2011

THE GLOBAL RESOURCE FOR ANTI-AGING



MEDICAL NEWS

EST. 1992 Representing 24,000 physicians And scientists from 110 countries worldwide

PAGE Medicine at the Crossroads By: Pamela W. Smith, MD, MPH



PAGE 18 **Testosterone and Prostate Cancer:** A Revolution in Thought and Medical Practice By: Abraham Morgentaler, MD



By: Isaac Eliaz, MD



PAGE 168 Treatment of **Chronic Fatigue** Syndrome and Fibromyalgia

By: Kent Holtorf, M.D.



WINTER OFFICIAL SHOW HANDBOOK 2011 19TH ANNUAL WORLD CONGRESS ON ANTI-AGING AND AESTHETIC MEDICINE

We invite you to join us for cocktails and hors d'oeuvres in the Exhibit Hall for a

NET WORKING Seception







Network with Anti-Aging Professionals and Learn About the Latest Anti-Aging Products and Services from our Exhibitors

Friday, December 9, 2011 6:00 - 7:30pm Location: Exhibit Hall



Congratulations to the 2011 Fellowship Graduates!

Join Us in the Exhibit Hall for the Fellowship Pinning Ceremony

The Fellowship Pinning Ceremony will begin at 6:30pm

Cocktails and Hors d'oeuvres will be Served







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Welcome to Las Vegas!



Distinguished Colleagues:

The American Academy of Anti-Aging Medicine welcomes you to Las Vegas for the Winter 2011 Session of the 19th Annual World Congress on Anti-Aging and Aesthetic Medicine.

Experts observe that the world is in the midst of a unique and irreversible process of demographic transition that will result in older populations everywhere. In most countries, the number of those over 80 is likely to quadruple to nearly 400 million by 2050.

This profound demographic shift drives the growth of the antiaging medical specialty worldwide. Around the world, people are seeking medical guidance for ways to stay healthy, active, and vital well into their older years. As a result, the principles of the antiaging medical model are gaining rapid and widespread acceptance as a framework for lifelong habits for healthy living.

The American Academy of Anti-Aging Medicine is among the fastest growing medical societies in the world today. Founded in 1992, the A4M has been responsible for positioning the anti-aging clinical medical specialty as a leading innovative paradigm for healthcare in the aging nations around the world.

The future of healthcare IS anti-aging medicine.

We thank you for attending this Congress, and welcome you to the Future of Medicine.

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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HOW TO ENTER:

- Visit the exhibit booths of each Mercedes-Benz Sponsor and you can enter the prize draw. The Sponsors and their booth numbers are shown on the "Passport to Prizes" entry form. Just ask each sponsor to individually stamp your passport in their logo square, complete your contact details and deposit your entry card at The A4M Bookstore.
- You must be a registered conference delegate or expo visitor to 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.
- Mercedes-Benz Giveaway to be held on Saturday, December 10th at approximately 12:30 pm in the Exhibit Hall.
- A W-9 tax form must be filled out prior to prize collection.

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SCHEDULE at-a-Glance

19th Annual World Congress on

Anti-Aging and Aesthetic Medicine



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WEDNESDAY, DECEMBER 7, 2011

▶ A4M PRE-CONFERENCE WORKSHOPS		
8:00am - 5:00pm	Legal Medical Practice Seminar Presented by: Yvonne Grassie, John Huffman, Brad Hancock, Kurt Erskine, Joe Whitley, Adam Landa and Patrick Savage, MBA	
8:30am - 6:00pm	Menopause/Andropause: Improving the Health and Happiness of your Patients with Bio-Identical Hormones Presented by: Jonathan V. Wright, MD and Daved Rosensweet, MD	
9:00am - 5:00pm	Marketing Tips and Strategies for Your Success* (Non-CME) Presented by: Manon Pilon, Medical Spa Expert	
9:00am - 5:00pm	Restoring Brain Function and Health Presented by: Thomas Lewis, PhD, Clement Trempe, MD and Dorothy Hitcmoth, OD	
9:00am - 5:00pm	Environmental Medicine in Our Wireless World - Clinical Advances for the Digital Age Presented by: Stephen Sinatra, MD, Kerry Crofton, PhD, Magda Havas, PhD, Brendan Montano, MD and Dietrich Klinghardt, MD	
9:00am - 5:00pm	Stem Cells in Aesthetic Medicine Presented by: Sharon McQuillan, MD	
▶ EVENING CME S	SESSION	

DEVENING CME SESSION

6:00pm - 9:00pm	Natural Therapeutics: Advanced Nutraceutical Technology Presented by: Stephen Holt, MD, PhD
6:00pm - 9:00pm	Crash Course, Biophysics – Life Depends on It Presented by: Wolf-Dieter Kessler, MD, Keith Holden, MD, Janet Hranicky, PhD, William Work, MD, Rolf Binder, Inventor and Silvia Binder, ND

DEVENING WORKSHOPS

6:30pm - 9:00pm	See One, Do One, Teach One - Incorporating a Metabolic Syndrome Protocol & HCG weight loss program into your practice Presented by: Mayer Eisenstein, MD, JD, MPH
6:30pm - 9:00pm	Growth Factors - Revolutionizing Modern Medicine Presented by: Melsmon Speaker: Valerie Donaldson, MD, Nyoman Iswayuni, MD, M.Biomed (AAM), Cheryl BryantBruce, MD and Wendell Lim

THURSDAY, DECEMBER 8, 2011 • EXHIBIT HALL HOURS: 11:00AM - 6:00PM

▶ FAARM FELLOWSHIP - MODULES I, V, VIII, XIII, XVI (A)

7:30am - 6:00pm Module I: A Metabolic, Anti-Aging and Functional Approach to Endocrinology

7:30am - 6:00pm **Module V: Clinical Intensives**

Module VIII: A Metabolic, Anti-Aging and Functional Approach to Psychiatry and 7:30am - 6:00pm

Cancer Therapies, Nutrition and the Athlete, A Metabolic and Functional Approach

to Laboratory Evaluations

7:30am - 6:00pm Module XIII: A Metabolic Approach To Pain Management

7:30am - 6:00pm Module XVI (A): Cardiovascular Certification

INTERPORT OF STEM CELL FELLOWSHIP - MODULE IV

7:30am - 6:00pm Module IV: Understanding the Principles of Therapeutic Applications of Cell Therapy

DISKIN CANCER COURSE

8:30am - 5:00pm **Skin Cancer Medicine Certification**

DONFERENCE TRACKS

7:00am - 11:00am	General Session
1:00pm - 4:00pm	Track 1: Advanced Protocols in Anti-Aging Medicine
1:00pm - 4:00pm	Track 2: A Practical Application of Treating Adult Hormone Deficiency
1:00pm - 4:00pm	Track 3: Metabolic Approach to Cardiovascular Health
1:00pm - 4:00pm	Track 4: Advances in Anti-Aging Medicine
1:00pm - 4:00pm	Track 5: Innovation in Anti-Aging Medicine
1:00pm - 4:00pm	Track 6: Aesthetic Medicine

DA4M BOARD CERTIFICATION

9:00am - 5:00pm ABAARM Oral Exam (By Appointment Only)

DEVENING WORKSHOPS

6:30pm – 9:00pm	Start your Own Successful Cash Practice or Turn Your Average Practice into a Goldmine! Discover the Turn-Key Secret to Success Presented by: Holtorf Medical Speaker: Kent Holtorf, MD
6:30pm - 9:00pm	3rd Generation Hormone Testing & Traumatic Brain Injury Presented by: Access Medical Labs Speaker: Mark L. Gordon, MD
6:30pm - 9:00pm	Change, with Lab Dom Presented by: MFIII/LabDom Speaker: Dr. Richard DeAndrea, Ronald Tai, Michael Lodge and Nik Robinson
6:30pm - 9:00pm	Clinical Applications of Essential Fatty Acids: The Foundations of Health Presented by: Nordic Naturals Speaker: Aimée Shunney, ND
6:30pm - 9:00pm	Non-Invasive Body Contouring Landscape Presented by: Erchonia/SBMI Speaker: Ryan Maloney, PhD
6:30pm - 9:00pm	Telomere Testing: A New Clinical Tool for Your Age Management Practice Presented by: Spectracell Laboratories Speaker: Dian Ginsberg, MD, FACOG
6:30pm - 9:00pm	Critical Trails in Stem Cell Therapy: Paving the Way to a Healthier Future Presented by: Ageless Regenerative Institute Speaker: Sharon McQuillan, MD

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SCHEDULE at-a-Glance

SCHEDULE at-a-Glance

continued

FRIDAY, DECEMBER 9, 2011 • EXHIBIT HALL HOURS: 11:00AM - 7:30PM

▶ FAARM FELLOWSHIP - MODULES I, V, VIII, XIII, XVI (A)

7:30am – 6:00pm Module I: A Metabolic, Anti-Aging and Functional Approach to Endocrinology

7:30am - 6:00pm Module V: Clinical Intensives

7:30am - 6:00pm Module VIII: A Metabolic, Anti-Aging and Functional Approach to Psychiatry

and Cancer Therapies, Nutrition and the Athlete, A Metabolic and Functional

Approach to Laboratory Evaluations

7:30am - 6:00pm Module XIII: A Metabolic Approach To Pain Management

7:30am - 6:00pm Module XVI (A): Cardiovascular Certification

▶ STEM CELL FELLOWSHIP - MODULE IV

7:30am - 6:00pm Module IV: Understanding the Principles of Therapeutic Applications of Cell Therapy

INCOME SET OF S

8:30am - 5:00pm Skin Cancer Medicine Certification

D CONFERENCE TRACKS

7:00am - 4:00pm General Session

1:00pm - 4:00pm Track 1: Advanced Protocols in Anti-Aging Medicine

1:00pm - 4:00pm Track 2: A Practical Application of Treating Adult Hormone Deficiency

1:00pm - 4:30pm Track 3: Lab Testing

1:00pm - 4:00pm Track 4: Innovations in Anti-Aging Medicine

1:00pm - 4:00pm Track 5: Aesthetic Medicine

A4M BOARD CERTIFICATION

9:00am - 5:00pm ABAARM Oral Exam (By Appointment Only)

NETWORKING RECEPTION & FELLOWSHIP PINNING CEREMONY

6:00pm - 7:30pm Networking Reception & Fellowship Pinning Ceremony in the Exhibit Hall

DEVENING CME SESSIONS

7:00pm - 9:00pm How To Outlive the World's Oldest Man

Presented by: Nick Delgado, PhD, CHT

7:30pm – 9:00pm An overview of Diagnosis and Therapy for Hormone Deficiencies

Presented by: Thierry Hertoghe, MD

DEVENING WORKSHOPS

7:00pm - 9:00pm Cocktail & Networking - Roundtable Discussions with Manon Pilon

Speaker: Manon Pilon, Medical Spa Expert

7:30pm - 9:00pm A New Standard of Care

Presented by: Forever Health Speaker: Suzanne Somers

7:30pm – 9:00pm How to Maximize Your Performance: The Secrets to Longevity of Brain and Body

Presented by: PATH Medical Speaker: Eric Braverman, MD

7:30pm – 9:00pm Redefining Diabetes: The Role of Natural Products in Promoting Blood Glucose

and Liver Health

Presented by: Life Extension Speaker: Steven Joyal, MD



SATURDAY, DECEMBER 10, 2011 • EXHIBIT HALL HOURS: 10:00AM - 2:00PM

▶ FAARM FELLOWSHIP - MODULES I, V, VIII, XIII, XVI (A)

7:30am - 6:00pm Module I: A Metabolic, Anti-Aging and Functional Approach to Endocrinology

7:30am - 6:00pm Module V: Clinical Intensives

7:30am - 6:00pm Module VIII: A Metabolic, Anti-Aging and Functional Approach to Psychiatry

and Cancer Therapies, Nutrition and the Athlete, A Metabolic and Functional

Approach to Laboratory Evaluations

7:30am - 6:00pm Module XIII: A Metabolic Approach To Pain Management

7:30am - 6:00pm Module XVI (A): Cardiovascular Certification

▶ STEM CELL FELLOWSHIP - MODULE IV

7:00am - 5:30pm Module IV: Understanding the Principles of Therapeutic Applications of Cell Therapy

SKIN CANCER COURSE

8:00am - 3:00pm Skin Cancer Medicine Certification

D CONFERENCE TRACKS

7:00am - 10:00am General Session

1:00pm - 4:00pm Track 1: Advanced Protocols in Anti-Aging Medicine

1:00pm - 3:30pm Track 2: Advances in Anti-Aging Medicine
1:00pm - 3:30pm Track 3: Innovations in Anti-Aging Medicine

1:00pm - 4:00pm Track 4: Aesthetic Medicine

DA4M BOARD CERTIFICATION

9:00am - 5:00pm ABAARM Oral Exam (By Appointment Only)

EXHIBIT HALL

12:30pm YOU CAN WIN - Enter your Passport to

Prizes to Win a Mercedes-Benz C-250
Car Giveaway to be held on Saturday,
December 10th at approximately

12:30 PM Booth # 5071

SUNDAY, DECEMBER 11, 2011

DA4M BOARD CERTIFICATION

8:30am - 11:30am ABAARM Written Exam

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Creating the Medical Practice of Your Dreams

Your Medical Practice, Your Way.



Jennifer Landa, MD

Chief Medical Officer BodyLogicMD



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

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

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

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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visit us at booth #6021

As seen in...



























By: Pamela W. Smith, MD, MPH

Director, Fellowship in Anti-Aging, Regenerative, and Functional Medicine

Co-Director of the Master's Program in Medical Sciences with a concentration in Metabolic and Nutritional Medicine, University of South Florida College of Medicine

edicine is now at a crossroads. When Louis Pasteur proposed his germ theory of disease in 1862 the course of medicine was changed forever. Medicine then moved into an era of treating disease processes according to protocol medicine. Every patient was treated the same in a medical system that was centered

upon disease-based medicine where the symptoms were considered instead of the cause of the problem. The character of disease has changed from the days of Pasteur from infectious diseases to chronic diseases of lifestyle and aging. Medicine has gone from illness caused by germs invading from the outside to improper internal function and un-

healthy genetic expression secondary to lifestyle choices. Pasteur's model was not designed to explain modern chronic disease, yet conventional medicine clings to this disease-based model of the past.

The science is now here to provide individualized and customized care where the etiology of the problem can

be treated, or even hopefully prevent the disease. Many people will now live to be around 100 years of age. The goal is not only longevity but to live to be a very healthy 100.

Vision, mobility, and memory become key components of health over the years. Anti-Aging Medicine is a proactive and comprehensive medical specialty. The example of maintaining cognitive function at any age can help one understand the specialty of Anti-Aging Medicine. Memory loss is not inevitable with the aging process. Studies have shown that 20 percent of people over the age of 100 demonstrate no evidence of neurodegenerative disease.1 Furthermore, studies have shown that only 25 percent of people that live to be 100 years of age or older have cognitive decline.^{2,3} It is estimated that of the 106 million cases of Alzheimer's disease expected to occur worldwide by the year 2050, about 23 million could be avoided completely if the disease onset could be delayed by two years.⁴ Likewise, it is estimated that an average of one year delay in disease onset would result in annual savings of almost \$10 billion in ten years.⁵

Conventionally in medicine practitioners would wait until the patient had memory loss and treat the disease. In an Anti-Aging approach the cause of the problem would be elucidated and the treatment course would be centered around the origin of the cognitive decline. Just as important would be the prevention of memory loss to begin with. Age related memory decline is a result of neglect of the body including the brain.⁶⁻¹⁴

- Nutrition and lack of nutrients
- Hormonal balance and imbalance
- Pregnenolone
- Estrogen
- Progesterone
- Testosterone
- DHEA
- Cortisol
- Insulin
- Growth hormone
- Melatonin
- Thyroid hormones
- Vitamin D

- Parathyroid hormone
- Leptin
- Gonadotropins
- Inflammation/oxidative stress
- Methylation/homocysteine elevation
- Exposure to toxic metals
 - Aluminum
 - Lead
 - Mercury
 - Iron
 - Tin
 - Manganese
 - Zinc
- Recreational drugs
- Lack of exercise
- Medication use
- Environmental toxins
- Traumatic brain injury
- Alcohol abuse
- Poor sleep hygiene

We have hit the tipping point in medicine and Anti-Aging Medicine is the answer. It is a patient-centered, science-based treatment method that acknowledges the underlying biochemical, physiological, environmental, and psychological factors to reverse disease progression and enhance vitality. Anti-Aging Medicine views disease as a disturbance of the whole, and utilizes a systemic approach toward patient-centered individualized care.

The American Academy of Anti-Aging Medicine (A4M) offers the following world-class educational experiences:

- Fellowship in Anti-Aging, Regenerative Medicine
- Advanced Fellowship in Anti-Aging, Regenerative, and Functional Medicine
- Master's Degree Program in Metabolic and Nutritional Medicine in conjunction with the University of South Florida College of Medicine
- Fellowship in Integrative Oncology (which is scheduled to become a master's program at the University of South Florida College of Medicine in 2012)
- Fellowship in Stem Cell Therapies
- The Aesthetic Anti-Aging Fellowship

Four new certification are also available (in conjunction with the University of South Florida College of Medicine)

- Weight Management
- Brain Fitness and Memory Maintenance
- Advanced Cardiovascular Health
- Sports Medicine and Nutrition

Come join us embark on this journey toward the next chapter of medicine where Anti-Aging Medicine will lead the way.

For more information call 1-888-997-0112 or visit www.a4m.com. ◆

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AGE IS JUST A NUMBER

Nu Skin slows the visible effects of aging from outside in and inside out

UNSURPASSED ANTI-AGING RESULTS

Although Nu Skin offers more than 400 items, the "it" product of the decade is the ageLOC system. By targeting the ultimate sources of aging, ageLOC science can dramatically diminish the appearance of birthdays.

ageLOC TRANSFORMATION (pictured below) **YOUNGER SKIN IN 7 DAYS**

- 100% of the subjects started showing improvements in two or more signs of aging in only seven days based on clinical assessments.*
- 100% of the subjects showed an improvement in overall appearance, including fine lines, skin smoothness and radiance, as determined by a clinical grader (after 12 weeks of use).*

^{*} Based upon results of a third-party clinical trial where subjects collectively showed clinically proven visible results in all eight signs of aging in only seven days. Twenty-five study subjects used all four ageLOC products.









