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Physiology Optimization is the Key in the Management of Age Related Body Breakdown

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Goal

- to present and discuss the general principle of physiology optimization
WHAT IS PHYSIOLOGY?
Physiology is the science of the function of living organisms and their parts.
WHAT IS HEALTH?
Health is optimal physiology

Bringing Physiology Back to Medicine, because Conventional Medicine is Oriented on Drugs
Do you know that:

- while the United States makes up only 5% of the world's population, we consume over 50% of all the world's pharmaceutical drugs?
- prescription drugs are now killing far more people than illegal drugs?
- Americans consume 80% of the global supply of pain pills?
- more than 25% of all children in US take prescription drugs on a regular base? American kids consume more than 85% of all psychotic drugs?
- the percentage of women taking antidepressants in America is the highest in the world?
- 600,000 hysterectomies done annually in US
In Africa every morning a gazelle awakens knowing that it must outrun the fastest lion if it wants to stay alive. Every morning a lion wakes up knowing that it must run faster than the slowest gazelle or it will starve to death. It makes no difference whether you are a lion or a gazelle: when the sun comes up you had better be running.
What can we expect during aging and why?
We All Started Out the Same...
Hormones Kick In!
OPTIMAL HEALTH!

Unlimited Energy

Unlimited Power
Another changes occur around age 40 and visibly alter a person physically

Once, you look down on yourself from the top, and cannot see your feet. In front of your eyes, only he, your STOMACH, is present. With all the problems in life, here is one more. Now, it is cramped behind the wheel, and sex turns into a sumo battle.
Our hair begins to gray
Our skin begins to wrinkle
As we age...

We begin to experience a decrease in our quality of life:

- fatigue
- loss of memory and mental clarity
- loss of strength and energy

Time is not your friend. Every day past 40 you get slower, weaker, sicker, less attractive to potential mates and less full of life & vitality.
Age 50 - Life cycle completed!

We look like kids again – the same
Aging

- high cholesterol
- myocardial infarction
- type II diabetes
- hypertension
- congestive heart failure
- fatigue
- insomnia
- depression, anxiety
- fibromyalgia
- migraine
- cataract
- macular degeneration
- bone loss
- skin changes
- loss of muscle mass
- weight gain
- arthritis
- memory loss
- poor immunity
- menopause
- andropause, ED
- cancer
- Alzheimer’s disease
- Parkinson disease
Menopause

- hot flashes
- loss of libido and sexual drive
- facial and body hair
- scalp hair loss
- bone loss, arthritis
- bloating
- weight gain
- mood swings
- depression
- increased risk of cancer
- fatigue
- incontinence
Andropause

- erectile dysfunction
- loss of sexual desire
- abdominal obesity
- urinary problems
- loss of hair on the face, axilla, pubis
- scalp hair loss
- bone loss
- loss of muscle mass
- weight gain
- depression, irritability
- increased risk of cancer
- fatigue
- anhedonia

Anhedonia is an inability to experience pleasure from normally pleasurable life events such as eating, exercise, social interaction or sexual activities.
What we’re looking for...

What’s looking for us.
From one extreme....
....to another....
....and another....
HOW AGING AFFECTS BELT HEIGHT...

YOUTH ADULT MIDDLE-AGE OLD AGE
How aging affects your body stature
How aging affects your body appearance...
How aging affects your sex life...

I hope you're ready for this my dear. I've got some jump leads attached to the young man next door.
How aging affects your daily life…
How aging affects your daily schedule...
“Definition” of aging...
The Cat In The Hat On Aging

I cannot see
I cannot pee
I cannot chew
I cannot screw
Oh, my God, what can I do?
My memory shrinks
My hearing stinks
No sense of smell
I look like hell
My mood is bad -- can you tell?
My body's drooping
Have trouble pooping
The Golden Years have come at last
The Golden Years can kiss my ass
What can we do?
What Causes Disease?
Disease can be caused by one of four factors:

Genetics/Congenital:

Conditions such as cystic fibrosis, hemophilia, Down’s syndrome, congenital heart disease, and sickle cell anemia have clear genetic or congenital causes.
Infections:

Diseases clearly caused by an infectious organisms, which include viruses, bacteria, fungi, and protozoa.
Trauma:

Any physical trauma can cause brain hemorrhage, post-traumatic epilepsy, brain injuries, etc.
Acquired physiologic errors:

The majority of people who have disease have one or more that has been caused by acquired physiologic errors, or imbalances.

