



Conference Program

17th Annual World Congress on *Anti-Aging Medicine & Regenerative Biomedical Technologies*

April 22-25, 2009 | *Gaylord Palms Resort & Convention Center, Orlando, FL*

ACCREDITATION STATEMENT

This activity has been approved for *31 AMA PRA Category 1 Credits™*

ACCREDITATION: The Medical Educator Consortium, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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

Refer to the Program Schedule, available on-site at the 17th Annual World Congress on Anti-Aging Medicine's Spring 2009 Session, for the latest available Schedule and related Program information.

SCIENTIFIC CONFERENCE CO-SPONSORED BY:



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COMMERCIAL WORKSHOPS & SPECIAL EVENTS

Orlando '09

All Special Events take place at the Gaylord Palms Resort & Convention Center, Orlando, FL
Consult the Program Schedule available on-site for the room locations.

THURSDAY, APRIL 23, 2009

▶ AESTHETIC MEDICINE: SLIM LIPO

Presented by: *Palomar*

Time: 6:00 pm – 7:00 pm Speaker: **TBA**

▶ AESTHETIC MEDICINE: CONVERSION OF AESTHETIC PATIENTS

Time: 7:00 pm – 7:30 pm Speaker: **Lee Bowser**

▶ AESTHETIC MEDICINE: AESTHETIC BUSINESS PLANNING

Time: 7:30 pm – 8:00 pm Speaker: **Joe Festes, MD**

▶ AESTHETIC MEDICINE: OPERATIONAL AND STAFFING CONSIDERATIONS

Time: 8:00 pm – 8:30 pm Speaker: **Janette Daher, BS**

▶ AESTHETIC MEDICINE: QUESTIONS AND ANSWERS

Time: 8:30 – 9:00 pm Speaker: **PANEL**

FRIDAY, APRIL 24, 2009

▶ HOW TO OPEN A SUCCESSFUL ANTI-AGING PRACTICE

Presented by *University Compounding Pharmacy*

Time: 5:00 pm – 7:00 pm Speakers: **John Graseola, RPh, Pamela W. Smith, MD, Patrick Savage, MBA, Mark L. Gordon, MD**

▶ AESTHETIC MEDICINE: BODY JET: GENTLE LIPOSUCTION AND FAT HARVESTING

Presented by *EclipseMed*

Time: 6:00 pm – 7:00 pm Speaker: **Daniel Man, MD**

▶ AESTHETIC MEDICINE: TUMESCENT SYRINGE LIPOSCULPTURE: STILL THE BEST

Time: 7:00 pm – 8:00 pm Speaker: **Alberto Sant Antonio, MD**

▶ ADVANCED COURSE IN LONG-ACTING TESTOSTERONE THERAPY: TESTOPEL TECHNIQUE

Presented by *Slate Pharmaceutical*

Time: 6:00 pm – 9:00 pm Speakers: **Frank Costa, MD, Christopher Stidle, MD, Stan K. Sujka, MD**

▶ HCG WEIGHT REDUCTION – REMARKABLE LOSSES AND REMARKABLE GAINS

Presented by *Phoenix Rejuvenation Center*

Time: 6:00 pm – 9:00 pm Speaker: **Conrad Hicks, MD**

▶ INNOVATIVE IONIC TECHNOLOGY FOR ERYTHROCYTE SEPARATION AND OPTIMUM TRANSPORT OF OXYGEN, NUTRIENTS, HORMONES & ANTIBODIES TO SITES OF ACTION

Presented by *Arasys Perfector Ion Magnum*

Time: 6:00 pm – 9:00 pm Speaker: **Xanya Sofra-Weiss, PhD**

▶ THE PIVOTAL ROLE OF PLASMANEX1™ AND BRM4™ FOR PATIENT HEALTH

Presented by *Daiwa Health Development*

Time: 6:00 pm – 9:00 pm Speakers: **Raif Tawakol, MD and Shari Lieberman, PhD, CNS, FACN**

▶ DR. GHEN'S GREATEST

Time: 6:00 pm – 7:30 pm Speaker: **Mitchell J. Ghen, DO, PhD**

SATURDAY, APRIL 25, 2009

▶ DRAWING FOR \$5000 CASH PRIZE

Time: 5:30 pm Room: **Food Court Area, Florida Hall C**



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ANTI-AGING
MEDICINE & AESTHETIC TECHNOLOGIES
AUGUST 2009
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EVENT INFORMATION:

- Delegates: 300
- Exhibitors: 30
- International: 25+

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CONFERENCES ON ANTI-AGING, PREVENTIVE AND REGENERATIVE MEDICINE

BOARD CERTIFICATION

Establish Your Expertise as a 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) 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

April 24, 2009 from 6:30 pm – 9:00 pm
Gaylord Palms Resort & Convention Center,
Orlando, FL USA (check with Board Registrar or
A4M Service Area for exact room assignment)

ABAARM Written Examination

April 26, 2009 from 8:00 am – 11:00 pm
Gaylord Palms Resort & Convention Center,
Orlando, FL USA (check with Board Registrar or
A4M Service Area for exact room assignment)

ABAARM (Part II- Oral) Review Course

April 23, 2009 from 6:30 pm – 9:00 pm
Gaylord Palms Resort & Convention Center,
Orlando, FL USA (check with Board Registrar or
A4M Service Area for exact room assignment)

ABAARM Oral Examination

April 24-25, 2009
Gaylord Palms Resort & Convention Center,
Orlando, FL USA (check with Board Registrar or
A4M Service Area for exact room assignment and
to confirm examination time)



► CERTIFICATION FROM THE AMERICAN BOARD OF ANTI-AGING HEALTH PRACTITIONERS (ABAAHP)

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

ABAARM/ABAAHP (Written) Review Course

April 24, 2009 from 6:30 pm – 9:00 pm
Gaylord Palms Resort & Convention Center, Orlando, FL USA (check with Board Registrar or A4M
Service Area for exact room assignment)

ABAAHP Written Examination

April 26, 2009 from 8:00 am – 11:00 pm
Gaylord Palms Resort & Convention Center, Orlando, FL USA (check with Board Registrar or A4M
Service Area for exact room assignment)



To learn more about Board Certification/Certificate Programs of the American Academy of Anti-Aging Medicine, visit www.worldhealth.net, click on "Certifications." For inquiries, please call Board Registrar at 773-528-1000 or send email to exam@worldhealth.net.

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Muscle Mass 46.4
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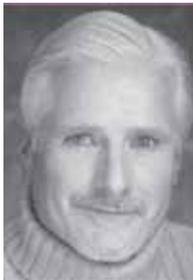
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Practice Highlights



ELENA S. BENSONOFF, RPH

I have been a pharmacist for 11 years working in different settings with a true passion for making a difference in people's lives. About two years ago I came to the crossroads in my career, as I wanted to find more answers and solutions that I truly believed in. My dear friend, Dr. Lisa Koche asked me to join her in the Fellowship in Anti-Aging and Regenerative Medicine. The Fellowship gave me tools and education to make a difference in my life, my family's and my patients. I thoroughly enjoyed every Module and online webcasts, which contained information and the latest research not readily available to the medical establishment. I was able to meet wonderful people, who like myself feel very passionate about what they do. Since the Fellowship, I started my own consulting business and my skin care company, Wholistic Inc., with all natural products made using only organic herbs and essential oils. I would like to thank everyone involved in my learning process, especially Dr. Pamela Smith. Thank you to Heidi Pepper, who was always there to answer any questions I had. I am forever grateful for the opportunity to be on the forefront of medicine.



FRED PAUL NORMAN, MD

When I moved to Myrtle Beach, South Carolina in the mid 1970's to start my medical practice, I was unaware of the adventure God had in store for me. As I settled into the small coastal town, I was shocked to see the vast number of grossly over-medicated and overweight patients in need of medical care. I was pleasantly surprised when my patients began to voice interest in my personal exercise and dietary discipline. I achieved optimal results when patients altered their own diets, started exercising and made positive life changes.

My solo practice has evolved into a wellness-based program called Myrtle Beach Diet with my wife Nan, and daughters Tosca and Olga. By giving patients a lifetime diet prescription, we began a 'revolution' in standard care that receives great support from the public, as well as sporadic disdain from 'caterpillar' local physicians.

My experience with A4M has exceeded my expectations. Enthusiasm for the mind boggling, vast selection of progressive programs has led me to pursue my fellowship master, attracting a new level of respect and interest to our practice. Heidi Pepper and A4M's conscientious staff set a new standard in professionalism, helping A4M to raise the bar in modern medicine. I encourage you to grab onto A4M today and confidently start your own 'revolution!'



SUSAN K. LINDER, M.D

In the many years that Dr. Linder has practiced physical medicine and rehabilitation in Fort Worth, Texas she has seen the devastation caused by sedentary living, lack of proper nutrition and fitness and the effects of imbalanced hormones. She became acutely aware that many life-changing injuries and chronic diseases can be caused by life choices. Dr. Linder decided she wanted to affect patients' lives by helping them prevent these health threats. She decided to expand her expertise and practice by focusing on anti-aging and functional medicine. At that point, she discovered the American Academy of Anti-Aging Medicine's Fellowship program which provided just the educational opportunity she needed. Dr. Linder completed all course modules. This was a comprehensive program that prepared her for completion of written and oral board examinations, and allowed for successful incorporation of Anti-Aging into her practice.

Through this cutting-edge field of medicine, she is able to assist patients in finding optimal health through preventive medicine integrated with bioidentical hormone therapy. Her practice offers women and men unparalleled service in the treatment of andropause, menopause, PMS, peri-menopause and other hormonal imbalances associated with aging. Dr. Linder is devoted to providing her patients all the benefits of preventive medicine, wellness, anti-aging, nutrition, and fitness and has been awarded the Healthcare Hero Award by the Fort Worth Business Press.



ALICIA STANTON, MD

I began practicing Ob/Gyn in 1994 and loved the combination of medicine and surgery. In 1997, after surgery for a spinal cord tumor, I began to research nutrition and hormone therapy as a way to optimize my own health. The American Academy of Anti-Aging Medicine has provided a wonderful education. After taking the written and oral boards, I began the Fellowship. The expertise of the Fellowship faculty is outstanding and, as I learned more about Anti-Aging Medicine, I realized that I could no longer practice standard medicine. I closed my Ob/Gyn practice in 2005 and have a thriving practice in nutrition and hormone balance. In 2007, in addition to my practice, I became the Chief Medical Officer of BodyLogicMD and help a number of physicians with their practices as well. I credit A4M and the Fellowship for giving me the valuable information I needed to improve the way I practice medicine. I appreciate all of Dr. Pamela Smith's work on the Fellowship and the tireless efforts of Heidi Pepper and Gabriela Marinescu. They have helped to make medicine so very rewarding for me again!



JOSEPH MAZZEI, DO

I graduated from Chicago Osteopathic Medical School in 1999 and finished my ER residency in 2003. I figured that I would have a long career as an ER physician. However, after 4 years of practice, things changed. The years of medical training and practice had taken their toll. My health had deteriorated and as I was entering my early 40's, I felt as if I was entering my 70's. On the advice of a family member, I found an anti-aging physician. He helped me balance my hormones, improve my nutrition, and make some critical lifestyle changes. I felt as if I got my life back. I also found a new passion and direction for my medical career. I wanted to practice Anti-Aging medicine. Although I was enthusiastic about my new course, I wasn't sure where to begin or how I would gather the information I needed to learn this type of medicine. Luckily, I found the Fellowship in Anti-Aging and Regenerative Medicine. A colleague directed me to Heidi Pepper. She explained everything I needed to know about the fellowship and got me enrolled in my first module. After the first module, I was inspired to learn more, and Heidi took care of everything I needed to smoothly get through the entire fellowship. Through the Fellowship, I had access to brilliant doctors who are pioneers and leaders in this field of medicine. This Fellowship offers a comprehensive program of scientific and practical clinical information, which enabled me to open a successful practice. It is the most effective way to learn the voluminous amount of information needed to practice anti-aging medicine. Anyone thinking of getting into this dynamic area of medicine should start with the Fellowship in Anti-Aging and Regenerative Medicine.



BARBIE BARRETT, MD
ANDREW JUROW, MD



A4M has a daunting international reputation, yet retains a simple expression of concern for members. When faced with a complex patient presentation, we are seconds away from international experts through this valuable resource.

Recently, a male engineer presented with a pre-existing diagnosis of Gilbert's disease, clinical feminization and elevated estrogen levels. A rapid fire telephone consultation with A4M enthusiast Ron Rothenberg, M.D., resulted in an extremely powerful "xperts-xchange." Our patient is now happier and stronger on balanced hormones and metabolically targeted therapy at the cellular level.

The daughter of one of our patients came to see us because her mother had recently acquired a new and young "male companion." She expressed concern regarding her mother's increased libido and her "acting like a teenager." She blew us away when she then asked us how soon she too could begin our anti-aging regimen.

Referencing our A4M teleconferences and Fellowship modules resulted in a customized and age-appropriate program for her. We and our patients are in debt to Pamela Smith, M.D. who is at the helm of the Fellowship program. Thank you for guiding us through innovative therapy and complex cases.

Heidi Pepper, Director of Education, began us on our "road to reinvention." She is there every step of the way, a beacon directing us through the A4M extensive educational matrix.

Did you know that Suzanne Somers holds an Honorary Doctorate and is the author of 14 books that look carefully at the anti-aging model? She is a frequent speaker at A4M conferences. It is here that we met her. Dr. Jurow is now featured in her latest best-seller, *Break Through Medicine*. Ms. Somers graciously uses her fame to get physicians' messages across to patients. We find so many clients that are interested in regenerative medicine, but do not know how to access same.

We are a dual-doctor team, offering couples, as well as individual therapy. As a physician couple, this is a natural and practical solution to this evolution. We have six children and provide anti-aging and youthful resolutions for all ages.

Dr. Barbie Barrett is a Clinical Assistant Professor at Stanford University, Department of Surgery, Division of Emergency Medicine; former Chief of Emergency Medicine at Mills-Peninsula Medical Center; Sr. Medical Examiner B.M.Q.A., State of California; Oral Examiner, American Board of Emergency Medicine; San Mateo County "Woman of the Year" nominee; has served in Vietnam, and was selected as on-site physician for the Olympics.

Dr. Andrew Jurow is a former (multiple term) Chairman - Department of Obstetrics and Gynecology, at Mills-Peninsula Medical Center. He has distinguished himself as a gynecologic surgeon, anti-aging teacher, and is board-certified in Obstetrics and Gynecology. He is also an examiner and reviewer for the California Medical Board of Quality Assurance.

Both physicians completed their respective residences at the prestigious USC Medical Center. Both are dual-boarded, holding additional certification in Anti-Aging and Regenerative Medicine. As media personalities, they have been quoted in numerous radio broadcasts, as well as trade and consumer publications.



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A4M Conference Workshops – April 24, 2009

1:30–2:30 pm — DOT Therapy™
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2009 Academic Program



The American Academy of Anti-Aging Medicine Conference Program Committee would like to give you the opportunity to submit your abstract for poster presentation and/or for speaking at the 17th Annual World Congress on Anti-Aging Medicine & Regenerative Biomedical Technologies.

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

The Conference will be held as follows:

Winter 2009 – Las Vegas, NV – December 9-12, 2009 – SUBMISSION DEADLINE: June 30, 2009
Spring 2010 – Orlando, FL – April 15-17, 2010 – SUBMISSION DEADLINE: October 30, 2009

We are currently in the process of completing the program for this internationally acclaimed event that will draw thousands of Participants, hundreds of Exhibitors, 100+ Presentations, 60+ International Speakers, 14+ Hands-on/Live Demo Workshops and several free Evening Workshops.

Once received, your abstract and application will be reviewed by the A4M Program Committee and a decision will be communicated to you shortly thereafter.

For submission guidelines please visit our website at [http://www.worldhealth.net /pdf/SpeakerSubmissionGuidelines.pdf](http://www.worldhealth.net/pdf/SpeakerSubmissionGuidelines.pdf). Please send all of the required materials to program@worldhealth.net. Please specify the name of the event you are applying for.

Thank you,

A4M Scientific Program Committee

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Aesthetic Venous Treatments:

Stabilizing Revenue In A Trying Economy



Sharon McQuillan, MD

As facial aesthetic procedures are becoming mainstream in society, the most sophisticated and savvy patients will strive to match the youthful features of their bodies with that of their faces. Offering a variety of aesthetic services in your anti-aging practice will allow patients to address the internal and external effects of aging on their bodies. Many of the baby boomer population suffer from unsightly and sometimes painful veins on their legs which prevent them from participating in many activities such as swimming, playing tennis, or even wearing shorts or skirts because of their embarrassment.

According to the American Society for Aesthetic Plastic Surgery 2007 Procedural Statistics, laser treatment of leg veins is the tenth most popular non-surgical procedure performed; sclerotherapy is ranked eighth. Venous disease can be characterized by a variety of symptoms such as spider veins on the legs, bulging veins, and dull aching pains in the calf area. Venous disease affects 40-55% of the population and these patients not only suffer from cosmetic imperfections, but also experience physical discomfort as well.

Significant advances in the field of phlebology have resulted in better understanding, diagnosis, and

management of venous insufficiency. Adding venous treatments to your practice will provide a steady revenue stream that can be billed to insurance plus provide quality of life for your patients who suffer from venous disease.

CHRONIC VENOUS INSUFFICIENCY

According to the American College of Phlebology, an estimated 80 million people in the United States suffer from venous insufficiency. Varicose veins affect one out of two people aged fifty and over, according to the Society of Interventional Radiology. Chronic venous insufficiency occurs when leg veins do not allow blood to travel back to the heart. This problem stems from problematic venous valves, which allow the blood to flow both to and from the heart. This valve failure causes blood to pool in the legs, leading to pain, swelling, spider veins, leg ulcers, etc.,

if left untreated. While chronic venous insufficiency is not life threatening, it can be a painful and unsightly condition. Chronic venous insufficiency commonly occurs in women five times more frequently than men.

Chronic venous insufficiency can be caused by a variety of factors including heredity, obesity, pregnancy, prolonged periods of sitting or standing, smoking, lack of exercise, deep vein thrombosis, and phlebitis. Chronic venous insufficiency presents as swelling in the legs and ankles, itchy painful feeling, brown colored skin near ankles, varicose veins, and leg ulcers.

TREATMENT FOR CHRONIC VENOUS INSUFFICIENCY

Treatment options for chronic venous insufficiency will vary depending on the size and location of the leg vein being treated. The most popular treatments for leg veins include sclerotherapy, laser and light based treatment of telangiectasia, ultrasound-guided sclerotherapy,





endovenous laser ablation, and ambulatory phlebectomy. All these treatments can be performed in a physician's office with proper training.

SCLECTHERAPY

Sclerotherapy remains the gold standard for the treatment of small-vessel varicose disease (spider veins and reticular veins) in the lower extremities. Sclerotherapy involves the injection of solution (called a sclerosant) into the vein. The sclerosant solution irritates the lining of the vein, causing it to collapse and become reabsorbed by the body. Common sclerosants used in the United States include sodium tetradecyl sulfate, polidocanol, and hypertonic sodium chloride. Sclerotherapy treatments usually require a series of sessions for optimal results.

Most activities can be resumed following sclerotherapy. It is recommended that patients wear compression stockings to assist in successful treatment outcomes. Possible side effects can include hyperpigmentation, telangiectatic matting, superficial phlebitis, and allergic reaction. Most of these are easily managed.