AN 'AH-SPA' MOMENT

The Galvanic Spa is the ultimate home spa treatment. It revives and invigorates the skin, smooths lines and wrinkles, and lifts and firms the look of the skin. Results are so remarkable, people will wonder if you're lying about your age.

KAREN B.







BEFORE

90 DAYS (Treatment twice daily with ageLOC Face Line Corrector, Spa and Facial Gels twice per week)

AFTER

AFTER 150 DAYS

(Treatment twice daily with ageLOC Transformation and Tru Transformation and Tru Face Line Corrector, and ageLOC Galvanic and ageLOC Galvanic Spa and Facial Gels twice per week)*

YOUTHFUL ENERGY AND VITALITY ARE NO LONGER A DREAM

Nu Skin's first ageLOC nutrition product improves three dimensions of vitality physical vigor, mental acuity and sexual drive—by promoting healthy gene activity associated with youthful vitality. Through targeting the sources of agerelated vitality loss, ageLOC Vitality helps you feel more like you did when you were young.*

"I am a 61-year-young woman who is a very active morning person, but has had to use mind over mattress by the end of the day. At the end of my day on Vitality, I am still mentally alert with an early morning energy that I haven't experienced in years!"

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

"I am now able to multi-task once again, with a deep appreciation for everything around me. It's like I had been living in black and white and now my world is in living color. I find my body saying "yes" to life, embracing it with a fervor that I'd forgotten I once had. How did I ever live without this product?" Jan K., Nu Skin Distributor, Bastrop, TX



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



Testosterone and Prostate CANCER

A Revolution in Thought and Medical Practice

By: Abraham Morgentaler, MD

or seventy years it has been universally believed that high testosterone (T) is risky for prostate cancer (PCa) and low T is protective. Yet my research, performed with my dedicated colleagues at Men's Health Boston, has proved this concept to be little more than a myth (1). I am delighted to share those findings here that have contributed to a revolution in medical thought and the way we approach the treatment of men. And I look forward to presenting this information in person at the upcoming meeting of the A4M in Las Vegas in December.

In the mid-1980s when I did my residency in Urology at Harvard Medical School men routinely underwent castration for metastatic PCa, resulting in rapid pain relief and reduction in serum acid phosphatase and PSA. There seemed no reason to doubt the teaching that administering T to an individual with PCa was like "pouring fuel on a fire," or "feeding a hungry tumor" (1).

In the early 1990s I was concerned that increasing a man's serum T might

stimulate rapid growth of occult, quiescent cancers, and I therefore began performing sextant prostate biopsies in T-deficient (hypogonadal) men with normal PSA (<4.0 ng/ml) and DRE to exclude, as best I could, the presence of PCa prior to offering T therapy. Remarkably, 11 of the first 77 men (14%) had PCa (2). This was the first indication that low T may be a PCa risk factor, since the cancer rate was similar to contemporaneous series with established risk factors such as abnormal DRE or elevated PSA. Clearly, low T was not protective against PCa.

This led me to investigate the origin of the concept that for the prostate "more T is bad, less T is good (1)." An extensive review performed for the New England Journal of Medicine found no compelling evidence in the PSA-era that men with higher endogenous T or who had undergone T therapy were at increased risk of PCa (3). This was the first time that the orthodoxy re T and PCa had been questioned in a major medical journal. Our arguments were several.

Multiple longitudinal studies failed to show any significant association between higher T and PCa risk. Serum PSA did not correlate with serum T. Men who underwent T therapy were found to be at no greater risk of developing PCa than men who received placebo (4). And supraphysiologic doses of T for up to 9 months caused no increase in prostate volume or PSA in healthy research subjects (5).

And yet it was an everyday clinical experience that androgen deprivation caused rapid, dramatic declines in PSA, and also that cessation of androgen deprivation resulted in increased PSA as serum T rose. Since the landmark work by Huggins and Hodges in 1941 (6) to the present day, androgen deprivation has been a mainstay of treatment for advanced PCa.

This presented a paradox. How can PCa be so sensitive to androgen deprivation or its cessation, yet appear to be indifferent to variations in serum androgens under other circumstances? The answer was provided in

part by re-examination of historical studies. Whereas it was well-known that several studies showed that T administration produced rapid cancer progression in androgen-deprived men with metastatic PCa, those very same studies revealed that T administration in hormonally-intact men produced no negative effects (1). Animal studies and PCa cell lines demonstrated a dose-response curve for androgens at low concentrations, but at higher concentrations even logarithmic increases in androgen concentrations elicited no further growth (7). What I realized is that there is a limit to the ability of androgens to stimulate PCa growth! And this limit is achieved at low androgen concentrations (7)

The concept that there is a finite ability of androgen to stimulate PCa growth has been formalized as The Saturation Model (8). It describes an exquisite sensitivity of PCa to androgens at very low concentrations, followed by indifference of PCa to androgens at higher concentrations. A likely mechanism is provided by the fact that the androgen receptor (AR) demonstrates maximal binding (ie, saturation) at approximately 120 ng/dl (4 nmol/L) in human prostate tissue (8). Since the proliferative effects of androgen on PCa cells occurs via the AR, once all copies of AR in a cell are maximally bound to androgen, adding more androgen can have little or no further effect. The Saturation Model explains why manipulation of serum T into and out of the castrate range produces large changes in PSA, whereas variations in serum T within the naturally occurring range do not.

PCa is androgen-dependent in the same way that a house plant is water-dependent: they both require adequate amounts to achieve optimal growth. However, once the requirement has been met, additional amounts have little, if any, effect. A house plant will never grow to the size of a tall tree regardless of how much water is available. For this reason, I favor replacing the old rubric that "T is like food for a hungry tumor" with "T is like water for a thirsty tumor." Once the "thirst" has been "quenched," additional androgen serves merely as excess.

The traditional concept that "high T is bad and low T is good," never made much sense. It has always been contra-

"I believe recent evidence indicates that low T is a far greater risk for aggressive PCa than high levels. It is even conceivable that maintaining optimal T levels through the middle and older years of a man's life may reduce his chances of developing a worrisome prostate cancer."

dicted by the inescapable fact that PCa (especially high-grade PCa) becomes increasingly prevalent with age, and age is associated with *low* T. If PCa, and similarly benign prostatic hyperplasia (BPH), were truly androgen-driven, then PCa and BPH would primarily affect men in their teens and twenties when T is at lifetime highs. On the contrary, if one wished to consider how androgens may be associated with high-risk PCa, surely it would be more logical to investigate *low* T rather than high T.

Although longitudinal studies have failed to show any relationship between low serum androgens and PCa, with blood drawn years prior to the diagnosis of PCa (9), there is now an impressive accumulation of studies that demonstrate a significant relationship between low T and PCa when serum androgens were measured just prior to prostate biopsies or radical prostatectomy.

In a larger series of biopsies in T-deficient men, my colleagues and I identified PCa in 15% of 345 men (mean age 59y) with PSA <4.0 ng/ml (10). Although this value is similar to the cancer rate for men in the placebo arm of the Prostate Cancer Prevention Trial (PCPT)(11) with PSA < 4.0ng/ ml, these men were a decade younger (59v vs 69v). Moreover, the cancer risk was doubled for men in the lowest tertile of serum T compared with men with milder T deficiency. A low ratio of serum T to PSA predicted cancer in a group of men presenting for biopsy with PSA of 3-10 ng/ml(12), and similar results were obtained in T-deficient men with PSA<4.0ng/ml (13). These results suggest that for any given PSA value, a lower T concentration confers an increased risk of PCa.

Low T has been associated with high-grade PCa in several studies, but not all. In one study, men with Gleason≥7 had lower intra-prostatic DHT than men with Gleason ≤6 (14), raising the possibility that a low-androgen environment predisposes to development of high-grade PCa. This must be considered among the various explanations for the greater number of high-grade tumors noted in the PCPT among men who received finasteride, since finasteride lowers intra-prostatic DHT to near-castrate levels.

In radical prostatectomy populations, a number of studies (but not all) have reported low T in association with increased stage at presentation (15), higher rate of positive surgical margins (16), increased risk of biochemical failure (17), and worse survival (18).

A recent study by Salonia et al (19) examined the relationship of preoperatively obtained serum T to high-risk PCa pathological features in a large surgical series of 673 Italian men who underwent radical prostatectomy. Low T was significantly associated with seminal vesicle invasion (an ominous prognostic finding) and high-grade disease (Gleason 7(4+3) or higher). Severe testosterone deficiency (<100 ng/dl) demonstrated an even stronger risk for seminal vesicle invasion, with an odds ratio of 3.11.

These data provide the strongest data to date that low T concentrations are associated with more aggressive PCa. The risk of high-grade disease was increased by more than 50% in men with low T compared with men with normal T (33% vs 19.8%, p= 0.0009), seminal vesicle invasion was nearly doubled (21% vs 11%, p=0.003),

and for men with severe T deficiency the risk was trebled (59.5% vs 19.8%, p<0.0001). These are impressive differences in pathologic features that matter, features known to herald a worse prognosis.

Over the last twenty years the conventional wisdom regarding T and PCa has been turned on its head. It is clear that higher T does not cause more rapid PCa growth or more aggressive disease in men with PCa. Even the decades-old prohibition against offering T therapy to men with a history of PCa appears to be without merit. A number of brave individuals have published small series of T therapy following treatment for PCa. No cancer recurrences were noted among 74 men who received T therapy after radical prostatectomy, and in 31 men who had been treated with brachytherapy.

This past year my colleagues and I took this a step further, publishing results of T therapy to a group of 13 symptomatic T-deficient men who had been diagnosed with PCa and had chosen active surveillance (20). The duration of T therapy was 1-8y with a median of 2.5y. All men underwent follow-up prostate biopsies, with a mean of two sets of biopsies per patient, performed at least one year apart. The results were astonishing. Mean PSA and prostate volume did not increase. None of the men demonstrated cancer progression. Indeed, 54% of the follow-up biopsies failed to identify any cancer. Although this was a small number of men, they were rigorously followed. This was the first time that anyone had bothered to see what happens within the prostate to men with untreated PCa who receive testosterone.

As the evidence accumulates in favor of the benefits of an optimal serum T for general health, sexuality, and quality of life, it is good news that the long-held fear of PCa with T therapy has begun to fade. I believe recent evidence indicates that low T is a far greater risk for aggressive PCa than high levels. It is even conceivable that maintaining optimal T levels through the middle and older years of a man's life may reduce his chances of developing a worrisome prostate cancer.

Nonetheless, in the absence of large, long-term trials, one must recognize

that offering T therapy to a man with a history of PCa remains highly controversial, and its safety has not been definitively established. One must be particularly cautious because it is inevitable that some men who appear to be cured will experience cancer recurrence regardless of whether or not they received T therapy, and if they do, there will be no shortage of physicians who will swear it was the T therapy that caused the cancer to recur.

It has been enormously gratifying to see my lifetime work have such an impact on medical thought and practice. Yet there is still much to learn and do. Today, I regularly see men who fly in from around this country who wish to learn whether they may safely receive T therapy despite carrying a diagnosis of prostate cancer. Depending on the details of their cancer history, I may or may not feel treatment is reasonable. Yet for all these men I feel compelled to inform them that even if I do offer treatment, the current level of evidence is not sufficient to assure no risk of cancer progression or recurrence. It is my hope and expectation that within 5-10 years we will have the information we need to treat these men with confidence. Until then, as clinicians we must use our best judgment to do what we believe is in the best interest of these men. ◆

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Dr. Morgentaler is the author of three books, including Testosterone For Life. He is an Associate Clinical Professor of Urology at Harvard Medical School, and founder of Men's Health Boston. For more information please visit www.menshealthboston.com or email info@menshealthboston.com.

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Conference Guide

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

December 8 - 10, 2011 | The Venetian & Palazzo Resorts, Las Vegas, NV

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

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

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SPONSORED WORKSHOPS & SPECIAL EVENTS

LAS VEGAS, NV 2011

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WEDNESDAY, DECEMBER 7, 2011

CRASH COURSE, BIOPHYSICS - LIFE DEPENDS ON IT

Presented by ONDAMED

Time: 6:00 pm - 9:00 pm Speaker: Wolf-Dieter Kessler, MD, Keith Holden, MD, Janet Hranicky, PhD, William Work, MD, Rolf Binder, Inventor and Silvia Binder, ND

▶ SEE ONE, DO ONE, TEACH ONE - INCORPORATING A METABOLIC SYNDROME PROTOCOL AND HCG WEIGHT LOSS PROGRAM INTO YOUR PRACTICE.

Presented by Homefirst

Time: 6:30 pm - 9:00 pm Speaker: Mayer Eisenstein, MD, JD, MPH

GROWTH FACTORS - REVOLUTIONIZING MODERN MEDICINE

Presented by Melsmon

Time: 6:30 pm - 9:00 pm Speaker: Valerie Donaldson, MD, Nyoman Iswayuni, MD, M.Biomed (AAM),

Cheryl BryantBruce, MD and Wendell Lim

THURSDAY, DECEMBER 8, 2011

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

Presented by Holtorf Medical

Time: 6:30 pm -9:00 pm Speakers: Kent Holtorf, MD

3RD GENERATION HORMONE TESTING & TRAUMATIC BRAIN INJURY

Presented by Access Medical Labs

Time: 6:30 pm - 9:00 pm Speaker: Mark L. Gordon, MD

CHANGE, WITH LAB DOM

Presented by MFIII/LabDom

Time: 6:30 pm - 9:00 pm Speaker: Dr. Richard DeAndrea, Ronald Tai, Michael Lodge and Nik Robinson

D CRITICAL TRAILS IN STEM CELL THERAPY: PAVING THE WAY TO A HEALTHIER FUTURE

Presented by Ageless Regenerative Institute

Time: 6:30 pm -9:00 pm Speakers: **Sharon McQuillan, MD**

DCLINICAL APPLICATIONS OF ESSENTIAL FATTY ACIDS: THE FOUNDATIONS OF HEALTH

Presented by Nordic Naturals

Time: 6:30 pm - 9:00 pm Speaker: Aimée Shunney, ND

NON-INVASIVE BODY CONTOURING LANDSCAPE

Presented by Erchonia/SBMI

Time: 6:30 pm - 9:00 pm Speaker: *Ryan Maloney, PhD*

I TELOMERE TESTING: A NEW CLINICAL TOOL FOR YOUR AGE MANAGEMENT PRACTICE

Presented by Spectracell Laboratories

Time: 6:30 pm - 9:00 pm Speaker: *Dian Ginsberg, MD, FACOG*



FRIDAY, DECEMBER 9, 2011

NETWORKING RECEPTION & FELLOWSHIP PINNING CEREMONY: WE INVITE YOU TO JOIN US FOR COCKTAILS AND HORS D'OEUVRES IN THE EXHIBIT HALL

Room: Exhibit Hall Time: 6:00 pm 7:30 pm

DCOCKTAIL & NETWORKING - ROUNDTABLE DISCUSSIONS WITH MANON PILON

Time: 7:00 pm - 9:00 pm Speaker: Manon Pilon, Medical Spa Expert

A NEW STANDARD OF CARE

Presented by Forever Health

Time: 7:30 pm - 9:00 pm Speaker: *Suzanne Somers*

HOW TO MAXIMIZE YOUR PERFORMANCE: THE SECRETS TO LONGEVITY OF BRAIN AND BODY

Presented by PATH Medical

Time: 7:30 pm - 9:00 pm Speaker: Eric Braverman, MD

▶ REDEFINING DIABETES: THE ROLE OF NATURAL PRODUCTS IN PROMOTING BLOOD GLUCOSE AND LIVER HEALTH

Presented by Life Extension

Time: 7:30 pm - 9:00 pm Speaker: Steven Joyal, MD

SATURDAY, DECEMBER 10, 2011

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Mercedes-Benz Giveaway to be held on Saturday, December 10th at approximately 12:30pm Booth #5071

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BOARD CERTIFICATION EXAM SCHEDULE

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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 Written Examination

Sunday, December 11, 2011 from 8:30 am - 11:30 am Marco Polo Ballroom

ABAARM Oral Examination

December 8-10th, 2011 from 9:00 am - 5:00 pm Bassano Ballrooms



D 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.

ABAAHP Written Examination

Sunday, December 11, 2011 from 8:30 am - 11:30 am Marco Polo Ballroom



To learn more about Board Certification/Certificate Programs of the American Academy of Anti-Aging Medicine, visit www.a4m.com, 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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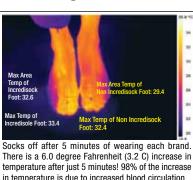


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Synchronous Fractional Radio-Frequency Ablative and Non-Ablative Treatment for Comprehensive Rejuvenation of Aging Skin

By: Spero Theodorou, MD, PPS, New York, NY, USA R. Stephen Mulholland, MD, FRCS(C), Toronto, Canada Michael Kreindel, PhD., Invasix Corp, Toronto, Canada

INTRODUCTION

Facial aging is a combination of intrinsic, hereditary and extrinsic forces. Extrinsic factors, including UV light exposure, smoking and diet, combined with the heretics and intrinsic aging factors results in facial deflation (loss of fat), descent (laxity) and deterioration (aging skin). Skin aging and deterioration is characterized by reduced and abnormal collagen, elastin and ground substances, together with discoloration, both in increased melanin based lesions and vascular proliferation. Anti-aging physicians have generally had to combine various lasers, intense pulsed light (IPL), infrared (IR) and radio-frequency (RF) energy systems to treat the combination of these aging dermal and epidermal elements. (Table 1). Fractional and non-fractional radio-frequency energy systems have become popular options in the treatment of skin laxity and wrinkles, but have not been generally effective in treating vascular and melanin based dyschromia of the aging skin. This paper reports on the comprehensive anti-aging effects of a novel new fractional radio-frequency device, the Fractora (Invasix, Yokneam, Israel).