Conditions such as heart disease, cancer, arthritis, depression, fibromyalgia, migraine, fatigue, ulcerative colitis, atherosclerosis, and many others fall into this category.
This is the category of disease addressed by the restorative medicine approach.
Errors of Physiology are the Root Cause of Disease

- skin diseases
- eye diseases
- gynecology
- cardiovascular diseases
- digestive system diseases
- immune diseases
- muscles/bone diseases
- brain diseases
The Main Principle:

ONE CAUSE...

and

ONE SOLUTION!

or

One Disease, One Treatment Approach
How do you fix these errors in physiology?
WE CANNOT STOP THE AGING PROCESS...
BUT WE CAN SLOW IT DOWN!
WHY?
After the age of 35 – we acquire deficiencies and imbalances in our physiology
Good News:

These deficiencies and imbalances of physiology can be reversed safely, medically and scientifically.

0 Yrs.  50 Yrs.  100 Yrs.  
35 Yrs Old
restorative medicine treats the errors of physiology by restoring the body’s hormones and nutrients to optimal levels

this restorative medicine approach is effective for the diseases and conditions caused by physiologic errors because they are all basically the same disease
So how can heart disease be the same as migraine or arthritis or depression or Alzheimer’s disease?

We propose that they are all fundamentally the same because they are caused by the same problem: a physiologic and hormone imbalance including deficiencies of important vitamins and minerals.
The Principle of Physiology Optimization

Many conditions are actually quite similar because they have similar causes.

Deficiencies and Imbalances
“Nature alone can cure: this is the highest law of practical Medicine, and the one to which we must adhere...

Nature creates and maintains; she must therefore be able to cure.”

Dietl (1845)
You can eat right, exercise, stand on your head, drink carrot juice, and take your supplements, or have stem cell therapy but none of that will increase longevity as long as your hormones are telling your brain that you’re over the hill. It’s as if your body is saying “Why bother?” Until you change that message, all your other efforts will be in vain.
Hormonal physiology

- We are born with hormones.
- Our hormone levels elevate at puberty.
- The level of hormones is stable between age 20-30.
- Hormones gradually decline after age 35.
- Hormonal decline leads to loss of normal physiology control or body surveillance.
Hormonal physiology (cont.)

- loss of surveillance control leads to symptoms and disease
- loss of surveillance is hormonally driven
- loss of surveillance can be hormonally corrected
- hormonorestitution is a key to successful systemic therapy of diseases of aging treated with traditional therapy
The flame is not the beginning - it is the end of destructive process.
Safety of hormones

- the media has created fear in the minds of patients regarding hormones. That is very unfortunate because we cannot live without hormones.

- our body requires hormones to work properly. Without thyroid hormones or insulin you will die fast.

- if we take away your estrogen, progesterone, testosterone or other steroid hormones you will die also, but… a slow painful death
hormonorestorative therapy is designed to restore your hormonal levels to the optimum

nothing negative is yet to be published on the bio-identical hormones that we use
Hormonorestorative therapy is the multi-hormonal therapy with the use of a chemically identical formula to human hormones and is administered in physiologic ratios and dosages that simulate the natural human production cycle and allows to restore the optimal level of hormones.

In 1996 we employed the term hormonorestorative therapy (HT) into our practice for the regimen that was used for our patients.
The goal of hormonorestorative therapy:

to restore vital forces that control the optimal physiology to treat the patient, not the illnesses that have befallen them

- most diseases represent a manifestation of a long established derangement of vital forces
- the derangement of the vital force had happened due to a deficit of the surveillance control system resulting in an abnormality of hormonal metabolism
- the vital force is hormonal health and physiological balance
Ranges for DHEA and testosterone

After age 50, DHEA level decreases by more than 70% from its peak values between ages 20-30.
Central Control

Master Gland

TSH

T3, T4

ACTH

Cortisol, DHEA
Aldosterone

LH/FSH

Epinephrine
Norepinephrine

insulin
glucagon

Adrenal Cortex

Adrenal Medulla

Ovaries

Testes

Estrogens,
Progesterone,
Testosterone

Pituitary

Hypothalamus
Bio-identical Hormone Restoration

If a hormone is low, restore optimal levels!