LASER AND LIGHT BASED TREATMENTS

While the gold standard for treating leg veins is sclerotherapy, there are

some instances when light based treatments are indicated for leg veins. These include vessels that do not respond to sclerotherapy, telangiectatic matting, and vessels smaller than the diameter of a 30-gauge needle. Laser and light sources used for treating leg veins include pulsed dye, alexandrite, diode, Nd:YAG, and intense pulsed light. The gold standard for the laser treatment of leg veins is the Nd:YAG (Neodymium Yttrium Aluminum Garnet) 1064 nm wavelength. Nd:YAG wavelength is absorbed by oxyhemoglobin, resulting in the selective heating of the vein and deeper penetration into the skin with less scattering of the laser beam. The laser energy heats the blood inside the vessel, which heats the vascular wall, causing necrosis and contraction of the vessel wall.

The Nd:YAG allows for the safe and successful treatment of leg veins in many skin types without purpura. Based on treatment area and patient response, multiple treatments may be needed for optimal results.

ULTRASOUND-GUIDED SCLEROTHERAPY

Ultrasound-guided sclerotherapy is an in-office procedure that is an alternative to surgical treatment. This procedure involves the injection of a liquid sclerosant while the vein is monitored under ultrasound visualization. This method allows for the

treatment of deeper veins. Ultrasound imaging is utilized to guide a needle into the affected vein and administer the sclerosant to destroy the lining of the blood vessel, sealing it shut. Like traditional sclerotherapy, ultrasound guided sclerotherapy may require more than one treatment and compression therapy assists in successful outcomes. Possible side effects are also similar as traditional sclerotherapy.

ENDOVENOUS LASER ABLATION

Endovenous laser ablation (EVLA) is a minimally invasive alternative to surgical stripping of the great saphenous vein. Endovenous laser ablation is performed in an office setting under local anesthesia. EVLA can be used to treat incompetency of the greater saphenous vein, small saphenous vein, and perforating veins. EVLA is FDA-approved for the treatment of the greater saphenous vein. Endovenous laser ablation treatment results provide higher quality of life scores for patients post procedure and are associated with low incidence of neovascularization.

Endovenous laser ablation works by thermal destruction of the vein wall. Laser energy is delivered to the inside of the vein wall via a laser fiber under ultrasound guidance. Laser wavelengths utilized in EVLA include 810, 940, 980, 1064, and 1320 nm. The

laser transfers thermal energy to the blood and circumference of the vessel, causing irreversible damage. The energy is delivered continuously as the laser fiber is withdrawn along the vein. The patient is anesthetized using tumescent local anesthesia. Patients experience little to no discomfort during the procedure and are able to ambulate shortly after treatment.

Compression stockings are an essential part of post treatment care, as it prevents the risk of venous thromboembolism and bruising. Stockings are worn for approximately one week. Light exercise is encouraged. Complications of EVLA are extremely rare but include deep vein thrombosis, and transient numbness.

AMBULATORY PHLEBECTOMY

Ambulatory phlebectomy is a procedure in which small incisions are used to remove veins using a small phlebology hook. Ambulatory phlebectomy is utilized to remove incompetent veins below the saphenofemoral and saphenopopliteal junctions. This procedure is often performed in conjunction with endovenous laser ablation (EVLA) in order to treat junctional reflux. Veins that are commonly removed using ambulatory phlebectomy include major tributaries, perforators, and reticular veins.

Ambulatory phlebectomy is well tolerated by patients and produces great results with little to no scarring. Tumescent local anesthesia using large volumes of low concentration lidocaine solution contributes to successful outcomes in many ways including low toxicity, ease of dissection of vein from surrounding tissues, improved hemostasis and decreased bruising, and lasting anesthetic properties that reduce patient discomfort.

Compression stockings are essential in post procedural care and are generally worn for 7-14 days post procedure. Daily ambulation is also a very important part of post procedural care. Side effects include edema, hematoma, scarring, and telangiectatic matting. Most of these are minor in nature and tend to resolve on their own. Success rates of ambulatory phlebectomy have been recorded at 90% or greater.

INCORPORATING VENOUS TREATMENTS

The take away from all these procedures is that the best results are obtained when these treatments are utilized in combination. Venous treatments utilizing tumescent local technique can be performed safely in an office setting. Patient satisfaction with these procedures is very high as it offers a long-lasting solution to an issue that affects the quality of life of many patients. Additionally, endovenous laser ablation and ambulatory phlebectomy are covered by insurance, offering an affordable method for patients to achieve optimal results at an affordable price, as well as a way for the practice to help sustain revenue.

The mechanical techniques of many venous treatments themselves are not difficult to learn. There is, however, a learning curve from simply learning the mechanics to mastering the results. Minimally invasive venous techniques require a thorough understanding of venous disease and anatomy as well as ultrasound imaging techniques.

It was these issues that caused Sharon McQuillan, MD, founder and medical director of The Ageless Aesthetic Institute to develop a program that would allow physicians the opportunity to master these techniques. The Institute has been training medical professionals for over ten years in cosmetic procedures and is known for its commitment to educational excellence and competency certifications provided for all courses. "In developing an advanced venous course, it was very important that we utilize the safest techniques with the best treatment outcomes".

Dr. McQuillan has accomplished this in the Ageless Aesthetic Institute's Advanced Venous Treatment program. The program is a multi-faceted innovative program designed to address all areas of procedure implementation, including education, operations, and marketing.

The educational portion of the program consists of hands-on program in which participants will learn to perform sclerotherapy, ultrasound-guided sclerotherapy, endovenous laser ablation, and ambulatory phlebectomy. For a nominal fee, additional clinical support is available on-site at the attendee's practice



following training. "The education and preceptoring program will allow for attendees to extend their practice scope easily and effectively," comments Dr. McQuillan.

The operational aspect of the program includes a detailed forms and protocols package. A complete equipment and supply list is also provided to assist physicians in properly setting up their procedure room. Marketing support consists of patient brochures, print advertising templates, a seminar presentation kit and suggested marketing calendar.

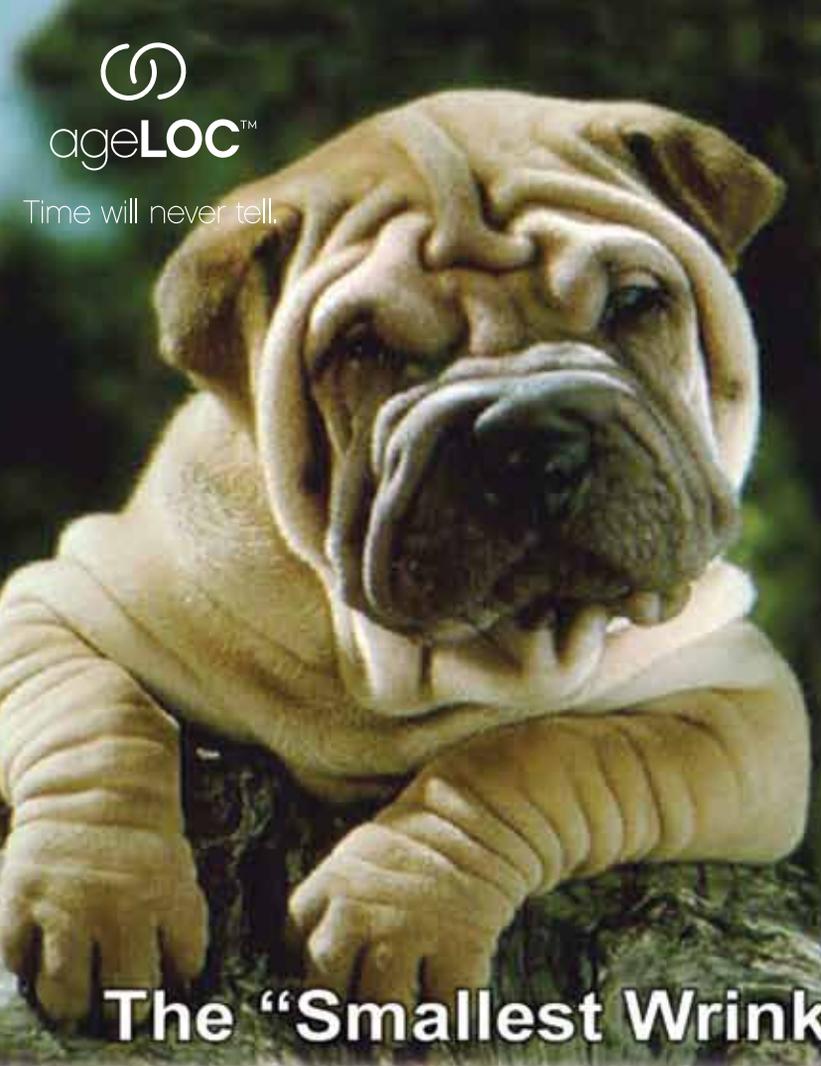
The Advance Venous Treatment program is open to physicians of all specialties meeting specific selection criteria. For more information, please contact 800-420-2689 or visit www.agelessaestheticinstitute.com. ♦

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NU SKIN SCIENTISTS IDENTIFY ADDITIONAL FREE RADICAL GENERATOR

Activity of Enzyme on Skin Cells Correlates with Age

KYOTO, Japan—May 14, 2008—New research funded by Nu Skin Enterprises on internal causes of aging has identified a previously unknown source of superoxide free radicals. Free radicals from external triggers, such as sun exposure and cigarette smoke, have long been known to damage skin cells and components of the skin's extracellular matrix, including collagen and elastin.

Scientists from Nu Skin Enterprises and Purdue University report their novel research findings on age-related NADH oxidase (arNOX) this week in Kyoto, Japan, at International Investigative Dermatology 2008 (IID2008), a major scientific venue for the latest information on skin biology. The scientists present compelling evidence that arNOX, an enzyme associated with cell membranes, is present and active on skin cells. Significantly, arNOX activity may begin to increase sometime during the mid-thirties and has been shown to increase during the "aging" years.

"Identifying skin-associated arNOX and its increasing activity with age is a breakthrough discovery in understanding skin aging," said Zoe Diana Draelos, M.D., primary investigator with Dermatology Consulting Services, member of the Nu Skin Scientific Advisory Board, and one of the study authors. "Currently, most dermatological research focuses on correcting skin damage after it occurs. Identifying an internal source of free radicals in skin, and advancing an understanding of how and why they are generated, adds to our ability to address fundamental mechanisms that may combine with external sources that may lead to accelerated skin aging."

"Evidence of arNOX in the skin provides further insights into potentially revolutionary therapies for skin care, particularly because its activity correlates with the ages when people begin to see their skin lose its elasticity and firmness, and notice more discoloration and lines and wrinkles," remarked Helen Knaggs, Ph.D., vice president of Nu Skin global research and development. "If we can develop innovative ways to inhibit arNOX activity and prevent the production of free radicals in the first place, then we can address both sides of the equation—correcting free radical damage from external sources, while at the same time preventing free radical production from internal sources."

Authors of the study are Dale Kern, senior scientist for Nu Skin Enterprises; Dr. Draelos; Dorothy Morr , Ph.D., professor of foods and nutrition, Purdue University; and D. James Morr , Ph.D., Dow distinguished professor of medicinal chemistry, Purdue University. Nu Skin has funded ENOX research by the Morr s since 1999.

About arNOX

The arNOX enzyme is one in a class of newly identified ECTO-NOX (external NADH oxidase or ENOX) proteins that are located on external cell membranes. ECTO-NOX proteins become increasingly active to generate additional metabolic energy as cell mitochondria age and produce less energy. arNOX has been identified in all cells tested, including serum and saliva and now the dermis and epidermis. Its unique property is that it generates superoxide at the cell surface that is capable of damaging adjacent cells, lipoproteins, and other structural components of the skin's extracellular matrix, such as collagen and elastin. Other NOX categories include tumor-NOX, viral-NOX, and constitutive, or normal, NOX.



About IID2008

IID 2008 is the fifth joint meeting of the Society for Investigative Dermatology (SID), the European Society for Dermatological Research (ESDR), and the Japanese Society for Investigative Dermatology (JSID). IID2008 is hosted in Kyoto, Japan, May 14–17, and is the only major venue this year for the presentation of the latest information on skin biology and skin diseases. The conference program is widely based on any of the basic and clinical dermatological fields.

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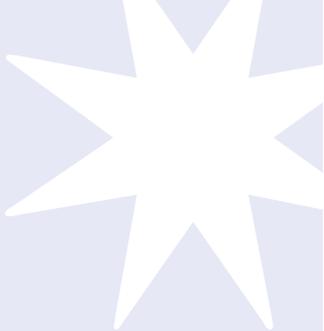


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* **THURSDAY**, April 23 2009

SESSION 1 - INNOVATIONS IN ANTI-AGING MEDICINE

ADJUVANT, NON-TOXIC, INTEGRATIVE CANCER THERAPY USING ULTRASOUND AND LIGHT

Thomas J. Lewis, PhD

Presented is a novel, non-toxic approach for the amelioration of cancer cells using Ultrasound Activated Cancer Therapy (USAT) and Photodynamic Therapy (PDT). The medical process of using ultrasound and light is referred to as the "SonneLuxe Protocol".

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. USAT – also known as Sonodynamic Therapy (SDT) - involves the synergy between a non-toxic tunable "sensitizer" 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. PDT is cancer therapy using light, generally red light, to enhance the cytotoxic effects of drugs known as photo sensitizers.

In this presentation, we specifically discuss the history of "activated" therapeutics and the advantages of combination therapies, USAT and PDT, compared to conventional cancer treatment. We examine the extremely low toxicity of the sensitizer as determined in Zebra fish, mice and in people. 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 is used in a compassionate care model in humans.

GOALS & OBJECTIVES:

- Thoroughly describe the "SonneLuxe Protocol" as it relates to the treatment of malignant tumors
- Describe specific USAT agents, their modes of action, efficacy and properties
- Describe clinical approaches for the use of USAT and PDT in terms of clinical successes

ADRENAL STRESS: UNDERSTANDING - ASSESSING - TREATING

Thomas Guilliams, PhD

Stress: we can't live without it, but living with it is no picnic. Understanding the body's response to stress through the hypothalamic-pituitary- adrenal (HPA) axis, is critical if we intend to treat the whole patient. The interconnection between adrenal-thyroid-gonadal hormone management is vital to practitioners of anti-aging medicine. This presentation will review the predictable features of a healthy HPA axis and the known HPA alterations due to stress. We will discuss how simple tests, combined with patient history and questionnaires can be used to gauge adrenal exhaustion/fatigue. The lecture will outline 3 major modifiable stressors: glycemic control, chronic inflammation, and perceived (mental and emotional) stress. Finally, we will outline simple ways to understand and limit these stressors with lifestyle and natural approaches.

GOALS & OBJECTIVES:

- Define the functioning components of a healthy stress response via the HPA axis.
- Understand the role Glycemic control, inflammation and perceived stress have on driving cortisol, obesity and altering the normal HPA function.
- Describe a simple management strategy of lifestyle modification and natural therapies which can dramatically improve adrenal health and stress adaptation.

BREAST THERMOGRAPHY IMAGING FOR EARLY CANCER DETECTION

Alexander Mosotovoy, MD, DHMS, BCCT

The fundamental cause underlying both breast cancer and aging is cellular decay. In her lifetime, a woman carries a one in eight chance of contracting breast cancer, with the risk of getting breast cancer increasing with age. Early detection is key and has been proven to save lives.

- An abnormal infrared image is the single-most important marker of high risk for developing breast cancer.
- A persistent abnormal thermogram carries with it a 22 times higher risk of future breast cancer.
- When thermography is added to a woman's regular breast health checkup, a 61% increase in survival rate has been realized.
- Finally, when used as part of a multimodal approach (clinical examination + mammography + thermography), 95% of early-stage cancers will be detected.

Infrared Breast Thermography has been approved by the FDA since 1982 as an adjunctive diagnostic screening procedure for the detection of Breast Cancer. Infrared Breast Thermography measures infrared emissions from the breasts, which is then analyzed to determine a woman's risk of getting breast cancer. It is a non-invasive and safe physiological/functional imaging procedure which is underutilized in medical practice today.

The objective of the lecture will be to educate physicians and their patients about available options for breast cancer screening. A comparison will be made of the risks, benefits, sensitivity and specificity between mammography and thermography. The scientific rationale and clinical approach to breast thermography will be reviewed in detail. We will cover the history of medical infrared imaging, its previous applications, its advancement and current obstacles. Particular emphasis will be placed on understanding the clinical applications of thermographic breast imaging, its grading system and related terminology with reference to its standardized reporting format. The session will conclude with a case study review.

DETOXIFICATION AND INTRACELLULAR NUTRITION IN ANTI-AGING

Pramod Vora

This presentation takes you well past the cosmetic effect of anti-aging created through Plastic Surgery and Dermatology, to a non-invasive approach of servicing and repairing organs of the body: Body Sculpting; creating a glowing and healthy skin; removing dark spots and irregular pigmentation; and even lightening the complexion by a few noticeable shades and creating an almost permanent effect of youth and vitality. These pre- and post-treatment procedures, help to enhance and maintain the good effects of invasive procedures in today's mainstream medicine.

Clinical Studies / Pathological evaluation of various organs is presented, to prove anti-aging, coupled with aesthetic and cosmetic changes.

Two procedures are outlined:

- A) Detoxification of the main excretory organs like colon, kidneys, lungs and skin in conjunction with detoxification of supporting organ liver and also the blood.
- B) Intracellular Nutrition: Prescription Strength, Therapeutic doses of Nutrition are administered either orally or topically and are designed to alter cell wall membrane permeability to carry nutrition to the center of the cell where it is really required.

GOALS & OBJECTIVES:

- Use of detoxification in anti-aging medicine
- Use of rejuvenation in anti-aging medicine
- Use of intracellular nutrition in anti-aging medicine

EFFORTLESS MUSCLE HYPERTROPHY, LIPOLYSIS AND CLINICAL PROOF FOR RAPID AND EFFICIENT BLOOD CELLS' SEPARATION BY THE PACEMAKER'S TECHNOLOGY

Xanya Sofra-Weiss, PhD

The Pacemaker Technology was originally designed to treat sports injury and muscle atrophy, as well as promote lipolysis and muscle hypertrophy. A 21 subject clinical study completed in February 2009 with the Ion Magnum reports that this technology rapidly and efficiently separates blood cells at the microscopic level. Blood cells' separation is necessary for the timely transport of hormones, antibodies, oxygen and nutrients to the cells and waste products to the kidneys. Therefore blood separation is crucial in a number of biological processes including cellular cleansing, nourishment and oxygenation, as well as endocrinal and immune functioning. Due to its resonance to the biological signal, the Ion Magnum signal spreads throughout the CNS ultimately triggering hormonal secretion such as GF, T4 and T3 for lipolysis and IGF-1 for muscle hypertrophy. Power detox is an additional benefit of Ion Magnum's induced effortless and painless isometric and isotonic muscle contraction.

GOALS & OBJECTIVES:

- Present the results of our 21 subject clinical study that provides Proof for Rapid and Efficient Blood Cells's Separation by The Pacemaker's Technology
- Discuss the biological components of hormonal secretion, muscle hypertrophy and lipolysis involved in the Pacemaker Technology applications
- Discuss the advantages of promoting enhanced endogenous hormonal secretion when compared to the bio-identical hormone therapy.

GENE SILENCING: A REMARKABLE FIVE FOLD EXTENSION OF LIFE IN ANIMAL TRIALS

Azad Rastegar, BA

The Gene Silencing Theory of Aging postulates that the key process in aging involves reduced expression of numerous genes via methylation of the promoter sequence of the DNA. Gradual silencing of the genes explains typical signs of aging. A unique group of peptides, amino acid derivatives, and organic acids have been introduced by our team for regulation of gene expression in aging. Two of these compounds, phenylacetylglutamine (PG) and phenylbutyrate (PB) contributed to 5-times longer longevity in animal experiments in honeybees. A microarray study of gene expression was conducted on the brains of the bees that received a mixture of PB and PG and was compared to controls. Preliminary evaluation of the results revealed increased activity of the genes that activate the other genes silenced in aging, and which promote metabolism, immunity and regulate cell division. PG in cosmetic cream was used in human clinical studies, which confirmed an anti-aging effect consistent with a statistically-significant reduction of skin wrinkles.

