

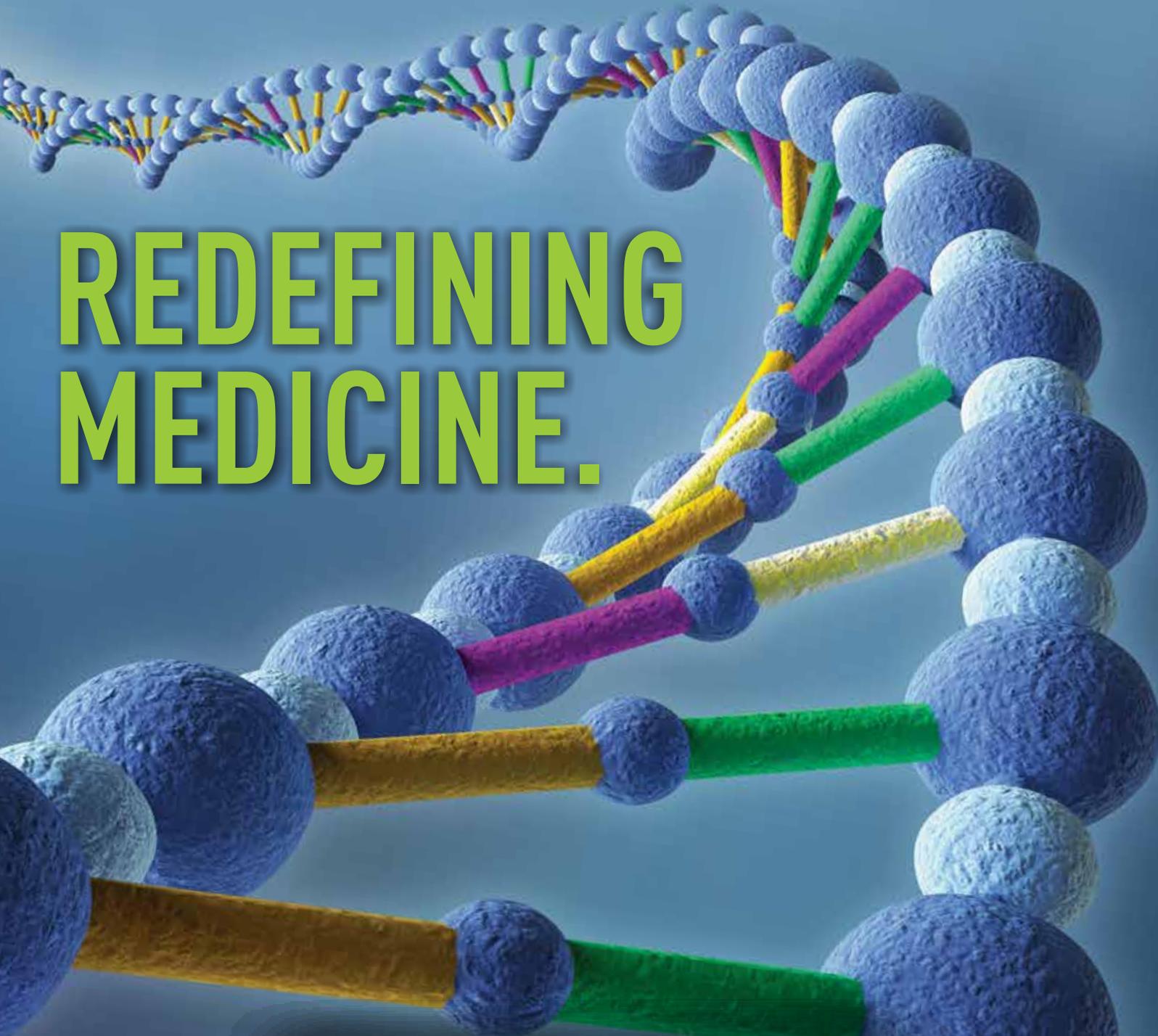
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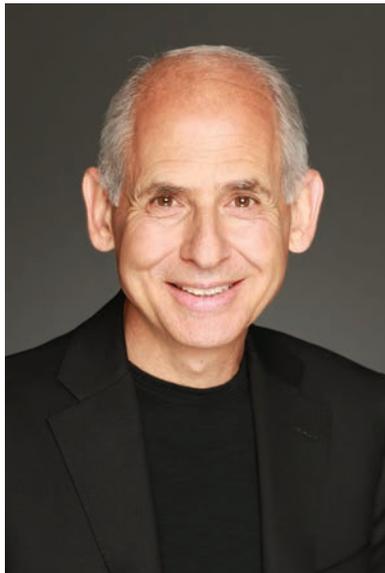
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Dr. Amen believes that brain health is central to all health and success. When your brain works right, you work right; and when your brain is troubled, you are much more likely to have trouble in your own life. His work is dedicated to helping people have better brains and better lives. Dr. Amen is a physician, double Board Certified psychiatrist and the Founder and Medical Director of the Amen Clinics. He is a 9-time New York Times bestselling author.

Friday, May 8th • 9:00am

David Perlmutter, MD, FACN, ABIHM

Dr. Perlmutter is a Board-Certified Neurologist and Fellow of the American College of Nutrition and has a practice in Naples, Florida where he serves as Medical Director of the Perlmutter Health Center. Dr. Perlmutter has contributed extensively to the world of medical literature and is also a bestselling author of eight books. He has been interviewed on television programs including 20/20, The Faith Daniels Program, Larry King Live, CNN, FOX News, Fox and Friends, The Today Show, The Oprah Show, The Dr. Oz Show and the CBS Early Show.

Friday, May 8th • 10:00am

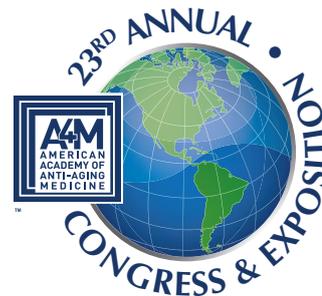


Gary Small, MD

Dr. Small is a professor of psychiatry and director of the UCLA Longevity Center at the Semel Institute for Neuroscience & Human Behavior. His research supported by the National Institute of Health, has made headlines in the Wall Street Journal and the New York Times. Scientific American magazine named him one of the world's leading innovators in science and technology. His expertise ranges from Alzheimer's disease prevention and memory enhancement to the impact of technology on the brain, as well as the latest psychiatric treatments and therapy breakthroughs.

Saturday, May 9th • 8:50am

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- **The A4M Conference App** (for smartphones & tablets)

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- **Sponsored Evening Workshops** (NON-CME)

Friday, May 8th • 6:15pm

- **Exhibit Hall**

Thursday, May 7th • 5:30pm-7:30pm

Friday, May 8th • 10:00am-6:00pm

Saturday, May 9th • 10:00am-3:00pm

- **Early Bird Giveaways**

Arrive early to General Session Friday & Saturday at 7:00am! The first 200 attendees will receive a raffle ticket with 2 chances to win.

- **Networking Reception**

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- **Rolex Giveaway**

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Friday May 8th, 2015

6:15 PM **Topic:** Breakthroughs in Regenerative Medicine: An Update
Presented by: Sharon McQuillan, MD
Location: Atlantic Ballroom 1-2
Sponsored by: Ageless Regenerative Institute



6:15 PM **Topic:** Physicians Building Revenue
Presented by: Todd Hanson, CIO of Clinical Corp
Location: Atlantic Ballroom 3
Sponsored by: Clinical Corp



6:15 PM **Topic:** FirstLine Therapy® - A Personalized Lifestyle Medicine Program to Implement in Your Practice
Presented by: John Troup, PhD, Darryl Landis, MD, Lisa Bastian, NTP
Location: Regency Ballroom 1-2
Sponsored by: Metagenics



6:15 PM **Topic:** Telomeres & Telomerase Activation with TA-65MD®: The Science & Clinical Observations
Presented by: Ron Rothenberg, MD
Location: Diplomat Ballroom 1-3
Sponsored by: T.A. Sciences, Inc.



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TA-65® for Skin Reduces the Appearance of Aging Effects by Increasing Firmness & Reducing Wrinkles & Redness

Toni F. Miller PhD, Essex Testing Clinic Inc., 799 Bloomfield Ave., Verona NJ 07044
Study sponsored by TA Sciences, Inc., 420 Lexington Ave., New York, NY 10170

Abstract

TA-65® for Skin is a topical cream that has been developed as a novel product containing the active ingredient TA-65®, which is a pure molecule extracted from the Chinese herb, Astragalus. TA-65® has been extensively studied both experimentally and clinically for the impact on health and lifestyle. TA-65® for Skin has been tested in a pilot clinical study for its impact on skin's function. The study suggests that TA-65® for Skin improves skin's function by increasing firmness, reducing wrinkles and erythema.

Introduction

Skin undergoes age-related decline in regenerative capacity resulting in compromised homeostatic imbalance and severe skin conditions (Pillai, Oresajo et al. 2005). Senescence, a state of replicative arrest, has been shown to increase with age in dermal fibroblasts and epidermal keratinocytes in human (Dimri, Lee et al. 1995). Senescence limits replicative potential of cells and fuels inflammation in aging (Campisi 2013). Telomeres, the TTAGGG DNA sequences at the ends of chromosomes, act as a mitotic clock and prevent from aberrant proliferation (Chan and Blackburn 2004). Telomeres undergo shortening with each cell division, and critically short telomeres result in cellular senescence and aging (Chan and Blackburn 2004, Buckingham and Klingelutz 2011). Telomeres are maintained by the enzyme telomerase which adds telomeric sequences to the chromosome (Buckingham and Klingelutz 2011).

In somatic cells, the telomerase gene is repressed resulting in telomere shortening and senescence. When introduced into cells, telomerase helps maintain or lengthen their telomeres and allow cells to continue growing in a normal manner, suggesting that telomerase activation could be of therapeutic importance in combating aging. Furthermore, increasing evidence suggest that telomerase plays pivotal role in maintaining skin's function (Buckingham and Klingelutz 2011). A small molecule derived from root extracts of Astragalus has been identified in a screen based on its ability to up regulate telomerase activity in neonatal human keratinocytes (TA-65®, TA Sciences). TA-65® has been shown to rescue short telomeres and decrease the senescent cells. Telomerase activation and studies of TA-65® in vitro, in mice and humans as a nutritional supplement have been reported (Bernardes de

Jesus, Schneeberger et al. 2011, Harley, Liu et al. 2011). TA-65® has also been shown to increase wound healing in vitro. In the current study, topical formulation of TA-65® (TA-65® for Skin) is investigated as a novel product for skin aging. The pilot study suggests significant improvement in skin firmness, reduction in fine lines and wrinkles and reduction in erythema following the use of TA-65® for Skin.

Objective

The objective of this study was to determine the effect of TA-65® for Skin on the appearance of Crow's feet fine lines/wrinkles, skin firmness and the appearance of red/inflamed skin in a panel of 54 female subjects, aged 35-60 years, after 2, 4, 8 and 12 weeks' application of TA-65® for Skin or other skin care formulations.

Methodology

This study was conducted in compliance with U.S. Code of Federal Regulations (CFR), Title 21 and informed consent was obtained from each subject. Fifty-four (54) female subjects, aged between 36 and 60 were enrolled in this 12 weeks' study.

Twenty subjects were instructed to apply TA-65® for Skin twice daily for 12 weeks and were instructed to report to the Testing Facility following 2, 4, 8 and 12 weeks of product use for visual evaluations, instrumental measurements and digital photographs. Additionally, at the final visit, subjects were required to respond to a questionnaire. Evaluations of efficacy were based on a comparison of baseline vs. each observation period for each product individually.

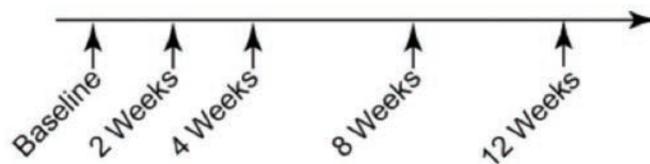


Figure 1: Study design

Subjects reported to the Testing Facility for the baseline visit. A Cutometer® measurement was taken on the face to measure skin's firmness. Digital photographs were taken of the face of each subject to determine changes in Crow's feet fine lines/wrinkles and redness. Digital imaging was done using Visia CR® and ImagePro® software was used to analyze the changes in Crow's feet fine lines/wrinkles. Additionally, evaluation of irritation was conducted for safety purposes.

Results and Discussion

Safety

A trained technician evaluated the face of each subject for irritation at baseline and after 2, 4, 8 and 12 weeks. The mean score of irritation was zero for all products tested in this study, which indicate that TA-65® for Skin does not cause any irritation on the face of any subject at any time during the study.