- type 1 Diabetes: bioidentical insulin
- hypothyroidism: bioidentical T4 and T3 (Armour Thyroid)
- growth hormone deficiency: bioidentical GH
- adrenal insufficiency: cortisol (hydrocortisone)
Bio-identical Hormone Restoration (cont.)

- proper fit in receptors
- normal elimination
- monitor therapy with blood tests!

No side effects, but effects!

But... menopause, andropause, autoimmune disease, etc

Non-bioidentical: methyltestosterone, Premarin, Provera, etc?!!!!
Few rules for HT:

- bio-identical structure of hormones
- individually modified doses
- cyclical manner
- larger dose in the morning
- treatment control by serum hormonal level
- mono- or bi-hormonal therapy is usually inadequate
- multi-hormonal therapy is optimal
Bio-identical Hormone Restoration (cont.)

bio-identical restoration must be used instead of non-bio-identical substitution in all cases
Potential Problems with Bio-identical Hormones

- excessive dose
- lack of balance with other hormones
- nonphysiological delivery: formulations, route, cycle, and timing
We Must Remember

Bioidentical Hormones

are

NOT SYNTHETIC DRUGS!
The Progesterone in YOUR BODY

A Drug used to replace Progesterone in your body
Thirsty?
Water?
It’s close enough...
Water? Vodka?
Basic Hormonorestorative therapy

HT includes a combination of several bio-identical hormones:

- pregnenolone
- dehydroepiandrosterone (DHEA)
- triestrogen (women)
- progesterone
- testosterone
- compounded/Armour thyroid
- melatonin
- hydrocortisone
- aldosterone
# Delivery systems for hormones:

## Oral

**1. Capsules**
- pregnenolone
- DHEA
- melatonin
- aldosterone

**2. Tablets**
- hydrocortisone
- whole thyroid (Armour thyroid)

**3. Troche**
- progesterone (200 mg/troche)

**4. Drops**
- Tri-Est – 5 mg/ml
  (E3:E2:E1 - 80:10:10)
- progesterone - 50 mg/ml
- testosterone - 50 mg/ml

## Topical

**Gels (micronized)**
- Tri-Est gel – (E3:E2:E1 – 90:7:3) – 1.25-2.5 mg/ml
- progesterone 5-10% – 50-100 mg/ml
- testosterone 5-10% – 50-100 mg/ml

## Parenteral

**Subcutaneous**
- HGH (human growth hormone)
- HCG (human chorionic gonadotropin)
the recommended doses were determined by clinical data, serum hormonal levels, and the so-called the optimal range that was defined as a level of hormones in one third of the highest normal range for all steroid hormones for healthy individuals between the age of 20 and 30.
Basic Lab – Serum: Additional Lab: (if needed)

- CBC
- chemistry panel
- lipid profile
- homocysteine
- pregnenolone
- DHEA Sulfate
- total testosterone
- total estrogen
- progesterone
- cortisol
- vitamin D-3
- TSH, T3, T4
- serotonin
- prolactin
- aldosterone
- melatonin
- dopamine
- free testosterone
- DHT
- SHBG
- IGF-1
- PSA (men)
Balancing Your Physiology

Conventional Medicine VS. Physiologic Medicine
Menopause

Erectile Dysfunction

High Cholesterol

Depression

Migraine
Premarin
Viagra
Lipitor
Zoloft
Imitrex
Physiologic Medicine

- DHEA
- Testosterone
- Estrogens
- Progesterone
- Pregnenolone

Menopause
- Premarin

Erectile Dysfunction
- Viagra

High Cholesterol
- Lipitor

Depression
- Zoloft

Migraine
- Imitrex

Conventional Medicine

Multimodal
- Many

Single modal
- 1
Menopause
- Premarin

Erectile Dysfunction
- Viagra

High Cholesterol
- Lipitor

Depression
- Zoloft

Migraine
- Imitrex

Physiologic Medicine
- Progesterone
- Testosterone
- Estrogens
- DHEA
- Pregnenolone