GOALS & OBJECTIVES:

- To understand genetic mechanism of aging
- To understand gene silence theory of aging
- To discuss 5-fold life extension in animal experiments
- To discuss the results of clinical trials with novel age management formulations

INCIDENCE AND TREATMENT OF CHRONIC RHINOSINUSITIS IN TRAFFIC POLICEMEN

Lilly Zhang, PhD

Aging is partially reflected by fatigue and sinus symptoms often seen in patients with chronic rhinosinusitis (CRS). CRS is a common disease with significant adverse impact on patients' quality of life. This presentation reviews current treatments and clinical studies on how the symptoms can be reduced by therapies that address the underlying problems by nasal irrigation. Different nasal irrigation devices and solutions were clinically tested using an easy patient enrollment model, traffic placemen who in China must stand in the center of street intersections to guide traffic, exposing them to high levels of various environmental hazards. Our survey shows that CRS incidence is three times higher in these policemen than the general population. About 80% of the CRS patients experienced

significant improvement of sinus symptoms after 7 days of daily nasal irrigation using a positive pressure, anti-backflow nasal irrigation system containing Dead sea salt, lemon and aloe vera extracts, and 95% of the patients reported significant improvement of their symptoms and quality of life after 28 days of the nasal irrigation. Saline irrigation using a gravity-operated neti pot did not show significant improvement until 28 days. ENT examination verified the results. Both nasal irrigation methods are well tolerated with patients' preference of the former. These data indicate that positive pressure nasal irrigation is a simple, safe and cost-effective method for treating CRS. Application of this nasal irrigation to other respiratory disorders is discussed.

GOALS & OBJECTIVES:

- To address the significant adverse impacts of chronic rhinosinusitis on aging patient's quality of life and the healthcare cost and the urgent need for a simple, safe and cost-effective treatment with special considerations for aging patients who often use multiple medications
- To review current treatments of chronic rhinosinusitis with emphasis on emerging therapy of nasal irrigation
- To clinically evaluate the safety, acceptability, and therapeutical efficacy of different nasal irrigations methods

INNOVATIVE APPROACHES IN THE MANAGEMENT OF FIBROMYALGIA: 20 YEARS OF EXPERIENCE WITH THE FOUR COMPONENT THEORY APPROACH

Gordon Ko, MD, FRCPC

Objective: We present case studies/case series of Fibromyalgia (FMS) patients treated with an interdisciplinary approach.

Method: The 4 component model (Klinghardt) for treating chronic pain and disease helps to conceptualize an approach for FMS. This involves identifying and treating underlying root causes for pain and dysfunction in 4 areas: Structural – Biochemical – Psychoemotional – Neurological. This approach as a model for multi-modal/multi-disciplinary treatment will be illustrated.

Structural: A case series of 25 FMS patients treated effectively with Botulinum Toxin-A injections will be presented. Such injections into myofascial trigger points and tender points often do not work and may exacerbate FMS pain. Injections do work when done on a biomechanical basis (correcting postural misalignments and upper/lower crossed syndromes) and when combined with specialized manual therapy and exercise. Prolotherapy (for sacroiliac ligament laxity) and facet denervation were also helpful in some cases.

Biochemical: Case studies of FMS patients improved with naturopathic (functional medicine) approaches will be presented. This includes the use of omega 3 fatty acids (at a high dose) to improve pain and mood.

Psychoemotional: A FMS case study using EEG biofeedback/neurotherapy will be presented. This patient was followed over 5 years and had significant amelioration of pain, improvement in "fibrofog" and in sleep

Neurological: Case series of recalcitrant FMS patients with allodynia who responded to unique multimodal combinations of neuropathic pain medications will be presented. This included combinations of Pregabalin, SNRIs, tramadol and cannabinoids. Topical medication use from essential oils to compounded pain gels will be described as well.

Conclusion: These cases demonstrate the diversity in assessment for underlying causes and the need for individualized treatment in FMS. Randomized clinical trials may need to focus on specific subgroups of FMS patients to demonstrate clinical effectiveness.

MITOCHONDRIAL THERAPY - A POWERFUL APPROACH TO BRAIN FUNCTIONAL ENHANCEMENT

David Perlmutter, MD, FACN, ABIHM

With the aging of our population and the marked increase in the incidence of neurodegenerative diseases for which pharmaceutical intervention offers only minimal symptomatic efficacy, novel approaches having strong scientific underpinning and targeting fundamental pathologic mechanisms are demanding attention.



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CONFERENCES ON ANTI-AGING, PREVENTIVE AND REGENERATIVE MEDICINE

It is now generally accepted that mitochondrial dysfunction represents a pivotal issue in the cascade of events culminating in neuronal death in neurodegenerative diseases, cerebrovascular events, neuroinflammatory conditions, as well as infectious and toxic encephalopathic processes. Mitochondrial dysfunction initiated by virtually any etiology creates a feed-forward paradigm, enhancing free radical production which further compromises mitochondrial function and ultimately leads to the activation of apoptotic genes representing the final event presaging neuronal death.

Powerful therapeutic techniques are now available which specifically target mitochondrial function. These modalities not only preserve and enhance mitochondrial activity, but in addition, serve to quench the downstream effect of mitochondrial dysfunction – excessive production of damaging free radicals.

This presentation will explore the body of science validating the use of specific oral supplements targeting mitochondrial functional preservation and enhancement including coenzyme Q10, acetyl L-carnitine, and N-acetyl cysteine and intravenous therapy with glutathione. Coupling these modalities with hyperbaric oxygen therapy provides an almost revolutionary approach to enhancing neurological function and preservation, and this modality will be explored in detail with the presentation case presentations.

A NEW APPROACH TO BODY FAT REDUCTION BY ASTAXANTHIN DURING EXERCISE

Eiji Yamashita, PHD

Astaxanthin is a naturally occurring carotenoid in a wide variety of living organisms such as salmon, shrimp, crab and red snapper.

The first study was designed to determine the effect of astaxanthin on endurance capacity in mice. Mice were given orally either vehicle or astaxanthin by stomach intubation for 5 weeks. The astaxanthin group showed a significant increase in swimming time to exhaustion as compared to the control group. Blood lactate concentration in the astaxanthin groups was significantly lower than in the control group. In the control group plasma non-esterified fatty acid (NEFA) levels were decreased by swimming exercise, but in the astaxanthin group NEFA levels were increased with significant differences compared to the control group. Astaxanthin treatment also significantly decreased fat accumulation. These results suggest that improvement in swimming endurance by the administration of astaxanthin is caused by an increase in utilization of fatty acids as an energy source.

We investigated the effects of astaxanthin supplementation in obese mice fed a high-fat diet as the second study. Astaxanthin inhibited the increases in body weight and weight of adipose tissue that result from feeding a high-fat diet. In addition, astaxanthin reduced liver weight, liver triglyceride content and plasma triglyceride and total cholesterol levels. The third study was performed to investigate the effects of an oral administration of astaxanthin during exercise in obese mice fed a high-fat diet. The suppressive effect on the obesity was heightened by combination with exercise. It seems that astaxanthin supplementation may promote the lipid metabolism and suppress the body fat accumulation.

The fourth study showed that mitochondrial enzyme activities were elevated by astaxanthin and the activities were more increased by combination of astaxanthin with exercise.

The findings by those animal studies were clinically proven by the fifth study. A randomized, double-blind, placebo-controlled clinical study for a period of 6 weeks was performed in 32 healthy women who were divided into the two groups, the experimental group (12 mg/day astaxanthin) or the placebo group (0 mg/day astaxanthin). The subjects were instructed to take a walking exercise for 3 times a week according to their own physical strength. After 6 weeks the mean value of body fat percentage was significantly decreased to 26.6% from 27.6% at start with 3.8% reduction in astaxanthin supplemented group while there was no significant difference between before and after supplementation in the placebo. Four weeks after the end of the study, the body fat level returned to the level observed at the start of the study in the experimental group.

Based on the studies, it's suggested that astaxanthin supplementation might be a practical and beneficial approach for body fat reduction during exercise. We may call the approach "healthy weight management."

ONDAMED® It touched my life

By Silvia Locke-Binder, CEO &
President of ONDAMED Inc.

The case history of the 5-year old is the true story of my son, Randy, who underwent open-heart surgery at the age of 2 at Children's Hospital in Boston. He was in good hands under the supervision of cardiac surgeon, Dr. Richard Jonas, and his cardiologist, Dr. David Fulton.

Three years later, at the same time I was introduced to the ONDAMED, my son Randy was diagnosed with a thrombus in the heart, approximately 1 cm in diameter. Two months after surgery due to the high risk of cardiac arrest if left alone. Yet I did not want my son to undergo this traumatic experience again. It was a decisional crisis to say the least.

Returning from Boston, my shock about this news was soon followed by an overwhelming feeling of fear and despair. When I returned home I looked at the newly arrived ONDAMED device sitting in my house. I was unsure if this device could do anything for my son's condition. To complicate things even more, my son had a pacemaker and the ONDAMED manuals mention pacemakers as a contraindication. I discussed the risks and therapeutic scenarios with the inventor, Roll Binder, as well as Dr. Kessler in Germany, and based on their long term experience with the ONDAMED, they both encouraged me to start Randy on the ONDAMED immediately, in concert with his Coumadin regimen.

My next step was to take Randy and the ONDAMED device to New York Medical College's Westchester Pediatric Division to test the possibility of any interference with the pacemaker signals if introduced to the electromagnetic field from the ONDAMED. After running various tests, the cardiologists confirmed there was NO change in the output signals of the pacemaker. This was the answer I had hoped for. I was free and clear to start him on the ONDAMED.

The majority of my protocol involved patient-specific frequencies, scanning his body and simultaneously applying these therapeutic frequencies, thereby opening up the interference fields. I found (mostly in the heart, kidney and brain areas). After 3 ONDAMED sessions, which took no longer than 15 minutes each, we obtained another INR. For the first time, his coagulation was within therapeutic levels. I knew I was on to something. Randy continued ONDAMED sessions twice a week. About a month later, the Echocardiogram revealed that the thrombus started to reduce in size. This meant the world to me. I had the proof that ONDAMED was working on my own son. My excitement was only surpassed by my enormous sense of relief. This was a dream come true for me as a parent. We continued the ONDAMED and suggested to take Randy off the Coumadin. "Whatever you are doing, it is working", Dr. Fulton said and we clearly steered away from any more talk about surgery.

My son has been doing very well ever since I am so thankful that ONDAMED came into our lives. As I'm sure you can imagine, this experience has formed an indelible bond between the ONDAMED and myself. I have become very passionate about the device's ability. In the seven years since, I have witnessed remarkable results like my own, reported by practitioners and patients alike that have been utilizing this life-changing modality.

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NON-PHARMACOLOGIC TREATMENT OF NEUROPATHIC PAIN*Carolyn McMakin, MA, DC*

Neuropathic pain, for which there is often no effective therapy, is mediated by inflammatory cytokines IL-1, IL-6, TNF-alpha, and substance P.

Microamperage current has been shown to increase ATP production by 500%. It is theorized that microcurrent stimulates membrane peptides causing them to reconfigure in the current orientation to normalize cellular function. Treating neuropathic pain in fibromyalgia associated with spine trauma using microamperage current and one specific frequency combination reduced IL-1 (330 to 80 pg/ml, $p=0.004$), IL-6 (239 to 76 pg/ml, $p=0.0008$), TNF-alpha (305 to 78, $P=0.002$), and substance P (180 to 54 pg/ml, $p=0.0001$) and increased endorphins (8.2 to 71.1 pg/ml, $p=0.003$). Pain scores were reduced from an average of 7.3 +/- 1.2 to 1.3 +/- 1.1 in 45 of 54 patients ($p=0.0001$).

Studies have shown an association between induction of Cox-2 increased prostaglandin release and nociception. FSM demonstrated a reproducible, application time dependent, and frequency specific 70% reduction in Lox and Cox inflammation in a mouse model controlled trial. A retrospective study of 20 neuropathic pain patients with a mean chronicity of 6.7 years showed reductions in pain from an average 5.8 +/- 1.8 to 1.8 +/- 2.1 ($p<0.001$). Frequency modulated microcurrent is low risk, cost effective and widely available making it a reasonable method for treatment of neuropathic pain.

GOALS & OBJECTIVES:

- The learner will understand current research describing the role of inflammatory cytokines Il-1, Il-6, TNF, Substance P, Lox and Cox mediated inflammation in modulation of neuropathic pain.
- The learner will understand the current research and the proposed mechanisms of action by which microamperage current and the use of specific frequencies reduces inflammation and provides effective treatment for neuropathic pain.

REGENERATIVE INJECTION THERAPY WITH PLATELET RICH PLASMA USING ULTRASOUND GUIDANCE*Harry Adelson, DAAPM*

The World Health Organization (WHO) and the United Nations have deemed 2001-2011 as the "bone and joint decade". Worldwide, musculoskeletal conditions are the most common causes of severe long-term pain and physical disability. Pain is the number one reason patients visit physicians as well as seek complementary and alternative medicine in the US and this trend will continue to grow as the population ages. Traditional pain management interventions, orthopedic surgeries, and many pharmacologic strategies frequently carry significant risk and cost. Regenerative injection therapy (RIT aka prolotherapy) is widely practiced in the US as a treatment for musculoskeletal conditions and a growing number of practitioners are exploring the use of autologous platelet concentrate (platelet rich plasma) with RIT. Injecting autologous platelets directly into degenerated joints, ligaments and tendons is done with the goal of launching a healing cascade that actually regenerates connective tissue, restores function, and significantly reduces pain. One simple and inexpensive tool for the evaluation of musculoskeletal disorders as well as for accurate needle placement is the use of ordinary ultrasound cameras.

GOALS & OBJECTIVES:

- To have a working understanding of the proposed mechanisms of action of RIT using PRP
- To be able to identify conditions for which RIT using PRP would be indicated
- To formulate protocols for RIT using PRP
- To better understand the value of the use of ultrasound cameras for the purpose of diagnosis and needle guidance

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 50 million men and 30 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 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.

It is our goal to present an overview of the mechanisms of Androgenetic Alopecia (male pattern hair loss), diagnostic tools - like genetic testing and scalp microscopy - and treatment options that address its long and short term management, including non-chemical/non-invasive therapies, FDA-approved medications, and microsurgical hair transplantation procedures, and future therapies (like hair multiplication/“hair cloning”).

GOALS & OBJECTIVES:

- To discuss what psychological impact hair loss and hair restoration has on our patient population
- To review state-of-the-art evaluation and diagnostic techniques
- To review the latest pharmaceutical options, surgical techniques and medical devices in the management of hair loss.

SARCOPENIA: A MAJOR FACTOR IN THE DEGENERATIVE DISEASES ASSOCIATED WITH AGING

Joseph Alessandrini, PhD

ABSTRACT

The importance of exercise in the anti-aging community has been widely recognized and accepted as to its value and benefits. The role of resistance exercise as to its specific role has been less highlighted and often neglected.

First, in any anti-aging program one of the most important factors that must be addressed is the fact of the individuals unrelenting susceptibility to sarcopenia as we age; ie., the overall loss of the body’s lean body mass or muscle. Address to this vital component which determines and affects among other factors, the individuals strength, their basal metabolic rate, their body fat percentage, blood sugar tolerance and importantly their bone density, cannot and should not be understated.

Second, this is one area vital to anti-aging that can not only be halted, remarkably it can actually be reversed. The one exercise activity that can deal with the deleterious affects stemming from this loss of lean body mass or muscle is exercise against resistance. This direct address to the muscle itself causes it to respond in a positive and beneficial way and a reversal of this decline attendant with aging can be achieved.

Third, the body being a living biological organism is capable of not only growth but of maintenance, repair and rebuilding. The resulting involvement and activity of the internal systems engaged in resistance exercise include the nervous system, the endocrine system, the enzymatic system, the energy component as well as the activation of the lymphatic system. The incorporation of these systems during the exercise activity brings about, enhances and results in the rebuilding aspect of the bodies programming and in so doing, thereby effects the irrefutable overall product of increased lean body tissue or muscle mass.

SUMMARY

The majority of anti-aging programs deal heavily with hormone replacement therapy; this is important and necessary, however nothing exogenously delivered can produce the overall systemic activation and results which may be obtained from direct activation of the body’s internal processes. Since the body was designed for motion and activity, it follows that designed, programmed and implemented motion and activity ie. resistance exercise, will yield the desired results. Results in this case are produced by paralleling the body’s internal programming to respond to the effort of resistance exercise and in so doing, to utilize the thus activated systems in the process of rebuilding, thereby increasing muscularity and strength. Overall, this specific targeting of the musculature and the concomitant overall systemic activation reverses the problem of sarcopenia and its attendant age related physical degeneration and decline.

TOXIC HEAVY METALS AS CAUSATIVE AGENTS IN DISEASES OF AGING AND CANCER: CLINICALLY PROVEN TREATMENT MODALITIES

Rita Ellithorpe, MD

There is increasing compelling evidence for toxic heavy metals such as arsenic, cadmium, mercury, lead, aluminum, nickel and others that are associated with diseases of aging such as atherosclerosis, ischemic heart disease, a variety of cancers and cardiovascular diseases. In addition, the presence of low levels of lead, for example were shown to be associated with increased deaths of cancer and heart disease. There is a growing concern within our industrialized society of the expanding accumulations of low levels of multiple heavy metals in our environment. The eminent health risks of toxins must be addressed and health care professionals need to be aware of effective treatment protocols to enhance patient care. One of the underlying mechanisms of heavy metal toxicity is oxidative damage, in particular, free radical oxidation of cell membranes. Recent published research and clinical experience have identified several approaches to combat the assaults of heavy metal toxins and counter their harmful effects. The integration of specialized heavy metal diagnostics and treatment with CaNa₂ EDTA chelation suppositories for reduction of long term toxicity, lipid replacement therapy (LRT) for cellular membrane fortification and specific anti-oxidants that address cellular/tissue damage along with life style changes are identified. Recent clinical research has shown significant ($P < 0.05$) reduction in a variety of symptoms of prostate conditions, improved cardiovascular blood markers and excretion of multiple heavy metals in aged men with chelation suppositories along with supportive therapies. Other studies show a significant ($P < 0.05$) increase in mitochondrial function assayed by flow cytometry and rodamine dye uptake in peripheral blood leukocytes with concomitant reduction in fatigue levels in aged human studies. The removal of heavy metal toxins along with supplemental repair of damaged cellular membranes and enhancement of mitochondrial function are paramount considerations for medical practitioners and may lead to beneficial advances in the field of anti-aging medicine.

GOALS & OBJECTIVES:

- Awareness of the ubiquitous nature of heavy metal toxicity and the impact it has on the health of the world's population
- Understanding of the importance of the diagnosis and detection of heavy metals in blood, urine, and feces
- Various integrative approaches to metal detoxification will be discussed as well as combination therapies for cellular repair

THE "UN-GHRT"

John Crisler, DO

The need to establish, and maintain, Growth Hormone at optimal levels is well accepted by medical professionals knowledgeable in the art. However, the intersection of governmental persecution of the evidence-based Anti-Aging Medicine we practice, and our sincere desire to continually improve our techniques and therapies, has us at a point where we are advancing upstream metabolic pathways from frank Growth Hormone supplementation to inducing increased production of same. Hence the emergence of great interest in the addition of Growth Hormone Releasing Hormone (i.e. Sermorelin) and various Growth Hormone Releasing Peptides and compounds (as a class "GH-Secretogues") to our Anti-Aging Medicine repertoire. In this lecture we will first review some of the medications, legend and OTC, used to increase Growth Hormone production. It is important to understand and appreciate specific tissue and receptor actions of each type of agent, in order to develop our overall strategy, through insight into the various pathways which lead to GH production. We will then explore how to combine them to achieve maximal effect, and, if possible, at minimal cost. Not only can we then increase endogenous GH hormone production, we can do so without fear of retaliation by those still mired in outdated conventional medicine.