Efficacy

Evaluation of Skin Firmness

Compared to the baseline measurements, there were improvement in the mean percent of the skin firmness. The TA-65 for Skin significantly improved the skin firmness by 42%, 93%, 101%, 89% after 2, 4, 8 and 12 weeks of daily application of TA-65® for Skin ($p < 0.05$) (Table 1). A total of 89%, 83%, 83% and 83% of the subjects showed improvement after 2,4,8 and 12 weeks of TA-65 for Skin use (Table 1).

Time	Mean score \pm S.D	p-value	Mean % change from baseline	% of subjects with improvement from baseline
Baseline	0.405 \pm 0.159	-	-	-
Week 2	0.517 \pm 0.135	0.002	42.2%	89%
Week 4	0.603 \pm 0.090	<0.001	93.3%	83%
Week 8	0.629 \pm 0.070	<0.001	100.6%	83%
Week 12	0.591 \pm 0.082	<0.001	89.4%	83%

Table 1: Evaluation of skin firmness by Cutometer®. Statistically significant differences from baseline, $p \leq 0.05$



Evaluation of Crows' Feet Fine Lines/Wrinkles

Compared to baseline, there were improvement in the mean percent of the Crow's feet fine lines/wrinkles. The mean percent improvement are 10.6%, 7.6%, 7.3% and 18.1% respectively at 2, 4, 8 and 12 weeks (Table 2). The improvements were statistically significant at 12 weeks (Table 2).

A total of 68%, 79%, 67%, and 78% of the subjects showed improvement from baseline after 2, 4, 8 and 12 weeks of TA-65 for Skin use, respectively (Table 2)

Time	Mean Score \pm S.D	p-value	Mean % change from baseline	% of subjects with improvement from baseline
Baseline	1524.4 \pm 1702.4	-	-	-
Week 2	1043.0 \pm 430.1	0.145	-10.6%	68%
Week 4	1107.9 \pm 706.4	0.169	-7.6%	79%
Week 8	1024.5 \pm 446.2	0.108	-7.3%	67%
Week 12	929.8* \pm 438.4	0.002	-18.1%	78%

Table 2: Evaluation of Crow's Feet Fine Lines/Wrinkles by VISA CR® digital imaging.

*Statistically significant differences from baseline, $p \leq 0.05$.

Evaluation of Skin Redness

Compared to baseline, there were improvement in the mean percent of the skin redness. The mean percent improvement are 1.3 %, 4.5 %, 5.9% and 8.6% respectively at 2, 4, 8 and 12 weeks (Table 3). The decrease in redness were statistically significant at week 4, 8 and 12 ($p < 0.05$). A total of 58%, 63%, 72%, and 89% of the subjects showed improvement from baseline after 2, 4, 8 and 12 weeks of TA-65 for Skin use, respectively (Table 3).

Time	Mean Score \pm S.D	p-value	Mean % change from baseline	% of Subjects with improvement from baseline
Baseline	13.4 \pm 2.6			
Week 2	13.1 \pm 2.3	0.418	-1.3%	58%
Week 4	12.6 * \pm 2.2	0.032	-4.5%	63%
Week 8	12.2* \pm 2.1	0.003	-5.9%	72%
Week 12	11.8* \pm 1.9	<0.001	-8.6%	89%

Table 3: Evaluation of Skin Redness.

*Statistically significant differences from baseline, $p \leq 0.05$.

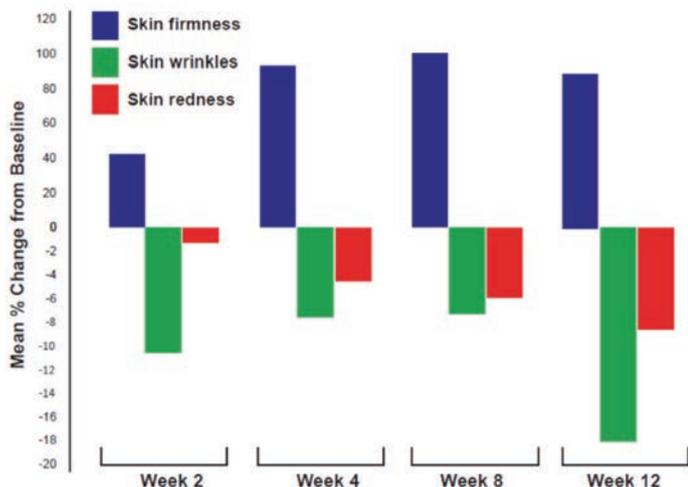


Figure 2: Cosmetic efficacy of TA-65® for Skin

Evaluation of Irritation

There was no irritation on the face of subjects at any time during the study.

Subject Questionnaire

At the final visit (12 weeks), subjects responded to a questionnaire. The summary results are represented in the following table (Table 4). After 12 weeks of use, TA-65® for Skin was associated with high level of subject acceptance.

Questions	Strongly agree or agree
This product reduces the appearance of Crow's feet fine lines	83.3%
This product reduces the appearance of Crow's feet wrinkles	77.8%
The signs of aging around my skin feel firmer	83.3%
This product made my skin feel firmer	94.4%
This product made my skin feel tighter	88.9%
This product helped to reduce the appearance of red/inflamed skin	72.2%
Overall, my skin appears healthier since using the test product	88.9%
Overall, my skin appears younger since using the test product	83.3%
I would purchase this product	77.8%
I would recommend this product to a friend	77.8%

Table 4: Subject Questionnaire summary.

Conclusions

The clinical efficacy study revealed that TA-65® for Skin helped to improve the appearance of Crow's feet fine lines/wrinkles, increase skin firmness and reduce the appearance of red/inflamed skin when used twice daily for 12 weeks.

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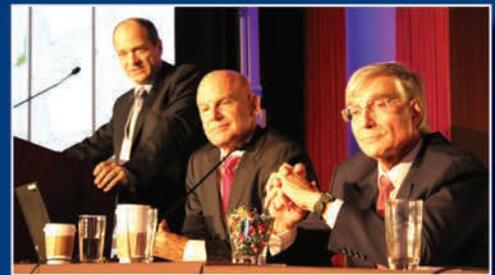
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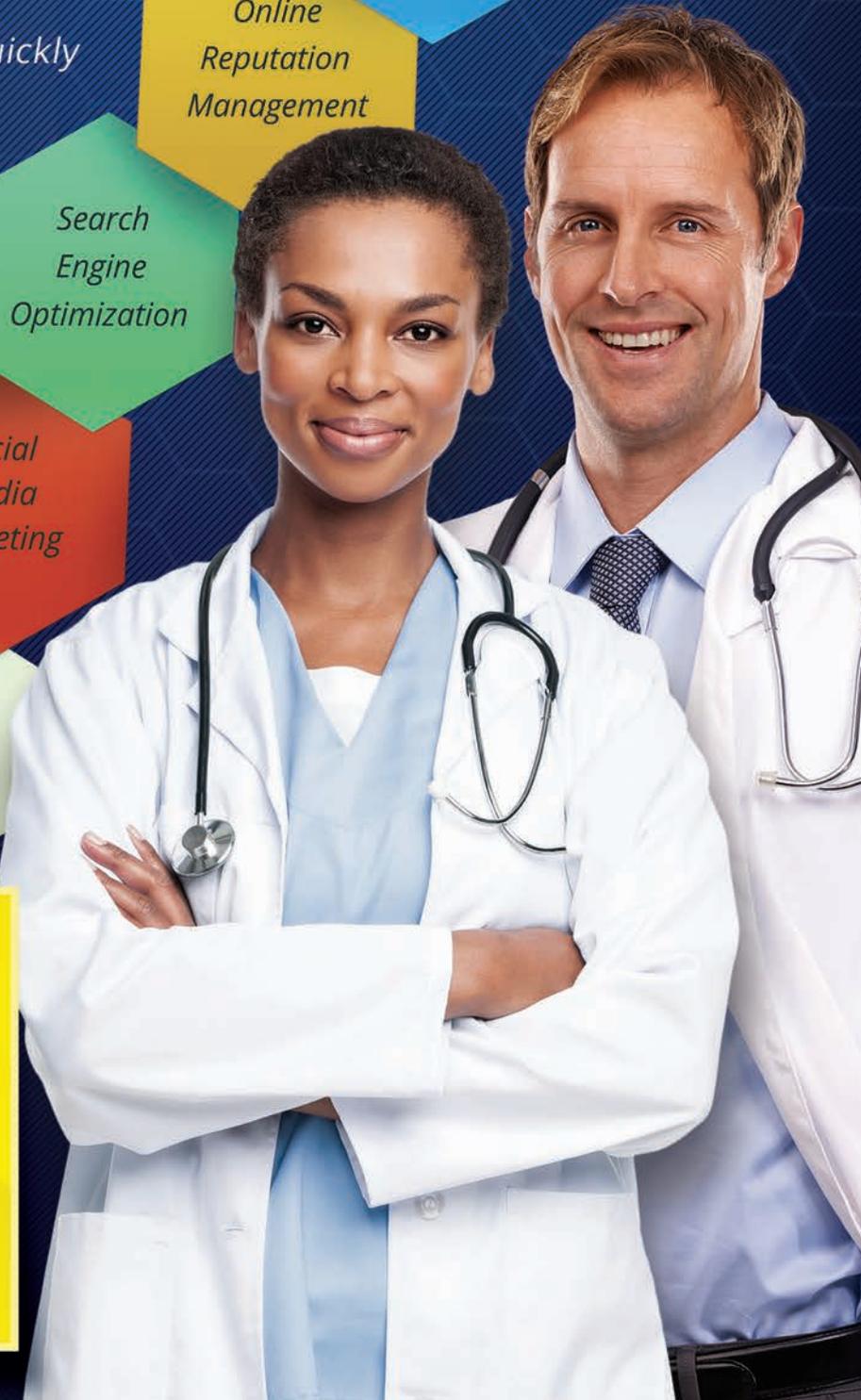
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Rick Rhoads,
Compounding Pharmacist

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Metabolic Syndrome Support with alpha-Cyclodextrin, a Patented Multifaceted Soluble & Fat-complexing Fiber

By Chris D. Meletis, ND
ProThera®, Inc. distributes FBCx®

The population of the westernized world is dying at their own hands as a result of poor dietary habits, excess stress, and sedentary lifestyle. There are an estimated 80 million prediabetics that suffer from the ravages of metabolic syndrome in the United States alone. The trend is not only newsworthy—it should be on the evening news each and every night.

Our nation is fixated on healthcare reform. It appears to the thinking citizen that our healthcare system has even greater fundamental issues that go far beyond merely access. The question must be asked, when pursuing health, what is the newly empowered healthcare consumer actually gaining with access in regards to “wellness-care.”

Thanks to the efforts of scientists seeking innovation in the field of wellness management, there are new nutraceuticals now available with solid peer-review literature supporting their use. alpha-Cyclodextrin is just such a researched and significant clinical tool when it comes to helping battle the ravages of the accelerated disease environment we have created.

The Statistics Say It All

Obesity levels are well over 40% amongst U.S. residents, accelerating the disease processes associated with metabolic syndrome, diabetes mellitus, and related disease processes including but not limited to Alzheimer’s, heart disease, and countless other controllable degenerative disease processes.¹⁻³ As clinicians, we all recall that fat is designed as a form of storage of excess calories for future times of environmental need, such as famine, pregnancy, and generalized periods of increased energy expenditure. Yet in today’s world of food abundance in most of the westernized world, we have achieved a nonsustainable state of being: “Overfed and undernourished.” Over more than two decades of clinical practice, I have seen more and more patients living off of food from boxes, sacks, and other heavily processed items. I term these foods “dead food for dying people,” whereas I endeavor to educate patients to avoid these excessively caloric-laden foods and seek to shop the perimeter of the local grocery store in pursuit of “live food for living people,” targeting fresh, organic fruit and vegetables, or free-range sources of lean protein and as appropriate dairy.

#1 Controllable Enemy of Optimal Wellness

More than an issue of personal appearance, excess weight contributes to insulin resistance, proinflammatory visceral

(abdominal) weight, hypertension, dyslipidemia, and increases in inflammatory markers.⁴ As a nation that is abundant in excesses, the ecology we have created—whether it be contaminated water, polluted air, or poor-quality food combined with a societal trend towards perpetuating stress—has been rewarded with a doubling of the risk of developing cardiovascular disease associated with metabolic syndrome.⁵

Working the Numbers In Regards to Caloric Weight Loss

There is no substitute for making positive and health-promoting dietary and lifestyle choices to gain control over metabolic syndrome and familial risk of diabetes and associated health-robbing processes.⁶ My patients have pursued, ranging from low-carb, low-fat, and high-protein diets, yet there is no single diet that works for everyone.⁷ The bottomline is that we are all on diets each and everyday, for all a diet is at any given point in time is what you are currently eating. What one wants to avoid is a diet that is ultimately going to lead to the yo-yo effect. We need to create an ecology within the body that is sustainable. As an educated populace, we routinely discuss creating sustainable wilderness and environmental ecology; yet, we should also be thinking about the ecology of trillions of cells that comprise our bodies.



