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With warm regards,



Ronald Klatz

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



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Peggy K., Nu Skin Distributor, Santa Barbara, CA

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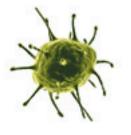


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Immune Enhancement By Nature

By Thomas Guilliams, PhD



The immune system is a complex network that is divided into the innate and adaptive immune systems. The innate immune system is the first-line of defense, and involves non-specific mechanical barriers, chemical barriers, secretory barriers and inflammatory processes, as well as cells that prevent pathogens from invading sensitive tissues. In contrast, the adaptive immune system "adapts" to invading organisms over time with T and B lymphocytes, which recognize invading organisms with high specificity using T-cell

receptors and immunoglobulin (antibody) proteins. The adaptive immune cells have "memory," allowing a second invasion of the same (or cross-reactive) antigen to stimulate a quicker response.

The maturation and specificity of the adaptive immune response is partially centered on the differentiation of a specific set of CD4+ T-lymphocytes called T-helper cells (Th) which coordinate how the rest of the adaptive immune system will respond to the antigen and determine which portions of the immune system will mount a response. Many factors can influence a shift in the Th1/Th2 ratio, including maternal diet and immune challenges during fetal development, early childhood exposure to antigens and allergens, diet, gut microflora and immunizations.¹ Both immune systems are candidates for improvement with proper diet, exercise and nutritional supplementation. This overview will discuss the most widely researched botanicals and nutraceutical immunomodulators, with a focus on published clinical trials and potential mechanisms from in vitro and animal research.



Macronutrients and Micronutrients

Macronutrient ratio imbalances along with metabolic insufficiencies (or frank deficiencies) of many micronutrients can contribute to immune suppression. Protein is particularly important as the immune system requires high levels of energy and amino acids for cell division and protein synthesis.² An elevated intake of refined carbohydrates is often considered harmful to the immune system, and fatty acids, particularly the essential fatty acids linolenic acid and linoleic acid and the long-chain polyunsaturated fatty acids from fish oil (EPA and DHA), are also vital for proper immune function^{3,4} Dietary fibers benefit the immune system directly by stimulating cells in the gut-associated lymphoid tissue (GALT), or indirectly by increasing the number of probiotic organisms (prebiotic activity) or by moving toxins from the body, limiting the stress placed upon the immune system. In addition to the macronutrients, immune cell function is often compromised in individuals with deficiencies in any critical micronutrient, as well.^{5,3}

Vitamin A

Vitamin A deficiency is widespread throughout the developing world, leaving millions susceptible to a variety of infectious diseases. Vitamin A and the pre-vitamin carotenes are vital to many specific immune functions including the maintenance of epithelial and mucosal barriers, lymphocyte differentiation, natural killer cell activity, improved secretory IgA response, lactoferrin secretion, improved antibody responses and improved cytokine secretion.^{5,3,6,7} Most clinical trials involve children in developing countries with severe vitamin A deficiencies taking periodic large-doses of vitamin A, while most clinical trials in the West provide vitamin A with other micronutrients.

Vitamin C

It has long been believed that increased vitamin C intake will lower an individual's risk for different infections or limit their duration or severity. Deficiencies of vitamin C are known to cause immune system suppression and increase the risk for a variety of infectious diseases, while high oral doses improve immune activities.^{8,9} Antioxidants such as vitamin C quench free radicals,¹⁰ boost T-cell activity, modulate proinflammatory cytokines and up-regulate natural killer (NK) cells.³ High doses (1 gram or more) are regularly recommended for improved immune function and for treatment and prevention of upper respiratory infections. In general, vitamin C is more effective in children than adults and even higher doses (>2 g/ day) may be needed to see these effects in some individuals.¹¹

Zinc

Zinc is a vital trace mineral involved in over 100 different enzymatic reactions in humans. Deficiencies are linked to specific immune susceptibilities and increased risk of pathogenic infections^{12,13} and they can suppress thymic function, T-lymphocyte development, T-cell dependent B-cell function and macrophage activity.¹⁴ Some reviews suggest that lozenges and nasal gels can directly inhibit rhinovirus attachment; although these studies have not always shown statistically significant results^{15,16}. Supplementation of zinc alone is often inadequate to alter measurable clinical outcomes in otherwise healthy patients. However, when zinc status is compromised in the elderly,^{17,18}or in individuals with immune-related diseases, ^{19,20} zinc supplementation has a more profound clinical effect.

Other Antioxidants

Most micronutrients with immunomodulatory activity have antioxidant capacity and many other vitamins, minerals and nutrients have documented impact on immune system improvement, as well. Vitamin E significantly reduces the rates of common colds in an elderly population²¹,²² improves immune markers, and decreases oxidative stress in healthy individuals.²³ **Selenium** is also vital for proper immune function^{3,24},^{25,26,27,28,29},³⁰ and nutrient

Antioxidants such as vitamin C quench free radicals, boost T-cell activity, modulate pro-inflammatory cytokines and up-regulate natural killer (NK) cells.



antioxidants such as **lipoic acid** and glutathione-inducers (e.g. **N-acetyl cysteine**), as well as **carnitine**, **acetylcarnitine** and **coenzyme Q-10**, improve immune function and reduce risk of infection in individuals with stressed immune systems.³¹, ³² Oral supplementation of N-acetyl cysteine, ^{33,34}whey protein, ^{35,36} and silymarin, ^{37,38} also show a measurable increase in total cellular glutathione levels.³⁹

HERBS & BOTANICAL EXTRACTS

Echinacea

Various preparations and components of *E. purpurea* have been shown to stimulate macrophage activation, as well as NK cell activity in both human and animal models.^{40,41,42,43,44} Clinical trials involving preparations of Echinacea^{45,46,47,48} have been shown to reduce the frequency, severity and/or duration of common cold symptoms in several trials; particularly in children^{49,48} yet other studies with various preparations showed no statistical differences compared with placebo.^{50,51} Multi-herb/ nutrient formulas containing Echinacea⁵² appear the preferable method of use, yet additional research is needed to confirm combinations, doses and patient conditions. Echinacea is generally regarded as safe for pregnant and nursing women when used at suggested doses.53

Andrographis

The leaves of Andrographis pa*niculata* have become more popular in Europe for the treatment and prevention of upper-respiratory tract infections (URTI) and sinusitis. Systematic reviews show a consistent and clinically relevant effect when used as a single herb or in combination with other herbal preparations.^{54,55,56} Constituents within Andrographis possess antiinflammatory, immune-stimulating, anti-pyretic, anti-cancer and anti-viral activities.^{57,58,59,60,61,62} Few reports of adverse events are associated with Andrographis and it is generally assumed safe when consumed at the recommended dose.54

Arabinogalactan

Arabinogalactan is a polysaccharide fiber and one of the active components

of immunomodulating plants such as Echinacea and several mushroom species. As a prebiotic fiber, arabanogalactan can stimulate the growth of healthy bacterial growth in the GI tract, indirectly aiding the immune system and the unique shape of this polysaccharide directly stimulates immune cell function.63Arabinogalactan is perhaps most well known for its upregulation and mobilization of natural killer (NK) cells.^{64,65,66} More research is still needed to define how much is ideal to stimulate the immune system for specific conditions and end-points, but commercially available arabinogalactan is safe and has GRAS status by the U.S. FDA.

Mushroom Extracts

The mushrooms most commonly used as dietary supplements in the US are Shiitake (*Lentinus edodes*), Reishi (Ganoderma lucida), Maitake (Grifola frondosa), and Agaricus blazei; although others are becoming more popular. Numerous immunomodulating constituents have been described from mushroom extracts, although the most studied are the branched polysaccharides (primarily b-D glucans) and polysaccharide proteins⁶⁷ which bind to pattern-recognition receptors on immune system cells and trigger the activation of these cells.^{68,69,70} Macrophages, natural killer (NK) cells, neutrophils, and dendritic cells, as well as cytokines specific to these innate immune cells are activated by various mushroom extracts⁶⁷ which have also been shown to modulate T-helper responses (usually toward TH1 subtype) and activate both B and T cells; although some studies show a suppression in antibody production with certain isolated components.71,72,73,74,75 Because of the diversity of clinical uses and the relatively few published clinical trials available, specific dosing recommendations should be provided by the manufacturer.

Astragalus

Astragalus membranaceus root is generally considered to have immunomodulatory, anti-inflammatory and adaptogenic (stress-relieving) properties.⁷⁶ Its traditional and modern usage is primarily for frequent infections or malignancies.⁷⁷ Astragalus extracts and constituents have been shown to enhance the activity of NK cells and lymphocyte activated killing of tumors; as well as stimulate the activity of other immune cells such as macrophages and B-cells.^{77,78} Much of the research on this herb is published in Chinese and its usage is most often combined with several other herbal preparations making specific dosing recommendations difficult. Astragalus is generally considered safe, with few reported adverse events.

Probiotics

Probiotics or the beneficial bacteria or yeast in human gut flora, have proven their efficacy in numerous conditions such as antibiotic associated diarrhea, 79,80 irritable bowel diseases, 81,82 and general gut health, and researchers are now beginning to investigate the immune system effects of some probiotic bacteria in humans.^{83,84} Probiotics enhance mechanical barriers, decreasing gut permeability to pathogenic bacteria and viruses and some species of Lactobacillus and Bifidobacterium increase the innate immune response directly. increasing NK cell, polymorphonuclear cell, and macrophage activity in humans and animals.85,86,87,83,88 Supplementation with Lactobacillus and Bifidobacterium have also increased IgA. IgM, and IgG secreting cells.^{89,90,91} and enhance the cellular immune response, increasing the number of beneficial cytokines and modulating the Th1/Th2 response.^{83,84,85} Further research and human clinical trials are needed to better understand how these microorganisms benefit certain disease states.



Herbal traditions recommend using immune-stimulating therapies for short periods of time, followed by a removal of the therapy for weeks or months before starting the therapy again.

Bovine Colostrum

Colostrum is the "early" milk produced by cows during the first days after parturition and it is richer than later milk in growth factors, immunoglobulins, immune-stimulating cytokines, as well as enzymes and proteins which protect the young animal and promotes healthy growth.^{92,93} Due to colostrum's high immunoglobulin content, it has been used to treat bacterial-induced diarrhea⁹⁴ and showed positive benefits with harmful organisms such as Cryptospridium (in immune-compromised individuals), Shigella, Clostridium and E.coli^{95,96,97,98,99} using doses from 10 grams per day and higher. Studies have not established an appropriate dose for immune enhancement in other populations. High doses of colostrum have lead to GI complaints in some, but most studies show colostrum is welltolerated. Those who do not tolerate or are allergic to dairy should avoid colostrum use.

Lactoferrin

Lactoferrin is an iron-binding glycoprotein secreted in many biological fluids especially milk and colostrum.¹⁰⁰ Lactoferrin is considered vital to the mucosal immune system- aiding the host defense against microbial infections and has direct antimicrobial activity, and the ability to recruit and activate cells within both the innate and adaptive immune system.^{101,102,103,104} Most published clinical trials using lactoferrin are for the treatment of hepatitis C and H. pylori (mostly with other agents), and show mixed results.^{105,106,107,107,108,109,110} Research is also being conducted on the antiinflammatory and anti-cancer potential of lactoferrin use.^{111,112,113,104,114,115,116,11} ⁷ Additional clinical trials will need to be conducted to confirm uses and make specific clinical recommendations.

Anitmicrobial or Anti-Viral Agents

Numerous plants, plant extracts and constituents have been identified as having anti-microbial, antiviral or antifungal activities¹¹⁸ and are often considered "immune enhancing" even when no specific immune system function is measured because of their use during infection or combination with other immune-modulating herbs. Some of the most common are olive leaf extract,¹¹⁹ berberine-containing plants (e.g. goldenseal, Oregon grape root, barberry),^{120,121} Elderberry (Sambucus nigra),^{122,123}garlic,¹²⁴ Pau d'arco,¹²⁵ St. John's wort,¹²⁶ propolis (bee-product from tree resin),^{127,128} green and black tea,¹²⁹ tea tree oil,¹³⁰ and nearly every popular spice.¹³¹

Caution with Immune-Stimulating Therapies

Only a general precaution can be given that aggressive use of ingredients that stimulate the adaptive immune system may not be advisable in patients with auto-immune diseases, since there are little more than a few case reports of potential autoimmune exacerbations.¹³² Herbal traditions recommend using immune-stimulating therapies for short periods of time, followed by a removal of the therapy for weeks or months before starting the therapy again. In general, it is most effective to use immune-stimulating protocols with a memory-stimulating antigen, when a patient is infected or during the season or environment where they have a higher likelihood of contacting pathogens.

Conclusion

There are many ways to support and enhance immune function, from macro and micronutrient support for optimal energy production to antioxidant support to protect immune cells requiring higher metabolic energy. The numerous dietary supplements give the practitioner of evidence-based medicine a wider formulary in dealing with immune-related disorders and continued research into these remedies and others, will provide more options in the future, allowing for even greater outcomes. ◆

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EDITOR'S NOTE: Due to the amount of research discussed in this article, an exhaustive reference list is not included. Additional references are available online at www.pointinstitute.org.

Thomas Guilliams, PhD earned his doctorate in biochemistry/molecular immunology. He has been the Director of Science and Regulatory Affairs for Ortho Molecular Products since 1996, and Serves as Clinical Instructor-School of Pharmacy at the University of Wisconsin-Madison.

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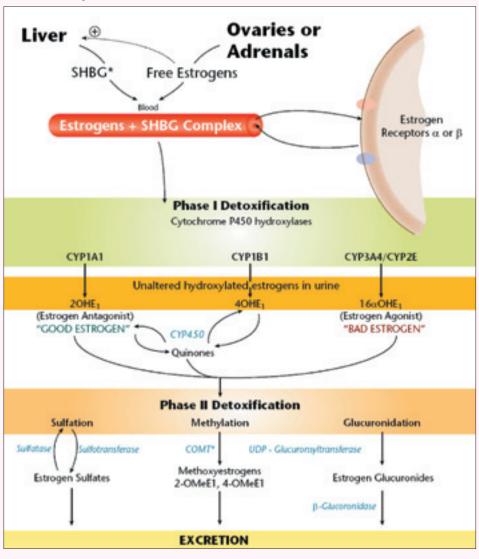
S Risk on *Breast Cancer* and *Mitigating Effects*

By Rachel Marynowski, ND and Elizabeth Redmond, PhD

The 2/16 ratio found in breast tissue is related to risk of breast cancer. Urinary 2/16 ratio is an adjunct measure of the breast tissue's 2/16 ratio. The 2/16 ratio can identify a possible risk of breast cancer, and the number can be modulated by lifestyle factors and supplementation. The level of 2/16 ratio is also regulated by diet, environmental exposures, weight and detoxification SNPs.

strogen metabolism starts with the conversion of estradiol to estrone, and then procedes through Phase I and Phase II detoxtification (see figure 1). In phase I, the estrogens are oxidized by the cytochrome P450 (CYP450) enzymes. When CYP450 enzymes act on estradiol, the products are: 2-hydroxyestrone (2-OHE1), 4-hydroxyestrone (4-OHE1), and 16a-hydroxyestrone (16a-OHE1).1 Metabolism by CYP1A1 primarily produces 2-OHE1, CYP1B1 produces 4-OHE1, and the CYP2E and CYP3A4 produce 16a-OHE1.²,³ There are large variations in how individual women metabolize estrogen, which may be related to single nucleotide polymorphisms (SNPs) in these enzymes, as well as several environmental factors, many that can be modulated. SNPs in the enzymes can have an impact on the level of each of these metabolites. Though estradiol itself is primarily responsible for female development, it is these metabolites that are responsible for many of the other positive and negative properties of estrogens.⁴ The 2-OHE1 is believed to have very little estrogenic activity, while16-OHE1 is known as an estrogen-like compound. This estrogen-like effect of the 16-OHE1 is thought to increase proliferation of breast epithelial cells, which can lead to cancer. There is sound evidence that breast cancer risk can be modulated by looking at estrogen metabolites, specifically the ratio of 2-OHE1 as compared to 16-OHE1in urine, the 2/16 ratio.5

In a recent (2010) study, Taioli et.al looked for a correlation in the level of estrogens and estrogen metabolites between breast tissue and urine in women with primary breast cancer.⁶ Not all estrogens and metabolites correlated, though they did find the pattern of the 2/16 ratio to show a correspondence between urine and breast tissue, and supported the use of the 2/16 ratio in urine as a surrogate for tissue levels FIGURE 1: Estrogen Metabolism and Detoxification.



of the 2/16 ratio. Other studies have looked at a correlation between breast tissue and plasma, and found that plasma levels are generally much lower. Interestingly, the sum of all the metabolites measured in tissue correlated with BMI.

Since urine estrogen metabolite levels, specifically the 2/16 ratio, were found to correlate to what was in breast tissue, it is not surprising that researchers have also reviewed if breast tissue levels of estrogen metabolites, specifically the 2/16 ratio, correlate with cancer risk. In a 2002 study by Castagnetta et.al, breast tissue from breast cancer patients was found to have statistically significant, higher levels of 2-OHE1 and 16-OHE1. Breast tissue from controls was found to have a higher 2/16 ratio.⁷

Additionally, a number of factors play a role in the 2/16 ratio including (see Table 1): race, diet, BMI, age, menopausal status, environmental toxins, detoxification abilities and hepatic function, medications, and laboratory techniques.^{4, 8-15} Race is an independent predictor. In studies of mixed races, white women were found to have sig-

Table 1: Factors associated with 2 and 16 hydroxyestrogen levels.

	2-hydroxyestrogen "good"	16-hydroxyestrone "bad"
WILL INCREASE LEVELS	 Vigorous exercise Cruciferous vegetables HRT ww Low-calorie/low-fat diet Soy intake Low body weight High protein High omega-3 /flax Hyperthyroidism I3C/DIM 	 Exposure to di(2-ethylhexyl) phthalate (DEHP) and its metabolite mono(2-ethylhexyl) phthalate (MEHP) Higher body fat/BMI
WILL DECREASE LEVELS	 Hypothyroidism Ethanol Increase body fat High carbohydrate diet (high glycemic) High omega-6 intake 	 Omega-3 fatty acids I3C/DIM

nificantly higher mean 2/16 ratios. Diet has also been found to have significant positive impact on the 2/16 ratio. Research has found that both cruciferous vegetables and supplements, soy and flaxseed may be chemoprotective by modulating the 2/16 ratio.^{14, 16, 17}

In Phase II these estrogen metabolites are inactivated by conjugating reactions, such as glucuronidation and sulfation, and methylation via the COMT enzyme. SNPS in the COMT can additionally affect the level of 2-OHE1 since an impairment in the enzyme may decrease the ability to breakdown 2-OHE1 resulting in higher levels. If there is environmental toxic exposure complicated by an inability to properly metabolize and eliminate estrogens due to poor detoxification or compromised liver function, the 2/16 ratio will be affected. As far as laboratory technique, RIA and ELISA are routinely used for measuring estrogen metabolites due to efficiency and low cost. However in a recent study LC-MS/MS was found to be more accurate, with a higher correlation coefficient and lower coefficients of variation, than ELISA and

RIA.¹⁸ The widely used RIA and ELISA measures may be problematic, especially at low estrogen metabolite levels. Estrogen metabolism and its overarching effects on health should continue to be investigated further. \blacklozenge

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Modules II and XII: Feb. 18-20, 2011; Boca Raton, FL USA Modules I, V, and XI: April 7-9, 2011; Orlando, FL USA Modules IV, VI, and IX: June 24-26, 2011; Las Vegas, NV USA Modules II, III, and XIV: July 29-31, 2011; Boca Raton, FL USA Modules IV, V, and XIII: Sept. 16-18, 2011; Dallas, TX USA Modules III, VII, and X: Oct. 21-23, 2011; Atlanta, GA USA Modules I, V, VIII, and XV: Dec. 8-10, 2011; Las Vegas, NV USA

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www.worldhealth.net/fellowships/fellowshipanti-aging-and-regenerative-medicine/



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May 20-22, 2011; Boca Raton, FL USA

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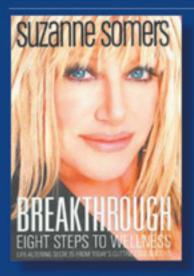


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Cassilda James, M.D., NY with patient

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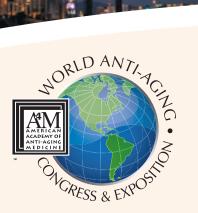
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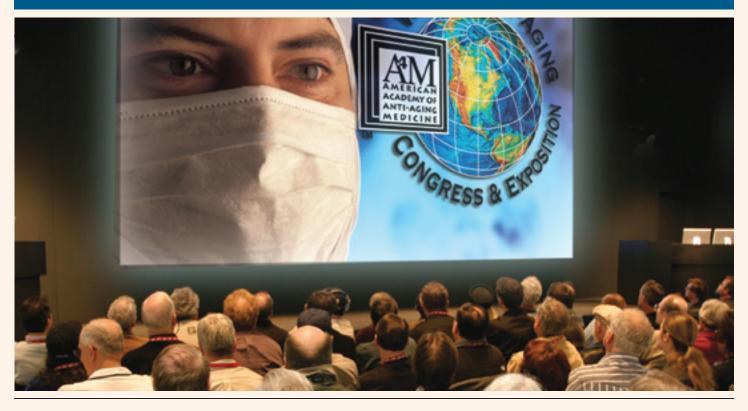




Conference Guide

18th Annual World Congress on Anti-Aging Medicine & Regenerative Biomedical Technologies

December 9 – 11, 2010 | Mandalay Bay Hotel and Convention Center, Las Vegas, NV



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

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

CERTIFICATION BY:





SPONSORED WORKSHOPS & SPECIAL EVENTS LAS VEGAS 2010

All Special Events take place at the Mandalay Bay Resort and Casino, Las Vegas, NV. Consult the Program Schedule available on-site for the room locations.

THURSDAY, DECEMBER 9, 2010

LEARN THE LATEST: STEM CELL EXTRACTION AND ACTIVATION TECHNIQUES

Presented by Adistem Time: 6:30 pm - 9:00 pm Speakers: Vasilis Paspaliaris, PhD Room: Islander Ballroom - Room H

BURZYNSKI CLINIC GENOMIC APPROACH TO CANCER AND AGING

Presented by Aminocare Time: 6:30 pm - 9:00 pm Speakers: Azad Rastegar, BA Room: Islander Ballroom - Room F

LOOKING BACK ON 50 YEARS OF HORMONE REPLACEMENT THERAPY - MYTHS, MISCONCEPTIONS AND MISINFORMATION

Presented by Bellevue Pharmacy Time: 6:30 pm – 9:00 pm Speakers: **Phillip O. Warner, MD, OB/GYN** and **Pete Hueseman, RPh** Room: South Pacific Ballroom – Room D

ADD \$40K TO \$400K TO YOUR BOTTOM LINE...EFFORTLESSLY!

Presented by CompoundMD Time: 6:30 pm – 9:00 pm Speakers: **Anthony Westmoreland, RPh** Room: South Pacific Ballroom – Room C

START YOUR OWN SUCCESSFUL CASH PRACTICE OR TURN YOUR AVERAGE PRACTICE INTO A GOLDMINE! DISCOVER THE TURN-KEY SECRET TO SUCCESS

Presented by Holtorf Medical Time: 6:30 pm – 7:30 pm Speakers: Kent Holtorf, MD Room: Islander Ballroom – Room G

CONTINUING TO PUT IT ALL TOGETHER: UTILIZING THE PROPER NUTRIENTS AND DIET TO ACHIEVE A MAXIMUM

HORMONAL ACTIVATION - HORMONES, NUTRIENTS, DETOXIFICATION, MIND AND BODY BALANCE Presented by MD Prescriptive Time: 6:30 pm - 8:30 pm Speakers: Sangeeta Pati, MD, OB/GYN Room: Islander Ballroom - Room D/E

FISH OIL: CLINICAL APPLICATIONS AND CURRENT DEBATES

Presented by Nordic Naturals Time: 6:30 pm – 9:00 pm Speakers: Joseph Maroon, MD and Stuart Tomc, CNHP Room: South Pacific Ballroom – Room F

INTEGRATIVE BIOPHYSICS WORKSHOP

Presented by ONDAMED Time: 6:30 pm – 9:00 pm Speakers: Stephen Sinatra, MD, Jan Hranicky, PhD, Silvia Binder, ND, PhD and Rolf Binder, Inventor Room: South Pacific Ballroom – Room I

• "SEE ONE DO ONE TEACH ONE" INCORPORATING A METABOLIC SYNDROME PROTOCOL AND HCG WEIGHT LOSS PROGRAM INTO YOUR PRACTICE.

