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ANTI-AGING MEDICAL NEWS SPRING 2010

OFFICIAL SHOW HANDBOOK

Spring 2010
OFFICIAL SHOW GUIDE

18TH ANNUAL WORLD CONGRESS ON Anti-Aging Medicine & Biomedical Technologies

April 15-17, 2010 Orlando



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MODULE IV ORVI: LOS ANGELES, CA MAY 14-16, 2010



In this age of consumer awareness, it is critical for anyone who wishes to practice Anti-Aging Medicine – the fastest growing medical specialty – to have the proper credentials. The AAM offers an elite Fellowship Program in Anti-Aging and Regenerative Medicine that will give you the knowledge needed to run a successful Anti-Aging Practice. This modular training program includes hands on clinical training and web broadcasts to discuss topics and experience with other Physicians and Healthcare practitioners.

The following modules will be offered May 14-16, 2010 in Los Angeles, CA:

Module IV: A Regenerative and Functional Approach to Amino Acid and Fatty Acid Metabolism, Drug Induced Nutrient Depletion, ADD/ADHD, Spirituality, Osteoporosis, and Nutrition

Module VI: Nutrigenomics and The Functional Regenerative Matrix



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To learn more about the Fellowship in Anti-Aging Regenerative Medicine call 1-888-997-0112 or visit www.worldhealth.net



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18th Annual World Congress on Anti-Aging Medicine
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Orlando 2010



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- Rolex Giveaway to be held on Saturday, April 17th at approximately 12:30 pm in the Exhibit Hall

Welcome



Distinguished Colleagues:

The American Academy of Anti-Aging Medicine (A4M) welcomes you to Orlando to the Spring 2010 Session of the 18th Annual World Congress on Anti-Aging & Regenerative Biomedical Technologies.

Healthcare is now at its most critical crossroad. The A4M submits that the underlying philosophy of healthcare in developed nations, including the United States, must be reformed in revolutionary new ways.

The disease-based approach to medicine is not only costly, it is ineffective. As reported by the Congressional Budget Office, up to one-third of the healthcare spending in the United States – more than \$700 billion – does not improve Americans' health outcomes. Projections show that annual healthcare expenditures in the United States are expected to reach \$3.1 trillion by 2012, growing at an average annual rate of 7.3% during the forecast period or 17.7% of gross domestic product, up from 14.1% just one year ago.

Physicians are discontent with the business of medicine. In the fall of 2008, the Physicians' Foundation surveyed 12,000 primary care doctors and specialists in the United States, and found that nearly half – a staggering 49% said they would consider leaving medicine. Many said they are overwhelmed with the bureaucratic red tape of insurance companies and government agencies. For a significant number of those physicians surveyed, it has become financially unattractive to operate a medical practice.

The climate of the practice of medicine is daunting. Mark Linzer, from the University of Wisconsin, and colleagues surveyed 422 internists and family physicians, studying patterns of dissatisfaction as a function of work environment and quality of care. The researchers found that 53.1% reported time pressures during the patient consult, and 48.1% reported chaotic working environments. Only 23.7% felt that quality was a strong emphasis of the patient-physician encounter. Nearly one-third of the physicians (30.1%) said they were likely to leave their practices within two years.

In this time of healthcare uncertainty, thousands of physicians and practitioners in private medical offices, as well as at some of the most prestigious teaching hospitals around the world, now embrace the Anti-Aging medical model. Undeniably, Anti-Aging medicine is achieving demonstrable and objective results that beneficially impact the degenerative diseases of aging. **Anti-Aging medicine is transforming healthcare, one practice at a time.**

The A4M encourages you to become a Board Certified, Fellowship Trained Anti-Aging Physician or Health Practitioner. Recognized worldwide as the most prestigious echelon of Anti-Aging medical specialists, A4M Board Certified, Fellowship Trained physicians and practitioners are the vanguard of the Anti-Aging medical specialty. By attaining Board Certification and completing Fellowship training, you reaffirm to patients your professional commitment to expanding your knowledge and competency in the very latest advancements in clinical aging intervention that aim to extend the youthful productive lifespan.

With your involvement, the Anti-Aging medical specialty continues to expand and become more widely accessible. We hope that you enjoy the spirit of educational exchange and dialogue at this Congress, and are confident that you will leave this event with an enhanced knowledge of the diverse array of interventions and therapeutics to promote the healthy, extended human lifespan.

With warm regards,



Ronald Klatz

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



Robert Goldman

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



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Opportunity!

Thursday, April 15, 2010
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Exhibit Hall

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Date of Birth : 02/05/1988
Sex : F
Lab id : 1915307
Collected : 07/19/2005

INTEGRATIVE MEDICINE

07/19/2005

URINE, SPOT

Result Range

ORGANIC ACIDS

Creatinine Concentration

3.1 0.0 - 4.8 mol/L



Bacterial Dysbiosis Markers

Indoleacetic Acid

28.0 *h 0.0 - 9.0 mmol/mol Cr



PHENYLACETIC ACID

0.0 0.0 - 0.0 mmol/mol Cr



Dihydroxyphenylproionic Acid

3.8 *h 0.0 - 2.2 mmol/mol Cr



We Advocate It
We Teach It
We Apply It

ADL is 100% committed to provide accurate information along with the analysis tools which empower the health care provider with the ability to facilitate the best care for the patient.

CITRIC ACID

370.0 21.9 - 475.1 mmol/mol Cr



cis-ACONITIC ACID

22.0 1.4 - 76.8 mmol/mol Cr



ISOCITRIC ACID

68.0 3.7 - 87.4 mmol/mol Cr



α-KETOGLUTARIC ACID

3.2 0.5 - 16.0 mmol/mol Cr



FUMARIC ACID

3.7 *h 0.0 - 1.4 mmol/mol Cr



MALIC ACID

3.8 *h 0.0 - 2.4 mmol/mol Cr



Ketone and Fatty Acid Metabolites

ADIPIC ACID

3.6 0.0 - 5.2 mmol/mol Cr



SUBERIC ACID

2.2 0.0 - 3.0 mmol/mol Cr



β-OH-β-Methylglutaric Acid

2.0 0.0 - 6.7 mmol/mol Cr



β-OH-BUTYRIC ACID

4.0 0.0 - 6.4 mmol/mol Cr



Organic Acids for Cofactor Need

α-Ketoisovaleric Acid

5.2 *h 0.0 - 2.0 mmol/mol Cr



α-Ketoisocaproic Acid

3.3 *h 0.0 - 2.0 mmol/mol Cr



α-Keto-β-Methylvaleric Acid

5.8 *h 0.0 - 2.0 mmol/mol Cr



KYNURENIC ACID

12.5 *h 0.0 - 10.0 mmol/mol Cr



Formiminoglutamic Acid

10.8 *h 0.0 - 9.0 mmol/mol Cr



3-OH-Propionic Acid

31.5 *h 0.0 - 27.5 mmol/mol Cr



METHYLMALONIC ACID

27.0 *h 0.0 - 19.0 mmol/mol Cr



2-OH-Phenylacetic Acid

3.9 *h 0.0 - 1.2 mmol/mol Cr



4-OH-Phenylpyruvic Acid

34.5 *h 0.0 - 24.7 mmol/mol Cr



HOMOENTISIC ACID

3.6 *h 0.0 - 2.0 mmol/mol Cr



PREVENTION - DETECTION - TREATMENT

NUTRITION THERAPY

Change The Message

By Stanford A. Owen, MD

For over 50 years the message regarding nutrition has been the same—“*Lose weight, eat more fruit and vegetables, utilize portion control, and exercise daily to improve health.*”

Einstein stated that the definition of insanity is to perform the same ineffective method over and over again and expecting a different result. In spite of consistent data that 95% of dieters will regain weight lost and fewer than 20% will lose more than 10% of their body weight on a given attempt—we still use the same old formula. The message through the years is the same—*only the messengers have changed.*

What the modern nutrition community has not provided is a systematic way to deliver an effective nutrition therapy strategy for the masses. An effective strategy should produce consistent predictable results, is adaptable to individual needs and preferences, and can teach individuals to use food to *manipulate physiology* to slow, stop, or reverse disease and aging.

The first necessary element to effect dietary change is the **Intention** to change. Credible **Science** should then be available to achieve that Intention. Finally, **Application** of that Intention

and **Science** should then be simple and reproducible. Both patient and provider must have **Insight** about the *true* dietary goals and **Imagination** to create a *course of action* to achieve those goals.

Intention

When patients chose a diet plan or one recommended by a health care provider they rarely delve with **Insight** about specific goals. The usual patient walks into my office where I ask, “Why are you here?” I always get the same pat answer—“To lose weight.”

To “lose weight” is **NEVER** their goal—**EVER!**

At the very least they wish to become more sexually attractive or to avoid social discrimination due to their appearance. More often, in my setting as an Internist with a subspecialty in Nutrition, it is to gain control of health issues. Often I hear, “My doctor sent me to lose weight. I have diabetes” or, “I have severe back and joint pain” and need to “lose weight.” They feel that “obesity” is the cause of their misery but they have vague **Insight** as to the mechanism.

When I explain their misery is the result of their diet and not their “weight” it always gets a nod of puzzlement or no response at all. When I further comment that obesity

is not a disease, per se, patients often tune out. They cannot grasp the health paradigm that

it's not the weight, it's the diet because fifty years of messengers have told them it's the weight.

If the Intended goal is never identified how will you know when it arrives? When you travel to an unfamiliar destination in a distant city do you not use a map? When John Kennedy challenged America in 1961 to land on the moon by 1970, he did so after consulting extensively with scientists, government agencies, political and military colleagues about the scientific capability and specific steps necessary to achieve that goal. He first developed the **Insight** of possibilities of his **Intention** by understanding the **Science**. He then evoked the **Imagination** of the scientific community and citizens to implement that **Insight** and **Imagination**. He accomplished what everyone thought impossible—fly to the moon within a decade. For many, managing diet changes is just as challenging as moon flight.

Intention of dietary missions should be no different than the lunar mission. Identify specific goals (**Intention**) around appearance, symptoms, or health.

- ✓ What specific symptoms do you seek to resolve? Fatigue? What

LOSE WEIGHT

EAT FRUITS →

← EXERCISE



is the cause, what is the measure? Dyspnea? To what degree and how fast will it improve? Joint pain? What are the pain measures and what time line is expected for improvement?

- ✓ What diseases do you wish to manage or improve? Diabetes? What measures? Hemoglobin A1C, proteinuria, or neuropathy? What outcome? A1C of < 5.5 or zero proteinuria?
- ✓ What precise dietary applications are necessary to achieve these goals?
- ✓ Can the patient participate in measuring progress and intuitively learn the relationship of dietary change to improvement in symptoms?
- ✓ If the mission is to be truly one of appearance, who are they trying to impress? Spouse, friends, or work colleagues? What measure registers a favorable response? “You’re so sexy” or “You’re so strong and in control”? Is this really motivating enough to maintain daily and indefinite food deprivation?
- ✓ If “obesity” is the disease measure, when is it no longer present?

*Clear Intention requires
Clear Objectives.*

Science

Science, by definition, means producing exact results that are reproducible. Science uses hypothesis and theory to explain phenomenon with the eventual goal of fact being proven. Dietary intervention has eluded Science because results are difficult to measure and reproduce. Human feeding is very complex. Much diet “science” promoted commercially uses bits and pieces of evidence applied haphazardly. This is why gimmicks are so readily embraced by a frustrated and fatalistic public. Indeed, the science of cytokine endocrinology connecting diet with disease is quite new and very complex.

We need exact measures on which all can agree—patient and provider.

Symptoms can be scored and diseases can be measured. The patient cares only about the symptoms. The

provider cares mainly about the disease. I developed twenty one scores of common symptoms and diseases that can be measured with dietary intervention. These simple clinical scores lead to my first paradigm change in nutrition therapy:

“Patient do not really care about how they look, they care mainly about how they feel”.

Paradigm #1

Measuring feelings (symptoms) is simple. Measuring feelings and disease lead me to a second great paradigm shift in my Insight regarding Nutrition Therapy:

“Patients return to what works”.

Paradigm #2

If a patient uses a dietary strategy to “lose weight” then gains the weight back, do they go back to that same dietary strategy? Never! Or not at least until they have tried every plan and gimmick available. When they resolve specific symptoms, control specific diseases with discontinuance of medication, often in days or weeks, do they return to the same dietary strategy when they “splurge” or get sidetracked by life? Always!

If that strategy works again and again to relieve their misery, you have a “customer” for life and a good long term clinical outcome because they understand the **Science**: Exact reproducible results.

Application

My experience with clinical outcomes using Medical Nutrition Therapy lead to my third and final paradigm change:

“Clinical endpoints are non-judgmental”

Paradigm #3

Everyone has disdain for being “judged,” especially on points of character. “Willpower” is just such an example. If you have no “will” you lack resolve, persistence, perseverance, and stamina—no character! If you have no “power” you are stature-less. A characterless person with no power! This is the way our society, including health providers, view the failed dieter. When the dieter attends a support group who claps every

week with “weight loss”, what happens when that weight loss slows or reverses? No clapping occurs with an implied character lapse. The “judgment” is too painful and the dieter drops out.

It is no less painful when a provider lists “good” or “bad” foods for a diabetic to avoid yet the patient imbibes in front of friends or family who “judge” that diabetic as a self-destructive, characterless failure? The judgment pain is so severe the patient simply lies to the provider, “I don’t understand, I don’t eat anything.” The elephant in the room is the big, fat lie and lying is judged as a failure of character.

The Medical Nutrition Therapy (MNT) plan I developed allows patients to explain and understand their Intention with their providers. The plan explains the Science and allows demonstration of that Science to the patient through clinical measures. It provides a system of Application for the MNT plan which is reproducible and adaptable to individuals, social groups, and cultures. It enables patient and provider to have confidence in expected results.

Intention, Science, and Application applied with Insight and Imagination.

This is a new message and a new paradigm of dietary science we can all embrace. ♦

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3. Foster, GD, Wadden TA. Primary care physician’s attitudes about obesity and its treatment. *Obes Res.* 2003; 11 (10): 1168-77
4. The American Association of Clinical Endocrinologists medical guidelines for the management of diabetes mellitus; the AACE system of intensive diabetes self management—2002 update. *Endocr Pract.* 2002;8:40-82

♦ Stanford A. Owen, M.D. is Board Certified in Internal Medicine, Nutrition, and Psychopharmacology. He is developer of the PrescriptFit™ Medical Nutrition Therapy plan. He practices in Gulfport, MS.

Preceptorship Hormone Restoration “How to Execute the Restoration Model”



with Sangeeta Pati, MD, FACOG

Dear Dr. Pati

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—Tamara T. Kurmanalieva, MD

Sangeeta Pati, MD, FACOG

Dr. Pati is a Georgetown University trained physician who practiced traditional and holistic medicine for fifteen years in the Washington D.C. area. She has practiced extensively in the U.S. and internationally including serving as Medical director for a 350-employee non-profit organization.

Dr. Pati is multi-lingual and is renowned in her field having authored numerous scientific articles and addressing audiences both nationally and internationally. She is recognized by physicians internationally as a foremost authority in the field of Bio-Identical Hormone Replacement Therapy. Dr. Pati holds board certifications from the American Board of Ob/Gyn and American Anti-Aging Board of Medicine.

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Fellowship in Anti-Aging & Regenerative Medicine

Modules IV and VI:

May 14-16, 2010; Los Angeles, CA USA

Modules III and IX:

June 25-27, 2010; Boca Raton, FL USA

Modules II, VI, and VIII:

October 8-10, 2010; Chicago, IL USA

Modules IV and V:

November 5-7, 2010; West Palm Beach, FL USA

Modules I, III, VII, and X:

December 8-10, 2010; Las Vegas, NV USA

For more Information:

www.worldhealth.net/fellowships/fellowship-anti-aging-and-regenerative-medicine/



Fellowship in Aesthetic Medicine

Module III:

October 8-9, 2010; Chicago, IL USA

Module I:

December 8-9, 2010; Las Vegas, NV USA

View the complete 2010 Schedule of the Fellowship in Aesthetic Medicine, and review more information, at:

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Fellowship in Preventative Medicine, Nutrition and Sports Medicine

Module V:

October 9-10, 2010; Chicago, IL USA

Module VI:

December 10-11, 2010; Las Vegas, NV USA

For more information:

www.worldhealth.net/fellowships/fellowship-preventative-medicine-nutrition-sports-medicine/



Fellowship in Integrative Cancer

Module V: May 20-21, 2010

Module VI: May 22-23, 2010

Module I: Aug. 12-13, 2010

Module II: Aug. 14-15, 2010

Module III: Oct. 21-22, 2010

Module IV: Oct. 23-24, 2010

For more information:

www.worldhealth.net/fellowships/integrative-cancer-fellowship/

Calendar of Events

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in
Cancer Therapy

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This Map is for illustrative purposes only.
Find information on upcoming educational programs at:
www.worldhealth.net



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.





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The Impact of Integrative and Anti-Aging Medicine in your Current Medical Practice

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Osvaldo Font, MD, PhD



Dipnarine Maharaj, MD



Mark Rosenberg, MD



Mark Godon, MD, PhD



James Bell, PhD

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"Impact of Integrative Anti-Aging Medicine in Diabetes and It's Major Complications (Polineuropathy and Diabetic Foot)"
Presented by José Vargas MD, PhD

"Evidence of the use of Omega 3 Fatty Acids Cardiovascular Health"
Presented by Gonzalez Aragón MD, PhD

"An Introduction to Interventional Endocrinology"
Presented by Mark Gordon, MD, PhD

"The Principle of Individuality in the Diagnosis and Treatment of Neurofocal/Biological Dentistry"
Presented by Jose Fernando Garcia, MD, PhD

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CANCER CURED???

BY SANGEETA PATI, MD, FACOG MEDICAL DIRECTOR OF SAJUNE MEDICAL CENTER

Mary Anne comes from the “cancer world”, status post opinions and second opinions, surgeons and oncologists, surgery, and treatment with every new chemotherapeutic agent available. She is in remission.....maybe even cured from ovarian cancer (Stage IIa). It had been a long three years and finally the Ca-125 has stayed down for 12 months. Mary Anne comes in encouraged but very tired. She can not function for a full day without several naps. She has severe back pain from vertebral degeneration and osteoporosis. She takes several sleep aids and still can not sleep for one full night. She can not think clearly. She has no sex drive and she is losing her marriage. Age 49, she can not work from her fatigue and pain and she is nearly broke. Cancer...Cured?? Or not?