Multimodal
- Many

Conventional Medicine
- Single modal

1

Many
Physiologic Medicine

- Progesterone
- Testosterone
- Estrogens
- DHEA
- Pregnenolone

Menopause
- Premarin

Erectile Dysfunction
- Viagra

High Cholesterol
- Lipitor

Depression
- Zoloft

Migraine
- Imitrex

Multimodal Many

Conventional Medicine

1 Single modal 1
Physiologic Medicine

Menopause
- Premarin

Erectile Dysfunction
- Viagra

High Cholesterol
- Lipitor

Depression
- Zoloft

Migraine
- Imitrex

DHEA

Testosterone

Estrogens

Progesterone

Pregnenolone

Multimodal
- Many

Conventional Medicine
- Single modal

1
Menopause
- Premarin

Erectile Dysfunction
- Viagra
- Lipitor
- Zoloft
- Imitrex

High Cholesterol
- Lipitor

Depression
- Zoloft

Migraine
- Imitrex

Physiologic Medicine
- Progesterone
- Testosterone
- Estrogens
- DHEA
- Pregnenolone

Multimodal
- Many

Conventional Medicine
- Single modal
- Many
Menopause
Erectile Dysfunction
High Cholesterol
Depression
Migraine

DHEA
Testosterone
Estrogens
Progesterone
Pregnenolone

Physiologic Medicine
Multimodal
Many
Menopause
Erectile Dysfunction
Cancer
Stem Cells
Immune System

Progesterone
Testosterone
Estrogens
DHEA
Pregnenolone

Cause - Solution

Many

Multimodal

Physiologic Medicine
Restorative Medicine

The Tree Analogy
Aging Process
Singular Modality
Targets Symptoms

- Erectile Dysfunction
- Menopause
- Depression
- Cholesterol
- Migraines
<table>
<thead>
<tr>
<th>Singular Drug</th>
<th>Singular Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premarin</td>
<td>Menopause</td>
</tr>
<tr>
<td>Viagra</td>
<td>Erectile Dysfunction</td>
</tr>
<tr>
<td>Lipitor</td>
<td>Cholesterol</td>
</tr>
<tr>
<td>Paxil</td>
<td>Depression</td>
</tr>
<tr>
<td>Topamax</td>
<td>Migraine</td>
</tr>
</tbody>
</table>
Restorative Medicine
Targets Cause

- Melatonin
- Progesterone
- Testosterone
- Pregnenolone
- DHEA
- Thyroid Hormone
- Estrogens
- Vitamin D3
Restorative Medicine

Multi-modal Approach
- Pregnenolone
- DHEA
- Testosterone
- Estrogens
- Progesterone
- Thyroid Hormone
- Melatonin
- Vitamin D3
- & others

Many Symptoms
- Menopause
- Erectile Dysfunction
- Cholesterol
- Depression
- Migraines
Restorative Medicine
A Healthy Tree
ONE CAUSE = ONE SOLUTION
Conventional Medicine vs Physiologic Medicine

Conventional Medicine
Single modal

Crestor | Zoloft | Fosamax | Viagra | Ambien | Imitrex | Cyclosporin | Atenolol |

Physiologic Medicine
Multimodal

Pregnenolone | DHEA | Testosterone | Estrogens | Progesterone | Thyroid | Melatonin | Vitamin D3 | Magnesium | Zinc | Vitamin E | Saw Palmetto | and others…

Question | What are you deficient in?
Single Modal vs Multimodal Method

If you have 4 flat tires and you only fix one or two or three you still can't get back on the highway of life until you fill all 4!

That is multimodal physiologic medicine.
Four Flat Tires

- Estrogens
- Testosterone
- DHEA
- Progesterone
You can’t drive with one full...
You can’t drive with two full...
Maybe with three...