The thrust of clinical research points to a healthy weight loss of one pound per week. Simplifying the math, if one can successfully decrease caloric intake or absorption by 500 calories per day, while controlling energy expenditure, we see in clinical practice a loss of 3,500 calories per week, equating to a weight loss of one pound per week. With successful weight loss, many of the metabolic indices that are associated with the heightened morbidity can start to be mitigated such as blood pressure, insulin sensitivity, cholesterol, and triglyceride and glucose levels.⁸ The inclusion of exercise can have a very positive synergistic effect to the gains associated with controlling dietary calories.⁹⁻¹¹

A Simple Way to Help Maintain Weight Loss

There is nothing more frustrating for patient or provider than seeing hard work and discipline that has resulted in weight loss slowly erode away as the body endeavors to regain the weight that was so diligently lost.^{12,13} In my book called *Great Health*, I discuss my concept that “when indulging a sweet tooth or two, fiber is one’s friend.”

This is so very true as it is not just glycemic index that is a factor on winning the battle, but also the ever essential glycemic load, which is largely a moderation of the glycemic index with fiber content of any given food or meal.¹⁴ There are many fiber products readily available in the health food arena, yet they typically bind only a limited amount of calories and require large serving sizes that often bloat or constipate the patient, all the while lacking the ever important viscosity that confer optimal clinical results.¹⁵ This is where cyclodextrin enters on the weight loss battlefield. As little as 2 grams of cyclodextrin can complex 162 calories per each saturated fat containing meal.

What Makes alpha-Cyclodextrin So Unique?

Cyclodextrins are naturally occurring and possess a doughnut or truncated conical structure.¹⁶ Formed via the actions of the bacterial enzyme cyclodextrin glucosyltransferase on starch, creating a water-soluble fiber that is resistant to salivary and pancreatic alpha-amylase degradation.^{17,18}

Although water soluble, cyclodextrin possesses a hydrophobic inner structure within its doughnut structure lending to its lipophilic (fat-loving) qualities and hence affinity to bind dietary bi- and triglycerides and escort them undigested throughout the digestive tract until they are eliminated.^{19,20,21}

alpha-Cyclodextrin in Action—Scientific Review

Two grams of alpha-cyclodextrin patented as FBCx® was taken by diabetic individuals together with three fat-containing meals per day for a period of 3 months and compared to placebo.²² Prior to the onset of the study the patients were gaining 1 kg +/- 0.4 per month (2.2 lbs +/- 0.88). Those who received the cyclodextrin experienced a

stabilization of their weight opposed to the ongoing slide towards even greater weight gain. Maximal weight loss occurred when participants also made a conscious effort to reduce caloric intake. alpha-Cyclodextrin had less impact on insulin dependent diabetics.

A double blind, crossover study with 41 nondiabetic overweight adults, alpha-cyclodextrin over 2 months without any changes to diet or exercise contributed to significant weight loss.²³ In an animal study, alpha-cyclodextrin significantly reduced leptin levels.²⁰

alpha-Cyclodextrin, LDL & Triglycerides

In a clinical trial in diabetics, alpha-cyclodextrin lowered cholesterol levels in the subjects who had hypertriglyceridemia at baseline.²² There was a noted decrease in total cholesterol that arose from a drop in low-density lipoprotein (LDL) cholesterol, without changes in high density lipoprotein (HDL) cholesterol.

Another study investigating overweight but otherwise healthy adults found that alpha-cyclodextrin was associated with a significant decline in total cholesterol and LDL-cholesterol levels in subjects who had hypercholesterolemia and hypertriglyceridemia at baseline.²³ Additionally, a notable drop in apolipoprotein B was detected, hence helping control a known risk factor of cardiovascular disease.²³ Furthermore, in animal studies, alpha-cyclodextrin has demonstrated a greater binding affinity for saturated fats and trans fatty acids.²⁴ Using an LDL receptor knock out mouse model of atherosclerosis, researchers noted a significant decline in plasma total cholesterol, free cholesterol, cholesterol esters, and phospholipid levels after alpha-cyclodextrin administration.²⁵

alpha-Cyclodextrin also has a significant effect on triglycerides. When 34 healthy individuals were supplemented with 2 grams of alpha-cyclodextrin, there was a marked decline in postprandial triglycerides after a standardized meal.²⁶ The extent to which alpha-cyclodextrin lowered triglycerides strongly depended upon fasting triglyceride concentrations.

Researchers have not firmly established the mechanism behind α -cyclodextrin’s cholesterol-lowering ability. Although cholesterol, due to its large size, is unable to form a complex with alpha-cyclodextrin, lecithin can be complexed by α -cyclodextrin in bile salt micelles. This lowers the bile salt micellar solubility of cholesterol, thus suppressing absorption.²⁷ There also is the possibility that alpha-cyclodextrin’s prebiotic properties trigger a change in cholesterol metabolism by promoting production of short-chain fatty acids.^{28,29}

alpha-Cyclodextrin’s Effects on Insulin

alpha-Cyclodextrin has been shown to dose dependently improved glucose tolerance and insulin sensitivity. In a double-blind, randomized, crossover trial, 10 healthy

subjects consuming 5- and 10-gram doses of α -cyclodextrin in conjunction with 50 grams of digestible starch (white rice) experienced a reduction in the incremental area under the curve (iAUC) for postprandial glucose.³⁰ In subjects given two grams, researchers noted a flattening of the glucose iAUC. However, the small number of subjects investigated did not allow for statistical significance. The explanation for alpha-cyclodextrin's ability to lower postprandial glucose may involve the fact that cyclodextrins have been shown to competitively bind and block pancreatic alpha-amylase.³¹

In another study, overweight subjects who were otherwise healthy experienced a drop in insulin levels by nearly 9.5% after alpha-cyclodextrin administration.²³ Furthermore, in obese and diabetic subjects, alpha-cyclodextrin resulted in a rise in adiponectin levels.²² Higher adiponectin levels have been associated with improved insulin tolerance, glucose regulation, and weight loss.³² This elevation in adiponectin was especially evident in subjects who did not use insulin.²²

Conclusion

Obesity, diabetes, and the metabolic syndrome have all reached epidemic proportions in the Westernized world. Encouraging our patients to lose weight can go a long way in combating this ever growing epidemic and preventing many of the degenerative diseases of our time. Fiber can be a useful tool for lowering the glycemic load of a meal, thereby assisting in weight loss, but many of the fiber products readily available in the health food arena are not optimally effective at binding calories and have other disadvantages. alpha-Cyclodextrin is a well-researched, safe and effective alternative that has been shown to result in weight loss, lower triglyceride and cholesterol levels, and improved insulin sensitivity and glucose tolerance.

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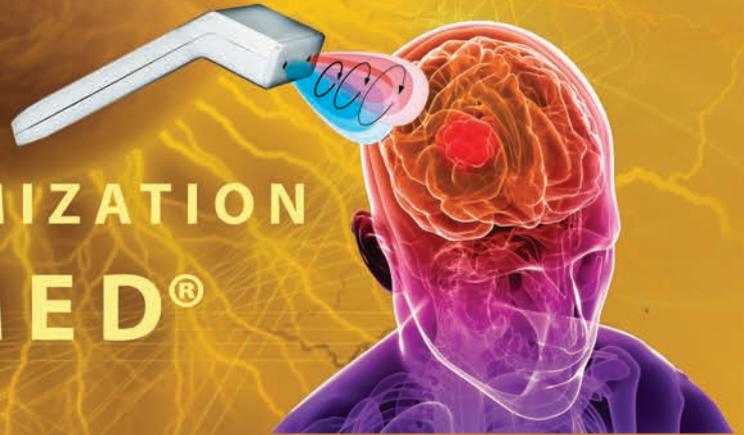
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Lifestyle Medicine: More Life, Less Medicine

By Thomas Guilliams, PhD

The human body has an amazing ability to maintain its own health when provided with the right amounts and types of healthy signals. When harmful signals are removed and appropriate signals are enhanced, cells and organ systems are capable of creating a healthy outcome. Lifestyle-based interventions (i.e., Lifestyle Medicine) provide the tools and incentives to help individuals assess and prioritize the signals in their own lives that require changing, offering a bridge of support through the journey to a healthier outcome.¹ Sounds simple, right?

For the clinician, implementing lifestyle medicine requires understanding chronic disease prevention and intervention from a different perspective, one that fully integrates the relationship between lifestyle inputs (“signals”) and the patient’s ability to convert those signals into healthy outcomes. As Hippocrates understood it nearly 2,400 years ago, “Everyone has a physician inside him or her, we just have to help it in its work. The natural healing force within each one of us is the greatest force in getting well.” Voltaire put this more bluntly in the 18th century when he said, “The art of medicine consists of amusing the patient while nature cures the disease.”

Lifestyle-based therapy mandates a patient-centered philosophy; it requires assessing all the signals that influence the health of each individual and recognizes that each individual has a different capacity to translate those signals and change behaviors. Clinical success is dependent, in this model, on an ongoing relationship between an engaged clinician and an empowered patient. It is also dependent on new paradigms with new (or revised) nomenclature to describe those paradigms. Here we describe a few of those newer terms that help a clinician transition into the new paradigm of “Life as Medicine.”

Physiological Resilience & Metabolic Reserve

While the name we give to chronic diseases might depend on the organ system or tissues involved, such as atherosclerosis, osteoarthritis, Alzheimer’s disease, type

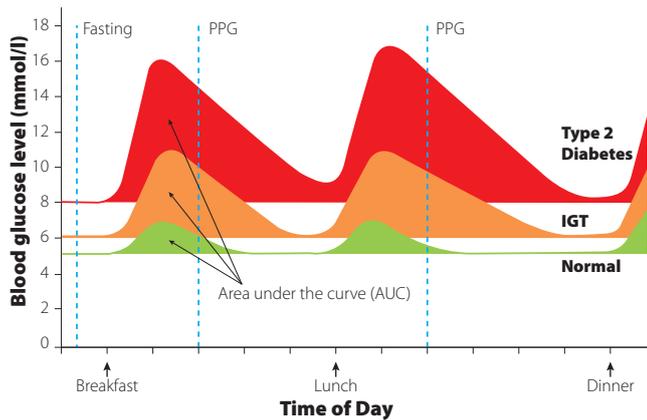
2 diabetes or cancer; the chronic dysfunction involved in each of these conditions is ultimately caused either by the presence of harmful signals that overwhelm a tissues’ ability to maintain proper structure or function, or the absence of healthy signals that promote tissue recovery. Lifestyle medicine, at its core, is simply a way to promote those signals designed to protect all tissues and organs. Two important layers of resistance against poor lifestyle signals are built within each system; they are Physiological Resilience and Metabolic Reserve.

Physiological resilience describes the capacity of each cell or organ system to withstand the necessary (and immediate) changes that create the rhythm of a healthy organism. The ability of arteries to dilate when blood flow increases, the ability to quickly dispose of excess glucose after a meal, or the ability to increase and decrease cortisol when a stressful situation arises and resolves are just a few examples of physiological resilience. Each of these systems, and thousands more, are like coiled springs or rubber bands capable of being stretched for a particular physiological purpose, then designed to snap back to their original status, ready for the next physiological challenge. Some systems are stretched and snap back in an instant, such as nerve conductivity, others in hours, like blood-glucose control. Some follow a circadian cycle, such as the HPA axis, and others a monthly cycle, menstruation for example. Homeostasis is really not a “steady-state” but really the controlled rhythmic fluctuation of thousands of interrelated systems that oscillate from physiological challenges.