Presented by Homefirst Time: 6:30 pm – 9:00 pm Speakers: **Mayer Eisenstein, MD, JD, MPH** Room: South Pacific Ballroom – Room H

FRIDAY, DECEMBER 10, 2010

GET WOW NOW! DELIVER HAPPINESS & THRIVE: COMBINE TECHNOLOGY, ART & SERVICE Presented by Alma Lasers Time: 1:00 pm - 2:00 pm Speakers: Edward M. Zimmerman, MD Room: Islander Ballroom - Room D/E

DOPTIMIZING OUTCOMES WITH SMARTXIDE DOT FRACTIONAL CO, LASER: 100 CONSECUTIVE PATIENTS TREATED

Presented by DEKA Medical Time: 2:00 pm – 3:00 pm Speakers: **Robert J. Troell, MD, FACS** Room: Islander Ballroom – Room D/E

SUBLATIVE REJUVENATION

Presented by Candela & Syneron Time: 3:00 pm - 4:00 pm Speakers: **Dore Gilbert, MD** Room: Islander Ballroom - Room D/E

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AND HORS D'OEUVRES IN THE EXHIBIT HALL Watch the prestigious Fellows walk the stage for their Pinning ceremony and meet like minded individuals and health care professionals. Time: 6:00 pm – 7:30 pm Room: Exhibit Hall (Bayside D)

AN INTEGRATED APPROACH TO SCIENCE-BASED WEIGHT MANAGEMENT

Presented by Life Extension Time: 7:30 pm – 9:00 pm Speakers: **Steven V. Joyal, MD** Room: South Pacific Ballroom – Room A/B

HOW TO GET SMARTER AS YOU GET OLDER

Presented by Path Medical Time: 7:30 pm – 9:00 pm Speakers: **Eric Braverman, MD** Room: South Pacific Ballroom – Room D

SATURDAY, DECEMBER 11, 2010

YOU CAN WIN - ENTER YOUR "PASSPORT TO PRIZES" TO WIN A MERCEDES-BENZ C300

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To enter the competition you must be a registered conference delegate or expo visitor at the 18th Annual World Congress on Anti-Aging Medicine and Biomedical Technologies. Exhibitors, sponsors and their staff are not eligible to win.

Car Giveaway to be held on Saturday, December 11th at approximately 12:30pm Booth #635

BOARD CERTIFICATION

Establish Your Expertise as a Board Certified Anti-Aging Health Professional

CERTIFICATION FROM THE AMERICAN BOARD OF ANTI-AGING MEDICINE / REGENERATIVE MEDICINE (ABAARM)

ABAARM was established in 1997 as a professional physician (MD, DO, MBBS, DPM) 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

December 8, 2010 from 7:00 pm – 9:00 pm Mandalay Bay Hotel and Convention Center, Las Vegas, NV USA Room: South Pacific – Room C

ABAARM Written Examination

December 12, 2010 from 8:00 am – 11:00 am Mandalay Bay Hotel and Convention Center, Las Vegas, NV USA Room: South Pacific – Room F ABAARM (Part II- Oral) Review Course

December 8, 2010 from 7:00 pm – 9:00 pm Mandalay Bay Hotel and Convention Center, Las Vegas, NV USA Room: Islander Ballroom – Room H

ABAARM Oral Examination

December 9-11, 2010 Mandalay Bay Hotel and Convention Center, Las Vegas, NV USA (check with Board Registrar or A4M Service Area for exact room assignment and to confirm examination time)

CERTIFICATION FROM THE AMERICAN BOARD OF ANTI-AGING HEALTH 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), Registered Pharmacists (RPh), academic researchers (PhD), nurses (RN), physician assistants (PA), nurse practitioners (NP), and Acupuncturists.

ABAARM/ABAAHP (Part 1 - Written) Review Course

December 8, 2010 from 7:00 pm – 9:00 pm Mandalay Bay Hotel and Convention Center, Las Vegas, NV USA Room: South Pacific – Room C

ABAAHP Written Examination

December 12, 2010 from 8:00 am – 11:00 am Mandalay Bay Hotel and Convention Center, Las Vegas, NV USA Room: South Pacific – Room F



JTI-AGING

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



WEST-KY ABRAMS, DO, PA

"Just try a module and find out for yourself," stated the A4M representative behind the booth almost 4 years ago. I was attending a traditional primary care conference and was hesitant to say the least. Three years later, I finally did try a module and it has been an intense year of true rejuvenation for the love of medicine.

Do you, the reader of this article, realize the power you can have just listening to your patients and knowing where to begin treatment? You will be treating the cause of their problems/disease and not the symptoms. It is fulfilling when patients, one after another, thank you and tell you that you saved their life and now they send all of their friends and family to you. Do you know how it feels to hear over and over again that my doctor is not just good, he is great? I do know. I am living it every day.

Thank you A4M. Thank you to every speaker and every doctor I have met practicing functional medicine. Thank you Heidi Pepper Lein, Director of Education at A4M, for your power of persuasion. Most importantly, I thank my beautiful wife, Kelly, for her support and encouragement to continue and complete the Fellowship and enroll in the Master's Program.



LISBETH ROY, DO

Through my training in the A4M fellowship I have found real answers to questions and real solutions to the cause of my patient's health challenges. I feel confident in my treatment plan that includes lifestyle change recommendations, and often bio-identical hormone intervention. Therefore, I am successful in helping to empower my patients to change their actions which results in a significant change in how they feel, overall quality of life and the confidence with which they move in the world. I love my practice of Anti-Aging and Regenerative because my patients not only feel better but they are better. It is very rewarding as a physician to practice a science based medicine; one that makes sense to me as well as to my patients. I prescribe medicines, hormones and/or lifestyle interventions that are based in biochemistry and physiology. This means that the response is most often predictable and I can feel confident that together we are healing the body and not simply masking symptoms to later have to deal with negative treatment side effects. Recently, JAMA has called on all physicians to prescribe LIFESTYLE changes as "first line therapy" in the case of Metabolic Syndrome, Hypertension, Dyslipidemia and Diabetes. It is because of my training through the A4M that I am fully equip to design treatment protocols that are effective in reversing these processes and therefore helping my patient regain control of their present and future lives. I am grateful!

MARIE DEL VECCHIO, MD



My affiliation with A4M has totally transformed the way I practice medicine! After more than twenty years of traditional Internal Medicine, I was frustrated and unhappy. After attending my first A4M conference, I realized there is a better way. I immediately incorporated what I learned into ailing practice.

Traditional medicine does not focus on disease prevention or the individual patient. I wanted to allow my patients to look good, as well as feel good. My first step was to complete the Aesthetic Fellowship. The training is outstanding. As I continue to work in this field, I see that my knowledge base and the techniques, which I learned in the fellowship, formed a sturdy foundation to build upon. My journey continues, as I now complete the Fellowship in Anti-Aging Regenerative Functional Medicine and masters program.

Rarely, in the past did I make as much impact on my patient's health as I do now. My practice is flourishing and I enjoy medicine again!



AJITH NAIR, MD, MPM

Having practiced pain management for the last 15 years and achieving success most of the time with my patients there was always something that was missing. I wasn't able to give back to my patients that desire to live life to its fullest. Patients have a multitude of issues to deal with on a daily basis- stress, weight issues, substance abuse or just feeling devoid of energy and vitality. Nearly every patient that walks through my door is on at least 3-4 medications. Unfortunately, the present medical system is focused on symptom management <u>only</u> instead of disease prevention and wellness maintenance.

My interest in Anti-Aging started with helping my wife get through PCOS. Anyone who has dealt with it knows how frustrating it is for the patient and her family.

Applying all the knowledge and clinical pearls gained from the various Modules at A4M helped improve my wife's quality of life. I am now able to help thousands of patients get through their lives in a vibrant way with a focus on health maintenance. The motto in our office is "No patient left behind"

I want to thank Dr. Goldman, Dr. Klatz and Dr. Smith for giving us the opportunity to be the type of doctors we truly are – individuals genuinely caring for patients and providing medical care that works!



SHERIEN VERCHERE, MD

I am a board certified anesthesiologist and have been practicing anesthesiology for the past 12 years. My interest in the American Academy of Anti-Aging stemmed from the fact that I personally had a suspicious lesion on my annual mammogram. I searched for answers and underwent treatment from an Anti Aging Physician in town. In six months the calcifications on the mammogram DISAPPEARED!! My surgeon was in shock and asked what I was exactly doing!!

I searched for the best source of education for me to learn anti- aging, prevention and regeneration. I asked around and called the A4M and Mr. Michael Ortiz has been invaluable to my education. He encouraged me and I took the written exam the first time I went to the A4M conference in Orlando April 2009. I enrolled in the fellowship program and have been very impressed by the knowledge that I acquired. I have been able to help myself, my family members and my patients. Chronic degenerative diseases are preventable. All the time and money spent attending the fellowships are well worth the investment So, instead of treating your patients symptoms, come and learn how to treat the causes of chronic degenerative diseases and improve your patients quality of physical, mental and sexual life.

2011 & 2012Academic 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 19th and 20th 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 the following:

- Four Scientific References
- Three Learner Objectives
- Speaker's CV/Resumé

The Conference will be held as follows:

Winter 2011 – Las Vegas, NV – December 8 – 10, 2011 – SUBMISSION DEADLINE: May 30, 2011 Spring 2012 – Orlando, FL – SUBMISSION DEADLINE: August 31, 2011

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

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NUTRITIONAL and GENETIC

Strategies for LONGEVITY KMark R. Bartlett. Pho



Abstract

genomic understanding of aging is paving the way to identify interventions that can have significant impact on the aging process. The polymorphic nature of aging indicates that any anti-aging strategy has to start with a better understanding of genes that affect tissue viability.

Our anti-aging approach has always centered on the foundation of good macro and micro-nutrition, including the consumption of plentiful plantbased antioxidants and phytonutrients. However recent advances, especially with the mapping of the human genome and the subsequent development of DNA microarrays provide (a) an opportunity to explore the mechanisms of aging and (b) the tools to begin addressing aging at its most fundamental level. We believe that if we are to widen the gap between chronological and biological age we must better understand the role of gene expression in aging and how dietary ingredients interact with gene expression in a positive way.

Introduction

Aging is not an episodic process; rather, it is the consequence of a continuum of cumulative damage occurring at the molecular, cellular and tissue levels. The rate of aging rests on factors, internal and external, that can either positively or negatively influence the balance between tissue preservation or repair, and damage. Attenuation of aging is entirely dependent on mitigating such molecular damage by augmenting protection and compensatory repair mechanisms or slowing the degenerative processes. In a practical sense we've all probably witnessed clear discrepancies between chronological and biological age in certain individuals. And while it has been proposed that genetic factors contribute to the phenomenon of people looking old, or young, for their years, most of us intuitively suspect that there are some environmental components over which we wield a certain amount of control. Therefore, if we are to widen the gap between chronological and biological age, we must understand the various mechanisms involved in aging and devise effective strategies that turn these mechanisms in favor of tissue protection or repair and regeneration. The question we are asking is: what

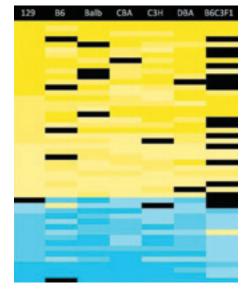


FIGURE 1: LGT identified biomarkers of age across seven strains of mice (5 months vs. 28-30 months old) so that only the most conserved relevant patterns of age-related gene expression markers were considered. RTqPCR was used to confirm a panel of 10-20 genes in each tissue.

Macro and Micro Nutrition

A major factor in healthy aging involves what, and how much, we eat. There is ample evidence that poor nutrition, which includes overeating and poor nutrient density, is linked with an increased risk for many degenerative diseases including heart disease, diabetes and cancer. It is now also becoming clear that even marginal micronutrient deficiencies over time lead to accelerated aging.¹ Deficiencies in several different micronutrients including folic acid, vitamin D and Magnesium lead to DNA damage and accelerate age-related mitochondrial dysfunction; which in turn leads to further oxidative damage to DNA, RNA, proteins and membrane lipids leading to functional decline in mitochondria, cells, tissues and organs. Since multiple studies and extensive government-commissioned surveys point to the widespread nature of inadequate dietary intakes of fruits and vegetables (and therefore vitamins and minerals)² it seems prudent that all individuals either improve their diets or supplement their diets with a multivitamin mineral supplement to ensure that there are no shortfalls in essential nutrients.

Free-radical Biology and Antioxidants

A leading hypothesis of aging is based on the free radical theory of aging by Harman³ who argued that oxygenfree radicals produced during normal cellular respiration cause cumulative damage to molecules which progressively leads to loss of functionality of the organism. Since Harman's theories were first proposed, a huge body of literature has emerged providing evidence that free radicals and oxidative stress are involved in many disease states, especially age-related degenerative disease. Although oxidative stress may be a significant factor associated with aging, it is clearly not the only contributor and recently evidence is emerging to support the concept that

vitamins, minerals, and phytonutrients not only fight free radicals, but they exert perhaps even more powerful antiaging effects through a non-antioxidant role. Phytonutrients, many of which are antioxidants, also influence the expression or activity of factors involved in aging including, for example, sirtuins, AMPK, NFKB and PGC-1 alpha to name a few.⁴⁻⁶ Thus it is becoming increasingly clear that the phytonutrients we thought were merely antioxidants are also capable of modulating gene expression.

Gene Expression Science

It is clear that a nutraceutical approach to anti-aging must take into account the polymorphic nature of aging, and that the crosstalk among multiple genes plays a more important role than the action of a single gene in mediating the survival of an organism. Since the development of DNA microarrays that allow scientists to measure the work output of all of the genes in a single experiment, it is now possible to rapidly explore the differences in the expression of multiple genes between two or more biological conditions in a single experiment. Our research and development team at Nu Skin became intrigued with the possibility of measuring the aging process objectively at the genetic expression level after reading some of the exceptional work published by Weindruch, Prolla and colleagues (LifeGen Technologies, LLC) (LGT) wherein a powerful technique of differential expression analysis was being used to conduct genomewide searches for consistent changes in gene expression patterns that occur during the aging process.^{7,8}

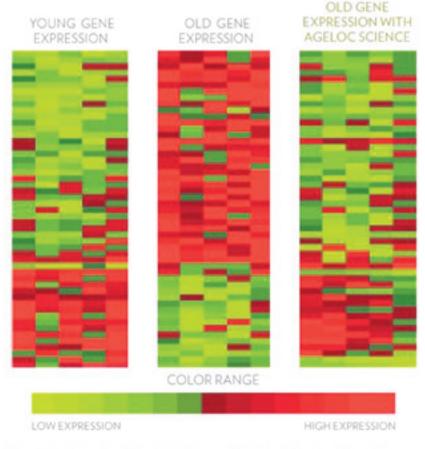
Studies using whole-genome transcriptional profiling typically identify thousands of genes that are changed in expression with age. Since many of these age-related changes are not universal, but rather are specific to the genetic background of the organism being studied, LGT identified biomarkers of age across seven strains of mice (5 months vs. 28-30 months old) so that only the most conserved relevant patterns of agerelated gene expression markers were considered. Moreover, these analyses were performed in three tissues (heart,

cerebral cortex and gastrocnemius) and real-time quantitative PCR was used to confirm a panel of 10-20 genes in each tissue. Data generated from such a model are not only of a higher standard of rigor, but they are more likely to be applicable to human aging as well. Using this approach statistically robust patterns, or signatures, of youthful and older gene expression have emerged which enabled us to essentially measure aging at the genetic level. The possibility now existed to screen for ingredients or formulations for their ability to retard the aging process. This is the procedure that Pharmanex has adopted in collaboration with LGT to target aging at the source, gene expression, in an approach that we call ageLOC science.

Microarrays, Databases and Bioinformatics as a Guide to Product Development

In our first screening experiment certain ingredients emerged for their abilities to reset gene expression to that of a more youthful pattern. A particular preparation of pomegranate, for example, was the most effective compound tested, opposing 32-65% of the overall aging change depending on the tissue studied. Other ingredients and formulations also emerged as having potent effects on gene expression that attenuated age-associated patterns of expression. The results of our first round of screening provided an important insight into ingredients that influence gene expression in a positive way and served as an important foundation to further product development.

In addition to helping identify individual gene expression signatures associated with aging, DNA microarray technology in conjunction with gene databases and bioinformatics can also be used to identify the expression levels of groups of genes that work together to serve a particular metabolic pathway. We added the use of such pathway analyses to our repertoire of microarray-related gene tools to help further guide our product development in formulating anti-aging products by applying it to the concept of age-related vitality loss. One of the earliest manifestations of human aging is a decline in vitality. Mitochondrial



Transcriptional Biomarkers of Mitochondrial Aging and Modulation by Cordyceps Sinensis Cs-4. Gordon Research Conference, Biology of Aging, Determinants of Health-Span: From Cells to Humans, August 22-27, 2010. Les Diablerets Conference Center, Les Diablerets, Switzerland.

FIGURE 2: This heat map illustrates gene expression of three groups from a pre-clinical test with one of the ageLOC Vitality ingredients: young (column 1), old (column 2), and old with ageLOC science (column 3). Each row represents one of 52 genes comprising the mitochondrial Youth Gene Cluster (mtYGC). Columns 1 and 2 show that each of the 52 genes became more or less active during the aging process. In column 3, the YGC activity pattern of the old with ageLOC science group has been reset to a gene expression pattern similar to the young group in column 1.

dysfunction associated with aging yields bioenergetic defects within the cell⁹ that exert profound effects on physical and mental vitality. Our goal was to identify and target functional gene clusters associated with mitochondrial aging.

In our attempt to identify these gene pathways we found that of 20,687 gene transcripts measured by the Affymetrix Mouse Genome array, 1241 were associated with the mitochondria by pathway ontology (using a gene ontology database). After our murine feeding studies and microarray screening we found that 172 of these genes changed in expression during aging in cerebral cortex tissue. In gastrocnemius tissue 220 genes changed which age. Cs-4 opposed the age-related changes in 52 of these genes (P<0.05). In addi-

tion, Cs-4 opposed the effects of aging in several gene ontology pathways. In essence we were able to identify mitochondrial-related nuclear encoded genes which changed consistently in expression with age, or mitochondrial youth gene clusters (YGC). A number of natural compounds were screened for their ability to reset the expression profile of these genes to a more youthful level. One ingredient, Cordyceps sinensis Cs-4 (Cs-4)¹⁰ was shown to markedly attenuate these age-related gene expression changes in the mitochondria, suggesting its potential use as a therapeutic intervention of age related vitality loss. Ongoing studies are utilizing this technique to investigate the effects of a variety of natural ingredients in brain. muscle and other tissues, but the sum of such explorations

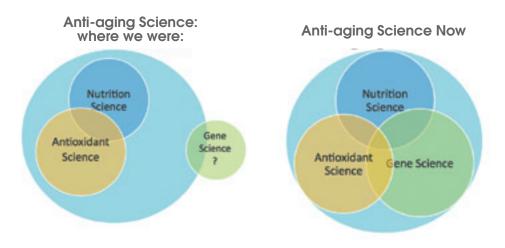


FIGURE 3: Mainstream anti-aging approaches for years have centered on the foundation of good macro and micro-nutrition and antioxidants. However it is becoming increasingly clear that some of the phytonutrients we thought were merely antioxidants are also capable of modulating gene expression and play a role in aging.

so far, into the ability of certain natural products to influence gene expression in a positive way, has provided strong guidance to our product development process targeted at attenuation of the aging process.

Functional Studies

The techniques that we have used for studying gene expression have not disappointed us in their promise as tools explore the mechanisms of aging and drive us towards meaningful product development strategies. We see great promise in the ability of certain nutraceutical ingredients and formulations to have a marked effect on gene expression to oppose age-related changes. The next logical step is to support these gene expression data with functional studies. Indeed, the ingredients that we selected for gene expression screening were based on promising functional studies that had already been performed. However, to close the circle, we have followed up these promising gene expression data with further functional, safety and efficacy studies in both animals and humans. Some of these studies are already completed and have provided positive correlation and confirmation of the gene expression data; other studies are still underway.

Conclusion

Since aging can be considered as a function of how genes respond to

diet and environmental perturbations through gene expression while maintaining their primary function to survive, we chose to exploit a gene expression approach to screen several nutraceutical ingredients and formulations for their effects on retarding the aging process. We called this approach ageLOC science. Our first foray into this approach involved targeting agerelated vitality loss through an exploration of the gene expression changes involved in mitochondrial aging. We identified tissue-specific functional YGCs, or signatures of gene expression changes associated with mitochondrial aging and screened for ingredients that restored the more youthful pattern of gene expression. Functional studies have confirmed the promise offered by the gene expression study results. It is our opinion that while a foundation sound of nutrition and a positive lifestyle are key to healthy aging and compression of morbidity, there is much to be gleaned from an understanding of gene expression as it relates to the aging process as we pursue the goal dying young - as late in life as possible.

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Dr. Bartlett has degrees in Biochemistry and Organic Chemistry from the Australian National University and a Ph.D. in Immunology and Cell Biology from the John Curtin School of Medical Research in Canberra, Australia. In Australia he conducted research on cardiovascular disease with an emphasis on the role of reactive oxygen species and free radicals. He also studied the role of blood platelets in heart disease, and helped publish the first scientific report of a biochemical link between cigarette smoking and atherosclerosis.

Later Dr. Bartlett became interested in autoimmune inflammatory diseases and examined a number of plant-derived substances for their ability to inhibit graft rejection, inhibit cancer metastasis – or spreading – as well as natural products that were able to inhibit autoimmune disease.

Before joining Pharmanex Dr. Bartlett was a visiting scientist at the National Institutes of Health, National Cancer Institute in Bethesda, MD where, at the National Cancer Institute, he investigated the interaction of T-cells with the blood vessel wall, and the role of various adhesion molecules that are used by these cells to communicate with one another. He is currently the Vice President of Global Research and Development for Pharmanex.

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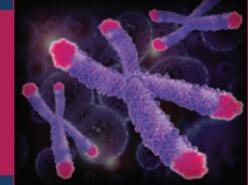


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*THURSDAY, December 9, 2010

GENERAL SESSION

PALLADIUM LIPOIC ACID COMPLEX: A NON-TOXIC METABOLICALLY TARGETED CHEMOTHERAPY MOLECULE Paul D. Rothwell, MD, FAAFP

Historically, IV Ascorbic Acid or Vitamin C has been used as an adjunct to cancer therapy for several decades. Newer research is beginning to validate Ascorbate's efficacy not only in cancer but in numerous other maladies not commonly relieved by conventional medical management. A synopsis of this data will be given. In addition, the Palladium Lipoic Complex (LaPD) continues to make strides in two FDA "investigational new drug" studies. The Palladium Lipoic Complex given IV is not only nontoxic, but has been effective in many cases of late stage cancer. Combinations of oral LaPD and IV Ascorbic Acid can also be effective in earlier stage cancer and data suggests that both can be given with conventional chemotherapy without interference with conventional therapy. Though often difficult, cooperation between Oncologists and experienced Integrative Therapists can be established with the ultimate benefit falling on the patient, effecting not only their quality of life, but the eventual outcome of their disease. Building such bridges of trust can be established with a spirit of cooperation rather than one of competition or criticism. The time has come for all of us to work together realizing that, in the case of cancer, no one treatment modality works. As a Family Physician who has witnessed the benefits of this holistic approach, I am prepared to share my experiences over the past 5 years. It has been a challenging, sometimes discouraging, yet wonderfully rewarding experience!

INTRAVENOUS NUTRIENT THERAPY: THE MYERS COCKTAIL

Alan R. Gaby, MD

Building on the work of the late John Myers, MD, the presenter has used an intravenous vitamin-andmineral formula for the treatment of a wide range of clinical conditions. The modified "Myers Cocktail," which consists of magnesium, calcium, B vitamins, and vitamin C, has been found to be effective against acute asthma attacks, migraines, fatigue (including chronic fatigue syndrome), fibromyalgia, acute muscle spasm, upper respiratory-tract infections, chronic sinusitis, seasonal allergic rhinitis, cardiovascular disease and other disorders. The presentation provides a rationale for the therapeutic use of intravenous nutrients, reviews the relevant published clinical research, describes the presenter's clinical experiences and discusses potential side effects and precautions.

GOALS & OBJECTIVES:

- List the clinical indications for intravenous nutrient therapy
- Cite and discuss relevant scientific research related to the clinical use of intravenous vitamins and minerals
- Discuss adverse effects and appropriate precautions related to intravenous administration of vitamins and minerals

SEARCHING FOR THE FOUNTAIN OF HEALTH: HOW THE AGE WAVE WILL TRANSFORM HEALTH AND HEALTHCARE Ken Dychtwald, PhD

This sweeping presentation provides a visionary glimpse into the future of the body, health and healthcare. How long might we live? Will our later years be a time of health and vitality or illness and disability? Are we heading toward "Shangri-la" of "Geriassic Park"? What are the new frontiers of medicine-from genomics, anti-aging therapies, therapeutic cloning and virtual surgery to pharmaceuticals, cosmeceuticals and nutraceuticals? What role will consumer empowerment and self-care play in the new healthcare marketplace? This presentation previews how rising longevity, the aging of the boomer generation and increasingly selfempowered consumers are converging to create a new path to the fountain of health.