An analysis of the technologies listed in Table 1 reveals the following therapeutic interventions are required for the wide array of aging effects we see in the skin:

- Pigmented malformation treatment requires superficial ablation or coagulation
- Vascular lesion treatment requires coagulation of blood vessels in papillary and reticular dermis
- Wrinkle treatment requires ablative and/or sub-necrotic heating of the reticular dermis
- Skin laxity improvement requires deeper heating of the reticular dermis and dermal-fat junction

The ideal situation for the aesthetic professional would be to have one technology with the tunable ability to address all the clinical manifestations of aging skin. The principal difference between the ablative and non-ablative RF in the novel device used in the current study, when compared with light based deep fractional ablation is that the action of RF is not limited by the ablation crater and adjacent tissue based upon a chromophore, but rather, RF current flows through the ablative lesion and the entire reticular dermis, creating the potential for additional anti-aging effects [10].

This current study describes the results of the clinical evaluation of a novel fractional radio-frequency ablative and semi-ablative treatment used to treat the multiple aging pathologies of the skin.

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Materials and Methods

The Fractora radio-frequency rejuvenation hand piece has a matrix of 600 micron sharp pins and flat side electrodes. The RF current, operating at 1Khz, flows down each positively charged pin, causing epidermal-dermal ablation in a classic CO2 cone-shaped lesion. Following the ablative effect, the RF current then flows from the tip of each pin to the negatively charged side electrodes, closing the RF current loop. Consequently, this flow of energy exposes the entire non-ablated papillary and reticular dermis to a strong non-ablative RF thermal effect. (Figure 1) This unique combination of synchronous ablative RF resurfacing with non-ablative RF remodeling facilitates superficial wrinkle, texture and discoloration improvements with skin tightening in the same pulse.

As demonstrated in Figure 1, the RF current (purple) is concentrated at the tip of the pins, creating the high RF power density for tissue ablation. Following divergence of RF current

toward side electrodes, there is a subnecrotic thermal stimulation (red) in the reticular dermis and dermal-fat junction, leading to a non-ablative, thermal neo-collagenasis and neo-elastosis. The ablative effects of the Fractional RF injury will provide thermal disruption of superifical brown spots, sun damage and melanin based dyschromia, while, if the tips of the Fractora applicator are purposely applied over superifical spider telangiectasia, there will be a coagulation of the vessels.

The maximal applied RF energy per pin was 60mJ. 30 patients, with an age range of 29 to 70, Fitzpatrick skin type I to V, and demonstrating multiple cutaneous aging signs, were treated once and observed for a period up to 6 months. Patients with skin type IV and V received a hydroquinone treatment for a period of two months prior the treatment and two months following the treatment to reduce the risk of post-inflammatory hyperpigmentation (PIH). For pain control some Caucasian patients treated

with high parameters (40-60mJ/pin) underwent subcutaneous tumescent anesthesia with a mixture of 1 bottle of 1% lidocaine mixed in 1 liter of Ringers lactate and 2ml of epinephrine 1:1000. Approximately 150 cc of infiltrate was used on the brow, cheek and lower face and another 100 cc if the neck was treated. Prior the tumescent anesthesia, supra-orbital, infraorbital, zygomatical facial, temporal, and mental nerve blocks were performed with 10cc of 1% xylocaine. At medium settings (30-40mJ/pin) nerve blocks were used, while at low energy settings (10-30mJ/pin) pretreatment was performed with a topical analgesia or no anesthesia at all. Antibiotic ointment was applied after the treatments and the skin was kept moist with Aquaphor for 3-4 days, at which point camouflage make-up could be applied.

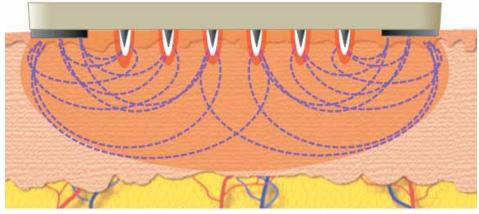
The clinical outcomes were collected using 3 evaluation methods:

 Histological evaluation of treated skin and ablation craters. Histological samples were taken immediately

Table 1. Summary of Technologies by Application

Aging Pathology	Technology	Treatment Effect
	IPL (1)	Coagulation of the portion of the epidermis with higher melanin concentration
Diama anta al Lasiana	Q-switch Lasers (5)	Selective destruction of melanin
Pigmented Lesions	Dermabrasion	Removes pigmented stratum corneum
	Fractional Laser and RF (6,9,10)	Fractional ablation of the epidermal and junctional pigmented lesions
	IPL (1,2)	Coagulation of superficial blood vessels
Vascular Lesions	Pulsed Dye Laser (2)	Coagulation of superficial blood vessels, including small capillary vessels
	Nd:YAG Laser (4)	Facial telangiectasia
	IR Light (3)	Sub-necrotic heating of the reticular dermis
	IR Lasers	Sub-necrotic heating of the reticular dermis
Wrinkles	Mono-polar and Bi-polar RF (7,8)	Sub-necrotic heating of the reticular dermis and the dermal-fat junction
	Fractional Laser and RF (6,9,10)	Fractional ablation of the papillary dermis
Skin Laxity and Tightening	Mono-polar and Bi-polar RF (7,8)	Sub-necrotic heating of the reticular dermis and the dermal-fat junction
ngmening	IR Light (3)	Sub-necrotic heating of the reticular dermis

Figure 1



Cross sectional imagery of the Fractora pulse structure where heat is represented by red and radio-frequency is represented by purple. The white "cone shaped" regions are the zones of RF ablation.

after treatment, 1 and 2 weeks post treatment to analyze the character of fractional lesions and the wound healing process. Samples were stained with hematoxylin and eosin show classic signs of fractional ablative coagulated tissue which include (a) phagocytosis, (b) healing and (c) collagen remodeling. Because different groups of patients are required for different treatment parameters, the histological study consisted of 3 energy settings: 10mJ/pin, 30mJ/pin and 60mJ/pin.

- Evaluation of treatment results using Visio system (Canfield Inc.) before the treatment and at the follow up visits at 3 and 6 months.
- Thermal profile monitoring on ex-vivo tissue using thermal camera FlirA320 (Trek Equipment Corp.). Heat distribution in the cross section of tissues were analyzed to correlate the thermal effect with clinical results.

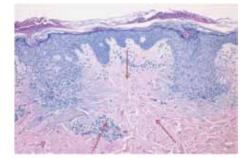
Results and Discussion

The histological analysis demonstrated that ablation craters are varied from a depth of 250 micron for the lower fluence settings, up to 1000 microns for the highest energies. The coagulation zone around the crater measured 60-100 microns and, over time, consistent collagen remodeling was observed in both the ablative

craters and non-ablated thermally stimulated tissue. Figure 2a is the histology taken immediately following the treatment and shows a typical ablation crater. The ablated crater has a triangle or "cone" shape and the zone of irreversible coagulation is clearly observed around the crater. Figure 2b represents histology taken 1 week after the treatment. Re-epithelialization was completed by 48 hours and now an inflammatory infiltrate and phagocytosis is observed in crater region. The ablated collagen and epidermis is being replaced by a new collagen, elastin and ground substances. Two weeks after the treatment the acute healing process is completed and a new epidermis is fully restructured and the reconstituted dermis is undergoing remodeling. (Figure 2c)

Figure 3 shows collagen remodeling occurring in the zones of non-ablative RF stimulation, between the pins and the ablative craters. This is the region of RF sub-necrotic heating in entire dermis induced by the flow of RF current from the ablative pin tips to the side electrodes. One can see that already at 1 week after the treatment visible changes in collagen, specifically shortening and thickening are observed. We expected that collagen remodeling is not limited by 1 week and continues for a few months.

Figure 3



Ablation crater histology taken 1 week after treatment showing collagen restructuring between 2 healing craters.

Thermal evaluation of ex-vivo tissue shows temperature increase in papillary and reticular dermis. This thermal stimulation is caused by the non-ablative flow of RF current from the pins to the side electrodes. The temperature increase is approximately 10-15 degrees Centigrade, or 46-51 degrees Centigrade, depending on energy setting and is well within the therapeutic range required for non-ablative collagen and dermal stimulation and consequent remodeling. Figure 4 demonstrates the temperature distribution in the tissue following the RF ablative pulse.

It is important to note that ablation craters are not visible in the image. Due to the very short pulse duration, the spatial camera resolution does not allow for the visual depiction of the ablation zones with a size of 100 microns.

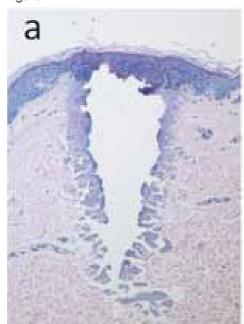
Sub-necrotic heating in the dermis is very uniform with only a minor reduction of temperature in the center and a depth of the heating zone depth reaching of 2.7 mm. This uniform deep heating matrix of the dermal tissue allows energy to penetrates through the entire papillary and reticular dermis to the dermal-fat junction, and remodeling results in wrinkle reduction and skin tightening.

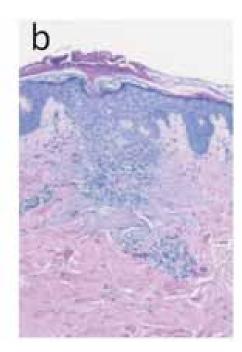
Clinical evaluation of patients demonstrated improvement in skin texture, wrinkles and fine lines, pigmented lesions and some vascular lesions.

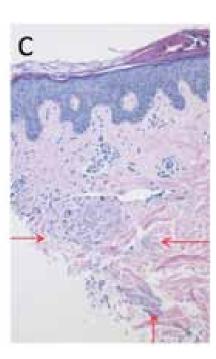
Figures 5-7 illustrate some before and after photos from the study.

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Figure 2

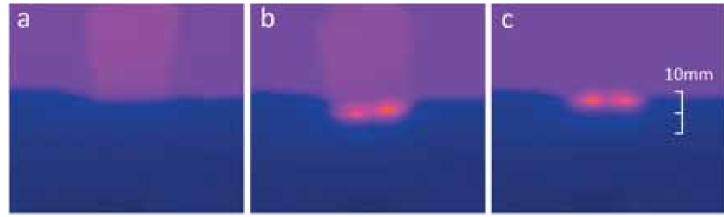






Ablation crater histology taken immediately (a), 1 week after (b) and 2 weeks after the treatment (c).

Figure 4



Thermal image of tissue treated with Fractora: before the treatment (a), at the end of the pulse (b) and 1 sec after the pulse (c). The orange and yellow zone is the result of the non-ablative RF heating.

Table 2 -Visia measured Improvements of the Signs of the Aging Face 6 Months after Treatment

Indication	Average Improvement
Texture	65%
Wrinkles and lines	65%
Pigmentation	60%
Vascular	45%

The Visia system (Canfield Inc.) was used for quantitative analysis of treatment results. The results were tabulated in Table 2.

Conclusion

A single full-face Fractora treatment is able to demonstrate more than 50% improvement in an array of indications for the aging face. Wrinkle and tightening improvement was slightly better at the 6 month follow-up than after

3 months, indicating a long process of collagen remodeling. There was no difference in pigmentation between two follow-up visits. Only two patients in the study were presented with vascular lesions and both responded with vascular reduction, however, more clinical research is required to assess the versatility treating a variety of vascular lesions. It is not uncommon for an aesthetic physician to invest in 3-4 aesthetic devices to treat myriad

Figure 5



Female patient with skin type V demonstrating multiple signs of aging skin pre-treatment (pigmentation, poor skin texture, wrinkles and lines) and 6 months after a single full face Fractora treatment.

Figure 6



Female patient before and 6 months after a single full face Fractora treatment. The patient shows dramatic improvements in peri-oral wrinkles and improvements in skin tightening.

Figure 7



Improvement in nasal telangiectasia 6 months after treatment. Vasoconstriction resulting from RF heating allows results to be seen immediately after the Fractora treatment.

of diverse aging skin pathologies. Fractora Fractional RF is a tunable device that allows for the selection of ablative and non-ablative approaches, and may provide a single, cost effective, versatile option to owning multiple tech-

nologies. In general, deep RF fractional treatment with Fractora was effective for most aging face signs and can be a versatile solution for medical-aesthetic practices dealing with the many complexities of the aging skin. •

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Practice Highlights



LYNN A.CORRIGAN, DO

After practicing as a Board Certified Family Physician for ten years, I found myself increasingly frustrated by the limits on the type of care that I could provide for my patients. It bothered me that so much of the focus of medicine in America was on treating problems after these developed, rather than on addressing lifestyle and fundamental health early-on to prevent illness. The bottom-line was that my patients were not getting better: they were just managing chronic illness. I discovered A4M when I was in Florida re-certifying for my boards. I enrolled in the Fellowship in Anti-Aging, Regenerative and Functional Medicine and have never looked back. I graduated as an Advanced Fellow last year.

I have received so many personal and professional benefits from A4M. I have improved my own health. I have improved the health of my family. I have made wonderful friends through A4M and embarked on a new career in medicine. I am now part of the professional staff at the Integrative Medicine Clinic in Aldie, Virginia, working with Dr. Andrew Heyman. A4M has transformed my life: I am finally practicing medicine as it should be.



PAUL DELL'AQUILA, MD

I have been in practice for over 21 years with board certification in Internal and Geriatric Medicine. Although I followed the traditional path of treating my patients, I have always been interested in alternative methods of healing. I decided in December of 2009 to take my first Fellowship Module and from that moment I knew this was the path I needed to continue on. Since that introduction, I have been able to treat my patients as a whole for the very first time. The results that my patients have experienced have been extraordinary and I am thankful to A4M for renewing my faith in medicine. I am now enrolled in the Fellowship in Anti-Aging, Regenerative and Functional Medicine and Masters program and loving it. The ability to offer my patients an answer to what ails them when other physicians have been unable to is rewarding.



LINDA HUANG, MD

My first attendance at an A4M conference in 2008 was an enlightening experience in my medical career. Having graduated from Stanford University and completed medical training at Northwestern, I had served as a primary care physician and clinical instructor at Northwestern University School of Medicine since 1997. Although well-established with a lucrative practice in downtown Chicago, I was becoming disconcerted with the reality that more and more diseases were becoming chronic even though more and more pharmaceuticals were being introduced. Prescriptions once approved by FDA were being recalled seemingly every time I picked-up JAMA. I realized that in order to be an effective healthcare provider, I will need to expand the scope of my medical knowledge beyond traditional Internal Medicine training.

Joining A4M opened numerous opportunities in my quest to broaden my horizon and optimize patient care. After receiving Anti-Aging Board Certification and completing the Fellowship in Anti-Aging, Regenerative and Functional Medicine in 2009, I successfully incorporated Anti-Aging medicine into my clinic and now practice proactive as opposed to reactive medicine. At *Vive la Vie Integrative Medical Center*, our ongoing mission is to help patients "Live Smart, Live Healthy, Live Long" and thus far, I cannot envision a more fulfilling career path.

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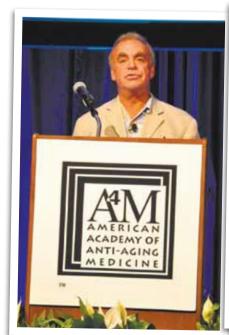
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All abstracts should be focused on clinical interventions and be applicable to the specialty of Anti-Aging Medicine. Those articles that focus on current events in disease and society will be given priority. All content should be absent of commercial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

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GaleGin-3

A BREAKTHROUGH BIOMARKER FOR LONGEVITY AND DISEASE

By: Isaac Eliaz, MD

alectin-3 research is one of the fastest growing fields within medicine today. Epidemiology stats show that every few days, a new scientific paper is published directly linking excess levels of galectin-3 in the body with the progression of numerous deadly and debilitating diseases, from metastatic cancer and chronic heart failure to ulcerative colitis, rheumatoid arthritis, diabetes II and much more. This growing body of evidence demonstrates how galectin-3 is involved in numerous degenerative processes within the body, most notably cancer proliferation/ metastasis, heart failure, chronic inflammation, fibrosis and related organ failure. In May 2011, a groundbreaking galectin-3 mortality study involving over 8,000 people was presented at a European conference. The results of this study showed that elevated serum galectin-3 increased overall mortality three-fold in the general population (Figures 1a/1b below). Overall mortality was close to 15% in the highest

quintile compared to only 3-4% in the lowest quintile.

As research continues to highlight galectin-3's leading role in the development and advancement of inflammatory, fibrotic and oncogenetic diseases, this "rogue molecule" is earning the attention of scientists and doctors around the world. Galectin-3 is becoming the most informative new biomarker for our most serious health epidemics such as cancer and heart disease, for which early detection is critical to successful clinical prognosis. Even more promising, galectin-3 is being recognized as one of the most important therapeutic targets for the treatment and management of numerous life-threatening illnesses, achievable through the administration of galectin-3 antagonists such as modified citrus pectin. Specifically, modified citrus pectin is the only natural galectin-3 inhibitor demonstrated in published research to decrease the expression of galectin-3 and block the damage caused by excess galectin-3 throughout the body.



FDA Approved Galectin-3 Serum Assay

In response to the overwhelming body of research, the FDA has now approved the first galectin-3 serum assay as a bio-marker for chronic heart failure risk and prognosis. This inexpensive blood test -- covered by most health insurances -- can also be used by practitioners to measure metastatic cancer risk and progression, in addition to numerous other inflammation and fibrosis related conditions, such as cirrhosis of the liver, kidney fibrosis, and others. See Figure 2 below outlining the reference ranges for normal and elevated serum galectin-3 in relation to disease risk.

Galectin-3 Background

Galectin-3 is a member of the lectin family, of which at least fourteen (14) mammalian galectins have been identified. Galectin-3 is approximately 30 kDa and, like all galectins, contains a carbohydrate-recognition-binding domain (CRD) of about one hundred thirty (130) amino acids that enable the specific binding of -galactosides. It can be expressed in the nucleus, cytoplasm, mitochondrion, cell surface, and extracellular space. Galectin-3 can also circulate freely in the blood stream, thus serving its role as a highly indicative serum biomarker.