- Estrogens
- Testosterone
- DHEA
- Progesterone
But all four is the best!
The team-work of our glands
Agents that help HT works more efficiently

Agents that influence testosterone metabolism
- saw Palmetto: 5-alpha reductase inhibitor
- zinc: aromatase inhibitor
- progesterone: a powerful 5-alpha reductase inhibitor, aromatase inhibitor

Agents that directly effect cholesterol metabolism
- vitamin D3
- thyroxine (T4)
- omega-3/phospholipid complex
- HGH
- lypase (effect on TRG)

Agents that indirectly effect cholesterol metabolism
- protein (increases production of glucagon which block the conversion of HMG CoA to cholesterol)
- B-complex
- HGH
- Armour thyroid
- melatonin
Balance and Optimization
The Power of Testosterone
Estrogen and progesterone levels (during a 28-days menstrual cycle)
Estrogens

- Estradiol
- Estrone
- Estriol

[Image of women with labels Estradiol, Estrone, Estriol]
A = balance of estrogen and progesterone during the secretory phase of a normal menstrual cycle
B = relative production of estrogen and progesterone during an anovulatory premenopausal menstrual cycle
C = relative production of estrogen and progesterone after menopause
## Estrogen excretion (in mg/day) during various ages

<table>
<thead>
<tr>
<th>Estrogens</th>
<th>Proliferative phase</th>
<th>Secretory phase</th>
<th>Postmenopausal Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estriol</td>
<td>7</td>
<td>16</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Estrone</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Estradiol</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Notes:
- Women age 18-41
- Postmenopausal women age 45-65
- Men age 20-48 and 45-65

### Values:
- Estriol: 7 mg/day, 16 mg/day, 3 mg/day
- Estrone: 5 mg/day, 7 mg/day, 2 mg/day
- Estradiol: 2 mg/day, 4 mg/day, 1 mg/day
**Circadian Rhythm of Progesterone**

Basic statistics for salivary progesterone in healthy children and adolescents in the morning, at noon, and in the evening.

<table>
<thead>
<tr>
<th>Age group</th>
<th>&lt;4 weeks (n 13)</th>
<th>1–12 months (n 17)</th>
<th>1–2 years (n 10)</th>
<th>2–15 years (n 212)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progesterone, Morning Mean (SD)</td>
<td>677 (305)</td>
<td>235 (138)</td>
<td>115 (41)</td>
<td>137 (81)</td>
</tr>
<tr>
<td>Noon Mean (SD)</td>
<td>423 (240)</td>
<td>102 (38)</td>
<td>63 (21)</td>
<td>101 (53)</td>
</tr>
<tr>
<td>Evening Mean (SD)</td>
<td>381 (191)</td>
<td>122 (67)</td>
<td>52 (24)</td>
<td>77 (46)</td>
</tr>
<tr>
<td>Range</td>
<td>80–716</td>
<td>35–239</td>
<td>25–86</td>
<td>11–267</td>
</tr>
</tbody>
</table>

New hypothesis of hypercholesterolemia: (hormonodeficit hypothesis of Hypercholesterolemia)¹

- this hypothesis implies that hypercholesterolemia is the reactive consequence of enzyme-dependent down regulation of steroid hormone biosynthesis and their interconversions

- in short, hypercholesterolemia is the compensatory mechanism for declined production of steroidal hormones

Note!
We believe that:
- a high cholesterol level is a consequence of a low production of steroid hormones
- a low cholesterol level is a cause of a low steroid hormones production
Case study

Patient E. 57 yr, male

**Diagnosis**: hypercholesterolemia, impotence, depression, insomnia.

**Complaints**: severe ED (since age 39), hypercholesterolemia, fatigue, depression, insomnia, short-term memory problems.

