh, MD
12:00 PM - 1:00 PM	Lunch Break	
1:00 PM – 1:45 PM	Light-Based Aesthetic Device Overview	Sharon McQuillan, MD
1:45 PM – 2:45 PM	The Fifth Dimension: The Age of Resurfacing (SCITON) *	TBA
2:45 PM – 3:00 PM	Break	
3:00 PM – 4:00 PM	Chirally Correct Skin Care & Cosmeceuticals (COSMEDIX) *	Julia Hunter, MD
4:00 PM – 5:00 PM	Three Dimensional Skin Care (CUTERA) *	Samuel Lederman, MD

Thursday, April 26, 2007

8:00 AM – 5:00 PM	<b>Workshop #3: Laboratory Testing in Anti-Aging Medicine</b> Fernando Cortizo PhD, Mark Gordon MD, Woo Chul Moon MD, & Roger Deutsch	Co-Chair: Bill Anton, Ph.D.
<b>Possible CME Credits</b>	<b>8 Hours</b>	

Thursday, April 26, 2007

8:00 AM – 4:30 PM	<b>Workshop # 4: Clinical Advances in Anti-Aging Medicine</b>	Co-Chair: TBA
<b>Possible CME Credits:</b>	<b>7 Hours</b>	
8:00 AM – 8:30 AM	The Documented Health Risks of Genetically Engineered Foods	Jeffrey Smith, MBA
8:30 AM – 9:00 AM	Detoxification / Detox America	Robert H. Sorge, ND, Ph.D.
9:00 AM – 9:30 AM	Use of Iodine in Clinical Practice	Jorge Flechas, MD
9:30 AM – 10:00 AM	Measurements of Free Steroid Hormone Levels in Anti-Aging Medicine Techniques and Pitfalls	Dr. Wolfgang Ziemann
10:00 AM – 10:30 AM	The Revolutionary No-Touch Healing Concepts	Charles J. Crosby, DO, MD
10:30 AM – 11:00 AM	Parasites and Chronic Disease, The Missing Link in Healthcare	James R. Overman, ND
11:00 AM – 12:00 PM	The Grand Design - The Operating System for Life / Neuroendocrine Control for Aging	Jonathan James, MD
12:00 PM - 1:00 PM	Lunch Break	
1:00 PM – 1:30 PM	Hair Restoration: Preserving and restoring the Aging "Frame of the Face"	Alan Bauman, MD
1:30 PM – 2:00 PM	Horizontal Therapy for Osteoarthritis	Dr. Achim Hansjurgens
2:00 PM – 2:30 PM	Bio-Identical Hormone Replacement Therapy	Tara A. Solomon, MD
2:30 PM – 3:00 PM	Nutritional & Botanical Therapeutics	Stephen Holt, MD
3:00 PM – 3:30 PM	Medical Spa Management	Sarah Noble
3:30 PM – 4:00 PM	The Rational Treatment of Biological Aging by Modulation of the Second Law of Thermodynamics and the Allostatic Load	W. John Diamond, MD

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# Schedule at a Glance

## Thursday, April 26, 2007

8:00 AM – 12:00 PM	Workshop #5 A: Personalizing Hormone Assessment: How to Get Started	Co-Chair: Patrick Hanaway, MD
Possible CME Credits:	4 Hours	
1:00 PM – 5:00 PM	Workshop #5 B: 20 Bio-Identical Hormones That Keep Your Brain Forever Young	Co-Chair: Eric Braverman, MD
Possible CME Credits:	4 Hours	

## Thursday, April 26, 2007

5:00 PM - 9:00 PM	EVENING WORKSHOP: Aesthetic Medicine - Non-Surgical Treatments	Sharon McQuillan, MD
Possible CME Credits:	4 Hours	
5:00 PM - 6:00 PM	Sclerotherapy and Endovenous Closure with Demonstration	Joyce Vining, LPN
6:00 PM - 7:00 PM	Combination Therapy Non-Surgical Techniques with Demonstration	Holly Barbour, MD
7:00 PM - 8:00 PM	The Art of Chemical Peeling	Julia Hunter, MD Sharon McQuillan, MD
8:00 PM - 9:00 PM	Photodynamic Therapy	Sharon McQuillan, MD

## Thursday, April 26, 2007

5:00 PM - 9:00 PM	EVENING WORKSHOP: Live Consultation*	Thierry Hertoghe, MD
Possible CME Credits:	0 Hours	

Daily CME Hours Possible: 12 Hours



# Schedule at a Glance



Friday, April 27, 2007

## A4M GENERAL SESSION

NOTES: TIME, SPEAKERS, TOPICS Subject to Change. \* Indicates CME Credits Not Available

### Full Day Overview

6:30 AM	A4M Conference Registration Opens
11:00 AM – 6:00 PM	Exhibit Hall Hours
6:00 PM	A4M Conference Registration Closes

Friday, April 27, 2007

6:30 AM	A4M Conference Registration Opens	
7:00 AM - 8:20 AM	Treatment of Neuroinflammation with Oral and IV Lipid Therapy	Patricia Kane, Ph.D.
8:20 AM - 9:00 AM	Opening Remarks; New Breakthroughs in Anti-Aging Medicine	Ronald Klatz, MD, DO Robert Goldman, MD, Ph.D., DO, FAASP
9:00 AM - 9:40 AM	Post Traumatic Brain Injury Hormonal Deficiency Syndrome	Mark L. Gordon, MD
9:40 AM - 10:20 AM	Matrix Energetics and Regeneration – Energy Medicine	James L. Oschman, Ph.D.
10:20 AM - 11:00 AM	“The Great Masquerator” The Lyme Spirochet	Robert DeJonge, DO
11:00 AM	Exhibit Hall Opens	
11:00 AM - 1:00 PM	Exhibit Hall Break & Lunch Break	
1:00 PM - 1:30 PM	Successful Weight Management and Change in Body Composition with a Comprehensive Weight Management Program	Shari Lieberman, Ph.D.
1:30 PM - 2:00 PM	Bio-Identical Hormone- An Update on the Evidence	Sangeeta Pati, MD, FACOG
2:00 PM - 2:30 PM	The Anti-Aging Emergency Room: Hormone and Nutritional Treatment for Acute Medical Emergencies Part II	Ron Rothenberg, MD
2:30 PM - 3:00 PM	Methyltetrahydrofolate: Metabolic and Clinical Significance in Aging	Teodoro Bottiglieri, Ph.D.
3:00 PM - 3:30 PM	Reducing Cardio-Metabolic Risk	Fred Vagnini, MD
3:30 PM - 4:00 PM	Avoid Common Pitfalls, Mistakes, and Failures of Anti-aging Saliva Hormone Testing	Paul L. Tai, DPM, FACFS, ABPS
4:00 PM	A4M General Session Closes	
6:00 PM	Exhibit Hall Closes	
6:00 PM	Conference Registration Closes	
Possible CME Credits	7 CME Credits Available	

Friday, April 27, 2007

6:00 PM - 10:00 PM	<b>EVENING WORKSHOP: Aesthetic Medicine - Resurfacing Techniques</b>	Sharon McQuillan, MD
Possible CME Credits	4 Hours	
6:00 PM - 7:00 PM	Avoiding Complications in Aesthetic Medicine	Sharon McQuillan, MD
7:00 PM - 8:00 PM	Facial Resurfacing Techniques	Holly Barbour, MD
8:00 PM - 9:00 PM	Fractional Laser Resurfacing	Dianne Quibell, MD
9:00 PM - 10:00 PM	Light Emitting Diodes (LED) in Aesthetic Medicine	Sharon McQuillan, MD

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## Schedule at a Glance

### Friday, April 27, 2007

6:00 PM - 9:00 PM	<b>EVENING WORKSHOP: How to Open a Successful Anti-Aging Practice*</b>	John Grasele, R.Ph.
Possible CME Credits	0 Hours	

### Friday, April 27, 2007

6:00 PM - 9:00 PM	<b>EVENING WORKSHOP: The Effect of Nano Amperes on Human Skin*</b> Presented by USA Perceptor Arasys	
Possible CME Credits	0 Hours	

### Friday, April 27, 2007

6:00 PM - 9:00 PM	<b>EVENING WORKSHOP: How to Kill Parasites and Recover from Parasite Damage*</b> Presented by Precision Herbs	James R. Overman, N.D.
Possible CME Credits	0 Hours	

### Friday, April 27, 2007

6:00 PM - 9:00 PM	<b>EVENING WORKSHOP: The End Of Height Loss With Aging*</b>	Eric Braverman, MD
Possible CME Credits	0 Hours	

### Friday, April 27, 2007

6:00 PM - 9:00 PM	<b>EVENING WORKSHOP: Personalizing Hormone Assessment: Estro Genomics in Clinical Practice *</b>	Patrick Hanaway, MD
Possible CME Credits	0 Hours	

Daily CME Hours Possible: 11 Hours





# Schedule at a Glance



**Saturday, April 28, 2007**

## A4M GENERAL SESSION

NOTES: TIME, SPEAKERS, TOPICS Subject to Change. \* Indicates CME Credits Not Available

### Full Day Overview

6:30 AM	A4M Conference Registration Opens
11:00 AM – 6:00 PM	Exhibit Hall Hours
12:00 PM	A4M Conference Registration Closes

**Saturday, April 28, 2007**

6:30 AM	A4M Conference Registration Opens	
7:00 AM – 8:00 AM	Medical Marijuana: Scientific Mechanisms and Clinical Actions	David Bearman, M.D.
8:00 AM – 8:30 AM	Use of Cells and New Low Molecular Weight Compounds as Anti-Aging Agents	Shimon Slavin, MD
8:30 AM – 9:10 AM	Plaque Deposition/Plaque Reversal - The Problem/ The Solution	Stephen Sinatra, MD
9:10 AM – 9:50 AM	A New Look at Chronic Illness: CFS, FMS, Lyme, and Related Inflammatory Diseases and Effects on the Immune System	Carol Ann Ryser, MD
9:50 AM – 10:20 AM	Vibration Training: A Painless path to Active Aging *	Scott Hopson
10:20 AM – 11:00 AM	The Front Line: Legal Developments Regarding Hormone Replacement Therapy	Rick Collins, Esq. J.D.
11:00 AM	Exhibit Hall Opens	
12:00 PM	Conference Registration Closes	
11:00 AM - 1:00 PM	Exhibit Hall Break & Lunch Break	
1:00 PM – 1:30 PM	The Difference Between Bio-Identical and Synthetic Hormones	Neal Rouzier, MD
1:30 PM – 2:00 PM	Derm 101 Aging Face- Top Skin Rejuvenation Treatments	Nina Lundberg, MD
2:00 PM – 2:30 PM	Breaking the Aging Barrier/ Brain Aging	Eric Braverman, MD
2:30 PM – 3:00 PM	Intermittent Hypoxia Training in Anti-Aging Medicine	Voronina Tamara, MD
3:00 PM - 3:30 PM	Personalizing Hormone Treatment: The Whole Picture	Patrick Hanaway, MD
3:30 PM - 4:00 PM	Being Your Own Advocate: How to Negotiate a Professional Licensing Preceding and Select Effective Legal Representation	Algis Augustine, J.D.
4:00 PM - 4:30 PM	Mesotherapy in Clinical Practice	A. Peter Salas, MD
4:30 PM	A4M General Session Closes	
6:00 PM	Exhibit Hall Closes	
6:00 PM	Conference Registration Closes	
Possible CME Credits	7 CME Credits Available	

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## Schedule at a Glance

### Saturday, April 28, 2007

6:00 PM - 9:30 PM	EVENING WORKSHOP Aesthetic Medicine*	Sharon McQuillan, MD
Possible CME Credits	0 Hours	
6:00 PM - 7:00 PM	Intense Pulsed Light Workshop (PALOMAR)	Dianne Quibell, MD Steven Cimerberg, DO
7:00 PM - 8:00 PM	Laser 360 Degrees (ALMA)	Martin Braun, MD Salvatore Restivo, MD
8:00 PM - 9:00 PM	Liability, Operational, & Compliance Issues in Aesthetic Medicine: 20 Questions	Janette Daher, BS

### Saturday, April 28, 2007

6:00 PM – 8:00 PM	EVENING WORKSHOP How to Open a Turn Key Weight Management Program* Presented by UNIVERSITY COMPOUNDING PHARMACY	Kim Ruby, CE
Possible CME Credits	0 Hours	

### Saturday, April 28, 2007

4:00 PM – 9:00 PM	EVENING WORKSHOP TBD	TBD
Possible CME Credits	4 Hours	

Daily CME Hours Possible: 10.5 Hours

### ABAARM / ABAAHP / ACASP Examination

Wednesday, April 25, 2007	6:00 PM – 9:00 PM	ABAARM Oral Board Review Course*	Pamela Smith, MD
Thursday, April 26, 2007	6:00 PM – 9:00 PM	ABAARM/ABAAHP Written Exam, Board Review Course*	Pamela Smith, MD
Thursday - Friday, April 26-27, 2007	Times as assigned	ABAARM Oral Examination*	
Saturday, April 28, 2007	1:00 PM – 5:00 PM	ABAARM/ABAAHP/ACASP Sports Medicine Examination*	



# Schedule at a Glance



Monday, April 23, 2007 - Wednesday, April 25, 2007

## SPECIAL WORKSHOPS

*NOTE: Additional registration fee applies. Please contact A4M registration department at 800-558-1267 for more information)*

*NOTES: TIME, SPEAKERS, TOPICS Subject to Change. \* Indicates CME Credits Not Available*

### MONDAY, APRIL 23, 2007

7:15 AM – 6:00 PM	Fellowship in Anti-Aging and Functional Medicine: Module III (Day 1)	
Possible CME Credits	8 Hours	

### TUESDAY, APRIL 24, 2007

8:00 AM – 6:00 PM	American College of Anti-Aging Sports Medicine Professionals (ACASP)	James T. Bell, Ph.D.
Possible CME Credits	8 Hours	

7:30 AM – 6:00 PM	Fellowship in Anti-Aging and Functional Medicine: Module III (Day 2)	
Possible CME Credits	8 Hours	

8:30 AM – 5:00 PM	Hormone Symposium: Hormones & Aging Preventive Strategies testing Treatment for Men & Women	Eugene Shippen, MD
Possible CME Credits	8 Hours	

### WEDNESDAY, APRIL 25, 2007

8:00 AM – 6:00 PM	American College of Anti-Aging Sports Medicine Professionals (ACASP)	James T. Bell, Ph.D.
Possible CME Credits	8 Hours	

7:30 AM – 6:00 PM	Fellowship in Anti-Aging and Functional Medicine: Module III (Day 3)	
Possible CME Credits	8 Hours	

8:30 AM – 5:00 PM	Hormone Symposium: Hormones & Aging Preventive Strategies testing Treatment for Men & Women	Eugene Shippen, MD
Possible CME Credits	8 Hours	

8:00 AM – 5:00 PM	Expert Injectables Course	Sharon McQuillan, MD; Holly Barbour, MD; Steven Applebaum, MD; Janette Daher
Possible CME Credits	8 Hours	

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# Educational Affiliates



The American Academy of Anti-Aging Medicine (A4M) created the anti-aging medical movement in 1992, which has since garnered the support of numerous prestigious educational and professional organizations around the world. The American Academy of Anti-Aging Medicine (A4M) wishes to acknowledge the following organizations that have facilitated the global acceptance and availability of anti-aging medicine.



# Educational Affiliates



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## BOARD CERTIFICATION

*Establish Your Expertise as a Certified Anti-Aging Health Practitioner*

### Certification from the American Board of Anti-Aging Medicine/Regenerative Medicine (ABAARM)

ABAARM was established in 1997 as a professional physician (MD, DO, MBBS) certification and review board which offers physicians recognition in the form of a specialty based examination in anti-aging medicine.

#### ABAARM/ ABAAHP (Part I) Review Course

April 26, 2007, 6:00 pm - 9:00 pm  
 Gaylord Palms Resort & Convention Center,  
 Orlando, FL USA  
 (check with Board Registrar or A4M Service Area  
 for exact room assignment)



#### ABAARM Written Examination

April 28, 2007, 1:00 pm - 5:00 pm  
 Gaylord Palms Resort & Convention Center,  
 Orlando, FL USA  
 (check with Board Registrar or A4M Service Area  
 for exact room assignment)

#### ABAAM (Part II) Review Course

April 25, 2007, 6:00 pm - 9:00 pm  
 Gaylord Palms Resort & Convention Center,  
 Orlando, FL USA  
 (check with Board Registrar or A4M Service Area  
 for exact room assignment)

#### ABAAM Oral Examination

April 26, 2007 and April 27, 2007  
 Gaylord Palms Resort & Convention Center,  
 Orlando, FL USA  
 (check with Board Registrar or A4M Service Area  
 for exact room assignment and to confirm examination time)

### Certification from the American Board of Anti-Aging Health Professionals (ABAAHP)

ABAAHP, established in 1999, provides recognition and specialty representation for healthcare professionals, including Doctors of Chiropractic (DC), Doctors of Dentistry (DDS), Naturopathic Doctors (ND), Podiatric Doctors (DPM), Registered Pharmacists (RPh), academic researchers (PhD), nurses (RN), physician assistants (PA), and nurse practitioners (NP).

#### ABAAM/ ABAAHP (Part I) Review Course

April 26, 2007 6:00 pm - 9:00 pm  
 Gaylord Palms Resort & Convention Center, Orlando, FL USA  
 (check with Board Registrar or A4M Service Area for exact room assignment)



#### ABAAHP Written Examination

April 28, 2007, 1:00 pm - 5:00 pm  
 Gaylord Palms Resort & Convention Center, Orlando, FL USA  
 (check with Board Registrar or A4M Service Area for exact room assignment)

## SPORTS MEDICINE CERTIFICATE PROGRAM

*For Health Professionals Involved in the Sports Medicine Specialty*

The American College of Anti-Aging Sports Medicine Professionals (ACASP) Certificate and Workshop Programs are a specialized Certificate program in conjunction with medical organizations to allow health professionals to learn the latest in preventative medicine, integrative medicine, anti-aging medicine and longevity medicine and integrate this into their sports medicine practice. The first such Certificate will be in **Anti-Aging Sports Medicine & Rehabilitation**.