This molecule has been shown to be involved in a large number of biological processes, including cell adhesion, cell migration, cell invasion, cell activation and chemoattraction. cell growth and differentiation, cell cycle and apoptosis. One of the well characterized effects of galectin-3 is its role in the promotion of fibrosis, as it functions to activate fibroblasts—the cells responsible for fibrogenesis/fibrosis. At an injury/inflammation site. galectin-3 is secreted into the extracellular space. This, in turn, activates resting fibroblasts into matrix-producing fibroblasts, characterized by the increased expression of certain proteins within and around the fibroblasts. This mechanism of action has been demonstrated in published studies on numerous organs and systems, includ-

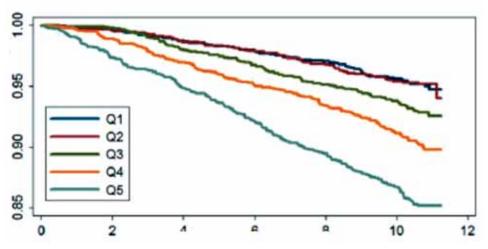


Figure 1a. Galectin-3 by Quintiles in the General Population and Cumulative Survival Rate: PREVEND (Prevention of Renal and Vascular End-stage Disease) All-Cause Mortality Trial (n=7968). Median galectin-3 levels (ng/mL): Q1 = 7.7; Q2 = 9.4; Q3 = 10.9; Q4 = 12.6; Q5 = 10.9. Reprinted with permission.

ing cardiac, hepatic, renal, musculoskeletal, gastrointestinal, and more.

Another well characterized function of galectin-3 is in the formation and metastasis of cancerous tumors. Galectin-3 is found to be over-expressed on the surface of cancer cells, acting as stick cell surface protein which allows the cancer cells to aggregate as well as disseminate throughout the circulatory system. It serves as the main mechanism by which cancers grow, proliferate, metastasize, and advance angiogenesis (blood vessel formation) to feed active tumors.

Numerous published studies have demonstrated that the over-expression of galectin-3 is directly involved in cancer proliferation and metastasis, as well as a variety of processes associated with heart failure, including myofibroblast proliferation, inflammation and fibrogenesis, tissue repair, and ventricular and tissue remodeling. Elevated levels of galectin-3 in the blood have been found to be significantly associated with higher risk of death in acute decompensated heart failure as well as chronic heart failure populations. This galectin-3-dependent link between numerous acute and chronic disease states is what gives galectin-3 its important diagnostic and therapeutic implications, now becoming widely accepted in the medical community.

Galectin-3 Interactions Enhance Formation of Cancer and Metastasis

As mentioned, the activity of galectin-3 in aggravating or promoting cancer, as well as the ability of a cancer to metastasize, is widely supported in the scientific literature. The findings stress repeatedly the importance of binding and neutralizing, or reducing the circulating concentration of galectin-3, by inactivating galectin-3 through galectin-3 binders such as MCP.^{1,2}

Similar reports link acceleration of cancer formation and metastasis to circulating galectin-3 concentrations, and suggest that reducing galectin-3 circulating concentrations, reducing its free expression or otherwise reducing available galectin-3 or galectin-3 interactions improve cancer prognosis.^{3,4} Reduction of galectin-3 is proven to slow the course of prostate cancer.⁵

Research on Galectin-3 in Inflammation and Fibrosis

Cardiovascular disease

Studies indicate that circulating galectin-3 is an important factor in fibrosis of many organs and organ systems and that reducing circulating galectin-3 plays an important role in remediating cardiac injury and progression to heart failure (HF).⁶ Cardiac fibrosis is gaining significant attention as a complicating risk factor in cardiac disease, and in

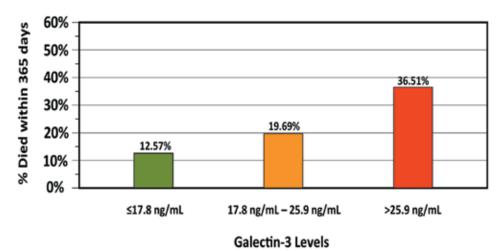


Figure 1b. Galectin-3 Sub Study all-cause Mortality at 1-year by Galectin-3 Values: COACH (Community Outreach and Cardiovascular Health (COACH) Trial. Reprinted with permission.

particular, chronic heart failure (CHF).⁷ Similarly, it has been demonstrated that reduction in galectin-3 levels in the myocardium reduces fibrosis in the heart and improves clinical outcome.⁸ Several studies identify galectin-3 as a key indicator in cardiac health and key agent in heart failure and fibrosis.^{9,10} An increase in galectin-3 expression and presence has been linked to heightened fibrosis, inflammation and heart failure.¹¹ Inflammation is the hallmark of arteriosclerosis and galectin-3 levels also contribute to coronary artery disease, peripheral artery disease, and strokes.

Diabetes and Metabolic Syndrome

The reduction in circulating galectin-3 levels is also indicated in reducing inflammation associated with type 2 diabetics, and similar metabolic diseases. Related research has demonstrated that reduction in galectin-3 levels slows the breakdown of the inner blood-retinal barrier (iBRB) that typically occurs early in diabetes. Galectin-3 deficient mice demonstrated a significant reduction in diabetes-mediated iBRB when compared with mice with normal galectin-3 levels. In addition, reduction in galectin-3 is associated with reduced insulin resistance.

Rheumatoid Arthritis

A model of arthritis may be in-

duced in mice by immunization with methylated bovine serum albumin. This model mimics arthritis and the inflammation associated with it. Inflammation was shown to be markedly reduced, together with a reduction in bone erosion, in mice with reduced galectin-3 levels. The reduction in arthritis was also accompanied by decreased levels of proinflammatory cytokines. Exogenously added glaectin-3 restored the level of arthritis in galectin-3 deficient mice to wild-type levels. 13 Reduction in galectin-3 levels as a means of addressing arthritis and related inflammation was also shown in rats where an artificial reduction in galectin-3 levels via genetic modification substantially suppressed arthritis indices. 14 Galectin-3 has been demonstrated in rheumatoid arthritis patients to advance the transformation of synovial fluid into fibrotic tissue, in addition to activating osteoclasts, producing severe debilitation in patients.

Inflammatory Gastrointestinal Conditions

A reduction in galectin-3 activity, such as that which can be achieved by the galectin-3 binding action of MCP, can also be of value in treating wide variety of gastrointestinal conditions and gastric ulcerative conditions.¹⁵ Reducing galectin-3 can

reduce inflammation in the gut mucosa, making galectin-3 an important therapeutic target for treatment of ulcerative colitis, non-specific colitis and ileitis, Crohn's disease, Celiac disease, and gluten sensitivity.¹⁶

Inflammation is a normal mammalian response to cellular stress in a wide variety of environments. In gastric ulcers, inflammation can often represent an imbalance in mucosal defense. Laboratory animals with induced gastric ulcers with a 3-fold reduction in galectin-3 concentration exhibited improved protection against inflammation and gastric wall damage. 15

Hepatic Diseases

Biliary artesia, a liver disease, is associated with extensive fibrosis of the liver linked with elevated galectin-3 levels. 17 Reduction of galectin-3 levels resulted in a general improvement in liver health, including reducing inflammation, hepatocyte injury and fibrosis. 18 Normal mice and galectin-3 deficient mice were compared after being fed a diet that results in inflammation and fibrosis. Galectin-3 deficient mice exhibited significantly reduced liver inflammation and fibrosis together with reduced injury. MCP as a galectin-3 antagonist may be used for prevention of liver fibrosis and liver cirrhosis as well as post-disease liver damage, including the various viral hepatitis diseases (B, C, and others) and may be used as well in the treatment of parasitic and chemical hepatitis, chemical liver damage, and others. 18

Asthma

Mice with induced asthma were measured for galectin-3 concentrations. Mice with lower levels of galectin-3 exhibited fewer markers of the condition (fewer eosinophils and lower goblet metaplasia, less airway hyperressponsiveness and a different Th1/Th2 response). Administration of MCP is an effective means of reducing the concentration of galectin-3 to which cells, organs and systems sensitive to inflammation are exposed.¹⁹

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Binding of Galectin-3 with Modified Citrus Pectin Shown Effective in Reducing Kidney Injury

Kidney injury can be simulated in animal models with the use of folic acid Folic acid induced kidney injury candidates were pretreated with either water or with MCP for one week before injection of folic acid. The physical changes associated with the injury, including enlarged kidneys and weight loss, were reduced in the MCP group. In the recovery phase following folic acid injection, the MCP group demonstrated reduced galectin-3 levels and decreased kidney fibrosis, macrophages, pro-inflammatory cytokine expression and apoptosis. MCP was shown to be effective in suppressing both inflammation and fibrosis relative to organ injury.²⁰

How to inhibit Galectin-3 for disease prevention and treatment

What has been clearly demonstrated in this body of research is that reducing circulating galectin-3 levels can offer significant benefits to tissues and organs, and help prevent the advancement of serious life-threatening diseases. As shown in the scientific literature, modified citrus pectin is therapeutically significant as the only proven natural inhibitor of galectin-3, helping to control cancer development and metastasis, and reducing and controlling inflammation and fibrosis throughout the body (See figure 3 for recommended dosages). In response to the research, pharmaceutical drug companies are currently testing a number of synthetic galectin-3 inhibitors as patented drugs for the treatment of cardiovascular conditions and others.

As the body of research continues to expand, galectin-3 testing is expected to become as routine as screening for cholesterol, though much more informative. With this simple assay, we can gain more accurate insight when monitoring the risk, progression and advancement of numerous diseases, as well as overall mortality. Conversely, we can observe our patients experiencing significant improvements when reducing galectin-3 expression throughout the body, resulting in greater health and longevity. •

Galectin-3 Reference Ranges

Extreme Risk: >17.9 ng/ml • CHF Patients: Levels > 17.9 ng/ml are associated with Increased Risk: 14.0-17.9 ng/ml • Levels between 14.0-17.9 ng/ml are associated with

Figure 2: Reference Ranges for Galectin-3 Serum Levels. It's important to recognize that while the mortality risk for patients with advanced progressive congestive heart failure increases significantly with galectin-3 levels over 17.8 ng/ml, -- in the general population, any levels above 14 ng/ml already imposes significant increase in overall long term mortality risk. Approximately 20% changes every 3 months are also associated with important changes in risk.

MCP Recommended Dosages



Figure 3: Modified Citrus Pectin (MCP) Dosages per Condition and Corresponding Galectin-3 Serum Levels. Note: MCP should always be taken in divided dosages throughout the day on an empty stomach.

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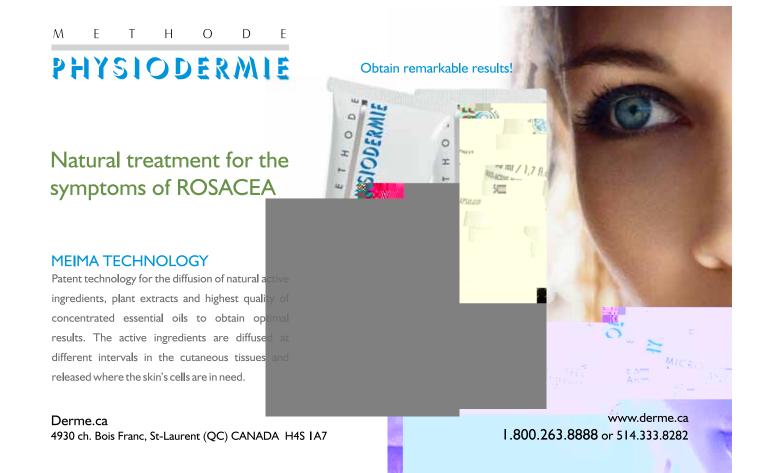
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A4M Overseas

An overview of anti-aging medicine and A4M's activities overseas

A4M's overseas activities in 2011 were mainly dominated by events in Europe, South East Asia and the Middle East. Over the last few years, these three regions undoubtedly revealed themselves as the fastest growing overseas regions to adopt anti-aging medicine.

Despite the fact that these regions are unquestionably behind the USA by a number of years for implementing antiaging protocols, they all show a steady growth in the number of physicians embarking in this new medical specialty. This can be explained by a number of factors. In regions such as the Middle East, both women and men dedicate a lot of their time and income to feeling and looking good; in European countries like Germany the prevailing culture of

prevention favours anti-aging medicine, and in the Far East patients and physicians alike tend to actively import and adopt American trends. This combination of factors added to the fact that worldwide physicians are generally starting to realise the limitations of traditional medicine contribute to the rise of a new model of medicine which focuses on the causes of disease rather than their symptoms.

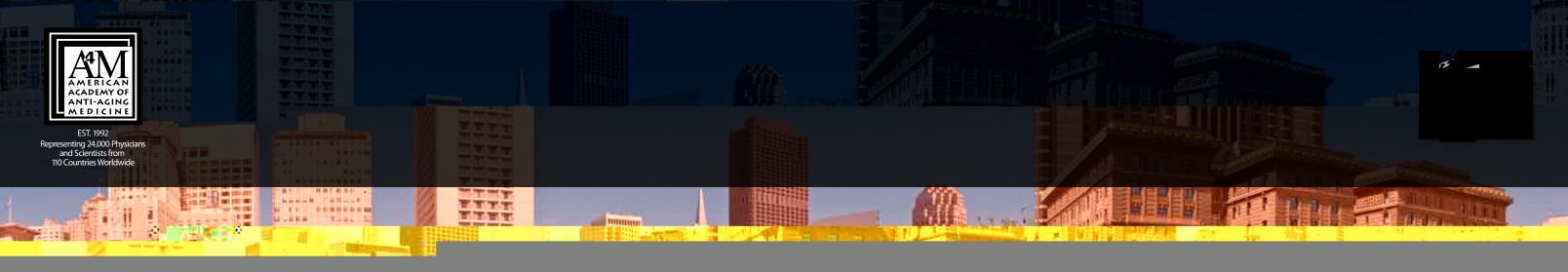
Another notable explanation for the rather recent growth of anti-aging medicine is the change in people's attitude towards health and the resources available to physicians for embracing these new protocols. Although anti-aging medicine is still generally mistakenly associated to aesthetics this is changing slowly and both subspecialties are merging. The lack of resources which previously prevented physicians from treating and diagnosing patients with protocols such as BHRT,

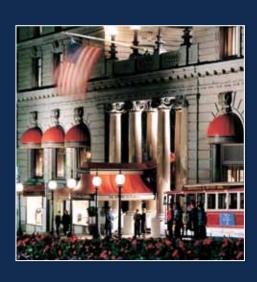
nutritional supplementation and lab tests are now also improving with for example the opening of new labs and compounding pharmacies overseas.

These trends have led the A4M to focus on offering bespoke educational seminars and signature Fellowships online to enable its overseas followers to access the most relevant and very latest evidence-based research available. Overseas, the A4M also concentrates on creating innovative partnerships with key local medical providers and on offering networking opportunities for aspiring anti-aging physicians to come in contact with the experts. As such, the concept of teaching physicians in association with and at compounding pharmacies or anti-aging clinics has proved highly popular. This approach aims to place the physician in a clinically relevant context which fully reflects the true scope of anti-aging medicine.

A4M's journey in spreading anti-aging medicine worldwide is well under way and is offering even greater prospects when looking at emerging trends such as the recent rise of anti-aging medicine in regions such as South Africa and South America too.

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ow-level laser therapy has become a widely used technology for numerous applications. The most recent use has been for non-invasive body contouring of the waist, hips, and thighs.

Jackson et al. (2009) reported that LLLT with defined parameters has been reported to reduce the circumferential measurements of waist, hip and thigh circumferential measurements by a cumulative loss of 3.54 inches in 2 weeks for test group participants [1]. When the cumulative loss is compared with the 0.64 inch loss that has been demonstrated by the placebo-controlled group, a significant difference has been reported [1]. Numerous histological investigations have evaluated the interaction of laser light has on human adipocytes that have reported the formation of a transitory pore within the adipocyte membrane believed to induce the expulsion of intracellular components, including accumulated fatty material. Essentially, the photochemical response that transpires subsequent to laser stimulation induces the collapse of the adipocytes, in turn, promoting a slimming event [2-5]. The exact mechanism of action, including the removal and degeneration of liberated fatty material remains elusive [1].

The reported circumferential reduction by Jackson et al. has been proposed to transpire following the elimination of the laser-liberated lipids via the lymphatic system. As a nondestructive mechanism, an infiltration of immunological cells responsible for phagocytosis, or removal of released debris, has not been observed. As a consequence, the response following LLLT manifests in two weeks, not several months. As the fatty debris is released from the cell, it must enter the interstitial space, which is regulated by the lymphatic system [6]. As the lymph moves into the lymph nodes, the extraneous materials are filtered out via macrophage, which contain enzymes capable of degrading triglycerides and cholesterol. It is postulated that the triglycerides released after laser therapy are hydrolyzed by lysosomal acid lipase (LAL), in turn, generating non-esterfied fatty acids (NEFAs) [7].

Hydrolysis of triglycerides prior to entering the circulatory system is

supported by a recent study evaluating fasting serum lipid levels following LLLT [8]. Jackson et al. (2010) have reported no significant rise in serum triglyceride or total cholesterol levels following LLLT when applied for noninvasive body contouring [8]. Demonstrating a transient rise in serum lipid levels would indicate that the triglycerides were not being catabolized prior to entering the lymphatic system. Therefore, the maintenance of triglyceride and cholesterol levels following LLLT suggests that fat catabolism is occurring in LLLT non-invasive body contouring patients. Once the NEFAs are deposited into the circulatory system there are numerous fates including β-oxidation,

Some skeptics have claimed that the circumferential loss attributed to LLLT represents nothing more than simple fluid distribution. If true, redistribution of fluid would contribute to the circumferential gain in systemic, non-treated

phospholipidgenesis, muscle and organ

metabolism, or triglyceride resynthesis

and redistribution [6,9]

regions. Therefore, the purpose this retrospective study was to evaluate the utility of LLLT for non-invasive body contouring as well as record the measurements of non-treated anatomical regions to dispute or validate the claim of fat redistribution.