ONE SOLUTION FOR THE WHEEZING AND OTHER ASPECTS OF CHILDHOOD ASTHMA Jonathan V. Wright, MD

An approach to elimination of wheezing in childhood asthma drawn from clues published in the medical literature from the 1930s through the 1980s. Not only can this approach eliminate asthmatic wheezing, but it also addresses the non-pulmonary origin of the basic problem underlying much childhood asthmatic wheezing and associated health problems, many of them latent or asymptomatic in childhood.

GOALS & OBJECTIVES:

- Become familiar with early research and treatment lost in today's approach
- Learn treatment methods for asthma that can be immediately implemented in patient care
- Understand other health implications of the underlying conditions of childhood asthma

PUTTING IT ALL TOGETHER: THE NUTS AND BOLTS HORMONES, NUTRITION, DEXTOXIFICATION, BODY & MIND CASE STUDIES

Sangeeta Pati, MD

The current medical model is oriented towards the alleviation of symptoms and the treatment of disease. If we have high blood pressure; we can use a B-blocker. If we have gastric reflux; we can block acidity. If we have arterial stenosis; we can stent the artery or bypass it. If we have high cholesterol, we can suppress HMG-CoA reductase. If we get cancer, we try to remove it and destroy it. Multiple imbalances that collect over time contribute to these diseases including arthritis, arteriosclerosis, diabetes and cognitive decline. Multiple imbalances contribute to symptoms such as fatigue, weight gain, low sex drive, anxiety, depression and the litany of symptoms that plagues us with age.

In this presentation learn about a model, *through case presentations*, which we have used for 5 years to restore optimal health to those with fatigue, weight gain, low sex drive, depression, anxiety, insomnia, fibromyalgia and chronic fatigue.

GOALS & OBJECTIVES:

- How to apply a model addressing 1) hormones, 2) nutrients, 3) toxins, 4) mind, and 5) body
- Why hormone therapy alone does not allow a full restoration to an optimal state
- How to help patients come off anti-depressants, anti-anxiolytics, hypnotics, H2-blockers, allergy medications and statins
- How to integrate homeopathy, acupuncture, chiropractic care, mind and body interventions to affect a better result

TRACK 1 - WEIGHT MANAGEMENT & NUTRITIONAL THERAPIES

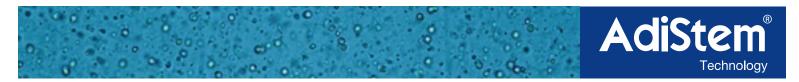
NUTRITION AND LIFESTYLE INTERVENTION FOR WEIGHT MANAGEMENT AND LONGEVITY

Wayne Anderson, MD

Dr. Andersen's lecture is based on the latest clinically proven treatment methods which he has personally been refining over the last 9 years. In that time Dr. Andersen and his colleagues have helped over 100,000 people lose weight and improve their health. These evidence based, scientifically proven protocols can immediately be implemented by anti-aging practitioners giving them the knowledge they need to help reverse one of the key risk factors of premature aging.

GOALS & OBJECTIVES:

- The goal of this lecture is to shift the emphasis away from passive reaction to disease and toward individual responsibility for health
- To teach health care practitioners how to encourage people to create health in the first place, rather than stand by while the negative forces of our society erode their health



How Can the Use of Activated Adipose Stem Cells Enhance Your Practice?

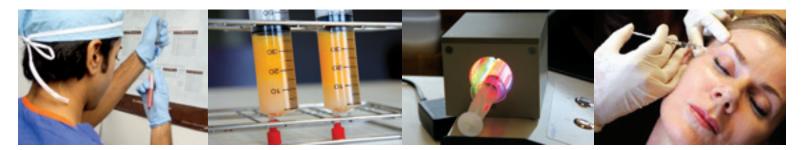
Adistem's autologous, single setting procedure provides an ethical and economical solution.

Allowing you to...

Keep up with patient demand for the latest stem cell techniques.

While offering...

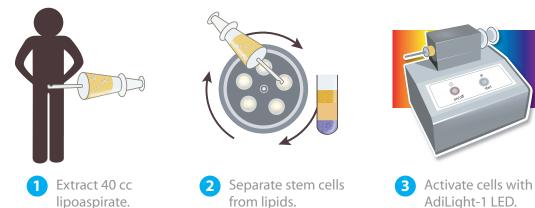
Regenerative results with cosmetic procedures.



Harvest

Separate 🔶

Activate



Cosmetic, Regenerative, and Anti-aging applications of adipose derived stem cells activated with autologous PRP and utilizing Adistem's revolutionary LED Photomodulation Technology include:

Cell Enriched Fat Grafting, Breast Augmentation with Live Tissue, Implant Removal, Post Lumpectomy Skin Rejuvenation with Stem Cell and PRP Injections Scar Revision, Acne, Hair Transplant/Alopecia, Arthritis, Autism, Alzheimer's, Diabetes, Emphysema, Parkinson's

Make your harvest work for you. Stem cell enhanced adipose tissue is the future of cosmetic and regenerative medicine. Don't be left behind.





• Case Studies will be given throughout the lecture and Dr. Andersen will take questions and make copies of clinical studies and patient support tools available to interested attendees

INDIVIDUALIZING NUTRITIONAL SUPPLEMENTATION THROUGH ASSESSMENT OF LIVER GENOMICS Robin Bernhoft, MD, FACS

One of the dominant theories of aging relies on mitochondrial and other subcellular damage due to oxidative stress. Biochemically, oxidative stress appears to occur in part due to the effects of accumulated toxins such as heavy metals and volatile organic chemicals, and in part due to genetic variations (Solitary Nucleotide Polymorphisms, or SNPs) affecting superoxide dismutase and various enzymes involved in detoxification.

Not every patient responds favorably to every nutraceutical supplement, nor to every therapy. The wide range of responses to various stresses, toxins and therapies is largely due to biological individuality. For example, according to several university studies, between 100,000 and 250,000 patients die each year in the United States from properly prescribed pharmaceuticals. Many of these deaths result from known SNPs (solitary nucleotide polymorphisms) in Phase I cytochrome enzymes which process pharmaceuticals. These deaths are, in theory, preventable, since those enzymatic defects can be identified at moderate cost. Similar variability in response to nutritional supplements occurs because of SNPs in enzymes governing metabolism of these supplements.

Both positive and idiosyncratic reactions can often be predicted by a search for SNPs in the patient's detoxification enzyme systems, using commercially available panels.

GOALS & OBJECTIVES:

- How to treat the individual patient not a one size fits all
- Discuss the variability in response to nutritional supplements

INTEGRATIVE APPROACHES TO DETOXIFICATION

Isaac Eliaz, MD, MS, L.Ac.

In this presentation Dr. Eliaz will discuss the assessment and clinical strategies of detoxification with focus on patients with chronic illnesses and cancer, drawing from his studies and extensive clinical experiences as an integrative physician, licensed acupuncturist and trained homeopath. This presentation will also discuss the research on Modified Citrus Pectin (MCP) as well as on low viscosity alginates and poly-botanical compounds that can enhance the detoxification process and support the organs involved. Clinical studies on adults and children with elevated and toxic levels of mercury and lead will be reviewed. Five case studies published from Dr. Eliaz practice will be presented that show reduction in toxic heavy metal body burden was achieved without side effects using his integrative approach. The decrease in toxin body burden is believed to have played an important role in each patient's recovery and health maintenance. This was the first known documentation of evidence of such results in a clinical report with possible correlation between clinical outcome and a reduction in toxic heavy metal load in patients using MCP and/or MCP/alginate complex. Clinical applications and examples will be discussed in detail. Body mind metaphysics, seasonal and gender related approaches will be integrated into the presentation.

GOALS & OBJECTIVES:

- The principles of integrative medicine in individualized health care
- The use of modified citrus pectin, alginates, and poly-botanical in the safe removal of toxins from the body
- Latest research on the use modified citrus pectin, alginates, and polybotanical in lowering toxin body burdern and the effect on chronic aliments
- Integrative strategies in detoxification and chelation

A DIET FOR HEALTH AND LONGEVITY. HOW DO WE GET THERE?

Bruce N. Ames, PhD

An inexpensive intervention could delay the degenerative diseases accompanying aging, such as cancer, cardiovascular disease, cognitive decline, and immune dysfunction. Most of the world's population, even in developed countries, has inadequate intake of one or more micronutrients posits that, as a result of recurrent shortages of micronutrients during evolution, natural selection developed a metabolic rebalancing response to shortage. The rebalancing favors micronutrient-dependent proteins needed for short-term survival while starving those only required for long-term health. Triage theory predicts that the consequence of moderate shortages of even a single micronutrient, though insufficient to cause overt clinical symptoms, will impair functions essential for long-term health. This impairment will result in insidious damage (e.g. increased DNA damage) that, over time, leads to the acceleration of age-associated diseases (e.g. increased cancer). The considerable experimental and theoretical support for the triage idea will be discussed as will a strategy for determining the optimum level of each micronutrient in humans. A perfect balanced diet (and adequate sunshine) would optimize levels of all micronutrients, but few reach this standard; fortunately inexpensive supplements and fortification can help. The triage theory should help to put micronutrient nutrition on a firm foundation and lead to preventive medicine for age-related diseases. 2) Too much refined food causes a shortage of micronutrients and fiber and an excess of calories (sugar, fat, and alcohol) which contributes to chronic inflammation, obesity, and associated diseases, such as diabetes. 3) How do we translate this new knowledge into improved health and lower costs?

GOALS & OBJECTIVES:

- Discuss the Triage Theory
- Learn how to transfer knowledge to improved health and lower costs
- Discuss the experimental and theoretical support for the triage idea

A NUTRITIONAL APPROACH TO MANAGEMENT OF OVERWEIGHT AND OBESE SUBJECTS WITH METABOLIC SYNDROME; WEIGHT LOSS AND CARDIAC RISK REDUCTION Robert Lerman, MD

In 2006, we published an article indicating marked improvement in a number of cardiovascular risk factors in overweight and obese women with high LDL cholesterol managed with a calorie-restricted, Mediterranean-style, low glycemic load (LGL) diet, a soy/phytosterol-containing medical food and aerobic exercise as compared with subjects on a calorie-restricted, low-fat American Heart Association (AHA) diet and aerobic exercise. Women on the intervention lost more weight than those on the AHA diet. In addition, in the intervention arm, the triglyceride/HDL-C ratio was substantially lowered, suggesting a potential effect on metabolic syndrome. It was not clear whether the benefit was due to the LGL diet or the medical food. Prior to further human studies, we tested known to nature molecules with a history of safe use, employing isolated cell systems including the 3T3-L1 lipogenesis model. Two candidate molecules, extracts from hops (rho iso-alpha acids) and from Acacia nilotica bark and heartwood, were found to increase lipogenesis, glucose uptake, and adiponectin secretion. In addition, they decreased IL-6 secretion. Subsequent studies indicated that these extracts inhibited certain protein kinases involved in insulin resistance. Studies in the db/db mouse model provided evidence that these compounds were effective in reducing serum insulin and serum glucose in the same order of magnitude as rosiglitazone and metformin (although at different doses). Most recently, studies with these extracts indicate a significant effect in prevention of weight gain in a highfat diet fed mouse model. Subsequently, we carried out a randomized study in overweight and obese men and women with metabolic syndrome and high LDL cholesterol, comparing a lifestyle program consisting of the Mediterranean-style LGL diet with no caloric restriction and aerobic exercise (MED) vs the same lifestyle program with phytonutrient supplementation by addition of a soy/phytosterol-containing medical food in combination with a hops and acacia extract supplement (PED). Results published in 2008 indicated a substantial weight loss despite lack of caloric restriction. Multiple cardiac risk markers improved in the PED compared with the MED arm. Of note was a 43% net resolution of metabolic syndrome in PED vs 22% in MED. In a subset analysis, published in 2010, we showed that the Mediterranean-style LGL diet in combination with aerobic exercise alone was not effective in lowering CVD risk in subjects at high risk with

both metabolic syndrome and LDL-C \geq 160 mg/dL; however, the addition of the medical food and hops and acacia extract supplement resulted in major CVD risk reduction. A recently completed multicenter trial in overweight and obese women with metabolic syndrome compared the Mediterranean-style LGL diet with no caloric restriction with the same diet with the addition of a soy/phytosterol/hops/acacia extract-containing medical food confirmed the effect of the diet on body weight and on CVD risk. Specifics of the dietary program and effects on craving and satiety will be described.

AMPLIFYING HCG WEIGHT LOSS WITH THERMOGENESIS: AN ADVANCED CLINICAL PROTOCOL Ester S. Mark, MD

There is a major renaissance interest in the use of intermittent HCG injections with very low calorie diets for weight control (1). Some debate has ensued on the disadvantages and limitations of HCG interventions which include arguments about efficacy, difficulty with dietary compliance and dose-related side effects of HCG, in some individuals. The proponents of HCG therapy believe strongly in the ability of this hormone to act on the diencephalon or hypothalamus and fats stores to promote weight loss by a variety of mechanisms, some of which remain unclear. Integrative Medicine has accepted the concept of a comprehensive, synergistic approach to weight control which involves calorie control diets, behavior modification, aerobic exercise and adjunctive techniques, such as drugs or nutraceuticals. In open-label clinical studies, HCG injections with very low calorie diets have been found to be effective in weight control, but compliance with punitive dieting is a clinical challenge. A number of patients describe muscle weakness after prolonged courses of HCG, but muscle mass is alleged to be retained. In order to overcome these therapeutic disadvantages HCG has been combined with a number of adjunctive weight loss approaches. The most effective approach has been to apply thermogenic agents which complement the actions of HCG by acting on alternative pathways for weight control. Several thermogenic agents have been explored as part of a companion protocol for HCG treatments e.g. acai, caffeine, fucoxanthin, but these agents do not match the power of selected amines of natural sources. While ephedra was the most popular amine used in weight control, it was withdrawn from supplement use in 2004 because of adverse side effects. While few people questioned the effectiveness of ephedra in weight control, its risk benefit ratio was found to be unacceptable. The combination of HCG injections with the thermogenic agent Advantra Z has resulted in excellent accelerated outcome of weight control. Advantra Z is a patented product that is standardized for its p-synephrine content and it has many of the advantages of Ephedra, without the same propensity to cause cardiovascular hyperstimulation and adverse central nervous system effects (2, 3).

GOALS & OBJECTIVES:

- Discuss the limitations and disadvantages of HCG interventions
- Review the most effective approach with thermogenic agents
- Discuss how to properly apply HCG with thermogenic agents

TRACK 2 - WOMEN'S HEALTH

HOW TO USE HORMONES WHILE MINIMIZING THE RISK OF BREAST CANCER

Khalid Mahmud, MD, FACP

Many hormones affect breast cancer in different ways. These effects would be reviews and appropriate ways to use these hormones will be suggested which could minimize the risk of breast cancer. Lose dose transdermal estrogens and sub-lingual progesterone use would be discussed. Effects of testosterone, DHEA, melatonin, tri-iodothironine and HGH would be elucidated and recommendations made for their safe use.

GOALS & OBJECTIVES:

- To know the effects of different hormones on breast cancer
- How to use these hormones
- How to monitor the use of the hormones



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BREAST HEALTH: NEW TREATMENT PARADIGMS IN ANTI-AGING MEDICINE

Peggy Watson, MD

The modern epidemic of breast cancer is underpinned by multi-factorial circumstances that require a multi-pronged intervention. The risk of breast cancer is approximately one in eight women, but there are geographic locations where incidence and prevalence has reached an alarming level of nearly one in two women. Breast cancer is perceived as the number one health issue that confronts a mature female, especially in their peri-menopausal and post-menopausal years. Negative lifestyle, environmental toxicity, genetic polymorphisms and epigenetic influences enter the equation of breast cancer prevention which is a key anti-aging initiative because of the excess morbidity, mortality and fear created by this disease. A number of interventions to prevent benign and malignant breast disease have emerged with a variable evidence base for their use in the promotion of breast health. The anti-aging approach to a positive healthy lifestyle would alone reduce breast cancer by a staggering number. A comprehensive nutritional program is required not only for baseline nutraceutical support but also can be tailored to support the individual woman's genetic polymorphisms. A useful baseline nutraceutical support for breast health is to use multivitamins that are rich in fruits, vegetables, berries and greens. The phytochemical content of this comprehensive baseline nutrition provides antioxidant action, potential inactivation of carcinogenic chemicals and variable inhibition of certain undesirable enzymes that promote cell proliferation. There are specific antioxidants e.g. ellagic acid, which have well demonstrated effects in breast cancer prevention of management. Ellagic acid has a potent effect on the de-differentiation of anaplastic breast cancer. Other phytochemicals with anti-breast cancer effects include carotenoids, flavonoids, indole-3-carbinol, sulforaphane, D-glucaric acid and more. Additionally, attempts to detoxify the body are an important initiative given the clear link between xenoestrogens and breast cancer. Fatty acid composition of the diet plays a major role in breast cancer propagation where excessive saturated fat intake combined with trans fatty acids appear to be linked to breast disease. Omega-3 fatty acids and omega-9 fatty acids are overall protective against breast cancer. Flax seed contains precursors of valuable essential fatty acids, but its benefit is mostly related to its fiber or lignan content. Flax oil is not a reliable source of active omega-3 fatty acids which are best taken in fish oil capsules, preferably enteric-coated to improve bioavailability and compliance. Other nutrients and botanical that effect breast health include Wakame seaweed, lycopene, bioflavonoids, garlic, green coffee bean or green tea polyphenols, resveratrol, sulforaphane, evening primrose oil, panax ginseng, maitake mushroom and curcumin. Individual breast cancer prevention strategies can be additionally determined with personalized urinary estrogen metabolite testing now readily available, allowing for simple targeted nutritional interventions to optimize the beneficial byproducts of estrogen metabolism as well as to minimize the carcinogenic estrogens produced in phase 1 liver detoxification of estrogen. Epigenetic phenomenon are just beginning to be understood but clearly emerging is the powerful effects of nutrients and botanicals on the healthy expression of cancer-related genes. Also discussed will be the role of estrogens and progesterone as the topic of safe hormone replacement therapy often revolves solely around the breast cancer safety issue, at least in the patient's perspective. Given the cascade of metabolic events that contribute to breast cancer it is necessary to create a synergistic program that can provide optimal protection against breast cancer. In today's anti-aging paradigm, we can now create an individualized and powerful breast health protection program for every woman. Arguably, breast cancer prevention initiatives should be promoted globally with even more resources than are currently directed toward early detection and the anti-aging movement is poised perfectly for the promotion of this most important message.

SIZING UP MENOPAUSAL METABOLISM: MID-LIFE WEIGHT GAIN; HOW TO STOP IT AND MANAGE WEIGHT SUCCESSFULLY

Erin Lommen, ND

Slower metabolism, hand in hand with weight gain and fatigue, is a miserable experience for women in their forties and older. Weight gain is one of the most common complaints of aging in general. Seemingly inexplicable weight starts to accumulate even in women who have maintained healthy, fit bodies for decades. How can this be when there has been no change in their diets or workout routines during this phase of their lives? And for women, who have always struggled with weight gain, menopause is often the "turning point" in their "war" on obesity and they describe losing the "battle."

Slowing of vital cellular functions and changing/fluctuating hormone levels all have a profound effect on the way women burn and/or store energy. Changes in our 'energy' pathways and the waxing and waning of hormone levels all contribute to the increased propensity for weight gain. Learn how to successfully assess and treat menopausal metabolism from the inside out.

GOALS & OBJECTIVES:

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- Review Root Causes: Cellular Energy the mitochondria story and why metabolism slows
 - Outline Hormone Changes caused by the ending of the ovarian life cycle
 - More fat equals more estrogen a negative feedback loop
 - Low Progesterone increases bloating, water retention, etc.
 - Low Testosterone contributes to slower metabolism
- Discuss Insulin resistance; and our increased susceptibility with menopause
- Evaluate Stress and the influences of Cortisol on weight gain and weight loss
- Learn Treatment Protocols for successful weight management and hormone balancing

TESTOSTERONE USE IN WOMEN – EVERYTHING YOU EVER WANTED TO KNOW, BUT WERE NEVER TAUGHT IN MEDICAL SCHOOL

Michael Buckley, BPharm, MPS, CD

In 2005 the US FDA rejected Proctor and Gamble's testosterone patch for women application. In 2007 P&G successfully gained European approval for the patch. Since 1999 Australian clinicians have been using a proprietary testosterone cream to treat testosterone deficiency in women. In 2010 US women are still denied the option of using an FDA approved testosterone treatment.

Testosterone is the product of direct secretion from both the adrenal glands and the ovaries through its conversion from the pro-androgens androstenedione, dehydroepiandrosterone (DHEA) and DHEA-sulphate, in the ovary and periphery.

Sex hormone binding globulin (SHBG) and albumin bind to testosterone and only 1-2% of total testosterone circulates unbound or as free or biologically available testosterone.

SHBG serum levels increase with age and concomitant oral estrogen and /or thyroxine usage translating to a lower bioavailable testosterone.

When the ovaries are removed from women there is a significant fall in circulating levels of testosterone and androstenedione. Pre-menopausal women who undergo bilateral salpingo oophorectomy (BSO) experience an immediate 50% reduction in circulating testosterone concentrations. In pre-menopausal women 60-70% of testosterone production is derived from the ovary and after menopause this figure is approximately 50%. The impact on sexual function on this reduction due to oophorectomy is highly significant.

Bilateral salpingo-oophorectomy (BSO) is performed in conjunction with hysterectomy in about half of women aged 40-44 years of age who undergo the procedure and in almost 80% of women 45-54 years old.

In over 50% of cases removal of the ovaries is routinely performed. Reasons include prophylactic prevention of cancers including ovarian, breast and colon cancer when there is a family history, endometriosis and pelvic inflammatory disease.

Testosterone is well established as being the principal hormone influencing female sexuality. Testosterone also influences mood, depression and general well-being of women. Multiple studies have reported on sexuality after hysterectomy with and without removal of the ovaries. Most show many surgically menopausal women have decreased sexual desire, activity and pleasure, despite estrogen therapy.

Studies specifically targeting oophrectomised women reporting low libido being treated with testosterone are numerous.

Non-hysterectomized pre- and postmenopausal women also benefit from testosterone supplementation to treat sexual dysfunction, particularly low libido.

The prevalence of female sexual dysfunction (FSD) across all ages is generally reported to be 20-50%.

In 2003 it was determined that up to 43% of women between the age of 18-57 in the USA experienced some form of sexual dysfunction with 22% of those women indicating low libido to be the most pressing of all symptoms. Another study of menopausal women aged 57-85 showed female lack of interest in sex in 51% of participants. A 2007 study showed the proportion of younger women aged 20-29 with low libido was 11% with 65% distressed by low desire, whereas in women aged 60-70 the proportion with low desire was 53% with 22% distressed.

This presentation examines the peer review published literature on testosterone use in women both preand postmenopausal, the politics and medico-legal aspects of prescribing testosterone to women, the positions of peak medical associations such as The Endocrine Society, the North American Menopause Society and the Australasian Menopause Society, and provides practical treatment guidelines and tips for physicians.

WOMEN'S ISSUES: A DISCUSSION BETWEEN TWO DOCTORS

Gordon Pedersen, MD and Sherrill Sellman, ND

Dr. Sellman who is a female and editor of Total Health Magazine with Dr Gordon Pedersen, who has written significant publications about women's issues, would like to present together in an interview setting on the A4M stage.

Her article published in Total Health magazine would be out line and followed as:

- Problems, causes of disease and shocking facts about women and their propensity for specific diseases.
- Treatments leave women with worries about their own health
- Yeast infections, bacterial infections and viral infections can be treated better.

• What we should be doing for women who suffer from the diseases that are not being treated completely by their doctors

• How we can as Doctors can do better (proof of what can and is being done).

Close with facts, demonstrations of what can be done better with before and after patient profiles.