<table>
<thead>
<tr>
<th>Date</th>
<th>TC</th>
<th>TRG</th>
<th>HDL</th>
<th>LDL</th>
<th>VLDL</th>
<th>TC/HDL</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/31/00</td>
<td>330</td>
<td>216</td>
<td>54</td>
<td>233</td>
<td>43</td>
<td>6.1</td>
</tr>
<tr>
<td>09/09/03</td>
<td>187</td>
<td>138</td>
<td>40</td>
<td>119</td>
<td>28</td>
<td>4.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>DHEAS</th>
<th>Pregn</th>
<th>Estradiol</th>
<th>Progest</th>
<th>Test</th>
<th>Cortisol</th>
</tr>
</thead>
<tbody>
<tr>
<td>(nl - age 20-29)</td>
<td>(280-640)</td>
<td>(10-200)</td>
<td>(0-53)</td>
<td>(0.3-1.2)</td>
<td>(280-830)</td>
<td>(4.3-22.4)</td>
</tr>
<tr>
<td>08/31/00</td>
<td>93</td>
<td>24</td>
<td>56</td>
<td>0.3</td>
<td>186</td>
<td>0.9</td>
</tr>
<tr>
<td>09/09/03</td>
<td>540</td>
<td>159</td>
<td>30</td>
<td>1.3</td>
<td>496</td>
<td>15.6</td>
</tr>
</tbody>
</table>

**follow up 09/09/03** – no complaints
Migraine is one of the most mysterious diseases. “Headache from hell”
New Hypothesis of Migraine:²

- this hypothesis implies that migraine is a consequence of a loss of neurohormonal and metabolic integrity
Multimodal treatment program:

- hormonorestorative therapy
- simultaneous correction of the imbalance between sympathetic and parasympathetic nervous systems and the ratio of calcium to magnesium
- “resetting” the pineal gland
- improvement of intestinal absorption through restoration of normal intestinal flora
- cleanse from parasites infestation

It is necessary to stress the fact that the above mentioned parts of the program cannot be separated.
Case study

Patient CH. 58 y.o., female, first presentation 01/07/05

**Diagnosis:** hypercholesterolemia, **migraine** (38 years history), CFS, depression, insomnia.

**Complaints:** daily migraine, hypercholesterolemia, CFS, depression, body aches, insomnia, constipation, hot flashes, vaginal dryness, no libido, poor sex drive, short-term memory problems, overweight.

<table>
<thead>
<tr>
<th>Test</th>
<th>TC</th>
<th>DHEAS</th>
<th>Pregn</th>
<th>Estradiol</th>
<th>Progest</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>(nl - age 20-29)</td>
<td>(&lt;200)</td>
<td>(65-380)</td>
<td>(10-230)</td>
<td>(19-528)</td>
<td>(0.2-28)</td>
<td>(14-76)</td>
</tr>
<tr>
<td>01/07/05</td>
<td>300</td>
<td>86</td>
<td>&lt;10</td>
<td>19</td>
<td>0.4</td>
<td>51</td>
</tr>
<tr>
<td>09/12/05</td>
<td>195</td>
<td>340</td>
<td>190</td>
<td>217</td>
<td>5.9</td>
<td>61</td>
</tr>
</tbody>
</table>

follow up 09/12/05 – no complaints
follow up 12/12/07 – no complaints
Case of Migraine
Non-Small Cell Lung Cancer (NSCLC)
Our Hypotheses

- the documented life cycle NSCLC inflection with increased age is caused by a loss of immune surveillance
- loss of surveillance is driven by hormone decline
- loss of surveillance can be hormonally corrected
- hormonorestorative therapy is a key to successful systemic therapy of NSCLC treated with radiation therapy
Anti-Aging Strategy  
(immunorestorative therapy – IRT)

- hormonorestorative therapy
- antioxidant therapy
- correction of protein malnutrition
- miscellaneous
Case study: 80 y.o. male with bilateral NSCLC; Survival 5 yrs (no chemo)
Hypothesis for pathophysiology links cancer and atherosclerosis

Defective recognition of mutant cells by macrophages and dendritic cells

Uncontrolled mutant cell proliferation with progression to clinical cancer

Compensatory hypercholesterolemia

Atherosclerotic disease with progression to heart disease and stroke

Age-related down regulation of steroid hormones
July 2009: patient received 130 laser pulses to the right eye.
May 2010: She received 54 pulses of laser by a highly skilled retinologist. OCT Pre Laser Below.