When inappropriate or overwhelming signals begin to overpower our physiological resilience, the stretching of that system does not immediately resolve. Perhaps the best example of this is the slow progression of impaired glucose tolerance caused by insulin resistance, which is sometimes referred to as the “metabolic continuum.” Note in Figure 1 the “stretching” of the post-prandial glucose affects the area under the curve (AUC) of glucose much more than the change in the eventual fasting state. By the time a patient is deemed to be a “type 2 diabetic,”

their ability to reach normal fasting levels is compromised by changes in peripheral insulin sensitivity and pancreatic insulin capacity; the rubber band has been stretched too far. If physiological resilience defines the immediate capacity of cells, tissues and organ systems to respond to changes in physiological need, metabolic reserve defines the long-term capacity of tissues and organ systems to withstand

Blood Glucose Excursions in People with Type 2 Diabetes, Impaired (IGT) and Normal Glucose Tolerance



(Figure 1)

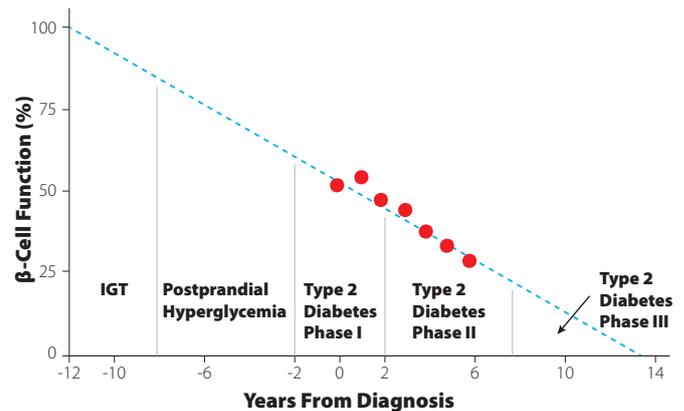
repeated (chronic) changes to physiological needs. It is, in essence, the stored-up “reserve” available for each metabolic and organ system to maintain and rebuild its physiological resilience. As with any reserve, its capacity is vulnerable to depletion; but also capable of being resupplied and strengthened.

For instance, related to the day-to-day physiological resilience that permits glucose disposal is the long-term metabolic reserve within pancreatic beta cells. In fact, by the time a person is diagnosed with type 2 diabetes, up to half of their pancreatic beta cell function is already depleted. Peripheral insulin sensitivity and beta cell function are critical long-term metabolic reserve functions that can influence meal-to-meal physiological function and, as most clinicians now know, alter the metabolic functions of nearly all tissues. The reason nearly every chronic disease is made worse with type 2 diabetes is because the same metabolic and oxidative stresses triggered by insulin resistance and hyperglycemia that destroy beta cell function are at work in all other tissues as well.

Another well-known system that shows the principles of physiological resilience and metabolic reserve is bone mineral density. The constant back- and- forth of bone remodeling (osteoclast/osteoblast function) is designed to respond to the immediate circumstances of the individual; such as nutrient availability, hormone status and weight-bearing activities (physiological resilience). During menopause, internal and external signals favor changes that lead to a loss in bone mineral density. While the eventual outcome for the individual is partly determined by the immediate changes in bone mineral density and

strength, the outcome is greatly influenced by the level of bone mass built during the previous 50 years (i.e., peak bone mass). The level of bone mineral (metabolic) reserve available when menopause starts will greatly impact the likelihood of osteoporosis and, while building some bone mineral reserve can be done after menopause, the ability to build the reserve in the years between puberty and 30 is far greater.

Building metabolic reserve, then, is one of the core concepts for preventing all chronic diseases. Think of these reserves: antioxidant reserve, detoxification



capacity, insulin sensitivity, cellular/mitochondrial energy, bone mineral storage, neuronal plasticity and even gut microbial reserve. Assessing and supporting these core reserves should be the ultimate goal of lifestyle-based chronic disease prevention. Therapies should be designed to assess these reserves and prioritizing therapies known to specifically support the tissues and organ systems for which the individual shows weakness.

Using Lifestyle Therapies as Intervention

Today, any lifestyle-based approach must recognize that many patients are well down the road of manifesting outcomes of organ dysfunction, where the prevention of chronic disease seems to be too late. It should be noted, however, that the same processes (building metabolic reserve and supporting physiological resilience) that protect tissues from the onset of chronic damage are even more vital when these tissues are metabolically stressed to the point they manifest dysfunction and result in the diagnosis of a clinically defined “disease.” While clinicians and patients may need to augment their lifestyle interventions with targeted therapies or even rescue medication, the promotion of the healthy signals designed to elicit healthy outcomes (lifestyle signals) should always remain the foundation of programs designed to support long-term health outcomes.

Therefore, implementation of lifestyle medicine within a wide range of clinical starting points requires a hierarchy of therapies that span early prevention to late intervention. Here, we describe a Prevention to Intervention Hierarchy,

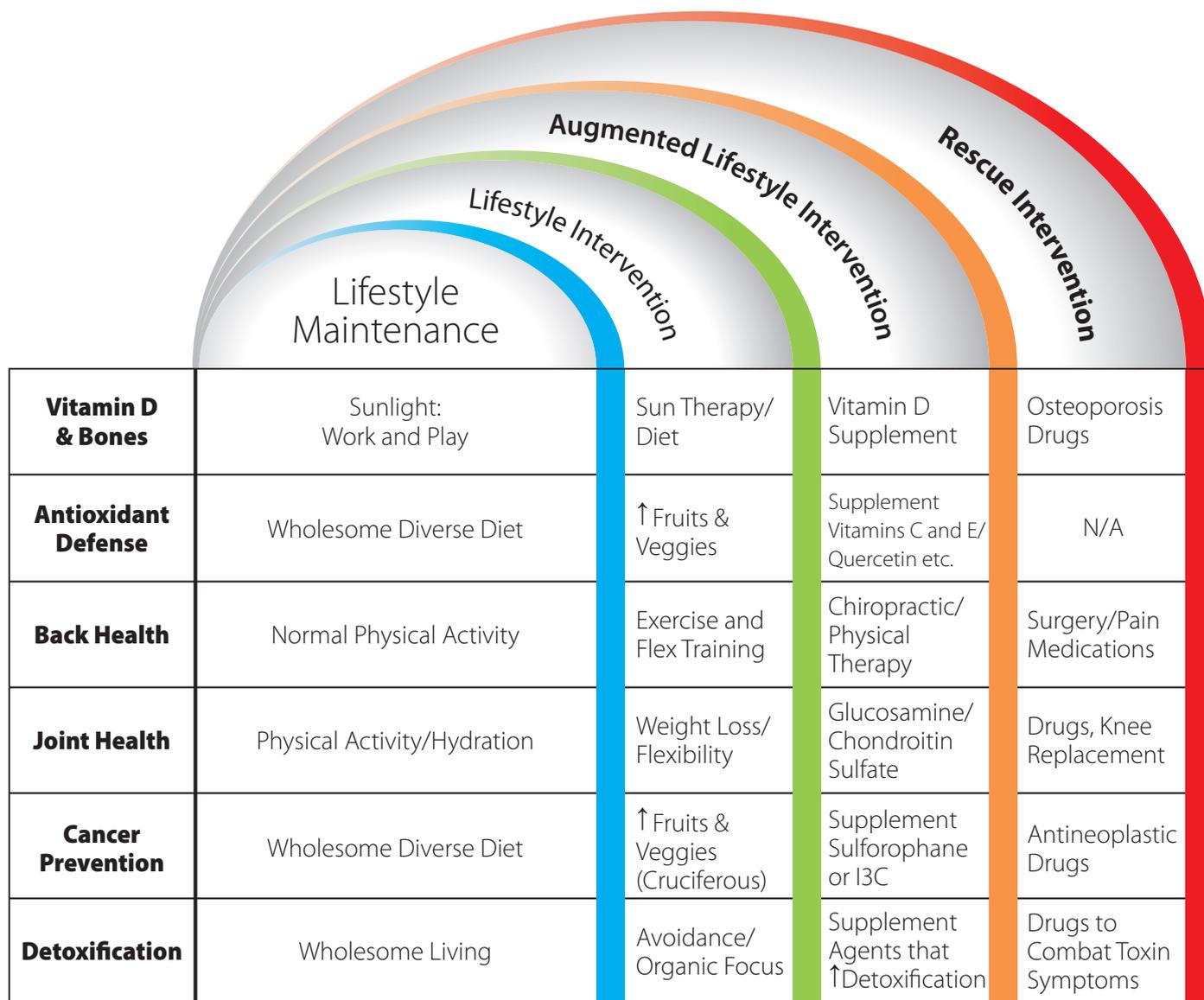
that is defined by 4 points along a continuum: Lifestyle Maintenance, Lifestyle Intervention, Augmented Lifestyle Intervention and Rescue Intervention. Here is a brief description of each:

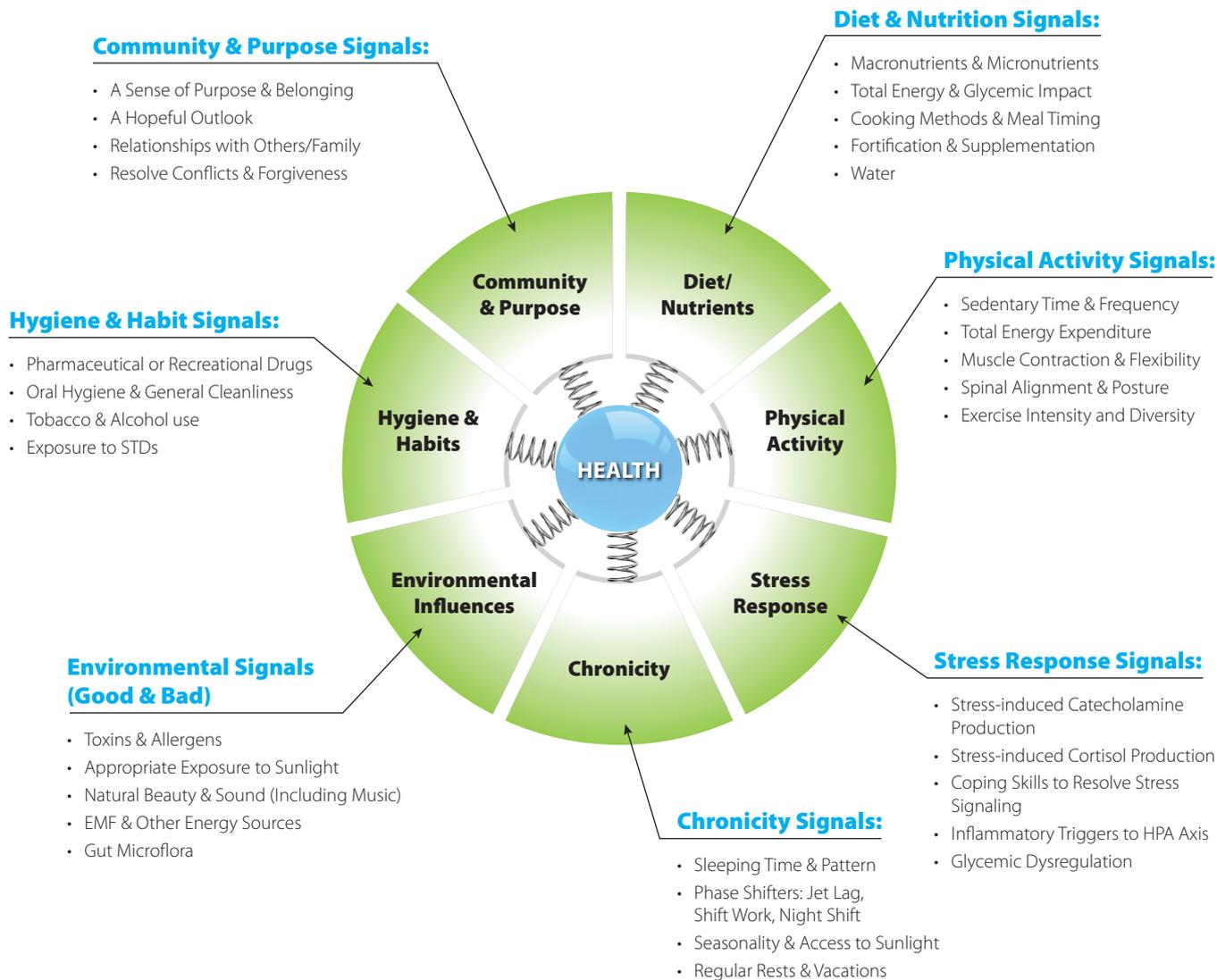
Lifestyle Maintenance: This is simply the use of healthy life signals that maintain our metabolic reserve: eating right, keeping fit, sleeping well and avoiding signals that sap our vitality. The longer we can rely on a prudent life maintaining our health, the more reserve we build against chronic disease. Essentially, this is “Life as Medicine.”