“ WE KNOW THAT MOST
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MENOPAUSE; PRECISELY
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PRODUCING THE NORMAL
BALANCE OF HORMONES. ”



Diane is a 45-year-old breast cancer survivor of two years. She had Stage I ER+, PR+ breast cancer treated with mastectomy and chemo. She was told that she is cured. She is tired, dry, having incontinence and severe osteoporosis. She has constant back pain, hip pain and stress urinary incontinence. She cannot sleep. She is on Ambien and she recently discontinued Fosamax due to acid reflux. Is she cured?

Mary Anne and Dianne are like most of our cancer patients who have endured the mainstay of cancer treatments, which is to get rid of the cancer. Cut it out. Radiate it out. Chemo it out. Get rid of the cancer, but once accomplished is the body ready for its next cancer cell? The medical literature fully supports that:

1. Cancer cells develop in the body every day.
2. The healthy immune system and Natural Killer cells detect and destroy the cancer cells on an ongoing basis.
3. Most cancers develop over a 15-20 year period of time before they are detected.¹

So, underlying imbalances allow the cancer cells to develop and grow to begin with. The cancer may be gone. The imbalances remain. What are the imbalances and how should we address them? Restoring the balance means optimizing the ability of our cells to do what they do best: keep us healthy, happy, energetic and keep those cancer cells at bay. This involves correcting deficiencies of

1) hormones and 2) nutrients, 3) removing toxicities 4) mental peace and 5) a body, which is pain free, and structurally sound. All disease is a manifestation of imbalances in these five areas, rather than just one cause. So, whether we aim to cure or prevent a symptom or a disease, the basic five areas must be addressed. In our practice we have successfully used a 5-point restorative model to address a range of conditions including FM, CFS, arthritis, osteoporosis, weight gain, fatigue, PMS, PCOS, infertility, prevention of cardiac events and adjunctive fortification for those with cancer.

This article provides some insight into the main components of a restorative approach which we used to help Mary Anne and Diane feel better and have a stronger immune system to combat the next cancer cell.

Hormones

When women consider hormone replacement the looming question is about the risks, especially of cancer, strokes and heart attacks. On review, women are the most protected during their 30's when they have the highest hormone levels. It is only after menopause that women have increased risk of stroke, heart attack and cancer. Data suggests that it is *hormone imbalances* that contribute to cancer. We know that most cancers occur after menopause; precisely at the time when the ovaries stop producing the normal balance of hormones.

Progesterone declines from the late 30's. Progesterone has the role of

decreasing E2 uptake by breast cells and decreasing proliferation of breast, uterine and ovarian cells.² Therefore it is no surprise that:

1. Chronically low progesterone levels in infertile women have been associated with a 10-fold increase in *all* cancers and a 5-fold increase in breast cancer.³
2. Pregnancy, which results in a 15-fold increase in progesterone levels, also confers a significant long-term reduction in breast cancer risk.⁴
3. "Progestins" are molecularly very different from progesterone found in the body. Progestins have been shown to increase breast cancer when added to estrogen therapy in 5 trials compared with natural "progesterone" which is associated with protection.^{5,6,7} For example, in the WHI study the progestin, medroxyprogesterone acetate, increased the relative risk from 0.77 (CI 0.5-1.01) with estrogen alone to 1.2 (CI 1.0 to 1.59).
4. Low progesterone levels have been consistently shown to be associated with increased breast cancer in studies.^{8,9,10}
5. Progesterone is associated with a 400% decrease in cell proliferation when given prior to breast surgery compared with estrogen which resulted in a 230% increase in breast cell proliferation.¹¹
6. Progesterone has been shown to decrease proliferation of PR+ breast cancer cell lines.^{12,13}

Estrogens become imbalanced from the mid-forties. Estriol (E3), which is

breast and clot protective, decreases from 80% to 10%. Estrone (E1), which is breast and clot stimulating, goes up from 10% to 80%. The increased E1 is undesirable as E1 can be converted to forms of estrogen (i.e. 16-OH E1) which are mutagenic and carcinogenic. The healthy liver methylates the "bad" estrogens (16-OH E1 and 4-OH E1) and excretes them safely, otherwise they collect in the body and cause cancer. This is the function of the COMT enzyme, methyl groups and liver detoxification. Fortunately, there are excellent urine tests, which can be used to measure the breakdown products to determine how the body is breaking down estrogen.¹⁴ Even for a patient who is not treated with estrogen, clearly it is important to know how they break down the estrogen that is made by their fat cells and adrenals. Some important findings on estrogen include:

1. Estradiol (E2) activates both alpha (proliferative) and beta (anti-proliferative) estrogen receptors, E3 selectively activates the beta receptors, while E1 activates alpha at 5:1.^{15,16,17,18}
2. In breast cancer survivors, estrogen therapy has not been associated with increased risk of recurrence or mortality.^{19,20,21}
3. Pregnancy, which results in a 1000-fold increase in Estriol (E3), also confers a significant long-term reduction in breast cancer.²²
4. E3 in the urine has been found to be low in women with breast cancer.^{23,24}
5. Early studies by Lemon et al in rats showed a decrease in breast cancer cells with E3.^{25,26}

Melatonin is known for its effects on sleep, however it is one of the major anti-cancer hormones in the body. Studies show that:²⁷

1. Breast cancer is decreased in blind women logically known to produce more melatonin due to lack of light exposure.
2. Night shift workers have lower melatonin levels and higher breast cancer rates.^{28,29}
3. Melatonin inhibits human breast cancer cells in culture and increases tumor suppressor genes.³⁰
4. Melatonin has protective effects against radiation.³¹

Insulin resistance and high fasting insulin are known to be associated with increased risk of cancer, recurrence and metastases.^{32,33}

1. Preventing sugar spikes is the best way to prevent cancer and diabetes, obesity, heart disease, stroke, and skin aging.³⁴
2. High sugar consumption and meats increase cancer risk.³⁵
3. IV Insulin has been used in some cancer centers to treat cancer.³⁶

The data on **Thyroid (especially T3 levels), DHEA and Growth Hormone** similarly support the concept that restoration of protective hormone levels is a preventative step against cancer.

Nutrients

Every cell reaction produces DNA damaging free radicals, which require anti-oxidants to neutralize them. When these free radicals are not neutralized they are able to damage DNA and initiate the cancer process. Although we are in our infancy of understanding the importance of some vitamins and minerals, it is clear that we will eventually find that *every* vitamin and *every* mineral is needed for optimal function and protection and no *one* vitamin or mineral is more important than the other. In fact the American Medical Association has now recommended that we take a multi-vitamin/ mineral to "prevent chronic disease." Some specific nutrients which have been studied and shown to be strongly associated with cancer include:

1. **Anti-oxidants** are responsible for clearing the free radicals, which cause cell and DNA damage.
2. Studies show olive oil and good fats with omega-3, which are anti-inflammatory, reduce breast cancer by 15%.^{37,38,39}
3. **Vitamin D** has been shown in numerous studies to have a strong immunoprotective function. Vitamin D receptors are present on a wide variety of tissues and also the immune cells of the body. Vitamin D causes arrest of cancer cell division through VDR receptor sites. Low Vitamin D is associated with a 30% higher incidence of cancer of the breast, colon, and prostate.^{40,41,42,43,44,45}
4. **Iodine** has been found to be deficient in 72% of the world's population.⁴⁶ Iodine deficiency contributes

to division of cells in all organs of the body and is therefore associated with cysts and cancer throughout the organs of the body.

5. Low Vitamin A and Vitamin E are associated with breast cancer.⁴⁷
6. Folate supplementation has been shown to be strongly protective⁴⁸
7. B-12 is another common nutrient deficiency associated with breast cancer.⁴⁹
8. **Methyl and sulfur groups** from broccoli, cauliflower, cabbage, watercress, and brussel sprouts help convert the E1 in the body into methylated forms which are safely removed from the body.

Toxins

We are exposed to 50 times the level of toxins compared to most other developed countries, through water, air, industry, computers, cell phones, preservatives, plastics and fumes. These toxins reside in the bowel, the liver and the fat tissues especially. Toxins impair all chemical reactions and cancer protective mechanisms in the body. As an example:

1. **Xenoestrogens** are compounds which act like E1 and increase the incidence of breast cancer. These compounds include DDT, Lindane and Bis-phenol A (from plastics), hormone-treated meats, and a plethora of petroleum based preservatives, which are in our skin and body products.⁵⁰
2. Bowel toxins like Candida or other bacterial overgrowth impair absorption and production of nutrients, especially B-vitamins.
3. In the liver, Phase I toxins are converted to intermediates, which are highly reactive and dangerous. The Phase II enzymes must rapidly convert these toxic intermediates to safe metabolites, before they do damage. Phase I and Phase II detoxification steps are responsible for removing heterocyclic amines, aromatic hydrocarbons, dioxins, nitroso compounds and other carcinogenic toxins from the body. The liver is also the site where E1 is methylated for safe excretion. Liver toxins (i.e. Tylenol, prescription drugs, alcohol, fuel fumes) impair the detoxification processes of the liver including hormonal metabolism.
4. Acidity (from shallow breathing, low oxygen states, lack of vegetables, and

inflammation) inhibits all chemical reactions at the tissue level, which proceed optimally at pH 7.0 and above. Alkalinizing the body with oxygenation and vegetable diet (i.e. raw vegetables, wheatgrass etc) is a major protective and curative process for any disease.

5. Electromagnetic radiation (EMF) from cell phones, computers, cordless phone bases, and WiFi zones are now known to have deleterious effects on sperm function, brain waves, thyroid function and immunity. Several studies now show that prolonged and consistent exposure is associated with higher rates of *all* cancers.
6. Viruses, fungi and parasites are present in all living organisms including humans. Under particular conditions these too contribute to the ability of cells to divide and multiply unchecked.
7. Heavy metals (Mercury, Lead, Cadmium, Arsenic..) diminish neurological function, immunity and bone among other things.

Toxins impair the absorption and utilization of nutrients and hormones. This is the premise for regular bowel, liver and tissue detoxification (through an alkalinizing diet) and specific detoxification as needed, for example if heavy metals or parasites are identified.

Balancing the Mind and the Body

In the entire restorative approach, the most powerful interventions are those targeting mind and body balance. A mounting body of scientific evidence supports the powerful effect of the mind on the bodily functions of repair, maintenance and prevention of age-related disease.

Every disease has been shown to be associated with stress. Stress increases cortisol, which impairs the immune system, anti-cancer mechanisms, thyroid function, fat burning, vascular health, brain function and almost every other repair and maintenance function in the body. Stress also causes the utilization of all nutrients at a higher rate, leaving less for protection of the body. In that, it is the plague of the 21st century. It is during times of extreme and prolonged stress that the body is most vulnerable to infections and cancer. Every bodily process is affected by not only the state of the mind, but even the

energy produced by mental “intention,” (such as a positive or negative attitude) which can produce change at a cellular level.^{51,52}

Circulation increases oxygenation and clears toxins. Exercise during adolescence and early adulthood reduced the incidence of breast cancer by 20%.⁵³ Increased body fat above 25% is associated with 30-50% increase in cancer⁵⁴ partly due to the toxins which are harbored in the body fat. So, both the mind and body must be addressed actively with yoga, reduction of commitments, breathing techniques, Tai Chi, Qi Gong and exercise.

Conclusion

When we realize that only 4% of breast cancer is accounted for by the breast cancer genes and that less than 50% of heart attacks occur in those with high cholesterol, it becomes crystal clear that these conditions are the result of imbalances in hormones, nutrients, toxins, the mind and the body. When corrected, the reality is that the body returns to its optimal functional state. For those with cancer and for those who have beat cancer, the restorative approach is the best approach to fortifying the body’s ability to detect and overcome the next cancer cell which includes:

1. Identifying and correcting nutrient deficiencies especially iodine, Vitamin D, B-vitamins, methyl groups, anti-oxidants, selenium, zinc, ferritin, and Vitamins A, E, C.
2. Identifying and correcting the liver mechanism in Phase I and Phase II, which may be deficient, especially if methylation of estrogens is impaired.
3. Avoiding toxins by eating organic foods, avoiding hormone and antibiotic treated meats, avoiding preservative-based food, skin and body products.
4. Identifying and correcting bowel imbalances with probiotics etc.
5. Boosting alkalinization with vegetables (at least 50% or more of diet) and superfoods such as wheat grass, spirulina, chlorella, and bee pollen.
6. Boosting anti-oxidant intake with acai, mangosteen, gogi, and noni.
7. Identifying and correcting hormone deficiencies especially melatonin, thyroid, DHEA, progesterone, Estriol and insulin.
8. Engaging in an aggressive mind-body program.



“ IN THE ENTIRE RESTORATIVE APPROACH, THE MOST POWERFUL INTERVENTIONS ARE THOSE TARGETING MIND AND BODY BALANCE. ”

Mary Anne and Diane have been treated with this 5-point restorative approach. They are both feeling much better and are significantly better equipped for the next cancer cell which starts to divide. ♦

Recommended Reading

General

- Anti-Aging Medicine? Reality or Myth: Published in the *Anti-Aging Medical News*, Winter Edition 2008
- Hormone Replacement Therapy in Women: The Evidence by Dr. Sangeeta Pati published in *European Journal of Anti-Aging Medicine*, March 2006
- The Bioidentical Hormone Debate: Are Bioidentical Hormones (Estradiol, Estriol, and Progesterone) Safer or More Efficacious than Commonly Used Synthetic Versions in Hormone Replacement Therapy? by Dr. Ken Holtorf published in *Postgraduate Medicine*, Volume 121, Issue 1, January 2009

Nutrition

- Vitamin D Deficiency by Dr. Michael F. Holick, *New England Journal of Medicine* 2007;357:266-81
- Iodine: why you need it, why you can't live without it, Dr. David Brownstein, 2006

Cancer

- *Keeping a Breast* by Dr. Kahlid Mahmud, Author House, 2005

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♦ Dr. Pati is a Georgetown University trained physician who practiced traditional and holistic medicine for fifteen years in the Washington D.C. area. Dr. Pati is multi-lingual and is renowned in her field having authored numerous scientific articles and addressing audiences both nationally and internationally. She is recognized by physicians internationally as a foremost authority in the field of Hormone Replacement Therapy.

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Consult the Show Guide appearing in this issue of Anti-Aging Medical News for information about the Orlando Anti-Aging Exposition. The Orlando Anti-Aging Exposition is produced and managed by Medical Conferences International Inc.

Refer to the Program Schedule, available on-site at the 18th Annual World Congress on Anti-Aging Medicine Spring 2010 Session, for the latest available Schedule and related Program information.

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► **NETWORKING RECEPTION IN THE EXHIBIT HALL:-** WE INVITE YOU TO JOIN US FOR COCKTAILS AND HORS D'OEUVRES IN THE EXHIBIT HALL
Time: 6:00 pm – 8:00 pm
Room: Cypress 1-2

FRIDAY, APRIL 16, 2010

► **HOW TO BE A SUCCESSFUL CASH BASED MEDICAL PRACTICE:** BECOME A HOLTORF MEDICAL GROUP PHYSICIAN. EXCEPTIONAL OPPORTUNITY FOR EXCEPTIONAL PHYSICIANS
Presented by Holtorf Medical Group
Time: 6:30 pm – 8:00 pm Speakers: **Kent Holtorf, MD**
Room: Canary 1

► **INTEGRATIVE BIOPHYSICS WORKSHOP**
Presented by ONDAMED
Time: 6:30 pm – 8:00 pm Speakers: **Stephen Sinatra, MD, FACC, CNS, Michael Torosian, MD, FACS, and Keith Holden, MD**
Room: Canary 2

► **AGE PRINT WORKSHOP:** KNOW YOUR OLDEST PART SO YOU AVOID SURPRISE DEATH
Presented by PATH Medical
Time: 6:30 pm – 8:00 pm Speakers: **Eric Braverman, MD**
Room: Canary 3

► **ROSE PHARMACEUTICALS INVESTOR PRESENTATION**
Presented by Rose Pharmaceuticals
Time: 6:30 pm – 8:00 pm Speakers: **Matt Rysavy and Mark Rosenberg, MD**
Room: Grand Ballroom 7A

► **BODY-JET: ECONOMIC PROSPERITY WITH AQUALIPO™ / NATURALFILL™**
Presented by Eclipse
Time: 6:30 pm – 8:00 pm Speakers: **Roger Bassin, MD**
Room: G1

SATURDAY, APRIL 17, 2010

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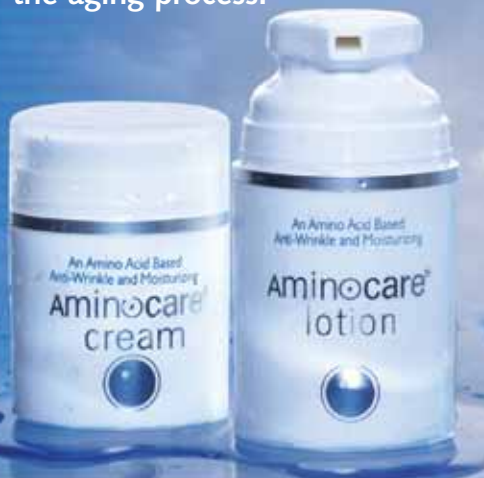
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ABAARM was established in 1997 as a professional physician (MD, DO, MBBS) certification and review board which offers physicians recognition in the form of a specialty based examination in Anti-Aging medicine.

ABAARM/ABAAHP (Part I- Written) Review Course

Wednesday, April 14, 2010
from 6:30pm – 9:00pm
Orlando Marriott World Center,
Orlando, FL USA
Room: Grand Ballroom 7A

ABAARM (Part II- Oral) Review Course

Wednesday, April 14, 2010
from 8:00pm – 11:00pm
Orlando Marriott World Center,
Orlando, FL USA
Room: Grand Ballroom 7B



ABAARM Written Examination

Sunday, April 18, 2010
from 8:00am – 11:00am
Orlando Marriott World Center,
Orlando, FL USA
Room: Grand Ballroom 7A

ABAARM Oral Examination

April 15-17, 2010
Orlando Marriott World Center,
Orlando, FL USA (check with Board Registrar or an
A4M Representative for exact room assignment and
to confirm examination time)

► CERTIFICATION FROM THE AMERICAN BOARD OF ANTI-AGING HEALTH PRACTITIONERS (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), and Acupuncturists.