**Workshop Program: Takes place in conjunction with the 15<sup>th</sup> Annual International Congress on Anti-Aging Medicine and Regenerative Biomedical Technologies' Spring 2007 Session:**

- April 24, 2007, 8:00 am - 6:00 pm
- April 25, 2007, 8:00 am - 6:00 pm

#### Certificate Examination of The American College of Anti-Aging Sports Medicine Professionals (ACASP):

April 28, 2007, 1:00 pm - 5:00 pm  
 Gaylord Palms Resort & Convention Center, Orlando, FL USA  
 (check with Board Registrar or A4M Service Area for exact room assignment)



To learn more about Board Certification/Certificate Programs of the American Academy of Anti-Aging Medicine, visit [www.worldhealth.net](http://www.worldhealth.net), click on "Certifications." For inquiries, please phone Ms. Gabriela Marinescu, Board Registrar, at (773) 528-0046 ext. 2 [ABAAM] or (773) 528-1000 [ACASP], or send email to [exam@worldhealth.net](mailto:exam@worldhealth.net).



## **Bill Anton BSc.(Hons), PhD (Honorary), ABAAM, ACNEM**

*Former Lecturer & Course Coordinator Anti-Ageing Medicine, Swinburne University, Graduate School of Medicine, Melbourne, Australia*

Bill Anton is a consultant at PathLab (Australia) as a clinical & nutritional biochemist. As a non-clinical endocrinologist (scientist), he has researched and developed reference ranges for hormones in serum, urine and saliva based on gender and age groups for physiological and supplemented levels relative to anti-aging medicine protocols. He has been instrumental in establishing a number of test panels and profiles for Integrative and Anti-Ageing Medicine. He was a Senior Lecturer and Consultant in Integrative Medicine and the coordinator of the course in Anti-Ageing Medicine at Swinburne University, Graduate School of Medicine, and where he was also involved in Research on Anti-Aging Medicine as part of a PhD. Bill Anton is the Medical Research Director of LifeSource Anti-Aging Clinics in Melbourne and Sydney and has been practicing anti-aging medicine for over 10 years. More recently, with the assistance of the A4M, Bill Anton and colleagues established the AustralAsian Academy of Anti-Aging Medicine (A5M). Bill Anton is also a lecturer and examiner for the European Specialization Course in Anti-Aging Medicine and the USA Anti-Aging Fellowship Program.

## **Steven Applebaum, MD**



## **Algis Augustine, Esq.**

Mr. Al Augustine, Esq. is formerly the chief regulatory attorney in the State of Illinois, and for over 26 years has been involved in representing and protecting professionals before licensing boards in many states and/or federal agencies.



## Holly Barbour, MD

Dr. Holly Barbour received her medical degree from Case Western Reserve University School of Medicine in Cleveland. She then completed her internship at Mt. Sinai Medical Center, returning to University Hospital at Case Western for a three year residency in Ophthalmology. Dr. Barbour then completed an additional two years of specialized fellowship training in Oculoplastic and Reconstructive Surgery at the Duke University Medical Center in Durham, North Carolina. For the last several years, surgeons from all over the country have visited Dr. Barbour to learn her innovative surgical techniques in facial cosmetic surgery and laser skin resurfacing. Central to her decision to become a facial surgeon is the belief that for most people their self-esteem and acceptance in society are tied to their physical appearance. When someone is unhappy with their appearance, they tend to be less confident in their contact with others. “What’s important is feeling good about yourself” says Dr. Barbour, “and when I can help patience look the way they want to feel- I’ve succeeded. I really love what I do!”



## Alan J. Bauman, MD

*Medical Director, Bauman Medical Group*

Dr. Alan J. Bauman received his MD degree from New York Medical College and served internship and residency years in Surgery at Beth Israel Medical Center and Mt. Sinai Medical Center in Manhattan, before specializing exclusively in Hair Restoration. As Founder and Medical Director of Bauman Medical Group in Boca Raton, Florida, he has spent the last ten years of his professional career helping his patients maintain, enhance and restore their own living and growing hair using a results-oriented, “Multi-Therapy” approach. Dr. Bauman is a member of the esteemed International Society of Hair Restoration Surgery and the American Academy of Anti-Aging Medicine. Passionate about hair restoration, Dr. Bauman is an avid author, presenter and frequent faculty member at medical conferences and Live Surgery Workshops. His advice and expertise is sought out not only from patients and physicians, but also the media. Dr. Bauman’s hair restoration practice has been featured and profiled in national news stories that have appeared on ABC’s *Good Morning America*, NBC’s *Dateline*, CNN, MSNBC, FOX News Channel, ABC News, as well as in *The New York Times*, *USA TODAY*, *Men’s Health Magazine*, and others.



## David Bearman, MD

Dr. David Bearman received his M.D. from the University of Washington School of Medicine. He graduated with honors from the University of Wisconsin with an undergraduate degree in Psychology. He was the Director of Medical Services for the Santa Barbara Regional Health Authority (SBRHA) since its inception in 1983 through June 1997, and was then promoted to Senior Health Care Advisor/Grants Development Director. In 1999 as a result of Dr. Bearman's efforts, the California Healthcare Foundation allocated \$10 million to several health entities located in Santa Barbara County for a county-wide medical data exchange system. SBRHA is the oldest County Organized Health System (COHS) in California and the U.S. As Medical Director for SBRHA's first 14 years he developed and implemented Quality Assurance (QA) Utilization Review (UR) system and on-site review; created Peer Review and Quality Improvement Committee and developed Targeted Case Management Program. He has a long and illustrative background in the field of drug abuse treatment and prevention, been prominent in the community clinic movement having started in Seattle the 3rd Free Clinic in the Country, directed the Haight Ashbury Drug Treatment Program, and founded the Isla Vista Medical Clinic in 1970. He has been Medical Director of Santa Barbara County Methadone Maintenance Clinic and Ventura County Opiate Detox Program, taught courses on substance abuse at UCSF, UCSB, and SDSU, been a consultant to Hoffman LaRoche, NIDA and the National PTA, directed several conferences, delivered numerous professional talks, consulted widely, and been an expert witness in over 100 civil, criminal, and family court cases and currently is Medical Director of Zona Seca.



## Anthony G. Beck, ND, DOM

Dr. Anthony Beck is the Co-Founder and Director of Integrative Medicine at Sajune Medical Center and Medical Spa in Orlando, Florida. He is a member of the American Academy of Anti-Aging Medicine, American Naturopathic Medical Association, Florida Association of Oriental Medicine, and National Certification Commission for Acupuncture and Oriental Medicine. Dr. Beck has practiced Holistic and Natural Medicine for over 5 years and has over 10 years experience in health and fitness instruction. Currently he specializes in Anti-Aging Medicine, Non-Surgical Aesthetics, Clinical Nutrition, Mesotherapy, Orthomolecular Medicine, and Homotoxicology. Dr. Beck has specialized training in Acupuncture, Botanical Medicine, Counseling and Lifestyle modification, Diet and Fitness Prescription, Homeopathy, Medical Aromatics, and Physical Medicine. Observes Dr. Beck: "Doctors should first and foremost be teachers who educate, empower, and motivate the patient to assume more personal responsibility for their health by adopting a healthy attitude, lifestyle, and diet."



### James T. Bell, PhD

*President, Fitness Professionals Association (IFPA)*

In 1994, Jim Bell founded the International Fitness Professionals Association (IFPA). The IFPA has certified 60,000+ Fitness Professionals in less than 12 years. Jim has written several books and hundreds of articles on various subjects in fitness health, nutrition, sports conditioning and motivation. He has presented thousands of hours of lecture at thousands of locations across the USA and dozens of foreign countries including the Fitness Industries premier trade shows, major fitness events and forums.



### Teodoro Bottiglieri, PhD

*Baylor Institute of Metabolic Disease*

Dr. Teodoro Bottiglieri's research focuses on understanding the role of homocysteine, B vitamins and methylation in the central nervous system. The research conducted in his laboratory has application to many disease states, including diagnosis of in-born errors of metabolism, and age related disease including vascular dysfunction, depression, Parkinson's disease and dementia.



### Martin Braun, MD

Dr. Martin Braun is one of the most accomplished and respected cosmetic rejuvenation physicians practicing in the Vancouver area. His goal is to help everyone achieve beautiful skin for life, beginning at any age. As a pioneer in laser medicine, Dr. Braun has the distinction of being the first doctor in Canada to perform laser hair removal almost 10 years ago. He currently injects more Botox<sup>®</sup> than any other practitioner in Canada. After receiving his M.D. from the University of British Columbia (UBC) in 1984, Dr. Braun completed his core surgical training at Vancouver General Hospital. He subsequently became certified to practice both Family and Emergency Medicine. He worked extensively in both areas for more than 15 years, but in response to rising demand, Dr. Braun has devoted his practice exclusively to cosmetic rejuvenation procedures at his private medical clinic.

# Faculty Biographies



## Eric R. Braverman, MD

*Director, PATH Medical, New York NY*

Dr. Eric Braverman is the Director of The Place for Achieving Total Health (PATH Medical), with locations in New York, NY, Pennel, PA (metro-Philadelphia), and a national network of affiliated medical professionals. Dr. Braverman received his B.A. Summa Cum Laude from Brandeis University and his M.D. with honors from New York University Medical School, after which he performed post-graduate work in internal Medicine with Yale Medical School affiliate. Dr. Braverman is the author of five medical books, including the *PATH Wellness Manual*, which is a user's guide to alternative treatment. He has appeared on CNN (Larry King Live), PBS, AHN, MSNBC, Fox News Channel and local TV stations. Dr. Braverman has been quoted in the *New York Post*, *New York Times* and the *Wall Street Journal*.



## Denise Bruner, MD

*Former President, American Society of Bariatric Physicians*

Dr. Denise Bruner is a 1979 graduate of Howard University, College of Medicine, Washington DC. Recognized as a national leader in Bariatric medicine, Dr. Bruner is the former President of the American Society of Bariatric Physicians. She focuses on the treatment of obesity and eating disorders. Dr. Bruner's knowledge and experience has made her a frequent source of bariatric information, as she has been quoted in a variety of publications and been a guest on nationally televised talk shows. In 2001 Dr. Bruner became a Diplomate of the American Academy of Anti-Aging Medicine and is a board examiner.

## Steven Cimerberg, DO



## Rick Collins, Esq., JD

*Partner/Principal, Collins, McDonald & Gann, P.C.*

Mr. Rick Collins is a principal in the law firm of Collins, McDonald & Gann, P.C. [www.cmgesq.com], with offices on Long Island and in downtown New York City. He is nationally recognized as a legal authority on anabolic steroids, human growth hormone, and other performance-enhancing substances, and has been retained as counsel or consulted by anti-aging physicians, hormone replacement clinics, and pharmacists across the nation. He has been awarded the highest accolades for legal abilities and ethical standards, and is listed in the *Bar Register of Preeminent Lawyers*. He received his undergraduate degree from Hofstra University, Hempstead, NY, and his law degree from Hofstra School of Law, where he attended on a full academic scholarship and served on the *Law Review*. He was admitted to the New York Bar in 1985 and served as an assistant district attorney for five years.



### Fernando Cortizo, PhD

Dr Fernando Cortizo completed his PhD at Monash University in the Department of Biochemistry, Faculty of Medicine. During his PhD studies, he became a member of the Diabetes Research Group and was trained in the area of Endocrinology, specializing in Insulin action and Insulin receptors in muscle. At the same time he was also involved in collaborative research in the USA at the Department of Pathology, University of Pennsylvania, Philadelphia, followed by an appointment as Head of the Teaching laboratories of the Department of Biochemistry at La Trobe University, Bundoora. He held the position of Senior Research Officer at the Department of Medicine, Alfred Hospital Monash Medical School and then joined CSL as a Protein Chemist and thereafter held the position of Product Specialist, Manager and Project Manager. In the last 12 years he has been actively involved with a number of enterprises specializing in the fields of microbiology and biotechnology. Dr Cortizo served for a number of years as a Senior lecturer and Director of Research Development at The Graduate School of Integrative and Environmental Medicine, Swinburne University. He is currently the Project Development Manager at Evidenced Based Medical Technologies P/L as well as an Integrative Medicine Consultant to Pathlab in Melbourne, Australia.



### Charles J. Crosby, DO, MD(H)

A board-certified orthopedic surgeon with more than 30 years of clinical experience, Dr. Crosby is also board certified in osteopathic manipulative medicine and certified by the American Academy of Pain Management. Dr. Crosby is the inventor and developer of the Scalar Energy device.



### Janette Daher, BS

Ms. Janette Daher currently serves as the Director of Education and Consulting Services for The Ageless Aesthetic Institute, a training program for medical professionals founded by Dr. Sharon McQuillan, providing Level 4 AMA PRA certification in Botox, Facial Filler, and Aesthetic Laser procedures. The Institute is also provides an array of medical spa consulting services to assist medical professionals with their medical spa development and operational needs. Janette has presented at many conference and workshops including the American Academy of Anti-Aging Medicine, the American Academy of Aesthetic Medicine, the Bariatric Society, and the National Procedures Institute. She has been recently featured in medical spa industry publication *MedEsthetic Magazine*.



## Robert A. DeJonge, DO

Dr. Robert A. DeJonge is a practicing Board Certified Family Physician with over two decades of hand-on treatment in: emergency medicine, geriatrics, dermatology, and anti-aging medicine. In addition, he is an international keynote speaker on complimentary medicine and sports medicine and the positive effects realized through the addition of supplementations and detoxifying the body. Dr. DeJonge has always carved his own path through the maze of medical data and misnomers, discarding dalliances while investigating every possible genuine lead to the pursuit of longevity with optimal health in human medicine. Every patient receives a customized program specifically designed for them and their individual needs. He and his very talented staff provide a potpourri of options to achieve optimal health in a friendly and inviting atmosphere. Whether you are facing a medical challenge or want to insure that the good health you are currently experiencing continues-this is the place to be. We are the Longevity Center Of West Michigan and are delighted to support your quest for optimal health!



## Roger Deutsch



## W. John Diamond, MD, HMD, FAAMA., CHom

Dr. W. John Diamond is a Board Certified Pathologist, trained at the Albert Einstein College of Medicine, the Clinical Center of the NIH and the SUNY Center for Health Sciences in Syracuse, NY. He is certified in Medical Acupuncture as a Fellow of the American Academy of Medical Acupuncture and is faculty of the American Academy of Pain Management. He was trained in TCM by master herbalist Anastasia White; and in homeopathy at the Pacific Academy in Berkeley, California. He is a Member of the Homeopathic Pharmacopoeia of the United States. He ran the Post Masters Course in Integrated Therapies at the University of Nevada, Reno and is a preceptor for the National College of Naturopathic Medicine. He has been Medical Director of Heel, USA and Botanical Laboratories, Inc. He is presently Chief Medical Officer of InteMedica, USA and China, and runs a large Integrated Medicine practice in Reno, Nevada. His publications include *The Clinical Practice of Complementary, Alternative and Western Medicine* (ICRC Press, Boca Raton, FL, USA, 2000); and the *Alternative Medicine Definitive Guide to Cancer* (Future Medicine Publishing, Tiburon, CA, USA, 1997).



## Faculty Biographies



### Jorge D. Flechas, MD, MPH

*Medical Director, Flechas Family Practice*

Dr. Jorge Flechas is the Medical Director of Flechas Family Practice in Hendersonville, NC, specializing in hormonal therapy for treatment in Fibromyalgia and Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS). He also specializes in Iodine Therapy for Hypothyroidism and Fibrocystic Breast Disease. He is on the family practice staff of Park Ridge Hospital in Fletcher, NC, and is a member of the New York Academy of Sciences and American College of Nutrition. Four years ago, Dr. Flechas learned the technique to measure urine iodide levels and the iodine/iodide loading test at Dr. Abraham's Laboratory. He has since performed over 15,000 tests.



### Mark L. Gordon, MD

*The Millennium Health Group for Anti Aging Medicine*

After 14 years of Clinical Orthopedics and 20 years as a residency trained board certified Family Physician, Dr. Mark L. Gordon integrates Anti Aging Medical theories into a program of sports rehabilitation. Using nutrition, exercise and his knowledge of supplementation he has helped a number of injured patients return to their activities in a significantly reduced time. Pre-operative programs help surgical outcome and reduce the down time for both sports and non-sports related injuries. Many natural products are available to accomplish these goals. Dr. Mark Gordon has been recognized as a leader in the area of Anti Aging Medicine and holds Associate Clinical Professorships at USC and UCLA. Dr. Gordon has recently been reappointed as Medical Director for CBS Studios, Medical Consultant to HBO and FX. In these positions he is available for consultation on areas of Preventive, Anti-Aging and Alternative Medicine. He writes articles on nutritional supplementation and hormonal replacement some of which have been published in *Max Muscle* and *Planet Muscle*.



## **Robert M. Goldman, MD, PhD, DO, FAASP**

*Chairman, American Academy of Anti-Aging Medicine (A4M)*

Dr. Robert M. Goldman has spearheaded the development of numerous international medical organizations and corporations. Robert Goldman, M.D., Ph.D., D.O., FAASP has served as a Senior Fellow at the Lincoln Filene Center, Tufts University, and as an Affiliate at the Philosophy of Education Research Center, Graduate School of Education, Harvard University. Dr. Goldman is a Clinical Consultant, Department of Obstetrics and Gynecology, Korea Medical University. He also serves as Professor, Department of Internal Medicine at the University of Central America Health Sciences (Belize). In addition, Goldman presently holds the position of Visiting Professor at Udayana Medical University (Indonesia). Dr. Goldman is a Fellow of the American Academy of Sports Physicians and a Board Diplomat in Sports Medicine and Board Certified in Anti-Aging Medicine.

Dr. Goldman received his Bachelor of Science Degree (B.S.) from Brooklyn College in New York, then conducted three years of independent research in steroid biochemistry and attended the State University of New York. He received the Doctor of Medicine (M.D.) Degree from the Central America Health Sciences University, School of Medicine in Belize, a government-sanctioned, Ministry of Health-approved, and World Health Organization-listed medical university. He received his Doctor of Osteopathic Medicine and Surgery (D.O.) degree from Chicago College of Osteopathic Medicine at MidWestern University. His Ph.D. work was in the field of androgenic anabolic steroid biochemistry.

He co-founded and serves as Chairman of the Board of Life Science Holdings, a biomedical research company with over 150 medical patents under development in the areas of brain resuscitation, trauma and emergency medicine, organ transplant and blood preservation technologies. He has overseen cooperative research agreement development programs in conjunction with such prominent institutions as the American National Red Cross, the US National Aeronautics and Space Administration (NASA), the Department of Defense, and the FDA's Center for Devices & Radiological Health. Dr. Goldman is the recipient of the 'Gold Medal for Science (1993), the Grand Prize for Medicine (1994), the Humanitarian Award (1995), and the Business Development Award (1996).

During the late 1990s, Dr. Goldman received honors from Minister of Sports and government Health officials of numerous nations. In 2001, Excellency Juan Antonio Samaranch awarded Dr. Goldman the International Olympic Committee Tribute Diploma for contributions to the development of sport & Olympism. In addition, Dr. Goldman is a black belt in karate, Chinese weapons expert, and world champion athlete with over 20 world strength records, he has been listed in the Guinness Book of World Records. Some of his past performance records include 13,500 consecutive situps and 321 consecutive handstand pushups.

Dr. Goldman was an All-College athlete in four sports, a three time winner of the John F. Kennedy (JFK) Physical Fitness Award, was voted Athlete of the Year, was the recipient of the Champions Award, and was inducted into the World Hall of Fame of Physical Fitness. In 1995, Dr. Goldman was awarded the Healthy American Fitness Leader Award from the President's Council on Physical Fitness & Sports and U.S. Chamber of Commerce. Dr. Goldman is Chairman of the International Medical Commission overseeing sports medicine committees in over 176 nations. He has served as a Special Advisor to the President's Council on Physical Fitness & Sports. He is founder and international President Emeritis of the National Academy of Sports Medicine and the cofounder and Chairman of the American Academy of Anti-Aging Medicine (A4M). Dr. Goldman visits an average of 20 countries annually to promote brain research and sports medicine programs.



### John Grasele, RPh

*Owner, University Compounding Pharmacy*

John Grasele and his brother, Joe Grasele, are both compounding pharmacists who have owned and managed pharmacies in San Diego and Chula Vista since 1988. After finding some customers had special needs unmet by a traditional pharmacy, in September they created University Compounding Pharmacy (UCP) where customers can get customized prescriptions. UCP specializes in re-making discontinued medicines and creating new dosage forms for patients, physicians, and medical researchers. Their pharmacists use state-of-the-art technology with FDA-approved chemicals so that the finished medication meets the doctor's exact specifications



### Patrick Hanaway, MD

Dr. Patrick Hanaway is a board-certified family physician with a Medical Degree from Washington University and residency training at the University of New Mexico. Dr. Hanaway received his Bachelors degree from the University of Wisconsin in Molecular Biology and has done research in muscle biology, neurochemistry, lipid metabolism, public health, preventive medicine, immunology, digestion, and nutrition. In addition to being a family physician, Dr. Hanaway is a board-certified holistic physician and currently is on the American Board of Holistic Medicine. Dr. Hanaway founded Family to Family: Your Home for Whole Family Health in Asheville, NC, and is currently Chief Medical Officer for Genova Diagnostics. Dr. Hanaway has lectured extensively on the clinical application of nutrition and genomics; particularly in the areas of endocrinology, digestion, oxidative stress, inflammation, and achieving long-term wellness.



### Achim Hansjurgens, PhD

Dr. Hansjurgens studied at the Universities of Karlsruhe (technique, business), Berlin (technique) and Heidelberg (medicine) and served as a Medical Researcher at the Dept. of the Nemectron GmbH (Interferential current) Invention of "Dynamic Interferential Current". He completed his Doctoral dissertation at the University of Straßburg in France. In 1986, Dr. Hansjurgens created a new medical concept, known as EDT – Electrical Differential Therapy. At the 1988 Olympic Games in Seoul, Korea, Dr. Hansjurgens was responsible for the EDT treatments of athletics of all countries in the Medical Center of the Olympic Village. In 1992, he invented Horizontal®-Therapy in cooperation with Universities and Clinics in Münster, Aachen, München (Germany), Łódz (Poland), and Verona, Pavia, and Chieti (Italy).





## Thierry Hertoghe, MD

*President of the World Society of Anti-Aging Medicine (WOSAAM)*

*President of the European Academy of Quality of Life and Longevity Medicine (Eaqual)*

In addition to serving as President of the World Society of Anti-Aging Medicine (WOSAAM) and as President of the European Academy of Quality of Life and Longevity Medicine (Eaqual), Dr. Thierry Hertoghe is Scientific Coordinator of the International English-speaking and national French-speaking Anti-Aging Medicine Specialization linked to the European Institute of Scientific Anti-Aging Medicine. Dr. Hertoghe has authored various books translated into several languages (Spanish, Russian, Chinese, German, French, Danish, Dutch, etc.), including the *Hormone Handbook* (International Medical Books) and the *Hormone Solution* (Harmony books).



## Stephen Holt, MD, LLD(Hon.) ChB., DNM, FRCP (C) MRCP (UK), FACP, FAGG, FACN, FACAM

Dr. Stephen Holt is a medical practitioner in New York State. He has published hundreds of peer-reviewed scientific articles. As a best-selling author, with twenty books in international distribution, he has received several institutional awards for teaching and research. He is a Professor of Medicine, adjunct Professor of Bioengineering, highly acclaimed lecturer and media expert. The recipient of a Congressional Medal of Distinction, 2006, he is a Knight of the Orthodox Knights Hospitaller of St. John of Jerusalem.



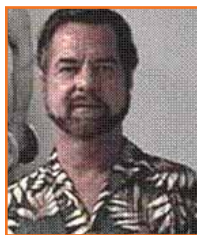
## Scott Hopson BS

*Director of Education and Training, Power-Plate North America*

Mr. Scott has an Honors degree in Sport and Exercise Science from London, UK as well as being internationally certified through the CHEK Institute, the National Strength and Conditioning Association, the National Academy of Sports Medicine and the American College of Sports Medicine. He is also successfully completing his Masters Degree in advanced Kinesiology in addition to being a certified and practicing USA Rugby Coach. Mr. Scott practices a true holistic approach to enhancing the whole person and believes that the natural mechanisms of vibrational healing and training lay at the crux of optimal health and function. As Director of Research, Education and Training it is his goal to develop Power-Plate as leaders of distinction in this science, understanding that it is the application of knowledge that is most important.



## Julia Hunter, MD



### Jonathan B. James MD

Dr. Jonathan James is Board Certified in Internal Medicine with an Honors Degree in Chemistry and Biochemistry from the University of Iowa. His Internship and Advanced Training in Internal Medicine were performed at Tripler Army Medical Center, Hawaii. For the last twenty five years, he has been in practice in semi-rural Kailua-Kona, Hawaii. He is currently a member of the American Academy of Anti-Aging Medicine, the Academy of American of Aesthetic Medicine, and the American Society for Laser Medicine and Surgery. He is also a Medical Examiner for the FAA and founder and research director for Maxagen Bioscience Corp.



### Patricia Kane, PhD

Dr. Patricia Kane's expertise is in boldly addressing complex metabolic disorders and lipid disturbances with targeted nutritional intervention. Focusing on evidence based nutrition for over 25 years, Dr. Kane has written numerous articles and books for both the scientific community and the public. An accomplished lecturer as well as author, she presents to medical societies and universities throughout the year as well as being involved in clinical and university based research studies. Dr. Kane's primary interest is in fatty acids, nutritional biochemistry, cell membrane function and neurological disturbances. Dr. Kane has a long standing interest in the challenging areas of seizure disorders, autism, traumatic brain injury, MS, ALS, Parkinson's, NeuroLyme, Post-Stroke, CFIDS, and heavy metal toxicity. Her dedication and success in working with children and adults with fragile brain architecture and patients with challenging neurological problems has brought her widespread recognition in the field of nutritional biochemistry.



## Ronald M. Klatz, MD, DO

Dr. Ronald Klatz is recognized as a leading authority in the new clinical science of anti-aging medicine. He is co-founder and President of the American Academy of Anti-Aging Medicine (A4M). Dr. Klatz also co-founded the National Academy of Sports Medicine (NASM), and serves as Director of Life Science Holdings, a biomedical company which has been dedicated to the research and development of organ transplant and other advanced medical technologies. Dr. Klatz is the inventor, developer, or administrator of 100-plus scientific patents. In 1993, he was awarded the Gold Medal in Science for Brain Resuscitation Technology, and in 1994 he was honored with the Grand Prize in Medicine for Brain Cooling Technology. A best-selling author of over a dozen books and editor, Dr. Klatz served as Senior Medical Editor of Longevity magazine, a contributing editor to the Archives of Gerontology and Geriatrics, and was a syndicated columnist with Pioneer Press (a division of Time-Life Inc.). Dr. Klatz is a graduate of the Florida Technological University and received his D.O. degree from the College of Osteopathic Medicine and Surgery (Des Moines, IA) and his M.D. degree from Central American Health Sciences University School of Medicine. Dr. Klatz is Board Certified in Family Practice, Sports Medicine, and Anti-Aging Medicine. Dr. Klatz presently holds the position of Visiting Professor at Udayana Medical University (Indonesia). He also serves as Professor of Internal Medicine at the Department of Internal Medicine / Central America Health Sciences University (Belize). Previously, Dr. Klatz has served as a Senior Fellow at the Lincoln Filene Center, Tufts University.



## Samuel Lederman, MD

Dr. Samuel Lederman is a native of South Florida and received his undergraduate degree from Duke University. He graduated from the University Of Miami School Of Medicine with Research Distinction Honors, and finished his training in Obstetrics and Gynecology at the University of Colorado. He is Board Certified by the American College of Obstetrics & Gynecology and is the Past President of the Palm Beach County OB/GYN Society. He has served as Chairman of the Gynecology Department of JFK Hospital for the past 8 years. Dr. Lederman is Co-Director of Laser Skin Solutions and has over 20 years of experience in Laser Surgery. He is a Fellow of the American Society for Lasers in Medicine and Surgery and is a trainer and international lecturer for laser procedures.



### Jill Lezaic, MD

Dr. Jill Lezaic, Medical Director of Laser Skin Solutions, received her Doctorate from Nova Southeastern University College of Osteopathic Medicine where she graduated with Honors. She is a board-certified Family Physician who specializes in Aesthetic Medicine, including laser treatments, sclerotherapy, BOTOX® and dermal fillers. She is a member of the American Society for Lasers in Medicine & Surgery and regularly lectures about cosmetic procedures throughout the United States.



### Shari Lieberman, PhD, CNS, FACN

*Nutrition Scientist, Exercise Physiologist*

Dr. Shari Lieberman earned her Ph.D. in Clinical Nutrition and Exercise Physiology from The Union Institute, Cincinnati, OH and her M.S. degree in Nutrition, Food Science and Dietetics from New York University. She is a Certified Nutrition Specialist (C.N.S.); a Fellow of the American College of Nutrition (FACN); President of the American Association for Health Freedom. She is the recipient of the National Nutritional Foods Association 2003 Clinician of the Year Award and a member of the Nutrition Team for the New York City Marathon. Her newest book, *Transitions Glycemic Index Food Guide* (Square 1 Publishers 2006) was just recently released. Dr. Lieberman's best-selling book *The Real Vitamin & Mineral Book* is now in its 3<sup>rd</sup> Edition (Avery/Penguin Putnam 2003). Dr. Lieberman is the Founding Dean of New York Chiropractic College's MS Degree in Clinical Nutrition; an industry consultant; a contributing editor to the American Medical Association's 5th Edition of Drug Evaluations; a peer reviewer for scientific publications; a published scientific researcher and a presenter at numerous scientific conferences. Dr. Lieberman is a frequent guest on television and radio and her name is often seen in magazines as an authority on nutrition. She has been in private practice as a clinical nutritionist for more than 20 years.



### Nina Lundberg, M.D.

*Postgraduate Educational Medical Consultant, American Academy of Anti-Aging Medicine (A4M), American Board of Anti-Aging Medicine*

Dr. Nina Lundberg earned her medical Degree from St-Petersburg State Medical University, St.-Petersburg, Russia. She later completed a Residency in Dermatology and Internal Medicine and became a board certified in Dermatology. She was engaged in research and study programs dedicated to the skin pathology and skin cancer and development study programs for medical students. She maintains a keen interest in age-related dermatologic aspects of skin rejuvenation. Dr. Lundberg has recently become Board Certified by ABAARM and she is actively involved in expanding the educational and research activities of the A4M Academic Programs.



## Sharon McQuillan MD

Dr. Sharon McQuillan attended The Ohio State University College of Medicine where she graduated with honors and was elected to the Alpha Omega Alpha Medical Honor Society. She did her postdoctoral training at Riverside Methodist Hospital in Columbus, Ohio and became Board Certified in Family Practice. Dr. McQuillan began Southwood Family Practice in 1986, focusing on preventive medicine, exercise physiology, nutrition, and the “mind-body” connection. Dr. McQuillan owns and operates The Ageless Institute of Sarasota, offering Anti-Aging and Aesthetic treatments. Dr. Sharon McQuillan is a Board certified physician who specializes in both Aesthetic and Anti-Aging Medicine. She is certified in the therapeutic and cosmetic use of Botox<sup>®</sup>, the cosmetic use of facial fillers, sclerotherapy, chemical peels, mesotherapy, and the aesthetic use of lasers. Dr. McQuillan formed The Ageless Aesthetic Institute, the only level 4 ACCME accredited aesthetic training program for medical professionals, in order to standardize and elevate the practice of Aesthetic Medicine. Dr. McQuillan has been featured in *Dermatology Times*, *Vogue*, *Medical Spa Report*, *Elevate*, and *MedEsthetic* magazine.

## Woo Chul Moon, MD



## Sarah Noble, Lic.Ac. MTAcS MIMgt, MIDs.

Having opened award-winning spas for Four Seasons, the Taj group, consulted for Mandara spas, Kempinski & Peninsula, Harrods, London and The Ritz Hotel, London, Ms. Sarah Noble is considered to be the voice of the spa industry, lecturing at Wellness and Medical conferences and training in Hospitality Universities ie Cornell. Initially trained as an acupuncturist, Sarah is also trained in massage counseling, nutrition, herbal medicine, hydrotherapy and allergy detection. With 15 years experience hands-on client care, and of managing her own large multidisciplinary clinic, she has since then been a consultant advising on treatment and training standards and management strategy for clinics and spas. Twenty five years of experience in the Health industry, and a proven track record in the Spa Fitness & Hospitality industry have earned Sarah a reputation as a visionary & international expert and speaker on the leading edge of the Health Tourism market.



## Faculty Biographies



### James L. Oschman, Ph.D.

After a successful career as an academic scientist, specializing in cell biology and biophysics, Dr. James Oschman began to research complementary medicine. He has published about 30 research papers in some of the world's leading scientific journals, and about an equal number in journals related to complementary medicine. He has also written two books on energy medicine, and lectures internationally on this subject. He has presented workshops for virtually every therapeutic school and has also lectured at a variety of medical schools and hospitals around the world. Jim's investigations of the energetics of the living connective tissue matrix are the evidence base for integrating a wide range of therapeutic approaches that are part of the new medicine that is emerging worldwide.



### James R. Overman, MDiv, MH., ND

Known internationally as the "parasite specialist", Dr. James Overman killed the parasites and repaired their damage in over 17,000 people on 6 continents. He taught his infectious disease program to over 300 church leaders from 7 African nations and 400 Filipino medical doctors.



### Sangeeta Pati MD, FACOG

*President & Medical Director of RejuvenAge Medical Center  
Faculty of I.W. Lane College Integrative Medicine  
Diplomat of American Board of Obstetrics and Gynecology  
Diplomat of American Board of Anti-Aging Medicine*

Sangeeta Pati, MD has practiced obstetrics-gynecology in the Washington, D.C., area for 14 years before opening an integrative, evidence-based alternative and conventional medical center in Orlando, FL. She graduated at the top of her medical class at the University of Maryland School of Medicine, Baltimore, and served a residency at Georgetown University School of Medicine, Washington, D.C. She has practiced in the USA and internationally serving as the Medical Director for a 350 employee international organization, Engenderhealth. She has authored numerous evidence-based reviews and articles.



## Dianne Quibell, MD

Dr. Diane Quibell is a Board Certified Internal Medicine specialist practicing in Wellesley Hill, Massachusetts. She is medical director of MD TLC, a concierge Internal Medicine and Wellness Practice as well as the President and Owner of Wellness MD Center for Medical Aesthetics. Dr. Quibell is an Associate Professor at Tufts University School of Medicine and an Associate Professor at Harvard Medical School. She plays an active role in many professional societies including the Massachusetts Medical Society, American College of Physicians, and American Medical Women's Association. She is a fellow of the American Society of Laser Medicine and Surgery, and is also a member of the International Society of Cosmetic Laser Surgery and the American Society of Photodynamic Therapy and is a clinical educator for Laserscope and Palomar Medical Technologies. Dr. Quibell has also been selected by the Massachusetts Board of Registration for the Medical Spa Task Force.

## Salvatore Restivo, MD



## Ron N. Rothenberg, MD

*Clinical Professor, Preventive & Family Medicine, University of California, School of Medicine  
Founder, California HealthSpan Institute*

As a pioneer in the field of Anti-Aging Medicine, Ron Rothenberg, M.D., was one of the first physicians to be recognized for his expertise to become fully board certified in the specialty. Dr. Rothenberg founded the California HealthSpan Institute in Encinitas, California in 1997 with a commitment to transforming our understanding of and finding treatment for aging as a disease. Dr. Rothenberg is dedicated to the belief that the process of aging can be slowed, stopped, or even reversed through existing medical and scientific interventions. Challenging traditional medicine's approach to treating the symptoms of aging, California HealthSpan's mission is to create a paradigm shift in the way we view medicine: treat the cause. He received his MD from Columbia University, College of Physicians and Surgeons in 1970. Dr. Rothenberg performed his residency at Los Angeles County-USC Medical Center and is also board certified in Emergency Medicine. He received academic appointment to the USCD School of Medicine Clinical Faculty in 1997 and was promoted to full Clinical Professor of Preventive and Family Medicine in 1989. In addition to his work in the field of Anti-Aging medicine, Dr. Rothenberg is an Attending Physician and Director of Medical Education at Scrips Memorial Hospital in Encinitas, California. Dr. Rothenberg travels extensively to lecture on a variety of topics, which include Anti-Aging Medicine and Emergency Medicine and is the author of *Forever Ageless*. He has recently been featured in the University of California MD TV series in the shows on Anti-Aging Medicine.



## Neal Rouzier, MD

Neal Rouzier, M.D., is an emergency physician and was assistant director of a large trauma center in Southern California. After completing residencies in family practice and emergency medicine at U.C.L.A., he has practiced emergency medicine for 18 years. He has been in private practice for five years where his special interest has been natural hormone replacement for men and women.

He lectures nationally on this new paradigm in medicine. Dr. Rouzier teaches a comprehensive medical seminar on the clinical application of natural hormone replacement. Because optimal hormone levels play such an important role in health, metabolism and well-being, he will elaborate on how this exciting therapy is a natural addition to any clinical practice.



## Carol Ann Ryser, M.D.

Carol Ann Ryser, M.D. is a Board Certified Pediatrician, Board Certified Clinical Analyst, member of: F.A.A.P.; AMA, Orthomolecular Health Medicine (OHM); The American Academy of Anti-Aging Medicine (A4M) and the International Lymes and Associated Diseases Society (ILADS). The primary focus of Dr. Ryser's medical practice is on the prevention of illness and disease.

Dr. Ryser has published and presented a number of papers in her area of expertise, appearing in such publications as *The American Journal of Diseases of Children*; *Journal of Neurology, Neurosurgery and Psychology*; and *Pediatrics*. Since 1978. Dr. Ryser started evaluating and treating chronic medical illness i.e. CFS, FMS, Lyme disease, autoimmune diseases, and the immune system activation of clotting, and psychiatric disorders. Her first Lyme patient was diagnosed and treated in 1982. She also started evaluating patients for Chronic inflammatory illness that related to disorders of psychiatric illnesses.



## A. Peter Salas, MD, FACS, FACM

*President, American Board of Aesthetic Mesotherapy*

*President-Elect, Aesthetic Medicine and Mesotherapy Association*

*Director of Plastic Surgery Clinic, St. Barnabas Medical Center*

*Director of Section of Plastic Surgery, Surg-Elite Institute*

Dr. Peter Salas is a Board certified plastic surgeon and a leading authority in the field of Mesotherapy. He was trained in Mesotherapy in Europe and incorporates Mesotherapy in his practice in New York and New Jersey. Dr. Salas is current president of the American Board of Aesthetic Mesotherapy, president-elect of the Aesthetic Medicine and Mesotherapy Association, director of the Plastic Surgery Clinic at St. Barnabas Hospital, director of the Section of Plastic Surgery at Surg-Elite Institute of Medicine. He is a member of the French Society of Mesotherapy (SFM) and the American College of Aesthetic Mesotherapy. Dr. Salas has done extensive research in the field of Mesotherapy and recently presented some of his work at the 2005 Annual meetings of the American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons. Since 2000, Dr. Salas has been educating North American physicians in the field of Mesotherapy. He is largely responsible for introducing the concept of Mesotherapy to the American plastic surgery community.





## John Shieh, MD

John Shieh, M.D. was one of the first to offer skin rejuvenation treatments using combinations of light energy with radiofrequency energy upon the United States' FDA approval in 2002. He was also an FDA investigator for the first medical device approved for cellulite reduction, and one of the first to successfully use the latest infrared and radiofrequency combined energy devices for skin tightening upon FDA approval in May 2006. Over the past 5 years, he has successfully integrated these treatments into his anti-aging aesthetic medicine practice and has become an internationally recognized speaker for lectures and workshops in this field.



## Eugene Shippen, MD

Dr. Eugene Shippen is a well known speaker on the subjects of testosterone replacement for men and HRT for women. His book *The Testosterone Syndrome* was published in 1998 and remains a classic, best seller on the subject. He has been a popular speaker at A4M conferences and has presented lectures on the subject at conferences nationally and internationally. He was on the faculty of The Second Annual Andropause Consensus Committee sponsored by The Endocrine Society in 2001. His Tutorial Conferences on hormonal replacement strategies for men and women provide unique approaches for evaluation and treatment that have been highly rated by attendees. New approaches for the hormonal co-treatment of many of the common degenerative diseases are on the cutting edge of anti-aging medicine.



## Stephen T. Sinatra, MD, FACC, FACN, CNS, CBT

*Assistant Clinical Professor of Medicine, University of Connecticut School of Medicine  
CEO, New England Heart Center*

Dr. Stephen Sinatra is a board-certified cardiologist, certified bioenergetic psychotherapist, and certified as a nutrition and anti-aging specialist and has more than 30 years of experience in helping patients prevent and reverse heart disease. At his practice in Manchester, Connecticut, Dr. Sinatra integrates conventional medicine with complementary nutritional and psychological therapies that help heal the heart. He is a fellow in the American College of Cardiology and the American College of Nutrition as well as the former chief of cardiology at Manchester Memorial Hospital, where he had previously been Director of Medical Education for 18 years. Dr. Sinatra is also an assistant clinical professor of medicine at the University of Connecticut School of Medicine. He is the author of several books including *Lose to Win*, *Heartbreak and Heart Disease*, *Optimum Health*, *The CoEnzyme Q10 Phenomenon*, *Heart Sense for Women*, *Eight Weeks to Lowering Blood Pressure*, *The Sinatra Solution* and *The Fast Food Diet*. His latest book, *Reverse Heart Disease Now* was just released. Dr. Sinatra also writes a monthly national newsletter entitled *Heart, Health and Nutrition* published by Healthy Directions, L.L.C. Dr. Sinatra is a world-wide lecturer and workshop facilitator as well as being featured in several publications and medical periodicals. He is also been a featured guest on many national radio and television shows including CNN, MSNBC, and Fox on Health.



### Shimon Slavin, MD

*Professor & Chairman Hadassah University Hospital*

Shimon Slavin, MD graduated from the Hadassah Hebrew University School of Medicine in Jerusalem, Israel, in 1967. He specialized in internal medicine and subsequently in clinical immunology at Stanford University, California, and the Bone Marrow Transplant Center at the Fred Hutchinson Cancer Research Center, Seattle, and USA. Dr Slavin serves on many editorial boards and national and international advisory boards. He is a member of the Executive Committee of the IBMTR and a member of the Immunotherapy Committees of the IBMTR and EBMT. Slavin authors more than 600 scientific publications and 4 books.



### Jeffrey M. Smith, MD

International bestselling author Jeffrey M. Smith is a widely popular and authoritative spokesperson on the risks of Genetically Modified Organisms (GMOs) and how Ag biotech companies rig research, gag critics, hijack regulatory agencies and spin fantastic unfulfilled promises. He digs through layers of industry spin and scientific sleight-of-hand to reveal the shaky foundations and unprecedented dangers of this infant and unpredictable technology. Mr. Smith has counseled dozens of world leaders from every continent, changed the course of government policies and is now orchestrating a shift in public opinion through his programs at the Institute for Responsible Technology. He has spoken in 25 countries and has been quoted in media across the globe including, *The New York Times*, *Washington Post*, *BBC World Service*, *Nature*, *The Independent*, *Daily Telegraph*, *New Scientist*, *The Times (London)*, *Associated Press*, *Reuters News Service*, *Genetic Engineering News*, *Chicago Tribune*, *LATimes.com*, *ABC.com*, *HollywoodReporter.com* and *FoodConsumer.org*. A masterful storyteller, his hard-to-put-down accounts of industry manipulation and political collusion promoted his first book, *Seeds of Deception*, into the world's bestseller on GMOs. His just-release new book, *Genetic Roulette*.



### Pamela Smith, MD, MPH

*Director, Anti-Aging and Regenerative Medicine Fellowship*

Pamela Smith MD, MPH spent the first 22 years of practice as an emergency room physician at the Detroit Medical Center. In addition to her medical degree, she also has a master's degree in public health. Dr. Smith is an internationally known speaker and author on the subjects of wellness and anti-aging. She is a member of the American Academy of Anti-Aging Physicians and is a board examiner.

Dr. Smith is also the author of *HRT: The Answer and vitamins: Hype or Hope*. Her new book entitled *100 Pearls for Healthy Living* is scheduled to come out in early 2006.



## Tara A. Solomon, MD FACOG

Dr. Tara Solomon is a board-certified gynecologist who practices in South Florida. She is the owner and medical director of the Women's Wellness Center of South Florida, LLC, specializing in anti-aging medicine, specifically menopause and andropause. She is a graduate of Albert Einstein College of Medicine, Bronx New York and Columbia University College of Physicians and Surgeons, New York City. Dr. Solomon's passion for public speaking began in the mid-ninety's with a local news feature on "Over the Counter Yeast Medication... Cure or Culprit." Since that time, she has dedicated her career to finding alternative cures for common female ailments, especially bio-identical hormone replacement therapy for menopause and andropause. Dr. Solomon recently launched her new website: [www.bio-identicalhrtmd.com](http://www.bio-identicalhrtmd.com) which has reached men and women all over the globe and she is presently working on the second edition of her book entitled "What Your Gynecologist Never Told You." She has also served as a staff writer for "More" magazine and "Balance Magazine

## Robert A. Sorge, ND, PhD

As a pre-teenager Dr. Sorge was overmedicated, nearly killed and left for dead by his allopathic doctors. After they told his parents, "We did everything modern day medical science could do for him" He was taken to Bernard McFadden N.D. the father of modern day physical culture. Dr. Sorge learned the principles of Naturopathic Medicine Detoxification and Nutrition first hand. Within ten years he went from his death bed to the victory platform winning the 1959 Mr. North America contest. Dr. Sorge went on to graduate a school that specialized in detoxification the same school as McFadden did in 1898 The United States School of Naturopathy and Applied Sciences. A Doctor of Naturopathic Medicine since 1964, presently Dr. Sorge is the Director of Abunda Life Medical Nutrition Testing Clinic. The Abunda Life Naturopathic Detoxification/ Body fat Loss Boot Camp and The President of Detox America.



## Dr. Paul Ling Tai, DPM., FACFS, ABPS. (Ret.)

Dr. Paul Ling Tai is a trained Podiatric medical physician and Board certified surgeon with expertise in herbal compound engineering, research and development and nine (9) patents credited to his name. In addition to his various capacities, Dr. Tai has served as Chairman of the Podiatric Physicians Continuing Education, as well as Chief Compliance Officer for the state of Michigan, supervising doctors. He is also a professor in the New York College of Podiatric Medicine's Department of Integrative Medicine. Dr. Tai is the author of the best seller books "Cordyceps Miracles" and "8 Powerful Secrets to Antiaging".



## Voronina Tamara, MD

Dr. Voronina Tamara is an endocrinologist, clinical researcher into the use of Intermittent Hypoxia Training (IHT), last year in connection with Stem Cell motility. She has carried out research into Krebs cycle enzymes during fasting and various diets for sufferers from diabetes type 2 and obesity. For the last fifteen years she has been in private practice in London.



## Frederic J. Vagnini, M.D.

Dr. Frederic J. Vagnini is one of the most unique physicians in today's rapidly changing medical system. He embraces both traditional and holistic theories. Dr. Vagnini was graduated from Saint. Louis University School of Medicine where he received his Doctor of Medicine degree. He subsequently served in the United States Army as Lieutenant Colonel and entered into practice as a heart, blood vessel, and thoracic surgeon, which he continued for 20+ years, and had and continues to have a teaching appointment at Cornell where he is a Clinical Assistant Professor of Surgery. In more recent years, Dr. Vagnini has dedicated his practice to Clinical Nutrition and Preventive Medicine and the management of cardiovascular diseases, and he is presently Executive Medical Director for the Heart, Diabetes, and Weight loss Centers of New York located in Westbury Long Island and in New York City.

## Joyce Vining, LPN



## Dr. Wolfgang Ziemann

Dr. Wolfgang Ziemann is a biochemist living in the northern part of Germany. He is a well-known specialist for hormone testing in central Europe. After leaving the university in 1975 he joined a medical diagnostic lab and developed the first quantitative immunoassays for the measurement of steroids in serum using tritiated tracer and extraction with organic solvents. He has used such assays for 4 years in the medical testing lab. Then he switched to the professional industry for developing such immunoassays to be used in medical diagnostic testing labs world wide. The new assay techniques used for the development of routine steroid assays have been direct methods without extraction using Iodine-125 tracers. In 1995 he started the development and the production of steroid assays for salivary testing. At the beginning these have been chemiluminescence assays, later he switched to the ELISA technology. Currently he is building up a major commercial laboratory for saliva testing in Germany. He is fully dedicated to saliva testing of steroids covering the development and production of such testkits as well as the practical use in the diagnostic laboratory for routine patient care.

# Faculty Disclosures



In accordance with standards set for and by the Accreditation Council on Continuing Medical Education (ACCME), faculty have been asked to disclose relationships with commercial entities producing pharmaceuticals, medical equipment, and/or other products that are of relevance to the content of presentations. Such disclosure is not intended to suggest or condone bias, but rather is elicited to provide attendees with the information that might be of potential importance to the evaluation of a particular presentation.

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Frederic Vagnini, M.D.

**As of the time this Show Program went to press, the following faculty did not report:**

Steven Applebaum, M.D.
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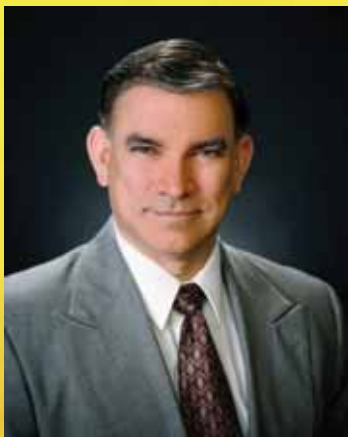
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# MTCARE

A REPORT FROM THE MEDICAL COMMITTEE FOR AGING RESEARCH AND EDUCATION

*continued from page 5*



## Worldwide Demographic Shifts to Impact Economies and Political Structures by 2025

In more developed regions of the world, the ratio of the elderly to the numbers of working-age citizens is rising rapidly, a demographic trend that is forecast to have a profound impact on long-term economic growth and politics in many nations. Collectively, the United States, Europe, and Japan, which account for 70% of the world's economy, will have as many people age 60-plus, as those of working age within the next 20 years. As a result, the dependency ratio will rise from 30% at the start of this century, to stand at 50% by the year 2025.

*Financial Times, 14 March 2007.*



## World's Population To Boom, Fastest Rises in Elderly Bracket

The United Nations (UN) Department of Economic and Social Affairs Population Division reports that the world population will likely increase by 2.5 billion over the next 43 years, passing from the current 6.7 billion to 9.2 billion in 2050. This increase is equivalent to the total size of the world population in 1950, and it will be absorbed mostly by the less developed regions, whose population is projected to rise from 5.4 billion in 2007 to 7.9 billion in 2050. In contrast, the population of the more developed regions is expected to remain largely unchanged at 1.2 billion, and would have declined, were it not for the projected net migration from developing to developed countries, which is expected to average 2.3 million persons annually.

As a result of declining fertility and increasing longevity, the populations of more and more countries are ageing rapidly. Between 2005 and 2050, half of the increase in the world population will be accounted for by a rise in the population aged 60 years or over, whereas the number of children (persons under age 15) will decline slightly. Furthermore, in the more developed regions, the population aged 60 or over is expected to nearly double (from 245 million in 2005 to 406 million in 2050), whereas that of persons under age 60 will likely decline (from 971 million in 2005 to 839 million in 2050). The number of people age 60-plus may nearly triple to 2 billion by 2050, comprising one-quarter of the entire global population of 9.2 billion by that year. The UN report also found that populations of developed regions are hardly growing and thus will age very rapidly, in large part as a result of improvements in life expectancy. Most of the growth and youth in the world is expected to come from poorer nations, and migrations from poor to rich nations is expected to make up for labor shortages in the developed world.

*United Nations Press Release, 13 March 2007.*

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## Chinese Optimistic About Retirement

A survey conducted by the insurance firm AXA-Minmentals Assurance, found that China's residents regard retirement as an "active, financially favorable new life." The survey also revealed that 8 of every 10 people interviewed were happy, with their happiness linked to income and good health. Three-quarters of the working people and two-thirds of the retirees said their income would be sufficient to support their lifestyle after retirement. Additionally, they believed that their living standard and quality of life would be improved after retirement because of China's consistent strong economic growth.

*China Daily, 14 March 2007.*

*continued on page 76*

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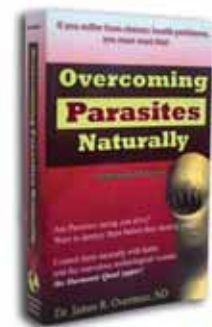
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# MTCARE

A REPORT FROM THE MEDICAL COMMITTEE FOR AGING RESEARCH AND EDUCATION

*continued from page 72*



## US Businesses Not Prepared for Aging Workforce

A survey by Boston College's Center on Aging and Work (USA) found that more than one-quarter of US businesses have failed to plan for the effects of the aging American workforce. Despite reports that the US faces a shortage of millions of workers within the coming decade as Baby Boomers retire, the Center found that American businesses are not making plans to adjust and replace the pool of labor and talent. Of the 578 businesses surveyed, the Center found that only 37% of employers had adopted strategies to encourage late-career workers to stay past the traditional retirement age. The survey also found that, while late-career employees have high levels of skills, strong professional and client networks, strong work ethic, and are loyal and reliable, older workers commented that such employees are looking for flexible work options, including alternatives to the typical 8-hour workday/5-day workweek.

*Boston College Press Release, via EurekAlert, 13 March 2007.*



## Snapshot of Baby Boomers' Assets

In Australia, the nation's Baby Boomer generation controls half of the nation's total household wealth, but represent only one-quarter of the population. A report by AMP and Australia's National Centre for Social and Economic Modelling found that 1 in 4 of the nation's Baby Boomer generation hold an average of more than \$1 million in assets. However, the report also revealed a disparity across the Baby Boomer population: the bottom 25% of Baby Boomers have \$78,400 in assets on average, almost 14-times less than the millionaire Baby Boomers in the elite 25%. The only similarity between the top and bottom of this age group is that the family home accounts for one-third

of all assets. By contrast, the typical Baby Boomer in the average ranking on the wealth ladder has more than half their wealth locked in the family home. In Australia, 1 in 3 Baby Boomers still has a mortgage; by age 60-64, only one-tenth of them still owe money on the family home.

*The Australian, 13 March 2007.*



## Baby Boomer Generation Dominates Political Offices

Of the 6,100 elected state and national offices across the United States, a slight but significant majority are members of the Baby Boomer generation. An analysis by Scripps Howard News Service found that more than 55% of America's current governors, state lawmakers, and congressional representatives and senators were born between 1946 and 1964. While their perspectives and life experiences are quite different from generations that precede and follow them, the Baby Boomer politicians run the range of political party affiliations, largely a factor of their age positions within the generation. About 55% of the lawmakers who are part of the forward segment (born between 1946 and 1954) of the Baby Boomer generation are Democrats, whereas 45% are Republicans. Among later-blooming (born between 1955 and 1964) Baby Boomers, 50% are Republicans and 49% are Democrats. Regardless of party affiliation, however, universally among Baby Boomers in political office, concerns of healthcare, pensions, and age discrimination rank as top priorities.

*Scripps Howard News Service, 12 March 2007.*

*continued on page 124*

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The years pass at the same speed,  
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increase collagen to tighten the skin. Acceleration Training on the Power Plate is a relaxing, low-impact experience, producing endorphins and serotonin. The Power Plate is an essential tool for anyone who helps people live healthier, longer lives.



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## Notes

Thursday, April 26, 2007

### WORKSHOP # 4: Clinical Advances in Anti-Aging Medicine

Co-Chair: to be announced

#### The Documented Health Risks of Genetically Engineered Foods

Jeffrey Smith, MBA

When genetically modified (GM) foods were quietly slipped into the American diet a decade ago, the claims of safety were largely based on untested assumptions. Many of the key ones have proven wrong and there is mounting evidence that GM foods are dangerous. This presentation will highlight the adverse reactions traced to GM foods and explore possible explanations as to cause and prevalence.

Although there has only been about two dozen published peer-reviewed animals feeding studies on GM foods, the results of these and other reports are troubling. Lab animals tested with GM foods had stunted growth, impaired immune systems, bleeding stomachs, abnormal and potentially precancerous cell growth in the intestines, impaired blood cell development, misshapen cell structures in the liver, pancreas and testicles, altered gene expression and cell metabolism, liver and kidney lesions, partially atrophied livers, inflamed kidneys, smaller brains and testicles, enlarged livers, pancreases and intestines, reduced digestive enzymes, higher blood sugar, inflamed lung tissue, increased death rates and higher offspring mortality. About two dozen farmers report that GM corn varieties caused their pigs or cows to become sterile, 71 shepherds say that 25% of their sheep died from grazing on Bt cotton plants, and others say that cows, water buffaloes, chickens and horses also died from eating GM crops. Filipinos in at least 5 villages fell sick when nearby Bt corn was pollinating and hundreds of laborers in India report allergic reactions from handling Bt cotton. Soy allergies skyrocketed by 50% in the UK, soon after genetically engineered soy was introduced; and one human subject out of the handful tested showed a skin prick allergic-type reaction to GM soy, but not to natural soy. In the 1980s, a GM food supplement killed about 100 Americans and caused sickness and disability in another 5,000-10,000.

There are several possible causes for these and other reactions associated with GM foods. The process of inserting transgenes creates significant collateral damage in the host plant's genome. Natural genes at the insertion site may become mutated, deleted, altered or permanently turned on or off. Up to 5% of the hosts' genes may also change expression levels. And growing out GM cells in tissue culture can cause hundreds or thousands of additional genome-wide mutations. These changes can alter RNA, proteins, and primary and secondary metabolites in the plant, any one of which may prove harmful.

The transgene itself introduces a new protein into our diet, which may be allergenic or toxic. The structure and function of the protein may change unpredictably when processed in the new organism. In addition, the transgene sequence may be altered, truncated or mixed with other DNA during insertion, or it may rearrange spontaneously years later—creating proteins with amino acid sequences that were never intended.

Add to this the unpredictable influences of the plants' genetic disposition, growing conditions, interactions between multiple gene inserts and heavier applications of herbicides. In addition, the transgene, antibiotic resistant marker gene or promoter might transfer into the DNA of our gut bacteria or internal organs; genetic material may also pass through the placenta into the unborn or possibly influence sex cells prior to conception.

Each of these risks are unique to GM crops in character or scale and most go unchecked by safety assessments and lax regulations.

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# REJUVENATING SKIN CREAM



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The free radical theory of aging is believed to explain, in part, how and why our skin ages. Sun damage, cigarette smoke, and air pollutants are all possible causes of free radical damage. Anti-oxidants have commonly been used to combat the damage done to skin and help correct the various problems associated with skin aging. However, until now, high strength anti-oxidants have not been available without a prescription!

Our compounding pharmacists have researched different treatments and along with dermatologists, have developed a potent new product for the aging skin. Physicians and patients alike now have the ability to treat skin conditions such as wrinkles, fine lines, uneven pigmentation, large pores, and dark under-eye circles.

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## Notes

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### Goals & Objectives:

- To understand the range of reported adverse reactions to genetically modified foods, including effects on lab animals, livestock and reports from people and institutions around the world.
- To understand at least five categorical risks of GM foods, which may explain the adverse reactions reported.
- To learn how current safety assessments are incompetent to identify or protect us from these risks, and how we can protect ourselves.

### Detoxification/ Detox America

Robert H. Sorge N.D., PhD

We are living in a toxic soup, at the most toxic time in human history. Toxic free sanctuaries no longer exist on our planet. Our scientists tell us that polar bears above the Arctic Circle have been found dead with strontium 90 in their livers. This condition will only worsen as more pygmy nations develop atomic weapons.

Thousands of tons of fish are found dead in our oceans, lakes and rivers daily as a result of plastic by-products and dioxins. Many of our fish are saturated with mercury. Eskimo women have been found to have cadmium in their breast milk. The environment protection agency has announced recently that they can no longer assure the quality of our drinking water in any municipality in the entire country. Each of us has 1,000 times the lead in our bones as our great grand parents.

Why are we as a nation becoming sicker and sicker? How is this possible that one woman in 300,000 gets breast cancer in Gambia, a third world country, while one woman in six in the U.S. can expect to get this same disease? In Naturopathic Medicine we believe toxicity is the common denominator to all disease. Where do these toxins come from? We are living in them. Who's toxic? In the 21<sup>st</sup> Century, everyone is toxic. Some people more than others.

The three major contributors are one, exogenous toxins in our environment that we just touched on. Two, Endogenous toxins resulting from our unnatural life style, the garbage we consume, most Americans don't even know what real food is consuming whoppers, dunkin donuts, taco bell, jack in the box, golden fries, baskin robbins, pizza hut, mcnuggets, wonder bread, starbucks, swine flesh, feces consuming crustaceans like shrimp, lobsters, clams, squid, Nathan's dogs, breakfast of champions, tang, jello, chocolates, sandwich meats, big mac's, finger lickin good, and things go better with coke! We become what we eat.

We have become a nation of junk food junkies addicted to nutritionless plastics and grocery items that do little more then fill a void in our stomachs.

As our cells break down metabolic toxins build up at a faster rate than our body's eliminative channels are capable of throwing them off compromising our immune system.

The final insult is when we get sick our toxic bodies are treated with the most harmful toxins imaginable under the guise of practicing drug medicine by the book. The sicker we become the stronger the toxic substances.

We have reached a point that the so called side effects (poisoning effects) are worse than the conditions that are being treated. We are killing people in the name of medicine. Orthodox drug medicine has indeed become a dangerous practice. Iatrogenic disease has become the biggest killer in the U.S. after heart disease and cancer. Do you agree that we are facing a serious problem as a nation? What is the solution? The solution has been suppressed by the pharmaceutical gangs propaganda machine, but it's been there all the time. We believe the solution is Naturopathic Detoxification.

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# SPACE-AGE TREATMENTS

## Latest in Fat Fighters!

| by Xanya Sofra-Weiss, Ph.D

Are you a medical professional and you don't know how to deal with visceral fat patients? Are you an Obstetric Gynecologist watching your patients become increasingly depressed as the excess pounds gained during pregnancy continue to accumulate on their waistline?

You've read the headlines: A recent study by the Harvard School of Public Health found that a startling two-thirds of Americans are overweight. Even more startling, is the finding that 28.7 percent of adult American men and 34.5 percent of American women were clinically obese. And these numbers will only get worse. America's problem with bulging waistlines has reached pandemic proportions according to federal health officials, who warn that obesity is becoming society's No. 1 killer – a top contender for type II diabetes, heart attack, stroke, maybe even a replacement knee or hip. But as doctors wrestle with this problem, we sought a more clever alternative: Gerry Pollock's high tech power device, the Arasys, developed in London University in 1994 and recently upgraded (2005) in Bi Centre Innova Science Park, a European Union funded research center. Pollock who is also a pioneer in Ultra Violet Light, built the Arasys on the basis of his expertise in co-inventing the first pacemaker. The pacemaker targets the smooth heart muscle transmitting electrical signals that can be customized in various complex programs to analyze the heartbeat and decide if the pacemaker should electrically stimulate the heart to contract. While the pacemaker is designed for the smooth heart muscle, Pollock's device, the Arasys, is designed for the nerve that contracts the skeletal muscle. Pollock invented the Arasys to treat Multiple Sclerosis and Muscle Atrophy, but the technology was imported into the USA as a result of its high-speed muscle building, instant inch loss, visceral fat reduction, and dramatic effects in tightening abdominal muscles after pregnancy.

All other devices that make similar claims to the Arasys are muscle stimulators. What this means is that they cause a depolarization of the skeletal muscle and result in a contraction that is powered by the limited ATP supply (cell energy) stored within the skeletal muscle. Unlike muscle stimulators, Arasys uses advanced MENS technology programmed into an intricate complex waveform composed with up to 1000 frequencies. The waveform is built to analyze, artificially increase and ultimately counteract what would be equivalent to resistance training. Arasys electronic mechanism is hand made to automatically resonate the rhythm of neuro-

nal signals during strenuous exercise while the operator manually increases the flow of signal transmission. Pollock's waveform combines the calculated accuracy involved in hitting a moving target with the specificity necessary for a key to fit a particular lock. The Arasys waveform unlocks the biological process leading to the release of ATP at the nerve synapse along with a neurotransmitter called Acetylcholine. ATP subsequently powers the muscle contraction. ATP involved in the neuronal process does not have the limitations it does during muscle stimulation that draws on the limited supply of ATP stored in the skeletal muscle. Additionally, a number of research studies (Cheng 1982, Santos et al 2004) indicate that MENS stimulation increases ATP up to 500%.



3 TREATMENTS

Arasys effectiveness has been demonstrated by clinical studies that have compared Arasys with physical exercise over a number of variables including inch loss and body building (2004, 2005). Inch loss after Arasys treatments is reportedly significant with individuals suspected to have visceral fat (2004). Arasys Effortless Power Workout speeds up muscle building and inch loss at a fraction of the time needed at the gym. Results are equivalent to strenuous exercise and they last as long. There is no gym burnout since the Arasys procedure does not require glucose, which is normally utilized during physical exercise – an important benefit because the body burns the surrounding fat cells without decreasing glucose levels. This prevents significant build up of lactic acid. Arasys naturally increases metabolic rate to initiate weight loss, and is perfect for spot training to target trouble areas that cannot be conquered with standard exercise. The enhanced detoxification and blood circulation achieved during the Arasys treatment reduces the appearance of cellulite and leaves you with an overall sense of well-being. For more info on the Arasys, visit the website at: [www.arasysperfector.com](http://www.arasysperfector.com) or call 1-866-25-YOUNG. For a free demo visit Booth #501 at the Anti-Aging Expo 2007.





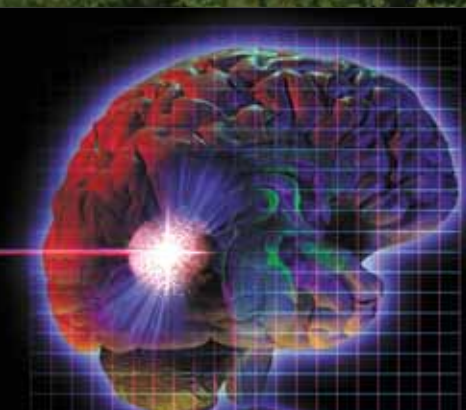
# 2<sup>ND</sup> ANNUAL CHINA CONFERENCE ON ANTI-AGING AND REGENERATIVE MEDICINE

# CHINA



MAY 18-20  
GUANG ZHOU, CHINA

AUGUST 16-19  
BEIJING, CHINA

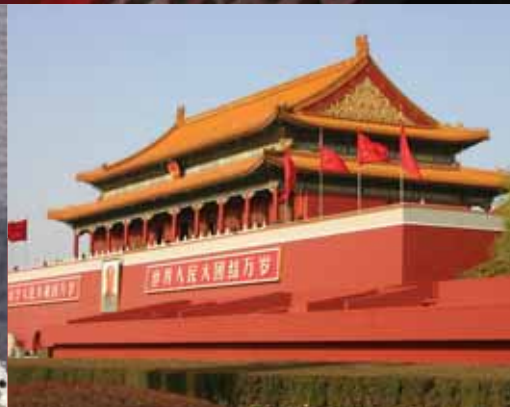


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## Notes

Horizontal blue lines for taking notes.

How energy is stored in the brain as a electro-potential. How the energy is transmitted and used through hormones and the dual Nervous system.

Goals & Objectives:

- Understand a new way to look at the chemistry and flow of the energy of the brain
- How the energy of life is created, stored, transmitted and used.

### Hair restoration: Preserving and Restoring the Aging “Frame of the Face”

Alan Bauman, MD

Hereditary hair loss, considered by many as an outward sign of premature aging that can be seen from across the room, currently affects an estimated 50 Million men and 30 Million women in the U.S. research suggests that 50% of all men and women will experience some degree of hair loss by the time they age 50, with Americans spending over a billion dollars annually on treatments, cures’ and cover-ups. However, recent advances in medical treatments and procedures now offer men and women who suffer from hair loss safe and effective, truly viable methods of maintaining and/or restoring their own natural, living and growing hair.

Goals & Objectives:

It is our goal to present an overview of the mechanisms of Androgenetic Alopecia (male and female pattern hair loss) and viable treatment options that address its long and short term management, including non-chemical/non-invasive therapies (low Level Laser Therapy/LED phototherapy), FDA-approved medications, advanced microsurgical hair transplantation procedures, and future therapies (like hair multiplication/ “hair cloning“). The evolution, benefits and limitations of each treatment modality will be discussed.

### Horizontal Therapy for Osteoarthritis

Dr. Achim Hansjurgens

With osteoarthritis patients in early and late stadium who are regularly treated with Horizontal® Therapy, pain can be reduced fundamentally. Patients get painless in 80% of all cases. The function of the joints in addition is restored and maintained largely. The progressing changes off joints can be brought or slowed down to a stop.

It is assumed in addition that the metabolism of the endothels and also that one of all cells being located in the treatment area is activated by a membrane effect of the electrical alternating fields. In the literature significant changes of the cAMP mirror under the influence of middle frequent electrical alternating fields have been described (Brighton & Townsend, 1986, at application; NOSZVAI-NAGY et Al, 1992). This observation was taken as an explanation for the generally tropic

The Horizontal® Therapy promotes the metabolism, support the circulation, the Lymph transports and the diffusion processes. The function ability of the chondrocytic is improved by it and the production of the hyaluronic acid supported. So it isn’t surprising that many patients talk already about an “oil change” after the first treatment at osteoarthritis in the knee.

Goals & Objectives:

- To gain a basic understanding of the mechanisms of actions of Horizontal Therapy
- To gain an undersatnding of the specific healing mechanisms of horizontal therapy as they relate to osteoarthritis
- To gain an understanding of the rejuvenation effects of horizontal therapy and the overall effects of horizontal therapy on the aging process



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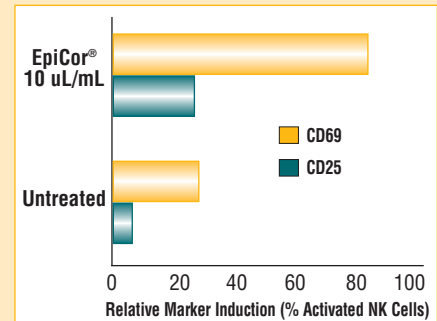
- Non-toxic
- Without contraindications
- Non-mutagenic
- Non-mitogenic

## Researched Effective

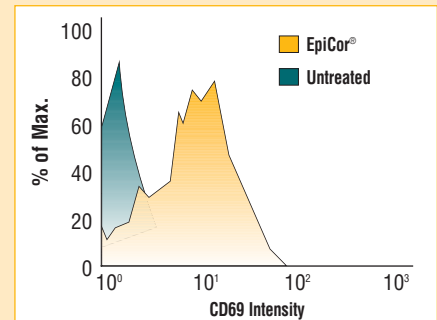
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## Notes

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### Medical Spa Management

Sarah Noble

This session is designed for clinic & spa owners & managers who wish to broaden their services and stay abreast of current industry trends.

If you already have a spa, this will demonstrate that despite having all the theory & systems in place, we can sometimes all miss opportunities to enhance the guests experience and your revenue.

When you leave this session you will know the good, the bad, and the ugly of spas, and will take home a list of improvements to your operations.

### The Rational Treatment of Biological Aging by Modulation of The Second Law of Thermodynamics and the Allostatic Load

John Diamond, MD

This lecture will pull together the therapeutic implications of the Second law of Thermodynamics, Allostasis and the Allostatic Load, and offer a theoretical model of CAM Anti-Aging action that can be used clinically and the basis for further investigative experimentation.

The use and recognition of Complementary, Alternative or Integrative Medicine has been increasing exponentially during the last decade. However, there has not been a unifying biological concept or concepts to scientifically unite or explain the anti-aging modes of action of the disparate modalities that constitute CAM. Nor has there been an adequate explanation of how the CAM modalities should be used in combination with each other or with mainstream pharmacology. Examination of 100,000 patient encounters in 15,000 patients over 18 years – all treated with Traditional Chinese Medicine (Acupuncture and Chinese Herbs), Classical and Complex Homeopathy, Therapeutic Nutrition and Pharmacological Drugs – led to a clinical realization that Anti-Aging Integrated Therapy is governed by the Second Law of Thermodynamics and the concept of entropy. The biological concepts of Information, Energy and Structure are able to modulate entropy, and these constants are related to CAM Anti-Aging therapeutic inputs. The central holistic theme of CAM is further explained by the new concepts of allostasis and the allostatic load. These concepts are the central theory of cause and effect in the body and related to psychoneuroimmunology which is the core of CAM physiology and regulation.

This lecture will pull all these concepts together and offer a theoretical model of CAM Anti-Aging action that can be used clinically and the basis for further investigative experimentation.

Goals & Objectives:

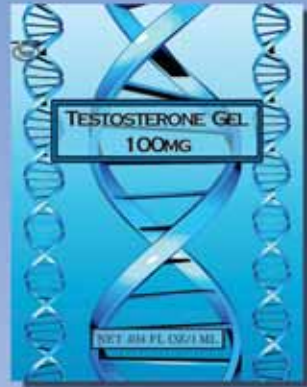
- Understand recent biological findings related to stress, coping and aging
- Understand the therapeutic significance of the Second Law of Thermodynamics
- Introduction to Allostasis, Allostatic load and their implications for anti-aging therapy

continued on page 104



# Introducing...

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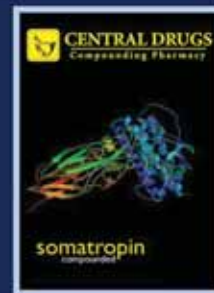
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Finally a pivotal piece of the aging puzzle is solved. Eric Braverman, MD is a leading researcher on how controlling brain and body hormones through diet, lifestyle changes, key supplements, and other natural therapies can halt the aging process.

In *Younger You*, Dr Braverman presents his anti-aging life plan designed to help readers look and feel years younger. After taking an in-depth quiz to help pinpoint your problem areas, you will discover how to immediately address your most pressing needs. Vital organs such as the heart, brain, liver, lungs and skin will express the benefits of hormonal balance resulting in a younger you!

Here is what leading physician authors had to say about Dr. Braverman's groundbreaking approach.....

*"Dr. Braverman's book Younger You will help the aging boomers by explaining that their oldest part should be the focus of their health concerns, so they can grow older with a better quality of life."*

**Isadore Rosenfeld, MD**  
Professor of Medicine,  
New York Hospital Weill Cornell Medical Center  
Author, *Live Now, Age Later*

*"As I have an antiaging treatment for the skin, Dr. Braverman has an antiaging treatment for the whole body. His book Younger You describes the aging code at every section of the body and how we will break the aging barrier..."*

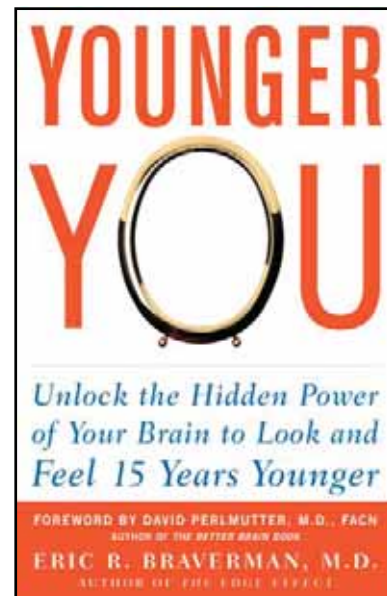
**Nicholas Perricone, MD, FACN**  
Author, *The Wrinkle Cure*

*"We are only as young as our oldest part. We should be able to keep our brains and bodies younger and healthier than ever before. The book is not just for ourselves, but for our children who frequently enter into adulthood with aged parts because of poor nutrition and health practices."*

**David Perlmutter, MD**  
Director, Perlmutter Health Center

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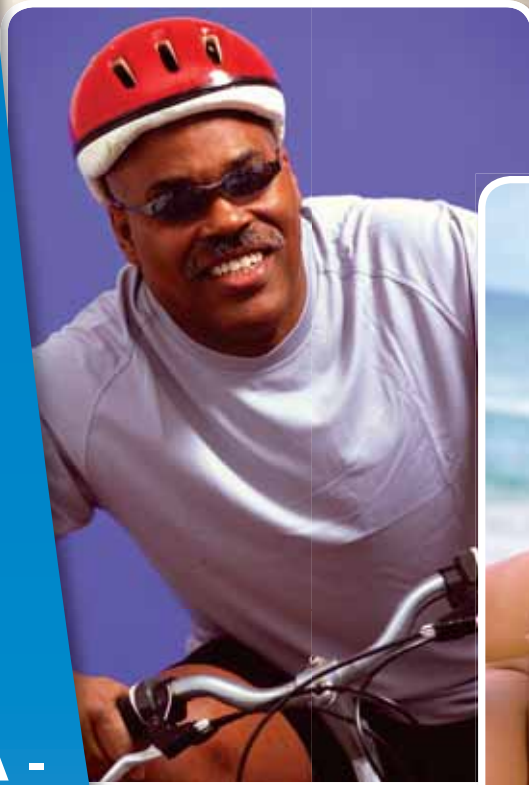
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## Notes

Horizontal lines for taking notes.

protocols that just did not work. Published medical articles are now showing the benefits from replacement of the deficient hormones with significant improvement in their clinical presentation. The use of Growth Hormone, Testosterone and the likes is no longer just an issue of vanity medicine but one of medical intervention.

### Goals & Objectives:

- Understand the association between head trauma and pituitary hormone deficiencies.
- Learn how to assess the potential of Head Trauma as the cause for hormonal deficiencies.
- Establish a format for the assessment of head trauma related hormone deficiency.
- Learn how to replace the deficiencies.

### Matrix Energetics and Regeneration- Energy Medicine

James Oschman, Ph.D.

Energy medicine involves the diagnostic and therapeutic implications of the various forms of energy used by the human body to regulate living processes, such as healing. For example, an injury results in an electrical wave called the injury potential that triggers healing and regeneration; and a number of modern therapeutic devices introduce comparable electric waves that stimulate natural tissue repair processes. The public is attracted to these methods because they are often capable of resolving medical issues that are difficult to diagnose or treat by other means; and the techniques have few if any side effects. The science behind these technologies is both fascinating and revealing. One aspect involves the energetics of the “living matrix” which is the largest organ system in the human body. It consists of the extracellular matrix, i.e. the connective tissues and myofascial systems, and their extensions into the cytoskeleton and nuclear matrix of every cell in the body. Hence the living matrix forms a continuous physical system reaching into every nook and cranny of the body. As whole-body substrate for chemical, electronic and mechanical signaling, the quality of the living matrix is a major factor in health and longevity.

### Goals & Objectives:

- Identify 5 components of the living matrix
- Identify 3 different forms of energy that are conducted by the living matrix
- Identify 3 chronic diseases that are now thought to be caused by inflammation.

### “The Great Masquerator” The Lyme Spirochet

Robert DeJonge, DO

Over the course of medical history several illnesses have had the above connotation. In my early years regarding pulmonary emboli, the NEJM had an article called “Emperor Has No Clothes.” Implying a pulmonary embolus is very difficult to diagnose. In regards to infections, in the past syphilis was an insidious infection that caused multiple symptoms from rashes to CNS disturbances. What are the characteristics of an infectious masquerator? They are the ability to avoid detection and cause a variety of seemingly different symptoms.

This talk is on Chronic Lyme Disease. Lyme disease, if not detected early and treated effectively, may evolve into cardiovascular arthritic or neuromuscular disease. Oddly I will give presentations on MS, PMR, Sarcoidosis, Fibromyalgia, Parkinsons, and others. Lyme disease is also a spirochete like syphilis. I will discuss how to diagnose and treat Chronic Lyme Disease, and also how to monitor treatment progression.

continued on page 118

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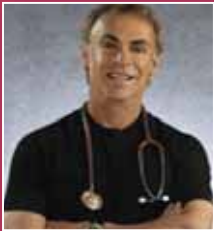


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# MTCARE

A REPORT FROM THE MEDICAL COMMITTEE FOR AGING RESEARCH AND EDUCATION

*continued from page 76*



## Germany Raises Pension

### Age

German lawmakers have raised the retirement age to 67 from 65. Labor Minister Franz Muetefering stated that: "We have to act" as a result of the impact of an aging population. The age raise means that Germans born after 1964 – just under half of the nation's population of 82 million – will have to wait up to two years more before they qualify for the national pension. The changes come in from 2012, raising the retirement age in stages.

*Bloomberg.com, 9 March 2007.*



## The Positive Potential of An Aging Society

Japan's 65-plus population stands at 25.6 million – more than 20% of the nation's total population – and this percentage will continue to expand. In a recent survey of members of Japan's Baby Boomer generation, two-thirds of respondents expressed anxiety about the future, voicing concerns over economic issues as well as about their own health and ability to take care of their loved ones. The same survey, however, also points to positive attitudes. Although only 15% of the Baby Boom generation are presently engaged in volunteer activities, 6 in 10 said they planned to do so in the future. Additionally, almost 8 in 10 looked forward to developing deeper relations with their neighbors and community.

*The Japan Times, 8 March 2007.*



## Encourage Prevention to Reduce Healthcare Costs

The Centers for Disease Control and Prevention (CDC) reported that the cost of caring for aging Americans will add 25% to the nation's healthcare bill by 2030 unless people act now to stay healthy. The CDC report projects that by 2030, 71 million Americans will be over 65, accounting for 20% of the nation's population, up from 10-11% now. Currently, 80% of Americans age 65-plus have at least one chronic disease that could lead to premature death and disability, and the cost of caring for older Americans is 3 to 5-times greater than caring for younger adults. The CDC report encourages people to adopt healthier lifestyles to avoid developing the expensive chronic diseases that sharply raise healthcare costs.

*Reuters Health, 8 March 2007.*



## Healthcare Costs To Increase 18% by 2050

According to a study conducted by a Minnesota-based insurer, Baby Boomers will spur an 18% rise in healthcare costs by 2050, averaging as a 0.3% increase per year. Costs are not projected to increase uniformly across major categories of medical practice; rather, the highest change in per-capita costs due to aging will be in the field of kidney disorders, where spending is projected to rise by 55%. For heart and vascular conditions, the largest major practice category, per-capita spending is projected to increase 44%.

*Health Services Research March 2007, via Kaisernetwork.org, 6 March 2007.*

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## Earliest Baby Boomers Experience More Health Problems

A study by the Population Aging Research Center at the University of Pennsylvania found that the earliest Baby Boomers are experiencing more health and psychiatric problems than people at the same age 12 years ago. Only about 50% of those born between 1948 and 1953 rated their health as “excellent” or “very good” when they were surveyed between the ages of 51 and 56 in 2004. By contrast, about 57% of those born between 1936 and 1941 felt they had above-average health at the same age. The middle group in the survey – those born between 1942 and 1947, which includes the first two years of the Baby Boomer generation, was found to have health problems much the same as early boomers. This study group was more likely to report problems with daily activities (as compared with the oldest group). Lead study author Dr. Beth Soldo suggest that some of these difficulties may be related to higher levels of obesity.

*National Bureau of Economic Research 5 March 2007, via Kaisernetzwerk.org, 6 March 2007.*



## Call for Increases in Senior Employment

Lim Boon Heng, Chair of Singapore’s new Ministerial Committee on aging, has called for increased employment of men and women ages 55 to 64. While the official retirement age in Singapore is 62, the Minister seeks to achieve an employment rate of 65% for the 55-64 age group over the next five years. States Mr. Lim: “If we can get more people to work, then they will have income. And with income, it solves many problems.” In Singapore in 2006, employment for 55-59 year-olds reached a record high of 60.6%, and the employment rate for the 60-64 age bracket stood at 41.9%. As of 2005, Singapore was home to 291,000 citizens age 65 and over; that number is expected to surpass 500,000 by 2020. In preparation for this surge, the nation is actively assessing possible measures to address issues relating to the aging population.

*Associated Press, via International Herald Tribune, 5 March 2007.*



## Life Expectancy Rates Rise

According to the Japanese Health Ministry, life expectancy for Japanese women reached 85.52 years in 2005, rising from 84.60 years in 2000. This marks the 21<sup>st</sup> straight year that Japanese women’s life expectancy stands as the world’s longest. For men, life expectancy rose to 78.56 years from 77.72 years, making it the fourth longest in the world after Hong Kong, Iceland, and Switzerland.

*Associated Press, via Newsday, 1 March 2007.*



## Moderate Alcohol Consumption Beneficial to Men’s Longevity

Dutch researchers tracked 1,373 men born between 1900 and 1920 who lived in a small town in the Netherlands. The researchers followed alcohol consumption in 7 surveys carried out over 4 decades starting in 1960, tracking the men until the year 2000. They found that the men who drank less than a glass of alcohol per day were less likely to die from cardiovascular and overall causes. Drinking about a half glass of wine per day was associated with the lowest mortality levels. Wine appeared to be more protective than spirits and beer. The study found that men who drank wine had a life expectancy 3.8 years longer than those who drank no alcohol. These wine drinkers also had a life expectancy two years longer than those who drank other alcoholic beverages. Lead researcher Dr. Martinette Streppel suggests that alcohol may help to promote high density lipoprotein (HDL) levels or reduce blood clotting, or both; and that red wine in particular may offer compounds to help ward off the build-up of fatty tissue in the arteries.

*Reuter’s Health, 1 March 2007.*

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## A REPORT FROM THE MEDICAL COMMITTEE FOR AGING RESEARCH AND EDUCATION

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### Dementia Time Bomb

In the United Kingdom, the number of people suffering from dementia, which now stands at 700,000, will soar to reach 1.7 million by 2050. In a study by King's College - Institute of Psychiatry, researchers reveal that there will be one million more residents afflicted by dementia within the next two decades. The report warns that "an intolerable strain" may result on medical and social services. In 2007, for the first time, the UK will be home to more pensioners than children. By 2017, there will be almost 2 million more people age 65-84 in the population, and another half a million over age 85. With dementia affecting 1 in 5 people over 80 years of age and 1 in 20 age 65-plus, the UK-based Alzheimer's Society has called for a National Dementia Plan, elevating the disease to a high national priority that will establish long-term investment in research and treatment, improve the quality of life of those with dementia and their carers, and promote early diagnosis. Observes lead study author Professor Martin Prince: "Dementia, unlike heart disease and some cancers, doesn't shorten life. People with dementia may suffer years with the disability and that also exacts a profound physical and psychological cost from their carers. ... We have to push hard now to ensure effective intervention in the future."

*The Observer via Guardian Unlimited, 25 February 2007.*



### World's First Low Cost Parkinson's Disease Diagnostic Test

Scientists at Melbourne's Howard Florey Institute have developed a cost-effective diagnostic test for Parkinson's Disease (PD), which presently afflicts 100,000 Australians. The gene sequencing chip screens 17 genes in all, including the 6 known PD genes plus some other suspects in one simple test, at a cost of US\$500 (conventional DNA sequencing of the 6 known PD genes costs US\$4,000). Comments Dr. Justin Rubio, the research leader: "As the test is relatively cheap and only involves collecting a sample of blood or saliva, it could also be made available to the patient's relatives and those at-risk of developing PD." In addition to being a diagnostic tool, the chip will allow researchers to undertake an Australia-wide gene mapping study to identify further genes that are involved in PD. Adds Dr. Rubio: "The successful implementation of this technology could also lead to genetic testing for other diseases."

*Research Australia Press Release, via EurekAlert, 22 February 2007.*



### Graying Japan Expects Rise in Birthrate

Japan, with a shrinking and aging population, projects a rise in births for 2006 after a record low in 2005, reports the nation's Health Ministry. While the final figures were not available at the time this article went to press, the Health Ministry reported preliminarily that the fertility rate (the average number of children a woman bears in her lifetime) appears to have risen to at least 1.3 in 2006, from the all-time low of 1.26 in 2005. The Health Ministry attributed the rise to an recovering economy that encouraged more couples to marry and have children; at the same time, however, the Ministry warned that the total population was still expected to shrink in coming years as the country ages at an unprecedented pace. Japan, with the world's highest proportion of old people and lowest proportion of young people, has seen its population shrink since peaking in 2004. A fertility rate of 2.1 is needed to keep a nation's population from falling. Japan's declining population has raised concerns over its longer-term economic growth potential and the government's ability to fund escalating pension requirements.

*Reuters Health, 21 February 2007.*



### Aging Trend Projected to Accelerate

Hong Kong's Census & Statistics Department reported that the aging trend has continued during the past 10 years, with the median age rising from 34 years in 1996 to 39 years in 2006. Mr. Fung Hing-Wang, Commissioner for Census & Statistics, attributed this trend to the continuing low fertility rate and mortality improvement of the decade. Mr. Fung also reported that the aging pace is projected to accelerate in 2015 or 2016, after which about 27% of Hong Kong's population will reach the age of 65-plus in the 2030s.

*Hong Kong Office of Administration and Civic Affairs, 22 February 2007.*

*continued on page 132*

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## Demographic Changes Warrant Government Attention

The African continent is home to 48 million people age 60-plus, and analysts project their numbers to nearly double by 2025, to stand at 85 million. In Kenya, 2.4 million people, out of a total population of 32 million, are considered old. Yet, Kenya ranks at the 25th lowest standing worldwide for life expectancy (48.9 years). Help Age Kenya is a charity working to monitor the access the elderly have to health services and to ensure that issues affecting them receive attention from the government. Neglect and destitution among older people have emerged as a particularly visible problem across many of the nation's cities. The current Bill of Rights in the Kenyan constitution does not specifically address the rights of older persons and the nation has no specific legislation to address their needs.

*Voice of America News, 21 February 2007.*



## Vanishing Librarians in Tokyo

The Hibiya, Chuo, and Tama public libraries, run by the Tokyo Metropolitan Government, will see their numbers of licensed librarians halved in the next five years. As part of cost-cutting measures, the metropolitan government stopped hiring licensed librarians in 2002, compounding the problem of Baby Boomer-aged librarians who will soon be retiring. Libraries in Japan are seen as having a vital role in the community. Unless the attrition is countered by new hiring, the libraries will not be able to maintain their materials or provide informational services.

*The Japan Times, 21 February 2007.*



## Healthcare Spending To Double by 2016

US spending on prescription drugs, hospital care, and other health services is expected to double to \$4.1 trillion annually over the next decade, up from \$2.1 trillion in 2006, reports findings by the National Health Statistics Group. The group reports that nearly 20 cents of every dollar spent in 10 years goes towards healthcare, and last year's health spending makes up about 16 cents for every dollar spent. The rise in healthcare spending between 2006 and 2016 is expected to be fueled by greater spending for prescription medications, precipitated by aggressive new treatments for diabetes, heart disease, cancer, and conditions affecting the central nervous system. The report also found that 2006 spending on physician services and hospital care was down, but the report authors project that trend will reverse continue to rise in subsequent years.

*Reuters Health, 21 February 2007.*



## Half of All Senior's Spending May Soon Be Healthcare

The National Center for Policy Analysis reports that in less than two decades, half of the total expenditures of seniors will be healthcare. Presently, the oldest seniors healthcare spending is already higher than spending on housing, food, savings, and taxes combined. Healthcare spending trends identified by the National Center for Policy Analysis:

- Today, healthcare makes up about \$2 of every \$5 – 43% – of seniors' "total potential consumption," defined as the total of all their personal income plus all healthcare expenditures by third parties net of premium payments. By the year 2024, healthcare will equal 50% of seniors' total potential consumption.
- Today's seniors spend an amount equal to 44.5% of their Social Security benefits on healthcare. That amount will rise to 60.9% by 2030 and 81.3% by 2050. By 2070, almost all – 93.4% – of seniors' Social Security checks will be spent on health and medical care.

*ABC KTBS3 (Louisiana, USA), 20 February 2007.  
continued on page 136*

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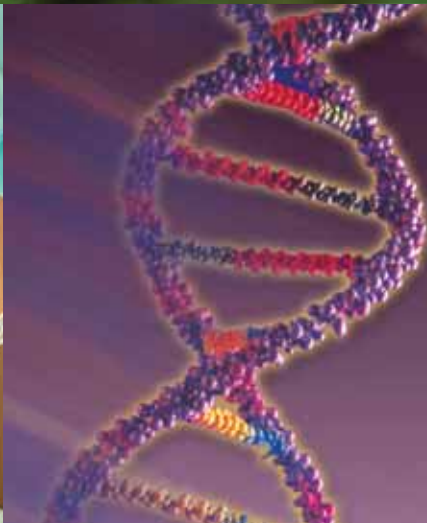


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# M<sup>C</sup>CARE

A REPORT FROM THE MEDICAL COMMITTEE FOR AGING RESEARCH AND EDUCATION

*continued from page 132*



## Surges in Life Expectancy and Affluence by 2050

The Chinese Academy of Sciences forecast that the average life expectancy in China, standing presently at 72 years as reported by the United Nations, will rise by 13 years to stand at 85 years by the middle of the century. The report also predicts that by 2050, increasing proportions of the nation's population will be lifted out of poverty. This latter projection is in-line with the China Modernization Report 2007, which predicts that by 2015 China's social and economic indicators will be on-par with developed countries in the 1960s, signaling China's move from an agrarian economy to an industrial one.