<table>
<thead>
<tr>
<th></th>
<th>OD</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foveal Thickness</td>
<td>295 +/-15 microns</td>
<td>169 +/- 8 microns</td>
</tr>
<tr>
<td>Total Macular Volume</td>
<td>7.86 mm³</td>
<td>7.25 mm³</td>
</tr>
<tr>
<td>Scans used</td>
<td>1, 2, 3, 4, 5, 6</td>
<td>1, 2, 3, 4, 5, 6</td>
</tr>
</tbody>
</table>
August 2010: Patient told she may need Avastin or Focal Laser. Obviously no improvement from May laser.
September 2010:

Physiology optimized with Restorative Medicine.
Before Program: Patient C. 61 yr, male; congestive heart failure, high cholesterol, hypertension, diabetes Type II, Chronic Lymphocytic Leukemia (WBC>60000), erectile dysfunction, obesity (280 lb), high PSA (18), depression, fatigue, insomnia, short-term memory problems. Told “TWO YEARS TO LIVE” by cardiologists. 18 drugs.
After Program: dramatic improvement, weight - 184 lb, PSA – 7, WBC 17000, no drugs.

<table>
<thead>
<tr>
<th></th>
<th>Cholesterol</th>
<th>DHEA</th>
<th>Pregnenolone</th>
<th>Estrogen</th>
<th>Progesterone</th>
<th>Testosterone</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Normal&quot;</td>
<td>&lt; 200</td>
<td>280-640</td>
<td>10-200</td>
<td>0-53</td>
<td>0.3-1.2</td>
<td>280-830</td>
</tr>
<tr>
<td>Before:</td>
<td>310</td>
<td>40</td>
<td>10</td>
<td>56</td>
<td>0.2</td>
<td>166</td>
</tr>
<tr>
<td>At 3 Year:</td>
<td>190</td>
<td>543</td>
<td>162</td>
<td>28</td>
<td>1.1</td>
<td>600</td>
</tr>
</tbody>
</table>
Case of multiple concurrent illnesses

April 2012
Patient CH. 29 y.o., male, first presentation 08/12/09

Diagnosis: Anxiety, Arthritis, Fatigue, Obesity. Weight -283 lb. Height 5’10”

<table>
<thead>
<tr>
<th>Date</th>
<th>TC</th>
<th>DHEAS</th>
<th>Pregn</th>
<th>Estr</th>
<th>Progest</th>
<th>Test</th>
<th>Cortisol</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/12/09</td>
<td>199</td>
<td>352</td>
<td>86</td>
<td>160</td>
<td>1.5</td>
<td>178</td>
<td>11.0</td>
</tr>
<tr>
<td>04/29/11</td>
<td>200</td>
<td>436</td>
<td>100</td>
<td>&lt;50</td>
<td>2.2</td>
<td>718</td>
<td>18.0</td>
</tr>
</tbody>
</table>
2015

follow up 1/10/15 – no complaints;

Weight 189 lb
2009 - 283 lbs.

2010 - 268 lbs

2004 - 280 lbs
2014

192 lbs  189 lbs  173 lbs
Case of Autoimmune Disease
Each person requires an individualized program!
Impossible claims?
Not a Magic Aesthetic Miracle
Nor Will It Turn You Into a Terminator
We can’t go from this
To this
Enjoy life as you did!
18 years ago

...after physiology optimization

18 years later
It is interesting that when we have good results with different diseases, we have to deal with conventional doctors who claim that these results can be explained via "misdiagnosis, placebo effects, and anecdotal evidence".
The Philosophy of Science

Extraordinary survivors, like others anomalies in science, must be carefully studied since explanations for anomalies have always served as the basis for scientific advance.
Conclusion

- The main principle of physiology optimization is “One cause... and one solution or one disease, one treatment approach”

- This principle can be applied for the majority of diseases because they share the same pathophysiological mechanism and have the same root cause of disease – acquired errors of physiology

- Physiology optimization is the key in the management of age related body breakdown
Thanks
References:
