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Exhibit Hall

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Welcome

Distinguished Colleagues:

The American Academy of Anti-Aging Medicine (A4M) welcomes you to Orlando for the Spring 2011 Session of the 19th Annual World Congress on Anti-Aging and Aesthetic Medicine.

A clinical specialty founded on the application of advanced scientific and medical technologies for the early detection, prevention, treatment, and reversal of age-related dysfunction, disorders, and diseases, anti-aging medicine aims not to merely prolong the total years of an individual's life, but to ensure that those years are enjoyed in a productive and vital fashion. The exponential growth in the popularity of anti-aging medicine is largely a result of the global demographics shift towards a swelling aging population. The United Nations observes that: "The world is in the midst of a unique and irreversible process of demographic transition that will result in older populations everywhere. As fertility rates decline, the proportion of persons aged 60 and over is expected to double between 2007 and 2050, and their actual number will more than triple, reaching 2 billion by 2050. In most countries, the number of those over 80 is likely to quadruple to nearly 400 million by then." [http://www.un.org/en/globalissues/ageing/index.shtml.]

Indeed, the prolonged healthy lifespan – and the practice of the anti-aging medical specialty – beneficially impacts the economic framework of nations around the world. Until we've eradicated the age-related decline in health that leads to many of us becoming dependent and disabled in our older years, society will bear increasing financial costs to sustain the older population. In the absence of scientific solutions that halt the onset of the degenerative diseases of aging, the elderly support burden may swell and compromise the economic and social frameworks of many industrial nations. The most important and lasting contribution of the anti-aging medical specialty is in the reduction of disabilities, diseases, and dependencies otherwise associated with aging and greying populations.

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

With warm regards,

Ronald Klatz

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

Robert Goldman

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

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Letter from the DIRECTOR *of* EDUCATION

Dear Physicians and Healthcare Practitioners,

Welcome to the 19th Annual World Congress on Anti-Aging and Aesthetic Medicine. As you know, healthcare is now at its most critical crossroad. The specialty of Anti-Aging Medicine is transforming healthcare, one practice at a time. Anti-Aging Medicine is clearly the fastest growing medical specialty. The worldwide Anti-Aging marketplace was valued at $96.89 Billion in 2008. Growing at a compounded annual rate of 8.78% from 2001-2010, the global Anti-Aging market place is projected to reach $291.9 Billion by 2015 (Global Strategic Business Report 2008).

The American Academy of Anti-Aging Medicine (A4M) was established in 1992, representing 22,000 physicians and scientists from 105 countries worldwide. A4M offers exclusive memberships to all medical professionals where they gain access to over a decade of established Anti-Aging medical expertise. To further your knowledge base in clinical Anti-Aging Medicine, I encourage you to become a Board Certified and Fellowship Trained Anti-Aging Physician or Health Practitioner.

A4M offers postgraduate educational programs lectured by world-renowned experts. I invite you to participate in our four Fellowship programs: The Fellowship in Anti-Aging, Regenerative, and Functional Medicine, The Fellowship in Integrative Cancer Therapies, The Fellowship in Aesthetic Medicine, and The Fellowship in Stem Cell Therapies.

It is imperative that you arm yourself with the proper credentials in this area of medical specialty. These credentials will clearly set you apart from all other physicians and practitioners who are practicing in this specialty without proper credentials. You will gain the knowledge that will allow you to be competent to practice in your area of medical specialty without any supervision at all.

I hope you enjoy the conference and I look forward to assisting you with all of your educational needs.

In Good Health,

Heidi Pepper Lein
A4M Director of Education
Heidi.pepper@a4m.com

SCHEDULE *at-a-Glance*

19th Annual World Congress on *Anti-Aging and Aesthetic Medicine*

WEDNESDAY, APRIL 6, 2011

A4M PRE-CONFERENCE WORKSHOPS

9:00am – 5:00pm	**Putting It All Together:** The Nuts and Bolts of Hormone Restoration in Men and Women *Presented by: Sangeeta Pati, M.D., FACOG*
9:00am – 5:00pm	**Beyond Adrenal Fatigue:** An Evidence Based Approach to the Evolution, Metabolic and Clinical Consequences, Diagnosis, and Treatment of HPA Axis Dysfunction and Abnormal Cortisol States *Presented by: Lena Edwards, MD and Thomas Guilliams, PhD*
9:00am – 5:00pm	**Natural Therapeutics:** Advanced Nutraceutical Technology *Presented by: Stephen Holt, MD, PhD*
9:00am – 5:00pm	**Marketing Tips and Strategies for Your Success** *Presented by: Manon Pilon, Medical Spa Expert*

A4M BOARD CERTIFICATION EXAM REVIEW

7:00pm – 9:00pm	**ABAARM/ABAAHP** (Part I – Written) Review Course
7:00pm – 9:00pm	**ABAARM** (Part II – Oral) Review Course

THURSDAY, APRIL 7, 2011

FAARM FELLOWSHIP – MODULES I, V, IX

7:30am – 6:00pm	**Module I:** A Metabolic, Anti-Aging and Functional Approach to Endocrinology
7:45am – 6:15pm	**Module V:** Clinical Intensives
7:30am – 6:00pm	**Module XI:** IV Therapies

AESTHETIC FELLOWSHIP – MODULE II

8:00am – 5:00pm	**Module II:** Chemical Peels, Cosmeceuticals and Aesthetic Laser & Lights

CONFERENCE TRACKS

9:00am – 4:00pm	**Track 1:** Metabolic and Nutritional Therapies
9:00am – 4:00pm	**Track 2:** Advances in Anti-Aging Medicine
2:00pm – 4:00pm	**Track 3:** Hormone Balancing in Chronic Fatigue and Fibromyalgia
8:00am – 2:30pm	**Track 4:** Aesthetic Medicine

A4M BOARD CERTIFICATION

9:00am – 5:00pm	**ABAARM Oral Exam**

NETWORKING RECEPTION

6:00pm – 7:30pm	**Networking Reception in the Exhibit Hall**

FRIDAY, APRIL 8, 2011 • **EXHIBIT HALL HOURS 11:00AM – 6:00PM**

FAARM FELLOWSHIP – MODULES I, V, IX

7:30am – 6:00pm	**Module I:** A Metabolic, Anti-Aging and Functional Approach to Endocrinology
7:45am – 6:15pm	**Module V:** Clinical Intensives
7:30am – 6:00pm	**Module XI:** IV Therapies

AESTHETIC FELLOWSHIP – MODULE II

8:00am – 5:00pm	**Module II:** Chemical Peels, Cosmeceuticals and Aesthetic Laser & Lights

CONFERENCE TRACKS

7:00am – 11:00am	**General Session**
1:00pm – 3:15pm	**Track 1:** Women's Health
1:00pm – 4:00pm	**Track 2:** Metabolic Approach to Endocrinology
1:00pm – 4:00pm	**Track 3:** A Practical Application of Treating Adult Hormone Deficiency
1:00pm - 4:00pm	**Track 4:** Aesthetic Medicine
1:00pm – 4:00pm	**Track 5:** Advances in Anti-Aging Medicine

A4M BOARD CERTIFICATION

9:00am – 5:00pm	**ABAARM Oral Exam**
6:30pm – 9:00pm	**A4M Evening Workshops**

SATURDAY, APRIL 9, 2011 • **EXHIBIT HALL HOURS 10:00AM – 2:00PM**

FAARM FELLOWSHIP – MODULES I, V, IX

7:00am – 5:30pm	**Module I:** A Metabolic, Anti-Aging and Functional Approach to Endocrinology
7:15am – 5:45pm	**Module V:** Clinical Intensives
7:00am – 5:30pm	**Module XI:** IV Therapies

AESTHETIC FELLOWSHIP – MODULE II

8:00am – 5:00pm	**Module II:** Chemical Peels, Cosmeceuticals and Aesthetic Laser &Lights

CONFERENCE TRACKS

7:00am – 10:00am	**General Session**
1:00pm – 5:00pm	**Track 1:** Autoimmune Disease and Heavy Metal Toxicities
1:00pm – 5:00pm	**Track 2:** Advances in Anti-Aging Medicine
1:00pm – 4:00pm	**Track 3:** A Practical Application of Treating Adult Hormone Deficiency
1:00pm - 4:00pm	**Track 4:** Aesthetic Medicine

A4M BOARD CERTIFICATION

9:00am – 5:00pm	ABAARM Oral Exam
12:00pm-3:00pm	**ABAARM Written Exam**

EXHIBIT HALL

12:30pm	**ENTER TO WIN – A Set of His and Hers Rolex Watches!** The Rolex Giveaway will be held in the Exhibit Hall.

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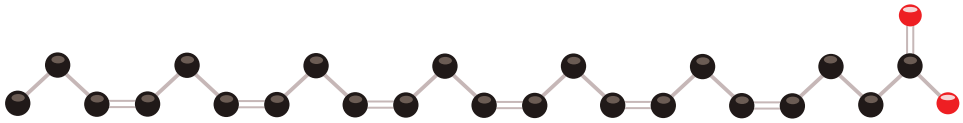
TRIGLYCERIDE (TG) Form VS. ETHYL ESTER (EE) Form of Omega-3 Fatty Acids in *Fish Oil*

By Joseph L. Evans, Ph D.



Executive Summary

Dietary omega-3 polyunsaturated fatty acids (omega-3 PUFAs) exhibit a broad array of biological activities in health and disease, including anti-inflammatory, lipid-lowering, and the prevention of coronary heart disease. The most prominent dietary sources of omega-3 PUFAs include fish oils abundant in eicosapentanoic (EPA) and docosahexanoic (DHA) acids along with plants rich in a-linolenic acid. A large body of epidemiological and clinical trial data suggests that omega-3 PUFAs play a significant role in the prevention of coronary artery disease. The most convincing evidence is derived from four major intervention trials evaluating either fish meal, fish oil, or an a-linolenic acid-enriched spread on hard clinical end-points including myocardial infarction, death from coronary heart disease, and total mortality. In essence, these studies found that supplementation significantly reduced cardiovascular events (cardiovascular death, non-fatal myocardial infarction and stoke) and total mortality.

Although several nutritional and pharmacological options for reducing triglycerides and inflammation are currently available, ethyl ester omega-3 fish oils are rapidly becoming the preferred choice by both patients and health care practitioners alike. An issue that has recently emerged is which molecular form of omega-3 fish oil is better – triglycerides or ethyl esters. The objective of this report is to review the available science in order to provide a credible and definitive answer to this question. First, it is emphasized that triglyceride omega-3 fatty acids are actually ester compounds. The triglyceride (ester) form of omega-3 EPA and DHA and the ethyl ester form of EPA and DHA are both classified as esters. In the case of the former, the molecules are esterified to the 3-carbon glycerol backbone, while in the case of the latter the omega-3 is esterified to ethanol.

A review of the scientific literature reporting the results of studies in which comparisons between the triglyceride (ester) vs. ethyl ester forms of EPA and DHA were assessed regarding their manufacturing, bioavailability, safety, or efficacy was conducted for this report. It is concluded from these studies that the reported differences are minor, inconsequential, and cannot be judged to be physiologically or clinically significant. The assertion that the triglyceride (ester) form of omega-3 fish oil is, in any clinically significant way, more advantageous or beneficial than the ethyl ester form is not supported by credible science.

Background

Polyunsaturated Fatty Acids

Dietary omega-3 polyunsaturated fatty acids (omega-3 PUFAs) exhibit a broad array of biological activities

in health and disease, including anti-inflammatory, lipid-lowering, and the prevention of coronary heart disease (1-6). The most prominent dietary sources of omega-3 PUFAs include fish oils abundant in eicosapentanoic (EPA) and docosahexanoic (DHA) acids along with plants rich in a-linolenic acid.

Evidence from cellular and molecular research studies indicates that the cardioprotective effects of n-3 PUFA result from a synergism between multiple, intricate mechanisms that involve anti-inflammation (suppression of nuclear factor-κB activation), reduction of pro-inflammatory lipid mediators, modulation of cardiac ion channels, along with anti-thrombotic and antiarrhythmic effects (7). Another primary mechanism of action of w-3 PUFAs is derived from altering gene expression mediated by the regulation of the activities or abundance of four families of transcription factors (8-11). These include the peroxisome proliferator activated receptor (PPAR a,g,d), liver X receptors (a,b), hepatic nuclear factor-4 a, and the sterol regulatory element binding proteins 1 and 2. These transcription factors play major roles in the regulation of hepatic carbohydrate, fatty acid, triglyceride, cholesterol and bile acid metabolism.

A large body of epidemiological and clinical trial data suggests that w-3 PUFAs play a significant role in the prevention of coronary artery disease (3-5;12). The most convincing evidence is derived from four major intervention trials evaluating either fish meal, fish oil, or an a-linolenic acid-enriched spread on hard clinical end-points including myocardial infarction, death from coronary heart disease, and total mortality (13-16). In essence, these studies found that supplementation significantly reduced cardiovascular events (cardiovascular death, non-fatal myocardial infarction and stoke)(14-16) and total mortality (13). The average recommended intake by an expert panel of US nutritional scientists is 2.2 g/d of a-linolenic acid and 0.65 g/d of EPA plus DHA (17), while the British Nutrition Foundation has recommended 2.4 g/d of a-linolenic acid and 1.2 g/d of EPA plus DHA (18).

A highly concentrated, prescription omega-3 formulation (Lovaza; GlaxoSmithKline, Research Triangle Park, NC) was approved by the US FDA (Rx status) as an adjunct to diet for lowering triglycerides in patients with very high triglyceride levels (>500 mg/ dl) (19). This formulation comprises at least 900 mg of ethyl esters of omega-3 fatty acids per capsule: ~465 mg EPA and ~375 mg DHA. Although several nutritional and pharmacological options for reducing triglycerides are currently available, ethyl ester omega-3 fish oils are rapidly becoming the preferred choice by both patients and health care practitioners alike (20-23).

Fish Oil Triglycerides vs. Fish Oil Ethyl Esters

An issue that has recently emerged is which molecular form of omega-3 fish oil is better – triglycerides or ethyl esters. Before we go on to answer this question, it is important to understand some basic concepts about these two chemical forms.

What are Triglycerides?

Triglyceride (triacylglycerol, triacylglyceride, TG, or TAG) is an ester derived from glycerol and three fatty acids (Figure 1). It is the main constituent of vegetable oil and animal fats. Triglycerides are the chemical form in which most fat exists in food as well as in the body. Triglycerides are also present in blood plasma and, in association with cholesterol, form the plasma lipids. Triglycerides in plasma are derived from fats eaten in foods or synthesized in the body from other energy sources like carbohydrates. Calories ingested in a meal and not used immediately by tissues are converted to triglycerides, and transported to fat cells to be stored. Hormones, especially insulin and the catecholamines, regulate the release of triglycerides from fat tissue so they can be used to meet the body's needs for energy between meals (24).

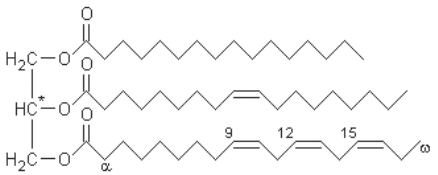


FIGURE 1. Example of an unsaturated fatty acid triglyceride.
The left part of molecule is the three-carbon molecule, glyceraol. The right part of the molecule are the 3 fatty acids: (from top to bottom) palmitic acid, oleic acid, alpha-linolenic acid. The chemical formula is C55H98O6. The asterisk denotes a chiral carbon.

Triglycerides are formed by combining the 3-carbon molecule, glycerol, with three molecules of a fatty acid. The glycerol molecule has three hydroxyl (HO-) groups. Each fatty acid has a carboxyl group (HOOC-). In triglycerides, the hydroxyl groups of the glycerol join the carboxyl groups of the fatty acid to form ester bonds:

$$HOCH_2CH(OH)CH_2OH + RCO_2H + R'CO_2H + R"CO_2H$$

$$RCO_2CH_2CH(O_2CR')CH_2O_2CR" + 3\ H_2O$$

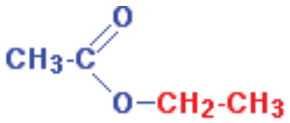
The three fatty acids (RCO2H, R'CO2H, R"CO2H in the above equation) are usually different, but many kinds of triglycerides are known. The chain lengths of the fatty acids in naturally occurring triglycerides vary in lengths, but most contain 16, 18 and 20 carbon atoms. Naturally-occurring fatty acids found in plants and animals are typically composed only of even numbers of carbon atoms, reflecting the pathway for their biosynthesis from the two-carbon building block acetyl CoA. Many fatty acids are unsaturated, some are polyunsaturated, e.g. those derived from linoleic acid. Most natural fats contain a complex mixture of individual triglycerides. Because of this, they melt over a broad range of temperatures.

What are Ethyl Esters?

Esters are derived from carboxylic acids. A carboxylic acid contains a -COOH group and, in an ester, the hydrogen in this group is replaced by a hydrocarbon group of some kind. This could be an alkyl group like methyl or ethyl, or one containing a benzene ring like phenyl.

A common ester - ethyl ethanoate

The most commonly discussed ester is ethyl ethanoate. In this case, the hydrogen in the -COOH group has been replaced by an ethyl group. The formula for ethyl ethanoate is:

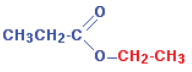


ethyl ethanoate

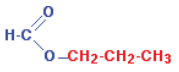
Notice that the ester is named the opposite way around from the way the formula is written. The "ethanoate" moiety comes from ethanoic acid. The "ethyl" moiety comes from the ethyl group on the end.

A few more esters

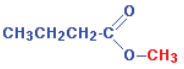
In each case, you can see how the names and formulae relate to each other.



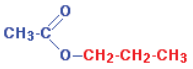
ethyl propanoate



propyl methanoate



methyl butanoate



propyl ethanoate

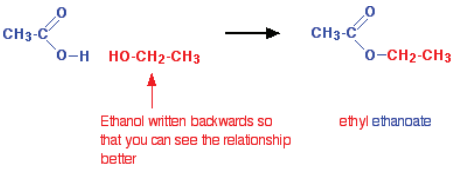
Fats and oils

Differences

Animal and vegetable fats and oils are simply more structurally complicated esters. The difference between a fat (like butter) and oil (like sunflower oil) is simply in the melting points of the mixture of esters they contain. If the melting points are below room temperature, it will be a liquid – an oil. If the melting points are above room temperature, it will be a solid - a fat.

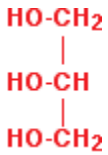
Fats and oils as esters

Esters can be made from carboxylic acids and alcohols. In general terms, the two molecules undergo a condensation reaction, resulting in the loss of a molecule of water in the process. For example, the diagram below shows the relationship between the ethanoic acid (the carboxylic acid, shown in blue), the ethanol (the alcohol, shown in red) and the ester (ethyl ethanoate).

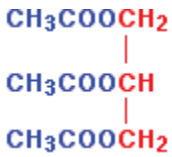


Note: The color coding refers to the name of the ester and not strictly to the structure. When the ester is made, the water that is lost comes from the whole -OH group of the acid and a single hydrogen from the alcohol. That means that as far as the structure is concerned the oxygen attached to the ethyl group actually ought to be colored red. This isn't intended to be a full equation. Water, of course, is also produced.

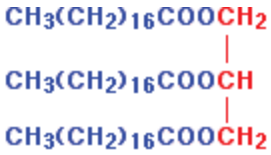
Now let's make the alcohol a bit more complicated by having more than one -OH group. The diagram below shows the structure of propane-1,2,3-triol (old name: glycerol).



Just as with the ethanol in the previous equation, the structure is drawn this back-to-front to make the diagrams below a bit clearer. Normally, the structure is drawn with the -OH groups on the right-hand side. If you make an ester of glycerol with ethanoic acid, you could attach three ethanoate groups.



Now, make the acid chains much longer, and you finally have a fat (or as we saw above triacylglycerol, triacylglyceride, or TAG):

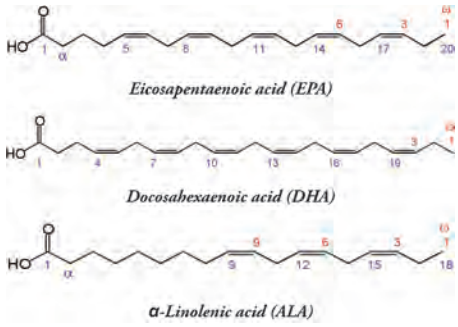


The acid $CH_3(CH_2)_{16}COOH$ is called octadecanoic acid, but the old name is still commonly used. This is stearic acid. The full name for this ester is propane-1,2,3-triyl trioctadecanoate (also referred to as glyceryl tristearate).

The purpose of this exercise has been to dispel the myth that there is something structurally different between triglycerides and esters. As we have discussed above, triglycerides are classified structurally and chemically as esters.

Omega-3 Fatty acids

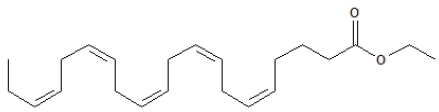
n-3 fatty acids (popularly referred to as ω-3 fatty acids or omega-3 fatty acids) are a family of unsaturated fatty acids that have in common a final carbon–carbon double bond in the n-3 position; that is, the third bond from the methyl end of the fatty acid. Nutritionally important n-3 fatty acids include eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA), and α-linolenic acid (ALA), all of which are polyunsaturated (see below for chemical structures)



The human body cannot synthesize n-3 fatty acids de novo, but it can form "long chain" 20-carbon unsaturated n-3 fatty acids (like EPA) and 22-carbon unsaturated n-3 fatty acids (like DHA) from the "short chain" eighteen-carbon n-3 fatty acid α-linolenic acid. The short chain n-3 fatty acids are converted to long chain forms (EPA, DHA) with an efficiency of approximately 5%[1][2] in men, and at a greater percentage in women. Foods high in omega-3 fatty acids include salmon, halibut, sardines, albacore, trout, herring, walnut, flaxseed oil, and canola oil. Other foods that contain omega-3 fatty acids include shrimp, clams, light chunk tuna, catfish, cod, and spinach.

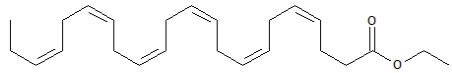
Ethyl esters of omega-3 fatty acids have drawn attention as a means to produce a highly purified, high concentration combination product compared to the traditional omega-3 from fish oil.

The structural formula of EPA (eicosapentaenoic acid) ethyl ester is:



The empirical formula of EPA ethyl ester is $C_{22}H_{34}O_2$, and the molecular weight of EPA ethyl ester is 330.51.

The structural formula of DHA (docosahexaenoic acid) ethyl ester is:



The empirical formula of DHA ethyl ester is C24H36O2, and the molecular weight of DHA ethyl ester is 356.55.

As discussed above, the triglyceride (ester) form of omega-3 EPA and DHA and the ethyl ester form of EPA and DHA are each classified as esters. In the case of the former, the molecules are esterified to the 3-carbon glycerol backbone, while in the case of the latter the omega-3 is esterified to ethanol.

The production of the ethyl ester form of the omega-3 EPA and DHA is an essential and necessary step for obtaining higher concentrations of omega-3s. In fact, to obtain a per capsule dose over ~300 mg omega-3s, the triglyceride form is unsuitable and thus the ethyl ester form needs to be used. The higher dose per capsule ensures that individuals take fewer capsules thus increasing compliance. The fish oil ethyl esters are heated under vacuum in a process referred to as molecular distillation. The process selectively concentrates the longer chain polyunsaturates resulting in an oil with a higher concentration of both EPA and DHA with and virtually eliminates undesirable contaminants. This ethyl ester concentrate is the end product that is sold and marketed as an "omega-3 fish oil concentrate".

Absorption and Overall Bioavailability of Triglyceride (Ester) vs. Ethyl Ester Forms of EPA and DHA

A review of the scientific literature reporting the results of studies in which comparisons between the triglyceride (ester) vs. ethyl ester forms of EPA and DHA were assessed regarding their absorption, metabolism, and overall bioavailability was conducted for this report (25-31). It is concluded from these studies that the reported differences are minor, inconsequential, and cannot be judged to be physiologically or clinically significant.