GOALS & OBJECTIVES:

- Describe metabolic pathways of GH production
- Review options in GH-elevating compounds
- Treatment protocols and results of above

Do any of these patient symptoms sound familiar?

Weight gain?

Many women experience weight gains in conjunction with hormone imbalances

Fatigue?

Many women get fatigued and/or experience sleeplessness when they have a hormone imbalance

Hot flashes?

80% of women experiencing these have a hormone imbalance

Forgetfulness?

Many women experience short term memory lapses with hormone imbalances

Irritable?

70% of women complaining of stress induced irritability have a hormone imbalance

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SESSION 2 - PRACTICAL APPLICATION OF TREATING ADULT HORMONE DEFICIENCY**ADULT GROWTH HORMONE DEFICIENCY SYNDROME***Mark L. Gordon, MD*

Growth hormone deficiency is rampant and the impact on our health and continued health is significant. Understanding that the loss of growth hormone production is due to more causes than genetic predisposition is important to the clinician so that the predisposing clinical history may be sought after and documented. It is the firm belief that Traumatic Brain Injury, toxic food, water and air along with an array of medications put us at risk of down-regulation of growth hormone production. How best to assess the patient and begin the healing process with the appropriate application of either injectable growth hormone or one of the newest functional secretagogues will be discussed and supported with clinical research and numerous scientific studies. Secretagogues - the responsible first step in growth hormone replacement therapy.

GOALS & OBJECTIVES:

- To understand the mechanisms of causation for GH deficiency
- To learn how to assess patients for GH deficiency by history and laboratory testing
- To learn about treatment options between rhGH and a Secretagogue

COMPOUNDING DRUGS USED TO TREAT HORMONE DEFICIENCIES*John Grasela, RPh*

Review of hormone supplements used to treat deficiencies caused by aging. Dosage forms, strengths, routes of administration will be discussed. Also a review of state and federal laws will be discussed regarding prescribing compounded prescription drugs.

GOALS & OBJECTIVES:

- Inform the practitioner of options in treating hormone deficiencies
- Inform the practitioner of legalities of using compounded drugs
- Provide protocol for prescribing hormones

HORMONES, NEUROTRANSMITTERS AND THE BRAIN*Eric R. Braverman, MD.*

Hyperparathyroidism in humans occurs when the blood level of the parathyroid hormone (PTH) is 70 pg/ml or above. In kidney disease studies it is suggested that PTH levels be kept around 35 pg/ml and vitamin D and calcium have been shown to lower this level. While numerous studies have reported on the fact that age-induced increased PTH plasma levels are associated with prolonged P300 latency and cognition decline, little is known about the correlation that may exist between brain speed and bone density in cases of hyperparathyroidism. The purpose of this study was to determine if PTH levels correlate to brain speed and/or bone density. Recruited subjects met the inclusion/exclusion criteria (n=92, age-matched, age 18-90 years, mean=58.85, SD=15.47) and were evaluated for plasma PTH levels. These levels were statistically correlated with event-related P300 potentials as a measure of brain speed. Groups were compared for age, bone density, and P300 latency. The study groups were categorized and analyzed for differences of PTH levels: PTH levels <30 (n=30, mean=22.7±5.6 SD) and PTH levels >30 (n=62, mean=62.4±28.3 SD, p≤0.02). Patients with PTH levels <30 showed statistically significantly less P300 latency (P300=345.7±3.6SE) relative to those with high PTH levels >30, which demonstrated greater P300 latency (P300=347.7±3.6SE, p=0.02). Participants with PTH values <30 (n=26) were found to have statistically significantly higher bone density (M=-1.25±0.31 SE) than those with PTH values >30 (n=48, M=-1.85±0.19 SE, p=0.04). Our findings of a statistically lower bone density and prolonged P300 in patients with high PTH level may suggest that PTH levels coupled with delayed P300 latency may become putative biological markers of not only dementia but OP. This study provides the first potential indirect evidence that may highlight the importance of brain processing speed as an OP early electrophysiological marker, which warrants intensive investigation.

INTRODUCTION TO TREATING 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

MENOPAUSE 101: INTRODUCTION TO BIO-IDENTICAL HORMONES

Angelica Zaid, MD

The current baby boomer population is the largest group in menopause at one time in history, and they are putting menopausal concerns at the forefront. Research and media have put fear and confusion into women and their doctors. Bio-identical female hormone therapies have become an interesting alternative now. The differences between bio-identical and non-bio-identical therapies are now starting to stand-out, and women are demanding their choices. By assessing a patient's hormone needs in a stepwise fashion, a doctor can individualize a woman's therapy, safely and effectively, with more options now than ever before. Even alternative, natural remedies can be added as choices to augment a successful menopausal hormone therapy plan.

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GOALS & OBJECTIVES:

- Learn to assess a woman's hormone therapy needs
- Understand differences between bio-identical and non-bio-identical hormone therapies
- Prescribe hormone thereapies in the safest way possible
- Learn about adjunct natural therapies to also aid women's symptoms

THE NUTS AND BOLTS OF ANTI-AGING MEDICINE

Ronald Rothenberg, MD

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

GOALS & OBJECTIVES:

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

TESTOSTERONE REPLACEMENT THERAPY IN MEN & WOMEN: BENEFITS, POTENTIAL RISKS AND PRACTICAL ALGORITHMS

Ronald Rothenberg, MD

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

GOALS & OBJECTIVES:

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

THYROID REPLACEMENT THERAPY

Ronald Rothenberg, MD

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

GOALS & OBJECTIVES:

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



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**CLINICAL GRADE
FORMULATION**

SESSION 3 - ADVANCES IN ANTI-AGING MEDICINE**HOW TO EAT TO LIVE LONGER***Stacey J. Bell, DSc*

Life expectancy is dictated by genes (30%), and the rest by diet/lifestyle, preventive medicine, and the environment. The focus of this lecture is to present dietary strategies to increase life expectancy. However, longevity is ultimately dictated by telomeres, which are proteins within the cell nucleus that shorten naturally with aging. Hastening of the shortening of telomeres occurs in patients with chronic diseases like obesity, diabetes, and CVD. Mechanistically, telomere attrition is caused by free radicals and inflammation; these are by-products of not only chronic diseases of aging but also an energy-dense, nutrient-poor diet. The optimal dietary strategies include:

1. Disease prevention through regular medical screening
2. Reduce excess body fat
3. Reduce consumption of energy-dense foods (e.g., high-fat salty snacks)
4. Increase consumption of nutrient-rich, low-energy density foods (e.g., fruits and vegetables)
5. Use of selected dietary supplements to reduce all-cause mortality (e.g., fish oil, vitamin D)

GOALS & OBJECTIVES:

- Understand how nutrition affects the aging process
- Determine the optimal diet for reducing mortality
- Discuss which single, or groups, of nutrients prolong life

IODINE DEFICIENCY (“THE ID”) AND OTHER CO-FACTORS OF HALIDE TOXICITY*Chris D. Meletis, ND*

Health policy over the last couple of decades has recommended that we decrease salting our food due to the risk of hypertension. The consequence of not using iodized salt and the increase in bromide, fluoride and perchlorate ingestion has set the stage for premature death, cancer, lowered IQ, hormone imbalance and even deafness. Identifying risks for halide toxicity, testing for iodine sufficiency and looking at other global health policies that are killing, maiming and prematurely aging North American and Westernized societies is a health mandate that must be addressed aggressively and with a concerted effort for professional and public education.

LEPTIN HORMONE PHYSIOLOGY AND PATHOLOGY IN OBESITY*Paul Ling Tai, DPM*

Surgeon General David Satcher calls Obesity an American Epidemic. Two-thirds (2/3) of adult Americans are overweight and obese. CDC announced that nearly 400,000 Americans die each year from these obesity related issues. Central to these health issues emerges a new and compelling research of Leptin Hormone. It is produced by fat cells, controlling Insulin, Adrenaline, Thyroid, and all Endocrine hormone systems. Leptin research shows significant pathology in abdominal obesity, regulating cardiovascular junction, inflammation, cholesterol, blood pressure, and diabetes.

GOALS & OBJECTIVES:

- To explain leptin hormone discovery, physiology and biochemical communication
- To reveal the basis of leptin influence to the brain, body weight, cardiovascular system, and cancer
- To demonstrate how leptin coordinates metabolic, endocrine, and behavior responses
- To show the pathophysiology of leptin resistance and obesity
- To discuss how leptin resistance affects the brain, fat deposits, thyroid malfunction, satiety center disorder, hypercholerol, and proper function of nitric oxide (NO) in the circulatory system
- To share major current published reasearch in animal and human leptin hormone

MEDICAL MANAGEMENT OF ALLERGY AND SINUS DISEASE

Martin Desrosiers, MD, FRCSC

Inflammation of the nasal and sinus passages is an extremely frequent condition. Given the nasal cavity's role in filtering and conditioning the 10,000 liters of air inspired daily, this is far from astonishing.

Inflammation of the upper respiratory passages can occur due to viral, bacterial, allergic, irritative and toxic challenges, leading to the development of subsequent symptoms of rhinosinusitis (RS). These may frequently coexist with the development of asthma or other lower airway disorders. As the number of signs and symptoms of nasal inflammation and dysfunction is quite limited, there is often significant overlap between the signs and symptoms of RS of different etiologies. However, despite similarities in symptoms, optimal management of RS requires identification of the causative factor(s) for appropriately targeted therapy.

Management of acute rhinosinusitis remains somewhat controversial. For viral RS, thus treatment is mainly supportive. Topical saline may help clear secretions and improve breathing, and is safe for all patients. There is some debate on whether the addition of antibiotic therapy to this treatment regimen is required in bacterial RS, which is a disease entity with a high rate of spontaneous resolution and a low rate of morbidity and mortality.

Chronic rhinosinusitis is used to describe symptoms persisting greater than 8 weeks. Medical management is the mainstay of therapy, with endoscopic sinus surgery (ESS) reserved for those not responding to medical therapy. For patients with disease persisting after ESS, topical therapies play a privileged role in management.

METALFREE DENTISTRY IN ARTERIOSCLEROSIS AND CANCER

Hansjoerg Lammers, DMD

There are several important concepts regarding the initiation of arteriosclerosis. One of these is that arteriosclerosis results from the infiltration of the endothelial lining of the arteries with toxic heavy metals, like lead and mercury. The inner lining of the artery is the side where the important vasodilator substance nitric oxide is created. The endothelium also produces prostacyclin which decreases clotting of blood and causes dilating of arteries. A third important substance is heparin, a potent substance that prevents clots from forming. Excessive deposition of heavy metals in the endothelium diminishes the endothelium's ability to produce valuable nitric oxide, prostacyclin and heparin. Removal of these toxic metals restores the endothelium's ability to produce these vital substances which stops and may even reverse arteriosclerosis.

Heavy Metals and Cancer

Metals can directly and indirectly damage DNA through free radical stress and that means an increased risk of cancer (genotoxicity). There are also possible non-genotoxic pathways, due to irritation (changing of the cell-millieu) or immuno-toxicity.

GOALS & OBJECTIVES:

- Get an update on the advantages of metal free crowns, bridges and implants (zirconium dioxide)
- Discussion in limiting and detoxification of a heavy metal load
- Get highly informed on how to protect the body from a toxic burden (cumulative effects of poisons)

MODERN MONASTIC MEDICINE

Charles McWilliams, ND

Modern Monastic Medicine emphasizes sound principals of physical medicine and the therapeutic modalities of providing sacred herbs, waters, salts, and nutrient foods and products for each medical disorder. As we now have over 100 years of study in nutritional science, natural cure, and clinical applications, we have established some simple fundamentals for modern monastic medicine which have clinical proof and useful to new physicians in natural medicine to be used by economically challenged and poor rural villages in third world countries.

GOALS & OBJECTIVES:

- To explain the brief history of the Knights Hospitaller and current medical projects
- To reveal the basis of primary care and cost effective medical treatments for the poor and sick
- To demonstrate the techniques and current usage of herbal teas, nutrient food extracts, aromatic essential oils, tissue salts, dietary and nature cures
- To observe the supplementation of deficiencies in vitamin C, iodine, calcium salts and magnesium salts, until proven otherwise.
- To show the chronic diseased vectors of intestinal dysbiosis and urinary tract infection.
- To discuss the overall pathology of inflammation, diabetes, obesity, immune and endocrine systems.
- To examine the dietary deficiencies, acidosis, and imperfect elimination of the bowels, kidneys and skin.

MODIFICATION OF THE NAD⁺/NADH RATIO VIA OXALOACETIC ACID SUPPLEMENTATION TO MIMIC CALORIE RESTRICTION METABOLIC PATHWAYS AND INCREASE LIFESPAN

Alan Cash, PhD

Reduced caloric intake increases lifespan in a wide variety of organisms. In animal models it also retards disease progression including cancer, heart disease, and neurological disease. We tested whether alteration of the NAD⁺/NADH ratio, through dietary supplementation of a Krebs cycle metabolite, could mimic the increase in lifespan seen in calorie restriction, even if calories were not reduced. We report that oxaloacetic acid supplementation increased lifespan in *C. elegans* by an average of 24%, $p << 0.001$ (Log Rank Test). Oxaloacetate supplementation is shown to activate molecular longevity pathways also identified in calorie restriction animals, including (i) activation of energy sensor AMP protein activated kinase (AMPK) in the presence of a functional FOXO/Daf-16 transcription factor, (ii) increasing the NAD⁺/NADH ratio within the mitochondria, and (iii) protection of mitochondrial DNA. In addition to proven increases in lifespan, animal studies supplementing oxaloacetic acid show other substantial health benefits including protection of retinal, neural, and pancreatic tissues. Human studies indicate a normalization of fasting glucose levels and improvement in insulin resistance. These results demonstrate that dietary supplementation with human metabolites offers a low-risk means of mimicking the health-related benefits of caloric restriction without resorting to severe diets.

GOALS & OBJECTIVES:

- To inform participants that the human metabolite "Oxaloacetic Acid" increases lifespan in similar fashion as calorie restriction in animal tests.
- To inform participants of additional health benefits seen with oxaloacetic acid supplementation in addition to lifespan increases
- To share information on some of the longevity pathways activated with oxaloacetic acid supplementation.

NEW RESEARCH ON MOLECULAR MECHANISMS AND PREVENTION OF ALZHEIMER'S DISEASE

Stanislaw R. Burzynski, MD, PhD

Abnormal proteins forming beta-amyloid plaques and tau tangles are responsible for pathology of Alzheimer's Disease (AD). The research our team performed indicated that amyloid precursor protein (APP) also plays an important role in the consolidation of memory. It is proposed that APP undergoes fragmentation in the initial phase of memory, and spectrin-like fragments of APP are instrumental in the formation of actin framework of new synapses. Based on the results of research done by our team and experiments conducted by others, supplement B was introduced, which may correct abnormal mechanisms and improve AD-related decrease of memory. The supplement consists of phenylacetylglutamine (PG), curcumin, and piperine. PG may facilitate the formation of physiological fragments of APP, and it can reduce the damage by beta-amyloid through protection against inflammation. It can also decrease tau protein-related neurodegeneration through expression of alpha-tubulin. Curcumin decreases generation of beta-amyloid, inflammation, neurodegeneration, and oxidative damage. The

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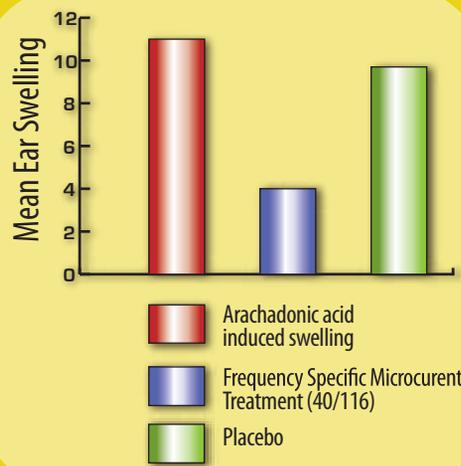
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Dr. Carol



addition of piperine markedly increases absorption and concentration of curcumin and PG in blood. In conclusion, it is proposed that the physiological function of APP is to facilitate consolidation of memory. The impairment of brain function can be addressed through the use of supplements containing PG, curcumin, and piperine.

GOALS & OBJECTIVES:

- To understand basic molecular mechanisms involved in Alzheimer's disease
- To understand the physiological role of amyloid precursor protein in memory processing
- To learn about the role of supplements in Alzheimer's disease

NEW TREATMENT MODALITIES TO IMPROVE IMMUNITY AND FIGHT DRUG RESISTANT INFECTIONS BY ANALYZING GUT MICRO FLORA BALANCE, RESISTANCE GENE PRESENCE AND SECRETORY IGA (SIGA)

Eve Bralley, PhD

The intestinal tract contains 80% of the body's immune system. Gut microbial balance has significant effects on immune status. New molecular techniques using polymerase chain reactions (PCR) allow for fast, accurate identification of gut microbes including anaerobes which were difficult to culture and quantitate using older methods. The recent rise in incidence of MRSA infections is becoming a significant problem. These new molecular techniques allow us to detect the presence of multiple genes conferring drug resistance in bacteria in a stool sample including *mecA*, the gene that confers resistance to methicillin. sIgA is a mainline defense against infection at mucosal linings. New data will be presented which associates deficiencies of sIgA in the gut with increased incidence of opportunistic microbial and parasitic infection.

Analysis of gut microbial balances, resistance genes and sIgA levels allows for unique treatment strategies to be developed which enhance immune function and fight infection. These strategies use individualized combinations of pre- and probiotics, anti-microbials, and gut-healing nutrients based on the test results of the patient. New data and case illustrations will be presented.

GOALS & OBJECTIVES:

- To learn how new molecular techniques can identify anaerobes and drug resistance genes using a single stool sample
- To learn how gut microbial balance, drug resistance genes and sIgA production can effect the immune system
- Effectively interpret laboratory results to design individualized treatment protocols that will enhance immune function and fight infection

NON-EXERCISE ACTIVITY THERMOGENESIS: A NEAT APPROACH TO WEIGHT LOSS

Ayaz Virji, MD, FAAFP

Non-exercise activity thermogenesis (NEAT) refers to calorie burn associated with non-volitional exercise and lifestyle activity. NEAT plays a significant role in energy expenditure from daily physical activity, often times greater than that of exercise. Quantitative enhancements of NEAT activity includes taking the stairs, avoidance of moving platforms, and parking far from destination. Qualitative enhancements of NEAT include the utilization of exogenous weights such as ankle and wrist weights during activities of daily living. Studies show that maintenance of energy expenditure from NEAT activity has greater sustainability than that of exercise activity for most patients.

GOALS & OBJECTIVES:

- Understand the definition of non-exercise activity thermogenesis (NEAT) and how it differs from exercise
- Understand the energy balance equation and the contribution of NEAT to daily energy expenditure
- Review current studies involving NEAT and major institutional recommendations for enhancing NEAT activity
- Review both qualitative and quantitative ways to help our patients enhance daily NEAT activity

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Harvey Montijo, MD



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THE USE OF ORAL SEROTONIN SUPPLEMENTATION AS AN ADJUNCT TO EFFECTIVE WEIGHT LOSS - A 7 YEAR CLINICAL EXPERIENCE

Robert B. Posner, MD

The growing epidemic of obesity is the United States' major health problem. Weight problems contribute to the growing prevalence of diabetes mellitus, heart disease, arthritis and cancers, such as breast, colon and pancreatic. Americans are spending over 50 billion dollars a year trying to achieve weight loss, but despite this vast expenditure, the problem continues to worsen.

There are several neurochemicals involved in eating behaviors/sensation of satiety and one of the important chemicals involved is serotonin. Although found in natural food sources such as fruits and nuts, serotonin found in these natural sources cannot be absorbed into the blood stream and reach the CNS receptors.

Oral serotonin supplementation has been used in over 8000 patients in the Washington, DC's largest medical supervised program. This presentation will discuss the basic science issue of neurochemical involvement in eating behaviors and weight loss and also provide data from a 7 year, 8000 patient experience of treating overweight patients with oral serotonin supplementation.

GOALS & OBJECTIVES:

- Allow the listener to understand the complexity of the obesity problem in America and why this problem has developed
- Allow the listener to understand the contribution of neurochemical involvement (specifically serotonin) to obesity/weight problems
- Allow the listener to learn about breakthrough research as to the usage of oral serotonin supplementation as an adjunct to effective weight loss
- Educate the listener as to the need to help patients in their practices lose weight for the health and aesthetic benefit.

PARENT ESSENTIAL FATTY ACIDS, OXYGENATION AND CANCER PREVENTION: A NEW SOLUTION

Brian Peskin, BS

Despite 50 years of intensive cancer research increasingly focused on genetic causes, no single unifying cause for cancer has been universally recognized; only that there is a significant correlation between the level of tumor hypoxia (decreased oxygen) and prognosis. With the exception of Nobel Laureate Otto Warburg's (MD, PhD) seminal experiments, little work has been done to investigate and advance the causal relationship between hypoxia and cancer initiation. Over 70 years ago, Warburg with independent confirmation by American scientists, conclusively established that cells could always be made cancerous by subjecting them to hypoxic periods, and that change was irreversible. While modern biochemistry does not address cancer's prime cause of cellular hypoxia, physiology does.

Focusing on physiology, this presentation intimately explores Warburg's findings of the critical (intermittent) 35% reduction in intracellular oxygen levels required to initiate cancer. Incorporation of adulterated, non-oxygenating, or inappropriate polyunsaturated fatty acids (PUFAs) into the phospholipids of cell and mitochondrial membranes, unknowingly caused by ordinary commercial food processors are hypoxia's prevailing origin. Their cellular incorporation causes changes in membrane properties that significantly impair oxygen transfer into the cell. To eliminate this hypoxia, an entirely new physiologic parent omega-6:omega-3 (PEO) supplement ratio is presented.

GOALS & OBJECTIVES:

- Review Nobel Laureate Otto Warburg's (MD, PhD) fundamental cancer research discoveries identifying cancer's prime cause as cellular hypoxia (sustained decreased oxygen)
- Review commercial food processing and its predictable harmful effects on the food supply; ultimately linking it, using Warburg's seminal work, to the rapid rise in all types of cancers
- Present simple, practical solutions to stop cellular hypoxia with easily obtainable PEO-containing oils.

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PROS, CONS, AND CLINICAL VALIDITY OF TESTING HORMONES IN SALIVA AND BLOOD SPOTS

Mark Newman, MS

This presentation will present a combination of data from relevant journal articles and a large database of hormone test results (along with patient symptoms and treatments). There is much confusion about the clinical utility of saliva testing. We will explore data to show the potential for clinical usefulness. We will also explore the legitimate reasons why saliva testing can be unreliable in certain situations and its appropriate applications.

We will also discuss a newly uncovered issue for those using serum and urine testing for monitoring supplementation. There is great potential for overdosing patients on topical testosterone and progesterone, in particular if serum or urine testing is used for follow-up testing. Research has now conclusively shown that topical progesterone leads to the desired clinical effect (decreased endometrial proliferation), increased salivary and capillary blood levels, yet no increase in serum or urine levels. Salivary and capillary blood spot values better reflect tissue uptake for this route of administration.

Attendees will leave this presentation with a better understanding of proper and improper applications of serum, urine, saliva, and blood spot testing for testing hormones and monitoring hormone replacement therapy.

GOALS & OBJECTIVES:

- A critical examination of the analytical and clinical validation of measuring steroid hormones in saliva
- An assessment of the limitations, weaknesses, and caveats for saliva testing
- To show that salivary and capillary blood levels of hormones better reflect tissue uptake for topically administered hormones and the potential for overdosing patients if serum or urine testing is used

REJUVENATION THROUGH DETOXIFICATION

Stephen Holt, MD, PhD, ND, LLD

My discussion today will start with an overview of the toxins that we face everyday in our environment, food chain and digestive system. I will then refer to various disease processes which may be directly or indirectly related to our external and internal environments. This discussion will flow into not only why we must detoxify but who should and how to do it.

I will discuss toxicity and auto-intoxication along with the mechanisms and organs of detoxification and elimination. This discussion will include how detoxifying works as well as the intensity and frequency of detoxifying programs. I will cover various herbs which are useful during this process of detoxification and how long a program should be.

My goal is to attempt to establish the importance of detoxification and the role it has in healthcare and especially in an anti-aging practice as we attempt to reduce the degenerative inflammatory processes and toxic load ourselves and patients face on a daily basis.

THE ROLE OF GLUTATHIONE IN ANTI-AGING MEDICINE

Thomas E. Levy, MD, JD

An enormous amount of scientific research has been dedicated to the role of antioxidants in health and their depletion in disease, especially vitamin C and glutathione. Glutathione, regarded as the most important and most concentrated of intracellular antioxidants, is consistently being shown to play a very large role in the maintenance of cellular health. As well, its deficiency inside the cell is a consistent feature of most significant disease states. Very often, the normalization of glutathione levels inside cells will result in disease elimination, or at the very least, complete or nearly complete elimination of associated symptomatology. The longstanding limitation to achieving optimally effective supplementation, especially with such agents as the glutathione

tripeptide, has been the barrier of effective cell wall penetration by the supplemented substances. The evolving field of liposome science over the last 40 years will be introduced and discussed. Consequently, the concept that the delivery of encapsulated nutrients and medicines by targeted and nontargeted liposomes taken orally or at times intravenously will likely largely replace the mere intravenous application of these substances as the “gold standard” manner of delivery will also be proposed and supported by the existing scientific data.

GOALS & OBJECTIVES:

- To describe the critical role of glutathione in cellular metabolism
- To discuss the role of glutathione in the treatment of different medical conditions
- To discuss the emerging field of liposome science for the intracellular delivery of vitamins and nutrients

TESTOSTERONE DEFICIENCY AND METABOLIC DISEASE: DEADLY CONNECTIONS

Stephen Joyal, MD

Over the past 30 years, American men have experienced a population-level decline in testosterone. The epidemic of metabolic disease observed over this same time parallels the dramatic population-level drop in testosterone. Low testosterone dramatically increases the risk of obesity, metabolic syndrome, and type 2 diabetes. This presentation will explore the epidemiology of metabolic disease and testosterone deficiency, the available formulation options for testosterone replacement, the differences between different blood testing methodologies for assessment of testosterone status, and potential safety concerns associated with testosterone use.

SESSION 4 - LABORATORY TESTING IN ANTI-AGING MEDICINE

LABORATORY TESTING IN ANTI-AGING MEDICINE

Bill Anton, PhD

This workshop is designed to teach the physician and health care practitioner how to screen and assess the anti-aging patient in a cost effective manner. These are the lab tests they did not teach you in Medical School. You will learn the basic and advanced techniques of assessing and monitoring patients, to prevent the degeneration of aging. It has been difficult for the clinician to decide which test or panels of tests to order and relate these to clinical cases. By using clinical case studies we will be able to highlight the use and relevance of tests panels. This is a must for General Practitioners, Physician Assistants, Nurse Practitioners, Naturopaths, Family Medicine Physicians and other health care practitioners.

SESSION 5 - HOW TO MANAGE AND GROW A SUCCESSFUL ANTI-AGING PRACTICE

ADDING IV THERAPY TO YOUR PRACTICE

Mitchell J. Ghen, DO, PhD

One of the most important but often overlooked tools of the anti-aging practitioner is the use of IV Nutrition. This modality allows the physician to intervene in their patients' health care program with a tool that creates quicker more efficacious results. Nutraceuticals can be delivered at a rate that approaches a 100% absorption potential. A multitude of disorders ordinarily refractory to oral programs can be mitigated with IV repletion. Patients with malabsorption symptoms, whether acute or chronic, can benefit from this method of delivery. Since the procedures used are remarkably safe, the implementation into a physician's office is not only practical but also a necessary instrument to achieve the optimal cellular health we expect for our patients.

ADDRESSING THE MEDICAL LIABILITY*Edward Kuhn, MBA*

Medical Liability Insurance protects medical practices from liability claims. The insurance products afforded are subject to the current state of the insurance marketplace. A specialized solo practice requires a customized approach. Independent agents work closely with both the insurance buyer and insurance markets to provide the best combination of coverage. There are specific areas of concern that need to be discussed, such as loss control, training in specific procedures, and documentation. The current state of the insurance market favors the insurance buyer. Insurance products are available to cover all aspects of your practice and personal needs.

GOALS & OBJECTIVES:

- Basic insurance knowledge for your practice
- Current state of medical liability marketplace
- Dos and Don'ts

AESTHETIC SERVICES*Sharon McQuillan, MD*

Aesthetic medicine is a rapidly growing specialty that employs office-based procedures to enhance patients' satisfaction with their appearance. The demand for these procedures has increased with an aging population, as well as the advent of successful minimally invasive techniques that are both affordable and require no down time. This course offers a basic knowledge of the concepts necessary to develop expertise in aesthetic medicine and a review of the recommended procedures for a successful aesthetic practice in today's ever changing market.

BUILDING A FINANCIAL PLAN FOR AN ANTI-AGING PRACTICE*Patrick Savage, MBA, and Janette Daher, BS*

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

GOALS & OBJECTIVES:

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

GET THYSELF TRAINED*Heidi Pepper, BA*

Anti-Aging Medicine is the fastest growing medical specialty and everyone wants a piece of the anti-aging pie! The Anti-Aging market is a multi-billion dollar industry with a phenomenal average annual growth rate of 9.5%, and is predicted to reach nearly \$115.5 billion by 2011.

Anti-Aging physicians and practitioners must prepare their practices to welcome a younger client base as this worldwide phenomenon is now being embraced by everyone 30 years or older. This is a group that, as a whole, is well educated and internet savvy. As a result of living in the digital information age, these patients will respond positively to medical professionals who, themselves, participate in ongoing scientific education.

The American Academy of Anti-Aging Medicine (A4M) has created many avenues for you to incorporate Anti-Aging Medicine into your existing practice. A4M offers an exclusive membership to all medical professionals where they can gain access to over a decade of established Anti-Aging expertise. A4M also offers Board Certification in Anti-Aging Medicine, as well as a Fellowship in Anti-Aging, Regenerative and Functional Medicine. A4M will provide you with the knowledge to help your patients live longer, healthier and more satisfying lives.

GOALS & OBJECTIVES:

- Learn about how to become Board Certified in Anti-Aging Medicine
- Learn about how to become a Fellow in Anti-Aging Medicine
- Learn what A4M Membership can do for you

HOW TO CAPTURE THE MEDIA'S ATTENTION

Jackie Silver, BS

In this presentation, you will learn the difference between advertising and public relations (PR) and how to utilize PR to gain visibility as well as credibility for your medical practice and/or products lines. As a television and radio correspondent with almost 30 years of experience, Jackie Silver has insights and information that will help you gain the attention you are seeking. She will provide tips, tools and resources that anyone can start using right away. In addition, she will give detailed explanations of what PR entails, including explanation of the specific type of printing for PR; how to prepare your pitches; how to speak in sound-bites; what goes inside a press kit; how to create a one-sheet that will attract attention; how to contact the media; how to develop personal relationships with media people; when to contact the media; how to position yourself as an expert and more. You will leave the presentation with resources to make the whole process of PR easier and more rewarding.

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GOALS & OBJECTIVES:

- Clarify the difference between advertising and public relations
- Explain why public relations can be so important in establishing visibility and credibility
- Provide tips, tools and resources to enable anyone to capture the media's attention

INTEGRATING SUPPLEMENTS INTO YOUR PRACTICE

Jack Radloff

Patients are going to use nutrition whether a doctor uses it or not. In the changing medical world, doctors need to utilize complimentary medicines. During this presentation, we will discuss the statistics behind nutrition and its use. The presentation will include how to incorporate nutrition into your practice, as well as choosing the right companies to partner with. This is essential for patient results. The objective of using nutrition is to get better patient outcomes. Aside from patient outcomes, which are the number one priority, a doctor can build their own reputation, gain referrals, and increase revenue. Lastly, whether you are an expert or novice at using nutrition in your practice, we will provide you with ideas and tools to accelerate your nutrition practice.

GOALS & OBJECTIVES:

- Why to incorporate nutrition into your practice
- How to incorporate nutrition into your practice
- How to take nutrition to the next level in your practice

IT'S A REGULATORY JUNGLE OUT THERE!

Richard Jaffe, JD

There is a complicated array of federal and state regulatory bodies which are just waiting to pounce on unsuspecting or uncaredful but good intentioned CAM practitioners. This talk will begin with an overview of the various federal and state government agencies which regulate, oversee or impact providers of integrative medical services. Topics include the technical and practical jurisdiction of the FDA, FTC, and the state licensing boards, techniques to limit the risk of civil malpractice actions and special attention to risk management issues and avoiding high risk legally questionable CAM procedures and practices.

GOALS & OBJECTIVES:

- Provide an understanding of which government entities regulate the various parts of the CAM field
- Learn basic techniques to limit civil malpractice exposure
- Help the practitioner develop a sense of assessing risk in utilizing various CAM practices

MANAGING THE MARKETING MIX

Jill Swartz

This informative presentation will highlight the key requirements and programs required to successfully market your anti-aging practice. It will cover the key differences between marketing and selling, how to analyze your marketing performance, the mix of media that can be employed, how successful ads are generated and tested as well as the requirements to successfully develop a world-class anti-aging website.

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Innovative Testing for Optimal Health

THE OPRAH EFFECT AND THE CHANGING FACE OF MEDICINE*Patrick Savage, MBA*

This keynote presentation will lead off the entire day's lecture series on "How to Manage and Grow a Successful Anti-Aging Practice". It will highlight the 11 key areas that your Anti-Aging practice will need to excel at in order to create a successful practice. This presentation as well will cover the issues of a Economy in Recession and how this will impact, or not, the anti-aging center. As well, this presentation will provide quantitative results of "The Oprah Effect" and what happened when Oprah Winfrey began her "National Conversation on Bioidentical Hormones".

THE PATIENT CONSULTATION*Alicia Stanton, MD*

Dr. Alicia Stanton will discuss the important aspects of the Medical Consultation in your anti-aging practice. Her experience with thousands of patient appointments will be shared as the "Do's and Don'ts" of successfully working with the bioidentical hormone patient. This "how to" session is a must see for physicians that perform, or want to begin, a successful anti-aging practice.

Areas covered are the key aspects of the initial consultation, discussing the follow up appointments, charging patients for your consultation and the importance of a great office staff.

TECHNOLOGY: THE HIDDEN COMPONENT*Richard Deits, MD*

This presentation will teach you the keys to utilizing technology to make your practice the most advanced in the marketplace. You will learn to use technology to market your practice and maximize it's potential.

GOALS & OBJECTIVES:

- Why you should adopt Electronic Medical Records (EMR)
- Learn what to look for in an EMR
- Learn other technologies for your practice

TESTOSTERONE PELLETS: ANTI-AGING AND MARKETING PHENOMENON*Rebecca L. Glaser, MD*

How much would a medication be worth that could increase bone density, reduced fatty tissues, increased sex drive and performance, increased energy, decreased anxiety, relieved depression, improved memory and concentration, restored sleep patterns, thickened skin, reduced wrinkles, increased hair volume and improved texture, lowered the incidence of breast cancer, and protected the heart and brain? Testosterone, delivered by pellet implant is the most effective anti-aging, health promoting, disease preventative therapy available.

This presentation will demonstrate how this simple 2 minute procedure can not only transform the lives of your patients but transform your wellness practice into a thriving business success. Testosterone pellet therapy works. Satisfied patients return. Growth is exponential.

GOALS & OBJECTIVES:

- Briefly review the data that supports testosterone pellet therapy (know it, experience it, believe in it)
- Patient satisfaction and clinical success are key to continued financial success
- Marketing tips for the pellet practice



DUBAI CONGRESS ON ANTI-AGING & AESTHETIC MEDICINE (DCAAAM)

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CONFERENCES ON ANTI-AGING, PREVENTIVE AND REGENERATIVE MEDICINE

TURNING PROSPECTS INTO PATIENTS*Maxine Astern*

Come listen to Maxine Astern discuss how to turn prospects into patients. Her personal experience in speaking with over 10,000 prospects and creating 2,000 new patients for the anti-aging centers is invaluable information you will want to share with your office. She will cover the importance of “connecting” not “selling”, tracking and adding incentive to your staff and analyzing the costs to create new patients correctly.

THE VALUE OF A QUALITY COMPOUNDING PHARMACY*Steven Russell, RPh*

Compounded medication is essential to physicians practicing Anti-Aging medicine. In fact, the pharmacy and their pharmacists can be a tremendous resource for the physician but there is a misnomer that all compounding pharmacies are the same and that the products themselves are commodities. Unfortunately, this premise is not true as pharmacies and quality vary greatly as pharmacists are not taught to compound in pharmacy school. Many pharmacies have been compounding for 5 years or less and learned to do so at a three day seminar. Therefore, it is imperative for a physician to have knowledge that the pharmacy they are using has the expertise, experience, knowledge, and superb quality assurance programs to ensure the medication are made properly as one of the tactics conventional medicine is currently using to attack Bio-Identical Hormone Therapy is poor quality of the compounded medication.

THE VALUE OF A QUALITY LAB PARTNER*James E. Paoletti, RPh*

This presentation will compare the different methods of measuring hormones including serum, urine, capillary blood, and saliva testing. It will also examine the considerations for use and the limitations of each method of testing. The validity and clinical significance of salivary testing along with the difference in methodology and the clinical significance will be presented. Finally, incorporating lab testing into your office practice will be discussed.

GOALS & OBJECTIVES:

- Describe the different methods for testing hormones and explain the advantages and disadvantages of each
- Explain the various procedures for measuring and analyzing hormones with saliva testing
- Discuss the interpretation of hormone testing results and clinical relevance to dosing, symptoms, and therapeutic outcome

* **FRIDAY, April 24 2009****BACK TO THE FUTURE: WHY THE MID-VICTORIANS LIVED HEALTHIER - AND LONGER - THAN WE DO***Paul Clayton, PhD*

Although the general perception of Victorian life is one of hardship, misery and disease, recent research shows that the opposite was the case. Detailed analysis of the mid-Victorian period has revealed that their patterns of physical activity and diet were very much better than ours, and met or surpassed current government high-end recommendations. As a direct result of their healthy lifestyles they lived as long or longer than we do, and were almost immune to the degenerative diseases that are the main causes of illness and death today. The detailed medical and other records of the day make it possible to abstract the essential elements that supported

their great good health, and played a critical role in the success of the British Empire. They also allow us to develop pharmaconutritional support programmes that are projected to afford very significant protection against degenerative disease.

GOALS & OBJECTIVES:

- To deconstruct popular myths about health and lifestyles in the 19th century. The objective here is to demonstrate that our ancestors lived longer and healthier than we do today.
- To reveal that much of what passes for current health “normality” is, seen from an historical context, grossly abnormal. The objective is to reveal the key pathogenic elements in our lifestyle relating to colorific throughput.
- To develop rational pharmaconutritional tools to prevent and reverse degenerative disease that is caused by the 21st century lifestyle. The objective is to analyze and justify the use of pharmaconutritional regimes in clinical practice.

BIOCHEMICAL FOUNDATIONS FOR LONGEVITY

C. Norman Shealy, MD, PhD

Although there are hundreds of essential neurochemicals and hormones, there are three that appear to be most critical---DHEA, Calcitonin and the byproduct of free radical damage, Malondialdehyde.

Over the past decade, I have found four techniques for rejuvenating the body’s natural production of DHEA:

- Giga frequency stimulation of 12 specific acupuncture points
- Transdermal magnesium lotion
- Natural progesterone cream
- A combination of vitamin C and MSM

Each of these raises DHEA an average of 60% individually and all 4 raise DHEA an average of 250% over baseline. Since exogenous DHEA administration has potential risks of flaring indolent hormonal based cancers, the restoration of the body’s ability to make DHEA is potentially much safer. Individuals with a naturally high level of DHEA are virtually immune to developing cancer.

Calcitonin is the major hormone responsible for maintenance of skeletal strength and osteoporosis is one of the leading causes of death in the elderly. Giga frequency stimulation of 13 specific acupuncture increases calcitonin levels naturally and safely.

Free radicals are the destructive contributors to aging and degeneration. Although antioxidants are tremendously useful in protecting the body, there is little evidence of total decrease in free radical production except with 10 servings of fruits or vegetables daily. The average American consumes less than 5 servings! Giga frequency stimulation of 13 specific acupuncture points reduces free radicals an average of 85%, far greater than any other technique found in the literature.

These natural and safe approaches for rejuvenating the body’s ability to make DHEA and calcitonin and to reduce free radicals provide a foundation for increased health and longevity.

GOALS & OBJECTIVES:

- Participants will use specific acupuncture points essential to restoring DHEA, calcitonin and reducing free radicals
- Participants will understand the importance of using human DNA frequency in rejuvenating the body
- Participants will list the 4 natural methods of rejuvenating DHEA production

BIOCHEMICAL WEAPONS FOR “MASS REDUCTION”: NOVEL APPROACHES FOR THE TREATMENT OF OBESITY

Gloria Hakkarainen, MD

Ever wonder if your hormones are holding up your attempts at weight loss? Despite dieting and exercising more Americans than ever before are struggling to get back to normal weight. Find out how you can help your

patients thru weight loss plateaus by looking at the biochemical mechanisms of satiety, learn how to safely use BHRT (bio identical hormones) to augment and optimize patient's results. Dr. Gloria Hakkarainen is multi board certified in bariatrics and a fellow of the A4M. Let her introduce the concepts of retaining lean body mass, calculation of REE/RMR (resting energy expenditure, resting metabolic rate), VO2 testing, nutritional testing and detoxification and neutralization of harmful toxic metabolites for weight loss. Learn about the Obesity testing panels of the future using adiponectin and ApoE gene testing. Use the newest evidence based mechanisms of food allergy testing, psychotherapy in conjunction with a VLCD and Balanced LCD diets. Arm yourself and your patients with the most powerful industry based science to attack unwanted fat!

THE END OF NIGHT: POTENTIAL IMPACT ON CANCER INCIDENCE

Russel J. Reiter, PhD

Light after darkness has two negative effects. Thus, it inhibits the nighttime increase in blood levels of the oncostatic agent, melatonin, and it disrupts circadian rhythms (it causes chronodisruption). Epidemiological evidence has shown that cancer incidence is increased in people living under environments where light pollution is high. In experimental animal studies, melatonin is inhibitory to a variety of cancers and, likewise, destruction of the biological clock, which causes chronodisruption, also accelerates experimental cancer growth. Because of these epidemiological and experimental findings, The National Cancer Institute has classified light at night as a Group 2A carcinogen, i.e., a probable carcinogen.

GOALS & OBJECTIVES:

- Introduce melatonin as an anticancer agent
- Illustrate the inhibitory effect of nighttime light on blood levels of melatonin
- Document how chronodisruption accelerates cancer cell growth
- Justify the classification of light at night as a Group 2A carcinogen

HORMONE MYTHS

Ronald Rothenberg, MD

Myths persist because the non-existent evidence for them is hard to refute. This presentation will address hormone myths relating to thyroid, testosterone, growth hormone, progesterone, vitamin D and cardiovascular, cancer, and neuro-cognitive outcomes. Current medical literature will be cited and analyzed to assess hormone myths.

GOALS & OBJECTIVES:

- Learn the current medical literature on the relationship of thyroid to the cardiovascular system
- Learn the current medical literature on the relationship of testosterone to prostate cancer
- Learn the relationship of hormones and nutraceuticals to adult stem cells

IMMUNIZATION FACTS AND ACCUSATIONS: ARE THEY WORTH THE RISK?

Mayer Eisenstein, MD, JD, MPH

Vaccine proponents claim that the benefits of childhood and adult vaccination are undeniable. However, vaccine opponents point out that the incidents of autism, diabetes, and other chronic immune and neurological dysfunction have increased dramatically in the last 30 years. This points out the difficulty in making an informed decision to vaccinate or not to vaccinate.

Here Is the Core of My Concern

1. There is no convincing scientific evidence that mass inoculations can be credited with eliminating any disease. . . .

Daiwa Health Development to Unravel the True Meaning of RBAC and BFPB at A4M

Daiwa Health Development, a leading researcher, manufacturer and distributor of nutraceuticals, functional foods and cosmetics, strives to create new value in the field of bioscience. You're invited to join us at A4M and learn how RBAC and BFPB may be right for your practice and patients.

Dr. Raif Tawakol, MD and Cardiovascular Surgeon

Diabetes: Glucose wars can be won and lost on the battlegrounds of coagulation and immunity

Dr. Tawakol discusses the science behind a new dietary supplement, Plasmanex1™, shown to support healthy blood circulation.

Dr. Shari Lieberman, PhD, CNS, FACN, Nutrition Scientist, Exercise Physiologist

The Science behind RBAC (BRM4)

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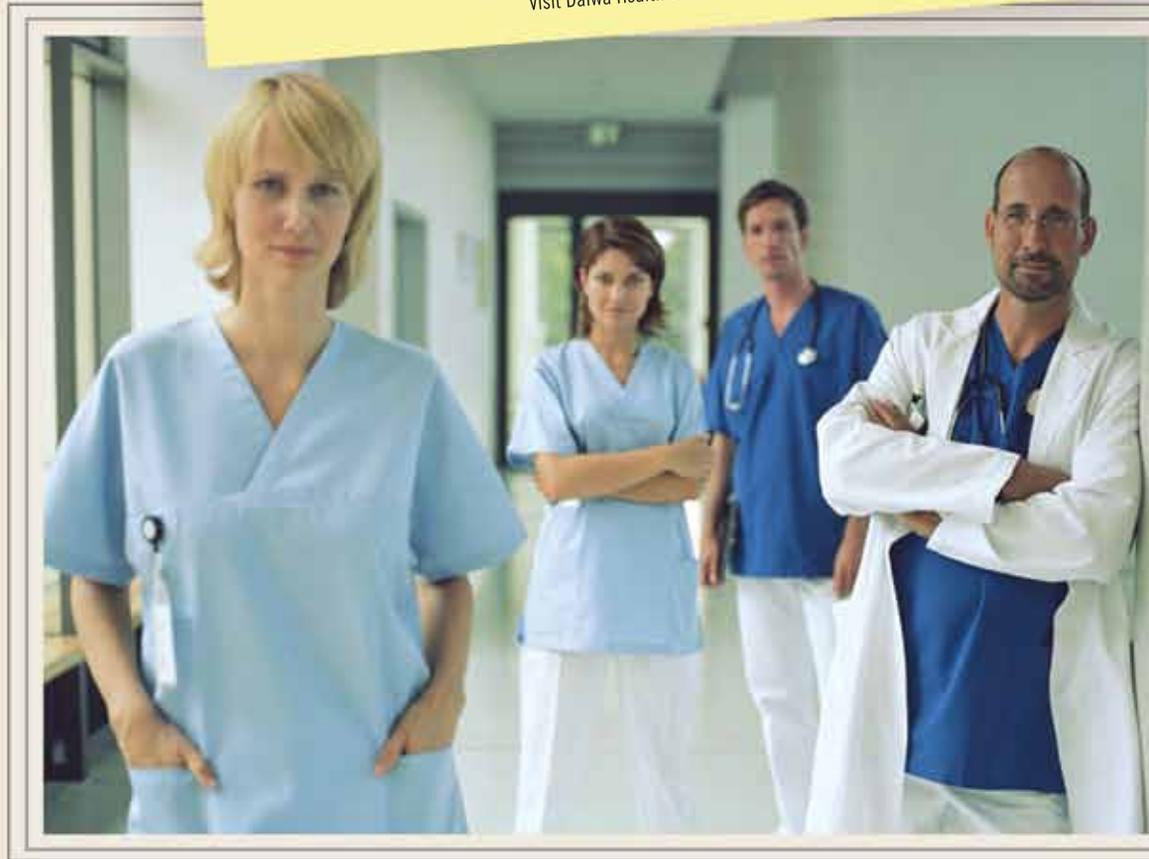
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2. It is commonly believed that the Salk vaccine was responsible for halting the polio epidemics that plagued American children in the 1940's and 1950's. If so, why did the epidemics also end in Europe, where polio vaccine was not so extensively used?
3. There are significant risks associated with every immunization and numerous contraindications. . .
4. Vaccines contain many ingredients of which the public is not aware. These include: thimerosal (a mercury preservative which can result in brain injury and autoimmune disease), ethylene glycol (anti freeze), formaldehyde (a known cancer causing agent) and aluminum (which is associated with Alzheimer's disease), etc.
5. With vaccine mandates are there legal waivers? . .

GOALS & OBJECTIVES:

- To teach the pros and cons of vaccinations
- To teach the concept of a philosophical waiver to vaccines
- To introduce aspects of vaccine law

INCREASING IGF-1 LEVELS TO THE UPPER RANGE OF NORMAL TO FIGHT DISEASE

Eric Braverman, MD

Background: Standardized endocrine tests in general have been fraught with controversy. In the past a number of hormonal test levels had to be lowered or raised as new research developments dictated appropriate levels (i.e. TSH, PTH). A similar problem has been discussed for an appropriate reference standard for IGF-1 especially as it relates to Adult Growth Hormone Deficiency (AGHD) IGF-1 plasma levels have been shown in several studies to be an important independent diagnostic tool in adults. Low IGF-1 plasma levels with low levels of other anterior pituitary hormones such as LH, FSH and TSH may lead to early diagnosis in the diagnosis of AGHD. While the standard level considered to be deficient with regard to IGF-1 is between 84-100 μ /l, according to key opinion leaders, this in by itself per se is not sufficient to diagnose AGHD. Raising IGF-1 levels to above 150 μ /l results in improvements/reverses in CMD and in many other disorders.

Methods: In order to determine the relationship of low and low normal IGF-1 levels with that of LH, FSH and TSH levels in subjects with CMD, we systematically evaluated these plasma levels($x \pm SD$) in 944 patients. The percentages of patients with IGF-1 below either 84 μ /l ; 100 μ /l and 150 μ /l were calculated and categorized.

Results: We found that 9.22 % had less than 84 μ /l (SD \pm 12.52); 19.9% had less than 100 μ /l (SD \pm 9.54) and 51.6% had less than 150 μ /l (SD \pm 26.0). Moreover, we surprisingly found that 944 that other comorbid pituitary deficiencies were rare of LH (4.25%), FSH (4.8%) and TSH (6.53%) plasma levels but did have low normal or deficient IGF-1. In this subset only .3% had two deficiencies and none had three pituitary deficiencies.

Conclusion: IGF-1 deficiencies in CMD occur independent of low LH, FSH and TSH. IGF-1 low levels between the range of 84 μ /l and 100 μ /l may be too strict a criteria to be considered an independent diagnostic marker of AGHD in patients with chronic disease. Many (51%) CMD patients have a level of <150 and may benefit from GH supplementation regardless of current deficiency standards. Furthermore, significant improvement in CMD with improving IGF-1 levels in patients with low normal IGF-1 without concomitant low levels of other hormones of anterior pituitary, i.e. TSH, FSH, LH, may suggest and confirm presence of clinically significant GH deficiency and may raise concern about present reference ranges for adults, especially in the view that normal concentrations of IGF-1 does not exclude diagnosis of deficiency.

GOALS & OBJECTIVES:

- Establish relevance of hormone deficiency to overall health
- Understand diagnostic criteria for correlating hormones and brain function
- Discuss case studies and relevant treatment protocols

THE MARS & VENUS ANTI-AGING SOLUTION

John Gray, PhD

Discover how stress affects relationships, health and aging. According to recent research, women experience twice as much stress as men. He will examine how traditional male and female roles have evolved, how these changes have increased stress levels in our lives, and how they affect romantic relationships. Dr. Gray explains how men and women naturally react to stress in vastly different ways and shows how without understanding Mars and Venus' differences, couples will experience unnecessary frustration. Backed by scientific research, Gray offers a clear, easy-to-understand program to bridge the gap between the two planets, providing effective communication strategies that will actually lower stress levels - this includes financial stress as well. Stress and mood management are essential for a longer, healthier, happier life.

He will also reveal how diet, exercise and communication skills combine to affect the production of healthy hormones and brain chemistry. Through a gender-specific diet, nutrition, and weight management program we are able to greatly increase our dopamine and oxytocin levels therefore creating healthy brain chemistry. He will explore essential physical exercises for stimulating the lymph system, endocrine system, cerebral spinal fluid, and brain system which in turn leads to a long life of health & happiness.

NERVE SIGNAL BLOCKING AS AN ALTERNATIVE TO BARIATRIC SURGERY

James M. Swain, MD

Medically-complicated obesity has become more prevalent over the last 10 years. Several bariatric surgeries are used to help this patient population lose weight and, more importantly, improve their overall health. Unfortunately, these operations occasionally fail or can have significant complications. Less invasive technologies are being developed to combat the obesity epidemic. Gastrointestinal function is heavily regulated by components of the nervous system. The Vagus nerve is intimately involved in the function of the stomach and pancreas. Currently, vagal nerve blockade is being studied to change the function of the gastrointestinal and nervous system to promote weight loss and improvement in weight-related comorbid conditions. This talk discusses the newest techniques in manipulating the human nervous system with the potential to avoid the need for more invasive bariatric surgery.

GOALS & OBJECTIVES:

- Discuss the advantages/disadvantages of current Bariatric surgery
- Demonstrate vagal nerve function in the digestive process
- Become familiar with newest technique to manipulate vagal nerve function for weight-loss

STEM CELLS: TISSUE REGENERATION

Christopher Centeno, MD

Stem cells are capable of differentiating into body tissues that may be damaged or in need of repair. As a result, much attention has been focused on this area. Since the federal ban on new embryonic research, the focus has shifted toward adult mesenchymal stem cells (MSC's). This talk will focus on the use of MSC's for musculoskeletal tissue repair including tendons, ligaments, cartilage, bone, and discs. MRI guided fluoroscopy techniques will be discussed as well as case reports reviewed.

THE STRESS CONNECTION

Eldred Taylor, MD

The connection between stress and cardiovascular disease, insulin resistance, chronic fatigue, fibromyalgia, cancer, osteoporosis, gastrointestinal dysfunction, and thyroid dysfunction will be discussed. To make the

connection, stress and cortisol must be accurately measured and treated. The lecture will allow you to understand the diagnosis and treatment of stress which will prepare the clinician to actually treat the cause of the previously mentioned conditions.

GOALS & OBJECTIVES:

- Understand the impact of stress
- Understand the physiology of stress
- Review the normal stress response
- Learn what tests best measures the physiologic response to stress
- Understand how to identify and treat adrenal dysfunction
- Understand how stress effects the cardiovascular system, insulin resistance, immune dysfunction, neurotransmitter balance, hormone balance, and thyroid function
- Review information on safe and effective therapies to correct adrenal dysfunction
- Discuss innovative testing that identifies thyroid dysfunction when TSH is normal

WHAT YOU MUST KNOW ABOUT VITAMIN K

Pamela Smith, MD, MPH

This seminar reviews the fact that 75% of vitamin K in the body is made in the gastrointestinal tract and 25% comes from the diet. It also discusses that more of this important nutrient is needed as one ages. The two natural forms of vitamin K are delineated along with the synthetic form and its usage. The five functions of vitamin K in the body are elucidated including blood coagulation, bone mineralization, vascular health and elasticity, cell signaling and cancer prevention, and brain cell protection. The use of vitamin K and the drug warfarin are also discussed.

* **SATURDAY**, April 25 2009

ANTI-AGING MEDICINE'S ROLE IN THE COMING HEALTH CARE CRISIS

James T. Bell, PhD

The USA is estimated to spend 17% of Gross Domestic Production (GDP) on healthcare expenditures. The USA is projected to be at 25% of GDP by 2025 and an unbelievable 49% of GDP by 2082! This is not sustainable and doctors will be forced to pick the cheapest modalities and not the best modalities for their patients' care.

The foundation of Anti-Aging medicine is and always has been exercise, nutrition, diet, lifestyle, and stress management. It is becoming more and more apparent among all members of the medical community that exercise is becoming the single most critical aspect of both anti-aging medicine and overall medical care. With healthcare costs approaching three trillion dollars, doctors must increase their knowledge, skills and abilities in exercise and nutrition prescription and teach their patients to begin and maintain an exercise and nutrition lifestyle. This is the only way to avoid a catastrophic healthcare crisis from devastating the entire American population. And not only the American population—we are seeing the obesity epidemic spreading to all industrialized nations. The European obesity epidemic has numbers nearly as high as the US. China has the fastest growing rate of obesity ever seen, with India a close second. The obesity epidemic is projected to afflict 70% of the population by 2015, and if this projection comes true, 3 trillion dollars may seem a very small number. Obesity causes Metabolic Syndrome and dozens of diseases, disabilities and dysfunctions.

Exercise has a highly beneficial effect on the care and prevention of over 65 different diseases, disabilities and disorders. ACSM guidelines place less emphasis on vigorous exercise than on moderate-intensity exercise (55-75% of maximum heart rate or 40-60% VO₂max), particularly for sedentary adults (ACSM 2000, IFSM 1990, Pate et al 1995, Wilmore 2003). Low intensity exercise has been shown to contribute to fat loss, reduce stress and depression



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by improving various biochemical reactions such as the release of endorphins and many other benefits. 30 minutes or more at least 3 times per week of low-intensity aerobic exercise significantly improves BP, HDL, LDL, Triglycerides, lipid metabolism, glucose tolerance, blood clotting, metabolism, aerobic fitness and body composition (Haskell 1995, Malkin 2002, DeBusk, et.al. 1990, Ebiser 1985, Kesaniemi et.al. 2001, Paffenbarger et.al. 1986).

Exercise is a therapeutic intervention that requires a customized dose (Frequency, Intensity, Time, and Type according to the F.I.T.T. Principle). A dose-response relationship exists between exercise and a specific medical, health, or fitness outcomes, if there is a consistent relationship between volume (Frequency and Time) or Intensity of the exercise and outcome (La Forge 2001). Just like a drug prescription, the doctor must prescribe the appropriate dose of exercise—a prescription that is not patient-centered can create adverse effects; these can include overuse strains, fatigue, injuries, immune system dysfunctions, resulting in poor health, loss in motivation and compliance and in rare, worst-case scenarios, DEATH! The best response will be achieved with a dose-specific, medical, health-related exercise prescription

GOALS & OBJECTIVES:

- Understanding the physician's role in preventing the healthcare crisis
- Understanding exercise prescriptions for preventing over 65 different diseases, disabilities and dysfunctions
- Learn an Anti-Aging medicine exercise prescription to rejuvenate the over-40 physically inactive patient—20 years in as little as 8 weeks!
- Understanding nutrition prescription for the care and prevention of numerous diseases
- Learn the appropriate interventions and modalities on how "athletic" 80 year-old patients can outperform the "inactive" 30 year-old patient!

CAN CELL THERAPY REVITALIZE DYSFUNCTIONS OF ORGAN SYSTEMS OR ORGANS

Helmut Brammer, MD

Cell Therapy is a biological therapy. It is defined as an injection, implantation of fetal or juvenile cells and tissue particles or peptides in physiological solutions. However, it must be pointed out that cell therapy like any other medical trend should be part of a comprehensive holistic concept. The purpose of cell therapy is not to remove a conspicuous symptom but the elimination of the cause of the symptom. Not only the affected organ, but the entire complex of organ regulations should be taken into account. Cell therapy can be used in a variety of disorders including peripheral circulatory disorders and arteriosclerosis, cardiac insufficiency, disorders of fertility, ovarian insufficiency, diabetes mellitus, skin revitalization, revitalization of the central nervous system (especially in cases of infantile cerebral palsy), and atrophic processes in the brain.

Although Cell Therapy can achieve quite astonishing results it should always be used in conjunction with the COCOM concept.

COCOM – stands for:

1. Cell- Therapy as the leading treatment
2. Ozone- Therapy to improve the O₂ partial pressure
3. Chelation- Therapy to detoxify heavy metals and free radicals
4. Oxygen- Therapy to improve the micro – circulation
5. Magnetic- Therapy as a logistic transport system for O₂ and Cell-factors

These 5 well known methods are summed up because of their synergistic effects as I experienced more than 30 years in my Private-Clinic for Natural Healing and Holistic Medicine in Northern-Germany.

GOALS & OBJECTIVES:

- Cardiovascular revitalization through cell therapy
- Positive influences of cell therapy on central nervous system disorders
- Rejuvenation of skin disorders, burns, severe eczemas with skin cell factors

HOW SUNSHINE MAY REDUCE CANCER BY 50%

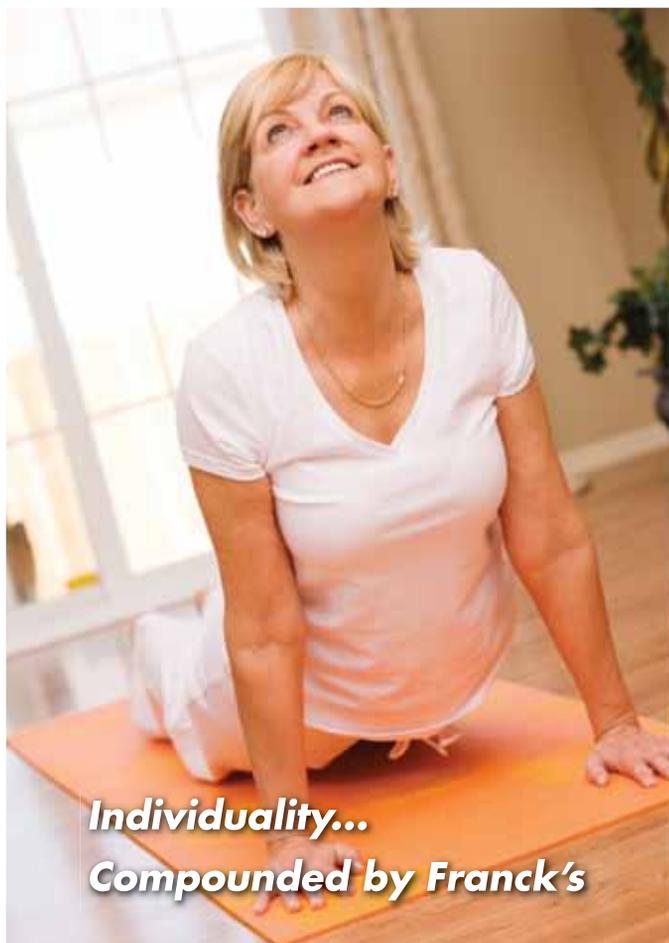
Joseph Mercola, DO

Vitamin D deficiency is a worldwide problem and is pervasive in North America. This is concerning, as research continues to accumulate documenting the many beneficial effects it has such as: lowering blood pressure, obesity, heart disease, osteoporosis, autoimmune diseases like MS, rheumatoid arthritis and type one diabetes. However, the most significant influence is likely related to its influence on cancer as recent studies have suggests that one million people die every year worldwide from inadequate sun exposure, resulting in suboptimal vitamin D levels. Since cancer incidence has increased to the point where cancer is now the number one cause of death in the US for those under 70, this demands our attention, and is moving the standard of care towards criminal and negligent malpractice if vitamin D levels are not aggressively monitored as part of most cancer treatment programs. Although oral vitamin D therapy can be used, it is not the best approach and is also associated with risk of potential overdose if not carefully monitored. Ideally, optimal vitamin D levels should be achieved by wise application of appropriate sun exposure. There are a variety of clinical variables that need to be addressed when using sunlight therapy in this application.

HUMAN LONGEVITY: A NEW PARADIGM

Joseph Maroon, MD and Jeffrey Bost, PAC

This lecture is intended to review the topic of human longevity and specifically target past theories of limits to human lifespan, current research in this area and how advances in the study of the genetic controls of cellular apoptosis, along with the sequencing of the human genetic code now can allow for specific targeted interventions to improve human longevity. These interventions include calorie restriction and the use of naturally occurring molecules, such as resveratrol to alter human DNA translation to enhance cellular function. These topics will provide health practitioners insight into advance research that may soon provide specific techniques to improved human longevity and health.



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LIVE CELL THERAPY FOR ANTI-AGING*Stephen Holt, MD, PhD, ND, LLD*

Cell Therapy has been practiced from time immemorial, culminating in the modern use of human stem cell transplantation. Live cell therapy is a specific form of cell therapy that has led to a variety of treatment concepts that involve the use of animal tissues. After some contentious arguments among physicians in Europe, a legal definition of live cell therapy was agreed upon in the law court of Dusseldorf, Germany, in 1977 (02.06.1977, AZ: 2U41/7512U462-74). This procedure is permitted at law in Germany, with tacit acceptance in Switzerland and Austria, endorsed indirectly by the Parliament of the Economic Union. Live cell therapy is not permitted to be undertaken in the US, except under strictly controlled experimental circumstances. In brief, fresh cells are obtained from a newly-sacrificed fetus (usually of a sheep) which has been quarantined for several weeks at the location of the clinic, where live cell treatments are performed. Within 20 minutes (approx) after slaughter, various organ tissues of the fetus are isolated and carefully processed to produce cell suspensions that are injected into a human recipient. The classic procedure was developed in 1927, by Paul Niehans MD, a Swiss physician, who modified the therapeutic approach by using freeze-dried cellular tissue (lyophilisat therapy). The Niehans technique, as currently applied, is not live cell therapy, but it uses cellular fragments. Extensions of cell therapy involve a variety of tissue or cellular extracts that are given by oral or topical means, e.g. thymus extracts. These forms of treatment are commonly referred to as “glandular therapies.” It is estimated that several million patients may have undergone live cell therapy or related procedures over the past 80 years in Germany, Switzerland, Russia and elsewhere. Clinical outcome studies have been described by several pioneers of cell therapy including: Paul Niehans, Burkhard Aschhoff, E. Michael Molnar, Siegfried Block, Franz Schmid, Peter Stephan and others. Much of the clinical outcome data on live cell therapy is described in an anecdotal, but highly beneficial, manner in large open-label patient experiences. The documented precedent for the benefit of this procedure in disease management and revitalization interventions has sustained ongoing interest and practice of live cell therapy, in a consistent manner. While practitioners of conventional immunotherapy have rejected often the value of live cell therapy, the benefits that have been described could not have occurred by chance alone. It is stated often that animal cells can be of no benefit in xenotransplantation because of their universal immune rejection by humankind. However, embryonic animal cells (stem cells) are not as immunogenic as adult somatic animal cells; and it is documented that animal tissue used in xenotransplantation may not provoke an acute immune rejection to the same degree as even minor mismatched human allografts (minor changes in human MHC). The mechanisms whereby fresh cell xenotransplants may exert beneficial effects include their content of cell signaling factors and molecules that may initiate reprogramming of cellular functions (e.g. RNA mosaics causing alterations in DNA replication and transcription). It is postulated that stem cell xenotransplantation may provide a special immune circumstance that has a favorable effect on ailing or diseased tissues. It is notable that the literature on live cell therapy does not describe serious immune rejection responses. Concepts involving cell fusion with epigenetic influences on the expression of the human genome remain interesting postulates that may explain a scientific basis for live cell treatment. Live cell therapists subscribe to an impervious belief that pertains to organ specificity of animal cells, in their effects in humankind; and some degree of selective localization of stem cell xenotransplants is believed to occur in diseased or ailing tissues. While frenetic interest continues in the area of human stem cell transplantation, modern clinicians are revisiting the idea of using animal tissues, to overcome the ethical objections to the use of human stem cell tissue. There is a perception that adult stem cells may not have an optimal effect for tissue regeneration. Live cell therapy presents an interesting anti aging strategy that is widely practiced in an increasing manner in many developed countries outside the United States.

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

The basic concepts of stem cell therapy will be reviewed, highlighting the different sources of stem cells and the current state of research with embryonic stem cells as compared to adult stem cells in fighting disease. The presentation will focus on the application of Autologous Adult Stem Cell Therapy as a treatment for patients

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with various end stage diseases. Clinical data from one month through one year follow up will be presented. Case studies include patients treated for cardiomyopathy, congestive heart failure, pulmonary hypertension, pulmonary fibrosis, critical limb ischemia, renal insufficiency and early dementia. New clinical trials with neurologic diseases will be discussed.

Methods

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

Conclusions

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

SILVER SOL IMPROVES WOUND HEALING: CASE STUDIES IN THE USE OF SILVER SOL IN CLOSING WOUNDS (INCLUDING MRSA), PREVENTING INFECTION, INFLAMMATION AND ACTIVATING STEM CELLS

Gordon Pedersen, PhD

Wound healing is a complex and fragile process, which can be complicated by infection and inflammation. In this study, multiple cases are reviewed pictorially for the purpose of recording improved wound healing using the antimicrobial Silver Sol gel. The daily use of Silver Sol gel results in reduced infection (including MRSA), which leads to less inflammation. By reducing the inflammation and infection wounds close faster and with less scarring. This remarkable review of the healing process strongly suggest that Silver Sol gel helps disinfect the wound, prevents infection, helps reduce inflammation and stimulates stem cells resulting in improved wound healing characterized by reduced inflammation, improved angiogenesis, faster phagocytosis and reduced scarring.

Three cases were recorded and studied, where the antimicrobial Silver Sol gel was used multiple times daily to help produce remarkable recoveries in; 1. A complicated MRSA infected wound. 2. Serious facial lacerations and the prevention of infection and inflammation. 3. A serious burn in an immune compromised patient.

The Silver Sol gel produced remarkable healing results in the MRSA infected wound by destroying the bacteria and helping to close a wound that was previously open and infected for over one year. Silver Sol gel helped produce a remarkable healing in a serious facial laceration preventing infection, significantly reducing inflammation resulting in an extremely rapid healing with little scarring. Silver sol gel was sprayed on a serious third degree burn in an 88 year old immune compromised patient helping to prevent infection and close a very difficult burn wound.

GOALS & OBJECTIVES:

- Demonstrate extraordinary benefits of Silver Sol on wound healing
- Teach how to use Silver Sol topically and internally
- Aid health care professionals to start using Silver Sol in wound care

TOXICITY AND PITFALLS OF BOTOX AND INJECTABLE FILLERS: AVOIDING LIABILITY AND ENSURING EXCELLENT OUTCOMES

Anais Aurora Badia, DO

The demand for and use of Botox and a myriad of fillers is well known, but complications can arise if improperly administered. In modern society, competition for corporate jobs, among other factors, has driven a great number of people to these noninvasive cosmetic techniques. Along with a health conscious lifestyle, procedures like Botox are a way for individuals to have their outsides match their insides. Botox was being used off-label by the end of the 1990s for wrinkle reduction, but was FDA approved for aesthetic uses in 2002. Since then, Botox has become one of the most popular cosmetic procedures for both women and men. Although millions of people have been safely treated with Botox and fillers, patient safety is a prime concern. The entire cosmetic surgery field has grown in response to demand, but some untrained healthcare workers have been trying to benefit financially from this lucrative field, which can potentially increase risk to patients. With proper education and training, complications can be minimized. Serious problems can arise with Botox and fillers, but are rare, when correctly injected. Optimal technique and potential pitfalls will be reviewed and discussed.

THE USE OF T3 AND HERBAL MEDICINE TO RESET BODY TEMPERATURE AND RECALIBRATE BODILY SYSTEMS AND FUNCTIONS

E. Denis Wilson, MD

Many people in the world today suffer from intractable symptoms of chronic fatigue, migraines, depression, easy weight gain, premenstrual syndrome, irritability, fluid retention, fibromyalgia, anxiety, panic attacks, hair loss, decreased memory and concentration, low sex drive, insomnia, constipation and many others. Sometimes, doctors recognize the possibility that these symptoms could be due to low thyroid function. Unfortunately, many doctors have been taught and do believe that the possibility that such patients might respond very well to thyroid hormone supplementation is ruled out by normal thyroid blood tests. However, studies suggest and experience demonstrates that symptomatic patients may benefit from thyroid supplementation even when their blood tests are normal.

Normal blood tests do not ensure there is adequate stimulation of the cells by the active thyroid hormone T3. Stress and chronic illness have been shown to decrease the conversion of thyroxine (T4) to triiodothyronine (T3). The effects of aging are similar to the effects of stress. The incidence of thyroid impairment increases with age. Thyroid impairment has been shown to contribute to atherosclerosis, myocardial infarction, congestive heart failure, pulmonary failure, renal failure, and others. The implications are staggering. Many people are aging with reversible thyroid insufficiency and impairment that might be easily corrected with simple recognition and treatment. Not only can the recognition and treatment of this problem significantly affect mortality and survival but it can have enormous bearing on patients' quality of life.

Low thyroid function is characterized by low body temperatures. People can suffer from low body temperatures and low thyroid symptoms that respond well to treatment (liothyronine, herbal medicine) even when their thyroid blood tests are normal. In this setting, patients often respond better to T3 alone than they do to T4-containing medicines. When clinically hypothyroid and biochemically euthyroid patients are treated with cyclic T3 therapy their symptoms often remain improved even after the treatment has been discontinued, suggesting that their thyroid systems have been reset. Body temperature is a very basic physiological parameter that can have a bearing on almost every bodily function as well as the body's response to almost any form of medical treatment. When patients have low body temperatures they may not respond as expected to many conventional and alternative therapies.

THE VIRAL CRISIS*Shari Lieberman, PhD, CNS, FACN*

Antibiotic resistance to drug therapy is a world wide problem. Viruses develop drug resistance as well. The need for safe, effective antivirals has become paramount. Virucidal resistance has occurred in Herpes simplex I and II as a result of acyclovir resistance. There are very limited antiviral treatments in conventional medicine against the vast majority of viruses that affect humans. However, there are several antiviral plant compounds with well-documented human and animal clinical research that have been shown to be extremely effective against viruses such as: HIV, measles, Herpes simplex I and II, Herpes zoster, cytomegalovirus, Epstein barr virus, influenza and hepatitis A, B and C without inducing resistance. Additionally, many of these virucidal compounds also exhibit anti-fungal effects against *Candida albicans* and antibiotic effects against bacteria such as *Staphylococcus aureus* and streptococcus. Plants and plant compounds that have exhibited profound virucidal activity against the aforementioned viruses, bacteria and yeast include glycyrrhizin, monolaurin, several *Phyllanthus* species and *Astragalus*. The clinical application and mechanism of action will be reviewed in this presentation.

GOALS & OBJECTIVES:

- To identify specific plant and plant compounds as effective antivirals
- To understand the mechanism of action of specific plant and plant compounds as antivirals
- To become proficient in recommending plant and plant compounds for specific human viruses



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as well as promote lipolysis &
muscle hypertrophy

IM Research, the Pacemaker Technology, London University, UK

Xanya Sofra-Weiss, Ph.D

Bioimpedance Neuronal Microstimulation (BNM) was engineered to treat sports injury and muscle atrophy, as well as promote lipolysis and muscle hypertrophy. A clinical study with individuals presenting abnormally clumped RBCs was completed in February 2009 with the Ion Magnum. Results indicate that this technology rapidly and efficiently leads to normalized erythrocytes' separation at the microscopic level. Red Blood Cells' (RBCs) separation is crucial for the timely transport of hormones, antibodies, oxygen and nutrients to the cells and waste products to the kidneys. Therefore, blood separation is crucial in a number of biological processes including cellular cleansing, nourishment and oxygenation, endocrine and immune functioning.

Ion Magnum's (IM) dynamic, multi-sine, analogue waveform was originally tested at the cellular level by Dr. Donald Gilbert (1992), a molecular biologist, and was electronically composed by the Co-Inventor of the first Pacemaker (2008) to resonate at the motor nerve the signal of strenuous exercise normally emitted by the brain. Due to its resonance with the biological signal, the Ion Magnum signal spreads throughout the CNS ultimately triggering hormonal secretion such as Growth Hormone (GF), Thyroxine (T4) and Triiodothyronine (T3) for lipolysis and Insulin Growth Factor (IGF-1) for muscle hypertrophy. Power detox is an additional benefit of Ion Magnum's induced effortless and painless isometric and isotonic muscle contractions. Several devices stimulate the muscles such as TENS Muscle Stimulators. However, TENS devices deplete ATP. Besides, muscle stimulation does not automatically release hormones. Neuronal synapses activated out of sync with the other inputs to the neuron stands out as odd and are eliminated. Neuronal synapses that are activated in sync with other inputs to the neuron are strengthened. The signal of a device must be in sync with the biological choreography in order to spread via the spinal cord and reach the brain. In sync, or resonance, has been touted by a number of approximate hit-or-miss techniques involving magnetic and electrical fields with

dubious inconsistent results. But no technology has ever achieved nerve signaling that is biologically comparable to physical exercise. What the Co-Inventor of the first Pacemaker has accomplished, first in London University and then in the EU funded Research Center for Innovations Science, UK, is a full force, high-speed workout without actual movement, side effects or pain, that enhances hormonal secretion. Lipolysis and muscle hypertrophy following IM treatments has been reported by a number single subject design clinical studies.

IM neuronal microstimulation mobilizes the skeletal muscles into rhythmical pleasurable contractions the way the Pacemaker sets the heart rhythm by brief resonant signals. Intracellularly, this process involves neuronal signals traveling down the spinal cord, carrying the message to the brain via synapses strengthened by virtue of being activated in sync by IM's resonant inputs. IM's analogue multi-sine waveform signal has a history of 30 years of research in London University, UK. This bio-identical signal initially targets the motor neurons resulting in rhythmical muscle contractions equivalent to performing high resistance physical activity. The process is initiated at the peripheral motor neuron, then the circuit is completed by outgoing CNS neuron emission. This CNS emission causes the ultimate production of Free T3 and GH/IGF-1, which in turn cause lipolysis and muscular hypertrophy. Triggering hormonal secretion, however, is only part of the process. GF is transported via the blood to the liver to be transformed into IGF-1 which causes muscle hypertrophy. T3 and T4 are also released into the blood stream, being transported throughout the body where they control lipolysis and overall metabolism.