Lifestyle Intervention: This is what most clinicians and patients think about when they describe lifestyle medicine or therapy. Using the same signals that maintain our health, we are now more intentional about the therapy, increasing both the specificity and dose of the lifestyle signal. For instance, we are much more specific about dietary choices or changes, becoming fit, modulating stress and kicking bad habits known to be harmful to

our health. There is still a strong reliance on the body’s capacity to build or rebuild metabolic reserve, but there is a greater focus on risk prevention based on a person’s specific vulnerability.

Augmented Lifestyle Intervention: Having discovered many of the specific mechanism(s) that link our lifestyle decisions to our health, we are now capable of designing therapies to target those mechanisms. These therapies are the heart of integrative medicine—things like nutritional and nutraceutical therapy, osteopathic or chiropractic manipulation, detoxification protocols and many more. For instance, recognizing omega-3 fatty acid consumption as one of the key signals within a healthy diet allows us to augment, through supplementation, the consumption of concentrated omega-3 fatty acids. Clinicians may find the majority of their patients will require augmented therapies for a long time, perhaps indefinitely, depending on the severity and history of the chronic diseases experienced by the patient.





Rescue Intervention: These are interventions now commonplace in our modern medical system, drugs and surgery, used to rescue the patient and to prevent organ damage, major debility or death. However, when the same paradigm of rescue interventions is used in the attempt to ameliorate chronic conditions, a person's metabolic reserve and physiological resilience are rarely enhanced. In fact, they are often depleted. Since the pharmaceutical burden weighs heavily on most patients diagnosed with chronic diseases, wise clinicians who intend to use lifestyle therapies as the core of their intervention strategy must understand how to manage patients who have been treated with, or are currently on, these rescue therapies.

A Symphony of Signals from all Spheres of Life

If nearly every aspect of our physiology can be modulated by the lifestyle and environmental signals around us, we could easily define thousands of different signals. In a clinical setting, this vast number of potential variables can overwhelm the therapeutic decision-making process. It is helpful, therefore, to consider signals that can be defined in a limited number of categories. For this purpose, it is

helpful to define seven categories, or spheres, of signals based loosely on origin. Since some lifestyle decisions are complex, they may include signals from multiple categories. As more research into the specific mechanisms of each signal is discovered, especially genomic and epigenetic signals, we now understand how many signals from diverse origins can promote a synergistic good (or bad) health outcome.

It is our hope that the leading clinicians, teachers, policy makers and parents of tomorrow will recognize the intrinsic healing capacity of the human body and will implement practices that allow future generations to reduce their risk of chronic disease by living in a way that preserves their metabolic reserve, buffering against depletion of their physiological reserve, reaching their goal of optimal health.

¹ The Core Philosophy can be found in Dr. Williams' book, *The Original Prescription: How the Latest Scientific Discoveries Can Help You Leverage the Power of Lifestyle Medicine*. Point Institute. 2012



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ICD-10 Compliance

Deadline Set as October 1, 2015

By Sue Bowman, RHIA, CCS

The latest compliance date for ICD-10 has been set as October 1, 2015, according to new regulation published by the Department of Health and Human Services (HHS) on August 4, 2014. This one-year delay in the implementation of ICD-10 came from language inserted into the Protecting Access to Medicare Act of 2014, which was signed into law on April 1, 2014. The new regulation also clarifies that ICD-9 will continue to be required until September 30, 2015.

Why ICD-10 Is Worth It...

It has been nearly five years since the National Committee on Vital and Health Statistics recommended to the secretary of Health and Human Services that the regulatory process for ICD-10-CM and ICD-10-PCS adoption be initiated. The healthcare industry continues to wait for definitive action.

And it waits anxiously, because the change represents a looming disruption. Yet, no matter the trouble, the transition is necessary, because the current coding system can't take healthcare into the future. Today's data needs are dramatically different than they were 30 years ago when ICD-9 was introduced. ICD-10 will advance healthcare in many ways, with benefits accruing across five major categories.

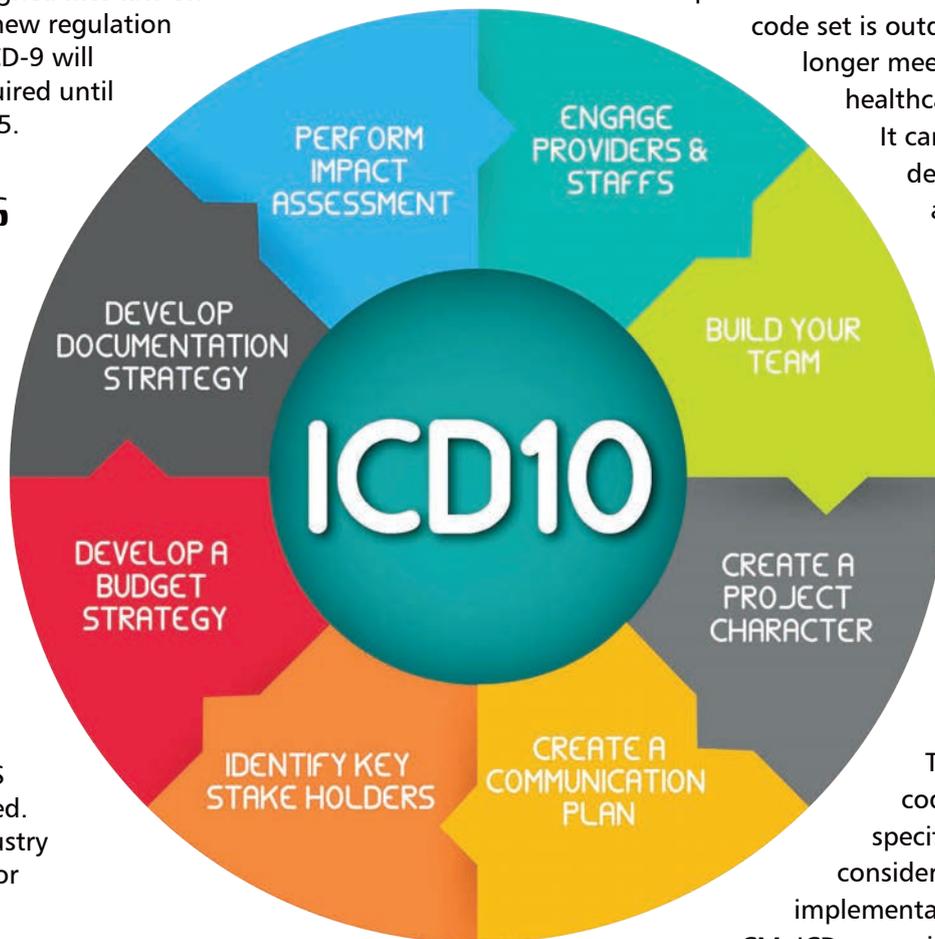
Why Switch?

If ICD-9-CM has served the industry well for as long as it has, why change now?

The problem is that ICD-9-CM can no longer keep up with medicine. After 30 years, the code set is outdated and can no longer meet the demands of healthcare's data needs.

It cannot accurately describe the diagnoses and inpatient procedures for care delivered. The uses being made of coded data today go well beyond the purposes for which ICD-9-CM was designed, or even contemplated, in the 1970s.

The need for greater coding accuracy and specificity has heightened considerably since the implementation of ICD-9-CM. ICD was primarily used in the hospital inpatient setting for indexing purposes at the time ICD-9-CM was implemented. ICD-9-CM codes were not used for reimbursement purposes until well after the system's development and implementation. Once prospective payment systems came into existence in the 1980s, the concerns for data quality, coding education, and medical record documentation received new emphasis.



The Benefits

Why are ICD-10-CM and ICD-10-PCS better alternatives? ICD-10, which is the international diagnosis classification system that is the foundation of ICD-10-CM, contains the most significant changes in the history of ICD. Its alphanumeric format provides a better structure than ICD-9, allowing considerable space for future revision without disruption of the numbering system, much more than is possible with ICD-9-CM.

Replacing ICD-9-CM with ICD-10-CM and ICD-10-PCS will provide higher-quality information for measuring healthcare service quality, safety, and efficacy. This will in turn provide better data for:

- Quality measurement and medical error reduction (patient safety)
- Outcomes measurement
- Clinical research
- Clinical, financial, and administrative performance measurement
- Health policy planning
- Operational and strategic planning and healthcare delivery systems design
- Payment systems design and claims processing
- Reporting on use and effects of new medical technology
- Provider profiling
- Refinements to current reimbursement systems, such as severity-adjusted DRG systems
- Pay-for-performance programs
- Public health and bioterrorism monitoring
- Managing care and disease processes
- Educating consumers on costs and outcomes of treatment options

Moving to the new code sets will also permit improved efficiencies and lower administrative costs due to replacement of a dysfunctional classification system.

This in turn allows:

- Increased use of automated tools to facilitate the coding process
- Decreased claims submission or claims adjudication costs
- Fewer rejected and improper reimbursement claims
- Greater interoperability
- Decreased need for manual review of health records to meet the information needs of payers, researchers, and other data mining purposes
- Decreased need for large research organizations to maintain dual classification systems (one for reimbursement and one for research)
- Reduced coding errors
- Reduced labor costs and increased productivity
- Increased ability to prevent and detect healthcare fraud and abuse

In a 2004 cost/benefit analysis for the Department of Health and Human Services, Studies quantified some of the benefits of improved data derived from ICD-10-CM and ICD-10-PCS. RAND concluded that the benefits far outweigh the costs of implementation, estimating the dollar value of the benefits in the following categories:

- More accurate payment for new procedures
- Fewer rejected claims
- Fewer fraudulent claims
- Better understanding of new procedures
- Improved disease management¹

The transition to ICD-10 offers the opportunity to improve clinical documentation, revenue cycle performance and analytic capabilities for business intelligence, and create the flexibility to respond to the industry's continuing evolution. Making the transition will require adequate time for assessing impacts to clinical documentation, business processes, patient satisfaction, IT and training. To meet the challenges and ensure timely compliance, healthcare practitioners need to view ICD-10 as a strategic initiative for their practice/organization, establish a proper project structure and secure support for the transition.





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Fellowship in Metabolic & Nutritional Medicine

Module I: A Metabolic & Functional Approach to Endocrinology

This module provides an overview of the functions and interrelationships of specific hormones in the body including hormonal changes that manifest in men and women with aging. Metabolic, functional, and nutritional approaches to managing hormonal deficiencies and endocrine disorders, including diabetes and obesity, are covered in this module.

Module II: A Metabolic & Functional Approach to Cardiovascular Disease

The causes, mechanisms, diagnosis, and management of cardiovascular and cardiometabolic diseases including CHD, CHF, hypertension, metabolic syndrome, dyslipidemia, atherosclerosis, and renal disease are covered in this module. Topics include cardiovascular pathophysiology and biology, inflammation, oxidation, hormones, adipokines, stress, nutrition and nutrigenomics, glycemic control, environmental factors and toxicology, infections, and risk factor testing.

Module III: A Metabolic & Functional Approach to Neurology

This module reviews the most recent developments in the field of neurology utilizing a metabolic approach to the prevention, management, and treatment of neurologic diseases. The course will cover pathophysiology and the role of neurotransmitters, inflammatory and degenerative disorders, neurovascular diseases, psychological and psychiatric syndromes, the gut-immune-brain connection, and healthy brain function.

Module IV: A Metabolic & Functional Approach to Gastroenterology

Comprehensive metabolic, functional, and nutritional approaches to gastrointestinal dysfunction and disease are reviewed in this module. Physiology and pathophysiology, GI microbiome and dysbiosis, gut permeability, hormones, diet, inflammatory bowel diseases, celiac disease and gluten sensitivity, the gut-immune-brain connection, irritable bowel syndrome, and other digestive and glandular disorders are highlighted.

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Module V: A Metabolic & Functional Approach to Nutrition & Exercise

This module focuses on the role of nutrition and exercise in metabolic medicine with an emphasis on guidelines, protocols, and clinical applications. Nutritional biochemistry, aging, metabolism, diet and nutritional supplements, weight gain, weight loss and maintenance, exercise/sports and activity, nutrigenomics, proteomics, and metabolomics, and cancer risk are discussed.

Module VI: A Metabolic & Functional Approach to Toxicology & Detoxification

This module covers symptoms, disorders and diseases associated with exposures of heavy metals, pesticides, chemicals, drugs, nutrients, the natural environment, and other toxic causes of oxidative stress. This course describes the pathophysiology of toxic exposure, methods to prevent and avoid exposure including nutritional and lifestyle approaches, early detection, lab testing, and treatment protocols. Metabolic, digestive and antioxidative detoxification phases and processes are detailed.

Module VII: A Metabolic & Functional Approach to Inflammation & Autoimmune Disease

This module focuses on inflammatory disorders, autoimmune diseases, allergies, cancer, and the gut-immune-brain connection. Cellular and molecular biology of immunity, the cellular stress response, oxidation, genetic damage, inflammation, etiology of disease including environmental and lifestyle factors, and the risk for cancer development are reviewed. Clinical approaches to patient evaluations, testing, and disease management are provided.

Clinical Practice Review

This review course examines patient case histories with a range of metabolic symptoms, disorders, or diseases that are covered in Modules I-VII. This clinical intensive course provides the tools to prevent, detect, diagnose, treat, and manage a variety of patient conditions that are commonly and uncommonly observed in the clinical setting. The goal is to provide comprehensive metabolic, functional, and nutritional approaches towards disease management that enable the Fellow to practice Metabolic Medicine confidently and effectively.

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Fellowship in Metabolic & Nutritional Medicine

Reviewed, Revamped, Redesigned

Meet the Fellowship Chairpersons

Andrew Heyman, MD MHSA, believes in the possibility of transformation. From simple lifestyle changes to complex treatment planning, the ultimate goal is a beautiful life.



Dr. Heyman's journey in the field of integrative medicine began over 20 years ago as a certified shiatsu practitioner. He practiced professionally for several years and went on to receive a Masters in Health Services Administration at the University of Michigan School of Public Health. Upon graduation, he became the administrator for the University of Michigan Complementary and Alternative Medicine Research Center where he was directly involved in the planning and development of their Integrative Medicine Clinic. Following that, Andrew received his doctor of medicine and became the first physician to complete an integrative medicine fellowship at the University of Michigan.

In addition to his formal training in family and integrative medicine, Dr. Heyman's diverse clinical interests include: Functional Nutrition, Traditional Chinese Medicine, Medical Acupuncture, Osteopathic Manipulative Medicine and Medical Aesthetics. This broad range of therapies allows him to develop a comprehensive treatment plan for both the acute and long-term health goals of his patients. Dr. Heyman's primary clinical location is at the Virginia Center for Health and Wellness, which is located in the rolling hills of the Virginia countryside.

Jim LaValle, RPh, CCN, ND, is a nationally recognized clinical pharmacist, author, board certified clinical nutritionist, founder of Metabolic Code Enterprises, Inc., a web platform and practice solution enterprise, launching AIR Support and the Metabolic Code Assessment. In addition, he founded an Practices at Progressive Medical Center in Orange County, CA. In 2001 he founded and operated LaValle Metabolic Institute, an interdisciplinary medicine facility in Cincinnati for the past 15 years (sold in 2014) where he served thousands of patients using his metabolic model for health. He also founded Integrative Health Resources 15 years ago, which is focused as a natural products industry consulting company. James has 27 years' experience integrating natural therapies into various medical and business models. James is probably best known for his expertise in natural therapeutics application and drug/nutrient depletion issues and uncovering the underlying metabolic issues that keep people from feeling healthy and vital. As such he has written hundreds of articles for a variety of industry journals and publications, and has lectured for thousands of healthcare professionals and consumer audiences globally on these topics. He was a founding author of the NHI on Demand database and spearheaded the Lexi Comp databases relating to natural therapeutics.



He is author of 16 e-books and 20 books including the most recently released, *Your Blood Never Lies*, as well as his best seller, *Cracking the Metabolic Code*, along with *Smart Medicine for Healthier Living*, *Nutritional Cost of Drugs* and *The Cox 2 Connection*. He was named one of the "50 Most Influential Pharmacists" by *American Druggist* magazine and was one of only nine Americans selected to participate in the inaugural Dietary Supplement Education Alliance & Dietary Supplement Information Bureau.

Mark Rosenberg, MD, received his doctorate from Georgetown University School of Medicine in 1988 and has been involved with drug research since 1991.

With numerous certifications in several different fields of medicine, psychology and fitness, Dr. Rosenberg has a wide breadth of experience in both the public and private sector with particular expertise in the mechanisms of cancer treatment failure.

Dr. Rosenberg is an innovator, constantly developing new ideas, techniques, and drugs, to combat incurable diseases. Many countries outside of the U.S. allow novel drugs that have not gone through FDA trials to be administered to terminally ill patients with no other options. Taking advantage of this option, Dr. Rosenberg intermittently travels outside of the country where he treats individuals who are considered end-stage.



Pamela W. Smith, MD, MPH, MS, spent her first twenty years of practice as an emergency room physician with the Detroit Medical Center and then the next sixteen years as an Anti-Aging/Metabolic Medicine specialist. She is a diplomat of the Board of the American Academy of Anti-Aging Physicians and is an internationally known speaker and author on the subject of Metabolic, Anti-Aging and Functional Medicine. She also holds a Master's in Public Health Degree along with a Master's Degree in Metabolic and Nutritional Medicine. She has been featured on CNN, PBS, and many other television networks, has been interviewed in numerous consumer magazines, and has hosted two of her own radio shows. She is a regular contributor for Fox News Radio. Dr. Smith is currently the Director of the Center for Healthy Living and Longevity. Dr. Smith is also the co-director of the Master's Program in Metabolic and Nutritional Medicine at the Morsani College of Medicine at the University of South Florida. She is the author of the best-selling books, HRT: The Answers, Vitamins Hype or Hope, Demystifying Weight Loss, What You Must Know About Vitamins, Minerals, Herbs & More, What You Must Know about Women's Hormones, Why You Can't Lose Weight, and What You Must Know About Memory Loss and How You Can Stop It. Her newest book: What You Must Know About Thyroid Disease, is due out this spring.



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A Conversation with the Leaders in Medical Education

Andrew Heyman, MD MHSA
Jim LaValle, RPh, CCN, ND

Mark Rosenberg, MD
Pamela W. Smith, MD, MPH, MS

1. How did you get into the field of Metabolic, Integrative, Preventative and Functional Medicine?

Heyman: I have been interested in health and wellness from an early age. I was 17 years old when I had my first introduction to integrative therapies when I learned Shiatsu. Most of my instructors were from Japan and China. I learned a new way of thinking about and caring for people who were unwell, different from a typically western perspective. After completing this training, I was invited to participate by the University of Pennsylvania in outreach efforts to underserved populations in the Philadelphia. It showed me the power of blending the old and new, conventional and unconventional, disease management and wellness-focused therapies. I saw firsthand the power of this approach in a difficult patient population. I then continued this work with Jim Gordon, MD at the Center for Mind-Body Medicine in Washington, D.C. and further explored the intersection between public health, at risk groups, and alternative therapies. These early experiences inspired me to deepen my knowledge of health services, medical care and integrative therapies. I have continued this journey since then, and am always seeking to refine my clinical skills, conduct research and teach and advocate for Integrative Medicine.

LaValle: I started working out for sports at age 13 so I had an active interest in nutrition from my early teens. I actually was a very sickly child, in fact I thought the pink stuff (amoxicillin) and then the purple stuff (Dimetapp) were part of my daily diet. So by the time I was 20 years old I was struggling with allergies, eczema amongst other problems. I went to a doctor who evaluated me for adrenal function, food intolerances and gut dysbiosis back in 1984 right after pharmacy school. His work changed my life and I jumped into this field full time from that point.

Rosenberg: I became interested in preventative and herbal medicine in my teens, when I was a nationally competitive gymnast. Proper diet and appropriate supplementation were very important for peak performance. When the first Life Extension book, by Durk Pearson and Sandy Shaw was released in 1983, it became my bible. Throughout medical school and residency, while I was learning conventional approaches to management of disease, I took the time to research non-conventional and more natural treatment approaches.

Smith: While still an active emergency medicine physician, my interest in a metabolic and functional approach to healthcare was piqued when I began experiencing insomnia myself. I consulted with eleven different doctors to no avail. When all had resigned to the treatment of my symptoms by prescribing sleeping pills, I knew there had to be a better way forward. It was then that I attended the very first congress on Metabolic Medicine and heard for the first time that my symptoms could be explained by a deficiency of progesterone. Two days after starting my progesterone replacement regimen, I was sleeping like a baby. Shortly thereafter, I started my own practice focusing on a metabolic and functional approach based in a rigorous scientific foundation. This method of treatment goes beyond masking symptoms or treating to a desired lab result. Scientifically based metabolic and functional practices allow the practitioner to use the knowledge of how the human body truly works in order to not only allay symptoms, but to effect maximum wellness for the patient.

2. Can you recall a patient where the influence of Preventative, Integrative or Functional Medicine significantly altered a poor prognosis?

LaValle: I have so many cases that I could share, but I think a recent case that I have followed over the last year is a good example. An 18 year old male came to me with a history of chronic petit mal seizures over the last 8 years. He had a negative reaction to a vaccination and in addition significant accidental exposure formaldehyde. All previous attempts of nutritional and functional approaches had only aggravated his condition. He was reactive to foods, environmentally chemically sensitive, and even reacted to many dietary supplements. Through looking at detoxification pathways, applying detoxification processes including gemmotherapy (botanical) low dose homeopathy, he became seizure free over 13 months over a period. Gradually he was able to tolerate detoxification with nutritional agents. It was profound for me because of the fact that homeopathy, gemmotherapy (botanicals) and drainage complexes along with nutrition combined to resolve a very complex case. Every day I see cases that have their health transformed by applying concepts of Metabolic Medicine.

Smith: I have been truly astounded by the wonderful outcomes achieved by my patients. The journey of one patient in particular is extraordinary to say the least. This patient, who shall be called Nancy, had been admitted to a psychiatric facility in New York City. Nancy knew she struggled mightily to function in the world, but she also knew she was somehow very different from the rest of the patients around her. One day, while listening to a radio broadcast featuring an institute specializing in issues of PMS, Nancy recognized that the speaker was describing her symptoms exactly. She pleaded with her care givers to hear her out and let her go to the institute for an evaluation. This only resulted in an increase in her medications to calm her down. Medications she knew were not really helping her. One cold blustery day Nancy sneaked out of her facility wearing only the flimsy hospital gown. Exposed and shivering, she stole a purse and boarded a city bus headed for the PMS center she had heard about on the radio. Miraculously, they took her in, evaluated her, and started treatment with I.V. progesterone. Nancy has since returned to her native Michigan where she has remained under my care for the last seventeen years. She has been free from all psychiatric issues and went on to earn a PhD. in biochemistry!

3. Where do you see the future of medicine heading?

Rosenberg: I believe medicine is entering a transition phase. Many healthcare practitioners, as well as the general public, have become dismayed by the inability of traditional medicine to treat disease adequately. In addition, diseases such as cancer, autoimmunity, and age-related disease continues to climb in the face of conventional practice. Preventative medicine has become an empty and meaningless phrase. Because of the lack of efficacy of standard of care practice, many practitioners and the general public are looking for alternative methods to improve health. The pendulum of medical practice is being forced back toward the middle, and away from the model of one drug for each symptom. The future of medicine will concentrate more on prevention, as well as the integration of multiple techniques and modalities to manage disease.

Heyman: I think the future of medicine is heading towards further individualizing care as we become better at collecting data, utilizing the growing role of technology, and applying high level statistical analyses to understand the complexity of the patient. It is an exciting time in that regard as we are able to peer every more deeply and understand with greater precision health-related issues. It will also allow providers and health systems to be more pro-active, preventive and wellness oriented. I think there is a revolution coming, one that will fundamentally reshape the health care landscape, and further embrace Integrative and Functional Medicine.





4. Why should other healthcare providers start a Fellowship in Metabolic & Nutritional Medicine?

LaValle: I believe that studying Metabolic Medicine allows you to look at the patient in a new and individualized light. It empowers you as a practitioner to become a metabolic investigator and begin to unravel the complex chemistries of the patients that you see. It becomes a lifelong journey to learn the underlying metabolic shifts that drive the progression to chronic illness or hopefully enhanced health and vitality. The other piece that is very important are the relationships that you develop meeting other healthcare professionals who have transitioned from conventional practices. You learn and mentor at the same time. My best collegial relationships have happened because of my participation in MMI/A4M.

Heyman: Metabolic and Nutritional Medicine's time has come. The future leaders of health care must become educated in this approach since it represents the direction of medicine in general. It is effective, satisfying to both practitioners and patients, and has the evidence base to support what the public and progressive providers have known for years – that lifestyle, diet, stress management, dietary supplements, hormone balancing - can yield incredible results, and offers many therapeutic options beyond drugs and surgery to manage complex patients.

Rosenberg: Healthcare providers should partake in the fellowship in Metabolic and Nutritional Medicine so they can be on the leading edge of medical practice. Providers who do not participate will eventually be forced to learn this information at a later time, because sooner, rather than later, this type of medicine will be the standard of care.