TRACK 3 - CANCER THERAPIES

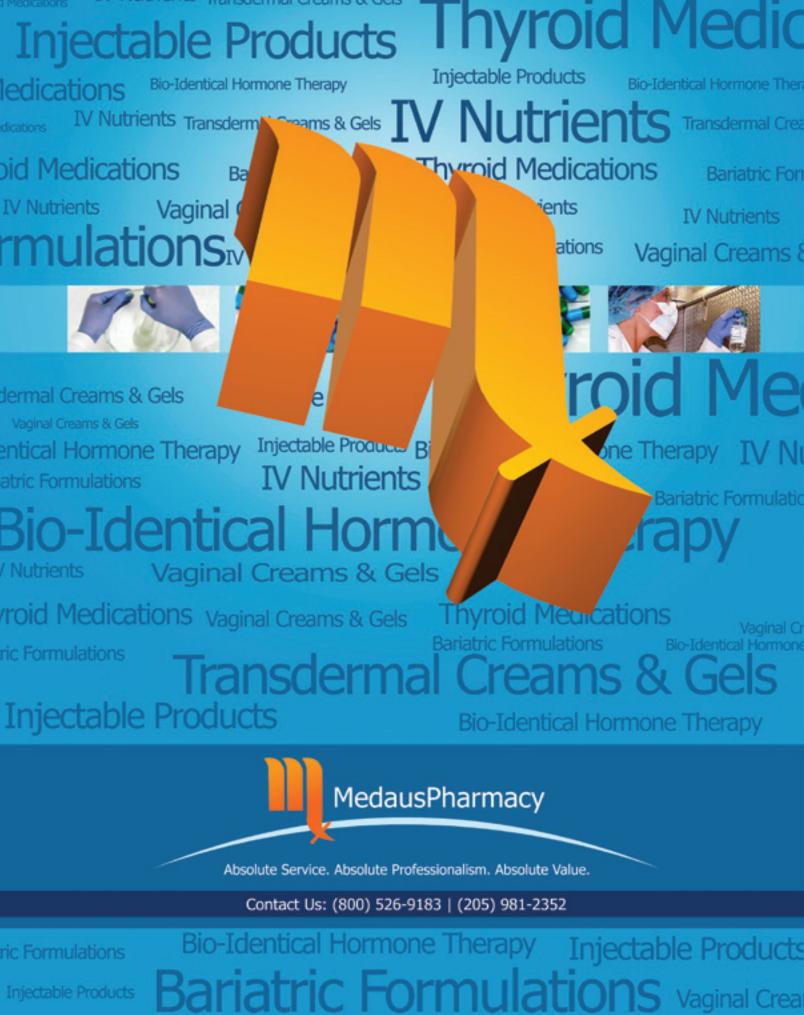
CANCER: NON-TOXIC THERAPIES

Mark Rosenberg, MD

The efficacy of treatment for Stage III and Stage IV cancer has progressed minimally since the inception of chemotherapy. The initial approach was to use relatively broad spectrum chemotherapy drugs that attempt to kill rapidly dividing cells. Results for the majority of cancers (with the exception of the leukemias, choriocarinoma, testicular cancer, ovarian cancer, and the lymphomas) have been dismal. At best, we may see a temporary response which may extend survival by up to 2-3 months; unfortunately, the minimally extended life span is frequently associated with intolerable side effects.

The effectiveness of chemotherapy has recently come into question, as is reflected in an article written in the British Journal, "Oncology" in June 2004. The authors of this article (two radiation oncologists and one medical oncologist) undertook a literature search for all randomized-controlled trials that reported a statistically significant increase in 5-year survival due solely to cytotoxic chemotherapy in adult malignancies. The search period was from January 1990 to January 2004. The results were disappointment. "The overall contribution of curative and a adjuvant cytotoxic chemotherapy to 5-year survival in adults was estimated to be 2.3% in Australia and 2.1% in the US."

It is time for a paradigm shift in the treatment of cancer. Cancer growth and metastasis is fueled through a myriad of mechanisms. It would therefore be cavalier to thing that we can manage such a disease process by merely blocking one, two, or even three mechanisms of growth. Cancer may be cured or managed as a chronic disease, however, using numerous modalities simultaneously. If managed as a chronic disease, these modalities should allow the individual to coexist in harmony with their existing cancer; the cancer should be stabilized



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so there is no progression and no symptoms. The management of HIV is an excellent analogy. There was a time when HIV was an automatic death sentence. Now, HIV is often managed as a disease that individuals may live with, symptom free, for decades.

This lecture will delineate approximately 15 different receptors, growth factors, and mechanisms, through which cancer sustains and promotes itself. A novel comprehensive protocol for the treatment of cancer will be explained, followed by case reports of patients with metastatic cancer who have undergone this protocol.

GOALS & OBJECTIVES:

- Discern the relative ineffectiveness of chemotherapy for metastatic cancer
- Understand the multitude of mechanisms through which cancer proliferates
- Learn a new paradigm in the treatment of cancer

A PARADIGM SHIFT IN THE STRUCTURE OF CANCER

Thomas Lewis, MD

Presented is a novel, non-toxic approach for the treatment and management of metastatic cancer using the coupling of pharmaceuticals and energy. Successful treatment of metastatic cancers still represents a significant unmet need in medicine. President Nixon declared war on Cancer in 1971 with a promise for a cure by 1976. Now, well over three decades later, cancer death rates have hardly declined (5% since 1950). We present Activated Therapy, a new approach to cancer treatment. Here, a non-toxic "agent" with specific affinity for the cell membranes of tumor tissue becomes cytopathogenic upon activation by either or a combination of red light and low energy ultrasound. Cancer therapies approved by the FDA today are successful because of their ability to kill cells (apoptosis). Unfortunately, these therapies lack specificity thus kill healthy tissue rendering patients profoundly ill. Ultrasound Activated Therapy, USAT – also known as Sonodynamic Therapy (SDT) - involves the synergy between a non-toxic tunable "sensitizer" or "agent" and an energy source, in this case ultrasound. New and novel USAT sensitizers have great specificity for collection in hyper-proliferating tissue such as cancer cells. When activated, the sensitizers cause destruction to cancer cells only and do not impact healthy tissue. Further, the mechanism of tumor cell destruction is necrosis instead of apoptosis. Photodynamic Therapy, PDT, is cancer therapy using light, generally red light, to enhance the cytotoxic effects of drugs known as photo sensitizers. In this presentation, Ultrasound Activated Cancer Therapy and Photodynamic Therapy are described. Specifically, we discuss the history of "activated" therapeutics and the advantages of combination therapies, USAT and PDT, compared to conventional cancer treatments. We examine the extremely low toxicity of the sensitizer as determined in Zebra fish, mice and in advanced clinical investigations. The efficacy of the USAT and PDT treatment protocol is demonstrated through results from mice models. Additionally, case studies are submitted by cancer clinics where USAT and PDT are used in a compassionate care mode.

GOALS & OBJECTIVES:

- Discuss the non-toxic approaches for the treatment and management of metastatic cancer
- Explore how pharmaceuticals and energy can aid in the treatment of metastatic cancer
- Discuss the Photodynamic Therapy advantages and disadvantages

WEIGHT MANAGEMENT EQUALS CANCER MANAGEMENT

Olivier Wenker, MD, MBA, ABAARM, DEAA

Obesity has reached epidemic proportions. A clear link between obesity and cancer has been established in recent years. It is estimated that in the U.S. well over 90,000 deaths per year could be avoided if a body mass index of less than 25 could be maintained. Up to 20% of all cancer deaths are related to obesity. The speaker will present the epidemiological data from the past 25 years relating to obesity and explain why these changes occurred. They were caused by changes in nutrition (eating too many "cancer fertilizers" and not enough "cancer fighters") as well as a significant increase in food and drink portion sizes. He will also discuss in detail the pathophysiology of obesity-related carcinogenesis and which specific cancers are especially prone to occur

in obese populations. Obesity has a huge impact on hormonal balances and influences a variety of hormonal feedback loops. In recent years, new obesogens and anorexigens have been detected that may offer new ways to treat obesity and related diseases. The impact of weight gain prior to cancer diagnosis including a significant increase in cancer risk as well as the relationship between weight gain during and after cancer treatment and cancer reoccurrence and metastasis will be shown. Last but not least the speaker will make a very strong point that weight management equals cancer management. Lifestyle changes including better nutrition, weight loss, and exercise are very important cornerstones for a successful holistic anti-cancer approach. Recent research shows that such measures have a huge impact on gene expression and gene modulation and can turn on tumor suppressor genes and turn off oncogenes. Some recommendations for weight management and basic exercise programs will be given.

GOALS & OBJECTIVES:

- Discuss the link between obesity and cancer that has established over the past few years
- Explain in detail the pathophysicoloy of obesity-related carcinogenesis
- Discuss the importance of weight management = cancer management

ADVANCES IN CANCER IMAGING: IMPLICATIONS FOR DIAGNOSING, TREATING AND REVERSING PROSTATE AND OTHER CANCERS WITH NON-INVASIVE MONITORING AND NUTRITIONAL INTERVENTION

Robert Bard, MD and Arthur W. Bartunek, MA

Advances in cancer imaging with ultrasound and MRI now provides non-invasive, more accurate diagnosis, and treatment monitoring for prostate and other cancers. Recent evidence establishes that prostate-specific antigen (PSA) tests and digital rectal exams have low accuracy in diagnosing prostate cancer, and low-grade prostate cancers have 1% mortality in 15 years. Distinguishing low-grade cancers from aggressive cancers, and matching treatment to aggressiveness is now possible with non-invasive vascular imaging using ultrasound and MRI, which effectively demonstrate a cancer's aggression with 95% accuracy, and may help avoid biopsies. This advance has made possible new interventions by providing a means for regular monitoring of treatment progress, adjustments to intervention, and the evaluation of nutritional interventions. Dr. Bard will discuss this more accurate form of diagnosis in detail, along with Art Bartunek's presentation of the nutritional therapies they employ, which have shown an 80% stabilization and/or regression rate in low and medium grade prostate malignancies, and significantly improved outcomes for aggressive malignancies.

The monitoring by advanced imaging presented here allows for unique nutritional intervention, based on a natural beta-Sitosterol/Antioxidant Supplement Matrix, which is demonstrated to bring about vascular regression within 1-to-4 months. Regular monitoring allows the treatment to be modified as needed for each patient, and can distinguish between patients who respond to dietary intervention, and the relatively small percent who require additional therapy. This advanced imaging with beta-Sitosterol/antioxidant protocol allows for a uniquely patient-tailored and effective approach to healing the prostate naturally.

GOALS & OBJECTIVES:

- Discuss the non-invasive approaches for a more accurate diagnosis
- Will distinguish low-grade cancers from aggressive cancers
- Discuss how monitoring by advanced imaging allows for unique nutritional intervention

TRACK 4 - A PRACTICAL APPLICATION OF TREATING ADULT HORMONAL DEFICIENCY

INTRODUCTION TO ADULT HORMONE DEFICIENCY

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

"SUB-LABORATORY" HYPOTHYROIDISM AND THE EMPIRICAL USE OF THYROID HORMONE Alan R. Gaby, MD

Clinical hypothyroidism in the presence of normal laboratory tests for thyroid function is a common, but overlooked condition. This presentation discusses how to diagnose "sub-laboratory" hypothyroidism and how to use thyroid hormone safely and effectively.

Published research and clinical observations indicate that many people have hypothyroidism that cannot be detected by standard laboratory tests for thyroid function. A careful clinical evaluation can help to identify individuals with "sub-laboratory" hypothyroidisms that are likely to benefit from thyroid hormonereplacement therapy. In a significant proportion of cases, treatment with thyroid hormone results in marked improvement in chronic symptoms that have failed to respond to a wide array of conventional and "alternative" treatments. Symptoms that frequently improve include fatigue, depression, hypercholesterolemia, dry skin, reactive hypoglycemia, constipation, edema, menstrual disorders, and infertility. In some cases, desiccated thyroid has produced better clinical results than levothyroxine. Research supporting the existence of sub-laboratory hypothyroidism is reviewed, and the presenter's clinical approach to the diagnosis and treatment of this condition is described.

GOALS & OBJECTIVES:

- Know how to use thyroid hormones safely and effectively
- Understand how to diagnose sub-laboratory hypothyroidism
- Discuss the symptoms that frequently improve fatigue, depression, infertility and menstrual disorders

TRACK 5 - ADVANCES IN ANTI-AGING MEDICINE

EPIGENETIC LOOK AT AGING

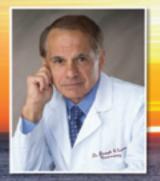
Azad Rastegar, BA

The Human Genome Project (HGP) began in 1989, headed by James D. Watson at the U.S. National Institutes of Health. A working draft of the genome was released in 2000 and the complete genome in 2003 with further analysis still being published. HGP helped to identify and map the approximate 20,000-25,000 genes of the human genome giving us a blueprint. The more we learn about the human genome, the more we understand that DNA does not contain the final instructions on how we age and are susceptible to disease. Enter the "epigenome" – a system of biochemical factors that turn genes on and off. The epigenome is much more complex than the genome and can change according to an individual's environment and lifestyle choices. Epigenetics refers to the biological mechanisms related to changes in phenotype or the genetic expression of a cell that are not dependent on the sequence of DNA. The DNA sequence remains the same, instead, nongenetic factors cause the genes to express differently. "Epi" is actually Greek for "above" or "over" — hence the word "Epi"genetics. The epigenome is found in every one of the trillions of cells in the human body turning on and off the appropriate set of genes for that particular cell. This makes a liver cell look and function different than a skin cell would. Epigenome tells each one of our cells which expression is needed and which is not.

The epigenome controls genetic expression, either silencing or activating the genes, by essentially three mechanisms. One of these epigenetic changes to gene expression occurs by RNAi1. The other way epigenetics adjusts cellular behaviors is by chromatin remodeling by means of acetylating and deacetylating histones. This has to do with the way genes are bundled together. Acetylation help to loosen up the tightly-packed DNA allowing for transcription, therefore deacetylating agents tighten up the DNA making it harder to transcribe genes which we do not want to activate — such as the oncogenes. The final manner in which epigenetics

Fish Oil: Clinical Applications & Current Debates

co-presented by Joseph Maroon, MD and Stuart Tomc, CNHP





Joseph Maroon, MD

Stuart Tomc, CNHP

Thursday, December 9th @ 6:30pm South Pacific Ballroom F Mandalay Bay Convention Center

Joseph Maroon, M.D., F.A.C.S., studied medicine at Indiana University, Georgetown, and Oxford University. Dr. Maroon is a world-renowned neurosurgeon and former president of the Congress of Neurological Surgeons, the largest society of its kind in North America. He has been the team neurosurgeon for the Pittsburgh Steelers for the past twenty-five years, and currently is a professor and Heindl Scholar in Neuroscience at the University of Pittsburgh Medical Center. A lifelong athlete, he has competed in more than fifty triathlons, including three Hawaiian Ironman Championship competitions.

Stuart Tomc, CNHP has over 20 years experience in the field of Nutritional Medicine and is an authority on evidencebased dietary supplements. A respected consultant to the World Health Organization and integrative physicians worldwide, Stuart has traveled the world as an educator and trainer for over 10 years. With an accomplished background in media appearances, he is adept at educating and delivering a powerful message on important health subjects in today's changing world. Stuart currently serves as National Educator and Spokesperson for Nordic Naturals.

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control a gene's expression is via DNA methylation which is the binding of methyl groups to the genes promoter region. Methylation is a natural biological mechanism, but if too many methyl groups bind to a gene, the tumor suppressor genes (for example) can become inactive. Many cancer researchers believe that the growth of most malignant tumors will eventually be shown to have been associated with epigenetically inactivated tumor suppressor genes. **GOALS & OBJECTIVES:**

- Understand epigenetics
- Discuss the "Epigenome" system
- Know how epigenetics controls a gene's expression

RICE AND SOY EXTRACT DERIVATIVES AND AMINO ACIDS TOGETHER MAY ASSIST IN THE BATTLE AGAINST TELOMERE SHORTENING AND ABNORMAL CELL PROLIFERATION Raif Tawakol. MD

An immune system is a series of processes that protects against challenges for the normal physiological function of the body that may cause changes by neutralizing or eliminating chemicals, pathogens and abnormal proliferating cells including cancers. The human immune system has to recognize its own complexity as "self" by creating an immunological memory, then creates an innate and adaptive immunity or "acquired immunity," that is recognized as different from "self," through cellular and humoral immune defenses, as well as layers to those mechanisms, so that the response is specific or non-specific, acute or prolonged or even delayed. The immune process recognizes delicate changes, both cellular including DNA, Ribosome and in the matrix, thus component changes alerts or activates the immune system. This enables reduction of the overall rate and intensity of activity or response.

Various T cells and B cells as well as the liver, endocrine and steroid systems maintain and enhance that system, while genetics may modify or retard the entire process.

This adaptation process is referred to as "adaptive immunity" or "acquired immunity" and creates immunological memory. Immunological memory created from a primary response to a specific pathogen, provides an enhanced response to secondary encounters with that same specific pathogen.

GOALS & OBJECTIVES:

- Discuss the role of the immune system •
- Learn the various T Cells and B Cells •
- Discover how the adaption process creates immunological memory

GENE THERAPY IN VASCULAR METABOLIC DISEASE

Enoc Chambi, MD

Gene therapy offers a potential therapeutic approach to difficult clinical problems. Gene transfer technologies in both synthetic DNA and recominant viral technologies, with improvement of structure and function of expression vectors may help to resolve the course of vascular metabolic diseases. (Evolution) E-gene development from endothelial cells may have the qualities to change and prevent vascular metabolic diseases. E-gene under ambiental hypoxia has properties to correct and balance physiologic reactions as well as modified to prevent some of the vascular metabolic diseases at high altitude in animals and humans. E-gene enables over-expression with local and systemic changes in vascular metabolic disorders due to physiological changes. Clinical studies of ambient hypoxia show a decrease in MI and diabetes. E-gene transfer may be used to explore the pathophysiology of vascular diseases in experimental models, and available data suggests that this method may eventually become a therapeutic alternative for vascular metabolic disorders such as myocardium ischemia and in neogenesis of diabetes vascular changes. Due to the complexity of cardiovascular disorders, it is most likely that a cocktail of therapeutic genes rather than a single particular gene will be the most effective treatment. E-gene may become part of an effective therapeutic gene and suitable vectors must be identified and developed.

GOALS & OBJECTIVES:

- (Evolution) E-gene development
- E-gene action to decrease MI and DM incidence
- E-gene from endothelial cells reaction to low oxygen.

FISH OIL FACLLACIES: PHYSICIANS AND PATIENTS BEWARE

Brian Peskin, BS

Fish oil and DHA/EPA supplements are the nation's #1 supplement sold with the inflated claims leading the way. The primary reason cited for prophylactic use is the cardiovascular and cancer protection offered by the latest "wonder" nutraceutical.

However, based on physiology and biochemistry, and as reported by world-leading medical journals, these claims cannot be true, and long-term real-life results confirm the misguided optimism of its supporters. In 1995, Harvard conclusive showed that fish oil was worthless in stopping progression of CVD. Failure again in 1999. Failure occurred again in 2002, and again in 2004 with no C-reactive protein decrease, a marker of inflammation. Incredibly, fish oil supplementation also decreases prostacyclin, PG12, the body's natural platelet "blood thinner," which keeps platetlets apart, naturally. In patients with existing atherosclerosis, prostacyclin synthesis fell by 42% when taking fish oil supplements; the last thing a heart patient needs or wants. CVD patients, require more, not less PG12, as decrease will significantly increase their risk of hear attack.

Adding to the dismal results for fish oil supplementation is the shocking finding that fish oil raises both blood glucose levels and insulin levels (first published in 1989) placing patients on the path to siabetes cancer killer cell immunity, too. In 2006, it was admitted omega-3 series fats do not inhibit cancer, as did British Medical Journal's comprehensive review. Fish oil has 6 strikes against it.

While short-term fish oil regim has a place, this is not true for long-term use. Numerous physicians report patient's clinical failure using fish oil supplements.

In contrast to harmful fish oil, the proper, physiologic, bio-identical, EFA supplement will be detailed, and its effectiveness in both preventing and reversing CVD as confirmed by artertrial wave analysis (PWA/DPA).

GOALS & OBJECTIVES:

- Understand the difference between a "study," an "association" and an experiment
- Understand how little DHA/EPA the body requires and manufactures, and why fish oil supplements provide harmful pharmacological overloads
- Understand the importance of PGE1 and PG12, how fish oil does nothing to benefit either, and in fact decreases them, making the patient worse
- Discover physiologic EFA requirements and an ideal bio-identical, plant-based solution

FROM ANCIENT REMEDY TO MODERN MEDICAL MARVEL - BIOACTIVE SILVER HYDROSOL - A NEW BREAKTHROUGH IN INTEGRATIVE MEDICAL PRACTICE.

Eric Rentz, DO

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 integrative practice.

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 reveals a more comprehensive and powerful tool for combating degenerative disease as well.

A bioactive silver hydrosol isolates the purest, safest and most efficient form for medicinal use either alone or concomitantly with traditional anti-microbials. A growing body of medical literature indicates silver also reduces blood platelet aggregation, inflammation, increases ROS production, accelerates tissue regeneration, aids in lesion and wound resolution, and reduces post treatment scarring. In 2009, the American Chemical Society recognized a new species of silver with its own CAS Registration Number (CASRN). A comparison of efficacy and safety between 20th century colloidal silvers and the more recent 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 integrative medical practice.

GOALS & OBJECTIVES:

- Review the broad-spectrum antimicrobial properties of a silver hydrosol and the related issues of toxicity
- Reviewing new publications regarding immune modulating capacities of silver, particularly the enhanced ROS production and what it means for acute and chronic infection management and remediation
- Innovative routes of installation of silver hydrosol for specific point of foci infectious and regenerative issues
- Improve physician understanding of skin lesion treatment and advance the standards of care for acute and chronic wound management
- Provide an overview of the physical properties, chemistry and the direct and indirect mechanisms of action of silver hydrosol for general comprehension and application toward LADME pharmacokinetics and bioavailability

* FRIDAY, December 10, 2010

GENERAL SESSION

ADRENAL FATIGUE...DOES IT TRULY EXIT

Lena D. Edwards, MD, FAARM

Stress induced hypothalamic-pituitary-adrenal (HPA) axis dysfunction with subsequent aberrations in normal diurnal cortisol release patterns has been identified as an important co-contributor to numerous psychosomatic symptoms and disease states. Consequently, appropriate diagnosis of abnormal cortisol release patterns is emerging as an important diagnostic and prognostic parameter in patients presenting with such conditions as chronic fatigue syndrome, malignancies, metabolic disorders, chronic pain, and mood disorders.

Studies over the past decade have identified salivary testing as an essential, convenient, non-invasive, and reliable indicator of cortisol release patterns. As utilization of this important diagnostic tool continues to grow, clinicians must develop a better understanding of the clinical implications of abnormal cortisol release patterns, the effects of aberrant cortisol release on underlying physiology, the interrelationships between cortisol and other hormones, and exogenous factors affecting salivary cortisol release patterns.

Just as salivary cortisol release patterns are affected by the body's intrinsic physiologic milieu, exogenous influences are equally important yet often overlooked. One of the most pervasive exogenous factors impacting otherwise naïve cortisol release patterns are pharmaceutical agents. Nearly 50% of the American population routinely ingests at least one prescription drug. As such, use of pharmaceutical agents clearly aligns itself with chronic stress as an important etiologic component of HPA axis dysfunction and abnormal cortisol production.

GOALS & OBJECTIVES:

• This evidence based review will serve to provide clinicians with a better understanding and appreciation for the effects of pharmaceutical agents on the HPA axis and salivary cortisol release patterns

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NANOTECHNOLOGICAL TELOMERE REJUVENATION IN ADULTS AND IN TISSUE CULTURE—KEY TO LONGEVITY Norman Shealy, MD, PhD

Over the past three years we have demonstrated for the first known time actual regeneration of telomeres. Ordinarily they shrink 1% per year but we have shown growth of over 2% per year. The technology used is application of 54 to 78 GHz at 75 decibels or one thousandth of a watt per cm square, for 30 to 60 minutes daily. This field effect is 1000 times **below** the known safety level! Recent results of application of this technology to tissue cultures will also be presented. The implications are critical for both health and longevity. Other applications of this technology will also be described.

GOALS & OBJECTIVES:

- List the normal strength and frequency of human DNA
- Use practical applications of human DNA frequency
- Discuss the implications of telomere rejuvenation for health and longevity

CONCUSSION: ALTERNATIVE APPROACHES TO BRAIN RECOVERY AND TREATMENT

Joseph C. Maroon, MD and Jeff Bost, PAC

In sports-related concussion most physical signs and symptoms, such as nausea, visual disturbances, headache and balance changes will resolve within 2 to 7 days. Longer lasting complaints such as fatigability, poor concentration, behavior changes, sleep pattern changes and mood alterations which last beyond this time frame are considered post-concussion syndrome. PCS will often result in significant disruption of school, work and other activities that will result in the need for further medical evaluation. The military has seen an increased incidence of depression and other symptoms often referred to as post-traumatic stress disorder (PSD) in many of the soldiers who have suffered from MTBI.

Although controversial, treatment for concussion has advanced beyond reassurance and restricted activity. There is currently no FDA pharmacological intervention approved to treat concussion but many have been attempted with generally limited success. These treatments include: corticosteroids, free radical scavengers and antioxidants, drugs to inhibit arachidonic acid inflammatory response, and that modify monamine function. Also used for PCS have included: glutamate receptor antagonists, calcium channel blockers, thyrotrophin releasing hormone (TRH), and hyperbaric oxygen therapy.