For example, it has long been known that there is no difference in the

absorption of the triglyceride (ester) vs. ethyl ester forms of EPA and DHA (Figure 2).

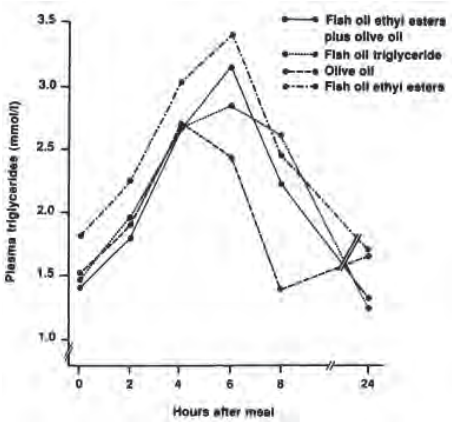


FIGURE 2. The increase in plasma triglyceride concentrations after the ingestion of 40 g fat given as olive oil (n = 5) and fish oil triglycerides (n=5).
The 28 g fish oil ethyl esters were given alone (n=3) or with 12 g olive oil (n=5). Date from Nordøy et al. Am J Clin Nutr (1991) 53:1185-1190.

This study concluded that n-3 fatty acids in fish oil given as ethyl esters or triglyceride (esters) were equally well absorbed. Furthermore, EPA and DHA were also equally absorbed.

In a more recent study, it was reported that the bioavailability was higher in n-3 fatty acids in fish oil given as triglyceride (esters) vs ethyl esters. It should be stressed that these conclusions are based on a relatively short-term (2 week) study at a fixed n-3 FA dose of approximately 3.5 g/day. Since the onset of the triglyceride-lowering activity of ethyl ester omega-3 FA is approximately 4 weeks with maximal efficacy observed around 2-3 months (Figure 3), any short-term differences in absorption, metabolism, and overall bioavailability simply do not have a significant clinical impact.

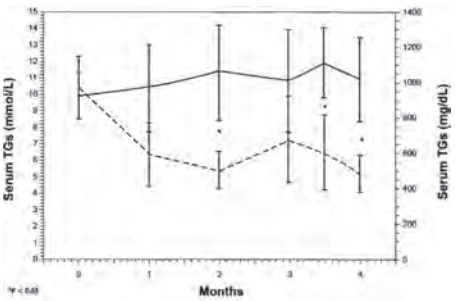


FIGURE 3. Onset of triglyceride-lowering activity of ethyl ester EPA/ DHA omega-3 fish oil administered over 4 months.
Ethyl ester EPA/DHA group, dashed line (n = 22); Placebo group, solid line (n = 20). Data from (20), and reproduced with permission in (23).

Efficacy

A search of clinical trials.gov using the search term 'fish oil' resulted in a total of 217 clinical trials (http://clinicaltrials.gov/ct2/results?term=fish+oil&show_flds=Y; search conducted 9/4/2010). It is important to note that virtually all the clinical intervention studies completed to date or ongoing have used the ethyl ester form of EPA and DHA. Not a single published clinical study could be identified that reported the efficacy of the triglyceride (ester) form of EPA or DHA.

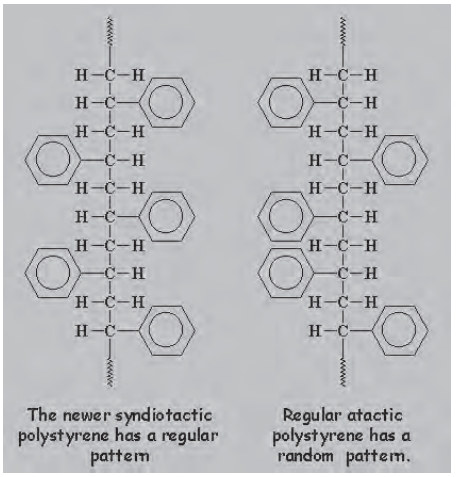
Furthermore, LOVAZA®, the ethyl ester form of EPA and DHA, is the only form of omega-3 fish oil that has been approved as a prescription pharmaceutical by the US Food and Drug Administration (19). LOVAZA (omega-3-acid ethyl esters) is indicated as an adjunct to diet to reduce triglyceride levels in adult patients with severe (≥ 500 mg/dl) hypertriglyceridemia (http:// www.lovaza.com/).

Safety

The long term safety of the ethyl ester form of omega-3 fish oil is excellent (20-23). In the clinical intervention studies conducted to date, the most common adverse events reported were eructation (belching, burping), infection, flu syndrome, dyspepsia, and taste perversion. Discontinuation of treatment due to adverse events was similar to placebo: 3.5% of patients treated with LOVAZA and 2.6% of patients treated with placebo. In some patients, LOVAZA increased LDL-C and ALT levels (without a concurrent increase in AST). TG and LDL-C levels should be monitored periodically during therapy with LOVAZA. Patients with hepatic impairment should have ALT and AST levels monitored periodically. LOVAZA should be used with caution in patients with known hypersensitivity or allergy to fish and/or shellfish (19).

Styrofoam (http://pslc.ws/macrog/kidsmac/polysty.htm)

It has been reported on the internet that the ethyl ester form of omega-3 fish oil is able to dissolve Styrofoam more quickly compared to the triglyceride (ester) form. Here is the chemical structure of polystyrene (Styrofoam)



This polymer is very non-polar and, due to this chemical property, can easily be dissolved in other non-polar solvents including fish oil and other fats. The observation that the ethyl ester form of omega-3 fish oil is able to dissolve Styrofoam more quickly compared to the triglyceride (ester) form simply reflects the fact the ethyl ester form is more non-polar than the triglyceride (ester) form. It means nothing more and nothing less. It certainly does not suggest a concern for safety or toxicity. As we have already seen, the ethyl ester form of omega-3 fish oil has been judged to be very safe by every regulatory agency that has review the scientific data.

Conclusions

The assertion that the triglyceride (ester) form of omega-3 fish oil is, in any clinically significant way, more advantageous or beneficial than the ethyl ester form is not supported by credible science.

1. It is emphasized that the triglyceride form of omega-3 fish oil is, chemically and structurally, an ester form. The difference is that in the triglyceride (ester) form, the omega-3s are esterified to glycerol, while in the ethyl ester form the omega-3s are esterified to an ethyl group.

2. If there were any possible advantage of the triglyceride (ester) form over the ethyl ester form, Reliant Pharmaceuticals (the original developer of Omacor / Lovaza), or GSK (the current developer of Lovaza) would have chosen the triglyceride (ester) to advance through the drug development and approval process. In fact, both organizations chose to develop and market the ethyl ester form. Conversely, if there were any possible disadvantage of the ethyl ester form compared to the triglyceride (ester) form in terms of manufacturing, bioavailability, safety, or efficacy, then it is obvious that the triglyceride (ester) or some other form would have been selected for development.
3. Furthermore, if there were really any significant manufacturing, bioavailability, safety, or efficacy advantage of the triglyceride (ester) form over the ethyl ester form, the FDA would have raised it as an issue(s) during the drug review process. This simply did not happen, because any assertion regarding these areas, i.e. there is some advantage to the triglyceride (ester) form, is simply without scientific merit. There was neither concern nor controversy when the FDA reviewed and approved Lovaza several years ago. ◆

Joseph L. Evans, Ph.D. is an internationally known expert in the metabolic and cardiovascular diseases, including obesity and type 2 diabetes. Dr. Evans has over 20 years of successful accomplishments in all aspects of drug and product development in the pharmaceutical, biotechnology, and nutritional supplements industries. His previous industry experience includes positions of increasing responsibility in drug discovery and development in metabolic disease programs at Sandoz (now Novartis), Shaman, SUGEN, Telik, Leptogen, and ReceptorBio.

Dr. Evans is Founder and President of P and N Development Ventures (Redwood City, CA, US), a consulting firm providing drug and product development services to clients in the pharmaceutical, biotechnology, venture capital, and nutritional supplement industries.

Dr. Evans received his Ph.D. in Biochemistry from Drexel University (Philadelphia, PA), and has received post-doctoral training in molecular biology, biochemistry, cell biology, and physiology at Dartmouth Medical School (Hanover, NH) and the University of Copenhagen (The Panum Institute, Copenhagen, Denmark). Dr. Evans has over 40 peer-reviewed publications, primarily in areas related to type 2 diabetes and obesity, and is coinventor on several issued patents from the USPTO.

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Creating the Medical Practice of Your Dreams

Your Medical Practice, Your Way.

Jennifer Landa, MD

Chief Medical Officer
BodyLogicMD

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Hormone Therapy | Fitness | Nutrition

What a journey it's been since I first started my fellowship training in anti-aging and preventative medicine in 2004. The fellowship training I received gave me a unique opportunity to help patients in ways I never dreamed of before. The fellowship also put me in an amazing position to start a cash-based practice and get away from the hassles of insurance billing and Medicare/HMO reimbursement rates.

A few questions I had for myself before I started my practice were, "Will I be able to make a nice living practicing this kind of medicine?" and "How will I find my patients and how will they find me?" and "How will I operate, build and market my practice AND see patients?"

Enter BodyLogicMD

When I first looked into joining BodyLogicMD, the company was fairly new with only a few practices in the network. I was nervous, yet excited, about a company that could possibly handle all the business worries I had.

First, BodyLogicMD started me off with a comprehensive business plan. What would have taken me months to develop on my own was readily available for me to implement immediately into my practice. Having a business "map" to follow when starting a new practice is key in helping any business succeed. Still, even if the "map" looks great on paper, how can anyone be sure it actually works?

I took the chance, and was surprised to have my practice up-and-running within a few short months. It was a partnership every step of the way, from finding an office space to negotiating the lease, from finding office furniture to gaining an office staff. I was ultimately given a virtual staff that is in charge of finding and maintaining my patient base. Many different marketing strategies are regularly incorporated on my behalf and all prospective patients contact my patient services staff (who I don't pay for) to book their appointments. Finally!...A practice that consists of only seeing patients while not having to worry about the various business hassles.

Since opening my practice nearly four years ago, BodyLogicMD has duplicated my success for approximately 50 other physicians, while still improving their process.

Ongoing Education for Ongoing Opportunities

Other advantages to becoming a BodyLogicMD physician are the numerous educational opportunities. As a BodyLogicMD physician, we regularly have educational webinars hosted by the elite in the preventative and functional medicine arena. Recently, our group was honored with an invitation to a private, BodyLogicMD-only function at Metagenics in Gig Harbor, WA, which included a special presentation by Dr. Jeffrey Bland – the voice of functional medicine. Other BodyLogicMD exclusive sponsored events include the private Orthomolecular conference that took place the day before the December 2010 American Academy of Anti-Aging Medicine (A4M) in Las Vegas, which featured Drs. Hanaway, Lena Edwards and Andrew Heyman.

Other monthly educational webinars are hosted by experts in the field of technology and new testing, which is constantly changing in preventative medicine. These FREE webinars are great ways to continue my education after the fellowship. An elite group of strategic partners also helps to open doors for our physicians because they know we are the most highly trained doctors in the most successful anti-aging network in the world.

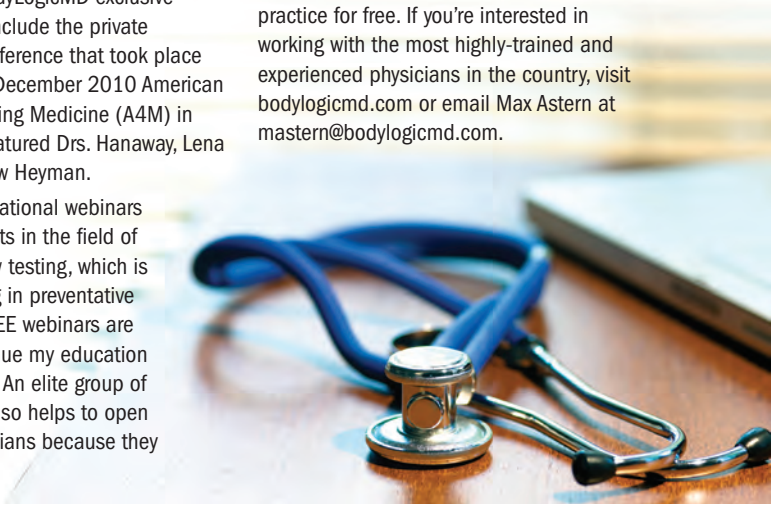
A Network of Experts at Your Fingertips

One aspect I have found to be very beneficial to my practice is being able to easily communicate with my BodyLogicMD colleagues. Each fellowship-trained doctor is only an email away. We can contact one another on a daily basis to review challenging cases together or just get input from fellow physicians who are specially-trained in different areas of medicine. Because all BodyLogicMD physicians are required to be board eligible in a field of medicine before completing the fellowship and A4M board certification, the network of physicians I work with are incredibly knowledgeable and a great resource.

The network of specially-trained physicians isn't the only support I have for my practice. BodyLogicMD also provides me with excellent marketing support. The marketing team provides me with materials specifically designed for my practice, and they make sure all BodyLogicMD physicians are professionally filmed and recorded for various media outlets including local news and radio stations. Many of us have been published and quoted in countless local and national magazines and newspapers, national television programs, best-selling books and influential websites including Oprah.com.

The Time to Join is Now

BodyLogicMD has the know-how to put you into a successful bioidential hormone replacement therapy and functional medical practice. You can purchase your own BodyLogicMD practice or join an existing practice for free. If you're interested in working with the most highly-trained and experienced physicians in the country, visit bodylogicmd.com or email Max Astern at mastern@bodylogicmd.com.



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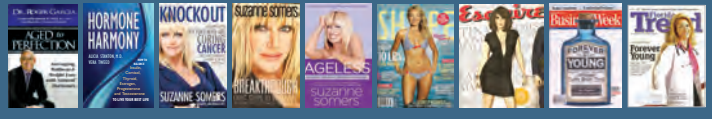
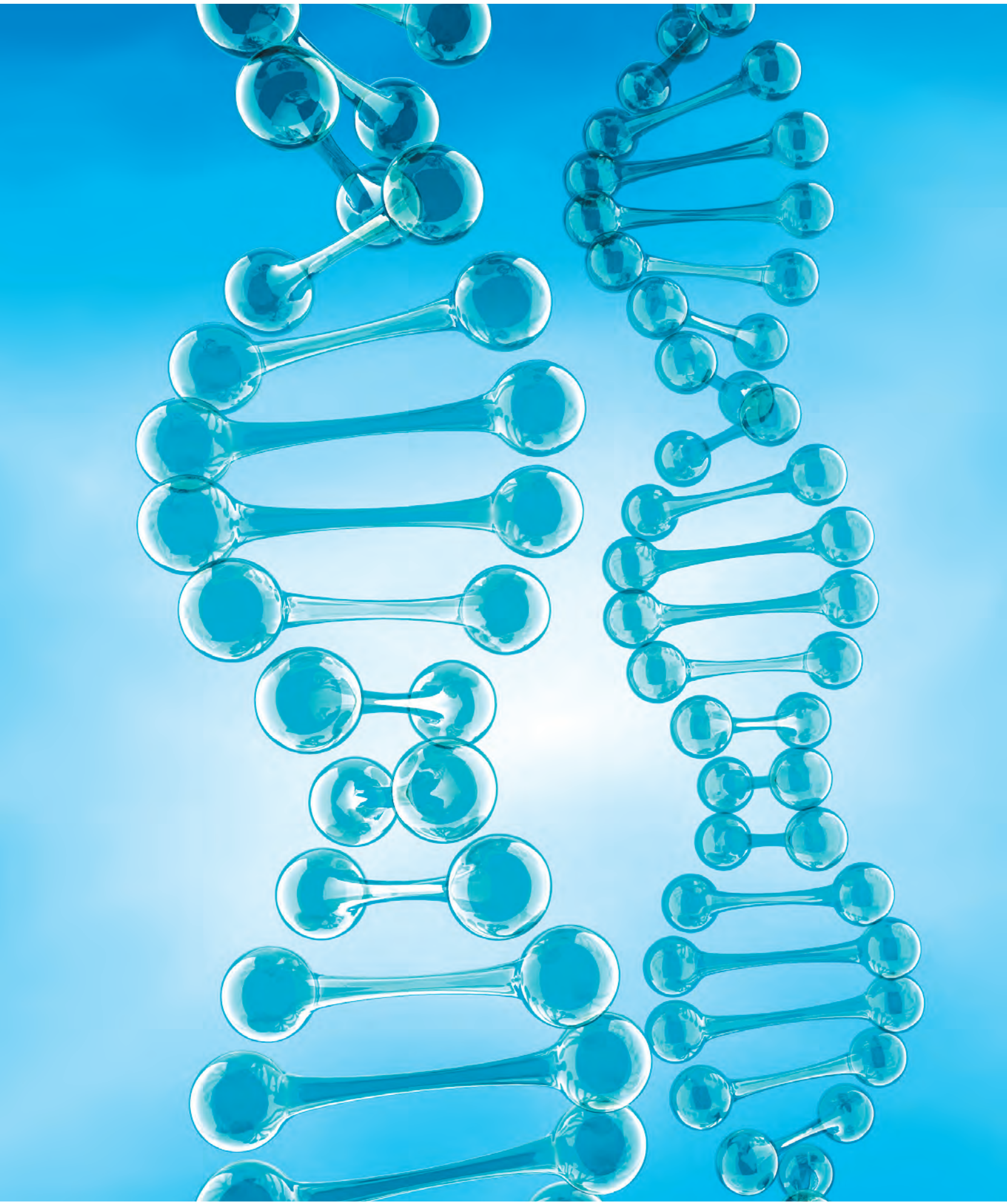




The Antiaging Triad

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

Introduction

The antiaging practitioner community is facing a revolution in approaches to longevity. This revolution emanates from recent understandings of the importance of new scientific frontiers in antiaging science. These modern concepts focus on the importance of calorie restriction, telomere or telomerase manipulation and stem cell sciences in the prevention of aging. This is the evolving science within what I have called "The Antiaging Triad". This triad of sciences will drive the practice of antiaging medicine in the next two decades.

Calorie Restriction and Calorie Restriction Mimetics

Calorie restriction has been defined, in more than seven decades of research, to be the only known antiaging intervention that can increase average and maximum lifespan. The biophysiological changes that occur with substantial reduction of calorie intake (between 30-70% overall reduction in calorie intake) are protean. These changes involve a correction of body metabolism that underlies causes of premature aging and direct observations on the reduction of the onset or progression of many age-related diseases, such as Diabetes mellitus, renal disease, autoimmune disorders, neurodegenerative diseases and cancer. Calorie restriction plays a pivotal role in the prevention and management of Metabolic Syndrome X which is best viewed as a disorder of premature aging that affects up to 70 million U.S. citizens.

Scientists continue to unravel many of the favorable biological consequences of dietary calorie restriction which include: improvements in insulin sensitivity, glucose homeostasis, apoptosis regulation, reduction of oxidative stress and partial restoration of hormonal secretions that tend to fall with age… to name a few

HYPOTHESES OF AGING	COMMENTS
Free radical theories	Free radicals cause oxidative damage. Antioxidants of many types are valuable.
Cross-link theories	Cross linking of sugars or aldehydes and proteins cause major alterations in body structure and function. Concept of AGEs. (Advanced Glycation End Products)
Immunologic theories	Autoimmunity increases with age. The thymus shrinks and white cell function or antibody production is often compromised. Immune senescence.
Mutation and Error Theories	Mistakes in DNA replication or RNA function result in aging or age-related disease e.g. cancer.
In-built Programs of Tissue Aging	A program exists in genetic material to control a number of cell functions. e.g. cell death or apoptosis regulation.
Stress Theories	Stress is cumulative and lifestyle related, nutritional deficiencies enhance body stress. Adaptogenic herbs may be of benefit (see Appendix B).
Repair Budget Theories	Environmental and lifestyle issues alter the investment of an organism in tissue repair.
Telomere Hypotheses	Telomeres shorten with age and provide a potential biomarker for the onset of aging. Preserving telomeres is a viable antiaging tactic-vide infra (Part B of this book)
Cellular DNA Damage	Many theories of aging cross-over. Attention has focused on mitochondrial DNA which affects many body functions. Mitochondrial function has been identified as abnormal in several dozen disease states e.g. neurological degeneration, cardiovascular disease, type II diabetes etc.
Lipofucsin Deposition	Lipofucsin is a pigment that is deposited with age e.g. brown cutaneous spots, present in many aged tissues e.g. heart, muscle, kidney, nerve cells etc. Lipofucsin tends to accumulate in organs that do not undergo rapid cell division e.g. cardiac myocytes, brain cells etc. This pigment accumulation is associated as a risk factor for several age-related diseases. Lipid containing residues of lysozomal digestion (yellow-brown pigment) are arranged around the cell nucleus. This theory is not causal in itself.

benefits! As these favorable outcomes became apparent in many studied species, it was proposed in the 1990's that there are compounds (drugs or nutraceuticals) that may be able to mimic the beneficial consequences of significant calorie restriction in the diet. This resulted in the novel concept of "calorie restriction mimetics".

Compounds with calorie restriction mimetic qualities are being screened in extensive laboratory experiments, and they have been utilized in humans (www.naturalclinician.com). There are many examples of calorie restriction mimetics that work by different mechanisms including apoptosis regulation (e.g. resveratrol) and improvements in glucose control (e.g. Gymnema extracts). The obvious antiaging approach is to use tolerable levels of calorie restriction with comprehensive care in obesity management, to which can be added the putative benefits of calorie restriction mimetics.

Telomeres/Telomerase

The year 2009 was heralded by the award of a Nobel Prize to scientists who defined the structure and function of telomeres and their relationship to the enzyme telomerase (Elizabeth Blackburn MD and her colleagues). Telomeres are DNA caps on linear chromosomes that function to prevent aberration or loss of genetic information during cell division. These protective regions of DNA tend to shorten with repeated cell division in somatic cells. The enzyme telomerase (a reverse transcriptase) acts to retain telomere length. There is a general correlation of telomere length with age and attempts to sustain telomere length or prevent telomere attrition are now applied in clinical practice.

Stem Cells

There are telomere supporting protocols which involve meticulous disease management and the application of a variety of nutrients or botanicals that sustain telomere structure and function e.g. Astragalus extracts, Vitamin D, omega 3 fatty acids, antioxidants and other botanical agents. Telomerase is an enzyme that is not normally expressed in adult somatic cells, but it is expressed in stem cells, cancer tissue and germ cells. While some residual safety concerns are expressed about the induction of telomerase expression, leading scientists have taken a reassuring position (www.sierrasciences.com). Scientists acknowledge that a perfect compound to cause telomerase activity has not been found. While the science of telomerase induction remains in its infancy, this intervention is developing with great promise.