Smith: It is only through a metabolic and functional approach that a physician can tailor treatments to individual patient needs. The interdisciplinary nature of metabolic and functional medicine spans all medical specialties. All healthcare providers would benefit from the wealth of knowledge provided by the Fellowship in Metabolic and Nutritional Medicine. The science is here now to provide customized and individualized patient care. The Fellowship in Metabolic and Functional Medicine is the first and only one of its kind in the world and is affiliated with two highly respected American medical schools.

Telomeres and Telomerase Activation with TA-65MD®: Science and Clinical Observations



Friday, May 8th @ 6:15pm
Dr. Ron Rothenberg
of the California Healthspan Institute

- Grasp how telomere length determines cellular age and the impact of telomere shortening.
- Learn the relationship between the enzyme telomerase and telomere length in humans.
- Recognize the importance of telomere biology and what the future holds for this science in the medical arena.
- Explain co-factors that are associated with longer and shorter telomeres in humans.
- Determine what can be done to keep telomeres long naturally and how to re-lengthen them utilizing TA-65MD®.
- Study how TA-65MD® potentially improves hormone, cardio and immune markers when taken daily.



Please RSVP to sebastian@tasciences.com to allow for an appropriate head count as seating may be limited!

For further information and updates in research about the proven telomerase activator, TA-65MD®, please visit the T.A. Sciences® booth. Come learn about our LATEST conference specials to help you get started and answer any questions you may have about T.A. Sciences® and our next product launch!



Website:
www.tasciences.com
Doctor's Brochure:
www.tasciences.com/brochure

"Maintaining good health through the stresses and strains of touring and singing with The Who requires enormous stamina. I was recommended TA-65® by a good friend and decided to try it. After taking TA-65® for one year I noticed considerable improvement in energy levels, cold and winter infections have been a rarity. Recently I took a 6 week break from taking the product, and noticed significant energy drop off.

Although to my knowledge the evidence of benefit to everyone is not proven, I have no doubt that this product works for me, I hope it does the same for you."

Roger Daltrey
Lead Singer, The Who





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Product Announcements



PRPen • Booth #119

Advanced Dermal Sciences is provider of the PRPen™, a minimally invasive, non-surgical option patients will appreciate. The pen-like device features a 6 mm replaceable PRPen MicroNeedle Tip with 12 “micro-needles” that penetrate just beneath the epidermis. Cordless and lightweight, the PRPen is a microneedle device that allows the user to glide smoothly over all contours of the skin. It visibly tightens and smoothes the face, neck, décolleté and hands.

Advanced Dermal Sciences

Ph: 800-997-9116

Website: www.youthfulskin.com



MygranX™ • Booth #922

Biotics Research Corporation is pleased to announce the launch of a new product that many of your patients will need and want! Developed in conjunction with Dr. Court Vreeland, MygranX™ is a revolutionary product providing effective, targeted support for those with specific nutritional needs.

Biotics Research Corporation

Ph: 800-231-5777

Website: www.BioticsResearch.com

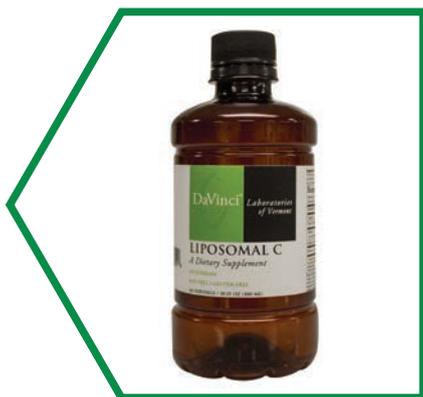
TrueLipids • Booth #624

Introducing TrueLipids Skin Barrier Optimization Technology; the most powerful hypoallergenic skin care in the world. Free of 88 top allergens, TrueLipids replaces essential skin lipids, optimizes the skin pH for a perfectly balanced microbiome, and calms inflammation, redness and pigmentation with our triple antioxidant blend. Based on real science with real patients and incredible results, TrueLipids makes you shine when you recommend our OTC products or prescribe custom compounds in the advanced TrueLipids compounding bases.

Cheryl Lee MD Sensitive Skin Care

Ph: 877-622-4626

Website: www.CherylLeeMd.com



Liposomal C • Booth #815

Liposomal C is a liquid supplement that provides a powerful dose of vitamin C in a liposomal delivery system that offers optimal assimilation.* The liposome has hydrophilic and hydrophobic sides, providing a fat and water portion, which allows vitamin C to be absorbed through the fat and water soluble pathways for proper utilization in the body. Liposomal C is especially beneficial for patients with general GI dysfunction.* Each serving provides 1250 mg of vitamin C in a flavorful, vegetarian, and citrus-free liquid.

DaVinci Laboratories

Ph: 800-325-1776

Website: www.davincilabs.com



The Shaper • Booth #920

The new Shaper handpiece is a major innovation in RF skin treatments. It is the ideal solution for the treatment of larger body areas. The Shaper handpiece has a unique design of six concentric electrodes that are controlled simultaneously in order to achieve better volumetric heating in the treatment area, maximizing the efficiency and efficacy of delivered power, tightening, and improving the appearance of lax skin.

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Booth #915

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Website: www.ForeverHealth.com



Next-Gen Sequencing • Booth #221

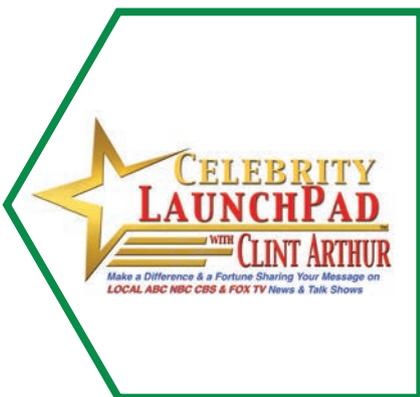
Fry Laboratories LLC announces the availability of Rapid Bacterial and Protozoal Next Gen Sequencing, RIDI-Rapid Infectious Disease Identification. This allows rapid and accurate determination of infectious agents and populations in blood, tissue, urine, biopsies, cerebral spinal fluid and stool.

Fry Laboratories, LLC
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Website: www.frylabs.com

F- LIFT + FACE • Booth #619

F-LIFT+ FACE is the ultimate lifting mesotherapy treatment with growth factors and peptides as main ingredients. Imported from France, this ampule contains only active ingredients, no preservatives or chemicals. A breakthrough in skin rejuvenation with carbinine and hyaluronic acid for instant filling and skin tightening effect. Active ingredients work together to neutralize free radicals, anti-glycation, firming and increasing collagen synthesis while lightening skin tone.

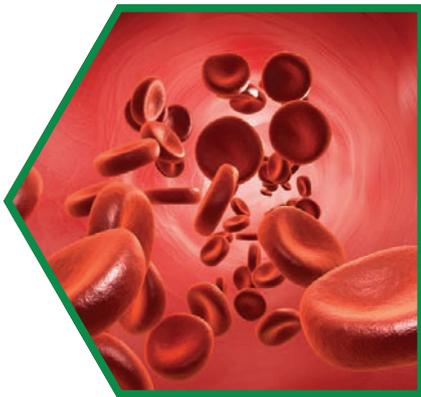
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Celebrity Launchpad • Booth #118

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The Gains Enhancement • Booth #916

The Gains Enhancement is a cutting edge protocol developed by Richard Gaines, MD that incorporates the latest medical advancements to optimize sexual performance and overall sexual wellness. The protocol combines Platelet Rich Plasma and other proprietary factors, that have been shown to increase penis size and erectile function in men, and sensation and pleasure in women. Visit us on booth 916 or call 1-800-325-1325 to learn more.

HealthGains

Ph: 305-682-1818

Website: www.aaghealthgains.com

InBody770 • Booth #719

The InBody770 is the leading body composition analyzer, transforming the field of BIA with its upgrades. The InBody770 uses SMF-BIA (Simultaneous Multi-Frequency-Bioelectrical Impedance Analysis), a new technology that reduces noise in test results by flowing electrical frequencies at the same time. It also comes in a sleek, white design that is exclusive to the United States. InBody is trusted by professionals worldwide because of its accuracy and user-friendly interface.

InBody

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Website: www.inbodyusa.com



DPD (Deoxyypyridinoline) Bone Density Test • Booth #618

Peak bone mass is reached by most people around the age of 30. Monitoring urinary deoxyypyridinoline (DPD) levels offers insight into the rate of bone resorption or breakdown of bone mass, which is often affected by lifestyle factors including diet, physical activity, tobacco and alcohol use, and some medications. Besides lifestyle factors and age, bone mass is also affected by race, family history, gender and body size. Labrix offers a simple, non invasive urine test to track your patients' rate of bone resorption, with higher levels of urinary DPD indicating a higher rate of degradation and bone resorption.

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Ph: 877-656-9596

Website: www.labrix.com

LCPRO • Booth #216

LCPRO™ — wireless, ultra-light, sleek, powerful, and built for comfort. It has 224 lasers for optimal power and maximum efficacy, delivered with a new look and feel that enhances the user experience and compliance. It is the ultimate in portable and discreet, fashionable, giving the patient total freedom, control and confidence! The thin-flex outer shell with thick soft neoprene trim and soft inner elastomer liner ensure that the LCPRO feels ultra-light, forms to the head, and is extremely comfortable to wear.

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Theragem Encoder • Booth #220

Luxurious cremes, soothing oils, refreshing water; the newly introduced Theragem Encoder combines all these things and more, in a state of the art touch screen technology. Quick and simple to use, this non-invasive product gleams perfection encoding products for the skin which is much needed. The lusciousness of precious gems; Diamonds, Rubies, Sapphires and many more with their fabulous enhancing qualities, can be repeatedly used promoting healthy young skin.

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Ultra Flora Womens • Booth #509

Healthy vaginal microflora (or “friendly” bacteria) are important for womens health and well-being. But most probiotic products aren’t specifically formulated to support feminine health. UltraFlora Women’s is the first UltraFlora formula designed to support feminine health, providing a unique blend of clinically tested, patented probiotic strains to help maintain healthy vaginal microflora and support urogenital health. *It’s the one probiotic formula every woman should know about.

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Neogenis Medical is the leader in the Nitric Oxide Restoration Solutions. Patented- 4 issued on product formula/ delivery. Proven-product efficacy backed by independent, third party randomized, controlled clinical trials. Practitioner Friendly- exclusive medical product line. Come check us out!

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Website: www.neogenismedical.com



Rush O Lash • Booth #104

RUSH O LASH Eyelash enhancement serum is a uniquely formulated serum that produces exceptional results. RUSH O LASH is dermatologist tested and clinically proven not only to be safe and effective but is also cosmetically developed to lengthen volume and hydrate your natural lashes. According to our studies, you can reach up to 80% increase in eyelash density in four weeks.

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Ph: 305-809-8100

Website: www.rusholash.com

Glutenza™ • Booth #115

Glutenza™ is NuMedica’s gluten pulverizing formula designed with powerful enzymes, prebiotics and probiotics to break down gluten proteins by targeting internal and external peptide bonds.* Glutenza™ goes beyond traditional DPPIV enzymes, offering superior degradation of gluten proteins by breaking down unhydrolyzed peptides.* Additionally, the specialized prebiotic, PreForPro™ supports the proliferation of beneficial bacteria in the GI tract.* This plays a critical role in breaking down gluten and other proteins to promote a healthy intestinal tract.*

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ProThera, Inc.

Ph: 775-850-8800

Website: www.protherainc.com

Panasonic MA-73 Robotic Massage Lounger • Booth #1110

Panasonic's newest advanced massage chair technology was launched at the CES at Las Vegas in January 2015! The MA 73 model includes new double-heated rollers simulating hot-stone therapy, full-body massage with 3D multi-directional rollers & focused stimulation with ability to customize and memorize settings for three unique users.

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Singulex, Inc.

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Website: www.singulex.com



CRONaxal Medical Food • Booth #1024

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Terra Biological LLC

Ph: 858-947-5722

Website: www.CRONaxal.com





Marketing Essentials • Booth #518

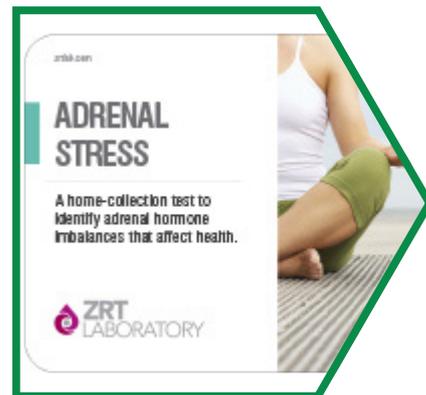
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Yodle
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Website: www.yodle.com

Adrenal Stress Profile • Booth #609

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ZRT Laboratory LLC
Ph: 866-600-1636
Website: www.zrtlab.com



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- Preview of innovative bone marrow harvesting and isolation techniques providing superior cell yields
- Benefits of IRB clinical study participation for your patients and your practice
- Current regulatory landscape in regenerative medicine

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Exhibitor Listings



3AD Consulting Group • Booth #416

6750 N. Andrews Ave., Suite 200, Fort Lauderdale, FL 33309 USA

Ph: 877-507-3636

Email: info@cre8vitality.com

Website: www.cre8vitality.com

Simple, Effective, and Essential for your practice. As a vitamin and supplement wholesaler our goal is to help your practice grow through offering quality nutraceuticals that help your patients attain their health goals and help you develop a profitable practice.