Alternative, non-pharmaceutical treatments appear to be gaining acceptance for the treatment of common neurodegenerative conditions, memory decline and reduced cognitive function. There is now substantial animal and human research to suggest that these same natural dietary supplements, vitamins and minerals may provide a better first line choice for the treatment of PCS which has generally been under reported by both athletes and the military.

GOALS & OBJECTIVES:

- Understand the signs and symptoms of a sports related concussion
- Understand that there are no FDA pharmacological intervention
- Discuss the alternative treatments

TESTOSTERONE: THREE MYTHS, ONE IMPORTANT TRUTH

Abraham Morgentaler, MD

There is a great deal of misinformation regarding testosterone in men. This presentation will address three myths regarding testosterone and provide an overall perspective on "the truth" regarding the scientific evidence regarding testosterone. These myths are: 1) the benefits of testosterone treatment are unproven, 2) the diagnosis of testosterone deficiency is so complex that only a specialist can make it, and 3) there is a significant risk of stimulating prostate cancer by raising testosterone levels. I will show why none of these are correct. And in a review of the literature I will also show why the identification of low testosterone in men and its treatment may turn out to be one of the most important things that health care providers can do to improve the well-being of our patients.

GOALS & OBJECTIVES:

- Review the benefits of testosterone therapy
- Review the relationship of testosterone to prostate cancer
- Discuss the overall risk/benefit assessment regarding testosterone therapy in men

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 physiologic changes. "Grounding" balances the autonomic nervous system, regulates cortisol dynamics, and improves Zeta Potential – a reliable indicator of blood viscosity.

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

TRACK 1 - WEIGHT MANAGEMENT & NUTRITIONAL THERAPIES

WEIGHT CHANGES AROUND THE TRANSITION TO MENOPAUSE AND THE ROLE OF HORMONES Alan Terlinsky, MD, FACP

Women seem to be vulnerable to body weight changes occurring during their menopause transition and declining levels of estrogen are thought to be a central cause. Moreover, treatment with estrogen is commonly believed to prevent or reverse this weight gain. However, what is the evidence for this hypothesis? Many studies seem to show little or no evidence of a relationship between menopause and the use of estrogen

* ABSTRACTS

replacement pertaining to body weight in women at menopause. Other studies have shown a relationship between weight gain, metabolic syndrome, breast cancer and obesity and the avoidance of weight gain by the use of estrogen therapy. This presentation will review the literature on the subject of hormone use, menopause and weight changes in women. Overall the evidence suggests a relationship of positive weight gain in women during the menopause transition related to hormonal changes. Moreover, the use of estrogen replacement can ameliorate this effect but a complete approach of diet and lifestyle modification is central to women achieving health body composition and weight. Hormone replacement in itself is not the entire solution to weight gain in menopausal women. Hormone replacement may improve the prospects of successful weight control in menopausal women.

GOALS & OBJECTIVES:

- Learn the studies of how menopause effects body weight changes
- Discuss the hormonal changes and how the relate to weight gain during menopause
- Know the entire solution to treat menopausal patients and weight gain

DIETARY KETOSIS IN THE TREATMENT OF OVERWEIGHT, OBESITY AND METABOLIC SYNDROME Dana Myatt, MD

Dietary ketosis, a normal metabolic state in fasted Homo sapiens, has a broad range of therapeutic applications including the treatment of overweight, obesity and metabolically-related conditions.

Ketosis is a much maligned and largely misunderstood state of normal metabolism, distinct from ketoacidosis. The difference between dietary ketosis and diabetic ketoacidosis is as significant as the difference between intentional weight loss and cachexia. Unfortunately, lack of clarity about the utility of dietary ketosis and the distinction between ketosis and ketoacidosis has caused many physicians to shy away from prescribing therapeutic ketogenic diets even in instances where it should be considered the diet of choice.

Ketosis Versus Ketoacidosis

In diabetic ketoacidosis, severe insulin deficiency causes ketone bodies to rise precipitously, often exceeding 25 mM in blood, a level of ketosis rarely seen in normal individuals even during advanced starvation. Non-diabetic ketoacidosis can also occur as a result of alcohol or drug-induced states, during exuberant lactation and extreme hyperthyroidism.

The counter-regulatory bicarbonate system can be stressed until blood buffering ability is exhausted. The combination of pathologically high ketone levels and loss of blood buffering systems result in severe acidosis. In addition, hypovolemia from urinary water loss secondary to hyperglycemia and glycosuria, and sodium and potassium loss from severe ketonuria, converge to create a perfect storm of life-threatening potential.

GOALS & OBJECTIVES:

- This presentation will serve as a review of the biochemistry of dietary-induced ketosis
- Discuss documented clinical nutritional strategies for using a calorie-controlled ketogenic diet in the treatment of overweight, obesity and metabolic syndrome
- Specific guidelines for clinical implementation will be highlighted

WEIGHT MANAGEMENT IN OBESE CHILDREN

Jared M. Skowron, ND

The US Dept of Health and Human Services states that 25% of young children are obese, leading to hypercholesterolemia, hypertension, and Type 2 Diabetes in our children. The Child and Adolescent Trial for Cardiovascular Health (CATCH) found 13.3% of children in the 4th grade with a total cholesterol >200 mg/ dL. This number has only elevated in the past decades.

Stopping weight problems in the future means teaching children healthy eating habits today. All of these obese children will become obese adults very quickly, and the burden on the medical system to manage chronic disease will be heavy.

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GOALS & OBJECTIVES:

- Learn the effects of childhood obesity and how the numbers have elevated in the past few decades
- Explore healthy techniques to avoid obese children becoming obese adults

HCG AND WEIGHT LOSS: FACTS VS. MYTHS

Deirdre S. Tuntland, PA-C

Weight management is vital to longevity and wellness. From corporate incentive programs to national public education campaigns, the burgeoning \$50 billion weight loss market is experiencing exponential growth. As a result, medically administered hCG programs are increasing in popularity as safe and effective weight loss solutions.

Human Chorionic Gonadotrphin (hCG) is a natural hormone produced in women during pregnancy and used as a weight loss therapy for more than 50 years. It was first described as a treatment for obesity in a study published in 1954 by Dr. A.T.W Simeons.

During this informative and interactive session, participants will be provided the latest facts about hCG while dispelling the myths surrounding the use of the hormone for weight loss from Deirdre S. Tuntland – a board-certified Physician Assistant who for the last 14 years has specialized in hCG weight loss and anti-aging therapies.

GOALS & OBJECTIVES:

- Learn about why hCG works, why it works better than dieting alone and the minimal side effects associated with the therapy
- benefits and results of using hCG as a part of a medically supervised weight loss solution for men and women alike
- Discuss the differences in hCG delivery methods (sub-lingual vs. injectable)

OVERCOMING WEIGHT LOSS RESISTANCE

J.J. Virgin, PhD, CNS, CHFI

Seventy percent of the population is now overweight or obese with the majority of this population falling into the obese category. One in five American children are now obese. Of the remaining population roughly fifty percent of them are thin outside, fat inside (TOFI). The recidivism rate of dieting exceeds 50%. It is well-documented that genetics accounts for 40-70% of a person's predisposition to obesity. Recent research conducted at Stanford University showed that when subjects were put on a diet identified as appropriate to their genotype, they lost an average of over **2.5 times** more weight than individuals on diets that were not appropriate. Clearly the outdated 'one sizes fits all' weight loss model based on caloric restriction and aerobic exercise is not working and may in fact be exacerbating the crisis by damaging both metabolism and psyche further.

The current weight loss model fails because it doesn't look for the cause of the problem and assumes that it is simply one of overconsumption and low energy output without taking into account genetic and hormonal factors that could shift the metabolic requirements and impair the body's ability to burn off fat weight while holding onto or increasing lean mass.

Over the past two decades I have identified 7 different modifiable factors that can slow down or stop fat loss despite the patient's best efforts of eating healthy balanced meals, repleting core nutrient deficiencies and doing cross training exercise consistently. These factors include chronic stress, poor sleep, gastrointestinal disturbances (impaired digestion, IgG food sensitivities and gut bacterial/yeast overgrowth), elevated toxic burden, sex hormone imbalances, thyroid fatigue and insulin resistance. The are also genetic factors at play including heritable risk of obesity, increased ability to regain lost weight, decreased metabolism, taste preferences and eating behavior traits, especially related to hunger and satiety.

Fortunately, one's genes don't have to dictate one's destiny. Once genetic susceptibilities are identified, a targeted diet and lifestyle intervention plan can be put in place to ensure a higher likelihood of weight loss and long term weight management success.

GOALS & OBJECTIVES:

- Define weight loss resistance
- Summarize scope of the obesity epidemic
- Identify lifestyle and environmental factors creating weight loss resistance
- Identify key genetic factors that can cause weight loss resistance
- Determine strategic diet and lifestyle interventions to support weight loss and long term weigh management success

NEW SCIENCE OF FAT METABOLISM FOR WEIGHT CONTROL

Paul Tai, MD

New scientific evidences on the new view on FAT & Obesity: The "White Fat" vs. "Brown Fat". Where do they come from? What are their functions and how do they metabolize? How they contribute to the Abdominal Fat and their toxic factor to Metabolic X Syndrome.

Disclosing data of successful Clinical studies on weight loss using natural ingredients, no side effects or toxicity, helping people to re-adjust their body weight and sculpt the unwanted fat away. A Fat targeted Total treatment approach.

GOALS & OBJECTIVES:

- Fat Morphology White vs. Brown fat
- Fat Physiology Endocrinology
- Fat Pathology Inflammatory Adipokines
- Enzymatic activities of uncoupling protein on fat
- Diet Negative feedback effects on fat metabolism
- Metabolic Hormone effects on fat burning physiology
- Treatment protocol for fat sculpting and increase metabolism

TRACK 2 - MEN'S HEALTH

BEYOND TESTOSTERONE - PROGESTERONE FOR MEN; YOUTH'S BEST KEPT SECRET?

Jay Mead, MD, FASCP

By 2020, over 60% of the US population will be over age 60 and, approximately 50% of these are men. With the help of cutting edge physicians, more and more men are realizing the important role that hormones play in their health, but the primary focus is still on testosterone monitoring and replacement. Just as women need adequate amounts of testosterone, the male body has a requirement for progesterone. Progesterone is imperative for optimal functioning of the cardiovascular system, the nervous system and is of particular importance in prostate health.

- Heart disease is one of the leading causes of death for men in this country, and progesterone has many cardio-protective properties including prevention of atherogenic changes, prevention of smooth muscle cell proliferation and inhibition of cell adhesion molecules.
- In a world where dementia and Alzheimer's rates are climbing, progesterone has been shown to be neuroprotective and neurotrophic.
- Prostate cancer is one of the most prevalent cancers among men and is responsible for approximately 30,000 deaths/year. This presentation will clarify the complicated relationship between prostate cells and hormonal influence including refuting the long-held idea that testosterone caused prostate cancer, and will elucidate the protective role of progesterone to prostate cells.

The male endocrine system is not made up of testosterone alone, and proper balance of the entire complement of hormones including progesterone will keep cognitive, cardiovascular and urinary function working optimally through the latter decades.

GOALS & OBJECTIVES:

- Describe the clinical presentation and appropriate assessment criteria for Hormone Balancing for Men
- Discuss the pathophysiology of Progesterone's effects on cardiovascular, neurological and glandular (prostate) tissue
- Address the treatment choices including bioidentical hormone supplements, nutrition and botanical therapies
- Present Assessment, Treatment and Monitoring protocols

TESTOSTERONE: THREE MYTHS, ONE IMPORTANT TRUTH

Abraham Morgentaler, MD

There is a great deal of misinformation regarding testosterone in men. This presentation will address three myths regarding testosterone and provide an overall perspective on "the truth" regarding the scientific evidence regarding testosterone. These myths are: 1) the benefits of testosterone treatment are unproven, 2) the diagnosis of testosterone deficiency is so complex that only a specialist can make it, and 3) there is a significant risk of stimulating prostate cancer by raising testosterone levels. I will show why none of these are correct. And in a review of the literature I will also show why the identification of low testosterone in men and its treatment may turn out to be one of the most important things that health care providers can do to improve the well-being of our patients.

GOALS & OBJECTIVES:

- Review the benefits of testosterone therapy
- Review the relationship of testosterone to prostate cancer
- Discuss the overall risk/benefit assessment regarding testosterone therapy in men

PLANT EXTRACTS FOR BENIGN PROSTATIC HYPERPLASIA

John Hall, PhD

Benign prostatic hyperplasia, or BPH, is an enlargement of the prostate glad that occurs as men age. While this condition is not cancer, it does have a negative impact on health and quality of life. The enlarged prostate squeezes the urethra and bladder and can cause uncomfortable symptoms such as difficulty urinating, sudden urge to go or passing urine often, weak stream and a feeling that the bladder has not fully emptied. A severe case of BPH can lead to kidney infections, urinary tract infections or chronic urinary retention.

According to the National Cancer Institute, more than half of men in their 60s and most men in their 70s and 80s will have signs of BPH. As people continue to live longer lives thanks to ever-improving medical care and understanding of the human body, problems associated with aging become more and more prevalent. BPH affects millions of men who have few options when it comes to living with its symptoms. However, promising data has emerged from a recent clinical trial at Columbia University's Department of Holistic Urology regarding two plant extracts developed by French biochemist Mirko Beljanski, PhD (1923-1998).

Mirko Beljanski worked for over 25 years at the Pasteur Institute in Paris, France and later in private laboratories researching DNA replication and transcription and the effect of environmental toxins on DNA structure. During his research Beljanski discovered DNA destabilization, or an unwinding of the DNA structure, which can lead to serious illness. Beljanski looked for plant extracts that could help the body rid itself of cells with destabilized DNA and therefore help to maintain optimal health. He found two: Pao pereira, a tree bark from the Amazonian rainforest, and *Rauwolfia vomitoria*, the root bark of an African shrub. These extracts caught the attention of Dr. Aaron Katz, who has been working to confirm and extend Beljanski's work in both preclinical and clinical studies held at Columbia University.

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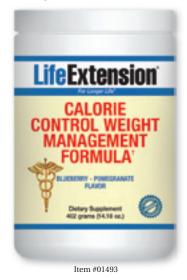
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References:

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This supplement should be taken in conjunction with a healthy diet and regular exercise program. Results may vary.





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GOALS & OBJECTIVES:

- Discuss the data regarding the Pao and Rauwolfia extracts from the clinical trial at Columbia University
- Outline Mirko Beljanski's research and discovery of the plant extracts

HAIR RESTORATION: PRESERVING AND RESTORING THE AGING "FRAME" OF THE FACE Alan J. Bauman, MD

Hereditary hair loss, considered by many as an outward sign of premature aging that can be 'seen from across the room,' currently affects an estimated 60 Million men and 40 Million women in the U.S. Approximately 40% of men in their 40's are experiencing hair loss and 50% of men in their 50's, with over a billion dollars spent in the U.S. annually on treatments, 'cures' and cover-ups. However, recent advances in medical diagnostics, treatments and procedures offer men and women who suffer from hair loss safe and effective, truly viable methods of maintaining and/or restoring their own natural, living and growing hair. In the battle against visible signs of aging, hair transplantation is one of the most common cosmetic procedures for men according to the American Academy of Cosmetic Surgery (AACS Procedure Census Data, www. cosmeticsurgery.org and the American Society of Plastic Surgeons (ASPS Statistics, www.plasticsurgery.org).

GOALS & OBJECTIVES:

- Attendees will learn the mechanism of Androgenetic Alopecia (male and female pattern hair loss)
- Attendees will learn the latest tools and techniques for the evaluation and diagnosis of hair loss
- Attendees will learn the advanced multi-therapy medical modalities to help patients protect, enhance and restore their own living and growing hair

TRACK 3 - INNOVATIONS IN ANTI-AGING MEDICINE

HYALURONIC ACID (HA)- THE ANTI-AGING ANSWER FOR THE WHOLE BODY

Chris D. Meletis, MD

The clinical application of Bio-Identical Hyaluronic Acid (HA) is at the very heart of healthy aging. At birth Hyaluronic Acid levels are significantly higher, accounting for the baby soft skin, circulatory, connective tissue, joint and overall improved cellular integrity. With the aging process, the "plum to prune" and "grape to raisin" phenomenal not only occurs at the skin level of the body but throughout the 50-100 trillion cells that comprise the human body. Indeed the very integrity of the connective tissue, 60,000 miles of blood vessels, ocular and oral health and countless other body systems begin to slowly erode away with the passage of time without therapeutic intervention. Emphasis will be placed on clinical applications, research and mechanism of action of High Molecular Weight HA as an advanced therapy to support oral and topical needs to meet the growing needs of our aging patient population.

GOALS & OBJECTIVES:

- Discuss the clinical application of Bio-Identical Hyaluronic Acid
- Learn the action of High Molecular Weight HA as an advanced therapy

INNOVATIONS OF REDOX BIOCHEMISTRY IN HEALTH AND AGING

Gary L. Samuelson, PhD

Redox signaling molecules have a fundamental and broad involvement in the cellular healing process. Over the last 10 years, redox signaling networks, both intracellular and extracellular, have been extensively studied by hundreds of researchers resulting in a rapidly growing field of Redox Signaling Science. This presentation will focus on discoveries made in this field involving pathways leading to DNA repair, antioxidant expression and efficacy, cellular damage detection and repair, inflammation, oxidative stress, cellular adhesion, protective enzyme production, tumor death domains, vascular regeneration, with a focus on the overall mechanisms underlying cell protection, repair and replacement.

New experimental results on certain mixtures of Redox Signaling molecules will be revealed, both in vitro and in vivo, that show specific bioactivity in areas involving antioxidant expression and efficacy, signal reception and intercellular communication networks as well as aerobic efficiency. Broad implications related to regeneration and anti-aging will be briefly explored.

GOALS & OBJECTIVES:

- Educate Health Professionals about advances in Redox Signaling Science
- Present Results of Research
- Explore applications of this technology for improving our health

REVERSING IMMUNE AGING IN HUMANS: RESULTS OF A STUDY USING A NATURAL PRODUCT TELOMERASE ACTIVATOR Joseph M. Rafaele, MD

In search of the cure for aging, medical science is examining technologies that will not merely extend our life expectancy by a few years, but may actually extend it indefinitely. Although our life expectancy has increased tremendously over the last century, there is still a theoretical 125-year limit on our lifespan, and no medical therapy available today has been able to break through this barrier. In the last three decades, there has been a tremendous upsurge of scientific knowledge of how and why we age.

There is a clock that ticks inside every dividing cell of our bodies. This clock is found at the tips of our chromosomes, in a region of the chromosome called the telomere. When human cells divide, telomeres shorten, and the length of the telomeres correlates with the age of these cells. This telomere clock may be the clock of aging.

Inside every one of our cells is a gene that produces an enzyme called telomerase. Telomerase stops the telomere clock from ticking, and can give cells the potential to divide forever. The gene for telomerase is turned on only in our reproductive cells, and turned off in almost all other cells. A small-molecule compound could possibly turn it back on to prevent the shortening of our telomeres.

Control of telomere length may be the most important step in eliminating the 125-year limit on our lifespan and taking the first crucial steps toward allowing us to live young, healthy lives indefinitely.

GOALS & OBJECTIVES:

- Review the knowledge of how and why we age
- Discuss what Telomeres are and how they work

VITAMIN E: A NEW PERSPECTIVE IN NUTRITION AND HEALTH

Andreas M. Papas, MSc, PhD

Results of major human clinical studies such as the Selenium and Vitamin E Cancer Prevention Trial (SELECT) and the Heart Outcomes Prevention Evaluation (HOPE) Study and several metaanalyses questioned the efficacy and even the safety of vitamin E. For this reason, health professionals, their patients and the public seek better understanding on the role of vitamin E in nutrition and health.

Vitamin E consists of a family of eight different compounds, four tocopherols and four tocotrienols (designated as alpha, beta, gamma and delta). Tocopherols and tocotrienols have similarities and differences in their molecules. The tocopherols consist of a head (chroman ring) and a tail (phytyl). The chroman ring carries the active antioxidant group. Each tocotrienol has an identical chroman ring as the corresponding tocopherol. Tocotrienols differ from tocopherols on their tail; the tocotrienols have three unsaturated sites while tocopherols have none. Our food contains all eight compounds. In many countries, including the United States, the typical diet supplies higher levels of non alpha tocopherols, especially gamma-tocopherol.

- Learn the eight different families of Vitamin E
- Discuss the differences of Tocopherols and Tocotrienols
- Better understand the role of Vitamin E in nutrition and health

THE DIFFERENCES BETWEEN HYPOTHYROIDISM, FUNCTIONAL HYPOTHYROIDISM, AND FUNCTIONAL HYPOMETABOLISM

Nat Jones, RPh, FIACP Candidate

Subclinical and functional hypothyroidism continues to cause profound problems for many patients, in spite having "normal" lab results. Understanding the difference between "normal" and "optimal" lab numbers and how the production and metabolism that influence these, as well as a proper interpretation of standard thyroid tests, can help practitioners understand and treat their patients more effectively. This lecture will present a practical approach to treatment of these patients based on practical physiology and on research published in the scientific literature.

This program will provide physiological and clinical 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, basic nutritional factors involved, and how to utilize standard thyroid tests to determine where thyroid problems exist. The pros and cons of thyroid replacement therapy options will be discussed, including optimizing response with individually tailored regimens.

GOALS & OBJECTIVES:

- Understand the physiology of the thyroid hormones
- Describe the causes, types and symptoms of hypothyroidism
- Introduce the concepts of functional hypothyroidism and hypometabolism
- Discuss nutritional influences on thyroid hormone physiology
- Explain thyroid testing options and their pros and cons
- Examine treatment options for restoration of normal thyroid function

TRACK 4 - A PRACTICAL APPLICATION OF TREATING ADULT HORMONAL DEFICIENCY

OXYTOCIN: THE FEMALE BRAIN AND SEXUALITY FROM BIRTH TO OLD AGE

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 loss, it can be restored

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TRACK 5 - ADVANCES IN ANTI-AGING MEDICINE

CLINICAL BIOCHEMICAL PARAMETERS FOR THE PRACTICE OF PREVENTATIVE MEDICINE

E.K. Schandl, PhD, FACB, SC and C.A. Schandl, PhD, MD, DABP

The incubation length of coronary heart disease and cancer is about a decade. However, diseases are diagnosed and treated when symptoms occur. Obviously, early detection is a matter of observable clinical, pathological changes. The aim is to detect developing, sometimes life threatening disorders prior to their visibility. Two profiles were designed and examined, the Longevity Profile and in it the Cancer Profile. The results of the study are presented here.

Regular accepted clinical laboratory procedures were used for the tumor markers HCG by IRMA for serum and chemiluminescence (CL) for serum and urine HCG, CEA, PSA, CA 15.3 and CA 125, enzyme kinetic spectrophotometry for the neurokine PHI (GPI) autocrine motility factor. Hormones, estradiol, progesterone, TSH, DHEA-S, Cortisol, PTH, were determined by CL. Free testosterone and IGF-1 was tested by IRMA. GGT, Lp(a), homocysteine, LDL-D, hs-CRP were performed by methods suitable for the COBAS Mira Plus instrument. Doctors Laboratory in Valdosta, Georgia did the CA 19.9 tests. Cholesterols, other than LDL, and liver enzymes were done by Lab Corp in Hollywood, FL.

114 normal, "healthy" females of all ages and locations, without any diagnosis presented with elevated 75% tumor markers, 90% coronary risk factors, 40% deranged calcium metabolism, 11% liver enzymes, and low 68% growth hormone, 91% sex hormones (postmenopausal included), 14% thyroid and 91% adreanl functions.

The "healthy" male population, n=86, all ages, all places USA showed elevated 57% tumor markers, 95% coronary risk factors, 50% deranged calcium metabolism and 7% liver enzymes and low 67% growth hormone, 76% sex hormones, 7% thyroid and 92% adrenal functions.

PRACTICAL ONCOLOGICAL STRATEGIES FOR INTEGRATIVE MEDICAL PHYSICIANS

Martin Dayton, MD

Today, patients with cancer treated with complementary and alternative therapies integrated with or instead of standard methods are enjoying successful outcomes. While the field is controversial and replete with myths and hyperbole, it continues to evolve with the growth of evidence based research and clinical experience. Therapeutic practices which have been associated with successful outcomes; their associated theories, and their practical applications are elaborated. Based upon the development of present and new technologies, treatment of many patients with advanced cancer may become to be regarded in the future as a speed bump in the pursuit of healthy longevity.