There has been a frenetic interest in the therapeutic application of stem cells for regenerative medicine. While the totipotent nature of embryonic stem cells bedazzles scientists, ethical and moral concerns continue to prevail. Recent

HYPOTHESES OF AGING	COMMENTS
Inflammation	Chronic inflammation has come to the forefront as a causal agent in every age-related disease process. Oxidative stress underlies much chronic inflammation, and many chronic allergies. Disturbed eicosanoid pathways are common in many diseases and continued release or expression of inflammatory signaling molecules (e.g. cytokines, NF-Kappa B etc.) are noted in diseases of premature aging e.g. Metabolic Syndrome X, type II diabetes.
Degenerative CNS Disease	Any neurodegenerative disorder exerts an undesirable effect on longevity. A "chicken and egg" argument. Which came first?
Decline in Key Hormones	Age-related decline in the production and blood levels of several hormones are noted with aging e.g. human growth hormone (HGH), DHEA, testosterone, estrogen and melatonin etc. Replacement of these hormones is arguably a correct intervention in some circumstances, e.g. HGH is not a panacea treatment for aging, but it may have selected value.
Cancer Occurrence	Most cancer involves genetic changes which are often caused by oxidative damage to tissues. Cancer prevention is a key anti-aging initiative.
Occurrence of CVS Disease	Attempts to curb this "number one" cause of death crosses most domains of anti-aging theories.
Age-Related Decrease in Stem Cell Availability	Recent research shows that certain types of adult stem cells decrease in their number and functionality with age e.g. mesenchymal stem cells-vide infra (Part C of this book.)
Epigenomic Changes	Hundreds of genes are involved in aging. Recent studies with genetic computations show that many genes are "switched on" and "switched off" throughout life. Important areas of research are the study of NF-Kappa B signaling, histone chemistry and altered methylation (see Part B and C).
Miscellaneous Factors	Obesity, Metabolic Syndrome X and diabetes mellitus are disorders of premature aging. Corrections of sleep deprivation and restoration of biorhythms are important. A common need exists for the correction of hormonal deficiencies or deregulation. Alterations of body chemistry or biochemical malfunctions e.g. poor methylation. Positive lifestyle change is pivotal etc.

advances in the autologous transfusion of harvested stem cells (adult stem cells) is routinely applied on a global basis, despite residual concerns about its efficacy and a lack of consensus about methodology. Modern technology is moving towards the standardization of adult stem cell (ASC) treatments that most often utilize mesenchymal stem cells (bone marrow or adipose-derived stem cells, ASC). Despite the focus of stem cell research on the replacement of diseased or ailing tissues, a new scientific horizon is the use of stem cell transplantation for antiaging interventions. Several thought leaders have proposed the use of stem cells as a primary approach to longevity promotion.

Many Theories of Aging

I am not proposing "magic bullets" for antiaging because aging is a complex process, for which no simple or portable hypothesis exists. Table 1. Illustrates the complex conundrum of "aging hypotheses exists." The factors listed in the table provide a perspective on the "holistic nature" of aging.

Conclusion

Antiaging medicine is now developing a powerful evidence base. The "antiaging triad" of telomere, stem cell and calorie restriction sciences is now at the fingertips of the practicing physicians. There are safe approaches in Integrative Medicine to mobilize endogenous adult stem cells with combinations of nutraceuticals that may stimulate the bodies own "in-built repair kit". Telomere support is possible with nutrients and botanicals, combined with comprehensive wellness strategies. Calorie restriction is staring society in the face as the key antiaging initiatives, but interventions remain incomplete. The new science of "calorie restriction mimetics" provides viable antiaging tactics.

Despite these recent advances in medical science, practitioners of antiaging medicine have not been quick to adopt these promising areas of therapeutics. Many scientists and clinicians propose that these interventions could make a real difference in turning back the aging clock. It may be time to focus much more attention on these evidence-based approaches to longevity, rather than focus on isolated occurrences in whole body aging such as hormone depletions or specific treatments for age related diseases. The Antiaging Triad is the future of longevity medicine. ◆

REFERENCE

Holt S, The Antiaging Triad, Holt Institute of Medicine Publishing, www.naturalclinician.com, 2011

ONDAMED: A non disease-label approach to improving body functions versus treating disease

By Rolf D. Binder, *Inventor* & Silvia Binder, *N.D., Ph.D.*

SUMMARY

Disease Labels do not help us cure our patients. Imagine an approach that would rapidly allow you to find the hidden physiological and emotional cause of your patient's symptoms, while simultaneously stimulating your patient's nervous system with specific therapeutic fields. This is a non-invasive method to help you, the therapist, find the cause of your patient's symptoms within minutes, while simultaneously treating and stabilizing your patient.

OVERVIEW

The human body works on the basis of bio-physics and bio-chemistry. While traditional medicine has much to offer in the chemical sense, it lacks the therapeutic approach of physics. Practitioners use the non-invasive ONDAMED technology and the biofeedback loop to scan the body for underlying dysfunctions, such as inflammation, infections, scar tissue and emotional trauma residing at a cellular level. These areas often prove to be the source of disease and symptoms that might be otherwise difficult to find. Identified areas are treated with specific pulsed electro-magnetic fields to stimulate tissue and the nervous system. Stimulus with ONDAMED specific pulsed fields helps reduce local stress and improve metabolism and lymphatic flow resulting in reduced inflammation, pain and swelling, while improving stress tolerance by reducing cortisol levels and by influencing the nervous system.

MORE SPECIFICALLY….

ONDAMED is very unique in its ability to deliver specific resonant frequencies to the source of illness. While other devices deliver either a pulsed electromagnetic stimulus to a symptomatic region in order to reduce pain and swelling or affect abnormal brain electrophysiology, the **ONDAMED approach is focused on what we discover about the illness and its location. Once discovery is completed, ONDAMED accurately delivers specific pulsed fields to the source of the illness located by the unique biofeedback loop.**

ONDAMED's emotionally driven feedback helps locate the patient's weak areas such as inflammation, degenerated tissue or, even more critical areas linked to experienced traumas, residing at a cellular level. Traumas that reside on a cellular level often prove to be the primary cause of disease and dysfunction.

It is quite impossible for either the practitioner or the patient to find such areas by themselves. The solution is "Emotional Biofeedback", which an ONDAMED practitioner receives when stimulating the patient's nervous system with specifically selected pulsed fields at an area which may be linked to experienced traumas.

It is thought that by stimulating areas connected with experienced traumas, the focused fields reanimate the areas' functions. Reanimating these areas' functions may help patients resolve the secondary indication or symptom(s), for which the patients had originally come to seek help for.

ONDAMED may be considered a combination of "emotional feedback therapy" and "specific electro-magnetic stimulus causing an induction within tissue".

Within minutes, the ONDAMED therapist finds the specific treatment stimuli for the patient, finds the actual location that is in need to receive the therapy and treats the discovered area by applying a systemic therapeutic stimulus. The stimulus energizes the flow of electrons across natural immune system inflammation barriers. These barriers are often undetectable or treatable in any other way, and include free radical scavengers.

When placing the non-intrusive applicator to a specific area, electrons and white blood cells are summoned to the area to start the repair process. ONDAMED, therefore, jump-starts the body's immune functions and directs the immune response to the area of dysfunction, which is often hidden or in "stealth mode" to the immune system.

Cells and tissue in need of specific stimulation can be oscillated by specific resonant frequencies selected from a wide range of 0.1 to 32,000 Hz. In standard electro-medical treatment, the tissue of least resistance will draw the current while potential dysfunctional tissue stays untreated. **ONDAMED applicators emit a focused field, which implements a vector-driven current induction to access the tissue of dysfunction.** A vector-driven current induction allows stimulation of tissue dependent on the position of the applicator rather than the tissue's structure.

Tissue vibration can enable detoxification of unwanted heavy metals, waste and toxins, potentially resulting in improved metabolic functions. Nutrients, remedies and supplements can then be assimilated by "cleaner" or detoxified tissue and cells.

The lymphatic system (an important part of the immune system) can also be

Come and see us at Booth #609 and find out what ONDAMED® can do for your patients!

The ONDAMED® Technology

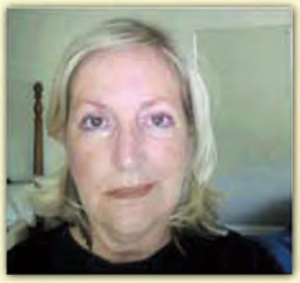
ONDAMED's unique Biofeedback method allows communication with the biological system to identify hidden physiological weaknesses, such as inflammation.

Inflammation is a common denominator to most disease. The challenge is to find inflammation in the body. While blood tests may reveal ongoing inflammatory processes, we do not know where the inflammation is located. Even if we did know where the inflammation is located, how would we be able to stimulate reduction of the inflamed area?
(anti-inflammatory drugs work systemically and not specifically to an inflamed area)

ONDAMED is a unique technology that combines the ability to isolate and stimulate inflammatory processes with focused fields.

The ONDAMED guides the practitioner to find dysfunctional areas that potentially are directly connected with the patient's symptoms. By stimulating such areas, chronic conditions (such as Seyle inflammation pockets), can turn into a sub-acute level, at which point the immune system can not only recognize, but do what it knows to do in order to fight acute inflammatory processes including microbial involvement.

No other device can do what ONDAMED® can



A 59 year old woman presented with Myasthenia Gravis, with symptoms of severe muscle weakness, drooping of right eyelid, sagging of right side of face, and urgency incontinence. She was lethargic and had problems with balance, falling frequently. After only 17 treatments with ONDAMED, she was relieved of her symptoms and has full mobility in her facial tissue.
Study conducted by William Work, M.D., CA

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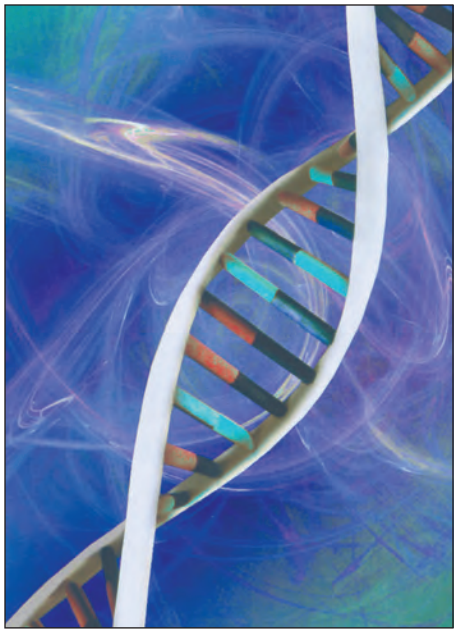


stimulated. Toxins and waste can then be discharged by stool, urine, sweat and the release of fluid in other areas such as the eyes by discharging tears.

One of the first effects patients usually notice is a general feeling of relaxation due to the influence of ONDAMED's resonant stimulus on the entire central nervous system, particularly when the therapy calls for frequencies in the delta and theta ranges.

ONDAMED's wide range of resonant frequencies enables the targeted therapy of a wide range of issues, often issues with difficult abnormalities otherwise going undetected. After all, it is the specific tissue of the individual that we treat and not just a symptom or disease. The ONDAMED System enables the practitioner to draw upon four prepared Modules - each Module can be considered application specific:

Module 1:
Selecting and using 2 specific resonant frequencies relating to organs and organ systems

Module 2:
Selecting and using 170 preset protocols to stimulate tissue with pre-programmed resonant frequency combinations

Module 3:
Selecting and using one (1) specific field to stimulate immune functions

Module 4:
Selecting and using nutritionally related resonant frequencies

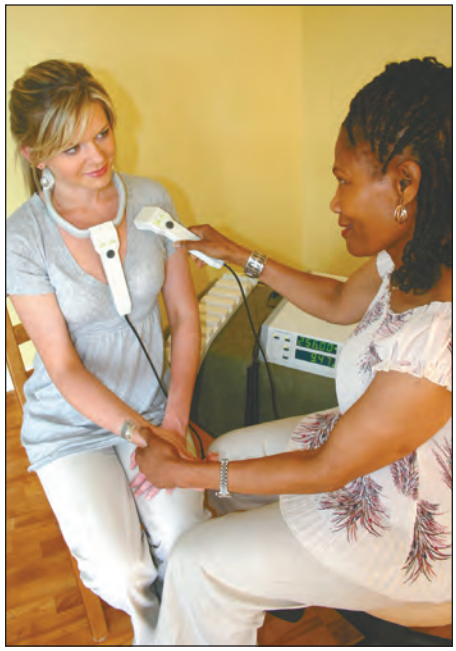
From your research, you will find that the ONDAMED technology stands on its own due to its intelligence and it cannot be compared to other electro-therapy devices.

The ONDAMED epigenetic impact is now being considered, and while we appreciate that no energy system or even medications, can bring about a cure of any disease, ONDAMED shows that the body can be stimulated to heal itself.

It has become recognized that the body's DNA, when fully able to express its protective (genes) mode by enabling the reduction of the excessive cellular histone acetylase DNA tightening, may become the 'holy grail' of healing most chronic diseases. Leading scientists are now in hot pursuit to determine if biological-energy healing will become the final answer to histone acetylase reduction.

Fortunately, the ONDAMED practitioner may often discover the influence of "out of balance" diseased cells and tissue when they pick up the response signaling of the autonomic nervous system from the patient's issues. We therefore, enjoy great expectations for the future of ONDAMED.

Finally, ONDAMED encompasses the individual's specific needs at the time of discovery by finding the patient-specific



treatment stimulus, the exact location that needs stimulation and **non-intrusively delivers the stimulus during the same session**, often providing immediate results.

ONDAMED is both practitioner and patient friendly. ONDAMED "a better way to make you better" couldn't be easier to learn and use. We invite you to become ONDAMED friendly.

ROLF BINDER, inventor of the ONDAMED Technology and founder of the Ondamed companies in Germany and New York. Binder worked as an electronics engineer in research and development of a German Bio-medical technology company for twelve years. In 1993, Binder came up with a totally new approach with his own invention of the ONDAMED. His goal was to create a treatment modality for the medical field, which would offer a specific intervention driven by the patient's hidden emotional information linked to physiological stress and disease.

SILVIA BINDER, N.D., Ph.D., is the CEO of the Ondamed companies in Germany and New York. She grew up in Vienna, Austria, where she earned her degree in business; in her continued educational path she received her N.D. degree from the College of Naturopathy in London, U.K. followed by her Ph.D. degree in naturopathy.

Binder moved to the U.S. 1989 and in 2002, Silvia Binder (then Locke) met Rolf Binder and she established Ondamed Inc. in New York. Shortly thereafter, her 5-year old son was discovered with a 1 cm thrombus in his heart. Being therapy resistant to Coumadin, Binder started treating her son with ONDAMED. Not only did her son become therapeutic to Coumadin after 3 short ONDAMED sessions, he was able to avoid open-heart surgery since the thrombus reduced drastically within 3 months. Since 2003, her son has been free of all medication and enjoys a healthy life with preventative monthly ONDAMED treatments. This eye-opening and heart-touching experience fueled Binder's passion to educate the world of this life-changing technology.

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


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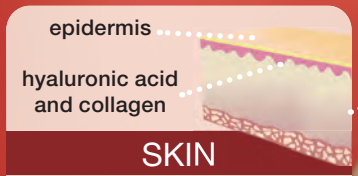
Hyaluronic Acid (HA)

where it is located and how it helps

SCALP TISSUE & HAIR FOLLICLES

There are 100,000 hair follicles on the scalp, located in the dermal layer of the skin. The connective tissues supports, nourishes and hydrates this area of the scalp, resulting in thick lustrous hair. Hyaluronic acid helps keep the scalp moisturized.

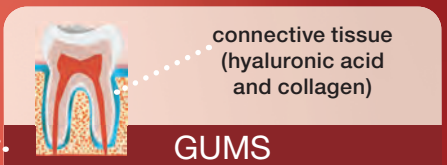


SKIN

The skin is the largest organ in the body, or about 15 percent of our body weight. Along with collagen, HA is vital to maintaining skin's layers and structure. Collagen gives skin its firmness; HA hydrates the collagen, keeping it moist and elastic. Younger skin is smooth and highly elastic because it contains high concentrations of hyaluronic acid. But as we grow older, the body loses its ability to maintain this same concentration in the skin, and the skin becomes drier. HA acts as a space-filler by binding water and keeping the skin looking wrinkle-free.

EYES

Hyaluronic acid is highly concentrated inside the eye, giving the eye a viscous gel-like property. This gel acts like a shock absorber and transports nutrients. HA helps maintain the shape of the eye and keeps eyes moist. It may even help with poor vision.



GUMS

The gums secure the teeth to the jaw-bone. Without hyaluronic acid, gum tissue can become unhealthy. With HA, the gums become stronger, securing teeth in place and helping provide hydration and nourishment.

JOINTS

The fluid in your joints mimics the oil in a car engine. We replace engine oil because heat and friction break down its viscosity. As we age, joint fluid breaks down and is unable to protect and cushion the cartilage. Hyaluronic acid helps to restore normal viscosity and prevent further damage.

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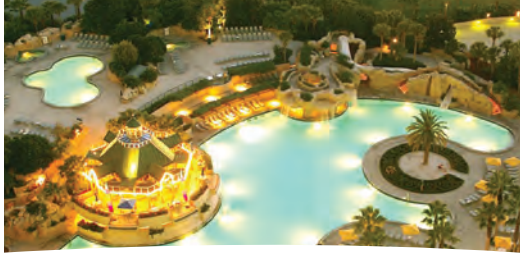


Conference *Guide*

19th Annual World Congress on *Anti-Aging and Aesthetic Medicine*

April 7 – 9, 2011 | *The Marriott World Center, Orlando, FL*

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 19th Annual World Congress on Anti-Aging and Aesthetic Medicine Spring 2011 Session, for the latest available Schedule and related Program information.

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ORLANDO 2011

All Special Events take place at the The Marriott World Center, Orlando, FL.
Consult the Program Schedule available on-site for the room locations.

THURSDAY, APRIL 7, 2011

NETWORKING RECEPTION: WE INVITE YOU TO JOIN US FOR COCKTAILS AND HORS D'OEUVRES IN THE EXHIBIT HALL
Time: 6:00 pm – 7:30 pm
Room: Exhibit Hall

FRIDAY, APRIL 8, 2011

HOW TO CUT COST, IMPROVE PRACTICE EFFICIENCY AND BOOST PROFITABILITY - WHY YOU NEED eMEDICALFUSION!
Sponsored by Bellevue Pharmacy Solutions
Time: 6:30 pm -9:00 pm Speakers: ***Genester Wilson-King, MD*** *and* ***Andre Etherly***

START YOUR OWN SUCCESSFUL CASH PRACTICE OR TURN YOUR AVERAGE PRACTICE INTO A GOLDMINE! DISCOVER THE TURN-KEY SECRET TO SUCCESS
Sponsored by Holtorf Medical
Time: 6:30 pm - 9:00 pm Speaker: ***Kent Holtorf, MD***

SEE ONE, DO ONE, TEACH ONE - INCORPORATING A METABOLIC SYNDROME PROTOCOL AND HCG WEIGHT LOSS PROGRAM INTO YOUR PRACTICE.
Sponsored by Homefirst
Time: 6:30 pm – 9:00 pm Speaker: ***Mayer Eisenstein, MD, JD, MPH***

CONTINUING TO PUT IT ALL TOGETHER: UTILIZING THE PROPER NUTRIENTS AND DIET TO ACHIEVE A MAXIMUM HORMONAL ACTIVATION – HORMONES, NUTRIENTS, DETOXIFICATION, MIND AND BODY BALANCE
Sponsored by MD Prescriptives
Time: 6:30 pm - 9:00 pm Speaker: ***Sangeeta Pati, MD, OBGYN***

ANTI-AGING THERAPEUTICS: THE ANTI-AGING TRIAD
Sponsored by Natural Clinician
Time: 6:30 pm - 9:00 pm Speaker: ***Stephen Holt, MD***

PREDICTORS OF BRAIN METABOLISM ON PET SCANS: EARLY DETECTION AND TREATMENT OF MCI
Sponsored by PATH Medical
Time: 6:30 pm - 9:00 pm Speaker: ***Eric Braverman, MD***

A VALIDATED, COMPLIANT METHOD FOR STEM CELL ISOLATION AND ITS IMPORTANCE IN ANTI-AGING MEDICINE
Sponsored by The Ageless Regenerative Institute
Time: 6:30 pm - 9:00 pm Speakers: ***Sharon McQuillan, MD*** *and* ***Ron Rothenberg, MD***

SATURDAY, APRIL 9, 2011

ENTER TO WIN – A SET OF HIS AND HERS ROLEX WATCHES!
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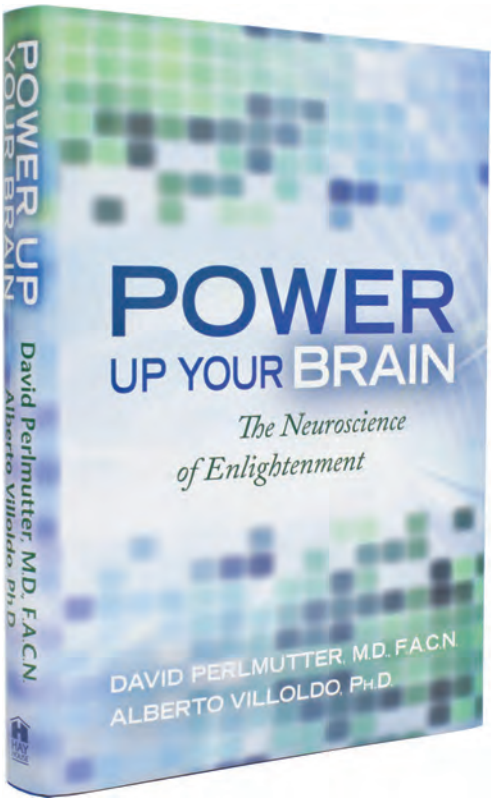
To enter the competition you must be a registered conference delegate or expo visitor at the 19th Annual World Congress on Anti-Aging and Aesthetic Medicine. Exhibitors, sponsors and their staff are not eligible to win. YOU MUST BE PRESENT TO WIN.

The Rolex Giveaway will be held on Saturday, April 9th at approximately 12:30 pm in the Exhibit Hall.

Power Up Your Brain
The Neuroscience of Enlightenment

The quest for enlightenment has occupied mankind for millennia.

And from the depictions we've seen-monks sitting on meditation cushions, nuns kneeling in prayer, shamans communing with the universe-it seems that this elusive state is reserved for a chosen few. But now, neuroscientist David Perlmutter and medical anthropologist and shaman Alberto Villoldo have come together to explore the commonalities between their specialties with the aim of making enlightenment possible for anyone. Joining the long-separated worlds of science and spirit, Perlmutter explores the exciting phenomena of neurogenesis and mitochondrial health, while Villoldo brings his vast knowledge of shamanic and spiritual practices to the table. Together they draw from the most powerful tools in each discipline to create the Power Up Your Brain program, a ground-breaking, five-week plan that helps prime the brain for enlightenment. With nutritional advice, dietary supplements, physical exercise, shamanic practices, meditation, and visualizations, Perlmutter and Villoldo guide readers, step by step, through a program to help them clear their minds from previous trauma and open themselves up to experience the inner peace, vast insight, and extraordinary creativity that define the experience of enlightenment, paving the way to successfully face the challenges to come.



About the Authors

David Perlmutter, MD, FACN, ABIHM is a Board-Certified Neurologist and Fellow of the American College of Nutrition who received his MD degree from the University of Miami School of Medicine where he was awarded the Leonard G. Rowntree Research Award. After completing residency training in Neurology, also at the University of Miami, Dr. Perlmutter entered private practice in Naples, Florida. In 2007, Dr. Perlmutter joined the independent health sciences company, XYMOGEN, as Chief Medical Officer and Chairman of the Medical Board of Advisors.

Alberto Villoldo Ph.D. is a medical anthropologist who has studied the healing traditions of the Jungle and the Amazon for over twenty years. He began his research among the jungle peoples in the Amazon basin, studying the effects of the ayahuasca, the mythical potion used by jungle shaman's to take them beyond death. His investigations eventually led him to the high mountains of the Andes, where he has spent the last fifteen years working and studying with a group of Inka that fled to high mountaintops at the time of the Spanish conquest, and who have maintained virtually no contact with the West for the last 500 years.