AC Grace Company • Booth #1108

PO Box 570, Big Sandy, TX 75755 USA

Ph: 903-636-4368 • Fax: 903-636-4051

Email: info@acgrace.com

Website: www.acgrace.com

A.C. Grace Company was founded in 1962 -- recognized as the 'standard in the industry' for Vitamin E purity, the company provides unadulterated UNIQUE E® Mixed Tocopherols Concentrate, UNIQUE E® Tocotrienols, UNIQUE E® Natural Moisturizer and UNIQUE Omega® Krill Oil. UNIQUE DERMA® and UNIQUE OMEGA E+® -- recently developed by leading product development specialists in collaboration with The Hypertension Institute of Nashville under the guidance of Dr. Mark Houston.



Access Medical Labs, Inc. • Booth #1006

5151 Corporate Way, Jupiter, FL 33458 USA

Ph: 866-720-8386 • Fax: 866-309-2890

Email: info@accessmedlab.com

Website: www.accessmedlab.com

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Advanced Dermal Sciences • Booth #119

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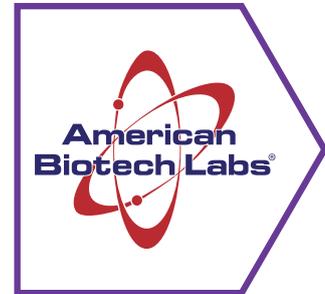
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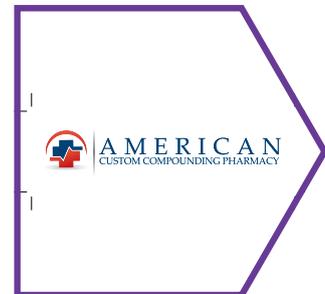
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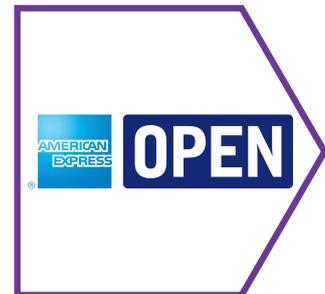
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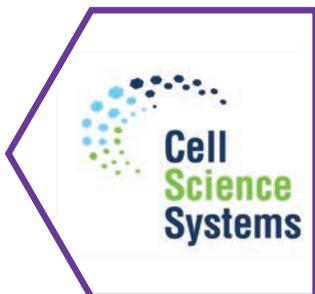
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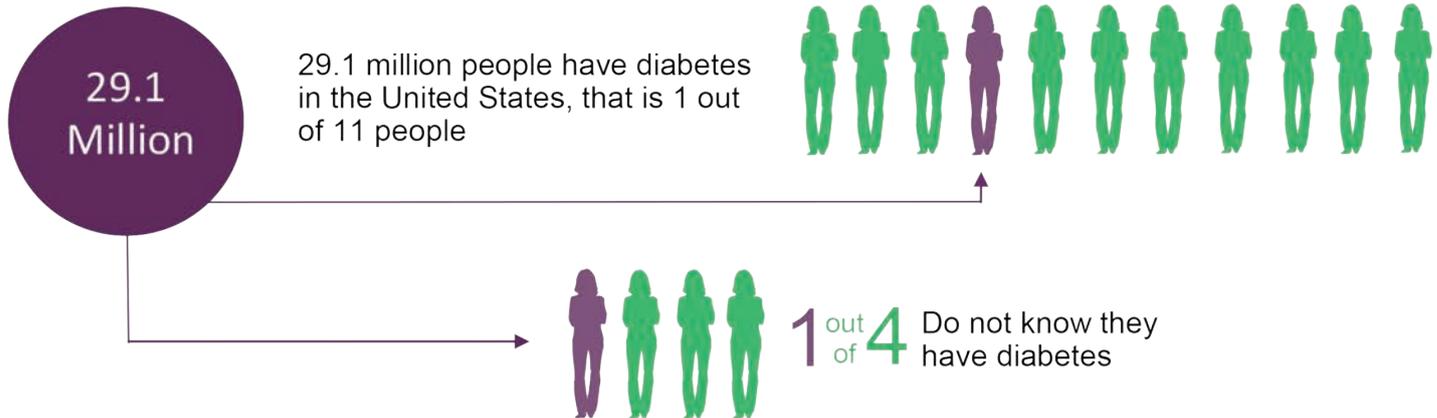
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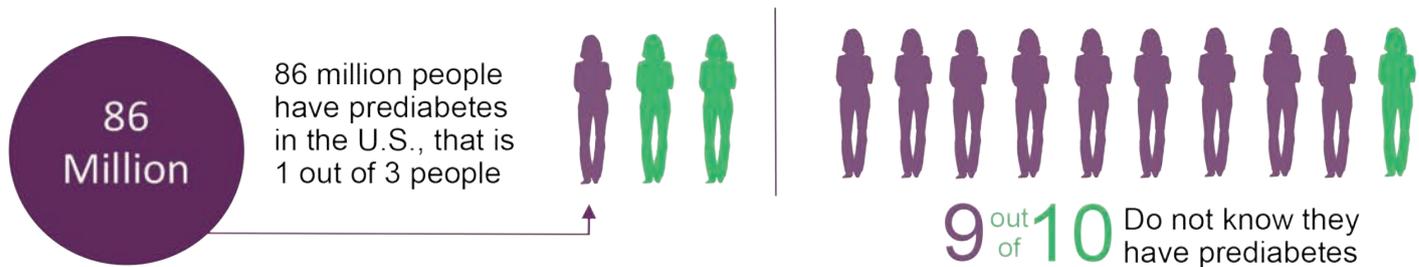
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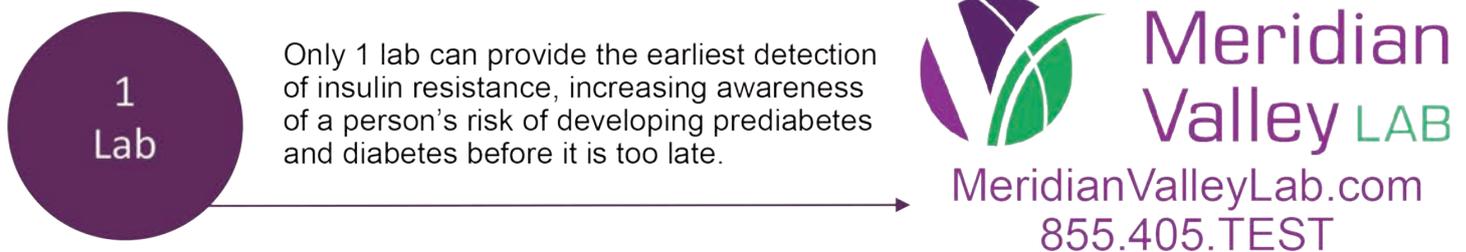
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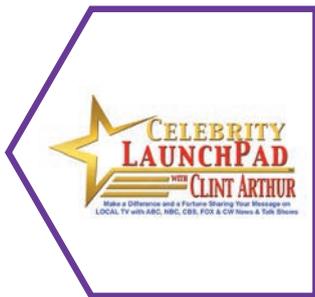
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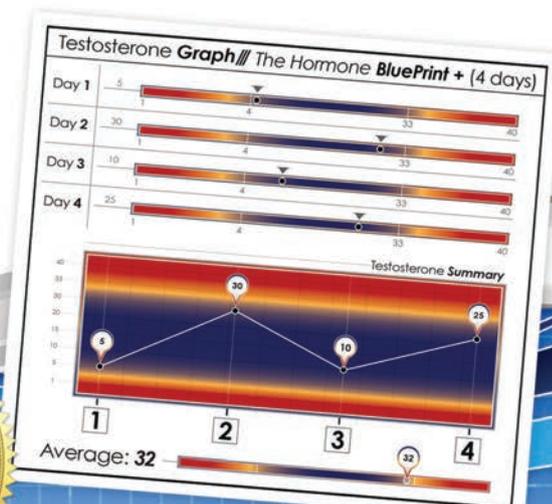
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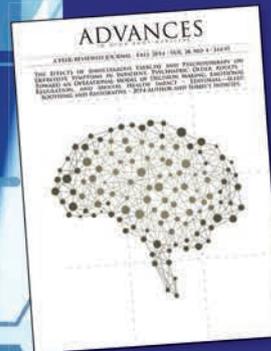
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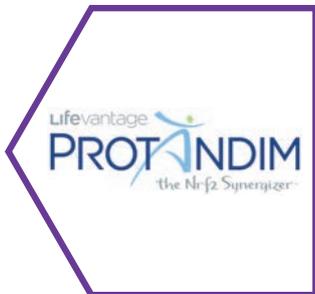
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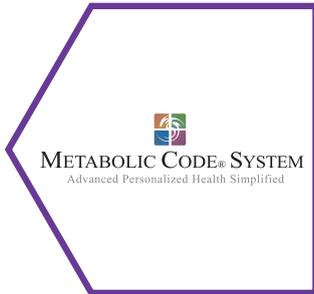
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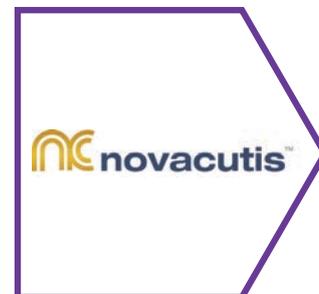
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Ph: 305-809-8100

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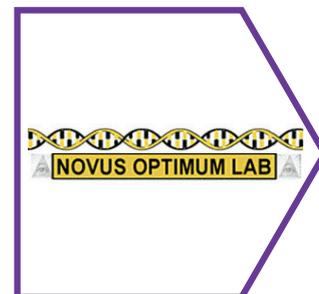
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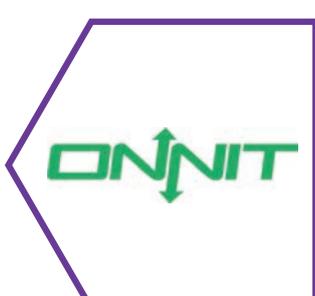
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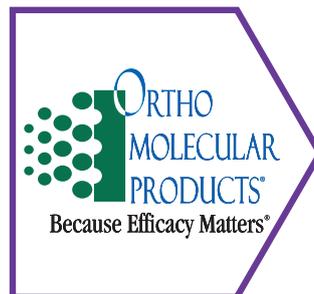
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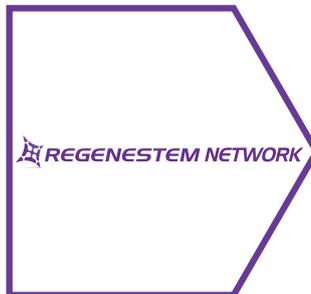
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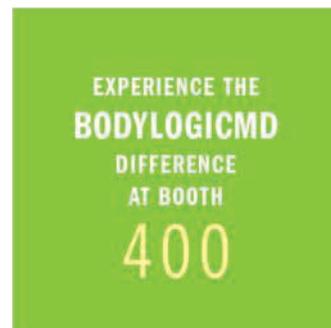


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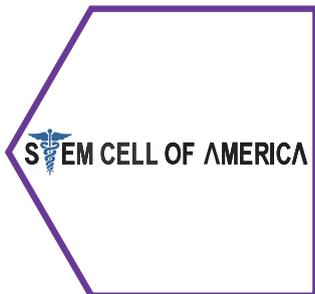
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- Nutrient Strategies
- Endocrine System
- Lifestyle Factors

**ABSTRACT SUBMISSION DEADLINE MAY 25, 2015
TO AMY.PAOLETTI@A4M.COM**

2015 FALL EVENT SCHEDULE



SEPTEMBER 16-19, 2015

•Bio-Identical Hormone Replacement Therapy Symposium

- ABAARM & ABAHP Written Exam
- ABAARM Oral Exam

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