GOALS & OBJECTIVES:

Lecture participants will gain new and reinforce old understandings of:

- Basic principals involved in overcoming cancer with or without pharmacotherapy/ radiation and/ or surgery
- Controversies in the field of integrative oncology and evidence based resolution
- General and specific approaches involving immune support, insulin potentiated therapy (IPT), nutritional and energy based approaches, macrophage activation, etc.
- Tests utilized to choose among all available therapies
- Treating patients with cancer in the anti-aging paradigm
- Have practical information which may be applied immediately following the lecture

IMMUNOLOGICAL ASSESSMENT METHODS

Kelly L. Olson, PhD

Immune activation is a commonly overlooked component of chronic disease. Patients with chronic diseases are often repeatedly examined and treated with little effectiveness, thereby frustrating both the clinician and patient. A number of immunological assays are available however much of the science is confounded with too many false positives/negatives due to cross-reactivity. A more scientifically validated approach to measuring immune signals is the combination of functional cytokine testing and lymphocyte proliferation assays. The use of functional cytokine testing and lymphocyte proliferation assays. The use of functional cytokine testing and lymphocyte proliferation assays. The use of functional cytokine testing and lymphocyte proliferation methods can provide a health care practitioner with the capability to sort out inflammatory conditions and to uncover the root cause of a patient's symptoms. This presentation will focus on the clinical utility and applicability of these immunological tests. Specifically, attendees will learn about improved methods to identify cytokine alterations and, consequently, the symptoms associated with these imbalances, to promote comprehensive personalized medicine. Furthermore, attendees will take away an understanding of how to reach a Th1/Th2 immune balance in their patients. Illustrative case studies and clinical applicability will be highlighted throughout to provide a clearer understanding of the information presented.

GOALS & OBJECTIVES:

- Immune activation and how it contributes to chronic disease
- What are functional cytokine tests and lymphocyte proliferation assays
- What is the clinical applicability of these tests & how they can improve personalized medicine

DETOXIFICATION OF CHEMICALS AND HEAVY METALS WITH CHLORELLA

Randall E. Merchant, PhD

Our bodies are barraged with literally hundreds of chemicals and metals on a daily basis. Exposure to them is unavoidable as they occur in the air we breathe, the food we eat, and the water we drink. Some chemicals and metals can injure in any amount or they can reach toxic levels as they accumulate in fat cells and organ systems or combine with other chemicals to form toxic cocktails. The consumption of natural "green whole foods" rich in macronutrients, fiber, phytonutrients, and chlorophyll is one way to "detoxify" the body of potentially harmful chemicals and metals. One such green whole food with many known healthful benefits is *Chlorella pyrenoidosa*, a unicellular green alga that grows in fresh water. It has the highest content of chlorophyll of any known plant and also contains high concentrations of protein, certain vitamins, minerals, dietary fiber, nucleic acids, and other substances. In this presentation, I will discuss the compelling results of laboratory and clinical investigations that have demonstrated Chlorella's capacity to prevent the absorption of chemicals and metals that cause disease as well as enhance the mobilization of these chemicals and metals from adipose tissues leading to their elimination from the body.

GOALS & OBJECTIVES:

- To define what Chlorella is, how it is produced, and what it offers nutritionally
- From the laboratory studies described, learn how the elimination of toxic chemicals and metals protects cells and animals from genetic injury and the development of tumors
- From the clinical studies described, appreciate the evidence that adding Chlorella to the diet detoxifies the body and relieves symptoms of diseases with a known chemical or metals etiology

FIX YOUR JOINTS WITHOUT SURGERY - PROLOTHERAPY AND PRP

Peter A. Fields, MD, DC

Prolotherapy is a natural non-surgical method of assisting the body to heal injured or weakened joints, ligaments and tendons. With Prolotherapy, the weakened areas are injected with a solution that stimulates the growth of healthy, strong tissues. As the tendons and ligaments grow stronger and vibrant, the pain

is alleviated and motion is restored. Whether a joint, ligament or tendon is causing you pain or limited movement, Prolotherapy might be the right choice for you. Prolotherapy is beneficial for knees, shoulders, low back, neck, hips, elbows arthritis, tendonitis, bursitis, headaches and more.

In a nutshell, Prolotherapy not only initiates healing but also stimulates your body to produce growth factors to heal and repair the affected joint/spine and help one avoid surgery.

PRP is an emerging new treatment.

PRP therapy offers an additional solution to accelerate healing of tendon injuries and osteoarthritis naturally. It is basically injection blood products (platelets) that have the growth factors for healing.

The philosophy behind both of these is to merge cutting edge technology with the body's natural ability to heal itself.

Prolotherapy can be done on spine and axial skeleton (peripheral joints).

PRP is better for peripheral joints only.

GOALS & OBJECTIVES:

- Learn what Prolotherapy as a non-surgical method can assist in the healing process
- Discuss the advantages and disadvantages of Prolotherapy
- Learn the philosophy beyond Prolotherapy treatment

CLINICAL TRIAL OF SUBLINGUAL HCG AS A TREATMENT FOR OBESITY

Eisenstein Mayer, MD

The World Health Organization describes obesity as an epidemic. Traditional weight loss theories and dietary and lifestyle approaches are falling far short of stemming the tide.

Claims have been made that HCG (Human Chorionic Gonadotropin) along with a VLCD (very low calorie diet) in a medically supervised program reduces weight by 10-20 lbs per month and reduces abdominal girth, without experiencing hunger.

Forty obese patients were enrolled. All 40 of the patients reported no hunger during the Phase I and Phase II trials.

The average starting BMI of our 30 female patients was 36.11, after 30 days their average weight loss was 14.08 lbs per person, a BMI of 33.81. On average the women lost 4.41 inches per person around their waist.

The average starting BMI of our 10 male patients was 43.05, after 30 days their average weight loss was 22.3 lbs per person resulting in a BMI of 39.94. On average the men lost 4.28 inches per person around their waist.

The initial phases of the HCG and VLCD protocol had the effect of significant weight loss as well as reduction of abdominal girth.

* SATURDAY, December 11, 2010

GENERAL SESSION

HYPOTHYROIDISM & ADRENAL FATIGUE

James L. Wilson, ND

The adrenal and thyroid glands play very interesting interrelated roles in human endocrine function, physiology and allostasis. In some processes, each facilitates and even amplifies the hormonal actions of

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the other. In other aspects of endocrine and physiological function, they work in opposition and, in certain states, may even decrease the actions or effects of the other on hormone production or end organ activation. In this presentation, some of the more important interactions of the thyroid and adrenal glands will be presented from a clinician's point of view. The overlapping signs and symptoms of low adrenal function (adrenal fatigue) and low thyroid activity (subclinical hypothyroidism) will be covered, as well as how to differentiate some of their more important clinical indications, although at first glance they seem the same. By the end of this presentation the practicing health care professional should have a better understanding of the key interrelationships between adrenal and thyroid function from a clinical perspective, their underlying endocrine processes and physiology, how to differentially diagnose the most prominent signs and symptoms of their low function, and a course of action that can lead to successful therapy.

GOALS & OBJECTIVES:

By the end of this presentation, the healthcare practitioner attendees should be able to:

- Differentiate between adrenal fatigue and subclinical hypothyroidism
- Understand the difference in diagnostic criteria between low adrenal function and low thyroid function
- Recognize the several signs and symptoms common to both low adrenal & adrenal function
- Differentially diagnose the two conditions in most patients

IODINE DEFICIENCY TESTING WITH DRIED URINE

David Zava, PhD

Both iodine deficiency and excess are problematic and lead to thyroid dysfunction. Achieving appropriate amounts of iodine in the diet or through supplementation is important for optimal health and thyroid function. Various health research organizations around the world (e.g. WHO) have concurred that four tests are useful for evaluating iodine deficiency: 1) baseline urinary iodine, 2) thyroglobulin, 3) TSH, and 4) thyroid assessment for nodules/goiter. Broad scale urinary iodine tests are cumbersome due to the inconvenience of urine collection and shipment to the testing laboratory. To overcome these hurdles we developed an iodine assay using urine passively collected on a filter strip and dried at home before shipment to the laboratory. We will show that the dried urine iodine test, combined with dried blood spot thyroglobulin and TSH, is a convenient and simple means to monitor iodine status, and that excessive iodine supplementation from load-dosing can lead to thyroid dysfunction in some individuals (i.e. Wolff-Chaikoff effect).

GOALS & OBJECTIVES:

- Outline the evidence for iodine deficiency throughout the world
- Present the consequences/differences of iodine deficiency in children and adults
- Describe the controversy surrounding iodine dosing for creating iodine sufficiency
- Discuss the application of urine testing for the diagnosis of iodine deficiency
- Describe the advantages of using dried urine to simplify iodine testing

BREAKING THE CARDIO-DIABETIC CONNECTION, A NEW PARADIGM FOR THE ANTI-AGING PHYSICIAN *Frederic Vagnini, MD*

The new age of anti-aging medicine is now the regenerative medicine aspect and this is well in the works. The stem cell, genetic management, and cell and telomere biology is now a reality. As anti-aging scientists and physicians, we cannot forget the progression of degenerative diseases as a continued important aspect of our work. Since 1970, the incidence of obesity has doubled, diabetes has tripled, and heart disease and stroke remained the #1 cause of death and disability. This presentation will outline a comprehensive and unique program developed at the Heart Diabetes and Weight Loss Centers of New York. This V-Protocol is a multifaceted approach to:

- 1. Reverse visceral adiposity
- 2. Aggressively treat prediabetes
- 3. Reverse diabetes and prevent complications with:
 - a. Treat hyperglycemia
 - b. Reverse insulin resistantance
 - c. Preserve beta cell function
 - d. Stop glycation
- 4. Control hypertension
- 5. Manage specific lipid abnormalities

- Learn the V-Protovol as a multifaceted approach
- Discuss the roles of both regenerative medicine and the progression of degenerative diseases

CELL-BIOLOGY CHANGES DURING PATHOLOGICAL PROCESSES INVOLVED IN OBESITY

Chen Chen, MD

Our obese and overweight populations have expanded over the past several decades, with an increased incidence associated with escalating ageing population. Obesity itself is linked to several metabolic disorders such as type 2 diabetes, chronic heart failure and ischemic cardiomyopathy. Pathological changes in neuroendocrine profiles, particularly pituitary growth hormone (GH) deficiency, are also linked with obesity. Our laboratory utilizes cell biology approaches to investigate the pathological mechanisms underlying these diseases. We are also in the process of assessing the effects of endogenous hormones and their synthetic analogues on obesity-related disease processes, with a view to adapting these as potential treatments in the future.

We have harnessed an isolated pancreatic islet cell model to study the effects of free fatty acids on insulin and glucagon. Specifically we have been looking at changes in membrane ion channels, fatty acid receptors, intracellular signalling systems and expression levels of key signalling molecules in islet cells. We hypothesise that differences in receptor distribution and signalling among islet cells may be responsible for islet dysfunction in diabetes, which if proven to be true will present us with a potential target for treatment.

GOALS & OBJECTIVES:

- Clarify some of the cellular and molecular changes that occur during obesity
- Discuss the changes that may contribute to the development of type 2 diabetes, ischemic heart disease and GH deficiency
- Discuss the mechanisms that may reveal novel targets for treatment of these metabolic disorders

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 that the patient puts their body in. Anti-Aging Medicine Case Histories will also be discussed.

- 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

TRACK 1 – ADVANCES IN ANTI-AGING MEDICINE

MITOCHONDRIAL FUNCTIONAL GENE THRESHOLD CONTROL OF CELLULAR AGING Bill Deagle, MD

Mitochondrion is the powerhouse of the cell and has its own ring chromosome. In antiaging cellular theory, in the past cellular energetic was relegated to a lower importance theoretically, on cellular autophagy or the removal of old intracellular organelles and regeneration of cellular structures, cell division and DNA repair mechanisms. The Hayflick Theory of limited cellular division is incorrect in observations of biological aging systems, and telomere length is more a representation of health of cellular repair mechanisms. Aging of humans is best predicted by average healthy non-traumatic life spans of the last three maternal lines. This talk will focus on the wealth of research that show the primary aging mechanism is the result of accumulated toxic heavy metals, volatile organic chemicals, and cellular metabolic byproducts that degrade mitochondrial function and the lack of intracellular mitochondrial function caused by toxic heavy metals and mineral and vitamin cofactor deficiencies for ATP and NADH production. As well accumulated ring chromosome deletions, and lack of activated T3 and diatomic molecular Iodine and organic Selenium to allow mitochondriogenesis and repair and cellular gene complexes triggers threshold mitochondrial dysfunction that produce a genetic supression of cellular autophagy and cell division and prevention of stem cell mitgration, differentiation and expression of the organ and tissue rejuventation and structural functional integrity. The new scinece of mitochondrial antiaging energetics ans suppresion of cytokines and genetic switching that allows life extension via high maintenance of mitochondrial function will be discussed with reference to specialized natural mitochondrial natural metabolic support. Testing proposals for scanning mitochondrial function, cell culture with energetics challenge testing in vivo of live blood cells and strategies to upgrade or transplant mitochondrial in the future will be presented theoretically for future development of this antiaging technology.

GOALS & OBJECTIVES:

- Understand the current state of the art of cellular mitochondrial aging science
- Develop natural strategies to support natural augmentation of mitochondrial function with specialized wellness natural metabolic support
- Propose clinical monitoring strategies of scanning EM of mitochondria, metabolic in vivo testing metabloic functional status evaluations and future technologies of mitochondrial upgrades and mitochondrial transplantation nanotechnologies

LEPTIN, AGING, AND OBESITY

Eric Braverman, MD

Leptin, a protein produced by neurological tissue, primarily the hypothalamus, brain stem, and adipose tissue, acts as a peripheral metabolic signal to the brain. It reaches the brain, crosses the blood-brain barrier, and accumulates in neuronal cell bodies expressing leptin receptors. This protein reduces body weight by inhibiting feeding behavior and increasing fuel expenditure. It is thus an integral component of energy homeostasis and regulation of body weight. Although it is thought that these effects are mediated by the direct action of leptin on hypothalamic neurons, recent studies have found close interactions between

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leptin and the D2 receptors and serotonergic system. During the aging process, there is a decline in the dopaminergic and serotonergic systems that are both activated by leptins. There is also greater adiposity despite high serum leptin levels, in part due to a reduction in the number of leptin receptors in these areas of the brain.

Aging is associated with a gradual loss of physiological functions and a decline in plasma concentrations of several steroid hormones. There is a correlation between declining estrogen and testosterone levels and low leptin levels. Aging-associated alterations in body composition, which include increased fat mass, loss in muscle size and strength, and loss of bone, are at least in part related to specific endocrine changes. In particular, individuals with elevated leptin levels develop osteoporosis, hyperlipidemia, and obesity. Extremely low leptin levels may be associated long term with oligomenorrhea, anorexia, too much thinness, and dementia. Therefore, it would be beneficial to maintain leptin levels in a middle or low range so that individuals may stay thin as they treat their brain chemistry.

GOALS & OBJECTIVES:

- Discuss how Leptin is an integral component of energy homeostasis and regulation of body weight
- Learn the correlation between declining estrogen and testosterone levels and los leptin levels

BENEFITS OF SYNERGIC APPLICATION OF PERIOPERATIVE IV & ORAL NUTRITION THERAPY

Ferdinand Cabrera, MD

The surgical patient faces many risks, including infection, delayed wound healing, and a weakened immune system. These outcomes are due in large part to a rising prevalence of malabsorption in the general population, as well as in the surgical patient population. According to the National Institute of Health, the prevalence of digestive disorders known to cause an absorption deficiency is approx 1 in 4 of the American population, or 22.06%. "In studies involving more than 1,327 hospitalized adult patients, 40% to 55% were found to be either malnourished or at risk for malnutrition, and up to 12% were severely malnourished." I Surgical patients are two to three times more likely to encounter a postsurgical complication due to an existing absorption deficiency.1 With the growing awareness and support of integrative medicine, it has come to light that a combination of IV and oral nutrition therapy can present the surgical patients that receive treatment support the idea that perioperative parenteral nutrition decreases infection rate, speeds up wound healing, and protects the immune system from critical loss of efficacy.

GOALS & OBJECTIVES:

- Identify and recognize the prevalence of malabsortion in the general population,
- Recognize the risk of the surgical patient with weakened immune system
- Identify the nutrients required for patient therapy within the perioperative period

SUCCESSFUL HEALING AND ANTI-AGING WITH SPECIFIC LOW FREQUENCY E/M FIELDS

Wolf-Dieter Kessler, MD, PhD

The bottom line is: If you use a specific electromagnetic frequency which is matching the spinning frequencies of hydrogens of a particular aging tissue, its atoms and electrons will be collectively excited by resonance. So the electrons will emit their photons together and will produce an enormous bundle of coherent laser light in the cells. Since these photons can circle between molecules without loss of energy over a long time, their coordinated actions exert the astounding order and repair effect.

Using pulsating specific electromagnetic fields is a true anti aging process and explains the dramatic pain improvement in osteoporosis, non jointed bone fractures, as well as improvements of numerous health disorders.

HORMONE DECEPTION: DETOXIFYING THE ENDOCRINE DISRUPTORS NATURALLY

Debra Muth, NP, ND

Hormones are affected by environmental foods and daily products used by every woman. This program will provide research on how these products directly affect the hormonal balance and will provide an integrative approach to detoxifying these disruptors using food and herbs.

The endocrine system is affected by the toxic exposures disrupting all of the hormones produced by the endocrine system on a daily basis. With the disruption in our food source, air and water contamination, and imported products without regulation today our exposures are rising every day.

It is important to have tools that assist women and men in purifying the body from these toxins to prevent illness and disease. A review of purification will be provided and practitioners can implement this treatment option immediately upon returning to their office.

GOALS & OBJECTIVES:

- Review the endocrine system and how these chemicals affect the hormone production
- Review the various foods and products and how they disrupt the endocrine system
- Identify the hormones that are directly affected by these foods and chemicals
- Review a natural purification program that includes using foods and herbs to free the body of these disruptors

WIRELESS RADIATION, CELL PHONES & ELECTRO-SENSITIVITY – CHALLENGES FOR AGING WELL IN THE DIGITAL AGE Kerry Crofton, PhD

The new frontier in anti-aging medicine? Discover what you, and your patients need to know, about wireless radiation: against the head, near the heart, on the lap, close to pregnant women, infants and children, in schools and hospitals – on your last flight? Yes, this technology is convenient, and everywhere, but there is biological and epidemiological evidence of harm and science-based safer solutions. This presentation is drawn from my book, "Wireless Radiation Rescue: safeguard your family from electro-pollution" – the research and recommendations of leading scientists and clinicians, including cardiologist Dr. Stephen Sinatra, member of the A4M Board of Scientific Advisors.

Increasingly, our wellbeing and longevity may depend on how effectively we control electro-pollution, and diagnose and treat related symptoms. This new environmental burden plays a significant role as we age. The focus of this presentation is:

- How to use cell phones, cordless phones and wi-fi more safely to reduce cancer, cardiac and other known health risks
- Realize why exposure guidelines are not accurate. Adverse health effects occur at non-thermal levels far below government thermal-only standards
- Recognize EMR- related conditions including electro-sensitivity (ES). As many symptoms are similar to the aging process, this has been called 'rapid aging syndrome'. Learn about integrative ES protocols from clinicians specializing in this emerging condition
- A brief summary of scientific evidence, including why wireless radiation causes the most concern; why children and teens are most at risk, and the health (and safety!) concerns with wi-fi in the sky Will include a demonstration of wireless radiation levels from mobile phones/hand-held PDAs.

GOALS & OBJECTIVES:

- Identify the Sources: cell phones, PDAs, wireless Internet, laptops, cordless phones, baby monitors, fluorescent lights, power lines, hybrid cars, security scanners and diagnostic imaging
- Recognize the Symptoms: these may include: sleep disruption, vertigo, tinnitus, arrhythmia, tachycardia, TIA, immune suppression and cognitive impairment

- Assess the Science: biological effects at non-thermal levels: damage to DNA (Lai, Singh, Philips); leakage of the blood-brain barrier (Salford, Persson); immune system suppression (Johansson, Namamura); people who started mobile phone use before the age of 20 had a more than five-fold increase in glioma (Hardell.) The Interphone study: an increased brain cancer risk of 40% with cell phone usage of thirty minutes a day over ten years. Proximity to antennas: an increase in leukemia (Michelozzi, Hocking.)
- Discover the Solutions: comprehensive approach to ES, and risk reduction including the Wireless Radiation Rescue 4-Step Plan. (More details at www.radiationrescue.org)

TRACK 2 – STEM CELLS

STEM CELLS AND THE FUTURE OF REGENERATIVE MEDICINE

Dipnarine Maharaj, MD

Controversy surrounding embryonic stem cells centers around the question of 'what is life?' Those against stem cell technologies believe that scientists are destroying a life when stem cells are taken from a 3-4 day old embryo. Some may believe that the act of "taking a life" solely for the purpose of research or treating patients suffering from degenerative diseases devalues the meaning of life and therefore begs the age old question of 'where life begins?' Researchers, physicians, patients and indeed the general public actively rallying for more support, funding and less restriction may have their own opinions about such monumental questions that effect every human but they are clearly in support of healthy adults having their own stem cells collected and stored for future use and expectant parents arranging for their newborn's cord blood (a type of adult stem cells) to be collected at birth and stored on behalf of their child because they have seen patients successfully treated with the use of stem cells.

Regenerative medicine is an emerging branch of medicine with the goal of restoring organ and/or tissue function for patients with severe injuries or chronic diseases in which the body's own responses do not suffice to restore functional tissue. A growing crisis in organ transplantation and an aging population have driven a search for new and alternative therapies. Recent publications suggest that there are approximately 90,000 patients in the US transplant waiting list. In addition there are a wide array of major unmet medical needs which might be addressed by regenerative technologies. While some believe the therapeutic potential of stem cells has been overstated, an analysis of the potential benefits of stem cell based therapies indicates that 128 million people in the United States alone may benefit with the largest impact on patients with cardiovascular disorders (55 million), autoimmune disorders (35 million) and diabetes (16 million US patients and more than 217 million worldwide): US patients with other disorders likely to benefit include osteoporosis (10 million), cancer (10 million) Alzheimer's and Parkinson's Diseases (5.5 million), severe burns (0.3 million), spinal cord injuries (0.25 million).

Research has shown the potential use of stem cells to treat patients with Congestive Heart Failure, Myocardial Infarction, Strokes, Multiple Sclerosis, HIV/AIDS, Juvenile Diabetes, sickle cell anemia and deafness. Another recent breakthrough is the discovery of the potency of stem cells derived from menstrual blood as another possible (and perhaps less controversial) source of stem cells.

PLATELET RICH PLASMA AND STEM CELL INJECTIONS IN AN OFFICE SETTING Joseph Purita, MD

We have treated a variety of orthopedic conditions including disorders of the shoulder, hip, knee, ankle and spine. Our shoulder cases include rotator cuff tears, tendonitis. Glenoid labral tears and degenerative arthritis of the gleno- humeral joint. Our experience with hips includes labral tears, avascular necrosis and degenerative arthritis of the hip. Our experience with knees is quite extensive. We have treated meniscus tears, ACL tears, and all forms of degenerative arthritis. In addition to the above-mentioned areas we also have treated various other joints (ankle S.I., hand and foot) tendon injuries in the foot and elbow, muscle tears, and a variety of spinal injuries.

What we wish to demonstrate is that our results are easily obtained and reproduced in office setting at a cost that is quite reasonable for the age management physician. For instance, the cost of a fat stem cell graft

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* ABSTRACTS

and bone marrow stem cell injection typically costs the physician less than \$800 (U.S.). We make use of fat grafts, which act as both a source of stem cells and a scaffold for our injections. The fat grafts are obtained by a very simple mini-liposuction technique which is demonstrated in the talk. We are harvesting bone marrow stem cells under local anesthesia and using a centrifuge to separate them out. When we use PRP we again use a centrifuge to separate out the PRP. All stem cells obtained are injected into the patient within an hour or so of harvesting. There are not any regulatory problems with the U.S. FDA when performing our techniques. In addition to the injections, we are stressing certain supplements, which seem to have beneficial effects on the release of stem cells.

GOALS & OBJECTIVES:

- Demonstrate the technique for obtaining a fat graft with a simple liposuction technique
- Review of the basic science of stem cells and PRP

CATHETER-BASED TRANSENDOCARDIAL DELIVERY OF AUTOLOGOUS BONE MARROW-DERIVED CELLS IN PATIENTS WITH HEART FAILURE DUE TO DILATED CARDIOMYOPATHY *Timothy Henry, MD*

Heart failure remains a major public health problem, affecting 5 million patients in the US, with 550,000 new diagnoses made each year (Hunt SA; et al., 2005). Heart failure is the leading cause of hospitalization in persons over 65 years of age with cost exceeding \$29 billion annually. Prognosis is very poor once a patient has been hospitalized with heart failure. The mortality risk after heart failure hospitalization is 11.3% at 30 days, 33.1% at 1 year and well over 50% within 5 years (Hunt SA; et al., 2005). These numbers emphasize the need to develop and implement more effective treatments to manage heart failure.