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

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

ABAARM/ABAAHP (Part I- Written) Review Course

Wednesday, April 6, 2011 from 7:00 pm – 9:00 pm
The Marriott World Center Resort
Orlando, FL
Room: Grand Ballroom 11-14

ABAARM Written Examination

Saturday, April 9, 2011 from 12:00 pm – 3:00 pm
The Marriott World Center Resort
Orlando, FL
Room: Crystal Ballroom J-1

ABAARM (Part II- Oral) Review Course

Wednesday, April 6, 2011 from 7:00 pm – 9:00 pm
The Marriott World Center Resort
Orlando, FL
Room: Crystal Ballroom A-C

ABAARM Oral Examination

April 7-9, 2011 from 9:00 am – 5:00 pm
The Marriott World Center Resort
Orlando, FL
(check with the Board Registrar or A4M staff for exact room assignments and to confirm examination time)

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

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

ABAARM/ABAAHP (Part 1 - Written) Review Course

Wednesday, April 6, 2011 from 7:00 pm – 9:00 pm
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To learn more about Board Certification/Certificate Programs of the American Academy of Anti-Aging Medicine, visit www.worldhealth.net, click on "Certifications." For inquiries, please call Board Registrar at 1-888-997-0112 or send an email to boards@a4m.com

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The CANCER PROFILE *and its* CLINICAL APPLICATIONS

By *E. K. Schandl, PhD, FACB, and **C. A. Schandl, PhD, MD, FCAP

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Abstract

The Cancer Profile (CA Profile) is a proposed adjunct diagnostic tool for early cancer detection and follow-up. The components are (1) tumor markers: hCG-Intact Hormone by IRMA, hCG-Total Hormone (intact, nicked intact, free β, nicked, and free β fragments) by chemiluminescence, hCG-Urine test by chemiluminescence, PHI enzyme (phosphohexose isomerase or glucose phosphate isomerase) by enzyme kinetics, and CEA (carcinoembryonic antigen) by chemiluminescence; and (2) peripherally related assays: GGTP, TSH, and DHEA-S. The CA Profile is neither organ nor site specific. It is designed to detect malignant neoplasms at their earliest stages, before other currently available diagnostic measures are efficacious. The CA Profile has proven to be an excellent adjunct tool for early detection of malignancies by producing abnormal clinical laboratory results, even years prior to actual diagnosis by current state-of-the-art methods. It is also of great value in monitoring the progress of cancer patients.

Introduction and Background

Cancer is the number one killing disease of Americans when counting deaths related to pneumonia, heart failure, and so on caused by some treatment complications. In 2009, the Centers for Disease Control and Prevention attributed 559,888 deaths to cancers of all sites.[1,2] Unfortunately, our healing arts specialists lack consistently effective weapons to combat the monstrous and many-faced disease.

Established traditional methods of varying chemotherapy regimens, radiation therapy, available immune therapies, and surgery lack the desired curative results. Optimally, the future of diagnostics and treatment is cure and not five-year survival. In addition, practitioners must strive to prioritize patient quality of life. The balance between quality of life and aggressive therapy is often tenuous; it behooves all practitioners to look to methods to stimulate the body's physiologic and immunologic participation, both in prevention and in treatment.

Many years may elapse during the progression of a normal cell to a cancerous one. Established traditional diagnostic methods are often too late to detect developing cancer early enough to substantially extend life. Palpation, X-ray, CT, MRI, PET, biopsy, and conventional tumor markers tend to reveal cancers already firmly established. At this point, the diagnosis is devastating to the patient; however, the cancer did not arise overnight. Environmental factors contribute to formation of many cancers. In fact, the patient may have been providing a tumor-coddling milieu – one that is alterable. Thus, the answer lies in prevention and ultra-early detection. In

addition, following a patient's progress by repeating tumor markers may allow informed judgment of the success or failure of any patient-chosen therapy. The CA Profile has been instrumental in the management of patients with various cancers by a growing number of physicians of all disciplines, and thousands of patients with or without cancer.

Dr. John Beard introduced a unifying theory of cancer origin as early as 1902.[3] He hypothesized that cancers originate from embryonic cells, the trophoblasts. A major product of these cells is human chorionic gonadotropin hormone (hCG), the pregnancy hormone. Interestingly, hCG is present in a large percentage of all types of cancers of women, men, and children alike. In the 1950s, Dr. Manuel Navarro announced that he could detect hCG produced by minute tumor burdens – a few million trophoblast cells – using the H. H. Beard-Anthone urine test (BAT) for hCG.[4] Since that time, research has shown that (1) hCG has both alpha and beta chains, and (2) hCG, FSH (follicle stimulating hormone), LH (luteinizing hormone), and TSH (thyroid stimulating hormone) have identical alpha subunits. Thus, the BAT is not specific for hCG. Improvements in technology have allowed investigators to better quantify specific hCG components for more accurate results.

In 1977, Dr. Robert R. Williams, in conjunction with the Framingham cholesterol study, reported the discovery of hCG hormone in the blood of study subjects two to three years prior to cancer diagnosis.[5]

The original 1980 Cancer Profile was designed with the premise that what one marker alone may miss, several together may not.[6] The original Profile consisted of three different tumor markers: hCG-β, PHI, and CEA. Utilizing the 1980 CA Profile, 94% of patients (n = 133) with proven cancers displayed at least one abnormal result. In addition, 26% of patients without proven cancer (n = 197) displayed one or more elevated tumor markers. A number of these "false positive" results were in individuals with signs or symptoms of cancer (e.g., enlarged lymph nodes, breast lumps, etc.), but without pathologic diagnoses. Some were later diagnosed with cancer.

From this investigator's perspective, "false positive" results, therefore, may represent an opportunity to positively and substantially influence the biophysical makeup of the patient – such as by promoting significant lifestyle changes. Such changes may lead to disappearance of the elevated marker and theoretically may result in cancer prevention. Alternatively, a "false negative" result may indicate a favorable treatment response. Thus, these markers should be followed regularly – prior to, during and following any patient-chosen therapy. Herein, we will present several case studies and a brief review of the literature.

The CA Profile Markers

The current CA Profile consists of three tumor markers – hCG, PHI, and CEA with hCG measured by three complementary technical methods – and several markers of organ function (DHEA-S, TSH, GGTP). hCG is the pregnancy/malignancy embryonic hormone. PHI regulates cellular anaerobic metabolism and is the autocrine motility factor (AMF/malignancy factor). DHEA-S (dehydroepiandrosterone sulfate) is the adrenal antistress, proimmunity, and longevity hormone. TSH is an excellent screening assay for thyroid function. GGTP (gamma-glutamyl transpeptidase) monitors liver and other organ health.

hCG: In 1987, Fujimoto et al. reported on an hCG-like substance (HCGLS) in the serum and tissue of patients with gastric and colorectal cancers.[7] He assayed the serum and the tumors of his subjects simultaneously, and he concluded that the defective hCG, that is, aberrant HCGLS, is a characteristic of malignant tumors. Later researchers described the infrequent, low-level presence of pituitary HCGLS substance in older female patients.[8] Pituitary hCG has an N-linked sugar side chain with more resemblance to luteinizing hormone (LH) than hCG. The researchers postulated that GRH (gonadotropin releasing hormone) stimulates the production of LH, FSH, and the HCGLS molecule. High doses of oral progesterone treatment for 3 weeks suppressed pituitary production of hCG. Thus, a progesterone "challenge" with resultant disappearance of hCG ruled out the presence of tumor-generated hCG.[9] Pituitary HCGLS has significant biological activity[10]; thus, bioidentical hormone replacement therapy may be an answer for asymptomatic, LH and FSH elevated individuals in order to suppress pituitary HCGLS hormone production.[11-13]

The hCG hormone test is an accepted tumor marker for germinal cell tumors. However, volumes of biomedical literature have convincingly established that it is an excellent cancer indicator for most if not all types of cancers. Using 85 different cancer cell lines, Acavedo et al. described the expression of complete hCG in cell membranes in association with metastatic aggressiveness of tumors of different histological types and origin. Intact hCG was undetectable in benign cells. The researchers maintained that synthesis and expression of hCG, its subunits, and its fragments is a common biochemical denominator of cancer. They found translatable hCG-β mRNA in all the tested fetal and cancer cell lines. In fact, the authors reported detectable levels of hCG in the blood and urine of patients with cancers of the breast, bladder, gastrointestinal tract, lung, and skin (melanoma) as well as in embryonal carcinomas.[14,15] In another study, the presence of the hormone was highly indicative of malignant, aggressive tumors of multiple sites including lung, pancreas, and liver.[16-18] Clinical laboratory evidence obtained by performing ultra sensitive hCG tests at American Metabolic Laboratories (AML) also indicates that hCG might be present in all types of cancers.

In addition to acting as a marker for possible disease, hCG and HCGLS exhibit immune inhibition, angiogenesis promotion, and stimulation of metabolic, regulatory, growth and cell proliferation functions in target cells and organs. Thus, the presence of any

quantity of hCG can potentially herald and contribute to the development and progression of any type of cancer.

Although some researchers (e.g., ClinLabNavigator.com) are concerned with the validity and clinical utility of low-level hCG in the absence of secondary evidence of disease or pregnancy, this investigator is more interested in advancing an epoch of previsual disease markers. Indeed, case studies indicate that the CA Profile does just this.

To establish the biological reality and identification of positive hCG results, multiple complementary assays are necessary. The CA Profile utilizes the following: (1) two positive technologically different serum hCG quantitative tests (e.g., hCG-IRMA, calibrated to ≥ 0.3 mIU/mL and hCG-IMM, chemiluminescence calibrated to ≥0.2 mIU/mL) and (2) urine confirmatory quantitative test by chemiluminescence, calibrated to ≥0.2 mIU/mL

PHI: Phosphohexose isomerase, EC 5.3.1.9, is also known as glucose phosphate isomerase or phosphoglucose isomerase, and was originally isolated from a human melanoma cell line. PHI is a small GTPase of the Rho family with effects on cell growth, morphogenesis, cell motility, cytokinesis, trafficking and organization of cell cytoskeleton, cell motility, transformation, and metastasis. It also promotes angiogenesis by direct effects on endothelial cells. It is somehow involved in the accumulation of ascites and displays an antiapoptotic effect.[19] It is a regulatory catalyst of anaerobic sugar metabolism (Embden-Meyerhof glycolytic and glucogenic pathways) by reversibly converting glucose-6-phosphate to fructose-6-phosphate. Various authors designate this neurokine as the autocrine motility factor or AMF.[20] It stimulates cell motility in an autocrine manner and is closely related to malignancy. PHI may be elevated in patients with malignant gastrointestinal, kidney, breast, colorectal, and lung tumors.[21] This investigator postulates that a specific enzyme inhibitor may be developed or discovered that would prevent the negative effects of this enzyme.

Studies suggest that cancer cells may metastasize earlier than previously thought, although the mechanism is not yet apparent.[22] This investigator hypothesizes that the biochemical initiator of metastasis is PHI, autocrine motility factor. Elevated plasma levels may lead to metastatic events: cytokinetic vibration and dislodgement of the cancerous cell from its neighboring environment and consequent embolism via lymph or blood flow to distant sites. American Metabolic Laboratories began manufacture of the PHI assay reagents when the previous manufacturer ceased production.

The PHI enzyme and hCG hormone tests have been successfully implemented and perfected as tumor markers. However, the tests are not FDA approved for such use. Doctors may use and apply the technology with watchful eyes as an experimental endeavor that may bring useful information to the forefront.

CEA is a broad-spectrum tumor marker that may detect or monitor most malignant processes. It is an excellent marker for breast cancer.

GGTP is a constituent of the profile for monitoring primarily hepatic, and renal, cardiac organ/tissue health.

TSH directly affects thyroid function and thus, governs the body's basic metabolic rate; that is, rate of oxidative phosphorylation. A hypothyroid condition may usher in anaerobic glucose fermentation, postulated to lead to cancer. In addition, cancer therapies may evoke hypothyroidism.[23,24]

DHEA is considered the adrenal antistress, proimmunity, and longevity hormone by this author. Studies conducted at AML indicate that most, if not all, cancer patients present with low DHEA levels. Often a 40-year-old individual may present with DHEA quantities of an 80-to-90 year old patient. The importance of this steroid hormone in cancer prevention and therapy should be noted.[25,26]

Additional patient-indicated tumor marker studies may include the following: CA 19-9, CA 15.3, CA 125, and PSA (prostate specific antigen).

Assay Interpretation

Applicable Normal Values		
hCG-IRMA	<1.0	mIU/mL
hCG-IMM	<1.0	mIU/mL
hCG-Urine	1.0–3.8	mIU/mL
PHI enzyme	0–34	U/L
CEA	0–3.0	ng/mL
CA 19-9	0–37	U/mL
CA 15.3	7.5 - 53.0	U/mL
CA 125	1.9–16.3	U/mL
PSA 3rd Gen	0.00–2.80	ng/mL

Figure 1 is an aid for the interpretation of the triple-hCG test assays utilizing the Three-Test criterion. Notably, none of the three methods detects the a-subunit molecular species shared among hCG, TSH, FSH, and LH. Instead, the hCG-specific β-subunit and its parts are measured.

FIGURE 1: Interpretation of HCG Results Utilizing the Three-Test Criterion

hCG-IRMA	hCG-IMM	hCG-Urine	Interpretation
–	–	–	Negative
–	+	–	Negative/ Uncertain***
–	–	+	Negative/ Uncertain***
+	–	–	Negative/ Uncertain****
+	+	–	Positive/ Suggestive****
+	–	+	Positive
+	+	+	Positive
–	+	+	Positive/ Suggestive **

**hCG-IMM/Urine may contain HCGLS;

*** Needs confirmatory urine or another Pos method;

****To confirm requires positive urine, especially if the patient has a protracted exposure to domestic animals. The IRMA test does not detect HCGLS, nor beta or fragments of tumor-generated hCG.

Uncertain/suggestive results require clinical correlation.

FIGURE 2: Susan, 61, F, Gastritis, No Cancer Diagnosis

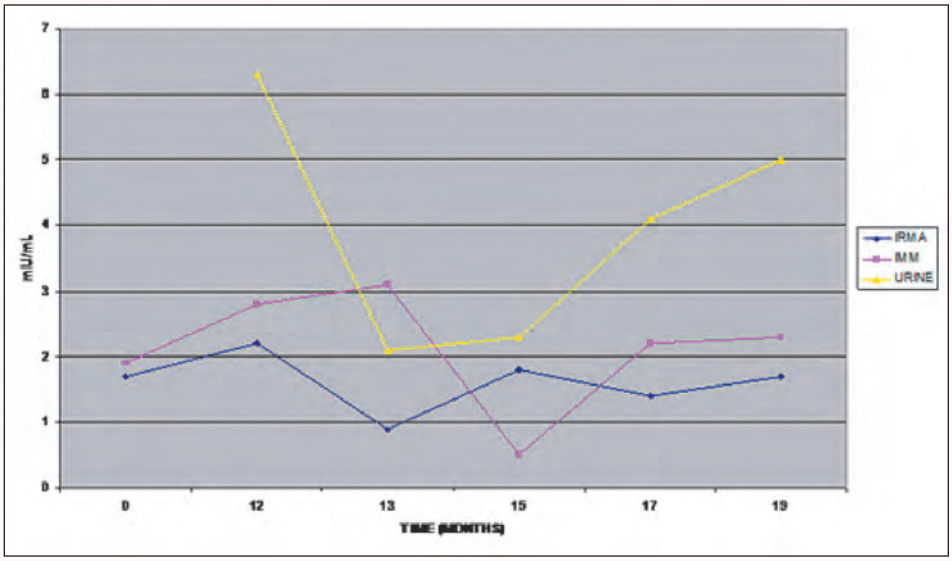
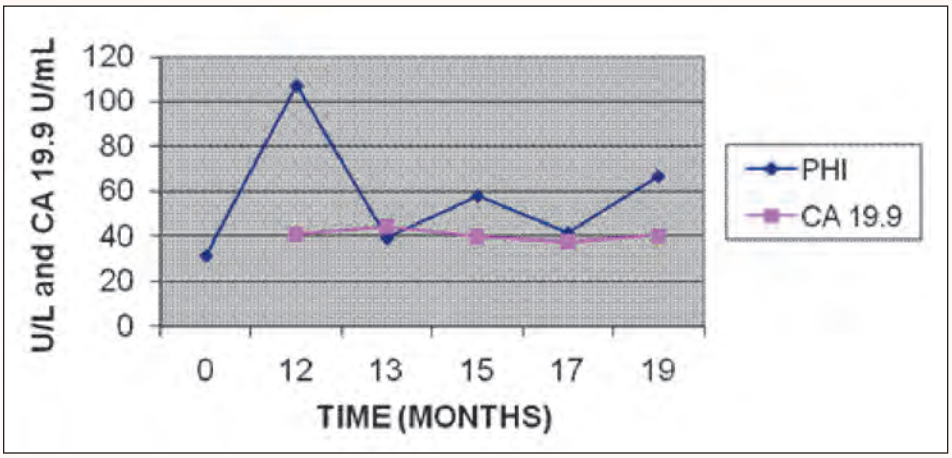


FIGURE 3: Susan, 61, F, Gastritis



Case Studies

A 61-year-old female, "Susan," presented with a long history of gastric discomfort and pain of unknown etiology. The CA Profile (Figure 2) showed a consistent presence of hCG over the observed 19 months. Concern for a developing or already existing malignancy was prompted.

The PHI enzyme remained elevated throughout the study period as well (Figure 3). Additional patient-specific studies were undertaken and the gastric/pancreatic tumor marker, CA 19.9, was marginally elevated, suggestive of gastritis. At this point in her medical workup, endoscopy, colonoscopy, and GI exams were negative. Cautious outlook for the patient's future and introduction of substantial lifestyle changes for cancer prevention were undertaken.

A 55-year-old female, "Julie," was diagnosed with infiltrating ductal breast carcinoma; no metastatic lesions were identifiable. A CA Profile was requested and the following results seen: hCG measurements remained elevated throughout the 37-month study period, but PHI (not graphed) remained within normal range (Figure 4). During the 35th month of the study, she traveled abroad for sodium bicarbonate tumor injections. She reported for follow-up evaluation at the 37th month; a dramatic increase of CEA was observed. At that point, she initiated herbal therapy, followed by a more successful course of chemotherapy (Herceptin, Tykerb, Femarra, and Zometa) at the Burzynszky Clinic in Houston, Texas.

A follow-up CA Profile is recommended at this time.

A 65-year-old male, "Charlie," presented for prostate discomfort. Two series of CA Profiles and Third Generation PSA tests were performed. At the beginning of the study, the CA Profile tests, with the exception of low DHEA-S, were within normal range (Figure 5). The picture changed 10 months later. The three hCG tests became marginally elevated, and the PHI test became substantially elevated. Charlie refused biopsy in fear of a malignant diagnosis and a possibly aggressive therapeutic procedure, and instead chose holistic metabolic therapy. Thus, with guidance from the CA Profile, a physician may be able to infer the presence of disease even in the absence of invasive procedures when such are not sought or not possible; patient-chosen treatments may then be monitored for efficacy.

A 56-year old male, "Karl," reported for clinical laboratory evaluation for preventative reasons and without symptoms or complaints. He requested the CA Profile and Third Generation PSA tests (Figure 6). Initial results were negative for all the tests, with the exception of the PHI enzyme, which was markedly elevated. He was reexamined periodically. The enzyme remained elevated for 16 years, the entire length of the study. At 10 years and 10 months, Karl underwent prostate biopsy. Metastatic prostate cancer was diagnosed (first arrow, Figure 6). At this point, the CEA and PSA tumor markers also began to rise. Six years later, in the light of continuous CEA elevations, a second primary cancer site, colon cancer was identified and resection was undertaken (second arrow, Figure 6). The CEA returned to normal following surgery; however, the PHI and PSA remained elevated. After intensive chemotherapy and radiation, all in vain, Karl died from disease.

A 46-year-old female, "Sheila,"

FIGURE 4: Julie, 55, F

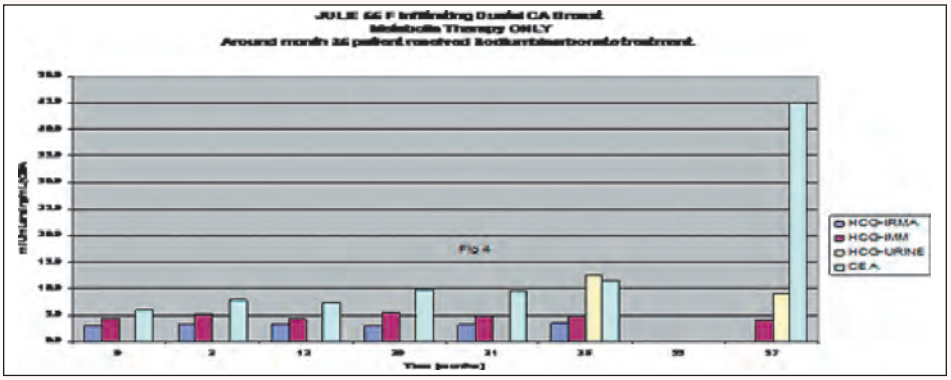
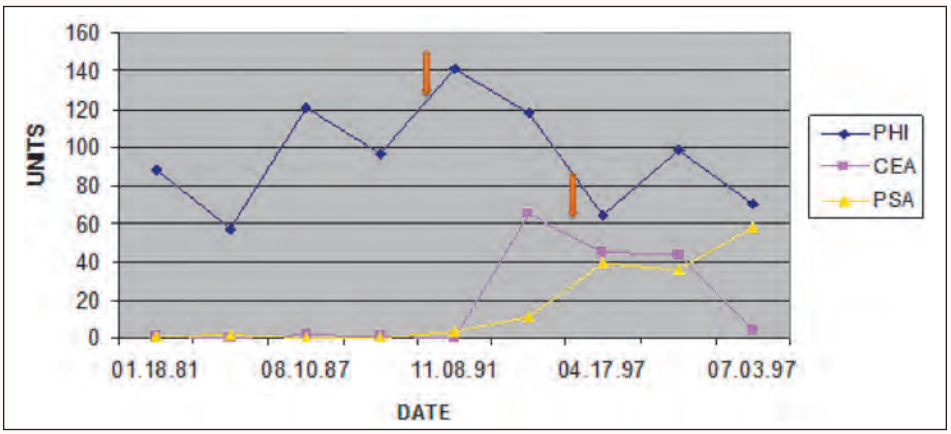


FIGURE 5: CA Profile of Charlie, 65-Year-Old Male with Prostate Discomfort

Date	hCG-IRMA	hCG-IMM	hCG-Urine	PHI	PSA	CEA	TSH	GGTP	DHEA-S
8/17/2008	0.1	0.1	1.2	28.7	2.09	0.9	1.26	10	155.0
5/30/2009	1.3	1.3	1.7	62.8	1.56	0.4	0.91	15	172.0

FIGURE 6: Karl, 56, M, CA Prostate 10-Year History



presented with an initial diagnosis of ovarian cysts and uterine fibroids. She requested a CA Profile and CA-125, the traditional ovarian tumor marker. Markedly elevated PHI and CA-125 suggested the development or presence of metastatic ovarian disease (Figure 7). DHEA, as noted earlier, was depressed as in most cancer patients and those developing cancer of any sort (investigator observations).

A 72-year-old female, "Earleen," presented with a history of infiltrating ductal breast carcinoma and 4+ breast thermogram. HCG was elevated by two separate assays. PHI and CEA were also elevated (Figure 8). Elevated PHI in this case was concerning for possible metastasis. The low DHEA-S level may have indicated insufficient immune status. Therefore, the presence of malignant breast cancer may have generated the high-grade positive thermogram. As noted earlier, the CA Profile is not site-specific; however, a thermogram could map out the whereabouts of a tumor.