ABAARM/ABAAHP (Part 1 - Written) Review Course

Wednesday, April 14, 2010 from 6:30pm – 9:00pm
Orlando Marriott World Center,
Orlando, FL USA
Room: Grand Ballroom 7A

ABAAHP Written Examination

Sunday, April 18, 2010 from 8:00am – 11:00am
Orlando Marriott World Center,
Orlando, FL USA
Room: Grand Ballroom 7A



To learn more about Board Certification/Certificate Programs of the American Academy of Anti-Aging Medicine, visit www.worldhealth.net, click on "Certifications." For inquiries, please call Board Registrar at 1-888-997-0112 or send an email to boards@a4m.com

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Practice Highlights



JAMIE WRIGHT, DO

After just three years of practice as a Board Certified OB/GYN, I came to the realization that the vast majority of my patients were not well. They were stressed to the max, overweight despite all of their efforts, and had poor vitality— in fact, vitality wasn't even in their vocabulary. After two years, I realized that I was not able to help them get well and my routine prescription of an SSRI, a synthetic hormone, and brief encouragement to reduce stress never actually worked.

Then, it happened to me! I became the exhausted, irritable, frustrated “patient” who couldn't manage his stress, had daily severe headaches, and no sense of inner vitality. I was getting “love handles” and my wife had a better libido than I did! If I couldn't help my patients with these problems, how could I help myself?

Knowledge – this is what changed my life and my career. I decided that I was no longer willing to live feeling the way I did. I attended an A4M general conference in April 2009. It became immediately obvious that there actually were doctors who acknowledged that traditional healthcare wasn't working; and they had some answers!

I realized that this was going to change everything and I took a leap of faith and began the Fellowship Training program. One year into training, I can honestly say that I am making a difference in the lives of my patients – and it began with changing my life.

If you believe that true wellness is more than the absence of disease, then the Fellowship in Anti-Aging and Regenerative Medicine will expand your mind, enable you to truly enhance the wellbeing of your patients, and may just change your life. So hold on, it's a fabulous ride!



LAURENCE McCLISH, MD

I have been interested in “health foods” for nearly 40 years, and have always tried to separate fact from hype. Responding to the encouragement from my wife, Barbara, I attended my first A4M conference in Las Vegas 10 years ago. I have studied Anti-Aging medicine since this time – via research journals and as a self-imposed test subject. I became Board certified in Anti-Aging Medicine in 2004. However, Orthopedic surgery demanded all of my time, and I was not able to practice Anti-Aging Medicine on my patients. The billing systems were entirely different between the two practices, and I didn't want my partners thinking I was more crazy than I really am. My children think I am intact, that is good enough for me.

Even though I am Board certified in Anti-Aging Medicine, I wanted to grow in the knowledge that I had about this medicine. In 2009, I decided to take the Fellowship offered by A4M, and attended my first module in November of that year. I also felt that I needed to be held accountable for my knowledge, so I have enrolled in the University of South Florida Medical School Master's program that is attached as an elective to the Fellowship program.

The A4M Fellowship modules are incredible. The professors are world-class. I have talked to many attendees and we collectively feel as if we're back in medical school, but to a deeper degree. The excitement level is high in the learning sessions. We are learning how to make molecular physiology and biochemistry come alive. We are also learning how to nudge abnormal physiology and biochemistry (that's disease) towards more normal physiology and biochemistry (that's health). Now, that is exciting!

Because of applying Anti-Aging principles upon myself, I was able to remain physically and mentally stronger, and work longer in the stressful environment of orthopedic surgery until retirement. My hope is that I can impart this reality to my patients, so that they can function and serve with more strength.



TREY WATERS, PharmD, RPh

I knew very early in life that I wanted to be a business owner, so purchasing my first pharmacy at age 25 seemed normal to me. I knew I wanted to be a leader in my community and I wanted to make a difference in people's lives. For the first seven years of practice I followed traditional, conventional, standard practice and tried my best to fill as many prescriptions as possible, never questioning anything and counting by 5's as hard as I could go. It was only when I stepped away from the daily grind that I realized that the majority of my patients were not actually getting better—they were simply being managed. Sometimes they were not "managed" well at all. I knew in my heart I did not go to school to manage disease states. I went to school to seek and promote wellness, for that is how I could help make a difference in people's lives. I knew I had to make a change! I met Dr. Pam Smith while she was speaking in San Diego at a PCCA conference. She mentioned the A4M Fellowship and I knew right away I wanted to join.

The Fellowship has changed my practice in so many ways. For starters, I have the confidence to speak with fellow doctors and colleagues about complementary, "alternative" approaches to patient care. The Fellowship has given me the knowledge of how to systematically approach a patient's problem at its root. If we were to treat every symptom with a drug my pharmacy might fill more prescriptions but the patient's health does not improve—and consequently, we have failed. If we restore physiology using bio-identical hormones or correcting nutrient depletions, cleaning up the diet, fixing the gut...and a whole host of symptoms improve, then the patient benefits and we have achieved wellness. This is the goal, right?

With the help of another pharmacist who is taking the Fellowship, Billy Wease, I put together a program called "Healthy Aging and Wellness". I teach the course several times each month from my pharmacy and as a result we are beginning to see some quality changes take place in the health of our patients! It's been a tough road, but one well worth traveling; we are truly 'a different kind of pharmacy.'

I recommend the A4M Fellowship to anyone who is serious about learning and promoting functional medicine. If you would like to separate yourself from your competition, do this Fellowship!



ANJALI NOBLE, DO

As a board certified Internist, I was surprised to experience the severe side effects of traditional treatment for PMDD. After successful self treatment by maintaining hormones, better nutrition, and reducing toxins; I was symptom free. My prior training provided little knowledge in nutritional and metabolic medicine.

I decided to join the Fellowship in Anti-Aging, Regenerative Medicine, and Functional Medicine at A4M. The modules at A4M have been thorough and innovative. We were taught by well known experts from around the world, each bringing a unique perspective. The training I received at A4M has afforded me an extensive knowledge base. With this new edge education I was able to open my own Anti-Aging practice with a focus in Advanced Preventative care. There, I keep my patients healthy and treat them before they have disease.

The support and information of A4M continually aids me in my new and growing practice today. There is nothing more rewarding than having a patient tell you that after years of searching for relief of their symptoms, they finally feel better. The A4M and its superb staff made it all possible.



KURT VERNON, MD, FACC

I wanted to take the opportunity to thank A4M for a wonderful conference last December. I was thoroughly impressed with the amount of information provided, especially the large volume of evidence based studies reviewed. The entire program – the materials, speakers, and seminars – were informative, interesting, and most importantly, invaluable to me as a physician. I seek to improve the quality of life for my patients, myself, and my family. I am confident that this conference will assist me in keeping my clients abreast of the most current information as it relates to Anti-Aging Medicine. Thanks again for such an outstanding program! I recommend it to all physicians interested in improving the health of their patients!



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In this age of consumer awareness, it is critical for anyone who wishes to practice Anti-Aging Medicine – the fastest growing medical specialty – to have the proper credentials. The AAM offers an elite Fellowship Program in Anti-Aging and Regenerative Medicine that will give you the knowledge needed to run a successful Anti-Aging Practice. This modular training program includes hands on clinical training and web broadcasts to discuss topics and experience with other Physicians and Healthcare practitioners.

The following modules will be offered October 8-10, 2010 in Chicago, IL:

Module II: A Regenerative and Functional Approach to the Treatment of Hypertension, Diabetes, and Coronary Artery Disease and Metabolic Syndrome

Module VI: Nutrigenomics and The Functional Regenerative Matrix

Module VIII: Genomics and Proteomics, A Regenerative and Functional Approach to Psychiatry and Cancer Therapies, Nutrition and the Athlete, A Regenerative and Functional Approach to Laboratory Evaluations



Additional features

- Participant will leave the fellowship competent to practice Anti-Aging and Regenerative Medicine without supervision in his or her area of medical specialty.
- Participant will be involved in web broadcasts so that he or she will have an on-going feedback from experienced clinicians.
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To learn more about the Fellowship in Anti-Aging Regenerative Medicine call 1-888-997-0112 or visit www.worldhealth.net

2010 & 2011 Academic Program



The American Academy of Anti-Aging Medicine Conference Program Committee would like to give you the opportunity to submit your abstract for speaking at the 18th and 19th Annual World Congress on Anti-Aging Medicine & Regenerative Biomedical Technologies.

All abstracts should be focused on clinical interventions and be applicable to the specialty of Anti-Aging Medicine. Those articles that focus on current events in disease and society will be given priority. All content should be absent of commercial statements and/or product endorsement. Please include a minimum of 4 references.

The Conference will be held as follows:

Winter 2010 – Las Vegas, NV – December 9 – 11, 2010 – SUBMISSION DEADLINE: May 10, 2010
Spring 2011 – Orlando, FL – April 7- 9, 2011 – SUBMISSION DEADLINE: August 31, 2010

Once received, you're abstract and application will be reviewed by the A4M Program Committee and a decision will be communicated to you shortly thereafter. Please send all of the required materials to program@a4m.com. Please specify the name of the event you are applying for.

Thank you,
A4M Scientific Program Committee





FSH and LH

Elevations are Associated with

DEMENTIA

BY ERIC BRAVERMAN, MD, MEDICAL DIRECTOR FOR PATH MEDICAL

Menopause is marked by elevations in follicle stimulating hormone (FSH) and luteinizing hormone (LH), which are linked to dementia. PATH Medical has made assessments of women in menopause and identified declines in memory, attention, and brain processing speed. Fortunately, women have the ability to diminish these cognitive declines if they are recognized early on. At integrative clinics such as PATH Medical, we have innovative techniques for assessment, measurement, and subsequent treatment.

Dementia is a very real problem that will affect everyone in some degree during the course of their lifetime. We think that someone is demented when they cannot remember their own name, while medical professionals consider virtually every American over 70 to be demented. Essentially, dementia begins when mild cognitive impairment occurs in individuals starting at the age of 30 and really escalates from ages 50 to 70. Alzheimer's Disease (AD) effects an estimated 5.3 million Americans out of which 96% are at least 65 years old¹. We know that the rates of dementia are much higher because the majority of Americans have cognitive impairment.

The situation is more serious for women since they are more likely to have AD than men as they get older¹. Since sex steroids can modulate brain functions at all the developmental stages of life, the decline of estrogen alone may seem to be the role of sex hormones in dementia. In fact, studies have shown that the depletion of estrogen during menopause is a significant risk for AD². However, at PATH Medical, we know that since estrogen levels directly affect the hypothalamus-pituitary-gonadal (HPG) axis, we should also be mindful of the role of the gonadotropins in neurocognitive decline. Indeed, studies have shown that there is a correlation of elevated FSH and LH levels with the prevalence of AD³.



WHEN SIGNS OF COGNITIVE DECLINE GO UNRECOGNIZED, PEOPLE RISK BECOMING COMPLETELY SLUGGISH EVEN BY THE AGE OF 50.

To better understand the relationship of estrogen with FSH and LH, it may be helpful to be familiar with the HPG axis. It works in the following simplified manner: the hypothalamus produces gonadotropin-releasing hormone (GnRH), which stimulates the pituitary gland to secrete FSH and LH. These hormones in turn stimulate the gonads to secrete estrogens. Estrogens serve to regulate this axis by either allowing the hypothalamus to continue producing GnRH and thereby raise the levels of FSH and LH, or when at high levels, to complete a negative feedback loop and inhibit the secretion of GnRH, lowering the levels of FSH and LH. During menopause, the decline of estrogen levels results in a loss of negative feedback on the HPG axis. Ultimately, this brings about a three-to-four fold and a four-to-eighteen fold increase in the concentrations of LH and FSH, respectively, in postmenopausal women⁴.

Studies have shown elevated FSH and LH levels to be correlated with the prevalence of AD. The brains of AD patients have large deposits of amyloid- β protein in senile plaques. Low-density lipoprotein receptor-

related protein (LRP) enhances the production of amyloid- β protein. LRP is up-regulated by LH and FSH in cells, and since receptors for these hormones occur in the brain, their elevation may result in the increase of LRP in the brain⁵. The highest level of LH receptor binding in the brain occurs in an area that also happens to be one of the most age sensitive, which is the hippocampus. As a highly plastic area of the brain, it is crucial in modulation of cognition. As levels of LH increase, the levels of LRP, and therefore occurrence of senile plaques, also rise, diminishing the plastic capabilities of the region and leading to the age-related impairments in cognitive output^{6,7}. Studies have also found that LH is primarily localized to those neurons that are known to be vulnerable to AD-related neurodegeneration³. Furthermore, LH and FSH up-regulate the reactivation of mitotic signaling pathways. When post-mitotic neurons undergo an unscheduled mitotic division, it ultimately leads to the demise of the cell. Such mitotic alterations are the earliest neuronal abnormalities of AD, leading to additional alterations that collectively mediate neurofibrillary tangles,

senile plaques, and neuronal death⁸.

This neuronal demise manifests itself in declines of brain processing speed, memory and attention. Research shows that during oophorectomy, 10 milliseconds of processing speed are lost¹⁶. While oophorectomy is a one time surgical procedure, the process of menopause is fundamentally the same thing – your ovaries are being rendered useless as they stop producing estrogen. Research at PATH Medical has shown that this produces a snowball effect. The decline in processing speed around the age of 20 to 30 sets off a cascade of loss of cognitive function, which begins with memory decline¹⁷. These memory impairments in turn lead to declines in attention¹⁵. Other health issues aside, this can be very dangerous when considering that in 2004 alone, 112,012 Americans died due to attention-related accidental injuries¹⁸. Research clearly shows that many other cognitive skills decline with aging. Verbal ability declines the slowest and thus relative cognitive declines are not recognized. This causes us to feel more intact than we really are. While you may be thinking that this is just “normal aging” and it

should run its course, the truth is there is a better way.

PATH Medical has developed innovative methods of assessment, measurement, and treatment of age-related conditions, including dementia. The key to treating cognitive decline is early recognition through extensive testing. While menopause is typically believed to begin between the ages of 48 and 52, we have found rising levels of FSH and LH in 22-year-olds, and thus can say that it truly begins at about 22. This is why early testing is crucial. We use a full brain and body checkup to detect the silent diseases within us. For example, by using the Wechsler Memory test, TOVA, brain mapping, and extensive blood work, we can measure visual, working, auditory, and immediate memory, complex attention, attention of omissions, variable attention, brain processing speed, voltage, and synchrony. We have found that early detection of mild cognitive impairment with the coupling of P300 latency and TOVA may significantly improve the outcomes of treatment for patients with dementia¹⁵. By assessing brain electrophysiology, chemistry, and cognitive function early on, we can detect and treat brain chemistry imbalances and reverse cognitive decline.

Our method also detects elevated FSH and LH levels which we now know correlate with dementia. We use bio-identical estrogen replacement therapy (HRT) for women in menopause. Estradiol (an estrogenic hormone) is reliable for prevention against neurodegenerative disease. Studies have shown that estrogen-based HRT can in fact reduce the risk for the development of AD in menopausal women. Estrogen HRT has also lead to a significant improvement in information processing as indexed by a significant shortening of P300 latency¹⁴. This data provides important insights into the ability of estrogen HRT to alleviate and promote neurological health and prevent age-related disease such as AD^{9,10}.

However, estradiol is a poor agent for treatment of *existing* disease¹¹. More to the point, for elderly post-menopausal women undergoing hormone replacement therapy (HRT), estrogen levels do not appear to be directly linked to declines in cognitive performance unless one takes into account the interrelation-

ship with LH levels and LH receptor integrity. As noted in a recent study, such an interrelationship would explain the ineffectiveness of HRT to prevent cognitive decline and AD in postmenopausal women. It was proposed that the increased dementia after HRT in women age 65 and above may be attributable to the fact that while levels of estrogen are returned to pre-menopausal levels, LH levels remain elevated since the HPG axis feedback system, after years of chronic low estrogen and high gonadotropin levels, has already shut down. On the other hand, when HRT is started during peri- or early menopause, when the HPG axis feedback system is still functional, replacement of estrogen leads to the lowering of LH affording protection from age-related decline and AD⁶.

At PATH Medical, we also use a multi-modal treatment plan to treat the body from the head down. Since most diseases and their symptoms are linked to chemical imbalances in the brain, adjustments to the four neurotransmitter systems (Catecholamine, Cholinergic, GABAergic, and Serotonergic) can synergistically improve the rest of the body. We have found that this is possible through nutritional and/or hormonal supplements as well as electrical treatments and lifestyle changes. If needed, pharmaceuticals can also be used to treat and reverse existing disease.

There is a very real cognitive impairment in everybody, which begins as early as age 22, especially for women. When signs of cognitive decline go unrecognized, people risk becoming completely sluggish even by the age of 50. The good news is there is a different path to growing older. If completed early on, the brain and body checkup and personalized treatment at PATH Medical can help you fight the onslaught of cognitive decline before it's too late. It is crucial to implement this treatment before you become demented, because there is almost no hope of recovering from dementia. ♦

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▶ Dr. Eric Braverman is the Director of PATH Medical, with locations in New York, NY, PennDel, PA (metro-Philadelphia), and a national network of affiliated medical professionals. Dr. Braverman has published over 90 research papers and authored five medical books.




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- Module IV: Facial Injectables
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This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through joint sponsorship of the Foundation for Care Management (FCM) and The Ageless Aesthetic Institute (AAI). FCM is accredited by the ACCME to provide continuing medical education for physicians. FCM has verified that a physician may earn up to a total of 59 AMA/PRA Category 1 Credits™ by completing the Level 4 classification course, and is competent to perform the procedure without further supervision, in accordance with AMA guidelines for continuing medical education on new procedures and skills.

This activity has also been planned and implemented in accordance with the Essential Areas and Policies of the ACCME through joint sponsorship of the Medical Educator Consortium and the Aesthetic Anti-Aging Fellowship. MEC is accredited by the ACCME to provide continuing medical education for physicians. MEC has verified that a physician may earn up to 56 AMA/PRA Category 1 Credits™.