This study targets a subset of heart failure patient population, namely those diagnosed with dilated cardiomyopathy. The World Health Organization (WHO) defines dilated cardiomyopathy (DCM) as a cardiac condition wherein a ventricular chamber exhibits increased diastolic and systolic volume and a low (<40%) ejection fraction (Manolio TA; et al., 1992; Towbin JA; et al., 2006). DCM is reported to affect 108,000 to 150,000 patients in the United States (Richardson P; et al., 1996; Towbin JA; et al., 2006).

This study is a prospective, stratified, randomized, open-label, controlled, multi-center study to assess the safety profile and the efficacy of CRCs administered via catheter in treating patients with DCM. Two strata will be used: ischemic (IDCM) and non-ischemic (NIDCM). Within each stratum, patients will be randomized to receive either CRC treatment or control in a 2:1 ratio (8 patients per CRC treatment group and 4 patients per control group). It will enroll a total of 24 patients at 2 sites in the U.S.

This presentation will outline the details of the study and the results obtained thus far.

ADIPOSE-DERIVED MESENCHYMAL STEM CELLS VS. BONE MARROW-DERIVED MESENCHYMAL STEM CELLS Keith March, MD

Human mesenchymal stem cells have been reported to be present in bone marrow, adipose tissue, muscle, peripheral blood, and dermis and have the potential to differentiate along the following lineages: osteogenic, chondrogenic, adipogenic, neurogenic, and cardiogenic. This potential makes mesenchymal stem cells ideal candidates for cell-based therapies. This presentation will review the characteristics, advantages, disadvantages, and differences between adipose-derived and bone-marrow derived stem cells in clinical treatment. Additionally, a comparison of the immunomodulatory effects of ADSC and BMSC will be examined.

GOALS & OBJECTIVES:

- Review advantages and disadvantages of ADSC and BMSC
- Discuss characteristics of ADSC and BMSC
- Review immunomodulatory effects of ADSC and BMSC

CELL THERAPY IN CHRONIC CRITICAL LIMB ISCHEMIA - BONE MARROW ASPIRATION CONCENTRATE OR STROMAL VASCULAR FRACTION FROM LIPOASPIRATE

Vaclav Procházka, MD

Treatment of chronic wounds in peripheral arterial occlusive disease is highly prevalent in diabetics that represent about 7% of general population. In Eurodiale Study group, PAOD was diagnosed in 49% of patients presenting with new diabetic foot ulcer. Critical limb ischemia (CLI) develops suddenly and causes 50% - 67% of all nontraumatic amputations. Fifty two percents of diabetics with CLI die during the 4.5 year follow up. The aim of our study was to prevent amputation, morbidity and mortality associated with CLI, by the local autologous bone marrow stem cells (ABMSC) or stromal vascular fraction from adipose tissue lipoaspirate (ADSC) application.

THERAPEUTIC AND REGENERATIVE POTENTIAL OF ADIPOSE-DERIVED STEM CELLS Vasilis Paspaliaris, MD, PhD

Stem cell therapies hold great promise for anti-aging benefits as they are regenerative in nature. Autologous adipose-derived stem cell transplants hold even more potential as they have no ethical barriers and require no expansion. We have devised a method that entails the isolation of stem cells from fat derived from a mini-liposuction procedure, their activation from a quiescent stage to an active stage using laser light, and their reintroduction back into the patient via intravenous mode. This method has now been performed on over 500 subjects over a three-year period with no adverse effect. The anti-aging benefits that have been observed and reported include increased energy level, vigor, stamina and desire for physical activity, improved short-term memory and powers of attention and concentration, better moods, improvement in sleeping patterns, enhanced sexual function and potency, better appetite and improved digestion, improved hearing and evesight, improved skin vitality, hair growth, thickness and blackening. Benefits were also observed on a variety of degenerative disease types; however, they were on a small sample number. A clinical trial was then performed to assess the efficacy of the therapy on 34 patients with type II diabetes mellitus. Observation of these patients over 18 months post-operation at various time points has shown a significant and sustained reduction in fasting glucose levels and glycosylated haemoglobin, with an initial 3-month reduction in triglycerides. There was no change in total cholesterols and other CBC, LFT and KFT values. The results of the trial to date suggest that the autologous adipose derived stem cell therapy appears to help type II diabetes patients by decreasing their resistance to insulin. After analysis of the secretory peptides of the adiposederived stem cells, we believe that many of the anti-aging effects observed in patients is due to the secretion of a number of biologically active proteins. A synthetic peptide derivative of one of these proteins has been constructed for subcutaneous injection and is showing interesting results on type II diabetic subjects upon administration.

GOALS & OBJECTIVES:

- To summarise the state of stem cell therapies for regenerative medicine
- To introduce Adistem's procedure for isolation and activation of adipose derived stem cells
- To introduce the concept that adipose derived stem cells are drug delivery vehicles in vivo

A VALIDATED METHOD FOR THE ISOLATION OF ADIPOSE DERIVED STEM CELLS AND THEIR IMPORTANCE IN REGENERATIVE MEDICINE

Sharon McQuillan, MD

Recent studies have identified adipose tissue as an alternate source of stem cells. The procedure for obtaining adipose derived stem cells from the patient is a relatively simple process and tolerated by most patients. Fat tissue can usually be found in abundance within the patient's own body and has a greater number of stem cells than bone marrow. ADSCs can be isolated from stem cells in under 2 hours. In contrast, the procedure for obtaining stem cells from bone marrow can be painful and often yields a low volume of stem cells.

ADSCs can be used at the site of injury or disease, as well as for soft tissue defects and fat transfer. Regenerative cells may amplify the body's own repair process, accelerate healing, repair damaged and diseased tissue, and prevent scarring and loss of function. ADSCs have demonstrated angiogenic properties and can provide a practical approach to tissue vascularization.

A barrier to implementation of ADSCs into clinical practice has been the lack of an affordable, efficient, regulatory compliant, validated method for the isolation of adipose derived cells from the lipoaspirate. The automated methods are not currently approved for commercial clinical use except under an IND, IDE or an IRB trial. The price point of these devices upon approval is projected to be \$70-90,000 US with a consumable cost between \$2,000-\$5,500 per case. These financial considerations will make the automated systems financially challenging for use in the field.

TRACK 3 - BREAKTHROUGHS IN ANTI-AGING MEDICINE

ANTI-AGING TRIAD: TELOMERES, STEM CELLS AND CALORIE RESTRICTION

Stephen Holt, MD, PhD

Anti-aging medicine seeks evidence-based proposals to promote longevity. I propose "a trilogy" of interventions that are key targets in the future of anti-aging medicine. These proposals will ultimately supersede current "band aid" anti-aging initiatives such as hormone replacement therapies or standard esthetic interventions. In the last two decades there has been expanding scientific research on the importance of telomere shortening as a biomarker of aging; and a confirmation of the role of calorie restriction in the enhancement of average and maximum lifespan. Stem cell sciences are emerging with promise for the management of chronic disease, new methods for organ production and specific actions on longevity promotion. (1) Calorie restriction (at least 30% below free-feeding levels) causes many positive biological changes in a large range of animal species that have undergone biophysiological testing and longevity assessments. Elucidation of the favorable biochemical or physiological changes that accompany significant levels of calorie restriction has led to the proposal that various pharmaceuticals or dietary supplements could be used to mimic these desirable changes in body structure and functions. This knowledge underpins the concept of "calorie restriction mimetics" which are defined as agents that can reproduce one or more of the principal biological effects of calorie restriction. Nutraceutical technology has created synergistic dietary supplements that contain an array of calorie restriction mimetic compounds. (2) Telomeres are protective DNA caps that are found on the end of linear chromosomes. These caps function to prevent loss or corruption of genetic information during cell division. Telomeres are supported by the enzyme telomerase. Telomere shortening occurs with age, resulting in cell senescence and abnormal chromosome function, with emerging chronic disease e.g. cancer or CVS disease. A natural protocol to provide telomere support has been developed by utilizing lifestyle change, telomere monitoring, diet, meticulous disease management and specific nutraceuticals. Valuable natural substances that support telomeres include: Chinese ginger root, Astraghalus extracts, Omega 3 fatty acids, antioxidants, Vitamin D, Folate, Vitamin B12, Nicotinamide, multivitamins, alpha-tocopherol, N-acetylcysteine, statin compounds and extracts of Gingko biloba. (3) Stem cell treatments can be used to replace diseased or ailing tissues and they may exert a primary role in "antiaging itself". Several drugs and pharmaceuticals are known to mobilize adult stem cells. Drugs such as G-CSF, interleukins and other cytokines are used in conventional medical treatments or research to mobilize bone marrow stem cells.

GOALS & OBJECTIVES:

- Discuss the "Trilogy" of interventions
- Review Calories restriction advantages and disadvantages
- Review telomeres and their functions

THE EVOLUTION OF NUTRITIONAL SUPPLEMENTATION

Mitchell J. Ghen, DO, PhD

Due to widespread significant difficulties with absorption, oral nutrient repletion is often a failure or less than adequate for a treatment. Multiple variables which include poor stomach acidity, medications, malabsorption, gastric bypass and similar surgeries, and problems directly related to assimilation of the product itself are a few examples of why oral supplementation is often a failure. There are many options available to the practitioner that include tablets, powders, capsules, intranasal sprays, topical gels, sub- lingual drops, troches, and intravaginal and rectal formulas. It is difficult for the practitioner to often decide which of these delivery mechanisms makes the greatest sense when it comes to individualizing the treatment for a patient. New technology can deliver adequate levels of nutrients to the cells and their milieu regardless of the obstacles of absorption encountered. The lecturer will perform a critical analysis of the different delivery systems available with specific emphasis on the newest method that gives practitioners of anti-aging medicine a true advantage to be able to effect optimization of cellular function.

CLINICAL INTERVENTIONS FOR ENVIRONMENTAL TOXINS, DETOXIFICATION METHODS AND DIAGNOSTICS FOR THE ANTI-AGING PRACTITIONER

Rita Ellithorpe, MD

Integrative applications in clinical practice for the removal of a variety environmental toxins are becoming more recognized in the field of anti-aging medicine. Harmful substances can either be reduced or made less toxic through oxidation, conjugation and excretion of molecules from cells or tissues. These mechanisms exhibit significant individual variability and are affected by environment, lifestyle, and genetic influences. The scientific literature suggests an association between impaired detoxification and certain diseases, including cancer, Parkinson's disease, heart disease, fibromyalgia, and chronic fatigue/immune dysfunction syndrome.

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This presentation is an overview of scientific evidence, original research and practical clinical experience for the utilization of enzymes (specifically cytochrome P450 oxidases, UDP glucuronosyltransferases, and glutathione S-transferases, nutritional supplementation, infrared sauna treatment, dietary regimens, chelation therapy, antioxidants, colon therapy, hydration with micronized alkaline water and moderate exercise that have all been clinically validated or widely used to diminish environmental toxification. Our treatment modalities are targeted to the improvement of microcirculation and cell membrane repair as evidenced not only by published studies showing clinical benefits, but also by practical experience in our anti-aging clinic. This presentation also addresses various diagnostic means to assess the presence and excretion of environmental toxins.

GOALS & OBJECTIVES:

- Review environmental toxins and the role they play in anti-aging medicine
- Discuss the scientific evidence and original research for the utilization of enzymes
- Discuss various diagnostic means to assess the presence of environmental toxins

THE VITAMIN D ENDOCRINE SYSTEM AND BODY WEIGHT REGULATION

Stephen Joyal, MD

In the midst of an obesity epidemic with about two-thirds of the US population overweight and nearly one-third characterized as obese (between 30 to 50 lbs. over ideal body weight based upon gender and height), an epidemic of vitamin D insufficiency concurrently exists. Activated metabolites of prohormone vitamin D bind to the VDR on the nuclear membrane as part of a complex, highly regulated vitamin D endocrine system. A review of the complicated metabolism of vitamin D, sites of regulation of critical enzymatic control, and a discussion of pertinent *in vitro*, preclinical *in vivo*, and clinical data from the peer-reviewed literature examines the role of the vitamin D endocrine system in the regulation of body weight.

TRACK 4 - INNOVATIONS IN ANTI-AGING MEDICINE

HIGHLY EFFECTIVE SOLUTION FOR THE TREATMENT OF ANXIETY, DEPRESSION AND INSOMNIA DISORDERS WITH NO SERIOUS SIDE EFFECTS

Nancy E. White, PhD, LPC, LMFT, AAC

In an average year in the U.S. some 40 million people suffer from anxiety and another 20 million become clinically depressed. The symptoms of these disorders cause substantial distress for the sufferers and their families and cost society dearly each year in lost time and suboptimal job performance. Moreover, the number of people exhibiting symptoms of depression and anxiety continues to grow and is projected to continue growing until 2020. Persons who cannot find an effective solution to their depression or anxiety tend to get worse and develop dysfunctional behaviors and habits as they seek to compensate, making treatment even more complex. These behaviors and habits not only complicate treatment, but can speed the progress of degenerative diseases and advance the aging process.

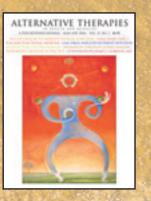
Increasing evidence is being published showing that antidepressants are effective medication for nonpsychotic depression although not much greater than placebo in most cases ; however, they often have a number of side effects up to and including death via suicide or uncontrolled behavior. This presents the industry with a huge challenge for the ever increasing need for effective methods of treating people suffering from anxiety, depression and insomnia.

Recent experience suggest that the implementation of a reliable and safe non-invasive transcranial electrical stimulation (TES) method for the treatment of depression, anxiety and insomnia is vital to achieving success in this arena. A desirable and efficient method would be capable of normalizing the brain's

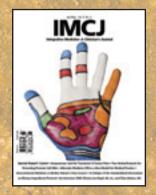
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neurochemistry through stimulation of the hypothalamic and limbic systems. The hypothalamus attracts attention as a target for this approach to mediating mood disorders because of its wide role in maintaining homeostasis in the brain-body system, including the use of various neurotransmitters, distributed among its nuclei, and in its control of the pituitary gland. The hypothalamus also connects with higher parts of the cerebral cortex, including the orbitofrontal cortex, either by direct projections or through the thalamus, facilitating interactions between physical and mental processes, including those interactions affecting mental and emotional states.

GOALS & OBJECTIVES:

- Discuss the effectiveness of this TES protocol in the everyday clinical setting using as measurement standards the quantitative EEG (qEEG) and a multifaceted battery of pre- and posttests and scans readily available in the clinical setting
- The presentation contrasts the results of pre-treatment and post-treatment testing and uses those contrasts to indicate what may be the anti-aging potential of TES
- Case studies demonstrate the nature and progress of treatment and describe some specific outcomes.

IS RESVERATROL A TRUE ANTI-AGING COMPONENT?

Richard Baxter, MD

Resveratrol, a polyphenol molecule from red wine, is a candidate molecule for a comprehensive anti-aging intervention. Several lines of evidence suggest a role in delaying the onset of degenerative diseases, including cardiovascular, Alzheimer's, infectious diseases, cancer, osteoporosis, diabetes, and photoaging of the skin. Resveratrol has been reported to activate sirtuins, the enzymes responsible for lifespan extension from caloric restriction. However, the phenomenon has not been demonstrated in mammals, and some studies offer contradictory results. Nevertheless, the use of resveratrol as a dietary supplement has become popular, despite the lack of clinical evidence of efficacy.

GOALS & OBJECTIVES:

- Discuss how a comprehensive approach to anti-aging must address more than issues of appearance or a recalibration of physiologic parameters to approximate youthful norms
- Discuss the advantages and disadvantages of Resveratrol in the aging process

BUILDING SUCCESSFUL SYNDROME-BASED PROTOCOLS

Leonid Ber, MD

Metabolic Syndrome has been defined as a particular constellation of findings that dramatically increases the risk of cardiovascular disease and mortality. We present a systematic approach to align these well-defined diagnostic criteria and intervention goals with the alternative modalities resulting in an easy-to-use practical protocol for an integrated practice or a naturopathic setting.

Xenobiotic Induced Syndrome associated with heavy metals: using a similar model, a protocol has been assembled that establishes an algorithm for health providers that practice integrative or a non-pharmaceutical approach.

Health providers who are looking for a practical protocol for the selection of interventions for these syndromes may benefit from this approach. Other health practitioners who already use their own protocols may benefit from reviewing this rigorous approach.

- This lecture covers the modern understanding of protocols and syndromes as minimum diagnostic levels that allow beginning of an intervention
- Discuss the principals that align the intervention goals and various intervention modalities.
- Metabolic Syndrome and Xenobiotic Syndrome are reviewed in details.

AQUATIC INTERVENTION FOR LOW BACK PAIN AND RELATED DIAGNOSES

Theresa R. Pantanella, OTD, MPA, OT/L

Chronic low back pain is an inflammatory condition and is the most common complaint at doctors' offices outside of the common cold. The benefits of aquatic therapy, specifically inter-segmental disc decompression using an aquatic environment, will be discussed.

Water has been utilized historically since the Romans for the treatment of pain and to generate feelings of well-being. Immersion in water allows for the removal of gravitational forces from the orthopedic and related structures of the spine, reducing pressure on the spinal nerve roots and vertebral discs. These anti-gravitational effects will allow for an increased capacity of range of motion of the spine. Heat from the water, ranging from 88 to an optimum of 94 degrees will facilitate elasticity of the soft tissues of the spine. The range of motion is effortless and gentle in an aquatic environment. It can be implemented by the patient in order to elicit a regenerative response from the body. Indications and contraindications will be discussed. Other methods of intervention, invasive and non-invasive, will be compared.

Case studies, including herniated nucleus pulposus, sciatica, back sprain/strain, low back pain and piriformis syndrome will be presented. Given the unprecedented increase in low back pain, there is a need for evidence based intervention of low back pain as part of an integrated public health strategy.

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- Discuss the benefits of aquatic environment for regeneration of spine structures following incident causing low back pain.
- Explain the indications and contraindication for aquatic interventions for low back pain.
- State comparisons between aquatic interventions and other interventions, both invasive and non-invasive.

TRACK 5 – AESTHETICS MEDICINE

FRACTIONAL ABLATIVE RESURFACING - THE LAST ADVANCEMENT IN AESTHETIC MEDICINE *Haneef Alibhai, MD*

Fractional Ablative Resurfacing is a treatment for fine to deep wrinkles, scars and superficial skin lesions. The Erbium YAG laser briefly direct intense bursts of laser energy onto the surface of the skin. This energy heats water within the epideremis and dermis, causing both the water and the tissue of the skin to turn to vapor. Every time the laser passes over the skin, some of the outermost layers of the skin are removed in a precise and controlled way to the appropriate depth. Within a few days the area is replaced with fresh, healthy skin generated by the body's lymphatic system. Over time new layers of collagen are produced and the skin resurfaces itself leaving an improved appearance and healthier, younger-looking skin. Patients do experience a week of redness, swelling and peeling after the procedure but the outstanding results are well worth the minimal downtime. Fractional Ablative Resurfacing has revolutioned the aesthetic medical industry.

SKIN COLLAGEN: MORE THAN MEETS THE EYE

Pierre Clero, MD

Collagen is the principal structural protein holding the skin together. The quantity and quality of the collagen has a major role in our appearance.

Chemistry of Collagen

Collagen is a fiber or when fully mature, a mesh of fibers. Collagen is rich in four amino-acids: lysine, proline, hydroxyproline and hydroxylysine.

The Types of Collagen

Collagen is found in the majority of organs, not just the skin. It occurs in different forms known as type. Hence it is not enough to have the right amount of collagen in the right place, it has to be the right type of collagen at the right place.

- Type I Collagen: the most abundant collagen in the body. Found in tendons, bones, skin and other tissues. Particularly abundant in the scar tissue
- Type II, IX, X, XI: Cartilage
- Type III: Common in fast growing tissue, particularly at the early stages (phase I) of wound repair. Much of it is replaced later by the Type I collagen much stronger and tougher
- Type IV: Basal lamina (filtration membrane of capillaries)
- Type V, VI: Generally found alongside type I
- Type VII: Epithelia (lining of GI tract, urinary tract etc..)
- Type VIII: lining of blood vessels
- Type XII: found alongside and interacts with Type I and III

The most abundant types of collagen in the skin are I and III; their fibrils form the mesh largely responsible for the skin's mechanical properties. Other types of collagen in the skin are V, VI and XII. They are found in much smaller amounts and appear to have a supportive role, whose details remain unclear.

- Types of Collagen and the aging process
- Overall the amount of collagen in the skin tends to decline with age

CELL ASSISTED AUTOLOGOUS FAT TRANSFER

Sharon McQuillan, MD

Cell-assisted autologous fat transfer is a promising treatment for soft tissue revolumization and rejuvenation. Cell-assisted lipotransfer or (CAL) involves the combination of autologous adipose-derived stem cells with lipoaspirated fat. Once removed, a portion of the volume of aspirated fat is processed for the isolation of the adipose derived stem cells, while the other half is prepared for grafting. The stem cells and processed fat are combined and injected into targeted sites. The addition of stem cells to fat used for autologous transfer enhances angiogenesis, improves fat graft viability, and reduces postoperative therapy.

There are many benefits to cell-assisted lipotransfer. The adipose-derived stem cells have the ability to differentiate into adipocytes, which contribute to adipocyte regeneration. These cells also have the ability to differentiate into endothelial and vascular cells, resulting in angiogenesis and graft survival. Cell differentiation allows the cells to become specialized based on their placement. The cell-assisted graft also has the ability to age with the host, resulting in a natural and long-lasting result. This presentation will review the concepts of cell-assisted lipotransfer for soft tissue enhancement in the facial, gluteal, and breast areas.

GOALS & OBJECTIVES:

- Explain process of cell-assisted lipotransfer
- Understand benefits of cell-assisted lipotransfer
- Discuss indications, contraindications, patient selection, and possible side effects of cell-assisted lipotransfer

END OF ABSTRACTS

The Las Vegas, NV Anti-Aging Exposition and Medical Conferences International, Inc. wish to acknowledge the gracious support of the following exhibiting companies:







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EXPOSITION HOURS:

Thursday, Friday & Saturday December 9th, 10th & 11th

Thursday 11:00 am - 6:00 pm Friday 11:00 am - 7:30 pm Saturday 10:00 am - 2:00 pm

Consult the Conference Program section in this issue of Anti-Aging Medical News for information about the Scientific Program offered by the 18th Annual World Congress on Anti-Aging Medicine and Regenerative Biomedical Technologies. Refer to the Show Guide Addendum, available on-site at the 18th World Congress Winter 2010 Session for additional Exhibitor information.

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Be mindful that anti-aging medicine delivers an innovative model for healthcare in which the sanctity of personal freedoms of choice is upheld. It is with a reverence for freedom of thought, ideas and practice in healthcare that A4M refrains from limiting, censoring, or discriminating against those who wish to present their products or ideas in an open forum of medical professionals

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Indeed, freedom of thought is the essential foundation upon which the advancement of health care itself is based.

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The 18th Annual World Congress on Anti-Aging Medicine and Regenerative Biomedical Technologies issues the following categories of badges.

FULL PASSPORT: All-inclusive admission: Pre-conference session on Wednesday; General Session (Thursday, Friday & Saturday); Evening Workshops; plus Exposition.

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As more and more physicians from all types of specialties (including surgery, anesthesiology, emergency medicine, etc) enter this field, your preceptorship will remain THE key piece required for a physician from another specialty to enter this line of work. This was clearly the case for me! I now feel ready to do this work because of my time spent learning directly from you and your staff. Specifically, your five point restorative model, interpretation of hormone and nutrient level testing, and "operational" manuals have given me the remaining "piece of the puzzle." In my opinion, your preceptorship is the crucial step to allow one to take what he or she learns in A4M and convert that knowledge base into a thriving practice.

Sincerely,

Steven J. Saltzman, M.D. Chief, Department of Anesthesiology Chester River Hospital Center

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 audi-ences 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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Telomeres and **Telomerase** as Natural Therapeutic Targets

By Stephen Holt, MD*, Distinguished Professor of Medicine (Emeritus), Scientific Advisor, Natural Clinician LLC

Introduction

he Nobel Prize for Medicine (2009) was awarded to EH Blackburn, CW Greider and JW Szostak for scientific research on telomeres and their controlling enzyme telomerase (www.nobelprize.org). Research into the biological significance of telomeres and telomerase has proceeded at a frenetic pace over the past couple of decades. This area of science remains "embryonic", but it holds the promise of providing new frontiers and foundations for the understanding of the emergence of chronic disease, cancer and aging. The purpose of this article is to highlight concepts that are most relevant to the introduction of a natural clinical protocol to support the structure and function of telomeres.

The Basics

Telomeres are DNA caps on linear chromosomes that function to prevent aberration or loss of genetic information during cell division(1-4). These "protective regions" of DNA shorten with repeated cell division in somatic cells. The enzyme telomerase (a reverse transcriptase) acts to extend telomeres and reduce their attrition.