*Reuters Health, 12 February 2007.*



## Rising Cancer Burden in Europe

A report issued by the International Agency for Research on Cancer (IARC) has found that between 2004 and 2006, the number of new cases diagnosed each year in Europe rose by 300,000. It is estimated that in 2006 there were 3.2 million new cases of cancer (up from 2.9 million in 2004) and 1.7 million deaths from the disease across Europe. The 25 EU countries accounted for nearly 2.3 million of the new cases and over 1 million of the cancer deaths. Lung cancer is the leading cause of cancer death in Europe in 2006, whereas breast, colorectal and lung cancers have the highest incidence. IARC warns that, despite better prevention and treatments, Europe faced a major increase in the cancer burden because of the aging population. Professor Peter Boyle, IARC Director, concluded: "The increased burden of cancer incidence in Europe between 2004 and 2006 ... underlines the need for ... screening programmes in Europe."

*European Society for Medical Oncology Press Release, via EurekAlert, 6 February 2007.*



## Baby Boomers Fall Victim to Vices

Baby Boomers are now dying at a rate of roughly 1,000 a day, and the Census Bureau estimates that nearly 21 million will die in the next 25 years. Yet, a notable number of Baby Boomers are dying from fully avoidable causes. An analysis by Scripps Howard News Service of death records for more than 304,000 Baby Boomers who died in 2003 shows the legacies of early and lingering drug use as well as a tendency toward depression at all stages of life, all of which contribute to more deaths from drugs, suicides, and accidents than seen in previous aging generations. The Scripps analysis found that 24% of the Baby Boomers who died in 2003 did not die of natural causes. Baby Boomers accounted for about half of all people nationwide who died that year of drug-related causes, and more than 1 in 10 Baby Boomers died in 2003 from an accident involving risky behavior.

*Scripps Howard News Service, via Detroit News, 7 February 2007.*



## French Women Second-Longest Lived in the World

The women of France enjoy the second-longest life expectancy among the world's nations, following Japan home to the longest-lived. A baby girl born in France in 2006 can expect to live to age 84, surpassing a baby boy's potential by 7 full years. In France, life expectancy is increasing at an average of 3 months per year. By the end of this century, French officials project that the average lifespan for women will be 95, and for men, 91. In 2006, more than 16,000 French men and women were 100 years old or older, more than double the number of 7 years ago. France's National Institute for Statistics and Economic Studies projects that by 2050, the nation will be home to 150,000 centenarians.

*Washington Post Foreign Service, 5 February 2007.*

*continued on page 138*

M<sup>C</sup>CARE

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# MTCARE

A REPORT FROM THE MEDICAL COMMITTEE FOR AGING RESEARCH AND EDUCATION

*continued from page 136*



## US Public Sector Faces Talent Drain

The Council for Excellence in Government, a non-partisan research group, warned that the US federal government faces a massive talent drain in the coming years. According to the Council, about 90% of senior managers in federal government are eligible to retire in 10 years, and more than 40% of all federal employees will be eligible for retirement by 2010. At the same time, the Council reports, fewer young people are opting for careers in public service. Many top US colleges and public policy schools report that the number of graduating students choosing positions in federal government has decreased.

*The Financial Times, 4 February 2007.*



## Heart Disease Deaths in Women on the Decline

The National Heart, Lung, and Blood Institute (NHLBI) reported that the number of women who die from heart disease has shifted, from 1 in 3 women to 1 in 4 – a decrease of nearly 17,000 deaths from 2003 to 2004. The data analysis by NHLBI researchers showed that the last few years in particular have seen a steady decline in the number of heart disease deaths in women: deaths have gone down in each of the five years from 2000 to 2004, a consecutive yearly trend which has not occurred before. Furthermore, in 2004, life expectancy at birth has reached an all time high for US women – 80.4 years, a trend that NHLBI researchers partially attribute to the steady decline in heart disease mortality.

*National Heart, Lung, and Blood Institute (NHLBI) Press Release, 1 February 2007.*



## US Leads World in Retirement Savings

A global retirement survey conducted by AXA Equitable found that US workers save an average of nearly \$700 a month for retirement, topping the regular savings of the average worker in 11 other countries. This is more than double the amount saved by workers in France, Italy, and Germany; it is also nearly 10 times the amount saved by workers in China. However, the report notes that those survey respondents who reside outside the country see the US pension system as shaky; people in Hong Kong, China, and Spain are confident in their country's pension systems. Not only does one-third of the US population think the current American pension system will be extinct by the time they reach age 75, but 95% of the working Americans surveyed said Social Security is in trouble. That translates into more Americans taking personal responsibility for their own retirement years.

*The Star-Ledger, 2 February 2007.*



## Dementia Cases To Double by 2031

The Australian Institute of Health and Welfare (AIHW) reported that there were 175,000 Australians afflicted with dementia in 2003. But the AIHW report projects that this number will skyrocket 2.5 times, to reach 465,000 cases by 2031. The Dementia in Australia report also found that in 2003, Australians with dementia used 1.4 million hospital patient days and 24.7 million residential aged care bed-days. They also cost the country \$1.4 billion, including \$993 billion in the residential aged care sector alone. Alzheimer's Australia is conducting ongoing educational campaigns to encourage older people to reduce primary risk factors for the disease (such as diabetes and blood pressure), which can potentially delay the onset of dementia by 5 years, cutting in half a person's risk of developing the condition.

*The Age Company, 1 February 2007.*

*continued on page 182*

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\*Radioisotope Tagging Study - November, 2006.  
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## Notes

A series of horizontal blue lines provided for taking notes.

### The Use of Adult Stem Cells and New Low-Molecular Weight Compounds for Regenerative Medicine and as Anti-Aging Agents

Shimon Slavin, MD

Over the years, there has been a constant increase of life expectancy, however, there was no rise in maximum lifespan. Due to the aging process, trauma and wear and tear, there is an increasing need for development of new methods for tissue repair and regenerative medicine. There is enormous variation in different organisms natural lifespan ranging from 2 weeks in worms to >150 years in turtles and certain deep-sea fishes. However, in addition to the major role of the genetic system, which cannot be replaced, in the aging process, there can be considerable variations of up to 30 times longer lifespan even in the same species, with essentially the same genetics, such as queen bee and male workers bees, for example. It is therefore suggested that epigenetic changes or external interventions may be effective in extension of the life span of tissues and the entire organism. Indeed, healthy aging, longevity and better quality of life in the aged are humanity desire and goal since the dawn of human race.

The use of stem cells, adult currently and embryonic in the future, and experiments suggesting stem cell plasticity have created new hopes that regenerative medicine and life extension may become a clinical reality. Indeed, we have documented that adult and post natal cord blood stem cells may be used for repair of bone and cartilage, as well as the function of a failing heart in rodents and man, respectively. Bone marrow derived donor cells were shown to replace necrotic host brain cells and improving signs of demyelination in rodents with induced experimental autoimmune encephalitis (EAE) resembling multiple sclerosis in man.

continued on page 154

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chronic illness not only encompasses the science of medicine but the often forgotten art of being a physician. Time Magazine in 2003, quoted, The Fire Within: "Chronic inflammation may be the engine that drives many of the most feared illness of middle and old age." The Dartmouth Atlas Project studied the records of 4.7 million Medicare enrollees who died from 2000 to 2003 and had at least one of 12 chronic illnesses.

This workshop is designed for healthcare professionals who want to learn the basics of diagnosing and treating chronic inflammation and its effects on the immune system. Professionals will also be able to increase their knowledge of serologic and molecular diagnostic and treatment options for chronic inflammatory diseases.

The focus of this workshop will be the pathogens, particularly Spirochetes (Lyme disease): Viruses and Bacteria: and parasites, associated with chronic inflammatory disease.

Described in this workshop will be the Immune System Activation of Coagulation (ISAC) pathophysiology model of chronic illness and understand how various pathogens and environmental factors can trigger low level, i.e. subthrombotic, activation of coagulation. The effects of inflammation/infection in relationship to immune dysfunction will be reviewed: TH1 and TH2 inflammatory responses.

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- Learn specific treatment for inflammatory disease

*continued on page 162*

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continued on page 164



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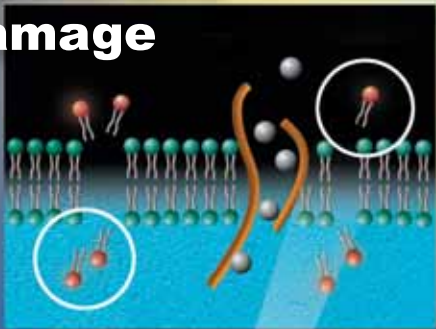
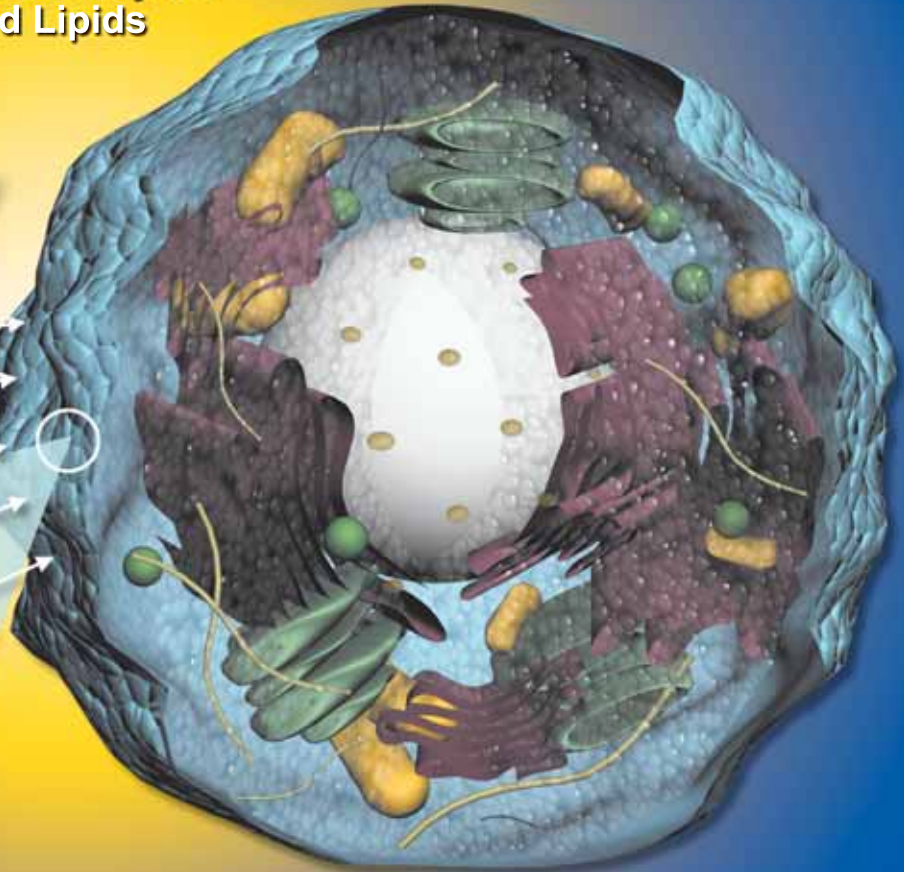
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Free Radicals

Cell  
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 $\text{O}_2^-$   
 $\text{HO}^-$   
 $\text{H}_2\text{O}_2$   
 $\text{Cl}^-$   
 $\text{O}_2^{2-}$



### Step 1

Fill cup half-full of urine.



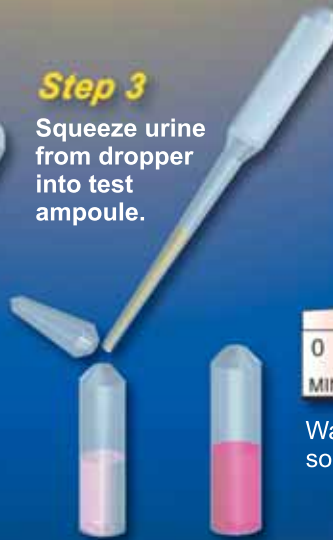
### Step 2

Draw urine into dropper tube.



### Step 3

Squeeze urine from dropper into test ampoule.



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*continued from page 166*

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### Derm 101 Aging Face- Top Skin Rejuvenation Treatments

*Nina Lundberg, MD*

This presentation will explain the basic principles of the aging skin and facial changes assessment together with the most commonly employed facial rejuvenation treatments for more youthful look by helping to reverse the appearance of aging and sun damage, such as actinic keratoses, solar lentigines (pigmental spots), dyschromia (irregular color of the skin, discoloration), volume loss, facial lipoatrophy, sagging skin.

The histology of dermis will be reviewed allowing the attendee to develop the appreciation for the dermal depth of the various cosmetic defects to be treated.

Topic procedures for skin rejuvenation will be discussed, such as:

- Botox treatment for dynamic wrinkles
- Facial fillers for wrinkles and folds
- Skin rejuvenation with IPL and Lasers (ablative/nonablative)
- Chemical and Physical Peels
- Dermabrasion and Microdermabrasion

*continued on page 170*

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### Breaking the Aging Barrier/ Brain Aging

Eric Braverman, MD

In the lecture I will describe the broad range of parameters that signal aging/dying and how they have been successfully reversed. There is substantial evidence, which shows virtually every single major parameter can be reversed. One might inquire, “Can we reverse them all at the same time and obtain 15 years of life, prior to the advent of stem cell regeneration of aging parts? What is the future?” I will follow this with a description of the multi modal diagnosis used to identify the aged parts including: CT Angio, PET, ultrasound, blood work, and BEAM. I will also mention the significance of bioidentical hormones, prescription drugs, and diet in treating a patient. I will show practitioners that this is the complete package needed to temporarily reverse the aging process.

### Intermittent Hypoxia Training in Anti-Ageing Medicine

Tamara Voronina M.D.

Intermittent Hypoxia Training (IHT) is a modern state-of-the-art therapy, which has been developed over the last 25 years. Its ability to regulate, adjust and balance metabolism is one of its most valuable properties. It influences the effectiveness of oxygen consumption, which brings amelioration in multiple diseases.

IHT enhances the release of oxygen from haemoglobin into tissue by binding haemoglobin to 2,3 diphosphoglycerate (DPG). We suggest that the effect of ionic K-ATP channel activation, which upregulates membrane and nuclear sites receptors as well as the expression of glucose transporter GLUT1, adjusts metabolism. IHT decreases homocysteine, a fact which triggers cardio-protective effects and improves glucose metabolism, an important

continued on page 172

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April Armstrong, Coos Bay, Oregon



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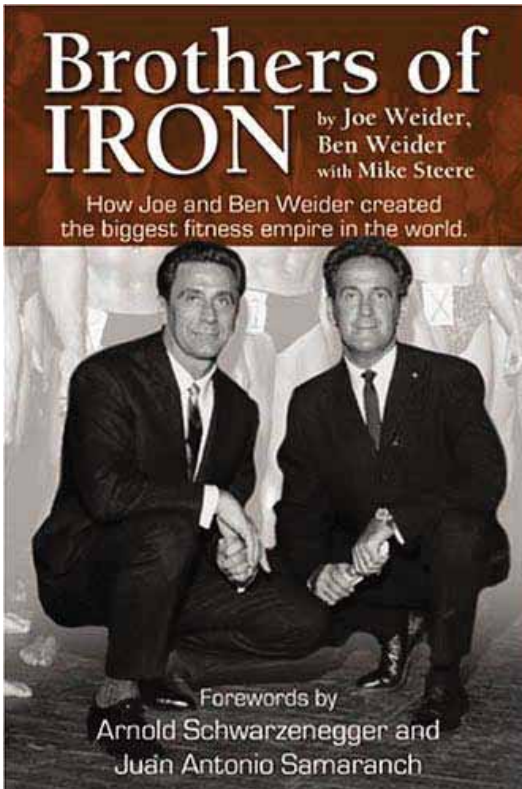
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## Weiders' Digest

By Rob Wilkins  
Special Assistant to the IFBB



*Brothers of Iron*, a new biography by Joe and Ben Weider, chronicles the life of how two young boys from a poor but hard-working Jewish family in Montreal, Canada, revolutionized the sport of bodybuilding and helped inspire the global physical fitness movement.

“For nearly three years, Joe and I have been hard at work on this book,” said Weider. “Through our book, Joe and I want to share our values of life and hard work with people all around the world. Anything is possible as long as you are willing to make sacrifices and have passion,” Weider said.

*Brothers of Iron* depicts the remarkable accounts on how the Weider brothers were able to start their publishing empire, promote the benefits of supplements, become recipients of dozens of awards and honors and most importantly, motivate and inspire millions of people world-

wide. Forewords by Juan Antonio Samaranch, former president of the International Olympic Committee (IOC) and bodybuilding legend and California Governor Arnold Schwarzenegger, the book also features 24 pages of rare photos from the Weider personal collection.

The Weiders will make appearances at select bookstores (in North America) to include Barnes & Noble in November and December. For the most up-to-date schedule of appearances, visit [www.ifbb.com](http://www.ifbb.com).

*Brothers of Iron* is available in bookstores, at [www.amazon.com](http://www.amazon.com), or through [www.sportspublishingllc.com](http://www.sportspublishingllc.com). With the purchase of 12 or more books, a discounted rate is available. For more information, contact Rob Wilkins via e-mail at [robifbb@yahoo.com](mailto:robifbb@yahoo.com).

## Notes

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*continued from page 170*

factor in diabetes. Probably the hypoxia-mediated stimulation of macrophages to produce nitric oxide and the increase in cellular levels of p53 in response to hypoxia are important factors in prevention and treatment of cancer. A detox effect occurs due to increasing cytochrom-450. Making use of this scientific information we can optimize the application of IHT. Furthermore, to obtain maximal input from IHT, we have to arrange for each individual a special regime to take into account the conditions of the body and determine the optimal strength, dose, frequency and interval in each treatment.

### Personalizing Hormone Treatment: The Whole Picture

*Patrick Hanaway, MD*

Many physicians and their female patients are facing difficult questions regarding the decision to use HRT. The current confusion surrounding HRT highlights the peril of applying a "one size fits all" approach. An individualized approach includes phenotypic and genotypic testing. The first questions that many physicians ask are:

- Should a woman entering menopause begin hormone replacement?
- Who needs it, and who doesn't?