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* **THURSDAY**, April 15, 2010

BREAKOUT SESSION 1 - WEIGHT MANAGEMENT

ESTROGEN DOMINANCE AND ITS ROLE IN CORTISOL, WEIGHT MANAGEMENT AND HYPOTHYROIDISM

Michael E. Greer, MD

Estrogen is a dangerous hormone when overabundant – a condition made increasingly common due to environmental exposure to estrogenic compounds in plastics, pesticides and food products. Dr. Greer will demonstrate how to moderate systemic estrogen and thereby also bring cortisol and thyroid hormones into balance to achieve breakthroughs in the management of obesity.

GOALS & OBJECTIVES:

- Learn to recognize clinical and laboratory indications of estrogen dominance
- Understand the physiological interplay between estrogen, cortisol and thyroid hormones
- Learn strategies for balancing estrogen to improve multiple health indicators

FUNCTIONAL INTRACELLULAR ANALYSIS AS IT RELATES TO METABOLIC SYNDROME

Glenn S. Chapman, MD

Originally called, dysmetabolic syndrome, or syndrome X, it is now more clearly defined as metabolic syndrome. As with any syndrome, this is not a disease but a cluster of metabolic risk factors that come together in a single individual. The classic definition includes hyperinsulinemia, hypercholesterolemia, hypertension, and abdominal obesity. According to the American Heart Association a staggering 47,000,000 Americans have metabolic syndrome. It is obviously imperative that we use everything in our armament to treat the various aspects of this disease.

The utilization of a functional *intracellular analysis* of *micronutrient* testing has contributed to the diagnosing and the treatment of this complex disorder. Because each of us is metabolically and biochemically unique, the micronutrient requirements for one person may be quite different than the requirements of another. Micronutrients such as niacin, magnesium, calcium, zinc, carnitine, inositol, alpha-lipoic acid, as well as vitamins E, B6, and D all play an important role in the prevention and treatment of metabolic syndrome. Before and after treatment presentations will help to simplify and clarify treatment options.

GOALS & OBJECTIVES:

- Diagnosing and understanding the overall importance and ramifications of this disease complex
- Utilization of functional intracellular analysis and nutritional status as a tool for resolving metabolic syndrome
- Nutritional supplementation and therapeutic protocol for treatment

A GLOBAL APPROACH TO THE OBESITY EPIDEMIC

Sharon McQuillan, MD

More than ever, the public is bombarded with ideal, youthful body images and optimal health. However, the effects of age, sedentary lifestyles, processed food, poor eating habits, stressful work schedules, and environmental toxin exposure all contribute to the struggle to maintain ideal body composition.

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The obesity epidemic has taken many years to reach pandemic proportions. The traditional reactionary approach to medicine and disease have proven ineffective in this fight. Effective weight loss can be accomplished through a multi-faceted approach including hormonal considerations, neurotransmitter balance, gastrointestinal health, environmental toxin load, nutrition, nutraceutical support, pharmacologic therapy, surgical management, prescriptive exercise, and the management of the comorbidities of obesity. Understanding the synergistic relationship of these many factors enables the safe and effective treatment of obesity.

GOALS & OBJECTIVES:

- Review current obesity statistics
- Define overweight and obesity
- Analyze the synergistic components of a successful anti-aging weight loss treatment

THE HCG PROTOCOL: THE SUCCESS AND THE CONTROVERSY

Marc Schlosser, MD

Human chorionic gonadotropin (hCG) is a glycoprotein hormone produced during pregnancy which controls metabolic functions. The hCG weight loss protocol consists of a very low calorie diet in combination with treatments of oral or injectable hCG. This presentation will review the mechanism of action of hCG and the hCG protocol as well as its effect on lipoprotein lipase. An unbiased review of the literature and clinical studies will be provided. Additionally the legality and controversy surrounding the protocol will be discussed.

GOALS & OBJECTIVES:

- Review mechanism of action of hCG
- Understand effect of hCG on lipoprotein lipase
- Review clinical studies surrounding hCG
- Discuss legality and controversy surrounding the hCG protocol

HORMONES THE NEXT BREAKTHROUGH FOR WEIGHT LOSS

Michael Aziz, MD

In this presentation, a review of the negative effects of low-fat, low-carb, AHA and the Mediterranean diet on hormones. The role and functions of hormones on health and weight are discussed. The list includes: insulin, cortisol, DHEA, HGH, testosterone, estrogen, progesterone and pregnenolone. Newly discovered hormones are also reviewed such as resistin, adiponectin, and ghrelin. (Toxins, neurotransmitters and food additives role in weight gain are also reviewed). A hormone friendly diet, based on the modules of the American Academy of Anti-Aging is presented. The role of toxins on estrogen metabolites is also discussed. Finally, the latest research on cholesterol is presented.

GOALS & OBJECTIVES:

- Role of hormones on weight
- A hormone friendly diet
- Physicians should be aware of their patients when prescribing hormones replacement
- The latest research on cholesterol

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THE NEWEST TOOL FOR WEIGHT LOSS: LEARN HOW TO USE THESE MARKERS TO QUANTIFY METABOLIC SYNDROME RISK*Gloria Hakkarainen, MD, FACOG, FASBP, FABAAM*

This lecture will introduce an exciting new tool that physicians can use in the battle against the obesity epidemic, namely learning how to quantify the degree of severity of metabolic syndrome in their patients. Adiponectin, pre-insulin and other novel chemical markers such as PAI-1 (plasminogen activator – 1 – inhibitor) and IL – 1RA (interleukin – 1 receptor antagonist) and their role in cardiovascular health and obesity care will be presented. This new useful lab tool can direct clinical approaches to effective treatment with your obese patients and will be a powerful adjunct to assist the integrative physician.

Metabolic Syndrome Risk Factors raise the odds of having heart attack, stroke, and diabetes. Learn how to reduce your patient's weight and risks by including proper diet, medications, supplementation and fitness into your medical weight loss plan. Over 50 % of the population 60 years of age or older are in the highest risk group facing early death if this syndrome is not addressed. Now you can personalize all age groups with a comprehensive program and quantify the outcomes. Improve your results, your reputation and your referrals!

GOALS & OBJECTIVES:

- Learn novel tools to quantify Metabolic Syndrome Risk
- The program presents protocols to reduce the risks of associated diseases, and help achieve optimal weight loss
- Learn how to incorporate the best of bariatric medicine with an integrative in-depth biochemical analysis of obesity

OBESITY AND TESTOSTERONE IN MALES*George Solomon, MD, ABAARM, FAAFP, FAARM*

Obesity and being overweight affects 67% of the population in the US and is spreading worldwide. It is worrisome that obesity rates in adult males are rising year after year. Little attention has been paid to the effect of obesity on testosterone. Does low testosterone cause obesity or does obesity lead to low testosterone? In this presentation, I will discuss both; the role of testosterone in the pathogenesis of obesity and how obesity affects androgens. In addition will discuss the epidemiology, pathophysiology and an overview of the treatment plan of obesity in the male patient.

GOALS & OBJECTIVES:

- Understand the worrisome epidemic of obesity in males
- Discuss the role of testosterone in obesity
- Discuss the workup and treatment plan in the male patient

THE SCIENCE OF WEIGHT LOSS*Stacey Nottingham, DC*

It does not matter if you are 22 or 92, man or woman, fit or unfit. You can have the body you have always wanted. Come learn The Science of Weight Loss!

GOALS & OBJECTIVES:

- Become A Fat Burning Machine
- Biology of the Brain
- Hormonal Influences: Cortisol- the Fat Producing Hormone



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Module V

Upon completion of this module, participants will:

- Be familiar with various forms of non-pharmacologic complementary therapies.
- Understand dietary recommendations for cancer patients.
- Understand how to treat cancer with immunotherapy.
- Understand how to inhibit glycolysis in cancer cells.
- Understand the role for hyperthermia in treating cancer.
- Understand the use of herbal supplementation in cancer treatment I.

Module VI

Upon completion of this module, participants will:

- Understand how to manage an Integrative Cancer practice.
 - Patient forms and informed consents
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 - Monetary aspects
- Understand the use of herbal supplementation in Cancer Treatment II.
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 - Dosages and protocols



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VITALITY WEIGHT LOSS WITH HCG AND HRT*Brian Wolstein, DC*

Most diets simply don't work. They target the wrong type of fat, resulting in a decrease in lean muscle and long term weight gain.

HCG on a specific diet and supplement regime targets abnormal fat and maintains lean muscle while losing weight. I will discuss the HCG mechanism for weight-loss which is the only weight-loss protocol that spares lean muscle and targets abnormal fat. This lecture will include information on specific nutrition, supplementation and Bio-identical hormone replacement in conjunction with optimizing the results of HCG for weight-loss.

The HCG diet protocol and the science of HCG in regards to weight-loss will be explained in detail. Based on treating hundreds of patients for weight-loss with HCG, the use of HCG with and without HRT will be discussed. Trouble shooting the HCG diet protocol for different patient scenarios will also be discussed. Testimonials showing before and after pictures of fascinating results using HCG will be shown.

Integrating HCG weight-loss with a HRT program will also be discussed in the quest for optimal health. This will include patients that have tried every fad diet and have not succeeded in achieving their weight loss goals.

BREAKOUT SESSION 2 – A PRACTICAL APPLICATION OF TREATING ADULT HORMONE DEFICIENCY**INTRODUCTION TO ADULT HORMONE THERAPY***Ronald Rothenberg, MD*

The overview of hormones will discuss and evaluate adult hormone deficiencies. The connection between hormone deficiencies, inflammation and disease will be explored. General signs and symptoms of hormone deficiencies will be reviewed. Current medical literature that supports treatment and a basic understanding of how these hormones interrelate will be discussed. Information presented will be a stepping stone to more thorough investigations of these hormones in the lectures that follow.

GOALS & OBJECTIVES:

- Know what inflammation is and how it relates to disease
- Get a basic understanding of signs and symptoms of hormone deficiencies
- Begin to put together how hormone deficiencies and disease coincide

INTRODUCTION TO BIO-IDENTICAL HORMONES FOR MENOPAUSE*Angelica M. Zaid, MD*

There is no need to suffer. Women going through the transition of life called menopause can maintain and even improve their quality of life through bio-identical hormone therapy. This therapy is safe and effective when prescribed by an educated practitioner.

GOALS & OBJECTIVES:

- Understand what bio-identical hormones are
- Understand which patients are candidates for bio-identical HRT
- Understand how to individualiz therapy and fit each patient's needs

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AS SEEN IN...



THE NUTS AND BOLTS OF USING HORMONES IN AGE MANAGEMENT*Ronald Rothenberg, MD*

In Nuts and Bolts of hormone management step by step algorithms for patient initiation and management of hormones will be reviewed. Hormone replacement will be explored as to the specifics of method of delivery, testing, dosing and treatment guidelines. Management initially and in follow up will be discussed.

GOALS & OBJECTIVES:

- Identifying signs and symptoms of hormone deficiencies
- Choosing which hormone and method of delivery would be best
- How to evaluate the safety and usage for each hormone
- How to initiate and follow up on hormone replacement

OXYTOCIN: THE HORMONE THAT BOOSTS ORGASM IN MEN AND WOMEN AND CAN GIVE MULTIPLE ORGASMS IN WOMEN*Jorge Flechas MD, MPH*

The more oxytocin the body has, the more orgasmic it becomes. During this presentation we will examine the forces, both internal and external, that control the production of oxytocin. We will also look at orgasm and what aspects of orgasm are under oxytocin control. Ultimately the human brain is the body's sexual organ. Women have shown us that they can have orgasms mentally without sexual organ stimulation. As we age, orgasm function declines. Can this loss of function be restored and what can be expected? Why is it that 13% of all women can have multiple orgasms? Why is it that men cannot? What limits men and some women from having multiples? These and many other questions will be discussed!

GOALS & OBJECTIVES:

- Identity of many of the forces that control human orgasm
- Sexual desire and function work hand in hand but are controlled by different hormones
- When orgasmic function is lost, it can be restored

TESTOSTERONE REPLACEMENT THERAPY IN MEN & WOMEN: BENEFITS, POTENTIAL RISKS AND PRACTICAL ALGORITHMS*Ronald Rothenberg, MD*

Testosterone replacement therapy is an overview of the pathophysiology of testosterone in both men and women. It explores the effects of testosterone deficiency on the cerebral, cardiovascular, immune and musculoskeletal systems. Current literature reviews to evaluate the scientific evidence on safety and efficacy of treatment will be critiqued. Prostate cancer risk and testosterone replacement will be discussed. Female testosterone deficiency will be evaluated and the need for testosterone replacement in women will be explored.

GOALS & OBJECTIVES:

- Learn the symptoms of testosterone deficiency in men and women
- Learn the effects of testosterone replacement therapy on sexual, cognitive, cardiovascular and inflammatory function
- Learn the relationship of testosterone to prostate disease

THYROID REPLACEMENT THERAPY

Ronald Rothenberg, MD

Thyroid replacement therapy will begin with the basic pathophysiology of thyroid hormones. It will explore signs and symptoms of disease. Evaluation of thyroid testing and the misconceptions and changing strategies in the management of thyroid disease will be reviewed. Options for thyroid treatment will be discussed and application to patient management will be applied.

GOALS & OBJECTIVES:

- Learn the basic pathophysiology of thyroid
- Signs and Symptoms of thyroid disease
- Learn some common misconceptions associated with thyroid disease and the scientific literature that supports new management
- Learn how to apply thyroid treatment to hypothyroid patients

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* **FRIDAY**, April 16, 2010**GENERAL SESSION****ANTI-AGING MEDICINE: A PERSONALIZED APPROACH TO HEALTH CARE***Pamela W. Smith, MD, MPH*

This seminar will look at the science behind Anti-Aging Medicine as a medical specialty. Medicine in this decade is at a crossroads. Research reflects that patients can now be offered personalized medicine as opposed to protocol care which is one size fits all. No longer will a physician have to treat only the symptoms. The practitioner will now be able to look at the cause of the problem specific to a patient's own genetic history, environment, and medications. Studies are now showing, that many chronic diseases are 20 percent inherited and 80 percent environmental. Consequently, even though your patient may have inherited a gene for a disease, whether they display the phenotype and go on to have the disease depends on the environment in which the patient puts their body in. Anti-Aging Medicine Case Histories will also be discussed.

GOALS & OBJECTIVES:

- Examine the science behind Anti-Aging Medicine as a medical specialty
- Look at a systems approach to individualized medical care
- Understand how an elevated homocysteine level affects many systems of the body
- Learn how nutritional depletions can affect overall health
- Learn how hormonal decline affects the health of the patient as they age

CANCER PREVENTION WITH PHYTONUTRIENTS—REVIEWING THE LATEST RESEARCH ON RESVERATROL, OMEGA-3, GREEN TEA, CURCUMIN, GENISTEIN AND LYCOPENE*Joseph C. Maroon, MD, Senior Vice President AAM & Jeff Bost PAC*

This lecture will review the topic of cancer prevention with phytonutrients. We will specifically address theories on the causes of cancer, current research in prevention and discuss epigenetic factors that control cellular apoptosis, inflammation and DNA stability. We will review how nutrition, activity levels, environmental factors and emotional states act to promote or inhibit the development of cancer. Specifically, the concept of how phytonutrients activate cellular transcription factors will be discussed. These topics will provide health practitioners insight into current research that may provide specific recommendations to improve human longevity and health through cancer prevention.

Background

Cancer, the second leading cause of death in the United States and the scourge of those 55 and older is secondary to genetic dominance in approximately 30% of cases. 60-70% of cancers therefore can be considered environmentally induced and often preventable with the use of lifestyle changes. Regular exercise, a reduction in environmental toxins/pollutants and stress reduction with prayer, meditation and spirituality have all been shown to promote health and disease prevention.

Through the activation of intracellular transduction molecules improved lifestyle activities can induce epigenetic factors on a cellular level to modulate inflammation, apoptosis and directly impact DNA stability to mitigate the risk of cancer development.

Natural dietary compounds and supplements can also work as epigenetic activators to promote health and reduce cancer risk. Referred to as nutrigenomics, for centuries even millennia ancient cultures, although unaware of the science behind it, utilized specific phytonutrients from their environment for therapeutic purposes. Chinese green tea, Japanese knotwood (Resveratrol), Indian curcumin and omega 3 fatty acids from nuts and fish have all long been in the medicinal pharmacopeia of ancient cultures.

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Unlike many weight loss products, **Leptin Control Formula** has been shown to be effective in a double-blind clinical trial at the world renowned University of Connecticut Human Performance Laboratory as well as in an additional study at the esteemed Pennington Biomedical Research Center. In the 8-week clinical trial at the University of Connecticut, there was significant weight loss amongst those consuming **Leptin Control Formula** in comparison to subjects in the control group.

SCIENCE BASED

After 7 years of Research & Development at the University of Minnesota, the active ingredient in **Leptin Control Formula** was awarded a US Patent covering 29 claims. **Leptin Control Formula** assists in regulating the hormone leptin. Discovered in 1994, leptin has been hailed as “The Holy Grail of Weight Loss,” for its role in controlling appetite and fat storage. Leptin is one of the most important regulators of body composition in the human body. Additionally, the active ingredient in **Leptin Control Formula** has also been shown to raise the levels of adiponectin, another key hormone that modulates insulin signaling. Low levels of adiponectin have been shown to correlate with obesity, metabolic syndrome, type 2 diabetes, atherosclerosis, and coronary artery disease.

Leptin Control Formula is comprised of all natural ingredients. There are no known side effects from consuming **Leptin Control Formula**.

BENEFITS

- Clinically shown to *reduce body fat & body weight*.
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In this presentation we will summarize several hundred ongoing studies from the most prestigious cancer institutes and universities in the United States that are evaluating the chemo preventive and potential therapeutic value of various phytonutrients currently used in the prevention and treatment of human cancer.

In summary we will present updated scientific research (see references) studies and reports related to the subjects of epigenetics, nutrigenomics, and cancer prevention. Additionally we will present a summary of the most recent animal and human studies on resveratrol and other natural food compounds that can activate genes to provide an array of health benefits. Following this lecture the attendees will have a significant professional and scientific knowledge base to understand, discuss and counsel their patients about these topics as they are currently unfolding in both the lay and medical science literature.

REVERSING CHRONIC DISEASES OF AGING

Nick Delgado, PhD, CHT

This presentation reviews how to overcome disease by understanding the origin and underlying cause enabling the treatment of chronic conditions at the cellular level. The method of treatment is interventional therapies including hormones, diet, herbal supplements that stimulate and repair metabolic breakdown.

SUMMARY:

The key to successful treatments to reduce inflammation, pain, diseases of aging and tissue breakdown is a combination of anabolic hormone correction, hydration with proper selection of macronutrients and the correct supplements and protocol to follow prior to or in conjunction with the use of stem cell transplants.

GOALS & OBJECTIVES:

- Attendees will learn the full protocol regarding the complete use of nutrition, herbs rich in Beta Glucan, hydration principles, vibration motion exercise modalities, bio-identical hormones to reduce the side effects of aging, disease and inflammatory pain.
- Discover the current uses of regenerative medicine in humans.

A UNIQUE METHOD OF DELIVERY OF STEM CELL TRANSPLANTATION FOR REGENERATIVE MEDICINE

Dipnarine Maharaj, MB,ChB, MD, FRCP (Glasgow), FRCP (Edinburgh) FRCPath. FACP

Stem cell transplantation is an accepted modality for immune reconstitution and cellular repair in hematological cancers and non-malignant disorders of the bone marrow.

More recently, there has been an exponential increase in the search for the “stem cell” which will be the product for treating and hopefully curing chronic diseases such as cardiac, neurological, diabetes and other inflammatory / degenerative disorders. What is becoming clear to many scientists and clinicians in the field is that there is not a ‘single’ stem cell; but rather the more important aspect is the delivery model for the treatment of these disorders.

This presentation will focus on such a treatment model that is providing treatments for disorders of the bone marrow and developing methods for the treatment of chronic diseases as well as focusing on methods for preparing healthy individuals for the future of regenerative medicine.

WHAT COULD BE LEARNED FROM ORGANIZATIONAL DEBUREAUCRATIZATION THAT CAN HELP ANTI-AGING EFFORTS

Ichak Adizes, PhD

This presentation will focus on:

- What causes organizational aging? What are the similarities to human aging?
- How organizations get rejuvenated and what can be learned from it for human rejuvenation?

- Can an organization stay in Prime condition and how? What is Prime anyway and how does it apply to people?
- What predicts organizational aging before it is manifested in their financial statements and is there a parallel to humans that predicts aging before it is manifested in the blood and urine tests?

GOALS & OBJECTIVES:

- Give insights from a totally different field of knowledge
- Get people curious

BREAKOUT SESSION 1 - ADVANCES IN ANTI-AGING MEDICINE

A DEEPER INSIGHT INTO GENOMICS

Michael Klentze, MD, PhD

Although the DNA sequence humans is 99.9% identical between individuals, there are more than 10 million SNPs in the world's population. Because SNPs that are near one another tend to be passed along from parent to child, a correlation arises between them. A Single Nucleotide Polymorphism, or SNP (pronounced "snip"), is a small genetic change, or variation, that can occur within a person's DNA sequence. The genetic code is specified by the four nucleotide "letters" A (adenine), C (cytosine), T (thymine), and G (guanine). SNP variation occurs when a single nucleotide, such as an A, replaces one of the other three nucleotide letters—C, G, or T. Many common diseases in humans are not caused by a genetic variation within a single gene but are influenced by complex interactions among multiple genes as well as environmental and lifestyle factors. Although both environmental and lifestyle factors add tremendously to the uncertainty of developing a disease, it is currently difficult to measure and evaluate their overall effect on a disease process. Therefore,

"Everyone must get grounded."

Dr. Stephen Sinatra
Cardiologist, Author, Educator

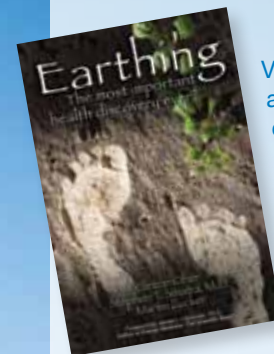
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we refer here mainly to a person's genetic predisposition, o Genetic factors may also confer susceptibility or resistance to a disease and determine the severity or progression of disease. Because we do not yet know all of the factors involved in these intricate pathways, researchers have found it difficult to develop screening tests for most diseases and disorders. By studying stretches of DNA that have been found to harbor a SNP associated with a disease trait, researchers may begin to reveal relevant genes associated with a disease. Defining and understanding the role of genetic factors in disease will also allow researchers to better evaluate the role non-genetic factors—such as behavior, diet, lifestyle, and physical activity—have on disease.

GOALS & OBJECTIVES:

- Understanding genetic polymorphisms
- Understand the relation to clinical diseases
- Learn to make a custom tailored treatment program following a patients genetic variation

A FUNCTIONAL APPROACH TO HYPOTHYROIDISM

Jim Paoletti, RPh, FAARFM

This program is designed to provide insight into and the tools necessary to evaluate the causes of the clinical symptoms of hypothyroidism. The program includes a discussion of the production and metabolism of thyroid hormones, nutritional factors involved, and how to utilize standard thyroid tests to determine where thyroid problems exist.

GOALS & OBJECTIVES:

- Understand the production, metabolism, and activities of the thyroid hormones
- Describe the causes, types and symptoms of hypothyroidism and hyperthyroidism
- Introduce the concepts of subclinical hypothyroidism and functional hypometabolism
- Discuss nutritional influences on thyroid hormone production and utilization
- Examine therapeutic options for restoration of normal thyroid function

LOW VITAMIN D IS IT A ROOT CAUSE OF CHRONIC ILLNESS AND CANCER???

Mayer Eisenstein, MD

Seventy seven percent (77%) of U.S. teens and adults are deficient in vitamin D (less than 30ng/mL), ten years earlier, fifty-five percent (55%) were deficient, in the so-called "sunshine vitamin" whose deficits are increasingly blamed for everything from cancer and heart disease to diabetes.

Recent scientific studies have found that the level of Vitamin D in most people, while adequate to protect against rickets, is not high enough to lower the probability of other medical conditions that may be caused by insufficient amounts of Vitamin D.

W. Michael Hooten, MD, et al., from Mayo Comprehensive Pain Rehabilitation Center in Rochester, Minn. reported that about one in four patients who have chronic pain also have inadequate blood levels of vitamin D, which might contribute to their pain. Patients who did not have enough vitamin D also needed higher doses of morphine for a longer period of time.

Dr. Philippe Autier, et al., found that... Ecological and observational studies suggest that low vitamin D status could be associated with higher mortality from life-threatening conditions including cancer, cardiovascular disease, and diabetes mellitus that account for 60% to 70% of total mortality in high-income countries.

Higher serum levels of the main circulating form of vitamin D, (25(OH)D), are associated with substantially lower incidence rates of colon, breast, ovarian, renal, pancreatic, aggressive prostate and other cancers.



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In a 2009 study, Dr. Garland, et al., projected that raising the minimum year-around serum 25(OH)D level to 40 to 60 ng/mL (100–150 nmol/L) would prevent approximately 58,000 new cases of breast cancer and 49,000 new cases of colorectal cancer each year, and three fourths of deaths from these diseases in the United States and Canada, based on observational studies combined with a randomized trial. Such intakes also are expected to reduce case-fatality rates of patients who have breast, colorectal, or prostate cancer by half.

Based on the latest findings, raising the year-around 25(OH)D level above 40 to 60 ng/mL could have a significant impact on overall cancer rates.

GOALS & OBJECTIVES:

- Teach how to lower cancer rates
- Teach how to increase longevity
- Teach how to lower the incidence of colds and flu, even swine flu

NUTRITION THERAPY IN THE CLINIC

Stanford Owen, MD

The presentation will focus on delivery of Medical Nutrition Therapy (MNT) emphasizing medical outcome vs. weight loss. The presentation will discuss the advantages to offering Nutrition Therapy in every provider practice that treats disease related to nutrition. Disease accelerates with aging and aging accelerates disease. Obesity, high fat, and high (refined) carbohydrate diets contribute to aging and disease. Aging and disease processes are mediated by proteins, called cytokines, produced in abundance by adipose, hepatic, and muscle tissue. The balance between inflammatory and anti-inflammatory cytokines is greatly influenced by diet, exercise, age, obesity, and genetic factors.

Professional guidelines recommend diet and exercise as the primary and first treatment for certain diseases including diabetes, hypertension, lipid disorders, back and joint disease, sleep apnea, steatosis, and GERD and adjunctive treatment for other conditions including angina, CHF, irritable bowel, fibromyalgia, and depression.

Providers rarely have training in Nutrition Therapy and are uncomfortable giving advice. In addition, many clinic programs require extra staff, offer limited education, and no system for measuring medical outcome of the MNT. Therefore, Nutrition Therapy is rarely offered to patients and safe, effective, and inexpensive treatment opportunities are lost.

This presentation will delve into the new science of cytokine metabolism and specifically how food and cytokines are related to disease and aging at a molecular level yet measurable clinically. The endocrinology of cytokines is exhaustively complex. The presenter will use graphic design and case examples to exemplify the relationship between food, fat cells, and clinical response.

Few clinicians spend time in the literature relating to the basic science of cytokines. The presenter has both clinical and basic science mastery of the relationship. He has successfully presented this information at multiple CME programs to clinicians including primary care, cardiology, endocrinology, nurse practitioners, plastic surgeons, bariatric surgeons, and chiropractors with widespread acceptance of the presentation.

The program is timely for several reasons:

- The USA is in the midst of an obesity epidemic with epic disease consequences.
- Few commercial MNT programs focus on disease outcomes and none offer methods for measuring multiple endpoints (up to 26). All focus on weight loss.
- Clinicians are hungry for programs that are effective, easy to administer, are self-teach to patients, require no additional staff, and offer additional income.
- Society has generally rejected diet and nutrition programs for the long haul because they do not fit current lifestyles. The presenter will demonstrate how patient, family, friends, and work colleagues may involve themselves in MNT strategies collectively while retaining individual eating styles and customs. This is perhaps the most universally ignored area of MNT and diet programs.
- The presenter will demonstrate why patients will return repetitively to a MNT program that focuses on clinical outcome but not to those that focus on weight loss only.

PALLADIUM LIPOIC ACID COMPLEX - EFFECTIVE THERAPY IN LATE STAGE CANCER

Paul D. Rothwell, MD

We have been investigating the use of a promising nucleotide reductase, a Palladium Lipoic Complex, for the past three years. This supplement, known as Poly MVA, is a uniquely formulated combination of minerals, vitamins, and amino acids with the principle ingredient being the Palladium Lipoic Complex (PdLA). This complex was initially introduced by Dr. Garnett in 1995 following over thirty years of research. Cancer cells have adapted to thrive in a hypoxic environment with anaerobic glycolysis being their sole energy source. The Palladium lipoic Complex (PdLA) takes advantage of this metabolic situation and is responsible for the selective generation of free radicals within the mitochondrial membrane of malignant cells. At the same time, the enhanced cellular energy in non-malignant cells can benefit cancer patients who, as a result of cancerous invasion and toxic therapeutic regimens, are energy depleted. The net result is a complex which, in theory and now in clinical practice, appears to challenge cancer cells while protecting normal and injured cells. The resulting protection of the immune system and enhancement of the patients energy could be the "difference maker" in the battle against cancer.

Our investigation has followed numerous stage 4 patients and is based upon the initial studies of Dr, James Forsythe, M.D., H.M.D. which showed great promise with 41 % 3 year survival in terminal stage 4 patients. In his study group, he showed that initially 72% of his patients showed stable or improved disease following therapy with Poly MVA and of this group, 28% demonstrated at least 50% reduction of either tumor markers or size. Our experience has lead to similar results. Because of the promising initial results of these and other similar studies, the F.D.A. is initiating two N.I.D., New Investigational Drug, studies of the Palladium lipoic Complex.

Our study demonstrated that using a combination of Poly MVA I. V. in stage 4 patients with nutritional counseling and selected supplements did indeed lead to enhanced survival and quality of life. Three clinical cases will be presented.



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THE ROLES OF VITAMIN D BINDING PROTEIN IN HUMAN IMMUNE FUNCTION

Kevin Bethel, MD, FAARM

The recent proliferation of published studies outlining the role of vitamin D in the prevention of many diseases associated with a weakened immune system has brought to light the importance of monitoring the serum levels of 25(OH) vitamin D. (1) Specifically, the direct correlation of vitamin D levels in the human serum with increased levels of cathelicidin and the potentiating role cathelicidin plays in the immune response to infections, cancer, autoimmune disease, and especially acute viral infections. (2) While research into vitamin D needs to continue, the importance of vitamin D binding protein (VDBP) has been demonstrated to have synergistic yet independent functions in the human immune system.(3) This article will outline the emerging role of VDBP in the field of immunology.

YOUR DNA IS NOT YOUR DESTINY: GENES, STRESS, AND HEALTH-SPAN

Dawson Church, PhD

Identical twins—two babies born with identical genes—present a unique opportunity to study health and aging. According to the theory of genetic determinism, they should age identically and die at the same time. But they don't. They die, on average, more than ten years apart, and though their genomes are identical at birth, by age 50 they have diverged significantly. Telomeres, strings of “tail” molecules at the termination point of genes, provide the most accurate biological clock of cell aging, and the telomeres of identical twins show that their cell ages can take very different paths. The reason for this is epigenetic influences from outside the cell, primarily stress. This presentation examines recent studies of the epigenetic effects of stress, and new research on practical methods of reversing stressful epigenetic cues. In clinical trials of even severely stressed populations such as Vietnam veterans with PTSD, and healthcare workers suffering from depression and anxiety, these epigenetic methods have been shown to produce lasting benefits. Fast stress-reduction methods with epigenetic effects are presented as a simple but potent anti-aging strategy.

GOALS & OBJECTIVES:

- Participants will describe at least one major epigenetic influence that affects aging
- Participants will identify the location and function of telomeres
- Participants will be able to name at least one non-drug therapy with an experimentally demonstrated anti-aging epigenetic effect

BREAKOUT SESSION 2 – INNOVATIONS IN ANTI-AGING MEDICINE

BREAKTHROUGH IN CLINICAL CARDIOLOGY: IN-OFFICE ASSESSMENT WITH DIGITAL PULSE ANALYSIS

Brian Peskin, BS

Advances in medical technology now allow an easy-to-use, non-invasive, finger probe coupled to computer software to display many details of the patient's cardiovascular physiologic state. Pulmonologists, anesthesiologists, and cardiologists are well aware of this technology as used in the common pulse oximeter measuring blood oxygen levels via hemoglobin.

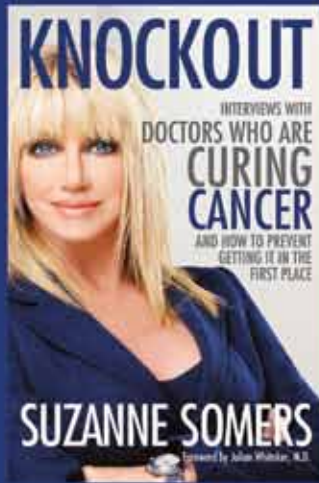
Digital Pulse Analysis (DPA) is the next evolution in a non-invasive technique based on a seminal engineering concept — pulse wave velocity (PWV) — measuring reflected infrared light (IR). The process is termed “photoplethysmography,” and is validated for calculating systemic arterial compliance (flexibility).[1] Application of this technique in population studies confirms patients' early detection and evidence of vascular disease, along with response to therapy.[2]

With advanced computer analysis of the waveforms, clinicians can use this simple concept to assess the detailed coronary health of their patients. This is accomplished in the office in less than 5 minutes. As part of the analysis, the physician is also given the patients' “biological age” to compare to their actual age. This device is extremely responsive and can measure patient therapeutic improvement in as little as 1 month.

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Suzanne Somers interviews doctors

who are successfully using the most innovative cancer treatments—treatments that build up the body

rather than tear it down. This is a subject Somers writes about as well as anyone—if not better—since she has gone toe-to-toe with the fear of this disease and came out stronger than ever to bring the message to millions. Now Suzanne shares her personal choices and outlines an array of options from doctors across the country.

Says alternative medicine guru Burton Goldberg in Suzanne Somers' book **KNOCKOUT—Interviews With Doctors Who Are Curing Cancer And How To Prevent Getting It In The First Place**: "Ondamed is a German biofeedback device

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that finds the blockage in the patient—whether it be mental or physical—and relieves it, putting the body back into homeostasis."

Replies Suzanne Somers: "I have had many Ondamed treatments. In fact, I attribute my ability to recover from the trauma I wrote about at the beginning of this book to this device. It rebalanced my energies and allowed my body to recover from the emotional and physical trauma."

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- Michael Torosian, MD, FACS
- Keith Holden, MD



Even though atherosclerosis is a leading cause of CVD, age-related arterial stiffening receives little attention in everyday clinical practice, because until recently, there was no successful intervention that could be prescribed.[3] The use of DPA coupled with an effective protocol to stop and reverse arterial stiffening with parent essential oils (PEOs) will change this commonly held belief, and is being investigated in the IOWA study (Investigating Oils With respect to Arterial blockages) which commenced in December 2009.

Many CVD surrogates, unfortunately, are not indicative of the true state of the cardiovascular system, i.e., patient markers improve but the patient still suffers from CVD. Even coronary calcification (CA), once considered a possible “gold standard” in diagnostic measurement is now doubted as an accurate diagnostic risk indicator.[4,5] Another deficiency is that patients’ soft plaque is not measured at all. The monumental 2008 JUPITER study stresses elevated c-reactive protein as a surrogate marker not — LDL-C — because as the authors state, “half of all myocardial infarctions and strokes occur among apparently healthy men and women with levels of low-density lipoprotein (LDL) cholesterol...”[6] However, other researchers are not so sure, and in an extremely convincing analysis, doubt c-reactive protein’s usefulness as a reliable surrogate.[7]

IOWA’s goal (over 200 participants) is to assess effective interventions in reversing atherosclerosis, i.e. “reversing hardening of the arteries” as evidenced not by “surrogates,” but by monthly detailed DPA patient profiles. The results to date will be announced. Preliminary results are extraordinary and unprecedented.

IMMUNOEXCITOTOXICITY IN NEUROLOGICAL DISORDERS

Russell L. Blaylock, MD, CCN

There is compelling evidence that chronic states of low-grade inflammation and excitotoxicity are central to a growing number of neurological disorders. I have coined the name immunoexcitotoxicity to describe the interaction of proinflammatory cytokines, chemokines and interferons with glutamate receptors as a central mechanism in neurological disorders such as seizures, neuropsychiatric disorders, neurodegenerative disorders, brain trauma, strokes, CNS infections and neurotoxic reactions to a number of environmental agents. In this lecture I will explain the molecular biology of these reactions and describe how a number of natural extracts and supplements can protect the brain from immunoexcitotoxicity and stimulate repair.

GOALS & OBJECTIVES:

- Understand the process of immunoexcitotoxicity
- Relate immunoexcitotoxicity to neurological disorders
- Review natural substances that reduce immunoexcitotoxicity

INTEGRATIVE BIOPHYSICS: GOOD VIBES VS. BAD – THE NEW EMERGING FRONTIER

Stephen Sinatra, MD

Cells transmit and receive energy. The ability to exchange this energy in the form of various electromagnetic frequencies (EMFs) is a fundamental function of every cell. Cells become unhealthy when this function is limited.

Man-made EMFs influence our bodies. The most documented negative impact is higher rates of leukemia among children living near high voltage power lines. Many electronic devices -- like cell and cordless phones -- generate chaotic signals, some of which directly penetrate vulnerable tissues.

Such electropollution potentially reduces heart rate variability (HRV). Suppressed HRV is a predictor of sudden death.

When connected to the earth, the body is “grounded” and assimilates activated electrons, neutralizing free radicals and creating physiology changes. “Grounding” balances the autonomic nervous system, regulates cortisol dynamics, and improves Zeta Potential – a reliable indicator of blood viscosity. The utilization of low frequency pulsed electromagnetic field devices also assist the biophysics of the body.

Like a battery, the body’s charge must be maintained with energy. Healthy cells oscillate at balanced frequencies. Cancer occurs in cells lacking energy. Heart failure is literally an energy-starved heart. Call it energy medicine or electromedicine; it’s the new frontier. We must surpass our sole reliance on the pharmaceutical Dark Age.

GOALS & OBJECTIVES:

- Identify medicinal advantages to grounding the body
- Discover the cardiovascular system's vulnerability to chaotic energies
- List three interventions that improve human biophysics
- Define Zeta Potential

LECTIN LOCK - A NATURAL DEFENSE AGAINST THE HIDDEN CAUSE OF FOOD SENSITIVITY

Chris D. Meletis, ND

In a clinical setting, perhaps the most common root cause of inflammation is food sensitivity leading to alterations in the neuro-endocrine-immune system. Lectins are digestive-resistant proteins from various foods which can cause food allergies and intolerances and provide the mechanism for chronic gastrointestinal inflammation. As these antigens are exposed to the GALT, up-regulation of the immune system and inflammation ensue with consequent effects on the neuro-endocrine system. Here may lie the reason why one man's food is another man's poison. Symptoms associated with lectin exposure include:

GOALS & OBJECTIVES:

- Identify Common Lectins in Diet
- Understand Impact of Lectins on Patient Wellness
- Review of Clinical Benefits of Lectin Identification and Removal

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THE MULTIPLE CARDIOPROTECTIVE EFFECTS OF RESVERATROL*Bryan C. Donohue, MD*

Resveratrol, a polyphenol phytoalexin, possesses diverse biochemical and physiological actions, including estrogenic, antiplatelet, and anti-inflammatory properties. Several recent studies determined the cardioprotective abilities of resveratrol to attenuate myocardial ischemic reperfusion injury, atherosclerosis, and reduces ventricular arrhythmias. This lecture will include an overview of resveratrol and its mechanisms for cardioprotection as well as a detailed review of the latest studies demonstrating these cardioprotective effects. Finally, there will be a series of personal observations of the use of a resveratrol containing product in a clinical cardiology practice for over one year. These observations have led to a clinical study proposal which will be introduced.

GOALS & OBJECTIVES:

- Introduction of the concept of cardioprotection by natural dietary supplements, vitamins and mineral
- Discuss the mechanisms of cardioprotection currently attributed to resveratrol
- Expand from animal trials with resveratrol and cardioprotection to human studies

STATE OF THE ART: EVALUATION AND MANAGEMENT OF PROSTATE DISEASE AND ERECTILE DYSFUNCTION*Frank J. Costa MD*

Two of the most common conditions which affect the aging male are symptomatic (benign) prostatic disease and erectile dysfunction.

Dr. Frank Costa, Clinical Associate Professor of Urology at the University of Pittsburgh School of Medicine, Board Certified in Urology and Anti-aging Medicine will examine the latest approaches regarding the evaluation of prostate disease and erectile dysfunction with emphasis on practical approaches to clinical management for the anti-aging physician and consideration of minimally invasive techniques when conservative management fails.

GOALS & OBJECTIVES:

- How to identify patients at risk for progressive symptomatic benign prostate disease
- Examine novel approaches to management of symptomatic prostate disease including minimally invasive techniques
- How to evaluate and manage Erectile Dysfunction

BREAKOUT SESSION 3 – BREAKTHROUGHS IN ANTI-AGING MEDICINE**ENHANCING BRAIN AND MIND PERFORMANCE WITH AGE***Eric Braverman, MD*

As individuals approach the age of 50 they experience loss of brain processing speed and voltage, with an increase in professional responsibility. This results in a growing performance gap, as our most productive individuals are the most vulnerable because they have more responsibilities and they demand more. This performance gap can be bridged if declines are recognized and dealt with early on. The key to early recognition is extensive testing for the detection of silent disease using a multi-modal approach such as brain electrical activity mapping, cognitive testing, psychiatric/personality profile, temperament and type, head to toe “ultrasound physical”, DEXA scanning to assess bone density and muscle mass (and percent body fat), and extensive blood work to detect hormone levels, toxins and allergens, and more. As we age we are being ambushed by silent diseases. We do not notice any physical changes, and because verbal ability declines

.1

second separates a young brain from Alzheimer's.

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slower, and we tend to think that we can overlook the cognitive deterioration. The truth is that if we do not prepare we will not be able to function. Aging slowly deteriorates the body - some parts age faster than others. Through numerous neuropsychiatric brain-targeted treatments as well as neuro-endocrine treatment to enhance brain cell growth, we can completely recover brain function. We use bio-identical hormones, such as estrogen, testosterone, and growth hormone, to reverse the effects of endocrine deficiencies and thereby restore processing speed.

FROM ANCIENT REMEDY TO MODERN MEDICAL MARVEL - BIOACTIVE SILVER HYDROSOL IN ANTI-AGING PRACTICE

Mitchell Ghen, MD

Silver has been used as an effective broad spectrum anti-infective agent for thousands of years, but few physicians know about its regenerative properties, making it more important than ever for those in anti-aging medicine. An evaluation of silver's history, toxicity profile, as well as bacterial, fungal and viral sensitivities will convince any physician of its essential role in 21st century clinical practice. But understanding silver's regenerative properties provides the anti-aging physician with a powerful new tool. A bioactive silver hydrosol isolates the purest, safest and most efficient form for medicinal use either alone or concomitantly with other anti-microbials. A growing body of medical literature indicates silver reduces blood platelet aggregation, inflammation, increases ROS production, accelerates tissue regeneration, aids in wound resolution, and reduces post treatment scarring. A comparison of efficacy and safety between typical colloidal silvers and the technological breakthrough of a bioactive silver hydrosol will be evaluated, and multiple routes of installation will be discussed. It is the author's contention that a bioactive silver hydrosol should be an intricate part of every anti-aging health care practice.

HOW TO START A SUCCESSFUL NON-INSURANCE (CASH) PRACTICE USING A FRANCHISE MODEL

Kent Holtorf, MD

The talk will discuss options on how to start a successful cash based practice using a franchise model that solves many of the difficulties facing the physician who wishes to change from the standard insurance based practice to a cash based practice.

GOALS & OBJECTIVES:

- Understand the limitations of an insurance based practice
- Understand unique requirements of a cash-based practice
- Understand how a franchise model can potentially solve many of the difficulties of starting a cash-based practice

HYPERIMMUNE EGG: MAKING A DIFFERENCE IN PHYSICAL ACTIVITY: STRENGTH, AND RECOVERY MEDIATED THROUGH THE GROWTH HORMONE SYSTEM

Timothy Scheett, PhD, CSCS

This presentation will review data from a double-blind, placebo controlled, investigational research study examining the effects of 10 days of supplementation with polyvalent hyperimmune egg. Applied physiological measures included aerobic fitness, muscular strength, local muscle endurance, and maximal cycling power and were performed prior to and following supplementation for 8-days as well as after an additional 2-days of recovery from prior exercise. The presentation will also present data suggesting the observed changes are likely supported by endogenous alterations in the growth hormone insulin-like growth factor axis leading to improved recovery following prior exercise.

GOALS & OBJECTIVES:

- Following this presentation attendees will have a better understanding of how measures of aerobic fitness, muscular strength and local muscle endurance have an affect on athletes and non-athletes alike

- Following this presentation attendees will have a better understanding of how polyvalent hyperimmune egg supplementation affected measures of aerobic fitness, muscular strength and local muscle endurance
- Following this presentation attendees will have a better understanding of how polyvalent hyperimmune egg supplementation improved recovery from prior exercise

BREAKOUT SESSION 4 – BUSINESS DEVELOPMENT PROGRAM

BUILDING A FINANCIAL PLAN FOR AN ANTI-AGING PRACTICE

Patrick Savage, MBA

Two of the leading experts in successful Anti-Aging Practice Management will discuss the detailed process of how to develop a successful business plan. They will cover the strategies, which services to provide and in what sequence, the areas you have to account for and important variables to use in building your business plan. They will cover costs of marketing, sales, revenue projections, procedures, operating costs and the creation of a financial plan that will assist you to be successful in the growing field of medicine. If you wonder how to make money while practicing your craft -- this is a session you cannot afford to miss.

GOALS & OBJECTIVES:

- Strategies to employ in building your practice
- Sequencing of services you provide to patients
- Detailed information on the creation of a financial plan

* **SATURDAY** April 17, 2010

GENERAL SESSION

BEYOND “CARDIO” – A NEW APPROACH TO CARDIOPULMONARY FITNESS

Al Sears, MD

Low-to-moderate intensity, long-duration cardiovascular exercise does little to extend the lifespan or reduce age-related cardiovascular illnesses and may in fact increase risk of death. I propose that this is largely because traditional durational cardiovascular exercise trains the heart to adapt to function in a narrow range of low-to-moderate output. The result is an increase in cardiovascular efficiency for low-to-moderate intensity durational (endurance) exercises. However, this increased endurance comes at the cost of a decreased ability to respond to high-intensity cardiac demand.

Interval training, with its higher intensity, addresses some of the key failings of durational cardiovascular exercise, but the average older patient is not capable of safely and effectively participating in a high-intensity interval training program.

The solution to this problem can be found in two concepts: Progressivity and Acceleration. Progressivity refers to a consistent increase in the intensity of demands placed on the cardiovascular system. Progressivity allows for safe incremental increases in intensity, regardless of the current level of conditioning. Acceleration refers to training the cardiovascular system to respond more quickly to changes in demands. Progressively Accelerating Cardiopulmonary Exertion (PACE) conditions the heart and lungs to be able to respond appropriately to large and sudden increases in demands.

GOALS & OBJECTIVES:

- Highlight the problems associated with traditional long-duration cardiovascular exercise
- Demonstrate the cardioprotective benefits of high-intensity, short-duration exercise
- Propose a method of training that makes the benefits of high-intensity training available to patients at all fitness levels

DRUGLESS PRESCRIPTIONS FOR PAIN—FROM LASERNEEDLE ACUPUNCTURE TO PROLOTHERAPY

Martin P. Gallagher, MD, DC

Pain is a silent epidemic in the United States. An estimated 50 million Americans live with chronic pain caused by disease, disorder or accident. An additional 25 million people suffer acute pain resulting from surgery or accidents. Approximately two thirds of these individuals in pain have been living with this pain for more than five years. The most common types of pain include arthritis, lower back, bone/joint pain, muscle pain and fibromyalgia.

70 million office visits to physicians were motivated by pain complaints. Pain surveys have revealed that more than four out of ten people suffering moderate to severe pain were unable to find adequate pain relief.

The current medical pain management model is inadequate and narrow in its scope. By relying primarily on drugs, surgery and physical therapy millions of Americans slip through the cracks of conventional medicine and are left with chronic, unresolved pain.

A paradigm shift that includes but is not limited to LaserNeedle Acupuncture, Nutritional Rehabilitation, and Prolotherapy represent emerging new therapies that will rapidly change the clinical climate and bring relief to millions of acute and chronic pain sufferers.

GOALS & OBJECTIVES:

- Understand acute vs. chronic pain
- Learn the key LaserNeedle Acupuncture points and the role of Prolotherapy in pain management
- Incorporate Drugless Prescriptions into your practice immediately

THE FUTURE OF ANTI-AGING MEDICINE

Terry Grossman, MD

Antiaging physicians need to keep abreast of all of the latest advances in medicine including what is expected in the years ahead. Medical diagnosis is expanding exponentially as microarrays now allow for hundreds and thousands of individual laboratory tests to be performed simultaneously on a single drop of blood, while diagnostic imaging now provides accurate and detailed visualization of internal structures rapidly and noninvasively. Novel therapies include proton beam irradiation to destroy tumors with pinpoint accuracy while robots assist human surgeons perform delicate operations. We are in the early adoption phase of stem cell therapies, which will lead to a quantum leap in our ability to prevent and treat disease with advances also occurring in proteomics, genomics and gene therapies. Both biological and mechanical human replacement parts have begun to enable the deaf to hear, the blind to see and the lame to walk again. Blueprints for tiny robotic devices, which will be used to control many aspects of human physiology far better than the original cells they will enhance, are on the drawing boards today, waiting only for the technology that will allow their eventual fabrication and use within the human body.

Since its inception antiaging medicine has remained at the vanguard of medical advances. Yet, while progress in computer or information technology occurs at an exponential rate, medicine is advancing more slowly. This old paradigm has begun to change because medicine itself has become an information technology and now is growing exponentially as well. Major breakthroughs in antiaging medicine will occur within the broad fields of biotechnology and nanotechnology in the next few decades. In biotechnology there is already an increasing spectrum of stem cell therapies, along with some early clinical applications from genomics, proteomics, gene therapies and robotics. These will multiply rapidly in the years ahead. Nanotechnology is at an earlier stage of development but has already produced some early nano-scale diagnostic tests and cancer

South Florida Bone Marrow/ Stem Cell Transplant Institute

Every day, lives are changed as a result of the South Florida Bone Marrow/Stem Cell Transplant Institute. Under the direction of Dr. Dipnarine Maharaj, The South Florida Bone Marrow/Stem Cell Transplant Institute offers a full range of outpatient treatments for many hematologic cancers including: Non-Hodgkin's Lymphoma, Hodgkin's Lymphoma, Leukemia, and Multiple Myeloma. There are also other treatments such as immunotherapy for cancers. Patients are cared for by a team of highly-skilled professionals with extensive training and experience in treating cancers that react favorably to stem cell transplants. This specialized approach helps patients whose cancer has shown little or no response to other methods of treatment.

Experience - Dr. Maharaj has been performing outpatient bone marrow / stem cell transplants since 1995. He has demonstrated that the majority of patients can be treated safely with minimal complications on a totally outpatient basis. This has been achieved by close monitoring and early intervention through all phases of the treatment by the same staff.

Compassion - Dr. Maharaj is dedicated to refining Bone Marrow Stem Cell transplant treatments in order to achieve the highest quality of care possible. Patients who receive a totally outpatient bone marrow/stem cell transplant return home following treatments and remain with family and loved ones.

Results - The "day 100" post-transplant mortality rate and patient success rate of being alive and disease free match or exceed those of nationally known transplant centers. The incidence of infections in our program is significantly lower than at inpatient transplant centers. That says a lot about trusted, quality care that you can feel good about.



**Dipnarine Maharaj, MD,
FACP**

"I chose to study Hematology/Oncology to make a real difference in the quality of cancer care and to help change people's lives for the better. My education helped shape me as a doctor and as a person. But for me, learning never ends. My patients are far too important."

therapies. Blueprints for tiny robotic devices (nanobots) such as respirocytes (nanobiotic red blood cells) and microbivores (nanobiotic white blood cells), which will be used to control many aspects of human physiology far better than the original cells they will enhance, are on the drawing boards today. They are only awaiting the technology that will allow their eventual fabrication and use within the human body.

GOALS & OBJECTIVES:

- To show how the Rule of 80:20 applies to medicine and its implications for early detection of disease
- To show what we can expect from biotechnology over the next 10-15 years including stem cell therapies, genomics and human replacement organs
- To learn about the radical changes that nanotechnology will bring to medicine in the next few decades

TOXIC WAISTLINES IMPAIR LONGEVITY

Stephen Holt, MD, DSc, PhD, ND, LLD

Unitary interventions for weight control represent therapeutic nihilism. The pathogenesis of weight gain and obesity is multi-factorial and can only be approached effectively by multi-pronged interventions. Obesity-related disease has become the commonest cause of premature death and disability in many industrialized societies. Treatments for weight control must address underlying pathophysiology which includes, but is not limited to: excessive calorie intake, coexistent poor nutrition, social gluttony, lack of exercise, body toxicity, behavioral aberrations, stress or sleeplessness and the frequent presence of insulin resistance. Metabolic Syndrome X (insulin resistance with the variable presence of obesity, hypertension and abnormal blood cholesterol) goes hand in hand with an overweight status and it affects approximately 70 million individuals in the US. Syndrome X forms a unifying concept of diseases that may explain much modern chronic disease evolution (Syndrome X, Y, Z,...)1. Not only does Syndrome X underlie the cause of heart attack and stroke, it contributes to polycystic ovary syndrome, depressed immunity, liver disease, inflammatory states and Alzheimer's disease..., to name a few disorders1. Over the past fifty years evidence has accrued that obesity is an inflammatory disorder ("obesitis") which is driven by underlying oxidative stress. Environmental toxins (notably organo-chemicals) alter energy and fat metabolism and induce "toxic lipogenesis". Several drugs used in weight control have onerous adverse effects and many nutraceuticals promoted as weight loss agents have meager, if any, evidence of effectiveness e.g. Acai and other berries. A valuable approach to weight control is the induction of thermogenesis and successful weight control was reported with the use of ephedra/ma Huang, but ephedrine-induced cardiovascular stimulation presented serious cardiovascular problems in a small number of individuals2, resulting in its withdrawal as a dietary supplement in 2004. The value of thermogenesis in weight control has undergone renaissance interest as it appears possible to induce "fat-burning" (and lipolysis, erogenesis with retention of muscle mass), without excessive risk of cardiovascular stimulation, by the use of Citrus aurantium, standardized for p-synephrine content2. Putative thermogenic agents include sea weed extracts, green tea and patented extracts of Citrus aurantium. Hydroxy-citrate was removed from the supplement market in 2009 because of liver toxicity and the only confirmed thermogenic agent3 with a reasonable safety margin are amines contained within specific, patented extracts of Citrus aurantium. An evidence-based anti-aging intervention within the reach of current medical practice is calorie restriction, or perhaps the use of adjunctive calorie restriction mimetics. There is a need for comprehensive interventions for weight control as part of a public health strategy to increase longevity.