Shortened telomeres may reach a point where they cannot support normal division of chromosomes, resulting in cell senescence (replicative arrest) and abnormal chromosomal function. These changes can result in altered or loss of normal functions of genes, cancer propagation, immune dysfunction, aging of tissues and the emergence of chronic disease(5-12). If telomere shortening correlates with age and telomerase can sustain or lengthen telomere, then simple logic dictates that interventions to modulate the telomere/telomerase "duo" present a promising and novel strategy for anti-aging or disease prevention or treatment. While tampering with telomeres and telomerase enchants many scientists and clinicians, matters are not quite as simple as some individuals may have hitherto supposed.

Observations on Telomere Tampering

Telomere length and telomerase expression appear to be linked in many, but not all studied species of life(1-10). While telomeres shorten with age, some people start with longer telomeres than others. Shortened telomeres tend to "push" a cell towards senescence prior to apoptosis (cell death) and this chain of events can be variably corrected in vitro and/perhaps, in a safe manner, in vivo.

Telomerase activity may lengthen telomeres, but this enzyme is found to be expressed preferentially in cancer, certain germ cells and stem cells (immortal cells). This leaves an unanswered question "will direct telomerase induction lead to cancer?" We know relatively little about selective telomerase enhancers and this selective approach for telomere support is an important target for pharmaceutical or nutraceutical development as the potential longevity promoting properties of telomere support emerge (1-10).

Shortened telomeres exert a "telomere position effect" which alters genetic expressions at the cellular level. In this circumstance, DNA repair genes do not exert optimum function and those genes that promote cellular aging may emerge. The aging cell with its shortened telomere, seems to lead to a circumstance that facilitates or favors mistakes. However, one must pause and think about the induction of cellular senescence with age as a potential defense mechanism against the occurrence of age-related cancer. Senescence and apoptosis serve both aging and disease prevention options. The gene that regulates telomerase expression is "silenced" in healthy cells. "Switching on" or "switching off" this gene, to a variable degree, is possible by genetic manipulations and the administration of certain compounds.

Telomere loss or compromise is not consistently shown to be telomerase dependent and it may not always show a linear relationship with advancing years. For example, loss of telomere length is accelerated in childhood (up to the age of 20 years) and in the elderly (greater than 65 years). While telomerase is not expressed in most somatic cells, some cells (expanding immunocytes, germ cells and cancer cells) express high levels of telomerase. Does telomerase shortening in laboratory tests of white blood cells (T-lym-

TABLE 1: Factors that alter telomere length. The asterisk (*) denotes somewhat amenable to intervention (References 1-17)

FACTOR	COMMENT	
GENDER	Tend to be longer in women	
AGE	Children have longer telomeres	
AGE OF PARENTS	Older parents may deviate shorter telomeres to their offspring (e.g. Dolly the sheep)	
SEDENTARY LIFESTYLES*	Exercise tends to cause retained telomere length	
CHRONIC INFLAMMATION*	Clear evidence e.g. rheumatoid disease	
OXIDATIVE STRESS*	Emerging studies on antioxidants for retention of telomeres	
MENOPAUSE AND ANDROPAUSE*	Predictable loss of telomere length with milestones of ag- ing. Hormone dependency of telomere length discovered.	
TELOMERASE*	Activity can be induced	
INSULIN RESISTANCE*	Emerging association with telomere shortening.	
	Metabolic Syndrome X and Type 2 Diabetes are clearly a disorder of premature aging.	

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phocytes) mirror telomere shortening in other cell types? Further research is required(1-17).

Telomeres loss is associated with sedentary lifestyles, oxidative stress, cancer, insulin resistance and chronic inflammatory disease...to name a few disorders, but some degree of "chicken and egg" arguments prevail. To add to the conundrum, laboratory studies of germinal centers, that produce B cells (lymphocytes), show that telomere length can increase, in spite of intense cell replication. Furthermore, some studies imply that telomere loss may not always exhibit a clear correlation with certain cells history of replicative activity. These factors, and other concerns, may question the sensitivity and specificity of some measures of telomere length as a reliable measurement of physiological age(1-20).

A general consensus has emerged that telomere length has reasonable clinical predictive value, but it is only one of several useful biomarkers of age e.g. immune function or the detection of immune senescence. That said. immune senescence seems to be closely related to telomere shortening. The presence of high numbers of certain T-lymphocygtes (CD8 and CD28+) in elderly individuals is associated with blunted immune response and this circumstance has been labeled as an "immune risk phenotypes" that a predictor of all causes of mortality in the elite elderly >80 years of age(10-13). Telomerase induction may be a solution to this "immune risk phenotype".

The telomere/telomerase literature is replete with promises of the potential benefit of targeted therapeutic interventions(1-17). While no pharmaceutical is approved for telomere modulation, natural approaches are emerging with the use of specific dietary supplements (e.g. Astragalus extracts). While this long term safety or efficacy of nutraceutical interventions for telomere support remains unknown, the desirability of telomere retention or lengthening strategies are so appealing that the use of safe and simple strategies to achieve this outcome seems to be a reasonable intervention.

I propose that this therapeutic approach with a natural protocol for "telomere support" that can be applied with optimistic caution by healthcare **TABLE 2:** An emerging evidence base for nutraceuticals that support the structure and function of telomeres.

NUTRACEUTICAL	EVIDENCE-BASE-FOR USE	
ASTRAGULUS	Astragalosides (cycloastragenol) or the specific molecule TA-65 are proposed as telomeres. A clinical trial that showed improvements in im- mune function, eyesight, sexual function and skin color characteristics. (Reviewed at TASciences.com accessed February 6, 2010).	
OMEGA 3 Fatty acids		
ANTIOXIDANTS	The rate of telomere shortening is modulated by oxidative stress (certain in vitro) (Saretzki G, Von Zglinicki, T, Ann NY Acad Sci, 959, 24-9, 2002). Breast cancer risk may be affected by telomere length in women with low intake of antioxidants or antioxidant supplements (Shen J et al, Int. J. Cancer, 124, 1637-43, 2009)	
VITAMIN D	Higher Vitamin D concentrate in serum is associated with longer telomere length (Richards JB et al, Am. J. Clin. Nutr., 86, 5, 1420-1425, 2007)	
FOLATE/B12	Folate status alters telomere length in a non-linear manner probably by its effects on the integrity of DNA and epigenetic influences (Cat- taneo PL, et al, J Nutr., 139, 7, 1273-1278, 2009) Plasma homocysteine elevation due to folate and vitamin B12 deficiency is associated with decreased telomere length in older males (Bull CF et al, Rejuvenation R. Sep. 28, 2009)	
NICOTINAMIDE	Nicotinamide extends the lifespan of human fibroblasts as a presumed consequence of reduced mitochondrial production of reactive oxygen species (Kang HT et al, Aging Cell, 5, 423-36, 2006)	
MULTIVITAMINS	Epidemiological evidence associates multivitamin use with longer telo- mere length (Xu, Q et al, Am J Clin Nutr. 89, 6, 1857-63, 2009)	
CHINESE GINGER ROOT	Evidence is emerging that ginger root may support telomerase length- ening and have other beneficial actions.	
ALPHA- Tocopherol	Demonstrated to inhibit telomere shortening and retain telomerase activity in microvascular endothelial cells in the brain. (Tanaka Y et al, J. Cell Biochem, 102, 3, 689-703, 2007)	
N-ACETYLCYSTEINE	N-acetylcysteine blocks the nuclear export of h TERT into cell cytoplasm and delays replicative senescence of endothelial cells that are attracted by reactive oxygen species (Haendeler J, et al Clinc. Res, 94, 768-775, 2004)	
STATINS	Treatment with statins increases lymphocyte telomere length (Brouil- lette SW et al, Lancet, 39, 107-114, 2007) Statins interfere with redox balance of endothelial cells (Haendeler J et al, Clin Res, 94, 768-775, 2004) and (Spyridopolens I, et al circulation, 110, 3136-3142, 2004)	
GINGKO BILOBA	Extracts of Gingko biloba extracts have been show to delay the onset of cellular senescence by activating P13k/Akt signaling pathways that augment telomerase activity (Xu D et al, D X et al, J Cardiovasc. Phar- macol, 4-9,111-115, 2007).	

givers. I recommend patient monitoring and surveillance with this novel intervention strategy. However, the protocol that I suggest involves nutritional support and multipronged interventions using natural approaches that have an established precedent of safety. In the essence of any longitudinal safety or efficacy studies outcome should be monitored on an individual basis by a care-giver.

Chemical Telomere Support

Processes that may increase loss of net telomere length or rebuilding of a shortened telomere (Table 1). Several factors act to shorten telomere length, some are amenable to intervention as shown in Table 1.

Telomere Support Protocol

Research data and clinical outcome observations permit the recommendation of a clinical protocol for telomere support (References 1-17 and Table 2). The existence of other "natural protocols" for telomere lengthening may be superseded by a more comprehensive approach to telomere support and age management. This proposed protocol for the natural clinician is best summarized in line item statements:

- Initial telomere testing is recom-٠ mended. There are laboratories across the US that offer telomere testing. These laboratories provide a "telomere score", by measuring telomere length on T lymphocytes. The score is derived from comparisons of the measurement to results obtained from the American population within the same age range. This test is generally accepted as an efficient method to assess biological age (with certain reservations) and it can be interpreted with other biomarkers of aging e.g. cardiorespiratory functions, skin characteristics, eyes, renal function, immune function, sexual functions etc. Interval telomere scores may be obtained on an annual basis and biomarkers of aging can be monitored regularly by the caregiver.
- <u>Lifestyle Change</u> Many positive lifestyle changes may inhibit

Gingko biloba extracts, Astragalus extracts and perhaps Chinese ginger root have been proposed as botanical approaches that may activate telomerase. The Astragalus extract showed an ability to enhance immune function (a known

consequence of the use of Astragalus species) and improve certain biomarkers of aging.

telomere shortening. These include optimum nutrition, weight control, stress reduction, withdrawal of substances of abuse (simple sugar, tobacco, alcohol, unnecessary prescription or over the counter or illicit drugs) and the restoration of normal sleep patterns (Table 1).

Dietary Supplements A number of nutraceuticals are associated with supporting telomere structure and function including, specifically: extracts of Gingko biloba, Astragalus, Chinese Ginger root, vitamin D, folic acid (and perhaps Vitamin B12), nicotinamide and omega 3 fatty acids (Table 2). Studies imply that taking multivitamins and or antioxidant use may be associated with enhanced telomere length or interference with telomere shortening. Elevated levels of blood homocysteine should be addressed (Folic acid, Vitamin B12 etc.).

Dietary supplementation is not a substitute for specific dietary guidelines in the quest for telomere support. In brief, the anti-aging, telomere supporting diet should involve:

• Reductions in simple carbohydrate intake with increase in dietary fiber intake (to counter insulin resistance).

- Nutrient dense food selections that are low in calories. Calorie restriction enhances maximum and average lifespan and this process may be enhanced by the use of calorie restriction mionetic compounds.
- High antioxidant load in a diet rich in fruit and vegetables. Multivitamins taken in greens, berries, fruit and vegetable mixes are a preferred form of general nutritional support. Phytonutrients are vitamin co-factors and provide an antioxidant food.
- Enrich sources of omega 3 fatty acids in active forms e.g. cold water fish, salmon etc.
- Decreased sources of saturated fat, hydrogenated oils and transfatty acids.
- Average balance protein intake with rotation among meat, dairy, vegetable and fish protein sources (not greater than 1gm/ kg of body weight per day, unless otherwise indicated).
- Intermittent short periods of fasting and methods for body detoxification (dietary and otherwise) may support telomere structure and function.
- <u>Disease Management</u> A clear association exists between common diseases (cancer and degen-

erative diseases) and shortening of telomere length e.g. cardiovascular disease (atherosclerosis), hypertension, insulin resistance (Metabolic Syndrome X), diabetes mellitus and diseases associated with cognitive decline (dementia). Meticulous management of co-morbid conditions is obligatory. Metabolic Syndrome X and diabetes are classic disorders of premature aging.

- Miscellaneous Factors Every attempt should be made to tackle the following issues with appropriate medical interventions: Attempts to eliminate coronary heart disease and atherosclerosis risk factors must be applied e.g. reduce LDL (target <90 mg%>, reduce oxidized and dense particle size LDL, increase HDL. Control blood glucose (important in both established and prediabetes or Metabolic Syndrome X), control blood pressure, keep blood homocysteine in check, reduced chronic inflammation (monitor C-Reactive Protein, maintain HS-CRP<1).
- Institution of an exercise program is obligatory, linked to levels of aerobic fitness (professional trainers recommended). Control of weight with holistic interventions

of diet, exercise, behavior modification and supplement adjuncts are mandatory. Interventions that support stem cell functions, increase nitric oxide signaling, improve mitochondrial function, detoxify the body and optimize hormonal controls (e.g. bio-identical hormone therapy) may be valuable adjunctive approaches to telomere support.

Specific Nutraceutical Interventions

I propose a synergistic combination of herbs, botanicals and nutrients for the nutritional support of telomere structure and function (compatible with guidelines of the US Dietary Supplement Health and Education Act, 1994). This nutraceutical approach is based on evidence of good scientific agreement in reviewed medical literature. It is not possible to provide a detailed overview of all nutritional agents that are putative agents for telomere support in this short article. Table 2 summarizes an evidence-based nutraceutical approach, within the limits of current research and knowledge in natural therapeutics. Key references are present within Table 2.

A combined use of the natural agents is proposed as more versatile and powerful than the use of single agents alone in the nutritional support of telomeres. A consensus has not emerged on the best nutraceutical approach for telomere support, but the author proposes the use of combinations of natural agents that act on different aspects of the cascades of events that support telomere structure and function. This is a synergistic approach.

Much attention has been paid to the phenomenon of telomerase activation in therapeutics. Gingko biloba extracts, Astragalus extracts and perhaps Chinese ginger root have been proposed as botanical approaches that may activate telomerase. The Astragalus extract showed an ability to enhance immune function (a known consequence of the use of Astragalus species) and improve certain biomarkers of aging.

The association of vitamin D, marine omega 3 fatty acids and stations (HMG-CoA reductase inhibition) with positive affects on telomere-dependant senescence appears to be supported by credible scientific studies. "Statin effects" can be achieved in natural therapeutics by using red yeast rice which contains lovastatin. The nutritional co-factors folic acid and vitamin B12 are important for the maintenance of DNA integrity.

The value of antioxidants (or multivitamin) administration in telomere support is apparent in recent population studies and N-acetylysteine has been shown to block the nuclear loss of hTERT into cell cytoplasm. This latter action of N-acetylsteine was shown in endothelial cells that take on early senescent properties when attached by reactive oxygen species (oxidant molecules). Similar findings are apparent with the administration of alpha-tocopheral (Vitamin E components), which has been shown to inhibit telomere shortening (with retention of telomerase enzyme activity) in endothelial cells that are present in the microsvasculature of the brain. (see references in Table 2)

I propose an evidence-based natural protocol that can be applied to support the structure and function of telomeres by telomerase-inducing and non-telomerase dependent mechanisms that are not completely defined. In summary this protocol (<u>www.</u> <u>naturalclinician.com</u>) involves: positive lifestyle change, nutritional support with combinations of dietary supplements to contribute to the healthy telomere structure and function, monitoring of clinical outcome.

Conclusion

In my educational columns on natural therapeutics, I have focused on three very important issues in anti-aging or regenerative medicine. These areas include stem cell support, the use of calorie restriction mimetics and support for telomere structure and function (The Anti-Aging Trilogy). I believe that these three areas of longevity medicine interdigitate in a manner that creates the most important and promising frontier for "turning back the clock" in the field of aging medicine. ◆

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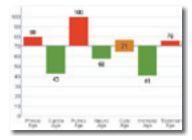
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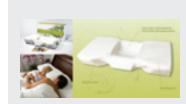
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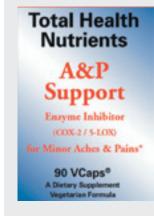
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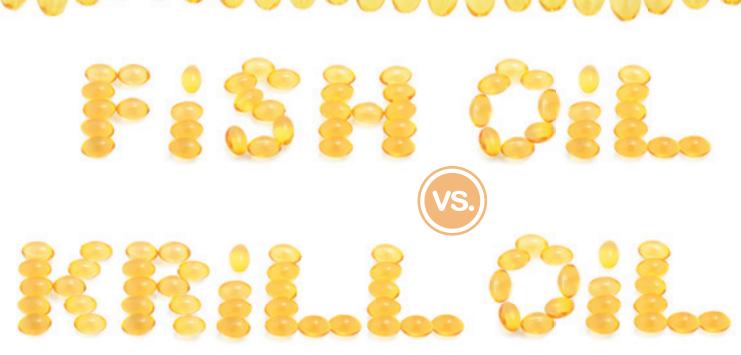
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ore and more people are taking fish oil and other *marine supplements. Why?* Because of the extensive health benefits of increased omega-3 intake. Backed by over 40 years of research.omega-3seicosapentaenoicacid(EPA) and docosa*hexaenoic acid (DHA)—are essential* fatty acids; "essential" means that the body cannot produce these good-for-us fats, hence they must be consumed from diet or supplements. Today the scientific consensus is so strong that health policy makers worldwide, including the American Heart Association (AHA) and the World Health Organization (WHO), all agree that omega-3s maintain health and prevent disease. Omega-3 supplements are one of the fastest growing categories of supplements, and there is an ever-growing array of omega-3 products for the consumer to choose from.

What is Krill?

Recently some companies have started selling krill oil supplements as a source of omega-3. Krill are shrimp-like crustaceans that are a dietary staple for whales, small fish, and seabirds. Krill exist in large numbers and are an integral part of the aquatic food chain.

Sustainability

The increased fishing of krill has lead to grassroots protests and a call to

action by The National Oceanic and Atmospheric Administration (NOAA). Scientists, fishery groups, and federal environmental organizations like the NOAA have all voiced concerns about the potential impact of increased krill fishing. Due to these concerns, the fishing of krill has been banned on the West Coast of the US, and has been strictly limited in places like Norway and Antarctica¹.

In contrast, fish oil supplements are predominantly produced from sardines and anchovies, species that are currently in abundant supply, fished well below mandated limits, and are considered ideal species for sustainability, given their short reproductive cycles. A study published in the journal, *Science*, by marine conservation biologists also suggested that fishing should concentrate more on these pelagic species, in order to reduce the dependence on fish species currently threatened by overfishing².

Omega-3 Concentration

Whereas krill oil generally provides 7–24% omega-3s (EPA and DHA), and about 0.2% astaxanthin, a reddish carotenoid pigment, fish oil naturally contains about 30% omega-3s (EPA and DHA). Concentrated fish oil formulas, produced through molecular distillation or other processing of natural fish oil, contains up to 98% omega-3s (EPA and DHA). Fish By Bradley West, ND

oil also typically contains 0.25–0.50% antioxidants as added oil stabilizers.

Stability

Krill contains the antioxidant, astaxanthin, which makes up 0.2% of the oil by weight. This percentage is not sufficient to offset krill's rapid decomposition, which occurs in only 2–3 hours. Fish oil has a significantly longer interval of decomposition, about 48–72 hours, which allows ample time for processing with very low oxidative stress. Techniques for optimizing the stability of fish oil have been extensively researched and have long been established; adding approximately 0.25–0.5% of vitamin E and rosemary extract (fat-soluble antioxidants) have been proven to be the most effective technique for maintaining oil freshness. This combination of antioxidants provides, at a minimum, an equal Oxygen Radical Absorbance Capacity (ORAC) value when compared to krill oil.

Research-Proven

To date, there are only 3 published human studies conducted with krill oil, whereas over 8,000 clinical human studies have been published on fish oil. Marketing of krill oil has recently included claims about being "faster absorbed," "more rich than fish oil," etc., which has triggered the involvement of the National Advertising Division of the Council of Better Business Bureau (www.nadreview.org/ CaseReports. aspx). A review of the literature shows no evidence or supportive studies for these claims. In response, an agreement has been reached to stop advertising these unsubstantiated claims.

Purity

Even though the US government has not set specific criteria for fish oil products, most fish oil manufacturers hold themselves to strict international standards for safety and purity. (For the strictest purity guidelines in the world, please refer to The World Health Organization). Any fish oil manufacturer that prioritizes quality should be able to supply third-party test results to prove purity and ensure compliance with quality standards. In fact, over 50 fish oil manufacturers have had their products tested for impurities by the Environmental Defense Fund, and the majority received commendations for conforming to the strictest standards for safe levels of contaminants and toxins.

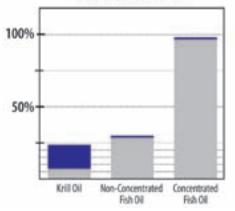
Absorption

In order for an oil to reach maximum absorption AND utilization by the body, it needs to be fresh. Freshness is measured by laboratory methods that evaluate the degree of oxidation in the oil. which is measured in terms of the oil's peroxide value and anisidine value. Oxygen breaks apart the bond of omega-3 molecules and creates free radicals, which can have a negative effect on human health. Whether produced from krill or fish, omega-3s that have been oxidized (i.e. that are not fresh) often have a poor taste and smell, and will not supply the health benefits for which these essential fatty acids are known. Consequently, the freshness values (peroxide and anisidine values) of the omega-3 supplement are crucial to avoiding poor taste, achieving optimal absorption, and thus to receiving the health benefits of increased omega-3 consumption.

Consider the Fat

When manufacturing a raw material for its omega-3 content, it is important to consider its fat percentage. Sardines and anchovies yield greater than 80% fat, while krill yields less than 5% fat, which causes decomposition to occur within hours and thus becomes a significant obstacle for its manufacture. To reduce decomposition and oxidation, krill need to be kept alive in water tanks, or frozen until processing. This substantially increases the cost of getting the raw material to shore for processing. As a result, the average wholesale cost for krill oil is around \$230/ kg, compared to natural fish oil that is priced around \$10/kg. Given these considerations, sardines and anchovies are not only more ecologically sustainable but also a more economical source for omega-3 supplements.

Concentration of Omega-3s (EPA+DHA) in Krill Oil vs. Fish Oil



Is Krill Oil Pure?

Due to the high cost of the krill raw material explained previously, it is not uncommon for manufacturers to mix krill oil with fish oil. Astaxanthin and phospholipids (PL) can also be added to mimic 100% krill oil. Claims of krill's superior absorption (which are now ending due to the National Advertising Division's involvement) are based on PL and DHA levels. Krill oil contains under 10% DHA, on average. Fish oil contains a minimum of 12% DHA. increasing to over 75% after concentration. Although fish oil initially has no DHA bound directly to PL (but rather it is a triglyceride), it is easily bound to PL in the body. In fact, all DHA molecules in the human body are bound to PL. Fish oil also contains a minimum of 18% EPA, which, along with DHA, is the other health-promoting omega-3. Krill contains about 14% EPA.

Strict Standards

The fish oil industry has driven the development of technology to greater and greater precision for detecting environmental toxins such as mercury, heavy metals, PCBs, dioxins, pesticides, and other toxins (some of which are nameless as of yet.) This technology can quantify these molecules down to parts per billion and even parts per trillion. Properly manufactured, high quality fish oils have no detectable contaminants, even at these extremely low levels, and should be able to verify that purity with third-party lab results.

In conclusion, although, at this point in time, not all fish oil or krill oil companies follow international quality standards, fish oil does have a proven record of safety, efficacy, purity, and sustainability when manufactured according to the standards of the European Pharmacopeia and the World Health Organization. There may be more science behind omega-3 essential fatty acids than any other single natural supplement. Research has shown that omega-3s benefit every cell, tissue, organ, and system in the human body and that the best source of omega-3s is a high quality fish oil supplement. \blacklozenge

REFERENCES

- By the states of California, Oregon, and Washington, in response to groups such as NOAA, Pacific Fishery Management Council, Antarctic and Southern Ocean Coalition, Convention on the Conservation of Antarctic Marine Living Resources The Ocean Research Institute of Norway, and Antarctic Krill Conservation Project (www. krillcount.org).
- 2 Boris Worm, et al. Impacts of Biodiversity Loss on Ocean Ecosystem Services. Science 2006;314:787–790.

Dr. Bradley R. West, ND, is a licensed Naturopathic Doctor that specializes in integrative, traditional, and functional medicine. His emphasis is on chronic disease prevention and treatment, nature-cure, holistic endocrinology, gastroenterology, CFS/FMS, and environmental medicine.

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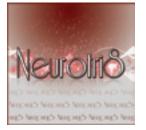
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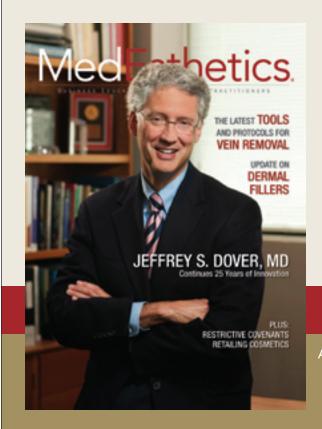
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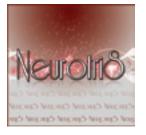
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