Once the decision to begin HRT is determined, the delivery system and dosage are required. We've learned a great deal about the various delivery systems for BioIdentical HRT, as well as other hormones. Now the questions become:

- How does one determine the unique and individual needs of a patient?
- How does one personalize the treatment?

*continued on page 174*



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continued from page 172

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Determining the specific, individualized needs of each patient allows us to personalize our treatment. Hormonal assessments, based upon the 3-dimensional perspective of urine, serum, and saliva will help to generate the best answers in meeting the needs of each individual patient. Participants will be able to determine the best combination of hormonal therapies for maximum benefit and minimal risk.

#### **Being your own advocate: How to negotiate a professional licensing proceeding and select effective legal representation**

*Algis Augustine, J.D.*

The regulatory climate of health care poses challenges for providers, particularly those utilizing cutting-edge technologies or offering alternative approaches to traditional medicine. Professional licensing boards have become increasingly proactive in their discipline of health care providers, which speaks to the importance of securing competent representation for any provider involved in a professional licensing case.

This presentation will focus on the most effective way to bring in counsel if a provider becomes involved in a professional disciplinary case and the criteria to consider when selecting an attorney, such as the attorney's case history, cost, client compatibility, and negotiation experience. This presentation will also provide an overview of the disciplinary process and insight into effective strategies to avoid disciplinary action altogether.

There are fundamental factors which must be considered in a license proceeding including: the provider's career, applicable laws, and the facts of the case. The importance of retaining counsel to adequately consider these issues can not be overemphasized. In many cases, counsel can spare a provider the expense, stress and adverse publicity of a disciplinary proceeding by adopting an effective settlement campaign. The ultimate goal of this

*continued on page 176*



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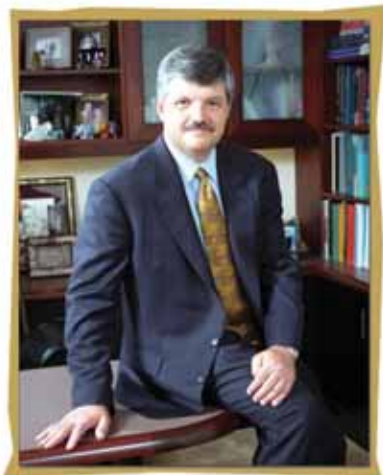
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*continued from page 174*

*Saturday, April 28, 2007*

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presentation is to allow providers to be their own best advocate by understanding the disciplinary process and selecting effective representation when needed

Goals & Objectives:

- To enable a provider to consider the important attributes of effective counsel in a disciplinary proceeding
- To provide an overview of the professional licensing case

### Mesotherapy in Clinical Practice

*Peter Salas, MD*

Mesotherapy was developed in France in 1952 by Dr. Michel Pistor. It has recently become a popular therapeutic approach, especially in aesthetic medicine. Mesotherapy involves delivery of therapeutic agents directly through the skin to the target area minimizing the systemic impact of the treatment. Although mesotherapy has traditionally been used to treat common medical conditions, in the USA the primary interest in mesotherapy has been its aesthetic applications. We have reported our experience in aesthetic mesotherapy in an effort to better identify the optimal treatment regimens and best candidates for this modality.

Since 2002 we have treated hundreds patients for various indications, primarily related to localized lipodystrophy, fatty neck, jowls, and lower eyelid fat herniation. In our initial experience we treated patients unilaterally with a contralateral control to show the efficacy of mesotherapy as an effective aesthetic procedure. We subsequently looked at different combinations of medications in an effort to derive an optimal treatment formula. We also compared the results of mesotherapy with liposuction in a prospective study. Our treatment protocols usually involved the use of an automated injector.

*continued on page 180*



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Saturday, April 28, 2007

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## Notes

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We found that mesotherapy is well received by patients and is very effective in the treatment of localized lipodystrophy. Side effects observed in our patient population were generally minor and self limited. We were not able to show significant changes in patient weight with Mesotherapy. In addition, we found that mesotherapy is not as effective as liposuction in the treatment of lipodystrophy.

We will review the scientific basis of mesotherapy. Special attention will be given to effective techniques and appropriate patient selection.

Goals & Objectives:

- Discuss the scientific basis of mesotherapy
- Understanding the role of mesotherapy in aesthetic medicine
- Explain the proper technique of administration of mesotherapy

### Saturday, April 28, 2007

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Sharon McQuillan, MD

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# MICARE

A REPORT FROM THE MEDICAL COMMITTEE FOR AGING RESEARCH AND EDUCATION

*continued from page 138*



## Senior and Boomer Volunteering at 30-Year High

According to the Corporation for National and Community Service, senior and Baby Boomer volunteering has reached a 30-year high in the United States. The study found that the volunteer rate for Americans age 65-plus has increased 64% since 1974. Educational and youth service organizations are benefiting from the growth because they have received the largest increase in volunteers between 1989 and 2006. The heightened civic engagement is partly attributed by the study authors to the fact that older Americans are living longer, are better educated, and more financially secure – creating an increased desire for them to remain active and seek ways to give back to communities.

*State Point Media Wire via The Times Guardian, 30 January 2007.*



## Worldwide Parkinson's Cases To Double by 2030

The number of individuals with Parkinson's Disease (PD) in 15 of the world's largest nations will double over the next generation. Researchers from the University of Rochester examined the projected population growth in the 5 largest countries in Western Europe (France, Spain, Germany, the United Kingdom, and Italy) and the 10 most populous nations worldwide (China, India, Indonesia, the United States, Brazil, Pakistan, Bangladesh, Nigeria, Japan, and Russia), then projected the prevalence of PD by age group in each country. Their research estimates that the number of individuals with PD in these 15 countries will grow from 4.1 to 8.7 million by the year 2030. While the number of individuals with PD will nearly double in the US to 610,000, the greatest growth will occur in developing countries in Asia. By 2030, an estimated 5 million people will have PD.

*University of Rochester Medical Center Press Release, via EurekAlert, 29 January 2007.*



## World's Oldest Person Dies at Age 114

Emma Faust Tillman, the daughter of former slaves, died at a nursing home in Connecticut (USA). According to family and friends, Mrs. Tillman had lived independently until she was 110 and had never smoked or drank. Born on 22 November 1892 on a North Carolina plantation, Mrs. Tillman became the world's oldest person after the death of a 115-year old man in Puerto Rico, holding the title for less than a week.

*BBC News, 29 January 2007.*



## Seniors Nearly Half of All Traffic Deaths

According to Japan's National Police Agency, people age 65-plus accounted for 44.2% of all traffic fatalities in 2006, the highest portion since 1976 when comparable data became available. According to the Agency's survey, 2,809 victims of traffic deaths were age 65 or older, many of which were pedestrian fatalities. With the proportion of elderly victims topping 40% for the fourth straight year, the Agency said it will continue measures to reduce traffic deaths for this age group.

*The Japan Times, 26 January 2007.*

*continued on page 184*

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A REPORT FROM THE MEDICAL COMMITTEE FOR AGING RESEARCH AND EDUCATION

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## Surge in Alzheimer's Cases, Slump in Caregiver Numbers

Presently, an estimated 450,000 Canadians over age 65 have Alzheimer's Disease (AD) or dementia. By the year 2031, that number is projected to stand at 750,000. Not only is this soaring statistic potentially problematic, but it is accompanied by a decrease in the projected numbers of caregivers. Whereas the generation that begat the Baby Boomers saw about 28 babies born for every 1,000 Canadians between 1947 and 1966, the birth rate among Baby Boomers was precipitously less, standing at 17 in 1,000 in 1970 and today hovers around 11 per 1,000. A shortage of children to look after the increasing numbers of Alzheimer's patients could add enormously to the length of time people spend in hospitals and nursing homes. Mr. Scott Dudgeon, head of The Alzheimer's Society of Canada, warns that "There is a very real potential that ... this could overwhelm the (healthcare) system."

*Toronto Star, 25 January 2007.*



## China Aging At Alarming Rate

The world's most populous nation is aging faster than any major country in history. For most of China's history, people age 60-plus rarely numbered more than 7 of every 100 people. But thanks to improvements in healthcare, sanitation, and living standards, the average citizen now lives more than 30 years longer than in 1949. By 2050, those age 60-plus will make up 31% of the population in China. In addition, there are fewer young people to make up the workforce, as a result of China's one-child policy, enacted a generation ago. As a result, the United Nations projects that China will take just 25 years to age as much as Europe did during the entire last century.

*Orlando Sun-Sentinel, 23 January 2007.*

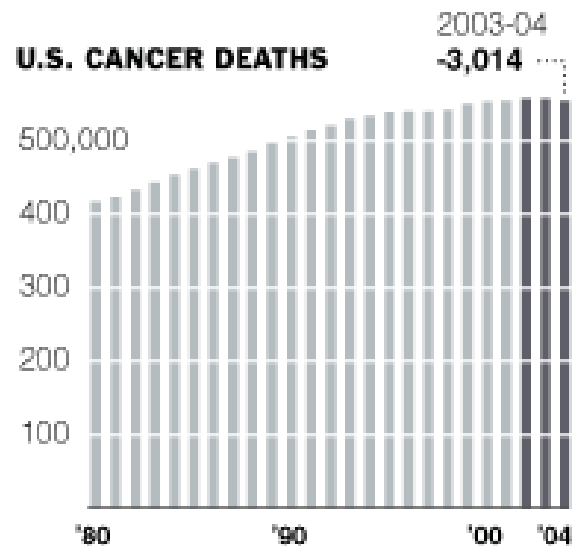


## Cancer Deaths Decline for Second Consecutive Year

According to the American Cancer Society, the number of cancer deaths in the United States dropped for the second year in a row. From 2003 to 2004 (the latest year for which figures are available), cancer deaths fell by 3,014 cases, considerably more than the previous year's decline of 369. Much of the decrease is due to smoking cessation and improved detection and treatment of colorectal, breast, and prostate cancers. The death rate from cancer has been falling by slightly less than 1% per year since 1991, but until 2003 the actual number of deaths kept rising because the population has been growing and aging. Then in 2003, the cumulative drop in death rates finally became large enough to outpace aging and population growth.

### U.S. Cancer Deaths On the Decline

*American Cancer Society via New York Times, 18 January 2007*



*Source: American Cancer Society*

*The New York Times*

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New York Times, 18 January 2007.

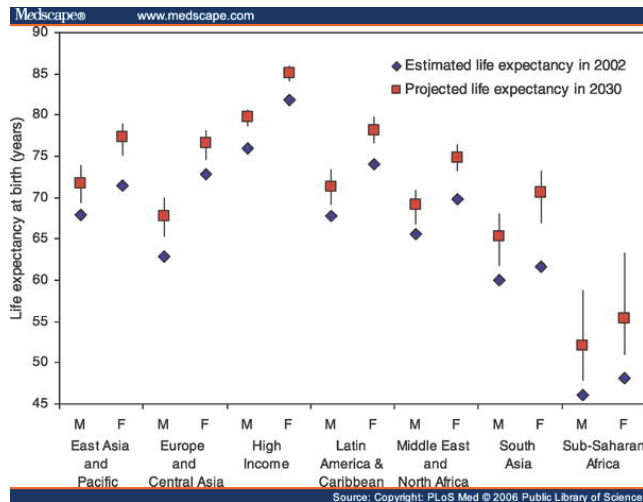


## Projections of Global Mortality and Disease Burden, 2002-2030

A new projection of global and regional projections of mortality and burden of disease by researchers supported by the World Health Organization (WHO) found that life expectancies at-birth in 2030 will increase across all World Bank regions, with the largest increases in Africa and South Asia. The highest life expectancy in 2030 is projected to be for Japanese women, at 88.5 years.

### Projected life Expectancy At-Birth in 2030 by World Bank Region and Sex: Baseline, Optimistic, and Pessimistic Scenarios Compared with 2002 Estimates

From Mathers CD and Loncar D., "Projections of Global Mortality and Burden of Disease from 2002 to 2030," *Medscape*, 18 January 2007.



Medscape, 18 January 2007.



## Anti-Aging Education and Research Center Established

The Udayana Medical University in Indonesia has opened the Center for the Study of Anti-Aging Medicine. The Center, which has the support of the A4M in the areas of human resource training and technology development, is the first of its kind in Indonesia. It will focus on education and research on anti-aging medicine, and one its key missions is to educate the public on anti-aging medicine and how it can benefit them. The Center will offer graduate and specialist programs, as well as short-term courses for general practitioners. Special certificate courses geared toward non-medical persons will also be available. Comments Dr. Wimpie Pangkahila, Chairman of the Center for the Study of Anti-Aging Medicine at Udayana Medical University: "We expect that this center will give significant contributions in the promotion of anti-aging medicine in the country, and in fostering healthy lifestyles in a bid to create a more prosperous and healthy society."

The Jakarta Post, 18 January 2007.

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## Nobel Prizewinners Live

### Longer

Researchers from the University of Warwick (United Kingdom) found that scientists who win the Nobel Prize live two years longer than colleagues who have only been nominated. The average lifespan of 524 scientists who had been nominated for the prize between 1901 and 1950, including 135 prizewinners, was 76 years, with winners living 1.4 years longer than nominees. The gap widened another two-thirds of a year when winners and losers from the same country were compared. Observes Professor Andrew Oswald, lead study author: "Status seems to work a kind of health-giving magic. Once we do the statistical corrections, walking across that platform in Stockholm apparently adds about two years to a scientist's lifespan."

*Reuters Health, 16 January 2007.*



## Hungary May Raise

### Retirement Age

Currently, the retirement age in Hungary is 62, which government officials point to as a serious risk in the pension system, given the upcoming wave of retirees in 2012 to 2014. Hungary's Prime Minister, Ferenc Gyurcsany, is proposing a series of reform measures to improve the nation's pension system, including to increase the retirement age.

*Portfolio (Hungary), 17 January 2007.*



## Baby Boomers Ill Prepared

### for Retirement

According to a survey conducted for BMO Financial Group by Ipsos Reid, 69% of Baby Boomers in Canada have a Retirement Savings Plan (RSP), but more than half also consider their registered retirement accounts as their retirement plan, suggesting that aging Canadians

are not planning alternative and supplemental investments. BMO warns that while RSPs are valuable savings instruments, today's reality is of dwindling defined pension plans and longer life spans, beckoning a comprehensive financial plan to adequately fund retirement.

*CanWest News Service via Canada.com, 17 January 2007.*



## Elderly Inflation Rate On

### the Rise

According to the Alliance Trust Research Centre, the elderly's annual inflation rate in the United Kingdom has been on a sharp and continued rise. At the end of 2006, the rate stood at 4.2%, more than double the government's inflation target. The elderly in the United Kingdom have been coping with a rate of inflation in excess of 3% since mid-2006.

*Easier.com, 16 January 2007.*



## Economic Fears as Baby

### Boomers Retire Early

According to a study by the LG Economic Research Institute, Korean Baby Boomers now aged between 44 and 52, the core of the Korean workforce, are retiring early. Among the 7.13 million Korean Baby Boomers born between 1955 and 1963, 2.2 million now in-work are expected to retire over the next decade. The average retirement age in Korean companies stands at 57, but many Baby Boomers will retire at age 52.3 due to a sluggish economy and a changing corporate culture that favors young employees. While the early retirement trend can reduce the heavy labor costs for businesses and help more young people become employed, some experts also worry that the trend will also increase welfare costs, reducing consumption and causing labor shortages.

*The Chosun (South Korea), 15 January 2007.*

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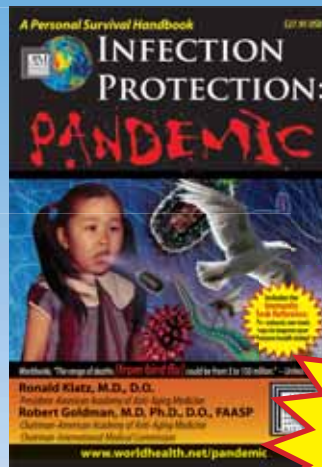
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## The “Grey Wall of China”

For three decades, China’s economy has enjoyed the benefits of a large population of young working-age people. Today, China is feeling the effects of the one-child policy. In less than a decade from now, china’s working-age population will begin to decline. By 2050, China’s workforce could shrink by as much as 35%, while its retired population will swell to reach nearly one-third of the total population. While the average pensioner is supported by 6 workers today, the dependency ratio will slip to 2 workers per retired person by 2040.

*The Globe and Mail (Canada), 15 January 2007.*



## Europe is Aging and Shrinking

The United Nations projects the world population will rise to 9 billion from 6 billion by 2050 before stabilizing, with most of the growth to occur in Asia. During this time, the population of Europe is projected to decline, with some experts projecting that the economic growth rate, both absolute and per-person, reducing by-half in the countries worst hit by population shrinkage (Germany, Spain, and Italy, most notably). As a result, the European Commission has proposed a pan-European system of US-style green cards to lure youthful workers with good education, skills, and economic potential. Many public policy officials regard immigration as an alleviation rather than a solution, as European countries need to offer benefits beyond steady employment to attract workers, such as affordable housing, quality education for children, and accessible healthcare services.

*Reuters, 12 January 2007.*



## Doctor Shortage Projected in Five Years

The Royal Australian College of General Practitioners has warned that Australia could face a chronic doctor shortage within five years. Nearly 40% of general practitioners are age 55-plus; an additional 34% are between the ages of 45 and 54. Additionally, Australia is experiencing a rising demand on health services, as 1.1 million more Baby Boomers consulted general practitioners in 2005-2006 than previously. The Royal Australian College warns of “A silver tsunami ...moving across the page and ... about to drop off the edge.”

*The Age, 17 January 2007.*



## Aging Population Brings Demands, But Benefits As Well

In Japan, a large number of postwar Baby Boomers reach retirement age this year. The working population, age 15 to 64, will decrease by several hundred thousand people every year while the number of Japanese age 65-plus will continue to increase. By 2025, it is estimated that 22.3% of the age 65-plus population will need nursing care, up from 18.4% in 2006. Nursing care spending will jump to 17 trillion yen (in 2025) from 7 trillion (in 2006). However, with these demands come benefits, in that seniors can continue to contribute to society. A Tokyo Metropolitan Government poll showed that 80% of male Baby Boomers expected to be working 5 years from now. In addition to providing a wealth of experience and know-how to the commercial sector, Japan’s Baby Boomers can continue to live creative and socially meaningful lives by participating in their local communities.

*The Japan Times, 11 January 2007*

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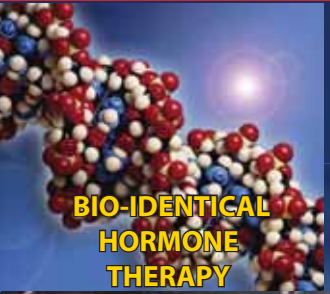
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