BREAKOUT SESSION 1 – ADRENAL FATIGUE

CENTRAL NERVOUS SYSTEM REGULATION OF THE HYPOTHALAMIC-PITUITARY-ADRENAL AXIS

Kelly L. Olson, PhD

The chronic stress present as a result of our modern lifestyle has led to dysregulation of the crucial sympathetic/parasympathetic cross-talk within the nervous system. The pathological result of this imbalance is an impairment of the stress response. This presentation will focus on identifying and addressing

sympathetic dominance as it relates to adrenal fatigue and associated clinical complaints. Attendees will learn to identify sympathetic dominance through observations of biomarkers measured in urine (neurotransmitters) and saliva/serum (glucocorticoid hormones), alongside patient symptomology. Options for addressing patient symptoms while re-establishing the hypothalamic-pituitary-adrenal (HPA) axis will further be discussed. Case studies and clinical pearls will highlight clinical applications.

GOALS & OBJECTIVES:

- A clear understanding of sympathetic/parasympathetic cross-talk
- Knowledge of the contribution of stress to the dysregulation of autonomic function
- How to rebalance/re-establish biochemical homeostasis

NEW EUROPEAN PERSPECTIVES ON THE TREATMENT OF ADRENAL FATIGUE AND CHRONIC FATIGUE SYNDROME

Reimar Banis, MD

Chronic and Adrenal fatigue are one of the most common reasons for doctor visits to naturopathically-oriented general-medicine practices. For the therapist, chronic fatigue often poses a big diagnostic and therapeutic challenge, particularly in the case of conventionally diagnosed patients that orthodox medicine has given up on. I would like to report on my many years of practical experience, and in so doing describe an energy medicine method which I developed, namely Psychosomatic Energetics, with the aid of which it is very often possible to treat chronic fatigue successfully. The procedural approach outlined here has proven causal and effective in many complementary-medicine practices.

GOALS & OBJECTIVES:

- Report about an empirical evidenced approach in complementary medicine
- Sharpen the awareness of scientifically yet unknown causes of chronic diseases (earth radiation, foci, hidden emotional issues, energetic blocks)
- Short video Demonstration of how to detect energy blocks

NON-PHARMACOLOGIC AND PHARMACOLOGIC TREATMENT OPTIONS FOR ADRENAL DYSFUNCTION AND HYPOTHALAMIC-PITUITARY-ADRENAL AXIS DYSREGULATION

Lena Edwards, MD

The role of the Hypothalamic-Pituitary-Adrenal (HPA) axis, particularly the adrenal glands, in mediating the stress response and maintaining physiologic homeostasis has long been described in the medical literature. The neuroendocrine system is complex and directly affects the development of disease and the aging process via the intricate interplay of numerous hormones and organ systems. Extensive medical evidence exists demonstrating the relationship between chronic stress exposure and its effects on aging, hormonal deficiencies, and disease development. Many clinical syndromes including 'burnout', fibromyalgia, chronic pain, chronic fatigue syndrome, post-traumatic stress disorder, chronic pelvic pain, cardiovascular disease, cancer, autoimmune disease, inflammatory bowel disease, and asthma have been shown to be associated with HPA axis dysfunction and aberrant release of cortisol, the major stress hormone secreted by the adrenal glands. Traditional medical training has failed to teach us how to properly investigate and treat these stress induced HPA axis and adrenal gland hormone abnormalities during the early stages prior to disease development. The elucidation of the substantial role of HPA axis dysfunction and adrenal dysregulation in disease development now implores clinicians to better understand and utilize the available diagnostic and therapeutic options in order to prevent disease development.

STRESS, IMMUNE SYSTEM AND THE BRAIN: HOW CORTISOL INFLUENCES NEUROCHEMISTRY AND IMMUNE FUNCTION*Andrew Heyman, MD*

It is well known that Cortisol has significant influence on both the immune system and the brain function. What is less understood are the reciprocal relationships in and among these three important physiologic processes. This talk will explore the connections between stress, the immune system and brain function, in addition to case examples representing how patients commonly present when alterations occur in the aforementioned areas. Additionally, treatment strategies will be reviewed, and overall, the talk will help to reframe the difference between “Adrenal Fatigue” and hypocortisolism, and its implications for assessment and treatment.

GOALS & OBJECTIVES:

- To review normal physiology of hypothalamic-pituitary-adrenal axis
- To examine the common abnormalities between stress, immune dysfunction and neurochemical impairments
- To review treatment options for alterations in stress related immune dysfunction, mood and ceremony

BREAKOUT SESSION 2 – PROTOCOLS OF HRT**IMPROVE YOUR HRT PRESCRIBING USING PROTOCOLS, PHARMACOKINETICS, SYMPTOMS AND LABORATORY RESULTS AND DISCUSSING VARIOUS CASE STUDIES.***Naina Sachdev, MD & Nayan Patel, PharmD*

This workshop is designed to teach the physician and health care practitioner how to evaluate, assess, and apply common protocols used in hormone replacement therapy (HRT). You will learn how to prescribe hormones to provide symptomatic relief and how to use pharmacokinetic data to effectively dose hormones. Compare your prescribing habits with these commonly used protocols to achieve the best outcomes for your patients. Case studies will be presented for various situations including but not limited to PMS, Peri-Menopause, Menopause, Adrenal fatigue, Low to Suboptimal Thyroid and Andropause. This is a must for General Practitioners, Physician Assistants, Nurse Practitioners, Naturopathic Doctors, Family Medicine Physicians and other health care practitioners.

GOALS & OBJECTIVES:

- Identify commonly prescribed hormones
- How to prescribe hormones for symptomatic relief
- Evaluate laboratory results while prescribing HRT
- How to use pharmacokinetics for drug dosing
- Compare effectiveness of your HRT prescribing habits

BREAKOUT SESSION 3 – ADVANCES IN ANTI-AGING MEDICINE**APPLICATIONS OF REDOX BIOCHEMISTRY IN HEALTH AND AGING – THE EMERGING SCIENCE OF HOW CELLS HEAL THEMSELVES***Gary Samuelson, PhD*

Recent Advances in Redox Biochemistry have shown that cellular redox-signaling molecules act as universal signaling messengers both inside and between cells and can have broad and fundamental involvement in the processes of cellular aging, healing and regeneration in literally all forms of life [1,2]. All of the thousands of molecular micromachines that carry out the processes of life are immersed in simple cellular fluids. The complex life processes that take place within a healthy cell are heavily influenced by the balance of redox signaling messengers present in such fluids. This lecture includes a report on results from recent in vitro, preclinical and clinical trials on specific stable mixtures of redox signaling molecules and their measured effects on biological systems.

Booth 311



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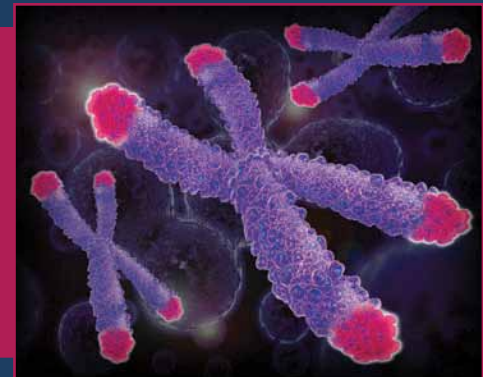
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Redox signaling molecules consist of oxidants and reductants built from relatively simple chemical rearrangements of atoms found in the surrounding cellular saline and nitrogen environments [3]. Redox signaling networks are known to regulate pathways leading to DNA repair, antioxidant production and efficacy, cellular damage detection and repair, apoptosis, oxidative stress, cellular division and regeneration rates, blood flow regulation, inflammatory processes, antimicrobial defense, cellular adhesion, immune response, protective enzyme production, tumor death domain messengers, vascular regeneration [4,5,6,7,8,9,10] along with an ever-growing broad list of applications closely related to health and aging. Focus will be placed on antioxidant production and efficacy and cell-damage repair.

Individual Redox signaling molecules (for example H₂O₂, HO₂, HOCl, NO) have eagerly been studied by hundreds of researchers in microbiology worldwide for over fifty years [4]. Yet only during the last ten years have researchers started to fully appreciate how such molecules interact to form signaling networks capable of regulating genes, opening and closing message receptors, balancing critical cellular processes and communicating cellular damage [8]; the result is the rapidly emerging field of redox signaling science. The individual pieces are starting to fit together to form a coherent picture of how the body protects and heals itself. This knowledge can certainly be harnessed for our benefit.

HORMONAL MODULATION AND ANTI-AGING

Odilza Vital, MD

My presentation will give a complete idea of the experience of an endocrinologist and geriatrician practicing for over 40 year. It shows the importance of balancing all the hormones to achieve an equilibrium of the body and mind. Hormones must be modulated which means regulated because they influence one to the other. Going back many years ago when I took the first post graduation course of Endocrinology in Brazil we used to modulate all the hormones in cases of hypopituitarism. Starting from that principal I introduced in my practice over 30 years ago Hormonal Modulation for my patients to fight the aging process. I always had in my mind prevention. In the beginning I had to use synthetic products because we did not have access to the bioidentical hormones. As soon as they became available, I started to change my prescriptions. As an endocrinologist I knew that synthetic products over stimulate cells which can induce short or long term damaging consequences. Hormone replacement should be done when their levels are low and balanced when the levels are high. The most important issue is regulate the body and follow up clinically using also laboratory tests to confirm the clinical findings. I also emphasize health nutritional habits, physical exercises and good mind. In Hormonal Modulation it is important to include the balance of melatonin, DHEA, pregnenolone, cortisol, estradiol, insulin, progesterone, testosterone, calcitonin, HGH, T4 and T3 as necessary. Patients must be selected for different scheduled treatments according to their complaints, physical exam, history, family history and diagnosis. Individual plans must be done for each patient. From my early beginnings as a traditional endocrinologist using synthetic hormones : then my introduction to bioidentical hormones which were displayed at a booth at the North American Menopause Society in 1993 and my meeting with A4M in a blue tent in 1995 in Vegas with Goldman and Klatz lecturing, I FOUND MYSELF.

GOALS & OBJECTIVES:

- Sharing my way of using hormones
- Sharing my 40 years experience as an endocrinologist
- What to do and not to do with the use of hormones

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Mark Gordon, MD discusses his ongoing study of how to increase a patient's IGF1 and IGF1 Binding Protein with a sublingual spray patented technology. Thousand's of patients are using this new amino-acid complex increasing their GH level from 50-200%. This new talk will be very enlightening on a new concept in anti-aging medicine.



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STEM CELLS: BASIC CONCEPTS, CURRENT CLINICAL APPLICATIONS AND CASE STUDIES*Zannos Grekos, MD, FAAC***Introduction**

The basic concepts of stem cell therapy will be reviewed, highlighting the different sources of stem cells and the current state of research with embryonic stem cells as compared to adult stem cells in fighting disease. The presentation will focus on the application of Autologous Adult Stem Cell Therapy as a treatment for patients with various end stage diseases. Clinical data from one month through one year follow up will be presented. Case studies include patients treated for cardiomyopathy, congestive heart failure, pulmonary hypertension, pulmonary fibrosis, critical limb ischemia, renal insufficiency and early dementia. New clinical trials with neurologic diseases will be discussed.

Methods

Regenocyte Clinical Center optimizes patients to receive stem cell treatment, selects the appropriate therapeutic modality and then strives to maximize the gain from the treatment. Regenocyte's advanced technology utilizes the patient's own peripheral stem cells, which are then selected out for specific Angiogenic Cell Precursors (ACP's). These cells are grown in the lab and delivered back to the patient through the arteries of the target organ. In cardiac patients, for example, we deliver the cells via two methods; through cardiac catheterization with cells injected into the individual coronaries of the affected myocardium through the central lumen of an over-the-wire angioplasty catheter and via direct intra-myocardial injection using a myocardial injection catheter.

Conclusions

Clinical results reflect significant improvements in patient outcomes, such as increased ejection fraction; improvement in CHF Class; functional capacity; ECHO, pressure and other pulmonary function tests; kidney filtration; viable myocardium by PET scan; cognitive abilities and quality of life. Angiograms reveal significant revascularization and return of circulation. We are also seeing a reduction in all cause mortality and hospitalizations for CHF.

BREAKOUT SESSION 4 - INNOVATIONS IN ANTI-AGING MEDICINE**BREAST HEALTH UPDATE: INTEGRATIVE PRACTITIONERS' COMPLETE GUIDE TO OPTIMAL BREAST HEALTH; A MUST FOR THE BUST***Sara Wood, ND*

Breast cancer is the most common cancer affecting women today. In addition to the hundreds of thousands of women diagnosed with breast cancer each year, an estimated 1 million may be undiagnosed, due to lack of medical coverage and false negative or insufficient screening tests. The likelihood of a woman developing breast cancer in her lifetime is approximately 1 in 8, yet our typical approach is only a defensive one ...i.e, wait until the cancer occurs. Current standards of practice focus almost exclusively on screening mammograms and early detection rather than on prevention. Recent controversy regarding screening mammography guidelines and confusion about hormone replacement therapy has left many patients and practitioners bemused regarding reducing risk of breast cancer and looking for a way to take action before there is a problem. Furthermore, ongoing management options for the scores of breast cancer survivors are often limited and present significant side effects.

This presentation will expound upon current research which supports the supplementation with vital nutrients for optimal breast health and breast cancer prevention. Focus of the discussion will include the use of vitamin D, iodine, phyto-nutrients and progesterone; including the use of progesterone in patients with a history of receptor-positive breast cancer. Elucidation and clarification on hormone balancing and the role of BHRT for prevention and general health optimization are also covered. A review of diagnostic techniques and the use of Digital Infrared Thermal Imaging (FDA-approved) as an effective and safe screening tool to detect early thermogenic changes in breast tissue will also be introduced.

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GOALS & OBJECTIVES:

- Describe pathophysiology of fibrocystic breast disease and primary forms of breast cancer including the relationship between the two
- Discuss iodine and vitamin D deficiency at length and specifically as it pertains to physiology of the breast
- Address the importance and safety of progesterone supplementation in general as well as in progesterone receptor positive breast cancer
- Illustrate the use of breast thermography as a stand-alone or adjunctive screening tool for breast cancer
- Present specific protocols for patients with fibrocystic breasts and history of breast cancer as well as general prevention

THE FORGOTTEN FUNDAMENTALS OF NUTRITIONAL THERAPY

David Vaughan, CN

Before implementing any therapy of any kind the following four functions must be assessed and optimized for that therapy to be most effective:

1. Digestion
2. Assimilation
3. Elimination
4. Hydration

A great deal of incorrect information is being disseminated in the medical world about gut function assessment and treatment. Most practitioners - even functional nutritionists - misunderstand how to address poor digestion and malabsorption, or do so inadequately or incorrectly.

Common assessment and interpretation mistakes will be explained, and proven procedures and protocols will be provided. You will learn clinical tricks for assessing digestion and assimilation efficiency; a simple method for diagnosing dysbiosis and a brief but concise review of probiotic microorganisms – which to avoid and which to use, and exactly how and when to use them; a very simple rule for determining proper hydration for each patient; strategies for optimizing and normalizing elimination.

GOALS & OBJECTIVES:

- Learn implementation and interpretation a simple, inexpensive generic test to assess patient digestion and assimilation efficiency
- Restoration of proper digestion and assimilation capabilities and function
- Assessment and restoration of proper elimination
- Assessment and correction of adequate hydration

PHARMACOKINETICS OF HORMONE DOSAGE FORMS

Nat Jones, RPh, FIACP Candidate

It's not just the dose but the dosage form that can determine the outcome of therapy. It's also not just the dosage form but how you monitor that determines if the dose is a fit. Having an understanding of dosage form options will help your patients reach their goals of proper balance with restorative therapy.

Learn practical information on the appropriate administration of the various options for hormone restoration therapy and how the dosage form should influence your choice of laboratory monitoring.

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GOALS & OBJECTIVES:

- Discuss the more popular dosage forms used for BHRT and the practical application, advantages and disadvantages of each
- Discuss absorption characteristics, dosage frequency and special considerations for the most popular dosage forms used for BHRT
- Review practical considerations to take into account with topical hormone preparations
- Discuss considerations in changing therapy from one route of delivery to another

TESTOSTERONE FROM DOWN UNDER FOR DOWN UNDER: AN ANALYSIS OF THE BENEFITS OF SCROTAL APPLICATION OF TESTOSTERONE CREAM OVER TESTOSTERONE GELS AND INJECTIONS

Michael Buckley, BPharm

Testosterone treatments have been available for over 60 years, but only recently have transdermal testosterone products been widely accepted following evaluation in controlled clinical trials.

The benefits of androgen treatment via this route have been shown to include relief of androgen deficiency symptoms, including low libido, quality of life, depression in both sexes, erectile dysfunction, osteoporosis, as well as improvement in many of the features of Type 2 diabetes and metabolic syndrome.

Comparison of the efficacy, safety and cost-effectiveness of testosterone pellets, injections, patches and gels now on the market show widely different patterns of absorption, variations of between ten and forty times have been reported, depending on the type of preparation and site of application.

By presenting a decision making framework, that draws upon the published literature, physicians can make more informed choices about which treatment will deliver the highest quality of patient care.

GOALS & OBJECTIVES:

- Explain the unique characteristics of scrotal skin compare to other body areas in relation to steroid absorption with topical application
- Discuss the benefits of scrotal application of testosterone over existing treatment options
- Explain the development and introduction of the next generation of transdermal testosterone preparations available for use in males

END OF ABSTRACTS

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The background of the page is a high-contrast, black and white image of water splashing or flowing. The water is captured in motion, creating sharp, curved lines and bright highlights that suggest a dynamic, energetic environment. The top of the image is mostly white, while the bottom transitions into darker, more turbulent water.