The present study involved 19 randomly selected subjects (17 females and 2 males) all of which received six 45 minute IM treatments every other day. All subjects completed a medical questionnaire. None of the subjects reported any medical disorders. None of the subjects was on a special diet or regular exercise regime. No special supplements or medications were offered during the study. The subjects were instructed

to drink an average of 6 glasses of water daily. All subjects were given a 16.9 fluid oz bottle of water prior to the treatment and a second bottle of water after the treatment.

METHOD: A drop of the subject's blood was drawn from the fingertip of each subject and placed on a microscope slide. A special lens inside the microscope projected an intimate view of the living blood onto a computer screen by way of a video camera. The camera was hooked up to the microscope enabling the taking of photographs of a each subject's blood sample before and after treatment. There were at least 5 pictures taken from different aspects of each sample to control for the possibility of contaminating the validity and reliability of the results by selecting a certain aspect of the sample over another. This was a blind study conducted by individuals that had not been given information as to how to interpret blood samples.

VARIABLES: 1. The presence of round, separated, freely moving erythrocytes. 2. Rouleau, in which the red blood cells are clumped together and stacked like coins. This suggests the presence of free radicals. Rouleau affects proper oxygenation and favors the growth of unhealthy organisms that can survive in a milieu that is less oxygen rich. Fungi, bacteria, and viruses require less oxygen than healthy tissue. 3. Erythrocyte aggregation, a condition one step worse than rouleau. This is often seen in people with degenerative diseases, degeneration of tissue, low oxygen and acidity. This condition can precede a blood clot which can cause a stroke or heart attack. 4. Poikilocytosis, a condition caused by free radicals. Usually, free radical damage signifies that there will also be damage to the nuclei of tissue cells. 5. Fungal forms: a sign of poor assimilation of nutrients and an acidic condition in the body fluids 6. Bacteria. 7. Thrombocyte Aggregation: when the thrombocytes (platelets) aggregate can form a clot which can block an artery.

RESULTS: 97% of the subjects had an immediate improvement after the first treatment. However the improvement was on the average limited to going from Erythrocyte Aggregation to mostly Rouleau plus some round, separated, freely moving erythrocytes. Before the 6th treatment, 60% of the subjects had 70% rouleau and 30% normal RBCs separation. 40% of the subjects had mostly round, separated, freely moving erythrocytes before the 6th treatment. After the end of the 6th treatment, 85% of the subjects had mostly round, separated, freely moving erythrocytes. 20% of the subjects had about 30% rouleau and 70% RBCs separation after the 6th treatment. 5% of the subjects had rouleau and minimal RBG's separation after the 6th treatment. 92% of the subjects had reduced fungal forms, poikilocytosis, thrombocyte aggregation and bacteria. 45% out of that 92% of the subjects with fungal forms, poikilocytosis, thrombocyte aggregation and bacteria present in their blood prior to the first treatment showed none of these forms in the after blood sample after the 6th treatment. 100% of the subjects showed a significant improvement in terms of Poikiloacytosis. These highly significant results may reflect the device's potential in acting as a mega antioxidant by replenishing the missing electrons of free radicals, thus turning them into stable molecules.

CONCLUSION: The results of this clinical microscopy study can be summarized as follows:

1. IM treatments result in an overall improvement in terms of normalized erythrocyte separation.
2. On the average, RBCs separation appears to linearly improve with increased number of treatments.
3. IM treatments appear to have a negative correlation with the number of fungal forms, poikilocytosis, thrombocyte aggregation and bacteria present in the blood prior to the IM treatments, demonstrating a significant reduction of all of the above mentioned variables after the 6th treatment.
4. The enhanced erythrocyte separation as well as the reduction of fungal forms, poikilocytosis, thrombocyte aggregation and bacteria persisted during the intervals between treatments. A longitudinal study is necessary to investigate the total length of time during which such normalization effects continue to be present. So far, two subjects that have been followed up over a period of three months have sustained the Ion Mangum's positive effects on RBCs separation. This technology that was initially based on research associated with the Pace-maker and gained its popularity in the field of body building and cosmetic procedures is now coming full circle by offering benefits that

can be potentially used in Medicine to reduce the incidence or progression of cardiac disorders as a result of erythrocyte aggregation. IM treatments effortlessly exercise the body without lactic acid production while enhancing RBCs separation. This process of exercis-

ing without actually exercising could solve the dilemma caused by intolerance to Statins which is associated with intolerance to exercise, possibly due to lactic acid formation. Statins are widely prescribed to lower high blood cholesterol and thus reduce the risk for heart disease.

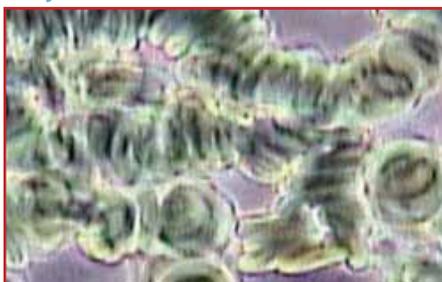
Subject 3 Before 1st Treatment



After 6th Treatment



Subject 5 Before 1st Treatment



After 6th Treatment



Subject 8 Before 1st Treatment



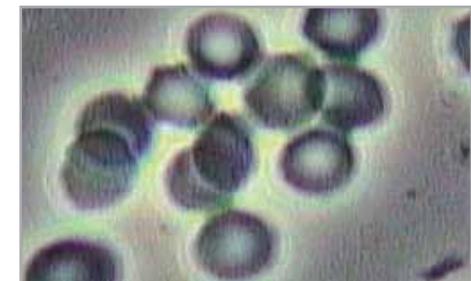
After 6th Treatment



Subject 12 Before 1st Treatment



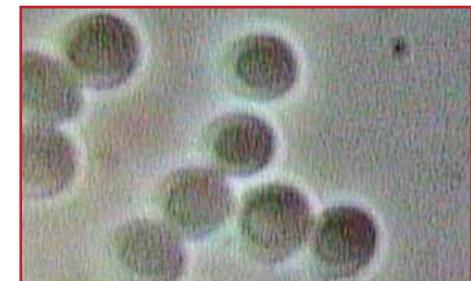
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Subject 14 Before 1st Treatment



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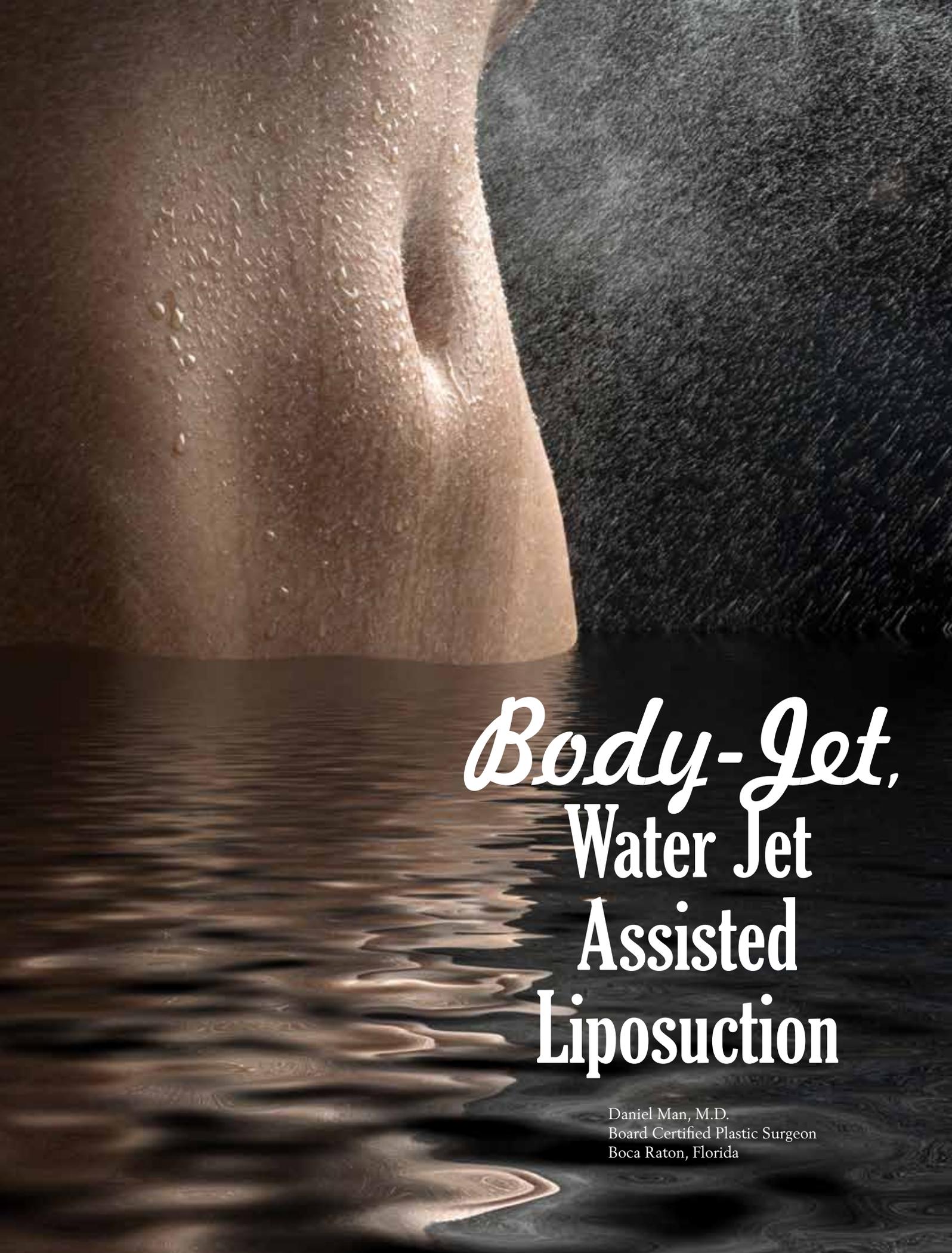
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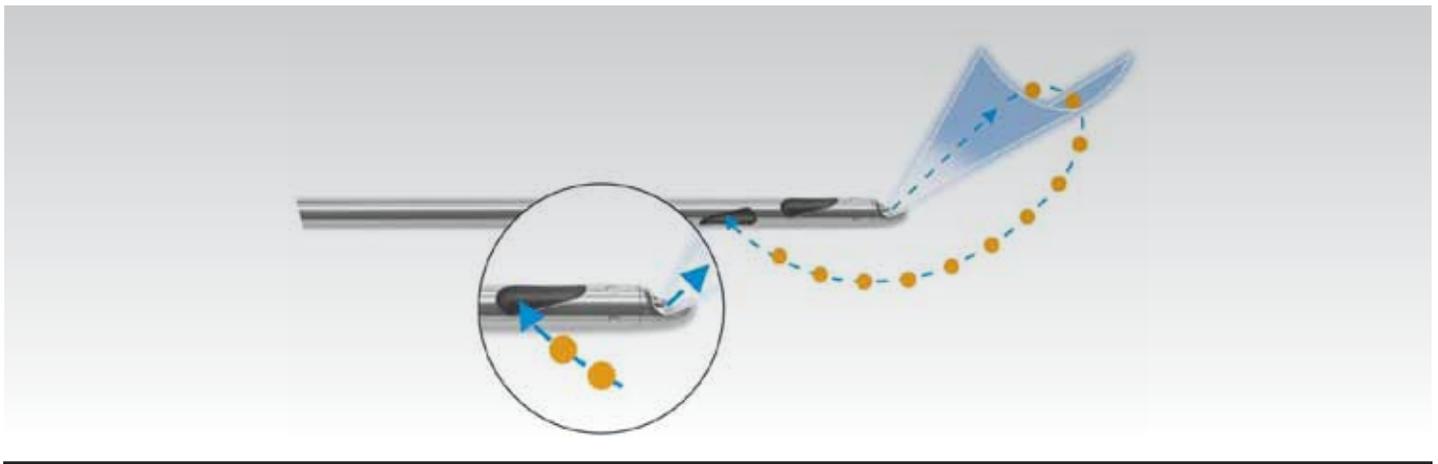


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Daniel Man, M.D.
Board Certified Plastic Surgeon
Boca Raton, Florida



BODY FAT ON AN ADULT TENDS TO INCREASE GRADUALLY OVER THE YEARS. After the age of 30, an individual often gains fat according to a genetically predetermined pattern. For example, the abdomen, hips and the area under the chin are places where fat begins to accumulate in adults. Fat in these areas is often resistant to diet or exercise. After pregnancy, the fat on the abdomen and hips may persist despite concerted efforts at dieting and exercising. Liposuction can help. For many people who have an inherited tendency to accumulate localized deposits of fat, liposuction seems the best means of significantly changing the body's silhouette. In effect, liposuction surgery is equivalent to being able to focus the effects of dieting to specific areas of the body. Since the introduction of the tumescent technique for liposuction with local anesthesia, removal of fat deposits has become one of the most common aesthetic surgery procedures in the world.

EclipseMed Ltd, a leading national distributor of advanced medical and aesthetic equipment, and Human Med AG, of Germany, a leading manufacturer of medical and aesthetic devices have joined forces to introduce a revolutionary new liposuction technology, Body-Jet®. Body-Jet provides a novel approach to removing fat by utilizing a gentle and controlled sequence of pulsed sprayed saline to dislodge mainly intact fat cells. While traditional liposuction basically destroys fat cells, the Body-Jet loosens fat with little impact on the fat cell itself. It uses a gentle jet of water to navigate through the internal tissue, a process which until now, required manual force from the surgeon. Additionally, the science behind Body-Jet's method of water-jet

assisted liposuction allows for better assessment of new contours during surgery which greatly reduces the number of corrective procedures that need to be performed.

Water jet-assisted liposuction uses a thin, targeted fan-shaped jet to apply fluid during the procedure. The purpose of the fluid is not to cut sharply through tissue, but to loosen fat cells with as little damage to fat cells and surrounding tissue as possible. The jet is channeled into adipose tissue to loosen the tissue structure and release fat cells.

Tumescent solutions provide long-lasting, maximum anesthetization with minimal side effects. In almost all cases the solution creates analgesia that is suitable for the performance of painless



or near painless liposuction. Therefore, general anesthesia or sedation that suppresses consciousness is no longer necessary.

Using Body-Jet, a pressure system directs the infiltration solution through a closed tubing system into a very thin application cannula. The flow of infiltrate may be customized for each case and can be selected from several different levels through a software guidance system. A pulsating jet is



Worries about the formation of ripples and divots are unfounded when using the Body-Jet. The amount of tissue removed with each passage is so small that unintentional, over-aspiration is virtually impossible when proceeding in a controlled manner.

produced instead of a continuous jet of fluid to deliver a gentle flow of infiltrate and avoiding any possibility of causing trauma to surrounding tissue and structures.

After infiltration, it is not necessary to wait before starting aspiration as Body-Jet Liposuction does not require high-volume tumescent pre-infiltration. Anesthetization and vasoconstriction take place over a shorter period. Reduction in waiting time is beneficial as this reduces the risks of systemic side effects and procedure time is shortened. Treated areas are not “bloated” as the infiltrated solution is being simultaneously re-aspirated.

The infiltration cannula is swapped for the suction cannula and the aspiration process begins immediately. As a general rule, the fluid leads the way; the cannula simply follows and

penetrates soft areas. The functional structures are displaced by the jet and thereby protected from mechanical trauma. A gentle, force-free method of working is always a sure sign of a safe and atraumatic procedure.

One of the most unique aspects of the Body-Jet is its AquaShapeFT™ LipoCollector which is suitable for the collection of fat intended for re-injection or laboratory purpose.

Body-Jet offers a superior harvesting opportunity for fat transfer. Until now, the recovery of fat from liposuction patients has been a laborious process, involving centrifuges and prolonged time to ‘process’ the fat before use for injection. When immediately filtered with appropriate accessories, Body-Jet does not require the lengthy centrifuge process usually necessary to reduce water volume before a fat transfer.

After fat deposits have been aspirated, contours may be shaped and fine-tuned. Considerably less intraoperative swelling allows us to contour the body and achieve the target result with great precision.

Worries about the formation of ripples and divots are unfounded when using the Body-Jet. The amount of tissue removed with each passage is so small that unintentional, over-aspiration is virtually impossible when proceeding in a controlled manner.

In comparison to the standard tumescent liposuction technique, Body-Jet WAL only requires an average of 20% to 30% of tumescent solution in pre-infiltration. The length of time the tumescent solution remains in the tissue is also considerably lower. Additionally, there is significantly less pain-related impairment during and after the procedure. Patients recover quickly and return to normal daily activities rapidly. ♦

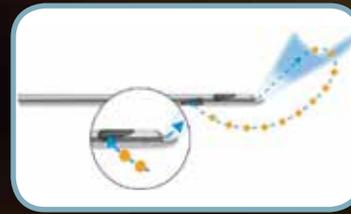
► **DR. MAN** is a board-certified plastic surgeon in private practice in Boca Raton, Florida. An accomplished author, artist, inventor and educator, Dr. Man has devoted his life’s work to helping people look younger and improve their appearance through cosmetic surgery.

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▮ BADGES

The official registration badge should be prominently displayed at all times for admission to the meeting rooms and exhibit hall, during show hours and official events.

The 17th 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 Thursday; General Session (Friday & Saturday); Evening Workshops; plus Exposition.

GENERAL SESSION: All General Session (Friday & Saturday); Evening Workshops; plus Exposition.

DAILY CONFERENCE: All General Sessions on the day selected (Friday & Saturday); Evening Workshops (of selected day); plus Exposition (of selected day).

PRE-CONFERENCE: Pre-Conference Session (Thursday) only.

EXHIBIT HALL ONLY: Exposition during exhibit hours.

FELLOWSHIP: Fellowship Anti-Aging and Regenerative Medicine, Fellowship in Aesthetic Medicine.

WORKSHOP/SEMINARS: Paid for workshops and seminars

▮ SHOW REGULATIONS

1. An official picture ID is required to pick up Name Badge.
2. Name badge must be worn at all times during show hours and official events.
3. No one under the age of 18 will be admitted to the Exhibit Hall.
4. Event is open to healthcare professionals and their invited registered guests only.
5. Still photography is permitted in the Exhibit Hall only by press, with the prior permission of Show Management, and prior permission from the firm(s) whose booth(s) are being photographed. Videography in the Exhibit Hall (motion video, film, or digital) is permitted only at the discretion and with advance permission of Show Management and the prior permission of individual(s) and/or firm being photographed.
6. Audiorecording (tape or digital) of Pre-conference Session, General Session, and Workshop speakers is expressly prohibited. Still photography and videography (motion video, film, or digital) of Pre-conference Session, General Session, and Workshop speakers by any party (ies) other than Show Management requires prior advance permission and authorization.
7. Unauthorized solicitation is prohibited. Solicitation of business on the premises of the Exposition Hall by anyone other than official Anti-Aging Exposition exhibitors is strictly forbidden. Solicitation of business during in, and in the immediate proximity of, the Pre-conference Session rooms and the General Session lecture hall is extremely prohibited. In addition, non-A4M and/or commercial literature of any kind may not be distributed near or at the Congress Registration area and all conference-related general public areas.
8. No medical procedures are permitted to take place in Exposition exhibit hall booths without prior permission of show Management.
9. Smoking is prohibited on the Anti-Aging Exposition exhibit floor and in all meeting rooms.
10. Show Management reserves the right to expel any individual and/or company without recourse or refund at its sole discretion.

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