Methods:

Participants

Participants who presented with voluminous fat deposits positioned within the subcutaneous fat layer of the waist, hips, and thighs received treatment with a low-level laser device. No minimal layer of fat thickness was required for individuals to participate. A total of 764 participants agreed to share their clinical outcomes for publication purposes. All participants were deemed eligible to participate in the study based on their individual history and the physical criteria set-up by all participating clinics. The average age for female participants was 47 years, and for male participants averaged 51 years. Fifty independent

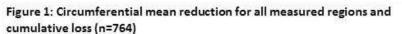
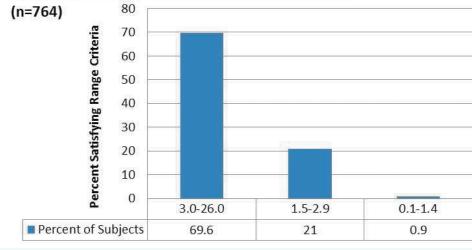




Figure 2: Percentage of individuals meeeting the criteria for a specific total circumferential reduction range



private practice clinics throughout the USA participated in this study.

Prior to administrating LLLT, all participants were provided with a detailed explanation of the treatment procedure and understood that their outcomes, absent of any protected health information, could only be used for peerreviewed publication purposes.

The clinical data obtained for this study were obtained from participants who actively sought the services of a clinician providing LLLT for slimming purposes, i.e., participants were not openly recruited. Participants were not offered any form of compensation. Furthermore, all participants were financially responsible for the procedure or related evaluations. Treating clinicians were financially responsible for the device. Participants were not asked to abstain from receiving any other treatment to promote body contouring and/ or weight loss while receiving LLLT; moreover, patients were not advised to abstain from dietary changes and no standard diet was recommended

Intervention

Participants received treatment with a multiple head low-level diode laser consisting of five independent diode laser heads each with a scanner emitting 635nm (red) laser light, and each diode generating a 17-mW output (Zerona™, Erchonia Medical Inc.).

Study Design

Prior to administering the treatment, participants were evaluated The week prior to the first treatment, participants were advised to hydrate. consuming the recommended 2 L of water per day. The circumference in inches of the participants' waist, hips, bilateral thighs, bilateral arms (across the bicep muscle), bilateral knees, chest, and neck were recorded at four time-points. All circumferential measurements were made by encircling the greatest area of subcutaneous fat volume and were identified based on anatomical landmarks in order to maintain proper repositioning at subsequent time-points. Furthermore, the same clinician at each independent clinic was responsible for all the circumferential measurement recordings for a given participant to maintain consistency. Finally, to reduce measurement bias, the tape measurement device was a self-adhering, pressure sensitive device, which possesses a mechanism that encircles the participant without the need for the clinician to apply pressure in order to record the circumferential measurement. Furthermore, participants were required to assume a consistent anatomical position with their back placed flush against a firm surface, abdomen extended, arms up and out at shoulder height, all while holding their breath. This procedure was utilized at all time-points. No patient weight was recorded as previous trials indicated no statistically significant reduction in weight subsequent LLLT has been reported. There is procedure time-points for the waist, hips, thighs, arms, knees, neck, and chest individually.

and received physician consultation.

The treatment was immediately initiated following the pre-procedure time-point. The treatment phase lasted for two consecutive weeks, with each participant receiving three treatments per week for a total of six treatments. LLLT was applied every other day for a total of 40 minutes. The procedure required that participants receive treatment on their waist, hips, and thighs for 20 minutes in both the supine and prone position. The center diode was positioned 4-12 inches above the abdomen, centered along the body's midline, with the four remaining diodes positioned above the lateral abdomen and thigh regions. After 20 minutes, participants would enter a prone position where the diodes were repositioned in a similar fashion to the anterior stimulation for another 20 minutes. Treatments were only targeted to the waist, hips, and thighs.

Results:

For the 764 participants, the mean reduction for the combined averages of the circumferential measurements for all regions was 5.5 inches (Figure 1).

A total of 726 (95.0%) participants demonstrated an overall average reduction in the circumferential measurement of 5.5 inches (range, 0.1 to 26.0 inches; p<0.0001). Of these participants, 69.5% exhibited a total reduction of at least 3.0 inches or more within 2 weeks, with an average of 7.6 inches. As for the remaining participants, 21% experienced an average reduction of 1.5-2.9 inches, while 68 individuals experienced an average reduction of 0.8 inches (Figure 2).

Collectively, the average reduction in the circumferential measurement for all participants was 3.25 inches across the waist, hips, and bilateral thighs (Figure 3, p<0.0001).

Ninety-three percent of participants experienced a circumferential reduction across their waist, hips, and thighs with an average loss of 3.57 inches, while the remaining 7% demonstrated a gain of 0.72 inches. Fifty-two percent (401 participants) demonstrated a circumferential loss of at least 2.5 or more inches in 2 weeks across their waist, hips, and thighs (range, 2.5 to 16.5 inches). If the cumulative reduction decreased to 1.5 inches, 73% of all participants met or exceeded this

Figure 3: Independent and combined circumferential loss of the waist, hips, and thighs (n=764)



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reduction value for the waist, hips, and thigh measurements only.

The translation of an inch reduction measurement to a clinically meaningful result is often difficult; therefore, it is necessary to visualize the reduction. The first patient, who was 54 years, demonstrated a circumferential reduction across her waist, hips, and thighs of 5.875 inches, which places her slightly above the calculated average for this study population. (Figure 4.)



The next participant, who was 23 years old, experienced a 8.8-inch reduction across her waist, hips, and thighs. Her reduction falls above the average for the study population (Figure 5).



The next participant, who was 44 years old, experienced a reduction of 6.875 inches across the waist, hips, and thighs, which was a statistically significant reduction that was also visually apparent (Figure 6).



The next participant, who was 49 years old, experienced a reduction exceeding the average of the study population; she experienced a total inch reduction across all waist, hip and thighs of 7.0 inches (Figure 7).



Lastly, it is important to illustrate the potential reduction for male participants. Although a 93.0% of the study population was comprised of females, some male participants exhibited significant reductions in their circumferential measurements. Figure 8 depicts a 30 years old male who experienced a total circumferential reduction of 8.74 inches in 2 weeks.



Discussion:

These data confirm the findings reported in the published level 1c trial evaluating the efficacy of LLLT for noninvasive body contouring [1]. Furthermore, analysis of anatomical regions remote of the targeted treatment areas confirmed that fluid redistribution is not responsible for the reduction in the waist, hips, and thigh circumferential measurements. The level 1 trial demonstrated an average circumferential reduction across the waist, hips, and thighs of 3.54 inches [1]. Our results are consistent with this study, since we found that the average reduction in the circumferential measurement for our 764 participants was 3.25 inches. In addition to this quantification, we used high-quality photography to illustrate that the outcomes were visually apparent to both trained clinicians and untrained individuals. Although further evaluation of this procedure is necessary, including collection of a patient satisfaction report, it is evident that laser therapy is a highly effective

modality for slimming of the waist, hips, and thighs. Since these data reveal that a systemic reduction occurs, further analysis of the potential hormones or peptides responsible for this paracrine effect is warranted. Furthermore, since no patient weights were acquired this potentially could represent a flaw in the study design; therefore, a study assessing both circumferential reduction and weight loss should be conducted. ◆

Ryan Maloney, PhD: Ryan Maloney is the Chief Research Officer for Santa Barbara Medical Innovations. Ryan has earned his undergraduate and graduate degrees in Biochemistry. Having published numerous papers discussing photochemistry, he has become as an authority concerning photomedicine and has filed patents for numerous laser devices.

Michael Browning: Michael Browning is presently the Vice-President of Scientific Community outreach for Santa Barbara Medical Innovations. He has earned a business degree from Texas Christian University and has since designed educational programs that improve community understanding of complex science concepts.

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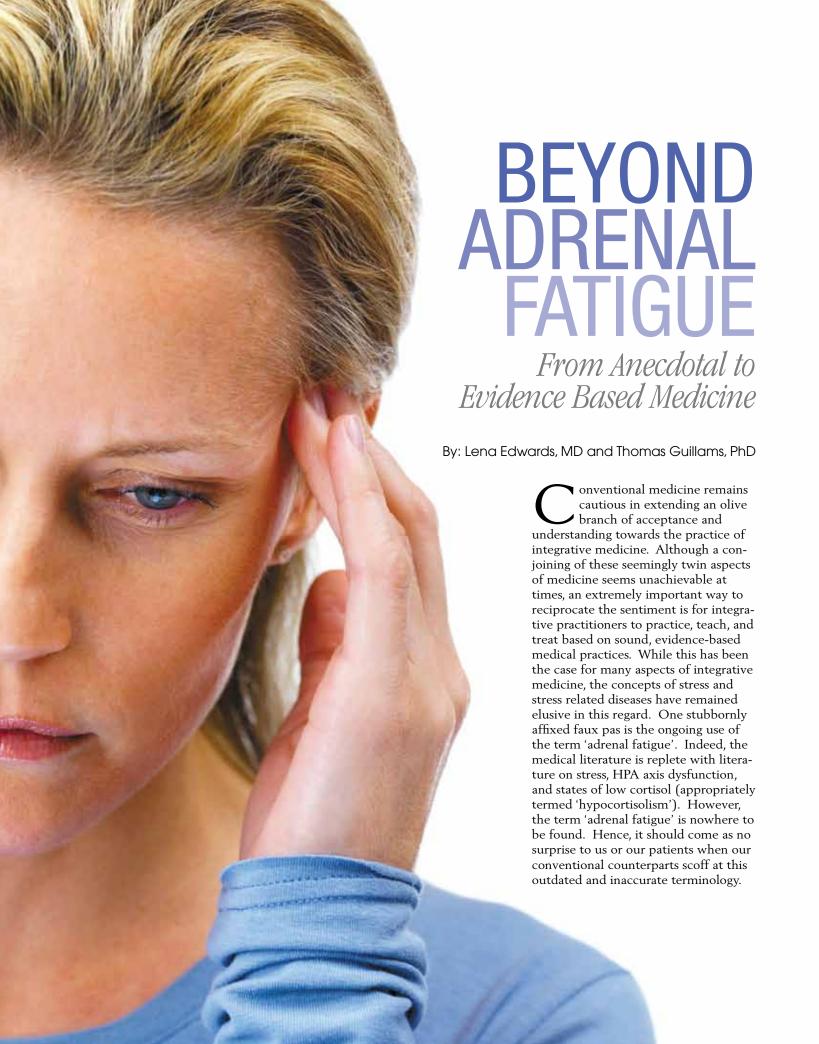
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Terminology Matters

The term 'Adrenal fatigue' has gained popularity among the fatigued masses to describe a state in which the adrenal glands lose their capacity to produce adequate amounts of the primary 'fight or flight' hormone, cortisol, in response to ongoing or repeated stress. In the words of one proponent of this term, "the adrenals simply cannot keep up with the demands placed upon them." Our colleagues from The Hormone Foundation and Endocrine Society formulated an official rebuttal to this ever growing phenomenon in August, 2010, when they published their "Myth vs. Fact" sheet about adrenal fatigue:

"Adrenal fatigue is not a real medical condition. There are no scientific facts to support the theory that long-term mental, emotional, or physical stress drains the adrenal glands and causes many common symptoms. There is no test that can detect adrenal fatigue. Supplements and vitamins made to "treat" adrenal fatigue may not be safe. Taking these supplements when you don't need them can cause your adrenal glands to stop working and may put your life in danger."

While there is no dispute in the medical literature, which spans nearly one century, that both acute and chronic stress have adverse effects on aging, disease formation, and early mortality, science does not validate the existence of primary stress induced adrenal gland failure independent of all other organs and hormonal systems. The adrenal glands are just one of many organs and structures involved in the stress response system, and other members of the HPA axis, such as the hypothalamus and pituitary gland, the sympathetic nervous system, the parasympathetic nervous system, the neuroendocrine system, and the immune system play extremely influential roles as well. To promote the adrenal gland as being an independently functioning, central component of the stress response system is not only inaccurate but also diminishes the true complexity of the neuroendocrinological system.

The Rest of the Story

A more appropriate and scientifically corroborated term for states of low cortisol is *hypocortisolism*. There are two primary manifestations of hypocortisolism. One form occurs when there is a loss of the normal circadian pattern of cortisol release resulting in a 'blunting' or flattening of daytime cortisol. Alternatively, hypocortisolism can occur if exposure to a known HPA axis stressor does not induce an expected rise in cortisol release. Given the complexity of the HPA axis circuitry, it should come as no surprise that numerous valid theories exist to explain potential mechanisms through which hypocortisolism evolves. Contrary to the 'popular' notion that the adrenal glands ultimately fail under the duress of chronic stress, no study to date has ever reliably confirmed this to be true. Rather, the majority of studies have actually shown that low cortisol states most commonly arise when the HPA axis becomes hypersensitive to cortisol induced negative feedback. Essentially, stress induced hypercortisolism results in appropriate activation of the negative feedback loop. However, once the hypercortisol state resolves, the HPA axis remains paradoxically hypervigilant resulting in a perpetual state of low cortisol.

Other mechanisms through which hypocortisolism may occur include reductions in the number or sensitivity of hormone receptors at any level of the HPA axis, lack of appropriate amounts of stimulating or releasing hormones, lack of end organ sensitivity, and intracellular glucocorticoid signaling defects. While the medical literature confirms adrenal gland dysfunction as a potential cause of hypocortisolism, there is typically an underlying etiology. Glandular injury (e.g. hemorrhage, ischemia), gland toxicity (e.g. prescription medications), lack of substrate required for cortisol production (e.g. cholesterol), lack of important nutrient co-factors (e.g. Vitamin C), and autoimmune adrenal disease have all been implicated.

Rethinking 'Adrenal Fatigue'

Although the term 'adrenal fatigue' has been beneficial insomuch as it has promoted an increased awareness of the relationship between stress and disease, the simplistic nature of this label truly underestimates the complexity of the mind-body connection and undermines our body's capacity to persevere in the face of chronic stress. Furthermore, this terminology completely disregards the vital roles that other bodily organs and systems, hormones, and enzymes play in the overall stress response. Finally, the term is an unrecognized medical diagnosis within the traditional medical community bringing only mockery and disappointment to any patient presenting to their physician with a self-affixed diagnosis of adrenal fatigue.

The time has come for integrative medicine to remain true to its tradition of seeking out and treating *underlying causes* of disease rather than to simply provide band-aid solutions in the forms of prescription medications or nutritional supplements. There is *always* an underlying etiology behind states of low cortisol, and 'adrenal fatigue' should never be part of your differential diagnosis. \spadesuit

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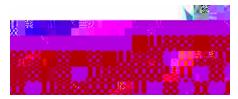
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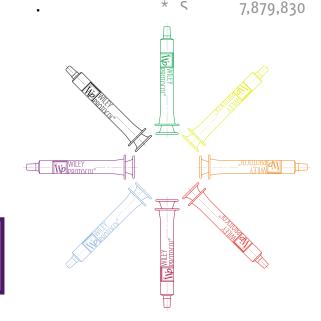
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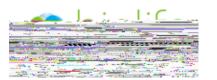
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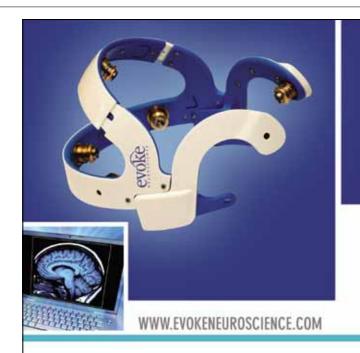
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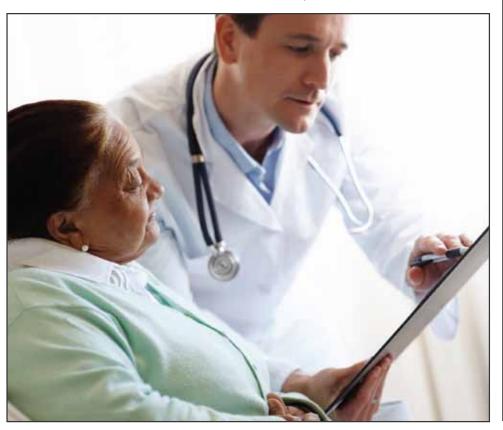
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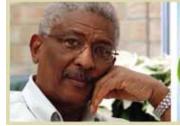


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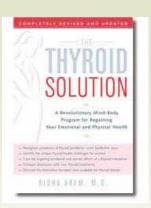
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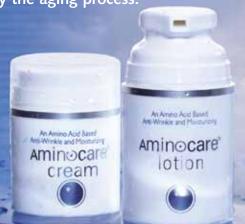
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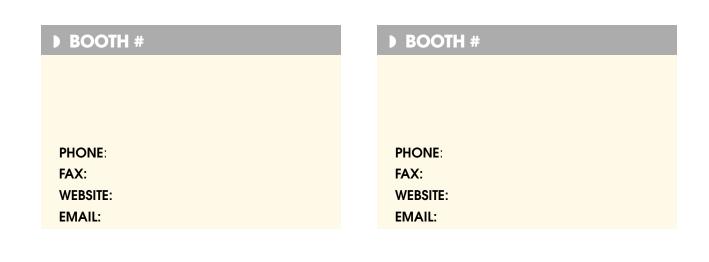
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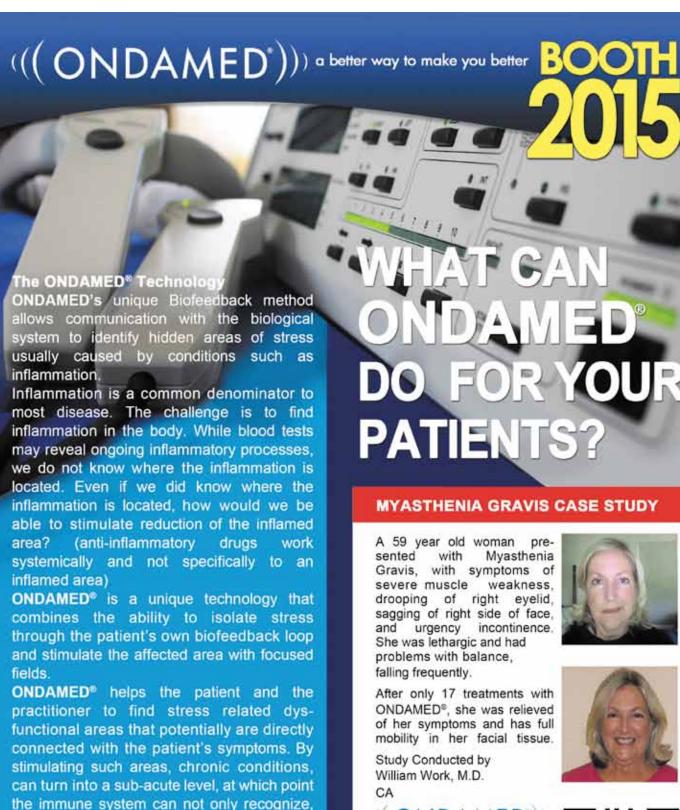
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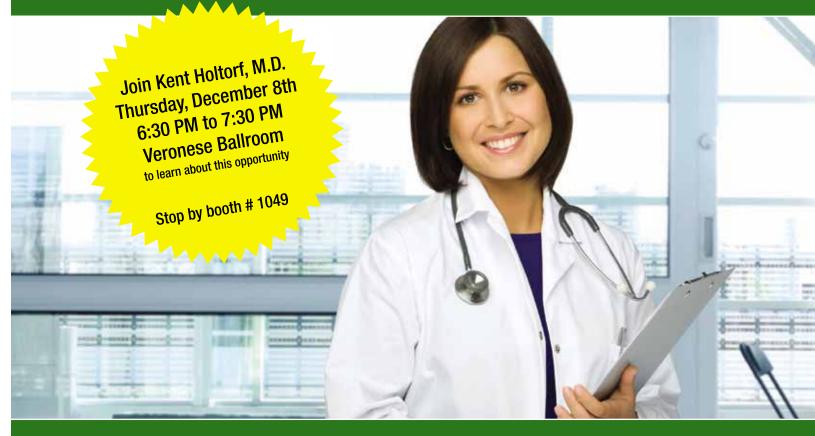
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1. Dyerberg J, et al. Bioavailability of marine n-3 fatty acid formulations. Prostaglandins Leukot Essent Fatty Acids 2010 Sep;83(3):137–141.



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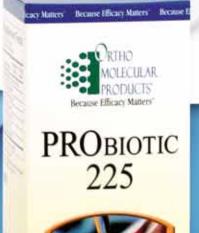
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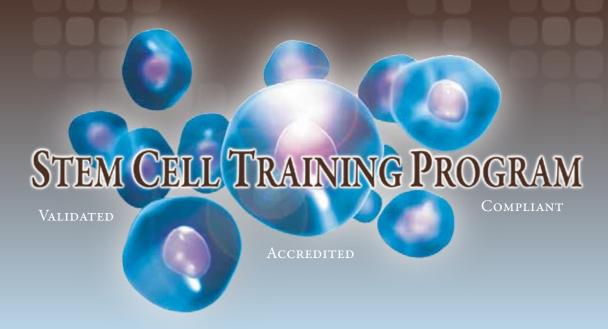
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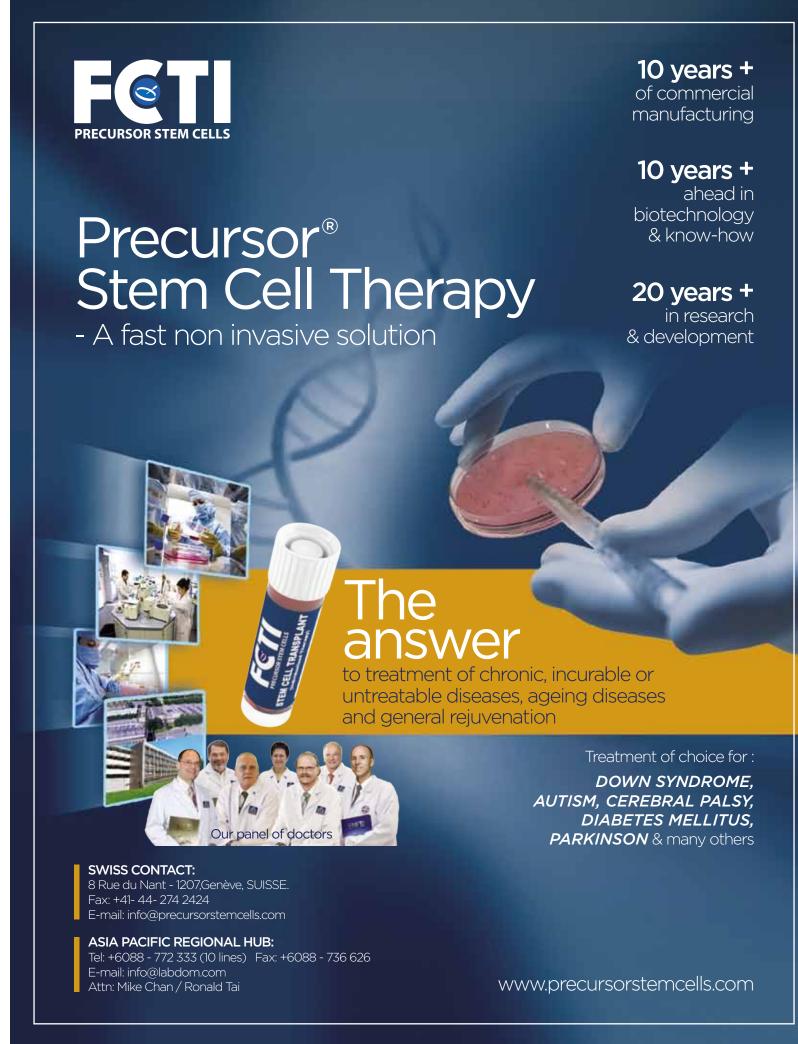
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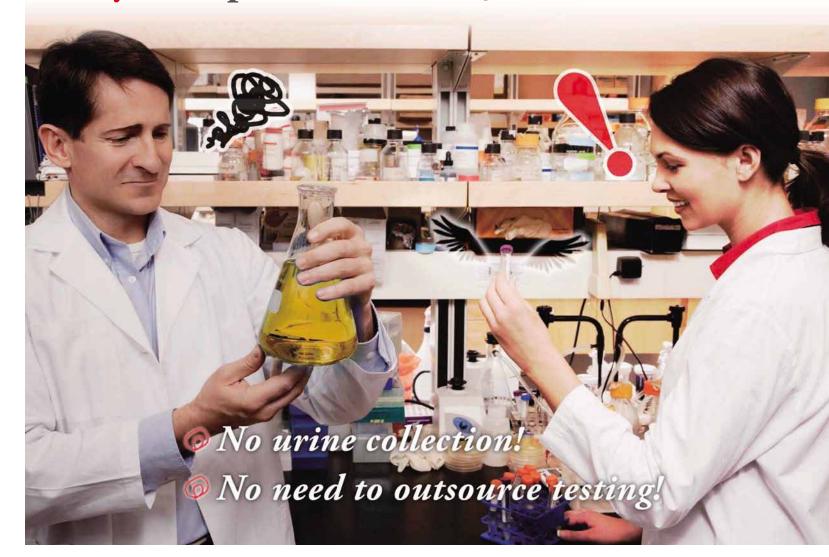
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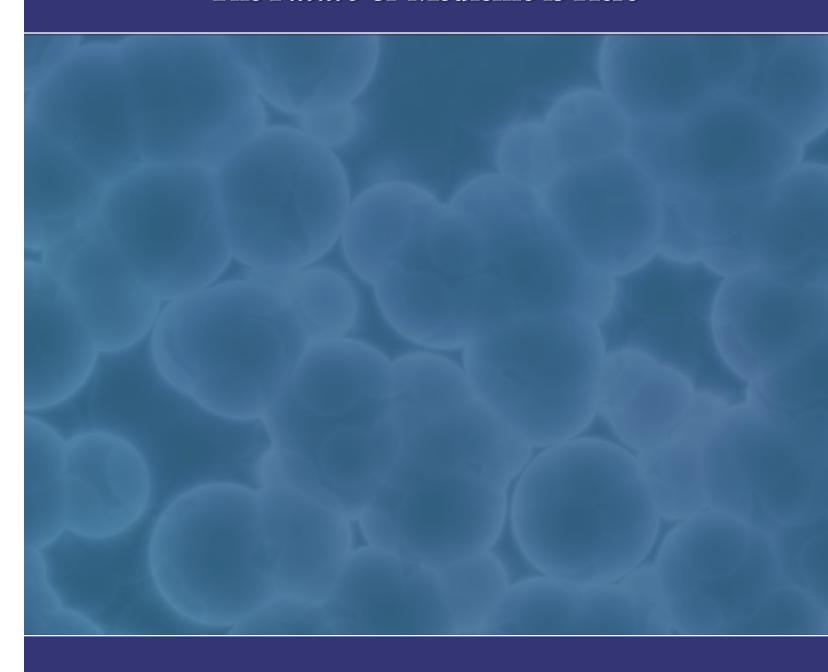
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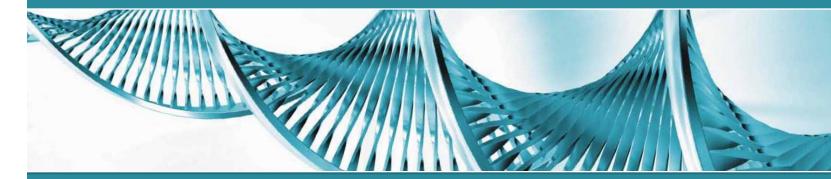


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with Sangeeta Pati, MD, FACOG

Responding to great demand from A4M members, we offer a preceptorship to teach clinicians how to restore optimal health through restoring hormones and nutrients, removing toxicities and rebalancing the mind and the body. It is a 4-day preceptorship with Dr. Sangeeta Pati. It has been greatly appreciated by physicians (including those who have completed the A4M Fellowship) who need help putting it all together into practice.

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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. She has practiced extensively in the U.S. and internationally including serving as Medical director for a 350-employee non-profit organization. Dr. Pati is multi-lingual and is renowned in her field having authored numerous scientific articles and addressing audiences both nationally and internationally. She is recognized by physicians internationally as a foremost authority in the field of Bio-Identical Hormone Replacement Therapy. Dr. Pati holds board certifications from the American Board of Ob/Gyn and American Anti-Aging Board of Medicine.



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to the treatment of CHRONIC FATIGUE SYNDROME and FIBROMYALGIA

By: Kent Holtorf, M.D., Holtorf Medical Group Affiliate Centers

hen it comes to treating patients with chronic fatigue syndrome (CFS) and fibromyalgia (FM), doctors are often at a loss. Because they can't figure out what's wrong, many consider CFS and FM "waste basket" diagnoses. Others simply dismiss the symptoms as psychiatric in nature. This certainly is a disservice to the estimated 4 percent to 7 percent of the population that suffers from these conditions. These disorders, which strike women four times as much as men, 1-3 are consistently associated with a unique set of physiologic abnormalities. 4-71

Physicians need to employ a multi-system approach, instead of resorting to single-drug modalities for each symptom. 12,16,72-87 This comprehensive approach is largely becoming the standard of care and is effective in 80 percent of patients with these conditions.

patients with FM had central hypothyroidism, despite having baseline TFTs in the normal range. More than 90 percent of the time, standard TSH and T4 testing misses central medicated hypothyroidism.¹¹⁷

Emerging evidence, however, shows free T3/reverse T3 (rT3) ratios can be a useful indicator of tissue thyroid levels. This may, in fact, help physicians assess tissue thyroid effect with central hypothyroidism and chronic physiologic stress. 118-120 Instead of T4 normally converting intracellularly to the active T3 in peripheral tissue, T4 is preferentially converted to reverse T3. Therefore, increasing levels of rT3 and diminishing levels of T3 are indicators of low tissue thyroid effect. Free T3 and rT3 tests can be ordered at most major clinical laboratories. A free T3/rT3 ratio that's less than 2 pg/ng is consistent with low tissue thyroid activity.

Because T4 to T3 conversion in these conditions is diminished, it's not surprising that T4 supplementation has little effect, but that treatment with T3 is significantly effective.

16,121-123 In a double-blinded, placebo-controlled trial by Lowe et al., T3 therapy was safe and effective for treating euthyroid (TFTs in the normal range). Patients reported a highly significant improvement in pain, got T4 similar, T4g thang euthanontpre (hit A de a-



injected subcutaneously daily. Patients can start with a three-month therapeutic trial. We must monitor for water retention, which can produce joint pain and carpal tunnel syndrome. Insulin sensitivity may temporarily decline as well. Such treatment is generally well tolerated and if such side effects do occur, they usually resolve with a reduction in dose.

Because of the synergistic nature of hormones, small doses of multiple hormones are generally superior to large doses of any one hormone. Each hormone, however, should be started one at a time so we can best monitor for potential side effects.

Component Four: Treat the infectious components. A great deal of medical literature documents the multiple infections that may either cause or contribute to CFS and FM. 39-48,125-128 Likely, this is due to the immune dysfunction seen with these conditions, which allows opportunistic organisms and other infections to flourish. This includes a variety of viruses such as Epstein Barr (EBV), cytomegalovirus (CMV), human herpes virus 6 (HHV6) and intracellular bacterial infections, such as mycoplasma, Chlamydia pneumonia and Borrelia burgdorferi (Lyme disease). Various antimicrobial treatments directed at such infections are significantly beneficial.

Component Five: Address unique etiologies. Several cycles of dysfunction occur in these conditions that can produce unique pathological etiologies. For instance, chronic infections can cause an abnormal immune activation of coagulation. This produces a fibrin coating on the lumen of the vessel, causing impaired oxygen and nutrient transfer.^{2,57-62}

If suspected, the diagnosis can be made by testing a coagulation panel of soluble fibrin monomer, thrombinantithrombin complex, D-dimer and plasminogen activator-inhibitor-1.⁵⁷⁻⁶² Heparin can help such patients.^{12,58}

Evidence also suggests that neurotoxins are a potential cause or contributing factor to CFS and FM symptoms. 129-131 Visual contrast sensitivity testing and serum C3(a) and C4(a) can help us assess the potential for such exposure.

Component Six: Maintenance. We need to adjust therapies and wean patients to minimal core treatments. With improvement, medications can be discontinued, generally one at a time. During this phase, patients can be seen less often. We generally wean patients off medications before supplements. We also can successfully take patients off narcotic pain relievers. Symptomatic improvement usually correlates with improved cortisol, growth hormone and thyroid levels. So we can adjust hormones as well. However, most patients feel better with the optimal supplemented thyroid levels. Continued thyroid supplementation also appears to prevent relapses.

MULTISYSTEM EFFICACY

A multisystem approach is becoming the standard of care for patients with CFS and FM. And studies are backing this approach. For example, Teitelbaum et al. performed a randomized, doubleblinded, placebo-controlled, intentto-treat study on 72 FM/CFS patients. The goal was to assess the effectiveness of an integrative treatment approach that simultaneously treated the nutritional deficiencies, chronic infections and hormonal dysfunctions that exist with these conditions.⁷² Overall, 90 percent of patients had significant improvements vs. placebo in visual analog scores (p < 0.0002), the Fibromyalgia Impact Questionnaire (p < 0.0005) the tender point index (p < 0.0001) and overall response (p < 0.0001) with no significant reported side effects.

The Journal of Chronic Fatigue Syndrome recently reported our center's novel use of a computerized symptom assessment that evaluated the multisystem treatment protocol for more than 500 consecutive patients with CFS and FM.⁴ Ninety-four percent of patients had overall improvement by the fourth visit, with 75 percent noting significant overall improvement and 62 percent reporting substantial overall improvement. In subsequent visits, the majority of patients continued to improve. The average energy level more than doubled by the fourth visit, going from an average of 2.98 at baseline to 6.39, and then to 6.77 and 7.67 at the seventh and ninth visits, respectively.

The average sense of well-being more than doubled by the fourth visit, increasing from a baseline average of 3.03 then to 6.29, 7.45 and 6.83 on the fourth, seventh and ninth visit, respectively.

Subsequently, more than 40 physicians were trained to use a simplified treatment algorithm at 17 centers across the country. This multicenter study included more than 4,000 consecutive CFS and FM patients who were treated with this simplified algorithm and tracked via the same computerized patient assessment system. Eighty-five percent of patients improved by the fourth visit. By the seventh visit, 62 percent of patients reported significant improvement, and 46 percent indicated substantial improvement.87 By addressing the multiple physiologic abnormalities that occur with CFS and FM, we can give our patients hope for dealing with these debilitating disorders. •

▶ Kent Holtorf, MD, is the Medical Director and CEO of the Holtorf Medical Group Affiliate Centers and Founder and Medical Director at National Academy of Hypothyroidism. He is an expert in treating chronic fatigue syndrome, fibromyalgia, complex endocrine dysfunction and chronic infections (including EBV, HHV6 and Lyme disease). Dr. Holtorf received his doctorate of medicine from St. Louis University with residency training at UCLA. He has personally trained numerous physicians across the country to effectively treat chronic fatigue syndrome, fibromyalgia and chronic infectious diseases.

Disclosure: Dr. Holtorf indicates that he has no affiliations with any commercial entities, directly or indirectly referenced in this article.

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AUTHOR'S NOTE: Access the rest of the references at www.a4m.com



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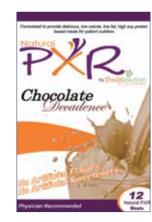
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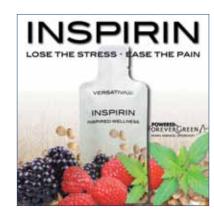
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14



16







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PHONE: 1-855-411-BODY (2639) WEBSITE: www.Invasix.com

continued

19. Ageless Essentials with Product B^{TM}

Preserve youthful cell function and healthy telomeres with Ageless Essentials with Product BTM. Telomeres, the repetitive DNA regions that act as protective caps at the end of chromosomes, are an exciting new biomarker of aging. Telomeres shorten normally with age, but the process is sped up with obesity, poor nutrition, and toxicity that contribute to oxidative stress. Ageless Essentials with Product B is scientifically formulated to bolster the body's antioxidant status with bioactives, vitamins, and minerals that support telomeres and to help protect you from accelerated metabolic disruption, mitochondrial decay and degeneration associated with aging.

PHONE: 480-636-5504

and Magnesium

tal sensitivities.

PHONE: 503-694-1600

WEBSITE: www.kirkmanlabs.com

WEBSITE: www.Isagenixdoctors.com

21. Kirkman's IP-6 with Calcium

A powerful immune booster, Kirkman's IP-6 (Inositol)

with Calcium and Magnesium increases natural killer

cell activity and normalizes natural killer cell activity

promise in contributing to abnormal cell destruction in

multiple types of tissues, which is undoubtedly due to

its antioxidant properties. Added to juice or water this

product offers a delicious citrus flavored drink. KIRK-

MAN® is the oldest and one of the leading manufactur-

ers of nutritional supplements for individuals with food

allergies, special dietary requirements and environmen-

if depressed by oxidative stress. IP-6 has also shown

20. SafeCare®RX Burnout™

King Bio SafeCare®RX Burnout™ formula is designed to temporarily relieve symptoms due to physical, mental, and emotional burnout from overwork, long term stress, lack of sleep, weak memory, lack of focus, fatigue, illness, nervousness, exhaustion, indifference, muscle weakness, and blood sugar imbalances. This breakthrough nervous system restoration product provides 16 homeopathic active ingredients (including 4 glandulars) AND 3 flower essences made in 7 high potencies, equaling 133 total active ingredients that address a broad spectrum of burnout symptoms.

PHONE: 1-800-543-3245 WEBSITE: www.safecarerx.com

22. CoffeeGenicTM Green Coffee Extract

CoffeeGenic™ Green Coffee Extract is a next-generation glucose control compound clinically shown to induce a 32% drop in after-meal blood sugar. It utilizes a patented extraction process that yields an extraordinarily high proportion of chlorogenic acid from organically grown green coffee beans. This maximum potency antioxidant phenolic acid has been shown to:

- Inhibit the *enzyme glucose-6-phosphatase* to help balance healthy blood glucose in those already within normal range and suppress after-meal glucose spikes.
- Inhibit the alpha-glucosidase enzyme that breaks apart complex sugars and enhances their absorption.
- Increase the signal protein for insulin receptors in liver cells.

PHONE: 1-888-884-3657

WEBSITE: www.LifeExtensionRetail.com













23. Life Force TM

The Life $Force^{TM}$ is a patent pending non-invasive relaxation therapy technology that creates an environment in which the body is brought to a state of total relaxation and de-stress, often resulting in the balance of the autonomic nervous system (ANS). With the ANS in balance, research shows our immune system and innate self healing energies focus on the source of chronic disease dysfunction resulting from stress and environmental trauma.

Life Force TM combines vibrational sound frequency modulation with the light and color sciences that work at the cellular level, often resulting in bodily resonance and improved physical, emotional and spiritual health.

PHONE: 813-601-0054

WEBSITE: www.lifeforcetampa.com

24. LifeWave's newest product - Aeon

LifeWave's newest product, Aeon, uses one-of-a-kind technology to produce an anti-stress response in the body via a novel mechanism. This non-transdermal patch has been clinically proven to elicit biochemical changes in the body through photobiomodulation. Aeon has been shown to be effective at reducing the age-related effects of stress, and reducing inflammation, specifically harmful biochemicals such as cytokines. In one clinical study, lowered heart rate variability and balancing of the autonomic nervous system was seen 10 minutes after Aeon application, resulting in a reduction in the individual's stress. More information, including additional clinical research, can be found at www.lifewave.com.

PHONE: 858-459-9876 WEBSITE: www.lifewave.com

^{*} These statements have not been evaluated by the Food and Drug Administration.

These products are not intended to diagnose, treat, cure or prevent any disease.

continued

25. LightStim

LightStim is the largest US manufacturer of LED Light Therapy devices, with both consumer and professional models to relieve arthritic pain, reduce and eliminate bruising, produce collagen and elastin to eliminate wrinkles, and clear acne. LightStim is proud to announce 2 new products: *LightStim for Wrinkles*, an at-home device that uses the same Multi-WaveTM technology as LightStim professional devices and is FDA cleared to eliminate fine lines and wrinkles; and another device that harnesses our Multi-WaveTM technology to stimulate hair regrowth in both a professional model and affordably priced at-home model.

PHONE: 714-884-3337

WEBSITE: www.LightStim.com

26. Bio-Back by Medolutions

Bio-Back by Medolutions is a healthcare reimbursed, revolutionary lumbar orthosis. Patented design features of Bi-Lateral Opposing Force and a Lumbar Dome make it effective at relieving and preventing low back pain. Clinical studies demonstrate an average 46% reduction of muscle activity of the paraspinal muscle groups.

PHONE: 1-888-978-7999 x 103 WEBSITE: www.medolutions.com



25



26



27. SCRxTM CellularStasis Mask

The most powerful Human-Stem-Cell-Peptide filled mask out on the market today. SCRxTM Plasma derived CalecimTM, Stem-Cell-Peptides from Umbilical-Cord-Lining are extremely high in rich, purified Growth Factors (containing 50x more growth factors than found in human blood). This formula of two stem cell strains, Epithelial and Mesenchymal stem cells, triggers an internal cascade stimulating RNA and DNA production, increasing proteins which repair cell functions, producing collagen deep down in the stratum basale, hence promoting the regeneration and repair of the epidermis.

PHONE: 818-800-3887

WEBSITE: www.SCRxPlasma.com

28. UltraMeal® Plus 360° Stevia

UltraMeal® Plus 360° Stevia is a medical food product of Metagenics, Inc., a nutrigenomics and lifestyle medicine company. UltraMeal® Plus 360° Stevia contains stevia and eyrthritol as low-calorie, natural sweeteners, offering physicians and patients a reduced calorie option to the original UltraMeal® Plus 360° formula. Research with the original UltraMeal® Plus 360° soy protein-based formula and a low-glycemic, Mediterranean diet has been shown to be almost twice as effective as this same diet alone for reducing certain cardiovascular risk factors, and 40% more likely to resolve metabolic syndrome. There is also a rice protein-based option for people with soy sensitivities.

PHONE: 949-369-3483

WEBSITE: www.metagenics.com

29. ReaLBuild®

Many substances in the environment have a potentially destructive effect on white blood cells, the main agents of the immune defenses.

As a biochemist, Mirko Beljanski knew that all types of cells need special and specific "primers" to catalyze the process of cell duplication. He prepared short fragments of RNA primers, commercially known as ReaLBuild®, according to the model of what the healthy body provides for normal cell multiplication. The small RNA fragments simply support the body's immune system to help boost the cells which naturally enhance the generation of white blood cells and platelets.

PHONE: 212-308-7066

WEBSITE: www.natural-source.com

30. Introducing....THE PURIST......

The PURIST turns most tap water into pure, neutral, pH, $\rm H_2O$. It is the preferred choice for drinking, cooking, teas, soups, health shakes and beverage mixes. Other important uses include washing fruits and vegetables, rinsing skin and hair, fasting and colonic irrigation. PURIST water is ofcourse ideal for making enhanced functional water with Purative add-ins such as QuintEssential 3.3 ocean minerals and Active H-minus ultra antioxidizing tablets with -700 ORP.

PHONE: 713-790-0023 WEBSITE: www.Purative.com

continued

31. Cerelist

Cerelist is a non-prescription medical food that addresses the nutritional deficits associated with mild cognitive impairment (MCI) and mild-to-moderate Alzheimer's disease (AD).

Cerelist provides powerful antioxidants to protect neuronal cells, metabolic cofactors to support brain cell metabolism, and cholinergic precursors to promote acetylcholine synthesis.

Visit www.neuroscienceinc.com/medicalfood or stop by booth 6045 to find out more.

PHONE: 1-888-342-7272

WEBSITE: www.neuroscienceinc.com

32. Nordic Naturals Arctic Omega FortifyTM

Nordic Naturals Arctic Omega Fortify™ is a revolutionary way to enjoy your omegas. This odorless, flavorless omega powder can be used as a soluble drink mix or a topping on virtually any favorite food. With 500 mg EPA+DHA in every serving, and zero hint of fish, Arctic Omega Fortify is the perfect nutritional boost to meals or snacks. Add to applesauce, yogurt, oatmeal, dressings, juices, and more! There's no soft gel to swallow, and no gelatin—just the same leading purity and freshness you expect from Nordic Naturals. The convenient, single-serving packets give you all the health benefits of omega-3s any time, anywhere you want.

PHONE: 1-800-662-2544

WEBSITE: www.nordicnaturals.com

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33. Nutra Luxe MD, LLC

Formulated in Germany by a team of scientists and doctors, the active ingredients - include vitamins and peptides without any parabens, preservatives, cream fillers, or stabilizers - maintaining the integrity and potency through our innovative encapsulated technology. Our encapsulation technology preserves the original potency of the ingredients up to the second that it's pumped onto the skin as the capsules burst in real time. With Nutra Luxe MD products, aging is now an option.

PHONE: 239-561-9699

WEBSITE: www.nutraluxemd.com

34. ONDAMED's Flex Applicator

The ONDAMED Technology was recently enhanced with a breakthrough applicator focusing on the use for pain and related symptoms associated with osteoporosis. Wolf-Dieter Kessler, M.D., Ph.D. has been using a forerunner model in his clinic for 20 years with significant results in pain relief and bone regrowth. A recent case study shows a 53.6% reduction in urine deoxypyridinoline (DPD) levels after just eight weeks of weekly sessions.

ONDAMED's Flex Applicator is now available and may either be used as a component of the Biofeedback System or as a stand-alone treatment modality to treat pain and related symptoms associated with osteoporosis (in the U.S. physicians must join an IRB for the treatment of osteoporosis).

PHONE: 845-534-0456 / 0 WEBSITE: www.ondamed.net

35. PATH Medical's Relax-Mate

(erelist

PATH Medical's Relax-Mate is a custom designed CES device (Cranial Electrotherapy Stimulation) that is an FDA approved therapeutic procedure using mild, electronic stimulation for the treatment of anxiety, depression, and insomnia by potentiating two inhibitory neurotransmitters, GABA and serotonin. Research supporting this use of the CES device goes back more than 50 years. Other research shows benefit for helping with drug abstinence and cognitive dysfunction (increased mental energy, clarity, and alertness). The Relax-Mate is safe (noninvasive, battery powered, non-addictive, no pharmaceutical side effects) and easy-to-use (simple, non-irritating application, automatic shut-off).

PHONE: 212-213-6155 WEBSITE: www.pathmed.com

36. Cardio ProTM

Formulated by Progressive Laboratories' Medical Director, Dr. Mitchell A. Fleisher, M.D., Cardio Pro™ is based upon the research of Dr. Linus Pauling and Dr. Mathias Rath. This pleasant-tasting, drinkable formula is specifically designed to support heart and arterial health. It supplies vitamin C as magnesium and potassium ascorbates (essential for healthy cellular metabolism and relaxation response of blood vessels). Citrus bioflavonoids, along with the amino acids L-lysine and L-proline, are added to support blood vessel strength. Vitamin K2 is also included to help remove abnormal calcium deposits from blood vessel walls and deposit it into the bones where it belongs.

PHONE: 1-800-527-9512

WEBSITE: www.progressivelabs.com

continued

37. ATP Fuel®

ATP Fuel® is designed to support the Krebs Cycle of cellular energy production by repairing mitochondrial membranes and improving energy output. The Krebs Cycle takes place inside the mitochondria or "power plant" of the cell and it is the body's primary energy producer. ATP Fuel® is formulated for athletes and patients seeking optimized energy. ATP Fuel® starts with the base of our highly acclaimed NT Factor Energy™ phospholipid delivery system, and adds the two other well-researched energy producing nutrients, NADH and CoQ10 into one convenient and power-producing formula. Newly published research indicates significant fatigue reduction.

PHONE: 805-693-1802

39. HMB Plus

WEBSITE: www.ResearchedNutritionals.com

38. NEW! The Ultimate in Flexible Probiotic Care

Advanced NaturalsTM, the integrative healthcare practitioner's source for specialized digestive care formulas, is pleased to introduce the latest in our professional probiotic line: Ultimate FloraMax 30 Billion. This new formula features 10 select strains at a 3:2 Bifidobacteria to Lactobacillus ratio to help replenish declining Bifido levels in the colon, support regular digestion, and optimize immune health, all at an adjusted daily maintenance dosage. Ultimate FloraMax 30 Billion is ideal for younger patients or for anyone just beginning a digestive health regimen and seeking a flexible-dosage, expertly formulated probiotic.

PHONE: 1-800-690-9988

WEBSITE: www.advancednaturals.com

40. The Cortex

HMB (beta-hydroxy beta-methylbutyrate), a metabolite of the branched chain amino acid leucine, has been the subject of over 30 clinical studies. The benefits of HMB on lean body mass are demonstrated in both young and aging cohorts with diverse backgrounds. By supporting the integrity of muscle fibers and protecting important contractile proteins, HMB helps maintain muscle strength. HMB also directly supports protein synthesis by maintaining healthy growth factor signaling and ribosome activity in muscle cells. HMB Plus combines HMB, alpha lipoic acid and Kre-Alkalyn®, a pH-balanced creatine, to support intramuscular antioxidant status, maintain inflamma-

PHONE: 1-800-753-2277

WEBSITE: www.PureEncapsulations.com

Kre-Alkalyn® is a registered trademark of Bioceutical Research and Development Laboratory (BR&D). Kre-Alkalyn® is a US-patented product (US Patent 6,399,661). *These statements have not been evaluated by the Food & Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

tory balance and support healthy gene expression.*

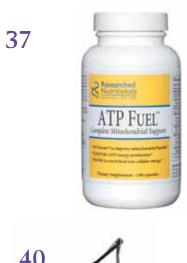
The Cortex is the only skin resurfacing that includes Co2 and Erbium Yag in the same console. The Cortex Features include: Fractional Co2 (adjustable density to 95% coverage), Full Coverage Erbium Yag and Fractional Erbium Yag.

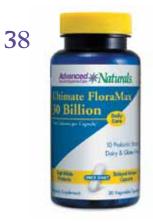
The Cortex provides fractional Co2 skin resurfacing for patients that require aggressive laser treatments and the Erbium Laser for darker skin type patients or patients requiring a less aggressive fractional treatment.

The Carbon Dioxide laser penetrates deep to provide heat for stimulating collagen. While the Erbium Yag laser helps to sooth and soften the epidermis and remove pigmentation form the top layers of skin.

PHONE: 205-290-8251

WEBSITE: www.sandstonemedicaltechnologies.com













41. Screen-inc

The CANS-MCI is a fully self-administered test battery that requires almost no staff time or training. It measures the changes most predictive of Alzheimer's. Screen-inc developed this test battery for clinicians to most accurately predict the first stages of declines distinct from normal aging. It is ideal for routine baseline testing in treatment facilities. It is the only fully self-administered computer test for a variety of conditions that can be used with a high degree of validity and longitudinal accuracy. The data are sent automatically over the internet to Screen's server, scored and sent immediately to the person's designated doctor.

PHONE: 1-866-668-9038 WEBSITE: www.screen-inc.com 42. Stemprofill

Stemprofill is the latest procedure in facial rejuvenation, that promises to reverse the damage of aging around the face, neck, and hands. This novel procedure combines the benefits of Growth Factor Rich Plasma (PRP), Hyaluronic Acid, and Circulating Blood Stem Cells with a serum based Biofiller to offer the patients the rejuvenating, long lasting, instant effect they want to achieve.

A natural and long-lasting alternative to dermal fillers, Stemprofill allows individuals to appear younger for nine months to one year through the utilization of regenerated, as opposed to foreign, cells.

PHONE: 305-503-4125

WEBSITE: www.stemprofill.com

continued

43. Take Shape for Life

Take Shape For Life offers over 70 portion controlled low glycemic index Medifast Meals; low in calories and fat. Our new Spiced Pancakes feature a warm blend of spices sure to please your senses. Each packet makes three 4-inch pancakes loaded with vitamins and minerals, at only 100 calories per serving. Try a touch of maple with Medifast Sugar-Free Syrup, in 5-calorie serving packets. Reaching a healthy weight is just the beginning, with the Habits of Health and free support of a Health Coach, we can help guide you to Optimal Health.

PHONE: 1-888-539-9975 WEBSITE: www.greg.tsfl.com



44. Vi-Shape® Nutritional Shake Mix

"Fast food" made healthy

Cutting calories while getting proper nutrition can be hard, expensive, and time consuming. Vi-ShapeTM offers you a fast 'ideal meal' that can save you money while providing amazing nutrition.

What's in Vi-Shape®?

- 1. A unique blend of proteins that work quickly and provide long–lasting nutrition to help you burn fat and build lean muscle.
- 2. Heart healthy **non-GMO soy protein**. (No Isoflavones)
- **3. Fibersol** [™], a new patented fiber blend that helps keep you feeling full, providing benefits of fiber without.
- **4. Aminogen**[™] to help your body maximize protein and nutrient absorption.
- 5. 23 Vitamins and minerals, along with other ingredients that help you burn fat.