Testing for Heavy Metals: ELIMINATE THE BAD AND UGLY

By Rita Ellithorpe, MD and Robert Settineri, MS



Human beings have been exposed to toxic heavy metals for thousands of years. Even the ancient Roman civilization wasn't exempt. Today we are inundated with these insidious contaminants more than ever in history. Modern industrial and commercial practices pollute our drinking water, air and soil with toxic metal compounds. These harmful metals are involved in mining and the

manufacture of consumer goods, as well as burning and refining processes. Toxic heavy metals are found in a vast array of sources: construction materials, cosmetics, medicines and fuels, to name just a few. They infiltrate your daily life through common everyday commodities such as baking powder, personal care products, pesticides, and antibiotics. Although there are more than 20 different metal toxins that can harm

you, I will concentrate on the five most prevalent ones: mercury, lead, aluminum, cadmium and arsenic. As I review them and the detrimental impact they have on your health, it's interesting to note that some of the diseases related to toxic metal poisoning have the same symptoms as the poisonings themselves. For instance, compare the symptoms of multiple sclerosis, autism and mercury poisoning: (SEE CHART ON NEXT PAGE)

Chronic Mercury Poisoning Symptoms	MS Symptoms	Autism Symptoms
anxiety/nervousness, often with difficulty in breathing	blurred vision or double vision (diplopia)	Shyness, social withdrawal
irritability	loss of vision in one eye	Anxiety, irrational fears
restlessness	paresthesia or pain	Irritability
exaggerated response to stimulation	numbness or tingling	Aggression
fearfulness	weakness in an arm or leg	Temper tantrums
emotional instability -lack of self control -fits of anger, with violent, irrational behavior	feeling heavy	Loss of speech
loss of self confidence	loss of strength anywhere in the body	Delayed language
indecision	dizziness or vertigo	Over-sensitivity to light
shyness or timidity, being easily embarrassed	tightness around the chest	Blurred vision
loss of memory	poor balance or staggering	Circling, rocking, toe walking
inability to concentrate	development of a limp or dragging foot	Abnormal gait and posture
lethargy/drowsiness	seizures	Clumsiness and lack of coordination
insomnia	tremors	Difficulties sitting, lying, crawling and walking
mental depression, despondency	spasticity	Poor concentration and attention
withdrawal	headaches	Poor short-term memory
suicidal tendencies	cognitive impairments	Poor visual and perceptual motor skills
manic depression	depression	Agitation
numbness and tingling of hands, feet, fingers, toes, or lips	fatigue	Insomnia
muscle weakness progressing to paralysis	slurred speech	Abnormal touch sensations, touch aversion
ataxia	bladder or bowel problem	Decreased muscle strength
tremors/trembling of hands, feet, lips, eyelids or tongue		Poor appetite
lack of coordination		

Lead

Mined extensively in Missouri, Colorado, Idaho and Utah, lead is the fifth most utilized heavy metal in the United States. Lead is one of the most harmful elements on Earth and is absorbed into the body following inhalation or ingestion. Exposure to lead can come from a myriad of sources, including drinking water and air-borne lead particulates. It is widely recognized as a neurotoxin and high concentrations can cause irreversible brain damage. Lead can kill brain cells, causing seizure, coma, and even death. Excessive blood lead levels in children can cause learning disabilities, attention deficit disorder, hyperactivity and intelligence reduction. Note: Antimony, often alloyed with lead, is also toxic.

SOURCES OF EXPOSURE: air pollution, batteries, cast iron products, canned foods, ceramics, chemical fertilizers, cosmetics, dolomite, dust, foods grown in industrial zones, gasoline, black hair dyes and rinses, mascara, leaded glass, newsprint and color advertisements, paints, pesticides, pewter, pottery, rubber toys, soft coal, soil, solder, putty, tap water, tobacco smoke and vinyl products.

SYMPTOMS OF LEAD POISONING: Abdominal pain, anemia, anorexia, anxiety, bone pain, brain damage, confusion, constipation, convulsions, diminished motor reaction times, dizziness, drowsiness, fatigue, headaches, hypertension, inability to concentrate, indigestion, irritability, appetite loss, muscle incoordination, memory problems, miscarriage, muscle pain, tremors, vomiting, and weakness.

TARGET TISSUES/ORGANS: Bones, brain, heart, kidneys, liver, nervous system and pancreas.

DISEASE LINKS: Dementia, brain cancer, high blood pressure, kidney failure, cardiovascular disease, liver impairment, myocardial infarction, stroke and birth defects.

Arsenic

Not only is arsenic famous in detective novels and screenplays as the secret poison of choice, arsenic is the most common environmental cause of heavy metal toxicity in humans. It enters the environment through volcanic gas and ash, and can also enter the environment when volcanic rocks are eroded by running water. It is an industrial byproduct of metal smelting processes, and can

enter the atmosphere as arsine gas or enter the water supply in effluent. People can also be exposed to arsenic through common household products such as paints and wood preservatives. Perhaps the most prevalent sources are pesticides and fungicides used both around the house and in agriculture. Arsenic can cause damage to the peripheral nervous system, leading to numbness in the hands and feet, tingling, and feeling "pins and needles." It can appear as a darkening of the skin (not due to exposure to sunlight). Excessive exposure can also appear as white bands in the fingernails a month or more after a critical dosing, as well as excessive growth of the skin on the palms and soles of the feet. Arsenic inhibits the cellular uptake of glucose and interferes with fatty acid oxidation and production of coenzyme A. It also blocks the production of glutathione which prevents oxidative cell damage. Arsenic can also interfere with normal enzyme activity, and may be linked to direct damage of DNA. Arsenic is also indicated in liver damage and is probably carcinogenic.

SOURCES OF EXPOSURE: Pesticides, fungicides, water supply, volcanic discharge, metal smelting, paints and wood preservatives, colored chalk and household detergents.

SYMPTOMS OF ARSENIC POISONING: Acute symptoms include rawness of the throat from ingestion/breathing, red skin or rash at point of contact, severe abdominal pain and vomiting and diarrhea. Chronic exposure can lead to anorexia, fever, inflammation of the mucosal membranes, heart arrhythmia, liver damage, jaundice and gangrene.

TARGET TISSUES/ORGANS: Red blood cells, central nervous system, kidneys, liver, skin and digestive tract.

DISEASE LINKS: Anorexia, multiple cancers, bronchitis, emphysema, diabetes mellitus, heart attack, liver cirrhosis, stillbirths, postneonatal mortality and blackfoot disease.

Iron

It may come as a surprise to find iron on the list of toxic heavy metals. It is, after all, essential to our bodies

as a trace nutrient to maintain healthy blood. However, our environment does not contain substantial amounts of iron, and evolution has designed our bodies to retain as much iron as possible. In fact, the human body does not have an excretory pathway for iron. Thus, the human body is completely defenseless against excessive exposure to iron. Acute iron poisoning can manifest as nausea and diarrhea, sometimes with blood loss. Scarring of the digestive tract can occur. Elevated blood glucose levels are observed. Chronic symptoms include cirrhosis of the liver, amenorrhea (loss of period) in women, and impotence in men. A dose as small as 3 grams, can lead to severe poisoning in toddlers. It may come as even more of a surprise that the most common source of iron poisoning is over-the-counter prenatal vitamins and iron supplements. Exposure to iron and certain pesticides may be linked to Parkinson's disease.

SOURCES OF EXPOSURE: High-dose iron supplements, prenatal vitamins with high-dose iron.

SYMPTOMS OF IRON POISONING: Severe vomiting, diarrhea, abdominal pain, dehydration, lethargy, bloody stool. Acute symptoms may disappear, but the toxicity will spread to other organs and will have chronic effects unless confronted. Iron can also be accumulated to toxic levels without manifesting acute symptoms.

TARGET TISSUES/ORGANS: Liver, gastrointestinal organs, kidneys, heart, brain, spleen, adrenal glands and thymus gland.

DISEASE LINKS: Hemochromatosis (iron accumulation in organs), cirrhosis of the liver, amenorrhea, impotence, gastrointestinal damage and Parkinson's Disease

Mercury

Mercury is everywhere in today's world: it not only degasses from the earth's crust in volcanic emissions and evaporates from bodies of water; it also comes from commercial processes like burning fossil fuels (such as coal), incinerating waste, forest fires, fertilizers,

and fungicides. Mercury accumulates in the body and has been implicated in neurological disorders such as multiple sclerosis and Lou Gehrig's disease. Occupations that chronically expose workers to mercury include dentistry, painting, electrical, pharmaceutical and laboratory, farming, factory production, mining, chemistry and beautician work.

SOURCES OF EXPOSURE: Thermometers, barometers, fluorescent light bulbs, pesticides, fungicides, dental fillings, vaccines (thimerosal is still in vaccines in thresholds considered un-reportable), skin-tightening creams, antiseptic creams, laxatives, diuretics, mercurochrome antiseptic, skin lightening creams, psoriasis creams, some waxes and polishes.

SYMPTOMS OF MERCURY POISONING: Abdominal pain, vomiting, diarrhea, hemorrhage, chronic bronchitis, lung problems, kidney disorders, fatigue, insomnia, loss of memory, excitability, chest pains, reduction of sensory and motor nerve function, depression, visual and/or auditory hallucinations, muscular tremors, sleep disorders, alterations in heart rate, blood pressure and automatic reflexes, impaired coordination, speech disorders, dementia, headaches, senility and diminished mental function.

TARGET TISSUES/ORGANS: Central nervous system, gastrointestinal system, kidneys and liver.

DISEASE LINKS: Multiple sclerosis, autism, cerebral palsy, amyotrophic lateral sclerosis, Parkinson's disease, psychosis and chronic fatigue syndrome.

Cadmium

Since cadmium is found in zinc-, lead-, and copper-containing ores, industrial activities such as mining, smelting and refining metal ores discharge significant amounts of cadmium into the atmosphere. Fossil fuel burning, waste incineration and steel production also contribute their share, as do vented nickel-cadmium (Ni-Cad) batteries used in aircraft, buses, and diesel locomotives. And smokers beware: About 40 to 60 percent of cadmium inhaled through cigarette smoke is absorbed

by the body as opposed to the five to 10 percent taken up from food or water. From all combined sources, it is estimated that 4,000 to 13,000 tons of cadmium are released annually into the environment.

SOURCES OF EXPOSURE: Nickel-cadmium batteries, PVC plastics, paint pigments, bone meal, insecticides, fungicides, phosphate fertilizers, cigarettes, dental amalgams, electroplating, motor oil, exhaust, food grown in cadmium-laden soil, meats (kidneys, liver, poultry), power plants, seafood (crab, flounder, mussels, oysters, scallops), fresh-water fish, “softened” water, smelting plants, welding fumes, cigarette smoke, coffee, tea, colas and refined cereals.

SYMPTOMS OF CADMIUM POISONING: Anemia, dry and scaly skin, emphysema, fatigue, hair loss, heart disease, depressed immune response, hypertension, joint pain, kidney stones, liver dysfunction, loss of appetite, diminished sense of smell, lung cancer, pain in the back and legs and yellow teeth.

TARGET TISSUES/ORGANS: Appetite, and pain centers in the brain, liver, placenta, kidneys, lungs, bones and cardiovascular system.

DISEASE LINKS: Immune system deficiencies, lung cancer, prostate problems, birth defects and miscarriage, behavioral and learning disabilities.

Aluminum

Even though it technically is not considered a “heavy” metal, aluminum is a toxic metal and the third most abundant element on earth. Besides a myriad of commercial sources, aluminum comes to us from out of the sky and land. Acid rain—originating from air pollution—comes into contact with soil and other sources, to dissolve aluminum compounds and spread them widely over the planet. Some scientists and health professionals believe that bioaccumulation of aluminum could be responsible for at least ten common neurological disorders—including Alzheimer’s disease, Parkinson’s disease and senile and pre-senile dementia. Note: Beryllium, a metal in some ways similar to aluminum and used in exotic

aircraft and spacecraft parts, as well as bicycle wheels, is also toxic.

SOURCES OF EXPOSURE: Cookware, aluminum foil, baking powder, alum, vanilla powder, beer, dental cements and amalgams, dentures, toothpaste, antacids, antiperspirants, buffered aspirin, nasal spray, prescription and over-the-counter medications for diarrhea, hemorrhoids, vaginal cleansing products, cigarette filters, city drinking water, automotive exhaust, leather tanning products, appliances and building materials.

SYMPTOMS OF ALUMINUM POISONING: Excessive headaches, abnormal heart rhythm, depression, numbness in the hands and feet, blurred vision, muscle pain, psychosis, fatigue, long-term memory impairment, psychomotor speed, loss of balance, inability to pronounce words properly, even liver and kidney failure.

TARGET TISSUES/ORGANS: brain, muscles, liver, lungs, bones, kidneys, skin, reproductive system and stomach.

DISEASE LINKS: Alzheimer’s disease, dementia, anemia, Parkinson’s disease, Amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease) and birth defects.

Nickel

Nickel is a heavy metal used in the automobile industry, electronics, as a catalyst in chemical processes, in nickel-cadmium batteries, many household products and in cheap jewelry. Environmental nickel comes from surface runoff, industrial and municipal waste discharges, and natural erosion from soil and rocks. You can become allergic from contact with nickel jewelry. The nickel ions are transported through the sweat into the skin. Nickel can cause cancer of the upper respiratory tract and it is thought that its carcinogenic effects are due to its lipid-peroxidation properties that burn the cell’s fatty membrane, causing DNA-strand gaps and breaks and DNA-protein crosslinks. Foods like cocoa, soybeans, some dried legumes and nuts, and oatmeal contain high concentrations of nickel.

SOURCES OF EXPOSURE: Cigarette smoke, air pollution, burning fossil

fuels, mining and refining operations, fertilizers, incineration of municipal waste, soil treated with sewage sludge, electroplating industry, drinking water, baking powder, hydrogenated fats and oils, dental work and stainless steel cookware.

SYMPTOMS OF NICKEL POISONING: rhinitis, sinusitis, nasal septal perforation, asthma, dermatitis, kidney damage, headaches, vertigo, nausea, vomiting and insomnia.

TARGET TISSUES/ORGANS: respiratory system, gastrointestinal system, urinary system, immune system and skin.

DISEASE LINKS: Lung and nasal cancers.

Other Toxic Heavy Metals

There are approximately 35 “heavy metals”, of which 23 are listed as being toxic to humans. A heavy metal is defined as having a density five times greater than water. Technology has introduced uses for heavy metals that have never before been present in our environment, and hence new avenues for humans to be exposed to those heavy metals. Many metals that are not present in the environment at substantial levels have been introduced for medical uses. For instance, barium is used as a medical diagnostic. Barium is not excessively toxic, however it can displace potassium and cause decrease in muscle tone, heart functioning and have effects on the nervous system. Barium is intentionally ingested for diagnosis using x-rays. Other heavy metals that can cause cumulative damage are bismuth and bromine. Many drugs, primarily for the treatment of digestive problems of the stomach, such as Pepto-Bismol, contain bismuth or bromine.

Other heavy metals that are found at trace levels in the environment simply cannot be tolerated by the human body. One example is thallium. Chronic effects include problems with the kidneys, heart, respiratory and nervous system. Severe neuritis can result causing fatigue and weight loss, sometimes so severe that it can be crippling. In addition, thallium can cross the placental barrier and affect unborn children. Thallium, like mercury, is used

in some thermometers; thallium, like arsenic, is used to intentionally poison people. Heavy metals such as uranium and plutonium can have a direct effect on producing cancer through radioactivity. These metals have been liberated into the atmosphere by atomic testing and nuclear power accidents.

We do not have the time or space to discuss all 23 toxic heavy metals— even titanium, platinum, and “cheap gold” used in jewelry can elicit skin reactions and possibly other symptoms in humans. However, each of these heavy metals can be detected by clinical tests of the urine or blood to evaluate your initial toxic burden.

Diagnostic Recommendations for Heavy Metal Toxicity

The most common types of tests are listed below; however, please note that urine and feces samples offer the most accurate methods for diagnosing individual toxic heavy metal burden. It's important that you take a test for heavy metals both before *and* after undergoing a chelation regimen. That way you can assess your levels and monitor your progress.

Fecal Metals

Analysis of elements in feces provides important information about the potential for toxic metal burden. For many heavy metals, fecal (biliary) excretion is the primary natural route of elimination from the body. The efficiency of oral absorption of toxic metals varies considerably; therefore, fecal elemental analysis also provides a direct indication of dietary exposure. Specimen collection is convenient for you and only requires a single-step procedure.

Urine Elements

Analyzing elements in urine provides valuable information on potentially toxic elements such as lead, mercury, cadmium, nickel, arsenic and aluminum, and measures the efficiency of the kidney's ability to resorb essential minerals such as magnesium, calcium, sodium and potassium.

Hair Elements

Extensive research has established that heavy metal levels in scalp hair are

linked to levels throughout the entire body. For this reason, many researchers consider hair as the tissue of choice for analyzing toxins, as well as several nutritional elements. Unlike blood, hair element levels are not affected by daily fluctuations in toxicity. This is why deviations in hair element levels often appear prior to other more chronic symptoms and can act as a beneficial and early predictor for later health problems. Please note: the hair elements test works for healthy people, but the hair protein productions of ill people are unreliable. My sickest patients have low to no levels of these elements because their bodies cannot make protein for their hair.

Red Blood Cell Elements (*this test can only be performed by a physician*) Analysis of red blood cells provides the best diagnostic tool for assessing the status of elements that have important functions inside cells or on blood cell membranes. Blood cell element levels are useful for assessing cardiac influences, anti-inflammatory processes, anemia, immunological function, glucose tolerance and other disorders that are associated specifically with zinc deficiency.

Red blood cell (RBC) analysis is an invaluable diagnostic method for assessing insufficiency or excess of elements that have important functions within cells or on blood cell membranes. An important feature is that the cells are not washed, because this would result in partial loss of some important elements that bind to the plasma membrane—for example, calcium.

Tests/Assessments Information

All laboratory test kits for the presence of heavy metals are available in postage-paid self-contained mailers for easy-to-use home specimen collection (except for the RBC test, which requires blood drawn by a physician).

We have vast experience in our clinic and conducted published clinical studies on chelation therapy utilizing calcium disodium EDTA suppositories. I urge all health care professionals to become more informed about chelation as a foundational modality for your patients for the removal of toxic heavy metals to improve the quality of their lives. ♦

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