Figure 9 depicts three outcomes of three different patients who chose to utilize the CA Profile: (1) no cancer, negative results; (2) no cancer diagnosis, positive results; and (3) cancer diagnosis, positive results. P. A., a 49-year-old female, presented with

FIGURE 7: Sheila, 46, F, Ovarian Tumor, Uterine Fibroids

	RESULTS	NORMALS
HCG-IRMA	0.0	<1.0
HCG-IMM	0.0	<1.0
HCG-URINE	0.0	<1.0
PHI	54.4	0-34
GGTP	10.0	3-29
CEA	2.6	<3.0
DHEA-S	168.0	≥230
TSH	1.63	0.4-4.0
CA-125	80.5	1.9-16.3

FIGURE 8: Positive Thermogram Confirmed by the CA Profile

hCG-IRMA	0.0
hCG IMM	1.7
hCG Quant Urine	2.3
PHI	56.6 ↑
GGTP	15.00
CEA	12.2 ↑
DHEA-S	52.4 ¯
TSH	1.47

no cancer diagnoses and normal CA Profile. D. P., a 36-year-old female, also had no diagnosed abnormalities, yet presented with elevated PHI and grossly elevated CA 15.3. E. Z., a 52-year-old female, presented with a diagnosis of infiltrating ductal carcinoma of the breast and the four tumor markers tested were elevated. Patient D. P.'s clinical laboratory results clearly indicated a developing or already existing breast cancer. The site specificity determination became obvious from the rather high, traditional CA 15.3 test. Of note, the CA 15.3 test is only a viable tumor marker when it is positive. This may be ~2% of the time, whereas the CA Profile positive predictive value can be as high as 93% to 98%.[27] ◆

AUTHOR'S NOTE: Access the complete article with full charts and references at www.americanmetaboliclaboratories.net/

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Practice *Highlights*

DALAL AKOURY, MD

I am a board Certified Pediatrician and Emergency Physician; I began my medical career with passion and excitement during the mid 1980's after completing my Pediatric Hematologist Oncology from Emory University. After several years of practicing traditional allopathic medicine, I realized that modern medicine is deceptive as I was not able to help any of my patients by simply patching up their symptoms. I became exhausted, irritable, frustrated, I also developed a chronic cough, and lost my energy.

Five years ago at a family reunion I was fortunate to see my cousin Dr. Fouad Ghaly who has been practicing Anti-Aging, Functional, and Regenerative Medicine for at least 15 years. Dr. Ghaly who is a number of years older than me looked happy, energetic, young, and full of life, while I looked older, feeble, and frail. This encounter with Dr. Ghaly was the turning point that transformed my medical career. I took a leap of faith and began the A4M Fellowship program, I since have completed the Anti-Aging, Functional, and Regenerative Medicine Fellowship, have attended 11 modules, and have completed the Integrative Cancer Therapies Fellowship.

My association with the A4M has transformed my life, my children and my husband's life and my patient's life forever. For the first time after over thirty years of practicing medicine, I feel I am a true physician and a healer. The support and information of A4M continually aids me in my new and growing practice today. There is nothing more rewarding than having my patients finally feeling better.

FERDINAND CABRERA, MD

I practiced as a Board Certified Internist for 15 years and felt the service I was providing my patients was limited. I joined the A4M and enrolled in the first class of the Fellowship in February, 2005. After completing Module 1, I knew I was on the right track to practicing medicine the way I had always intended. I graduated as an Advanced Fellow during the A4M's first graduation ceremony in December, 2007.

Now, four years after opening the Genesis Health Institute, I have a very successful and thriving practice and am grateful every day about the positive change in my life and career. I am now also part of the faculty for the Fellowship which allows me to share my experience and knowledge with other doctors that are on their own path to success and professional growth.

CARLOS DE ORDUNA, MD

After 25 years of practicing medicine, I was starting to get frustrated with the system and the problems with healthcare. Aside from this, I myself was obese and tired, and my wife was going through a tough time with menopause. Our lives took a complete 360 degree turn when I completed the first module of the Fellowship and we both started making changes both physically and mentally. I started to gain back the passion I had for medicine when I was in medical school.

After combining the knowledge I gained in medical school with the elements I learned from the modules, that include balancing hormones, multiple natural medicines, and changes in lifestyle, I have been able to transform my patient's lives. I have established a wellness center that provides preventive and regenerative care along with the tools needed to live an active and healthy lifestyle. At this center we are able to reverse diseases like diabetes mellitus and obesity and also prevent them from reappearing, especially in this time of healthcare reform we are living in.

SUSAN MacPHERSON, ARNP

In 1984, I began working in the field of Plastic & Reconstructive Surgery as a Registered Nurse First Assist and Certified Plastic Surgery Nurse. I have always had a deep passion for being able to help my patient's look and feel better through the application of aesthetic and anti-aging therapies. I established Beauté Therapies, Inc. in 1997. My practice has grown tremendously as I strive to improve the quality of care through the application of cutting edge technologies.

After receiving my MSN degree in 2004 my vision was to develop a Holistic Health, Beauté, and one of the most advanced Anti-Aging Centers in Palm Beach County, Florida. I began the Fellowship in Anti-Aging, Regenerative & Functional Medicine through A4M in 2009. I absolutely love it because it is everything that I believe in!

I am currently a Diplomat in Anti-Aging and enrolled in the Masters Program. Thanks to the valuable evidence based research provided to me through the Fellowship training I have gained much knowledge to provide Natural Hormone Restoration and Micro Nutrient Counseling to my aesthetic clientele. Learning how to prevent disease is the wave of the future. We are in the forefront of a whole new way to practice medicine.

DENNIS WONG, RPH

As a compounding pharmacist, I was interested in researching other avenues that would be available for my patients. I met Dr. Pamela Smith while doing consultation work and she told me about the Fellowship in Anti-Aging, Regenerative and Functional Medicine. I completed the in 2007 as part of the first graduating class. Since then, I have begun the Masters program with the University of South Florida and the Fellowship in Integrative Cancer Therapies. Every time a new module is announced, I enroll because of the abundance of new information and as a way to help improve my practice. I even have traditional physicians referring patients to me based on my vast knowledge and credentials.

By enrolling in the A4M Fellowship and the other educational programs, I have taken my practice to the next level.

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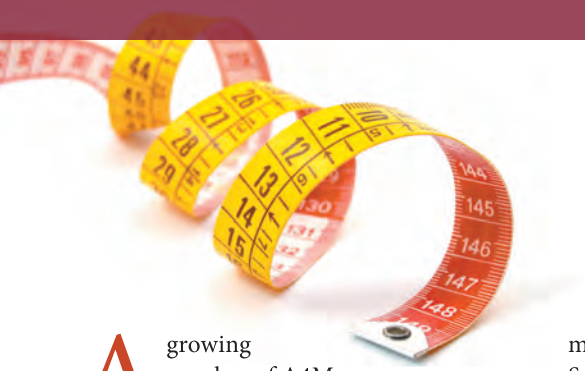


IS THE END OF OBESITY IN SIGHT?

A growing number of A4M physicians who incorporated HCG programs into their clinical practices have reported significant weight loss and successful maintenance.

I met Karen in 1963 when she was 16 years old, we married in 1968. Forward ahead, 42 years of a wonderful marriage, 6 children, 10 grandchildren and 200+ additional pounds between us. My wife and I tried virtually every weight loss program that came on the market such as liquid protein, powder protein, meal replacements, Atkins and countless others, even if they admitted the advertised results were atypical. All had limited weight loss success, zero long term success and often a weight gain afterwards. Why, like so many other people who have been successful in so many aspects of their lives, were we not able to control our weight? Why, like so many others, did we continue to gain weight and be severely overweight?

I had begun reading about a program by the late Dr. Simeon which consisted of low dose, HCG (Human Chorionic Gonadatropin) along with a VLCD (very low calorie diet) which had enormous success in his patients for the treatment of obesity and Metabolic Syndrome. He explained his theory and documented his findings in his manuscript entitled "Pounds and Inches." Metabolic Syndrome consists of some or all of the following: elevated blood pressure, elevated cholesterol, elevated trigylcerides, insulin resistance and central obesity. Dr. Simeon purported that his HCG protocol would cause weight loss and reduce inches by mobilizing abnormal fat stores in the abdomen, neck, arms and legs. By doing so it would lower or eliminate the need for pharmaceuticals to treat the symptoms of Metabolic Syndrome.

In September 2009, I was a guest speaker at the A4M conference in San Jose, CA. The A4M conference brings together physicians, pharmacists, and other health care practitioners who practice Anti-Aging and regenerative medicine. Over the five years that I have been a speaker there I have met many professionals who treat Metabolic Syndrome and obesity. At the conference I spoke with pharmacists and physicians who utilize the HCG programs in their clinical practices. Some of the pharmacists were able to compound HCG into a low dose sublingual solution negating the need for daily injections. I was also inspired by a medical school classmate of mine who used the Dr. Simeon HCG program in 2004, lost more than 70 pounds and not regained any of the weight in over five years.

This convergence of events led me in September 2009, at the age of 63, 6' tall and weighing 334 pounds, to start the HCG program. I used the prescription pharmaceutical sublingual HCG that was prepared by one of the compounding pharmacists at the conference. At the same time, my oldest son Jeremy (6'1" - 275 pounds) , an attorney, joined me. After one month I had lost almost 30 pounds and Jeremy lost approximately 25 pounds. In October my wife, Karen, (5'4½", 230 pounds) and my daughter, Jennifer, (5'7", 225 pounds), an Associate Professor of Nursing at DePaul University, joined us.

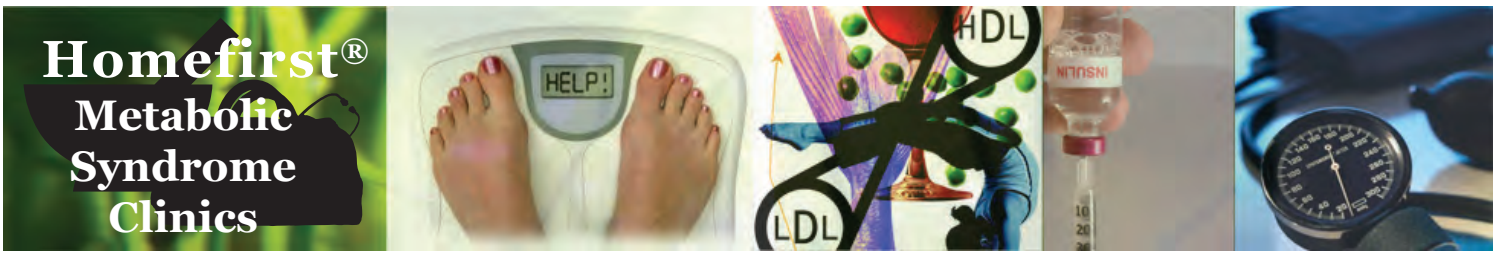
By December 2009, I was down to 275 pounds, the lowest weight I had been in more than 30 years. For the first time in over 30 years, I had normal blood pressure readings, no longer needing prescription pharmaceuticals to control it. For the first time in many years the weight on my driver's license was more than my actual weight.

I integrated the HCG program into my practice in March 2010. I had a dual purpose for doing this as I would be the inspiration for my patients and they would be mine. To date we have had approximately 500 patients, more than 400 have stayed with the program and have collectively lost over 9 TONS! Many of the patients have reduced their need for prescription pharmaceuticals for controlling blood pressure, cholesterol and blood sugar and others have eliminated the need completely as their metabolic values have become normal. Just today (January 17, 2011) I received an email from one of my patients, who has joined me in the 100 pound weight loss club. He is the sixth patient of mine to join this elite club - an incredible achievement. We have had more than 100 patients who have lost more than 50 pounds and many who have lost between 20 and 50 pounds (not everyone needed to lose as much weight as I did). To date my wife and daughter have lost over 70 pounds each, my son, over 50 pounds, and myself over 100 pounds.

I am so grateful for the A4M physicians and the other medical professionals who are making this HCG protocol available. They have helped me accomplish in a relatively short period of time something which I never thought was possible. Thank you, thank you, thank you.

DR. MAYER EISENSTEIN, MD, JD, MPH, is a graduate of the University of Illinois Medical School, the Medical College of Wisconsin School of Public Health, and the John Marshall Law School. In his 38 years in medicine, he and his practice have cared for over 75,000, children, parents, and grandparents. He is the founder and Medical Director of the Homefirst® Health Services. He is Board Certified by the American Board of Public Health and Preventive Medicine, and the American Board of Quality Assurance and Utilization Review Physicians. He is a member of the Illinois Bar.

His latest book, *Making An Informed Vaccine Decision* goes along with his other books: *Give Birth at Home With The Home Birth Advantage; Safer Medicine, Don't Vaccinate Before You Educate, 2nd Edition; Unavoidably Dangerous - Medical Hazards of HRT and Unlocking Nature's Pharmacy*. Some of his many guest appearances include: "The Oprah Winfrey Show" and "Hannity and Colmes". His weekly syndicated radio show "The Dr. Mayer Eisenstein Show", airs in the Chicagoland area. One of his goals is to lower the use of pharmaceuticals in the American population.



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A Strong Nutrition Program to Enhance Your Hormone Therapies

By Sangeeta Pati, MD, FACOG

As an Ob/Gynecologist, the transition to using bio-identical hormones was a natural one. I started using progesterone first and slowly added the estrogens, testosterone, thyroid, melatonin, DHEA and growth hormone. A few years into the process of mastering hormone therapies, I realized that specific nutrients are critical to activate hormones. I learned that iodine was critical for thyroid and that chromium was critical for insulin. As I researched the subject it became clear that, although our knowledge in this area is in its infancy, thyroid hormone needs iodine, selenium, zinc, Vitamin A and several others for optimal activity [1,2,3,4]. Insulin needs chromium, vanadium and Vitamin B3 [5,6,7,8]. These specific factors must be present at therapeutic levels to be effective. This information led to the evolution of a nutrition program with an emphasis on *superfoods*, plants and a few essential supplements.

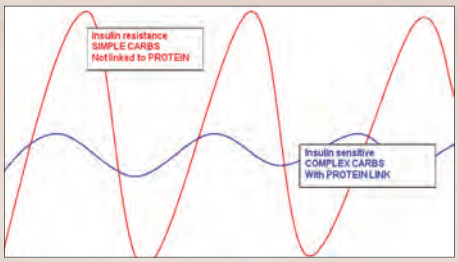
This nutrition program is the crux of our 5-point restorative approach towards disease which includes optimizing 1) hormones, 2) nutrition, 3) toxin removal, 4) mind balance, 5) body balance. In this article, I share two cases on ***nutritional interventions*** which have become integral to the success of this program. I will cover our three main programs: 1) Metabolic Balance, 2) Plant-Based and 3) Superfoods.

Metabolic Balance Program

The Metabolic Balance Program, which has been used by over 2,000 patients, is based on the goal of reducing insulin resistance through 1) specific dietary ratios, 2) bowel and liver cleanse and 3) supplements. The aim is to increase body pH *and* encourage a transition from dramatic sugar highs and sugar lows to moderate swings. Referring to graph 1, the aim is to bring the metabolism from the red line (insulin resistance which leads to storage of fat in the lower abdomen and thighs) to the blue line (insulin sensitivity). This program is appropriate for anyone desiring optimal health, weight loss, lower cholesterol and lower sugar.

The Metabolic Balance Program is a basic, restorative approach which can be enhanced with the use of HCG, phenteramine, glucophage and calorie restriction as appropriate, especially for rapid or profound weight loss. The average weight loss in this basic program is 10 pounds/10 inches in the first six weeks, 20 pounds/15 inches in the first twelve weeks, without the use of HCG, phenteramine or calorie restriction. After the program, we encourage our patients to stay on a dietary ratio at every meal of 50% vegetables, 25% lean protein and 25% complex carbohydrates.

GRAPH 1. Insulin resistance presents with highs and lows of sugar and insulin

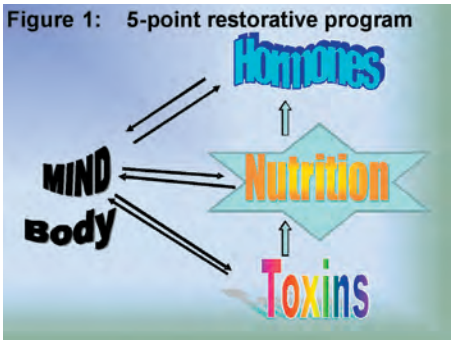


Bonnie's case

Bonnie is a 41 year old woman who complained of weight gain of 28 pounds in 5 years. Her weight had been unresponsive to the diet and exercise programs that she had tried. On further questioning, she also had anxiety, panic attacks, insomnia, low energy and high stress. Although the Metabolic Balance Program was perfect for her, the first step was to get Bonnie feeling better by correcting her progesterone and thyroid. She was also placed on basic supplementation with hormone-activating, antioxidant doses of essential vitamins, minerals and omega-3[9]. She was coached in stress management and breathing techniques to reduce the impact of stress on metabolism. By week 8, her energy, sleep and anxiety were corrected and she entered the Metabolic Balance Program with a HgbA1C of 6.1% mg/dl, FBS of 103 mg/dl and a fasting insulin of 15 uIU/ml. She followed the 12 week program as outlined in Tables 1 and 2.

At the end of week 1, Bonnie was having 3 bowel movements a day, her sugar cravings were down by over 50% and she had lost 5 pounds. At this point, she entered the Weeks 2-12 phase (see Table 2) by meeting with a coach every 2 weeks. She was also started on a moderate aerobic exercise program (40 minutes, 4 days a week). We asked her to focus on breathing and to keep her heart rate in the oxygenated, aerobic range where she could converse. The higher heart rates are to be avoided, since they stimulate anaerobic respiration and tissue acidity through the formation of lactic acid.

At the end of 12 weeks, Bonnie had lost a total of 16 pounds. Her repeat labs showed a HgbA1c of 5.7% mg/dl, a FBS of 93 mg/dl and a fasting insulin of 5uIU/ ml. Her triglycerides had also come down from 174mg/dl to 110 mg/dl. Bonnie was asked to repeat the vegetables-only diet (of the week 1) and then continue to maintain a plate ratio of 50% vegetables, 25% lean protein and 25% complex carbohydrate. Over the next 12 weeks, she lost another 10 pounds to total 26 pounds. Her 6 month labs showed a HgbA1c of 5.5% mg/dl, a FBS 87 mg/dl and a fasting insulin of 5 uIU/ml. She has maintained her new weight over the past year by optimizing thyroid and progesterone function, staying on basic supplementation with hormone-activating, antioxidant doses of essential vitamins, minerals and omega-3. She repeats the week 1 vegetables-only routine 1-2 times per year. Her success is attributable to restoring optimal function in 5 main areas namely: 1) hormones, 2) nutrition, 3) bowel and liver through toxin removal, 4) mind and 5) body (see Figure 1).



Plant-based Nutrition Program

Scientific data from the last two decades is showing that the best way to prevent and correct degenerative disease is to aim for the highest level of raw plant proteins possible, which raises the pH of the body. The most compelling data has been reported from a 27-year comprehensive study, known as "The China Study" by Dr. T. Colin Campbell[11]. They reported that animal proteins, including the casein in milk, significantly increase the risk of cancer, heart attacks, neurological diseases and all inflammatory diseases. This effect is thought to be partially due to the acidifying effect of animal proteins. The evidence for reversal and prevention of all inflammatory conditions (in the heart, brain, vascular system, bones, muscles, neurological system, skin) is compelling enough that major institutions like Cornell University and Cleveland Clinic are emphasizing plant-based nutrition.

Our experience has been that when people adopt a predominately plant-based diet (raw or cooked) their health improves in general. We have seen dramatic improvement in conditions such as rheumatoid arthritis, fibromyalgia, diabetes, hypertension, osteoporosis, eczema, psoriasis and cancer. The purpose of this program is to educate patients to successfully integrate plant-based proteins into their nutritional program. With the knowledge comes the power to choose a better diet.

What does the program consist of?

The program focuses on reducing meat, fish, dairy, eggs, processed and refined foods (which increase acidity) and replacing them with vegetables, whole grains, beans, nuts, seeds, sprouts and sea vegetables. The general philosophy is "if men made it don't eat it". This program focuses on all the foods a patient *can* have rather than what they cannot have. The aim is to balance the body's pH level so cellular energy and repair is optimized. An acidic internal environment contributes to internal inflammation, which leads to diseases and cancers. Patients are instructed on:

- The best sources of plant-based protein (i.e. hemp, sprouted legumes, brown rice) and where you get them
- Recipes that will allow you to maintain your essential amino acids and that are delicious
- Recipes bursting with anti-oxidant/ anti-inflammatory value based on data

TABLE 1: Metabolic Balance Program Instructions Week 1

	REASON
One week of vegetables only (cooked or raw) *no calorie restriction*	Increases pH: As the pH increases, the tissue metabolism normalizes and allows fat to mobilize from the peripheral deposits. The ideal tissue pH is above 7.0 and the ideal morning urine ph is 6.4 to 7.2
Use herb and fiber supplements to move the bowels 3 times a day	As the bowel moves more often, the toxins dumped into the bowel by the liver exit the body without absorption into the system. *Herb* formula includes: alfalfa, dandelion, fennel, yarrow, green tea, elutherococcus, hawthorn, horsetail, licorice, peppermint, red clover, red raspberry and many more. *Fiber* formula includes: cascara, fennel, psyllium, ginger, acacia, apple pectin, beet, glucomannan, slippery elm, lemon peel, oat bran and many more.
Avoid meat, fish, dairy, eggs, grains and starchy vegetables	decreases pH
Avoid coffee, tea, alcohol	decreases pH
Avoid processed, refined, canned and boxed	preservatives decrease pH and increase toxins

Who is a good candidate for this program?

This program is ideal for anyone interested in improving their quality of life, detoxifying the body, alkalizing the body and especially those with inflammatory conditions such as:

- skin conditions (psoriasis, eczema, rashes)
- heart, vascular conditions, neurological (hypertension, atherosclerosis, stroke risk)
- intestinal conditions (colitis, irritable bowel syndrome)
- cancer and other immune dysfunction
- musculoskeletal conditions (fibromyalgia, lupus, Sjogren's, rheumatoid arthritis, osteoporosis)

Super Food Program

"Superfoods" are those vegetables, fruits, seeds and nuts which contain a dense abundance of phytonutrients and anti-oxidants greatly exceeding the values in common vegetables and fruits. These are best described in the book "Superfoods" by David Wolfe.[12] Examples of powerful superfoods include aloe, maca, cacao, goji, bee pollen, spirulina, blue-algae, hempseed, marine phytoplankton and coconut. These foods are best eaten raw. They generally contain proteins and essential nutrients that cannot be obtained from a traditional diet. With a well chosen, organic-based diet containing raw, plant-based fresh materials provided by superfoods, we stand a chance to improve our health in a way that has never been available in the past. The aim of this program is to educate and facilitate education about the successful incorporation of superfoods into the current diet.

Although, everyone should incorporate as many superfoods as possible into their diet for optimal vitality and health, anyone with chronic degenerative disease such as hypertension, arthritis, osteoporosis, heart disease, or cancer will benefit from the regenerative capacities of superfoods.

Stephen's case

Stephen is a 51 year old male who desired help with controlling his Ulcerative colitis exacerbations and subsequent arthritis and eczema from the inflammatory reaction in his intestines. He additionally had a very low sex drive,

TABLE 2. Metabolic Balance Program Instructions week-12	
Every meal should be 50% vegetables, 25% lean protein, 25% complex carbohydrates *no calorie restriction*	Vegetables should include 8 different colors per day Lean protein includes fish, chicken, beef, and plant-based proteins Complex carbohydrates include sweet potato, steel cut oats, spaghetti squash, A breakfast example: veggie smoothie: eggs: steel cut oats in ratio of 2:1:1
Add Insulin Modulators	Insulin modulators include: chromium, vanadium, fenugreek, bitter melon, gymnema sylvestre, garcinia cambogia, cinnamon, alpha lipoic acid, 7-keto DHEA etc
Add Leptin Modulator	Leptin modulator includes: Irvingia
Add Liver Support	Liver support includes: artichoke leaf, alpha lipoic acid, NAC, milk thistle, MSM, calcium D-glucarate, ellagic acid etc
Individualized instruction included: · how to balance meals with metabolically balanced recipes to maintain an optimal plate ratio of 50% vegetables, 25% protein, 25% complex carbohydrates · making healthy choices when eating out · making choices while shopping and interpreting labels on food products · optimal sources for sugars, fat, protein, carbohydrates and fiber · how to raise pH	

severe fatigue and loss of motivation. He had a family history of early heart attacks. Stephen's labs revealed suboptimal testosterone and thyroid levels and a high c- reactive protein of 8.7mg. dl. A functional intracellular nutritional analysis revealed an antioxidant function in the 34th percentile and significant nutritional deficiencies in B-vitamins and magnesium. It was clear that the low-grade inflammatory condition in his gut was the source of generalized body inflammation and arthritis. However, before embarking on a nutrition program we addressed his other complaints with testosterone, thyroid, omega-3, B-12 injections (with 10,000 mcg methylated cobalamin weekly) and a complete vitamin and mineral formula. In choosing such a formula, attention was paid to: 1) vegetable capsule with the absence of preservatives, fillers, binders 2) biologically active forms and hormone-supportive doses of B-vitamins, selenium, zinc, iodine, chromium etc.