PHONE: 561-676-8532

WEBSITE: www.JEstes.BodybyVi.com



Medicine for the Skin



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- Provides firming action and instant lifting
- Energy-stimulating biomodulins
- Improves skin's firmness and elasticity
- Totally natural formula



- Eliminates fine lines and wrinkles
- Anti-stress soother
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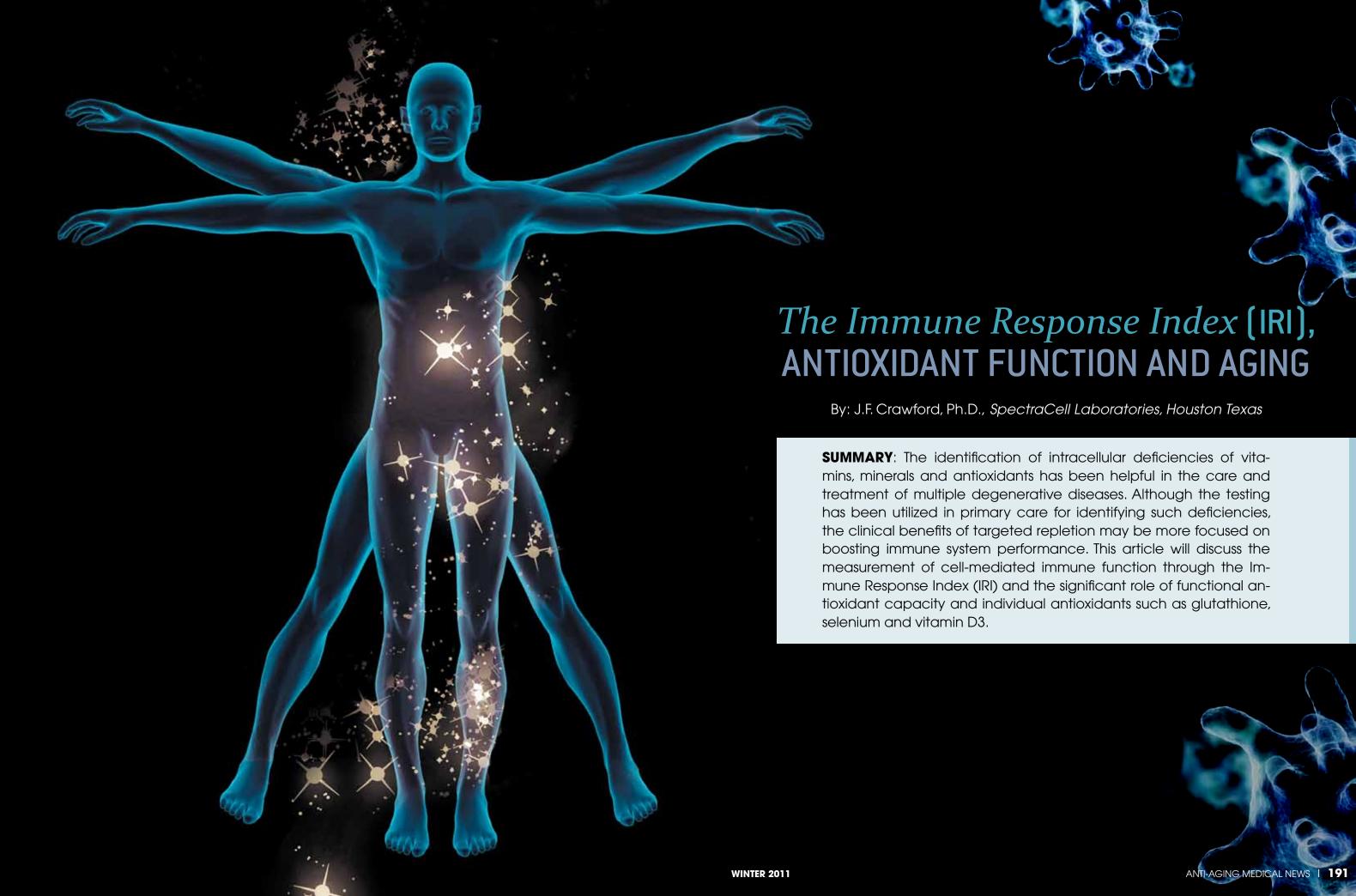


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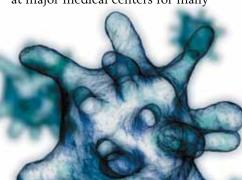




Indiscriminant consumption of excessive antioxidants may not be beneficial to the patient.

Testing for functional intracellular deficiencies of vitamins, minerals, antioxidants and other micronutrients was first introduced in 1992. The original technology was published and patented by Dr. William Shive, Chairman of Chemistry at the University of Texas at the Clayton Biochemical Institute. An earlier pioneer in nutritional biochemistry, Dr. Roger Williams, challenged Dr. Shive to develop a more accurate and precise measurement of intracellular micronutrient status. Roger Williams first espoused the concept of biochemical individuality. Dr. Shive utilized \$8 million in funding over ten years from the Clayton Foundation, Houston, Texas in developing, publishing and patenting this technology. Although the intracellular lymphocyte testing is recognized as a test for the determination of vitamin, mineral and antioxidant deficiencies. it is not generally understood that it is also a measurement of cell-mediated immune function.

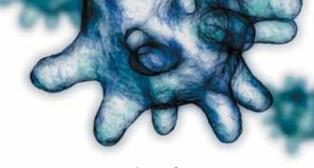
The micronutrient lymphocyte testing is performed by measuring the proliferative response of T-lymphocytes in response to a T-cell mitogen, phytohemagglutinin. (PHA). These T-lymphocytes form the foundation of our cell-mediated immune system. Growth responses are measured in a broad variety of tissue culture media formulations, each specific to the micronutrient being measured. The proliferative response is measured by the incorporation of radioactive thymidine (H3) into newly synthesized DNA. Although the culture media for the growth of the T-lymphocytes was developed by Dr. Shive at the University of Texas, the immunological measurement of tritiated thymidine incorporation into proliferating T-lymphocytes following PHA stimulation has been performed in immunology laboratories at major medical centers for many



years. It is accepted as a measurement of cell-mediated function. What has been developed by Dr. Shive is a method (1, 2) to determine the micronutrient deficiencies that limit the mitogenic response and prevent optimal lymphocyte performance as a participant in the cell-mediated immune process. (Th1 activity).

When activated by antigens such as the CD4 antigen or the CD8 antigen, T-lymphocytes differentiate into various types of regulatory and effector T- cells (CD4 and CD8 cells). The CD8 cells are called cytotoxic T-cells or killer T-cells and are responsible for cell-mediated cytotoxicity, which is the killing of cells bearing specific antigens, the mechanism involved in cell-mediated immunity, delayed hypersensitivity and the killing of tumor cells. A subpopulation, the LAK (lymphokine-activated killer) cells, are T-lymphocytes that under the stimulus of IL-2, convert to effector cells which are cytotoxic to tumor cells, which are already known to be resistant to natural killer (NK) activity. This highly complex system is dependent on the functional intracellular availability of a variety of vitamins, minerals and antioxidants, including vitamin C. vitamin E. zinc. selenium. vitamin D, glutathione, vitamin B6, vitamin B2, copper, vitamin A and iron. Deficiency rates for some of these micronutrients in the general population are shown in Table 1.

Each of these micronutrients are essential for optimal T-lymphocyte response to mitogen stimulation, limiting the T-cell performance in cell-mediated immune function. The mechanisms by which each micronutrient limits cell-mediated immune function is beyond the scope of this discussion, but the immunological impacts are broad and varied. For example, zinc, intracellularly deficient in 21% of the general population, impacts the immune system performance in multiple ways including: reduction in natural killer cell numbers and activity, diminished phagocytosis through decreased oxidative burst. reduced naïve T-cell numbers, reduced memory cell function and a promotion of imbalance in the Th1/Th2 system. Vitamin D3, intracellularly deficient in 20% of the general population, has

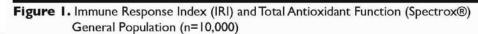


negative impact on the performance of regulatory cytokines, a reduction in the cytotoxic function of macrophages, decreased NK activity and again, adversely impacts the Th1/Th2 balance (3). Similar immunologic effects of the micronutrient deficiencies listed in Table 1 are included in a test report issued for determining such intracellular deficiencies.

As confirmed by the micronutrients listed in Table 1. antioxidant function plays an important role in promoting optimal T-cell function as measured by the proliferative response of Tlymphocytes. As is shown in Figure 1. Immune Response Index (IRI) and Antioxidant Function (Spectrox), there is a 23.6% difference in T-cell proliferative response between a subject with an antioxidant function result of 54% and the subject with an antioxidant function result of 68%. As the data in the graph demonstrates, in general, the higher the antioxidant score, the higher the IRI.

The impact of antioxidant function and aging on the Immune Response Index is shown in Figure 2. The total population (n=2500) is in the middle curve, where the IRI decreases from 75% to 57% over the age range of 20 years to 90 years. The upper and lower curves on Figure 2 show these changes in IRI with antioxidant function greater than 65% (upper curve), and an antioxidant function less than 40%.

However, if one looks at the mean result for those patients with low antioxidant function (less than 40%) and those with desirable, or high, antioxidant function, there is only a 6% difference at age 20 while at age 50, there is a 12% difference, and at age 90, the difference in 27%. It is evident that the T-lymphocyte proliferative response (IRI) is dependent on the age of the patient and highly correlated to the subject's antioxidant status. The antioxidant system is a network of interactions and balance between individual antioxidants, particularly



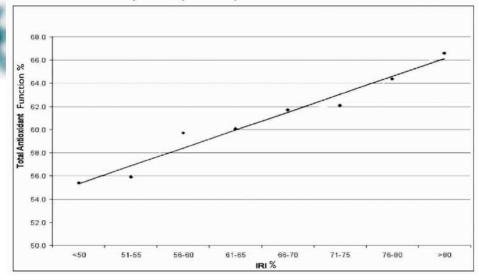


Figure 2. Immune Response Index versus Age in Different Antioxidant Function Groups

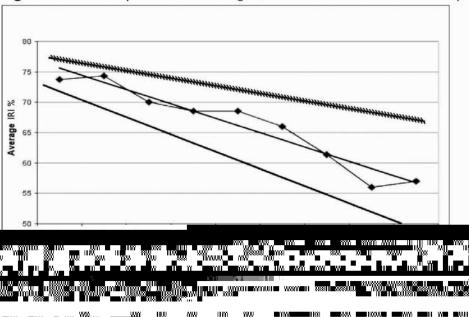
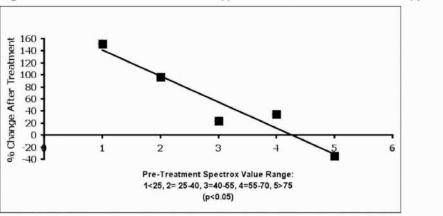


Figure 3. Pro-oxidant Effect of Antioxidant Supplementation on Antioxidant Function (Spectrox®)



Following baseline assessment of antioxidant function, subjects were supplemented for six weeks with 2000 mg vitamin C, 600 IU of D-alpha tocopheryl succinate (vitamin E), 40 mg grape seed extract, 200 mcg selenium, 30 mg Coenzyme Q10, and 30 mg alpha-lipoic acid.

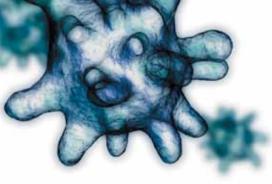
Subjects were retested for antioxidant function (Spectrox®) following the six week supplementation period.

vitamin E. vitamin C. selenium and glutathione. It is essential for optimal antioxidant function that balance exists with the individual antioxidants. In a study performed by Baum et al. (4), it was shown that an individual can over supplement with antioxidants and induce a pro-oxidant effect, lowering antioxidant function. Excess supplementation with individual antioxidants in a subject with a desirable level of antioxidant function can lower antioxidant function by as much as 40%. These results are shown in Figure 3. It is important for the subject to know their baseline antioxidant function before beginning indiscriminant supplementation with random dosages and types of antioxidants. The impact of such treatment not only can impair antioxidant function, but can reduce cell-mediated function by reducing T-lymphocyte proliferation.

The lymphocyte intracellular micronutrient testing is designed to measure cell performance; i.e T-lymphocyte mitogen proliferative response to PHA stimulation. A RANDOM selection of 100 subjects originally found to be deficient in specific vitamins; minerals and antioxidants were retested following repletion for a minimum of six months with the specific micronutrient supplements. Fifty-five percent (55%) of the subjects demonstrated an increase in the Immune Response Index (IRI) following supplementation. The mean improvement in the proliferative response was 54.2% with a range of results from 7.8 to 144.6% improvement.

This study also examined some characteristics of the subjects who had an initial functional micronutrient test followed by a retest with a mean time interval of 6.6 months between the two tests. Subjects were divided into two groups, responders and non-responders. The first group, responders, were defined as those subjects who demonstrated an increase in the Immune Response Index upon retesting, demonstrating an improved response to mitogen stimulation or improvement in cell-mediated immune function. Non-responders were defined as those showing no change or a decrease in the Immune Response Index following the initial testing.

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In Table 2 a comparison of the frequency of specific micronutrient deficiencies in both groups is shown.

The data demonstrates that responders had a higher frequency of deficiency of specific common antioxidants,

vitamin C, vitamin E, glutathione and selenium. In addition, zinc and vitamin D3 deficiencies were significantly higher than those observed in the non-responders. The functional antioxidant capacity (Spectrox) for both groups is shown in Table 3.

In those subjects demonstrating an increase in the Immune Response Index following repletion and retesting, there was a 36.7% increase in the antioxidant function. In the IRI-responders, there was a mean improvement in the IRI of 54.2% with a range of 11.6% to 144.6%. In the non-responders, the antioxidant function (Spec-

Table 1. Percentage Deficiency of Specific Vitamins, Minerals and Antioxidants in General Population (n=10,000)

Deficiency	Population Percentage
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Table 2. Comparison of Deficiency Frequencies upon Initial Testing

	%	%
Micronutrient	IRI -Responders	IRI-Non-Responders
Vitamin B2	14	7
Vitamin B6	4	6
Vitamin C	15	7
Vitamin E	18	12
Vitamin D	55	21
Glutathione	41	16
Selenium	33	16
Zinc	23	8

IRI Responders: Immune Resonse Index Improved upon Retest

IRI Non-Responders: Immune Response Index DID NOT Improve upon Retest

Minimal Time between Initial Test and Repeat Test - 6.6 Months

Table 3. Mean Antioxidant Function (Spectrox®) Result in IRI-Responders vs. IRI-Non-Responders

	IRI -Responders	IRI-Non-Responders
Antioxidant Function Spectrox® - Baseline	49	60
Antioxidant Function Spectrox® - Retest	67	60
Percentage with Decrease in Antioxidant Function on RETEST	4.5%	41.0%

n = 100

RETEST performance 6.6 months (mean) following Baseline Testing.

trox) was initially higher (22.4%) than in the responder group, and did not change upon retesting. However, in the non-responder group, it was observed that 40.9% of the subjects had a decrease in the IRI. Many (10/50) of these subjects were observed to have not successfully corrected micronutrient deficiencies initially determined in their baseline testing. In addition, neither the diagnosis or treatment regimen implemented by the attending physician or by the subject independent of the physician's knowledge is known. As a result, it cannot be determined if the cause of the decrease in the IRI or the failure of the nonresponders to improve their IRI is due to any specific factor and will require further study. However, the data does suggest the powerful role glutathione, zinc and selenium may play in boosting cell-mediated immune responses. The low frequency of deficiencies of these specific antioxidants in the non-responding IRI group will require further study to explain their absence and effect on Spectrox and the IRI. The high frequency (41%) of a decline in functional antioxidant performance in the non-responding group could partially be caused by excessive supplementation by the patient of antioxidant formulations. These additional supplements were not required as the subject was not found to be deficient through testing and helps to confirm that indiscriminant consumption of micronutrient supplements may not be of benefit to the patient and could, in fact, be harmful, particularly to the antioxidant defense system and cell-mediated immune system performance. •

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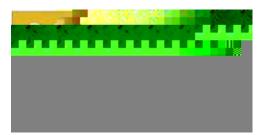


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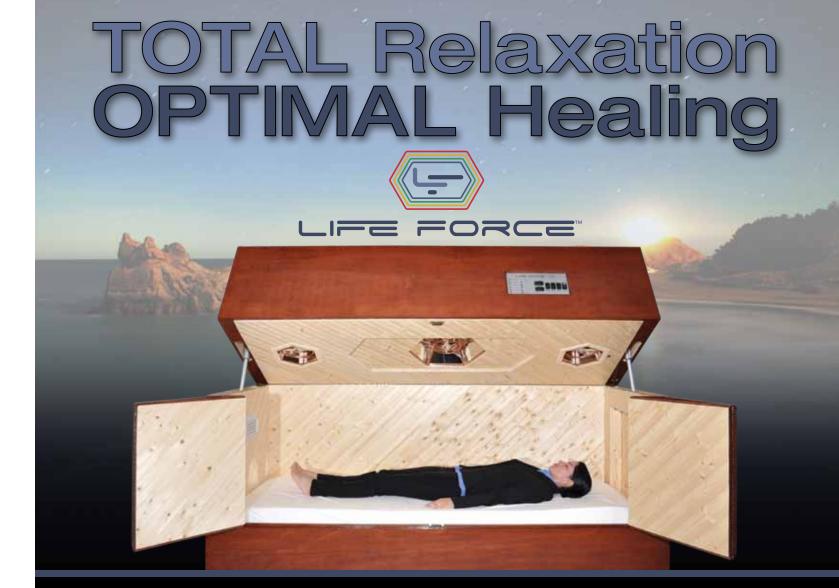
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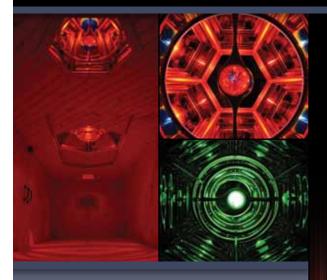
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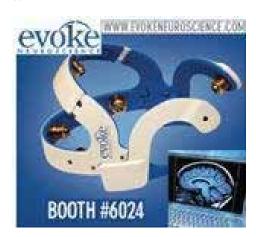
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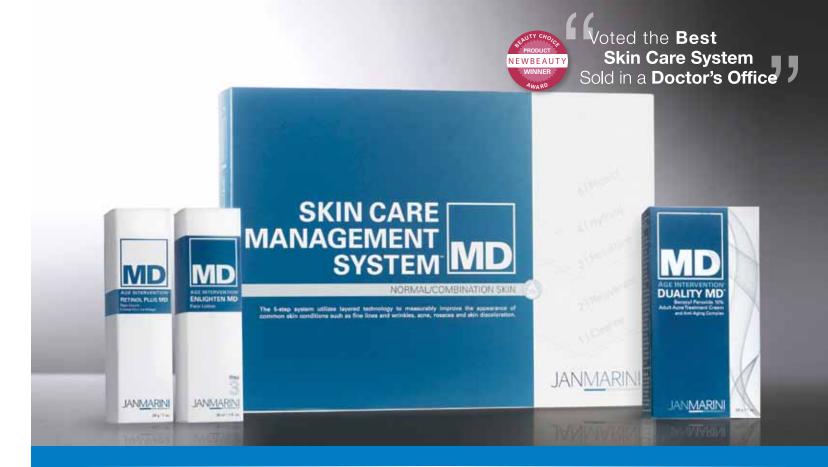


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Age Intervention® Duality MD™ is a breakthrough anti-aging acne solution. The unique dual chamber dispensing solution combines the maximum allowed percentage of benzoyl peroxide and a concentrated retinol. The gentle formulation also includes powerful anti-aging technologies, including multiple peptides, anti-inflammatory agents and antioxidants.





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