Stephen's sex drive, motivation and fatigue improved dramatically within 8 weeks, at which point he was started on the Plant-based nutrition program with Superfoods. Stephen's Ulcerative Colitis exacerbations diminished by 30% within the first 4 weeks and by week 12, he had been free of any episodes for 8 weeks. His arthritic pains diminished steadily. His 6 month lab values were notable for a c-reactive protein of 2.2 mg/dl, an antioxidant function in the 63rd percentile, correction of all hormone deficiencies and a 20 point drop in LDL cholesterol. Both clinical and lab parameters supported an overall lowering of inflammatory status with this diet. While all patients are encouraged to maintain as much plant-based nutrition as possible; patients with serious inflammatory conditions are asked to maintain a greater than a 90% plant-based diet. Stephen has been free of exacerbations for 16 months with almost a 100% plant-based diet with occasional animal protein from time to time.

Conclusions

The nutritional programs form the crux of a successful practice in the area of restorative medicine and hormone therapies. The main components of a successful program include:

1. Maintain a diet of whole, natural foods at a plate ratio of 50% vegetables, 25% lean protein (plant or animal sourced) and 25% complex carbohydrates, at every meal.
2. Vegetables should be of 8 different colors every day.
3. Raw and lightly cooked vegetables are a superior source of active phytonutrients and enzymes.
4. Avoid packaged, canned, boxed, refined and processed foods.
5. Based on recommendations from AMA[9] and studies from Harvard[10] everyone should be on a supplementation of essential vitamins, minerals and omega-3.
6. We aim for preservative-free formulas with anti-oxidant and hormone activating doses.
7. Measure the nutritional status and anti-oxidant function annually.
8. Maintain regular bowel movements. ◆

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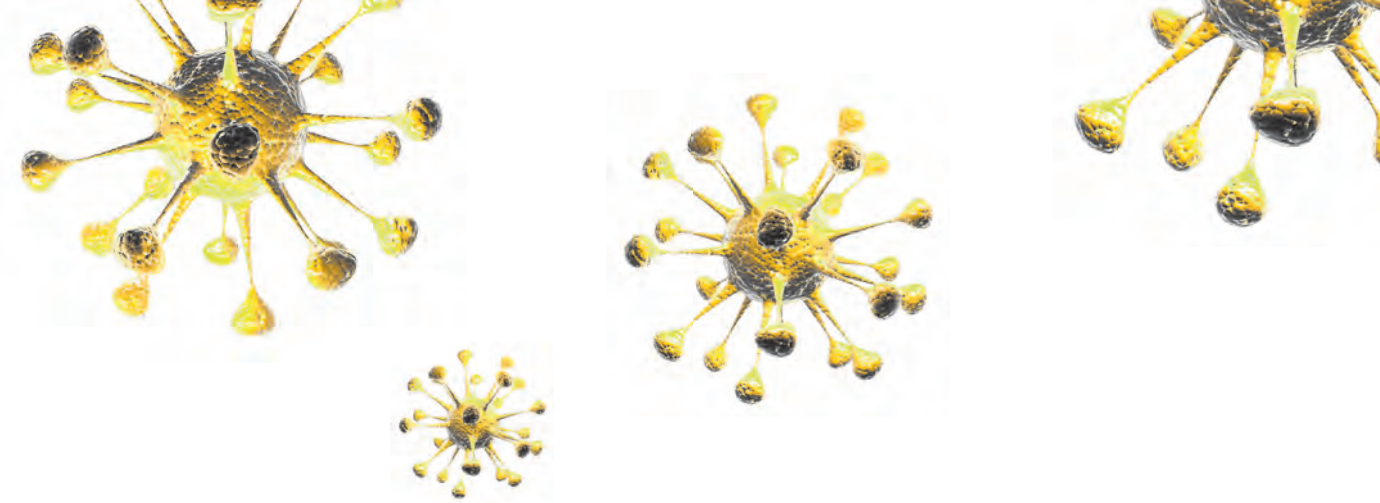


Spotlight on the Fellowship in *Integrative Cancer Therapies*

The American Academy of Anti-aging Medicine is proud to present the first and only existing Fellowship in Integrative Cancer Therapies.

What is Integrative Cancer Treatment (ICT)?

Integrative Cancer Treatment is a unique therapy for treating individuals with cancer. This therapy utilizes multiple modalities, including but not limited to, off-label pharmaceuticals, neutraceuticals, vaccines and other types of immunotherapy, novel drugs/substances not yet approved in the U.S., dietary treatments, mind-body techniques, hyperthermia, homeopathy, in addition to traditional therapy.

Why Should Cancer Patients Seek ICT vs. Traditional Cancer Treatment?

Traditional cancer treatment is efficacious for early stage cancer. Unfortunately, in the U.S., we have made little progress in the treatment of advanced stage cancers in the past twenty years. A study was published in the British journal, "Clinical Oncology," in December, 2004, entitled, "The Contribution of Cytotoxic Chemotherapy to 5-Year Survival in Adult Malignancies." The authors, one medical oncologist and two radiation oncologists, analyzed the results of all randomized clinical trials performed in the U.S. and Australia, that reported a statistically significant increase in 5-year survival due to the use of chemotherapy in adult malignancies. The trials that were analyzed were performed between 1990 and 2004. The authors' conclusions were the following:

- Contribution to 5-year survival in Australia was 2.3%
- Contribution to 5-year survival in US was 2.1%
- Median survival in lung cancer has increased by 2 months in the past 20 years

Overall survival benefit of less than 5% has been achieved in the adjuvant treatment of breast, colon, and head and neck cancers. Clearly, the need for an alternative form of cancer treatment is great and imminent.

Who should attend the Integrative Cancer Fellowship?

All healthcare practitioners can benefit from this Fellowship. In addition, all healthcare practitioners, regardless of specialty, can practice ICT. Although oncologists are welcomed and urged to attend this Fellowship, the majority of attendees will be non-oncologists.

What Benefits Will Be Afforded by Attending This Fellowship?

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

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

Criteria for completion of the Fellowship include:

I. Molecular Biology of Cancer

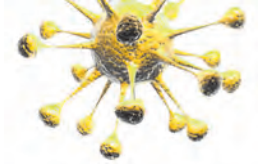
- Personalized Chemotherapy Based on Tumor Profiling
- Understand the normal cell cycle and cancer cell cycle
- Antioxidant Use in Cancer Therapy
- Nutritional Approach to Cancer Therapy
- Genetic and Viral Predispositions to Cancer
- Be familiar with how factors that promote (and inhibit) cancer cell life, death, and apoptosis.
- Have an understanding of cancer stem cells, cell differentiation, and their roles in cancer.
- Understand the vascular and interstitial biology of tumors.
- Be familiar with cancer cellular microenvironment and how it promotes or inhibits metastases.
- Be familiar with intracellular signaling of normal and cancer cells.
- Understand the concepts and utility of cancer immunology.
- Be familiar with the most common DNA mutations associated with cancer.
- Be familiar with dietary and environmental triggers for cancer.
- Understand DNA damage response pathways and their contribution to cancer.
- Understand the techniques for cancer chemoprevention.
- Be familiar with hereditary cancer predisposition syndromes.
- Understand the role of viruses in the generation of cancer.
- Be familiar with immunodeficiency and its role in cancer development.
- Off-label Pharmaceuticals I
- Be familiar with the literature regarding its efficacy for cancer.
- Know the dosages and protocols for use of the drugs discussed, and be prepared to use them in advanced-stage cancer patients.

II. Understanding Tumor Classification, Staging, and Grading

- Overview of Complementary and Alternative Medicine in Cancer Therapy
- Harnessing the Febrile immune Response in the Treatment of Advanced-stage cancer
- Be familiar with tumor classification.
- Be familiar with pathologic staging.
- Be familiar with tumor grading.
- Understand immunochemistry.
- Be familiar with fine-needle aspiration, and the literature regarding its accuracy, as well as its ability to "seed" tumors.
- Be familiar with molecular and genetic diagnostics.
- Understand the utility of tumor markers
- Screening and early detection.
- Understand anatomic vs. functional imaging.
- Be familiar with disease-specific imaging recommendations.
- Be familiar with various techniques for cancer prevention, screening, and early detection.
- Off-label Pharmaceuticals II
- Be familiar with the literature regarding its efficacy for cancer.
- Know the dosages and protocols for use of the drugs discussed, and be prepared to use them in advanced stage cancer patients.

III. The Role of Radiation Therapy in Cancer Treatment

- Be familiar with radiation therapy
  1. Types of radiation
  2. Biologic effects of radiation
  3. Radiation-induced carcinogenesis
- New modalities in radiation
  1. Brachytherapy
  2. Particle radiation therapy
- Understand chemotherapy
  1. Principles of combination chemotherapy
  2. Drug resistance
  3. Tumor cell growth kinetics



4. Targeted agents
5. Adjuvant therapy
6. Neoadjuvant therapy
7. Management of advanced and metastatic disease
8. Chemotherapeutic agents
9. Response criteria

- Be familiar with hematopoietic stem cell transplantation
  1. Allogeneic
  2. Syngeneic
  3. Autologous
  4. Indications for Stem cell transplant
  5. Complications of Stem cell transplant
- Off-label Pharmaceuticals III
  1. Be familiar with the literature regarding its efficacy for cancer.
  2. Know the dosages and protocols for use of the drugs discussed, and be prepared to use them in advanced-stage cancer patients.

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

- Understand how to assess and manage cancer pain.
- Understand cachexia and anorexia
  1. Factors involved in loss of adipose tissue and muscle
  2. Pharmacologic treatment of cachexia
- Be familiar with the prognostic factors associated with nausea and vomiting and the various treatments.
- Understand the assessment and treatment of mucositis.
- Understand how to assess and treat radiation therapy side effects.
- Understand the etiology, pathophysiology, and treatment of lymphedema.
- Understand how to evaluate fatigue, as well as pharmacologic and non-pharmacologic treatment.
- Understand how to prevent and treat alopecia.
- Understand the role of hospice.
- Understand how to assess and treat hematologic complications
  1. Disorders of Red Blood Cells
     - Pathophysiology
     - Management
     - Safety of Erythropoietin Stimulating Agents
     - Polycythemia
  2. Disorders of White Blood Cells
     - Neutropenia
     - Leukocytosis
  3. Disorders of White Platelets
     - Thrombocytopenia
     - Thrombocytosis
  4. Acquired Marrow Failure States and Treatments
- Off-label Pharmaceuticals IV
- Be familiar with the literature regarding its efficacy for cancer.
- Know the dosages and protocols for use of the drugs discussed, and be prepared to use them in advanced-stage cancer patients

V. Non-pharmacologic Complementary Therapies in Cancer Therapy

- Be familiar with various forms of non-pharmacologic complementary therapies.
  1. Acupuncture
  2. Homeopathy
  3. Mind-body techniques
- Understand dietary recommendations for cancer patients.
  1. Calorie restriction
  2. Amino acid restriction
  3. Low carbohydrate diet
  4. Ketogenic diet
- Understand how to treat cancer with immunotherapy.
  1. Cancer vaccines
  2. Immunocytokines
  3. Monoclonal antibodies
- Understand how to inhibit glycolysis in cancer cells.
- Understand how to inhibit fatty acid metabolism in cancer cells.
- Understand the role for hyperthermia in treating cancer.
- Understand the use of herbal supplementation in cancer treatment I

VI. How to Manage an Integrative Cancer Practice

- Understand how to manage an Integrative Cancer practice.
  1. Patient forms and informed consents
  2. Complying with the law; avoiding a knock on the door from the FDA
  3. Monetary aspects
- Understand the use of herbal supplementation in cancer treatment II.
  1. Efficacy.
  2. Dosages and protocols
- Questions and answers.
- "Hands on;" at Dr. Rosenberg's office.

Additional Features:

- Participants will leave the Fellowship competent to practice Integrative Cancer Therapies without supervision in his or her area of medical specialty.
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Show Guide

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April 7 – 9, 2011 | *Marriott World Center, Orlando, FL*

EXPOSITION HOURS:

Thursday, Friday & Saturday

April 7th, 8th & 9th

Thursday 6:00 pm - 7:30 pm

Friday 11:00 am - 6:00 pm

Saturday 10:00 am - 2:00 pm

Consult the Conference Program section in this issue of *Anti-Aging Medical News* for information about the Scientific Program offered by the 19th Annual World Congress on Anti-Aging and Aesthetic Medicine. Refer to the Show Guide Addendum, available on-site at the 19th World Congress Spring 2011 Session for additional Exhibitor information.

IMPORTANT NOTICE: PLEASE READ

The Exhibition Hall is a separate commercial exposition, held in conjunction with but distinct from the medical education presentation coordinated by the American Academy of Anti-Aging Medicine (A4M).

Exhibitors are invited to participate on a first-come, first-serve basis. Neither the A4M nor Medical Conferences International Inc. has conducted an evaluation of exhibitors, their products, their labels or labeling, or their representations. A4M and Medical Conferences International Inc. do not vouch for the relative worth, safety or efficacy of products or services displayed. A4M and Medical Conferences International Inc. encourage all attendees to conduct their own independent and diligent evaluations.

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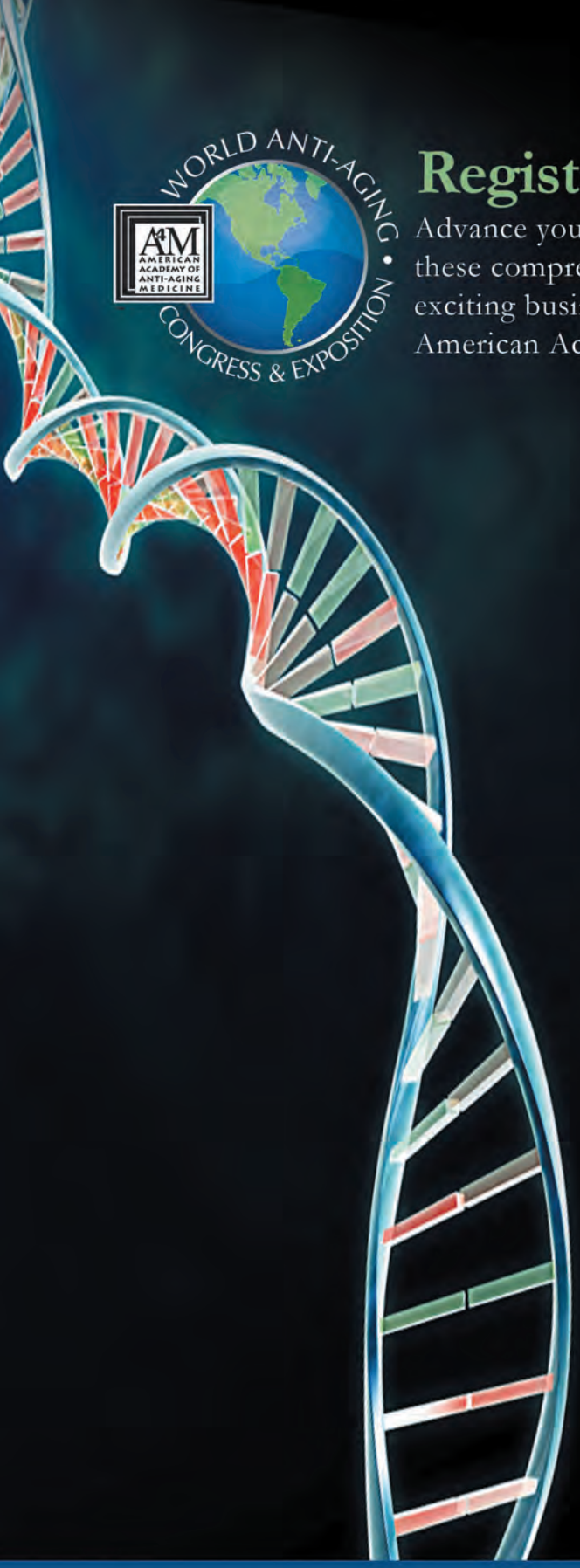

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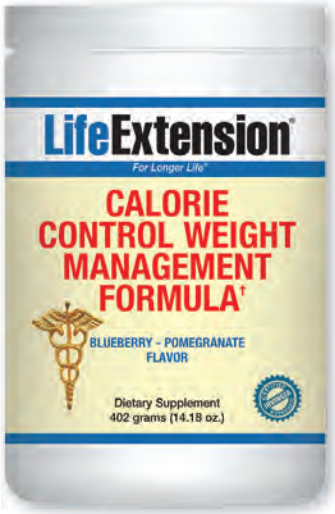

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References:

1. *Int J Obes.* 1984;8(4):289-93.
2. *Curr Ther Res.* 1989 Nov;46(5):908-12.
3. *Lipids Health Dis.* 2009 Mar 2;8:7.

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* Please note the lighting difference from the Before to the After photos may make these changes appear more dramatic.

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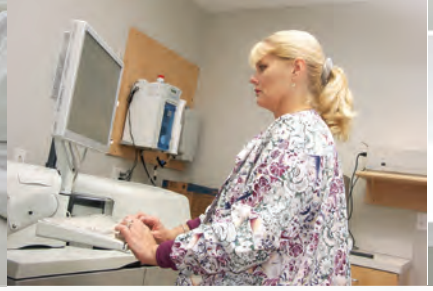

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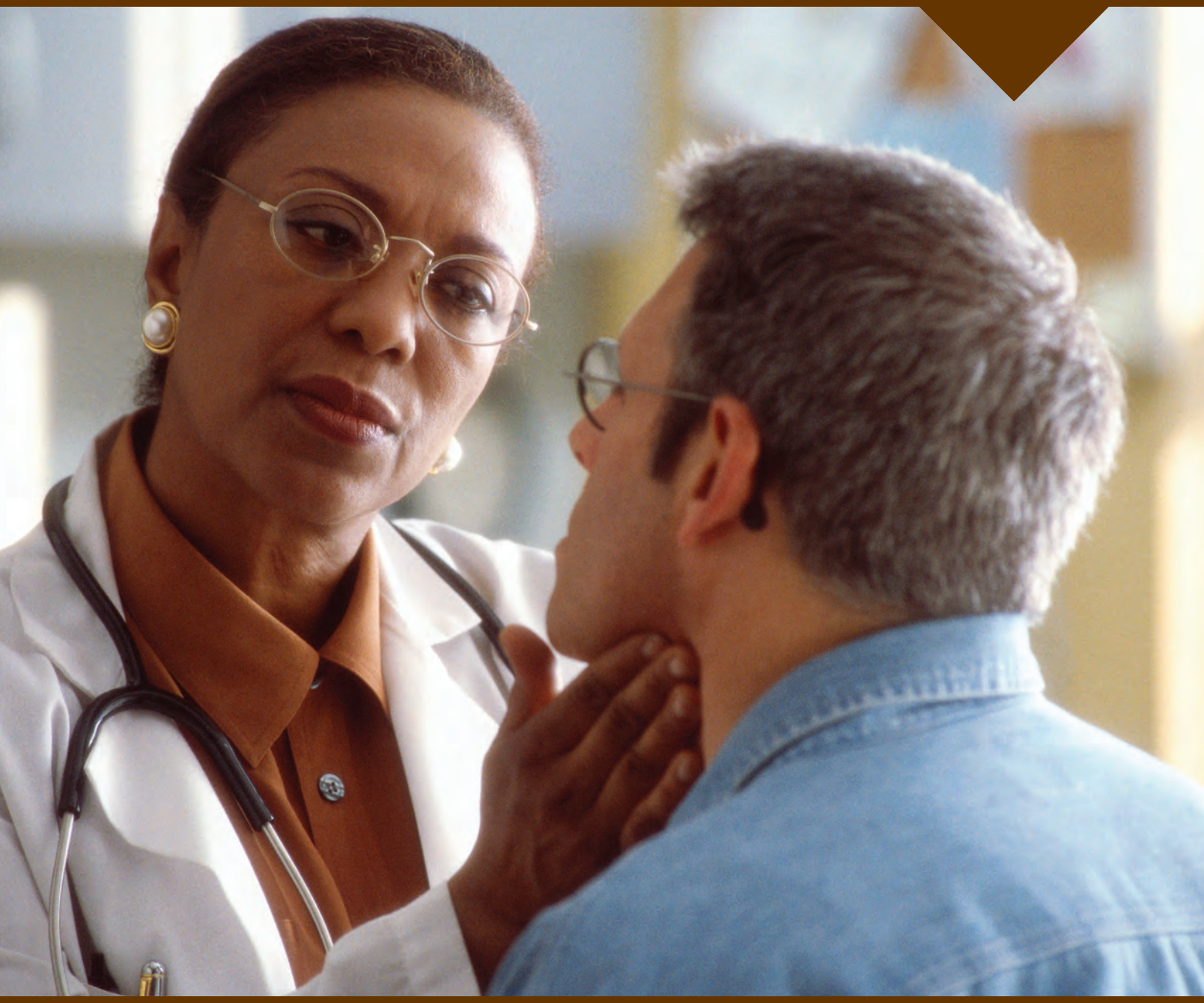

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Dear Dr. Pati,

I want to take a moment and reflect back to you how valuable and effective the time was that I spent with you and your incredible staff at Sajune Medical Center. I was immediately drawn to you after hearing you lecture in Module 1 of the Fellowship for Anti-Aging and Regenerative Medicine. This was one of the best lectures that I have ever heard in my entire medical career. Your international medical experience and knowledge base, combined with your integrative center, certainly make you a pioneer in this emerging field. I am truly honored to have had the time and opportunity to directly observe your clinical skills and practice.

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

Sincerely,
Steven J. Saltzman, M.D.
Chief, Department of Anesthesiology
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Sangeeta Pati, MD, FACOG

Dr. Pati is a Georgetown University trained physician who practiced traditional and holistic medicine for fifteen years in the Washington D.C. area. She has practiced extensively in the U.S. and internationally including serving as Medical director for a 350-employee non-profit organization. Dr. Pati is multi-lingual and is renowned in her field having authored numerous scientific articles and addressing audi-ences both nationally and internationally. She is recognized by physicians internationally as a foremost authority in the field of Bio-Identical Hormone Replacement Therapy. Dr. Pati holds board certifications from the American Board of Ob/Gyn and American Anti-Aging Board of Medicine.

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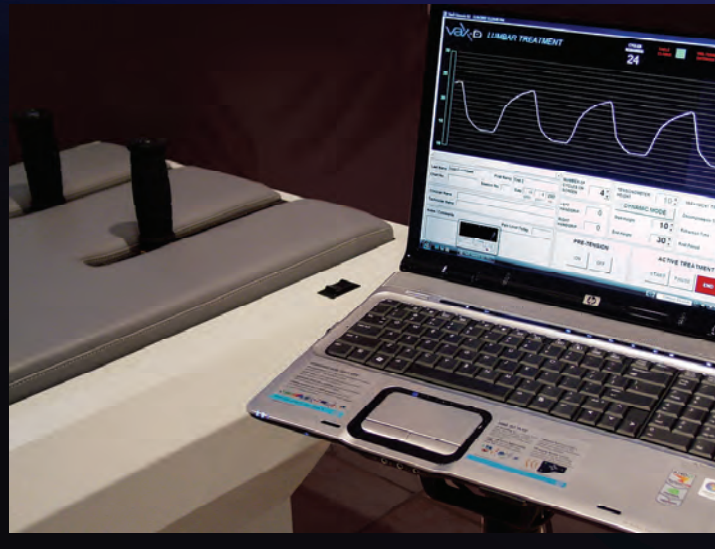

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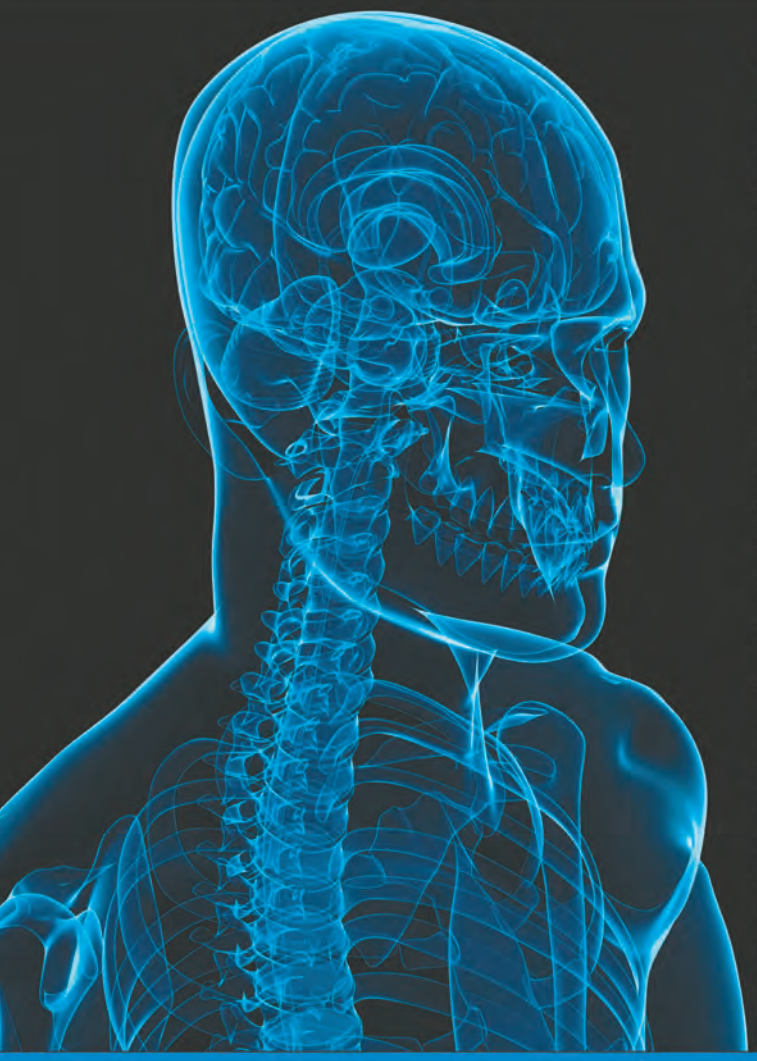

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Emerging Breakthrough in Oncology

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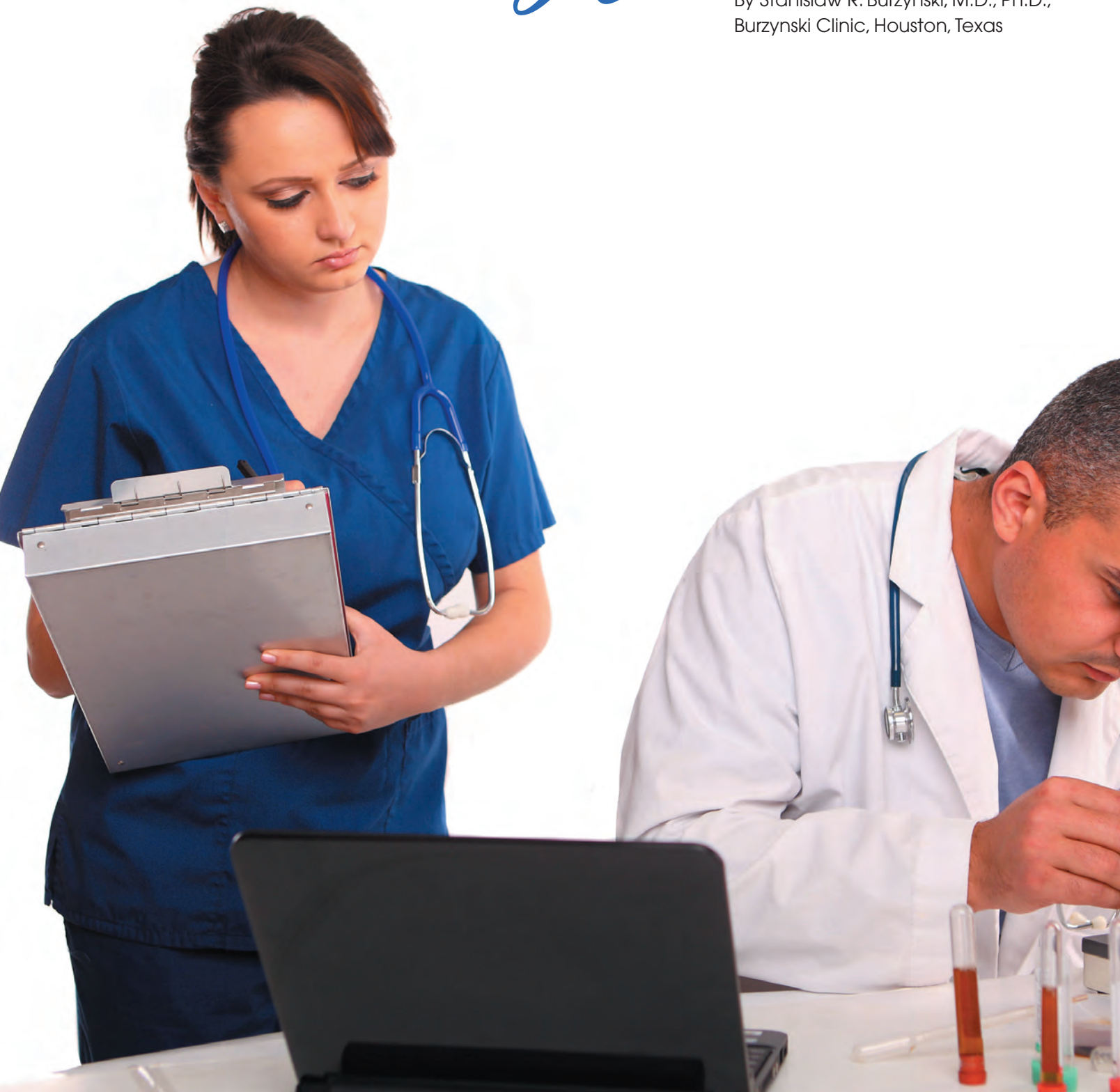
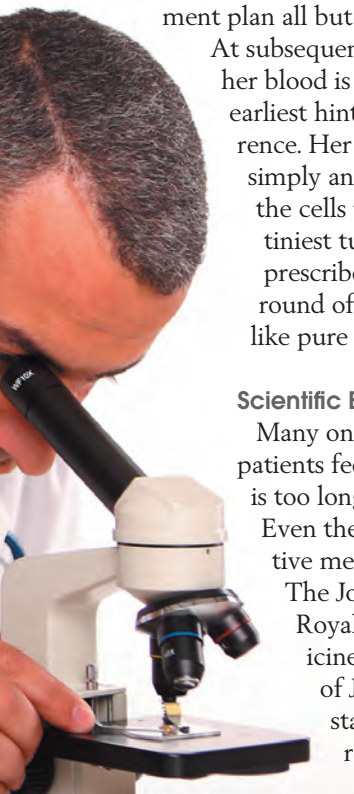
By Stanislaw R. Burzynski, M.D., Ph.D.,
Burzynski Clinic, Houston, Texas



Introduction

For over 160 years, the treatment of cancer has been based on microscopic diagnoses. The famous German physician, Rudolf Virchow, first introduced these principles in 1845. There is no doubt that there has been tremendous progress in the microscopic diagnosis of cancer, but there has not been a paradigm shift since there has been only a vague understanding of the pathogenesis of cancer. Fundamental changes in the overall designs of treatment plans in oncology are expected in approximately 40 years.

In 2008, Dr. Bernadine Healy, Director of the National Institute of Health (NIH) from 1991 to 1983, made the following statement: "Imagine cancer 2040. A 40-year-old woman who has never smoked develops lung cancer. She undergoes outpatient surgery, and her doctors quickly scrutinize the tumor's genes and feed the data into a desktop computer that crunches out a treatment plan all but certain to work. At subsequent checkups her blood is tested for the earliest hint of tumor recurrence. Her doctor would simply analyze a few of the cells that even the tiniest tumor sheds and prescribe a suitable next round of therapy. Sound like pure fantasy?"[1]



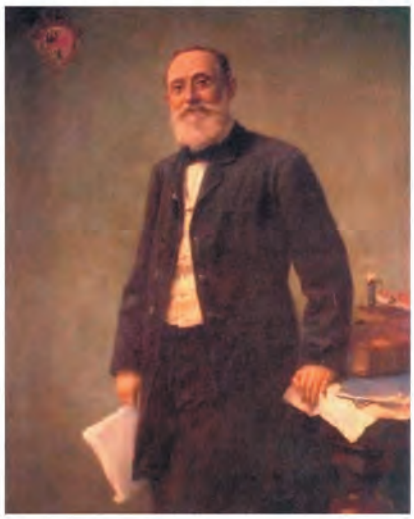
Scientific Background

Many oncologists and patients feel that 40 years is too long time to wait. Even the most conservative medical periodical, The Journal of the Royal Society of Medicine, in the editorial of January 1, 2011 states, "Medicine requires revolutionaries. Are you ready to erect the barricades?"[2] (Fig. 1) Barricades are not necessary, but the understanding that all cancers are associated with alternations in gene expression has influenced dramatic changes in the treatment of cancer and created a fertile ground for a paradigm shift. It is very well known that academic science is based upon past scientific achievements, and revolutionary science is involved in paradigm shifts that open new approaches. An emerging paradigm shift consists of the treatment of genes, which are causing cancer, not treatment based on the type of cancer derived from microscopic diagnosis. Personalized cancer treatment is based on the identification of specific genes involved in the cancer of individual patients and treatment with targeted pharmaceuticals that selectively kill cancer cells containing abnormal genes.[3] It resembles the treatment of infectious diseases, since it is based on the identification of causative agents. Increased activity of oncogenes and decreased activity of tumor suppressor genes leads to cancer.[4] The reverse of this condition controls cancer (Fig. 2). Abnormal genes cause cancer. The approximate number of abnormal genes involved in each patient's cancer ranges from 40 to over 500 genes. The number of mutated genes found in the first 100 cancer genomes was 3,142. Approximately 90% of these genes were oncogenes and 10%were tumor suppressor genes. Abnormal genes, together with genes epigenetically silenced and normal genes that are activated by oncogenes, create a highly complex signaling network. The signaling network in human cancer cells consists of approximately 1,500 types of receptors, 500 protein kinases, and 2,000 transcription factors. These complex features help malignant cells escape

FIGURE 1

For over 160 years the treatment of cancer is based on microscopic diagnosis

In 1845 Rudolf Virchow introduced the principles of microscopic diagnosis of cancer

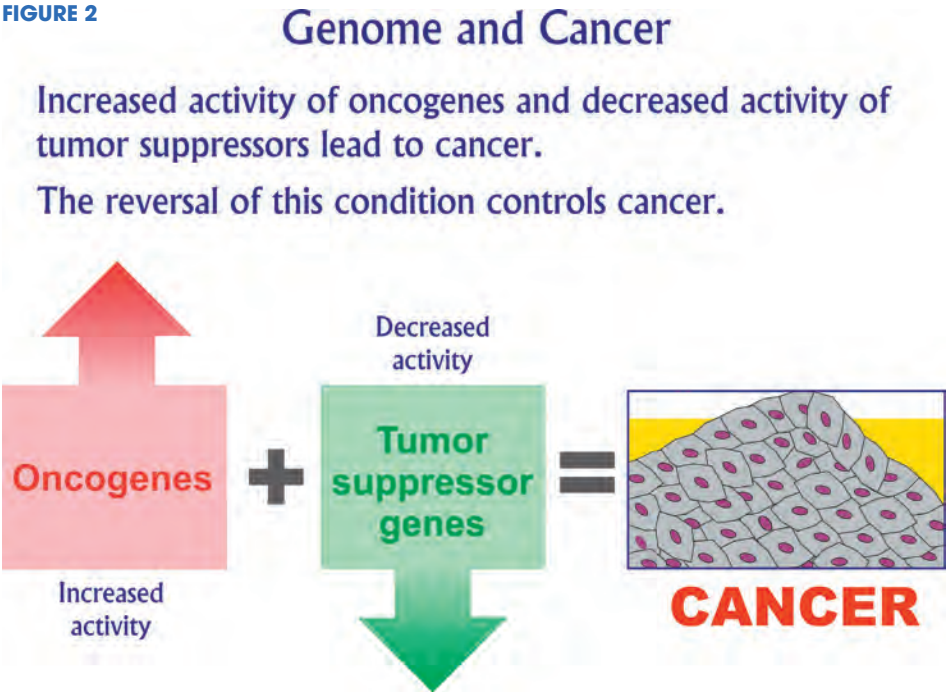


Rudolf Virchow *(painting by Hugo Vogel)*
German physician of Slovinian origin

Born in Świdwin, Poland (previously the Kingdom of Prussia)

the control of therapeutic agents, which are aimed at single targets. Ultimate success in controlling cancer would require elimination of neoplastic stem cells and the introduction of medications that not only affect multiple targets, but also multiple pathways. Such drugs have been introduced by our group under the name of antineoplastons (ANP) which consist of a class of twelve antitumor agents.[4] Chemically, ANP are peptides, amino acid derivatives and organic acids introduced by our team for Phase II clinical trials in 1984, and are currently in Phase III trials. ANP are multi-targeted therapies affecting the expression of approximately 100 genes involved in multiple signaling pathways, the cell cycle, cell death, and cellular and nuclear transport thereby providing a better chance of durable results. ANP activate silenced tumor suppressor genes through inhibition of methylation of gene promoters and deacetylation of histones. They decrease the activity of oncogenes through restoration of global methylation of genes.

FIGURE 2



Clinical Experience

Twelve FDA-supervised Phase II trials with ANP (Antineoplastons A10 and AS2-1 injections) confirmed antitumor activity in advanced cases of glioblastoma multiforme, brainstem gliomas, anaplastic astrocytomas, mixed gliomas, optic pathway gliomas, astrocytomas, and primitive neuroectodermal brain tumors (Table 1).[4-6] ANP are currently entering Phase III clinical trials and cannot be used in personalized gene-targeted therapy because the treatment can only be administered according to standard clinical trial criteria.

For patients who are not candidates for clinical trials, an individualized treatment plan is developed based on the results of their molecular profiling. This approach consists of the development of a treatment plan based on individual clinical data, molecular profiling in cancerous tissue and blood specimens, and correlation with weekly updated database results of clinical trials. Tissue profiling consists of gene expression analysis across the entire cancer genome of 24,000 genes, followed by an assay of selected genes, mutation analysis, FISH and IHC. Blood tests to determine selected biomarker gene products are performed to establish baseline i.e. before, and during the course of treatment. Analysis of this data helps identify which targeted medications yield clear clinical benefit and those agents likely to be ineffective. Correlating this data with an extensive database of clinical trials ensures that the most efficacious gene-targeted and chemotherapeutic agents and supplements will be combined to produce an optimal synergistic effect. Intravenous ANP cannot be used in this treatment plan since the FDA limits its use to Phase II and III clinical trials. Phenylbutyrate (PB), which is available

TABLE 1
FDA-Supervised Prospective Phase II Clinical Trials With Antineoplastons A10 and AS2-1 Injections in Inoperable Primary Brain Tumors

Protocol	Diagnosis	Complete and Partial Response (%)	Stable Disease (%)	Progressive Disease (%)
BT-07	Glioblastoma multiforme, previously not treated	12	13	75
BT-08	Anaplastic astrocytoma, previously not treated	29	42	29
BT-09	Primary malignant brain tumor	39	42	19
BT-11	Brainstem glioma	32	43	25
BT-12	Primitive neuroectodermal brain tumor	36	27	37
BT-13	Astrocytoma in children	67	33	0
BT-15	Anaplastic astrocytoma, recurrent	25	45	30
BT-18	Mixed glioma, high grade, recurrent	31	23	46
BT-20	Glioblastoma multiforme, recurrent	10	54	36
BT-21	High grade glioma, progressed during standard therapy	20	35	45
BT-23	Optic pathway glioma	50	38	12

TABLE 2

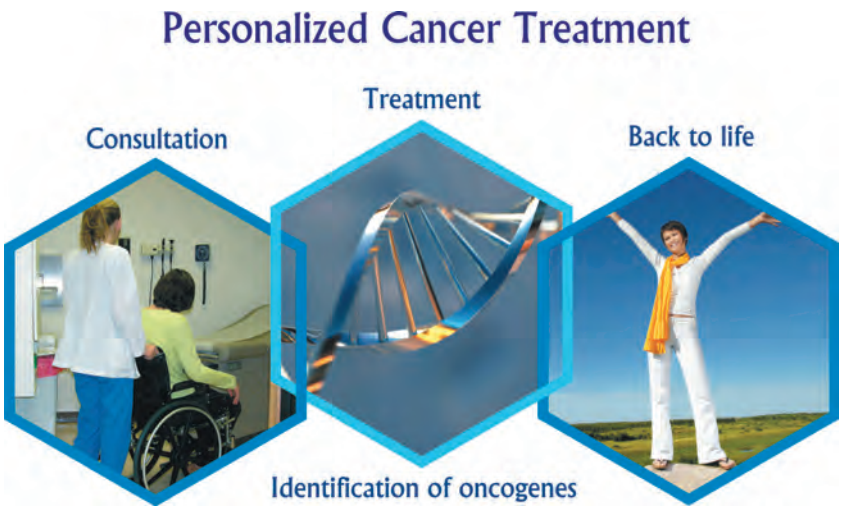
Personalized Treatment at Burzynski Clinic Comparison of Responses in Most Common Cancers *(by highest rate of Objective Responses (OR))*

Diagnosis	No. of patients	OR (%)	SD (%)	PD (%)
Non-Hodgkin's lymphoma	101	64	27	9
Breast cancer	289	60	25	15
Ovarian cancer	59	59	22	19
Carcinoma of unknown primary	39	56	36	8
Colon cancer	166	52	31	17
Prostate cancer	283	51	40	9
Pancreatic cancer	35	51	37	12
Esophageal and stomach cancer	42	45	28	27
Uterine, cervix, vulvar, endometrium	29	45	21	34
Head and neck cancer	63	44	35	21
Malignant melanoma	50	44	22	34
Kidney cancer	30	43	37	20
Urinary bladder and urothelial cancer	28	43	32	25
Lung cancer and mesothelioma	145	40	40	20
Brain tumor	116	28	44	28

Data as of February 10, 2011 based on medical records of 1,633 evaluable patients. The table shows response rates for 15 selected, common cancer types treated at the Burzynski Clinic (by highest rate of OR – Objective Responses).

DEFINITIONS:
OR: Objective Response, includes CR, PR, MR, & IM.
CR: Complete Response. Complete disappearance of all signs of cancer in response to treatment of 4 weeks or longer.
PR: Partial Response. More than 50% decrease in the size of the tumors (the sum of cross-sectional area of the tumors), in response to treatment of 4 weeks or longer.
MR: Mixed Response. Significant decrease (more than 25%) in the size of tumors with simultaneous increase in size of some of the other tumors.
IM: Improvement. Decrease in size of the tumors, not confirmed yet by the second follow-up radiological measurement.
SD: Stable Disease. No decrease or increase in the size of the tumors, but no progression, in response to treatment of 12 weeks or longer.
PD: Progressive Disease. More than 50% increase in size of the tumors (the sum of cross-sectional area of the tumors), in response to treatment of 4 weeks or longer.
EP: Evaluable Patients. Patients who remained on treatment long enough to enable an objective evaluation of the response.

FIGURE 3



as an oral prescription drug and is metabolized to ANP, can be used instead. Both PB and ANP affect approximately 100 genes involved in cancer. The goal of a successful treatment plan is to affect approximately 200 genes. This can be accomplished by using a combination of PB with other medications and supplements, which are selected based on genomic analysis.[3]

We have treated 1,633 evaluable patients with difficult to control cancers using this principle (Table 2). Most of these patients previously failed standard of care treatment and had stage IV disease. Objective response was documented in 49% of patients, stable disease in 34% of patients, and progressive disease in 17% of patients. Once remission is accomplished, the patient's blood is tested for early signs of recurrence, and the next round of therapy is prescribed to prevent a relapse (Fig. 3).

Conclusion

The understanding that all cancers are associated with alterations in gene expression is influencing a paradigm shift in oncology, which consists of the treatment of genes that are causing cancer rather than the treatment of the type of cancer derived from microscopic diagnoses. Personalized cancer treatment consists of the creation of treatment plans based on individual clinical data, molecular profiling of cancer tissue and blood specimens, and correlation with an extensive database of clinical trial results. ANP and PB are important components of these treatment plans since they affect approximately 100 genes involved in cancer. Practical application of these principles resulted in objective responses in approximately 50% of patients diagnosed with advanced and recurrent cancers. ◆

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Stanislaw R. Burzynski, M.D., Ph.D. is an internationally-renowned scientist who authored the theory of gene silencing in aging and discovered new treatments for cancer and AIDS. He has 242 patents and over 300 publications.

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5. CYBER-RELAX® FJ0168 DR. FUJI® MASSAGE CHAIR

Dr. Fuji's Innovative medical massage chair takes stress away, relieves pain and muscle tension, alleviates RSI due to overusing the keyboard or mouse, corrects hunch-back due to prolong sitting or bending of the back. The world's best luxury shiatsu style massage chair according to Japanese Healing Art, provides the best luxury, wellness, relaxation and comfort.

PHONE: 1-888-266-1618
WEBSITE: www.fujichair.com

6. HAIRCHECK

Revolutionary new device that measures hair loss, hair breakage, and response to products and treatments. This new patented technology gives a precise scientific measurement of "how much hair" is present in an area of scalp, and on the very first visit. With Haircheck you'll be able to diagnose and treat thinning, shedding, and breakage with confidence, like never before.

PHONE: 1-800-233-7453
WEBSITE: www.haircheck.com

PRODUCT ANNOUNCEMENTS
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7. TRANSDERMAL MELATONIN PLEOLYPOSOME

This powerful antioxidant helps prevent and improve cancer, cholesterol, dementia, delays aging, helps promote restful sleep and immunity, helps stress response, improves memory, fights toxins and improves mood.

PHONE: 313- 561-6800
WEBSITE: www.healthsecretsusa.com

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8. GINEX GRANULES

Ginex Granules are a recent breakthrough in Ginseng science. Ilhwa used a unique lyophilization process to create Ginex Granules from Ilhwa's renowned Ginseng Extract Concentrate. Ilhwa Ginseng Concentrate became the standard for natural treatment of adrenal stress as well as numerous other conditions. Ginex is easy to use just add it to water or to the liquid of your choice.

PHONE: 561-432-2064
WEBSITE: www.Ilhwa.co.kr

9. ILLUMIWAVE

Laser Bio-Stimulation for Hair Rejuvenation Device

PHONE: 1-888-WAVE-321
WEBSITE: www.illumiwave.com

10. KING BIO SAFECARE®RX APPETITE & WEIGHT CONTROL™ (WITH HCG)

King Bio SafeCare®RX Appetite & Weight Control™ with HCG (human chorionic gonadotropin) is designed to treat a broad spectrum of physical, mental and emotional aberrations of appetite and weight disorders. This breakthrough product is the most complete correction available today, providing **14 homeopathic active ingredients** AND **7 flower essences** made in **7 high potencies**, equaling **147 total active ingredients** that address a broad spectrum of appetite and weight symptoms.

PHONE: 1-866-298-2740
WEBSITE: www.safecarerx.com

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11. MITOCHONDRIAL ENERGY OPTIMIZER WITH BIOPQQ™

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PHONE: 1-866-460-7241
WEBSITE: www.protandim.com

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13. EPICARE™ LPX

The Light Age, Inc. EpiCare™ LPX alexandrite laser system is intended for use in general and plastic surgery and dermatology. A standard laser product, that is FDA approved includes our new ultra compact Q-Clear™ for treatment of age spots, pigmented lesions and dystrophic nails, the Epicare™ for hair removal, and the Ta2Eraser™ for tattoo removal.

PHONE: 732-563-0600
WEBSITE: www.lightage.com

14. NEW TESTOSTERONE METABOLISM PROFILE

Adequate testosterone may help prevent cardiovascular disease but when replaced may increase risks of prostate cancer. This serum profile will help you assess androgen metabolism. New research reveals the importance of assessing 5α-androstane-3β,17β-diol (3β-adiol) relative to dihydrotestosterone (DHT) to help evaluate the potential risk of prostate cancer.

PHONE: 425-271-8689
WEBSITE: www.MeridianValleyLab.com

13. SUPER CHAGA

Super Chaga is a highly prized medicinal mushroom long used in traditional Russian medicine. Chaga research has demonstrated potent protective antioxidant and immune support activities.* Super Chaga was developed by MWI's Dr. Cun Zhuang, PhD, one of the original researchers of this prized mushroom. This concentrated extract utilizes a proprietary hot-water extraction of wildcrafted Chaga mushroom from Siberian birch trees, where it grows naturally.

PHONE: 1-800-747-7418
WEBSITE: www.mushroomwisdom.com

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16. ProDHA™ 1000

Nordic Naturals ProDHA™ 1000 is an omega-rich formula that offers increased DHA potency in fewer soft gels. With the same great formula as ProDHA™, ProDHA 1000 provides maximum benefits in 1000 mg soft gels. With 100% natural strawberry essence for a great fruity taste, ProDHA 1000 offers 900 mg of DHA per serving, maximizing your dosage, and thus benefits.

PHONE: 1-800-662-2544
WEBSITE: www.nordicnaturals.com

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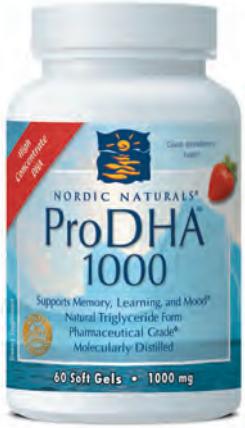

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17. MICELLIZED D_3™

NuMedica® is proud to introduce Micellized D_3™ in a new dose: 1000 IU per drop. Micellized D_3™ is a natural form of vitamin D provided in a water-soluble, micellized form. The micellization process produces tiny droplets (micelles) that are then formed into highly absorbable aggregate structures. Micellization greatly increases the solubility, absorption and bioavailability of our vitamin D_3 over oil and emulsified forms. In fact, a recent double-blind study showed Micellized D_3™ had approximately 5 times greater increase in serum 25(OH) vitamin D levels versus emulsified vitamin D.

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WEBSITE: www.numedica.com

18. InflammaCORE

InflammaCORE by Ortho Molecular Products provides critical nutrients needed to support individuals under chronic inflammatory burden. InflammaCORE can be used in a diverse manner, providing support for gastrointestinal, cardiovascular and immune health. This comprehensive formula contains 19 grams of protein per serving, high doses of amino acids and contains traditional herbs such as skullcap root, turmeric, quercetin, ginger and green tea. InflammaCORE is now available in the 3 great tasting flavors of Natural Cherry, Orange Splash and Banana Crème.

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WEBSITE: www.orthomolecularproducts.com

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19. QUAMVIS LITE 320 HYPERBARIC CHAMBER

Based on feedback from medical professionals, this tough and durable four psi chamber was designed and built with an external frame, making it the only 100% internal obstruction free portable mild hyperbaric chamber on the market.

PHONE: 1-877-789-0123
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20. PHYSIOLOGICS® GLUCOSAMINE, HYALURONIC ACID, CHONDROITIN, MSM

This powerful new formula from PhysioLogics® combines popular ingredients for joint health–Glucosamine, Hyaluronic Acid, Chondroitin and MSM.

PHONE: 1-800-765-6775
WEBSITE: www.physiologics.com

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21. MEDICAL WEBSITE SOLUTIONS

PracticeDock, parent company of awarding winning patient referral service LocateADoc.com, has developed complete medical website design and online content management solutions for doctor marketing specializing in Plastic Surgery, Cosmetic Surgery, Cosmetic Dentistry and other related fields. This solution gives doctors complete control over their website and saves them time and money when updates are needed. Updating before and after photos, promoting new services, blogs, special offers, search engine optimization (SEO) and tracking return on investment are very simple and fast using the PracticeDock website management system. PracticeDock templates or custom website designs are created with each medical specialty in mind.

PHONE: 1-877-899-7024
WEBSITE: www.PracticeDock.com

22. CRITICAL COLON 80 BILLION PROBIOTIC

Ultimate Flora*MAX* Critical Colon 80 Billion from Advanced Naturals is a therapeutic-strength, high-bifido probiotic for patients with digestive upsets, older patients or those in need of a high potency probiotic. Each delayed-release capsule contains 80 billion active cultures from 14 beneficial strains to restore digestive balance, relieve irritable bowel and ease digestive distress. Product maintains potency until end of shelf life.

PHONE: 1-800-690-9988
WEBSITE: www.advancednaturals.com

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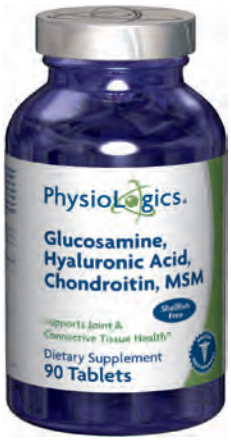

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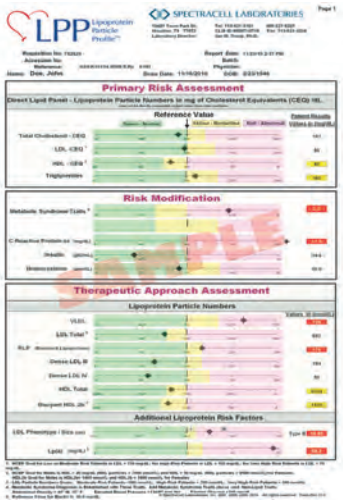

23. ROSMARINIC ACID Px

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24. LIPOPROTEIN PARTICLE PROFILE™ (LPP)

SpectraCell Laboratories has recently been awarded a patent on their Lipoprotein Particle Profile™ (LPP) test which is used to measure cardiovascular risk. The patent was awarded for use of a "Method for Analyzing Blood for Lipoprotein Components." Specifically, the LPP™ test utilizes a patented analytical ultracentrifugation method for separating lipoprotein subclasses. Unlike traditional cholesterol tests, SpectraCell's LPP™ directly measures both the size (density) and number of several classes of lipoprotein particles providing an accurate assessment of cardiovascular risk.

PHONE: 1-800-227-5227
WEBSITE: www.spectracell.com

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Cellular Vitality, from Standard Process, provides long-term, food-based support for our cells through the following ingredients - American ginseng, B-vitamin complex, Berry seeds, Bromelain, Coenzyme Q_{10}, Ribonucleic acid and *Cordyceps sinensis* powder.

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WEBSITE: www.standardprocess.com

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26. SYNCHRO FT

Synchro FT combines a long and short pulse Nd:YAG laser with the flexible FT pulsed light handpiece in a versatile, compact and technologically synchronized system. The Synchro FT offers aesthetic practitioners a broad range of popular treatments such as leg veins, vascular lesions, photorejuvenation, hair removal and pigmented lesions.

PHONE: 1-877-844-5552
WEBSITE: www.dekamedinc.com

27. PORTABLE ALKALINE WATER BOTTLE

The Biomat Store, distributor of Richway products, announces the new portable Alkaline Water bottle: Alka Energy-A1. In a matter of minutes, turn ordinary tap water into healthy purified water. Alka Energy-A1 activates water into a micro molecule group with negative potential and raises the water's alkalinity.

PHONE: 1-866-952-8111
WEBSITE: www.thebiomatstore.com

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PHONE: 1-888-328-9992
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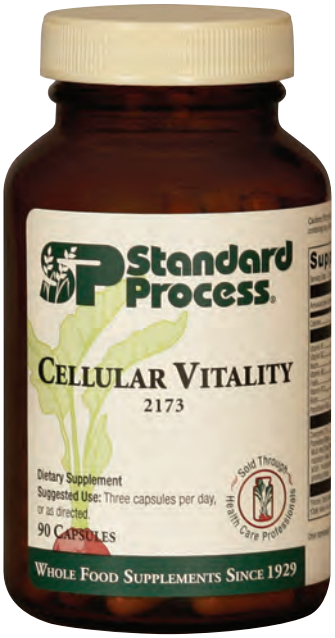
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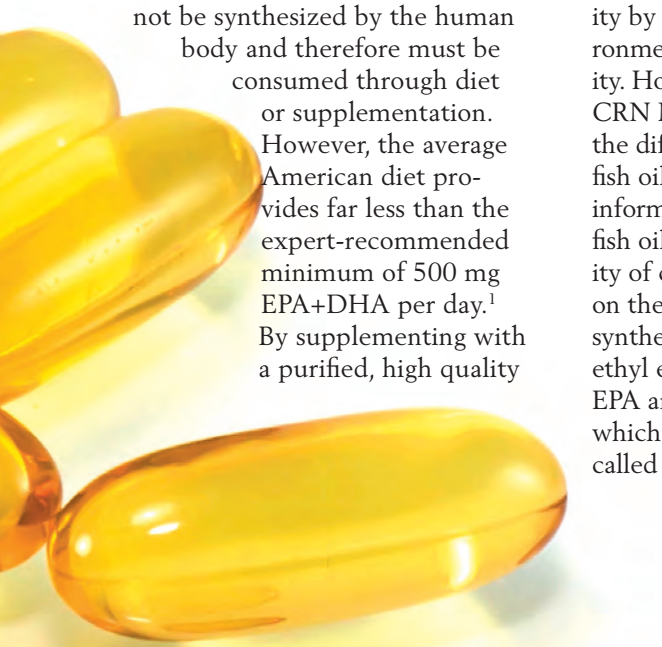
Fish Oil Triglycerides vs. Ethyl Esters:

Stability, Safety, and Bioavailability

By Chris Mohr, PhD, RD, CSSD

Omega-3 fish oil is the supplement most recommended by medical professionals for good reason. Over 7,000 scientific studies, including more than 900 human clinical trials, provide evidence that supports the efficacy of fish oil in the prevention and treatment of common diseases affecting millions of people, such as cardiovascular disease, stroke, cancer, Alzheimer's, ADHD, depression, and rheumatoid arthritis. These health benefits are associated with the long-chain omega-3 essential fatty acids EPA and DHA, which cannot be synthesized by the human body and therefore must be consumed through diet or supplementation. However, the average American diet provides far less than the expert-recommended minimum of 500 mg EPA+DHA per day.[1] By supplementing with a purified, high quality omega-3 fish oil supplement, this omega-3 deficiency can be corrected. Additionally, research reveals that higher, therapeutic levels of EPA & DHA can result in positive outcomes.



The increasing popularity and media visibility of fish oil supplements raises concern over fish oil quality standards. With so many fish oil products available, it's important to know how to choose one that is safe and effective. The 2006 fish oil monograph developed by the Council for Responsible Nutrition (CRN) took an important step toward standardizing fish oil quality by establishing strict limits for environmental toxins and oxidative rancidity. However, one quality issue that the CRN Monograph does not address is the different molecular structures of fish oil on the market. Although such information is often not specified on fish oil product labels, the vast majority of concentrated fish oil products on the market are manufactured in a synthetic molecular structure called an ethyl ester. Ethyl esters differ from the EPA and DHA naturally found in fish, which occur in a molecular structure called a triglyceride.

Triglycerides vs. Ethyl Esters

Triglycerides and ethyl esters are different molecular structures of fatty acids. Virtually all fats naturally occur as triglycerides—fatty acids esterified (bonded) to a glycerol molecule. Thus, the omega-3 fatty acids EPA and DHA in fish also occur as triglycerides. In contrast, ethyl esters are synthetically created fatty acids, formed by cleaving natural fatty acids from their glycerol molecule and linking them to a molecule of ethanol instead.

The creation of ethyl esters is a necessary technical step in the manufacture of concentrated fish oil, allowing for the selective concentration of EPA and DHA to levels greater than found in fish. However, once the desired concentration is achieved, a fish oil manufacturer must choose between two different options. The first is to recreate the triglyceride form in which EPA and DHA are found in nature. The second, far less costly and technologically demanding option is to simply leave the fatty acids in the ethyl ester form—a form of fatty acid that does not occur naturally anywhere in the human diet. As noted above, the majority of

concentrated fish oil products on the market are produced in the ethyl ester form; far fewer are produced with the extra step and increased cost it takes to recreate the natural triglyceride structure.

Because ethyl esters lack the glycerol molecule that virtually all fats naturally contain, it is important to consider potential differences in stability, side effects, and bioavailability before relying on an ethyl ester fish oil concentrate. Although there is not scientific consensus on this issue, a growing body of research suggests that a triglyceride form fish oil concentrate may be a more stable, safer, and more bioavailable source of EPA and DHA.

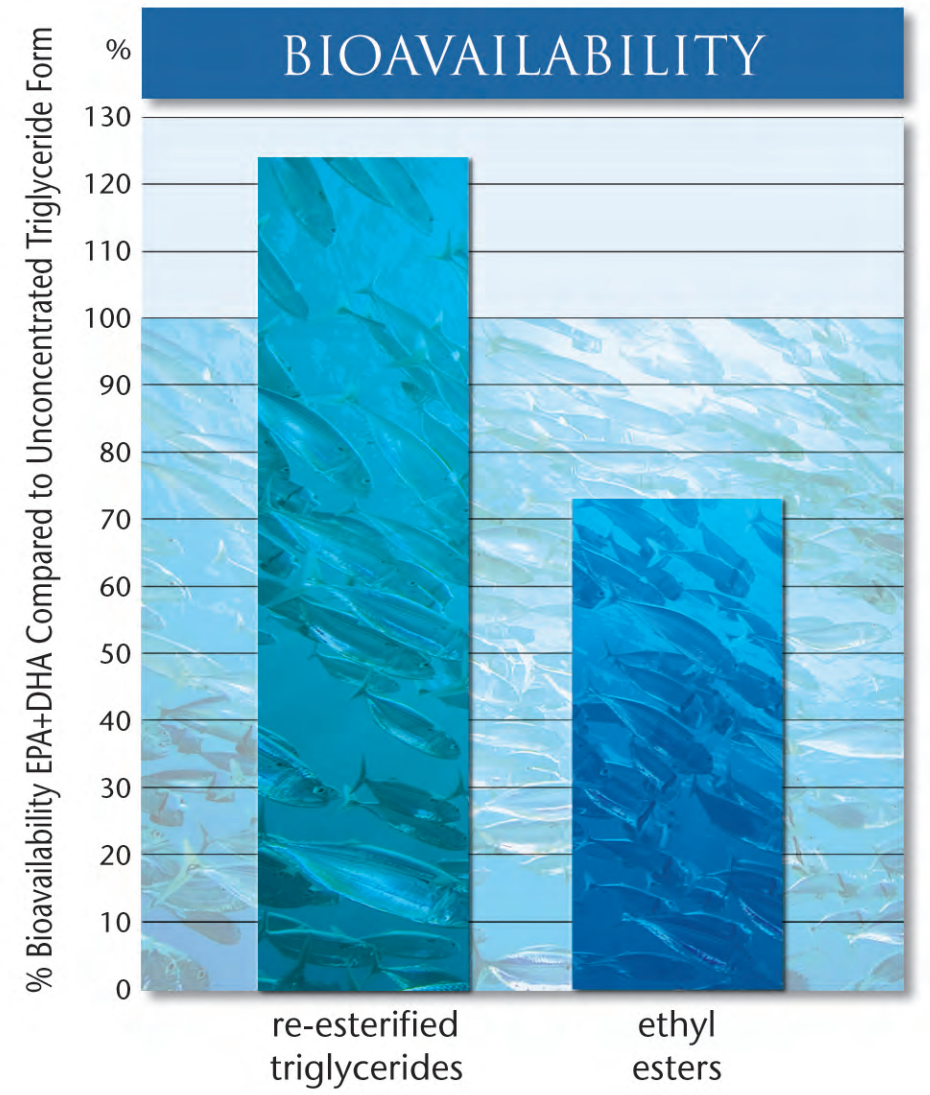
Stability

All fatty acids are susceptible to oxidative rancidity, but EPA and DHA are even more susceptible than other dietary fats, because of the multiple double bonds of their molecular structures. Given that the consumption of oxidized fats has been shown to contribute to negative health outcomes in the body (such as free radical formation and increased susceptibility to oxidative damage to tissues), stability is a greater concern for fish oils than it is for other oils.

Ethyl ester fish oils have been shown to oxidize much more readily than triglyceride form fish oils, producing harmful oxidation products more readily. One study that measured the concentration of oxygen in a reaction vessel with both triglyceride and ethyl ester forms of DHA found that the ethyl ester form was more reactive and quickly oxidized.[2] This conclusion was corroborated by another study that found that ethyl ester DHA decayed 33% more rapidly after a ten-week oxidation period.[3] One likely causative factor for the greater oxidation of ethyl esters is their lack of a glycerol backbone, which helps stabilize EPA and DHA and prevent oxidation.

Side Effects

The digestion of ethyl esters disassembles them into free fatty acids and ethanol molecules. When ethyl esters are ingested, the fatty acids are cleaved off the ethanol molecule during the digestive process. The important safety consideration of this process is that the ethanol contained in ethyl esters must be filtered by the liver. Although the amount of ethanol released from ethyl ester fish oil is typically small, any form of alcohol filtering through the liver always runs the risk of side effects as a result of potential toxicity.[4] Until further research examine this issue, those with sensitivities to alcohol should be particularly cautious before choosing an ethyl ester fish oil supplement.



Bioavailability

The human body naturally transports and stores fats in the triglyceride form. Because ethyl esters lack the glycerol backbone that triglycerides contain, they require a glycerol substrate from another source—in order to convert those ethyl esters into the triglyceride form for transport and storage. If necessary, a glycerol molecule is removed from an existing molecule, which then causes that existing molecule to replace its backbone by taking it from another molecule and so on, creating a domino effect. This absorption process not only increases oxidative stress on the body but also significantly less efficient than the direct intake of triglyceride form EPA and DHA.[5]

Numerous studies have assessed the bioavailability of both triglyceride and ethyl ester fish by measuring the amount of EPA and DHA in the blood plasma after supplementation.

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Although studies published in the early 1990s showed absorption rates from ethyl ester fish oil that were comparable to those from triglyceride fish oil[6,7,8], the overall evidence suggests that that fish oil in the triglyceride form is absorbed significantly better than ethyl ester fish oil. Recent studies suggest that triglyceride fish oil demonstrated nearly twice as much overall bioavailability than ethyl ester fish oil.[9,10,11] Even more interesting, concentrated triglyceride fish oil has shown more absorption than non-concentrated triglyceride fish oil.[11]

The potential mechanism of action is a much greater resistance of ethyl esters to the digestive enzymatic process than triglycerides. During the digestive process, enzymes break down the fatty acids. However, the fatty acid-ethanol bond has been shown to be up to 50 times more resistant to those enzymes than the fatty acid-triglyceride bond in triglycerides.[5]

The Latest Research on Bioavailability

Two human clinical trials published in 2010 have reaffirmed the superior bioavailability of triglyceride fish oil.

The 2010 Dyerberg study compared three concentrated preparations—ethyl esters, free fatty acids, and re-esterified triglycerides—with placebo oil in a double-blinded design, and with fish body oil and cod liver oil in single-blinded arms. 72 volunteers were given approximately 3.3 g of EPA+DHA daily for 2 weeks. Increases in absolute amounts of EPA and DHA in fasting serum triglycerides, cholesterol esters, and phospholipids were examined. Bioavailability of EPA+DHA from re-esterified triglycerides was superior (124%) compared with natural fish oil, whereas the bioavailability from ethyl esters was inferior (73%). Free fatty acid bioavailability (91%) did not differ significantly from natural triglycerides. These results indicate that the bioavailability of EPA+DHA from re-esterified triglycerides was 70% higher than ethyl esters.[12]

The 2010 Neubronner study was the first long-term study comparing the bioavailability of EPA and DHA from triglycerides versus ethyl esters. This is significant because previous studies have measured short-term bioavailability, measured by plasma levels, which do not necessarily reflect the incorporation of EPA and DHA into tissues.

129 subjects between 30 and 75 years old completed the 6-month study protocol and were included in the analysis. Participants ingested four soft gels per day of their randomly assigned study supplement—omega-3s as re-esterified triglycerides, omega-3s as ethyl esters, or corn oil placebo. The daily intake of EPA and DHA in both omega-3 groups was 1008 mg and 672 mg, respectively. The omega-3 index was significantly higher after 3 and 6 months in the re-esterified triglyceride group compared with the ethyl ester group, reflecting superior incorporation of re-esterified EPA and DHA into tissues. After 3 months the omega-3 index increase was 186% versus 161% ($P < 0.001$); after 6 months the increase was 197% versus 171% ($P < 0.01$). The researchers concluded that, although further investigation is required to determine whether this superiority would result in differences in clinical outcomes, the obvious differences between re-esterified triglycerides and ethyl esters should be considered in EPA and DHA intake recommendations.[13]

Conclusion

A high quality, purified fish oil supplement is the best source of the omega-3 essential fatty acids EPA and DHA that the human body needs for the maintenance of health and prevention of disease. Along with purity from environmental toxins and avoidance of oxidative rancidity, the molecular form of a fish oil supplement is a crucial quality consideration. Although labeling requirements do not require that manufacturers disclose whether a fish oil supplement is produced in the triglyceride or ethyl ester form, research shows that ethyl ester fish oil is not as beneficial as triglyceride fish oil. A triglyceride form fish oil supplement is safer to consume, more stable, and delivers increased absorption when compared to ethyl ester fish oil. ◆

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Dr. Chris Mohr holds a PhD in exercise physiology with a focus on the treatment and prevention of obesity. Mohr is also a registered dietitian (RD) and a board certified specialist in sports dietetics (CSSD).

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Module I: Molecular Biology of Cancer

Upon completion of this module, participants will:

- Understand the normal cell cycle and cancer cell cycle.
- Be familiar with factors that promote (and inhibit) cancer cell life, death, and apoptosis.
- Have an understanding of cancer stem cells, cell differentiation, and their roles in cancer.
- Understand the vascular and interstitial biology of tumors.
- Be familiar with cancer cellular microenvironment and it promotes or inhibits metastases.
- Understand the role of viruses in the generation of cancer.

Module II: Understanding Tumor Classification, Staging, and Grading

Upon completion of this module, participants will:

- Understand immunochemistry.
- Be familiar with molecular and genetic diagnostics.
- Understand the utility of tumor markers
  i. Screening and early detection.
  ii. Diagnosis.
  iii. Prognosis and prediction of therapeutic response.
  iv. Monitoring disease.
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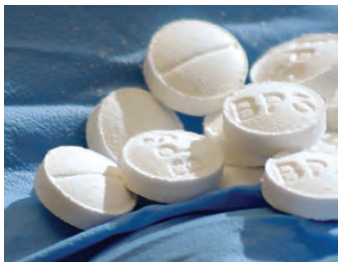

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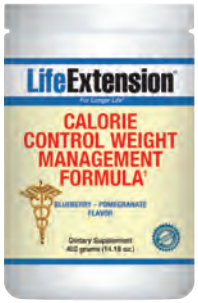

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