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(No Financial Relationships to Disclose)

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

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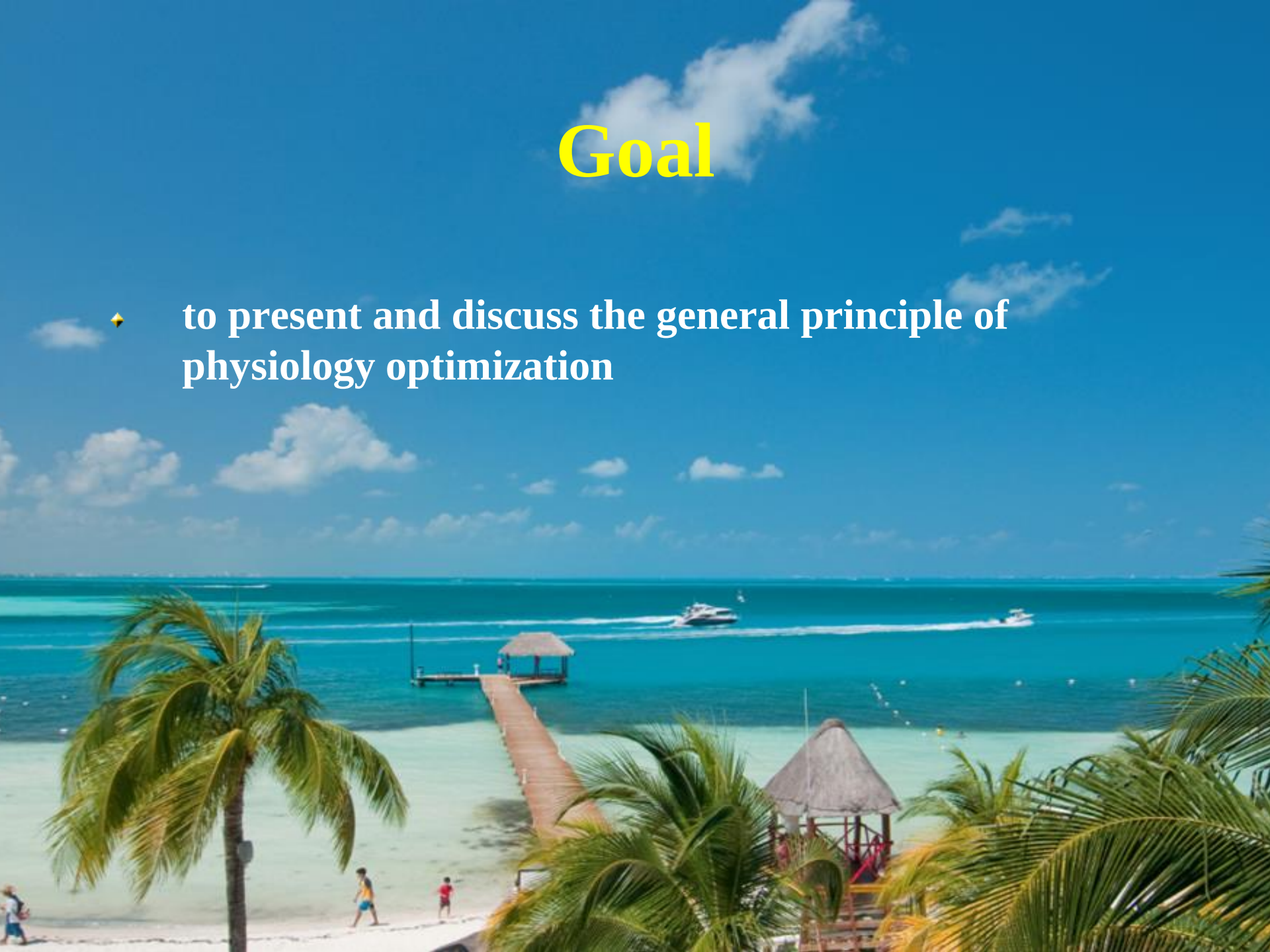
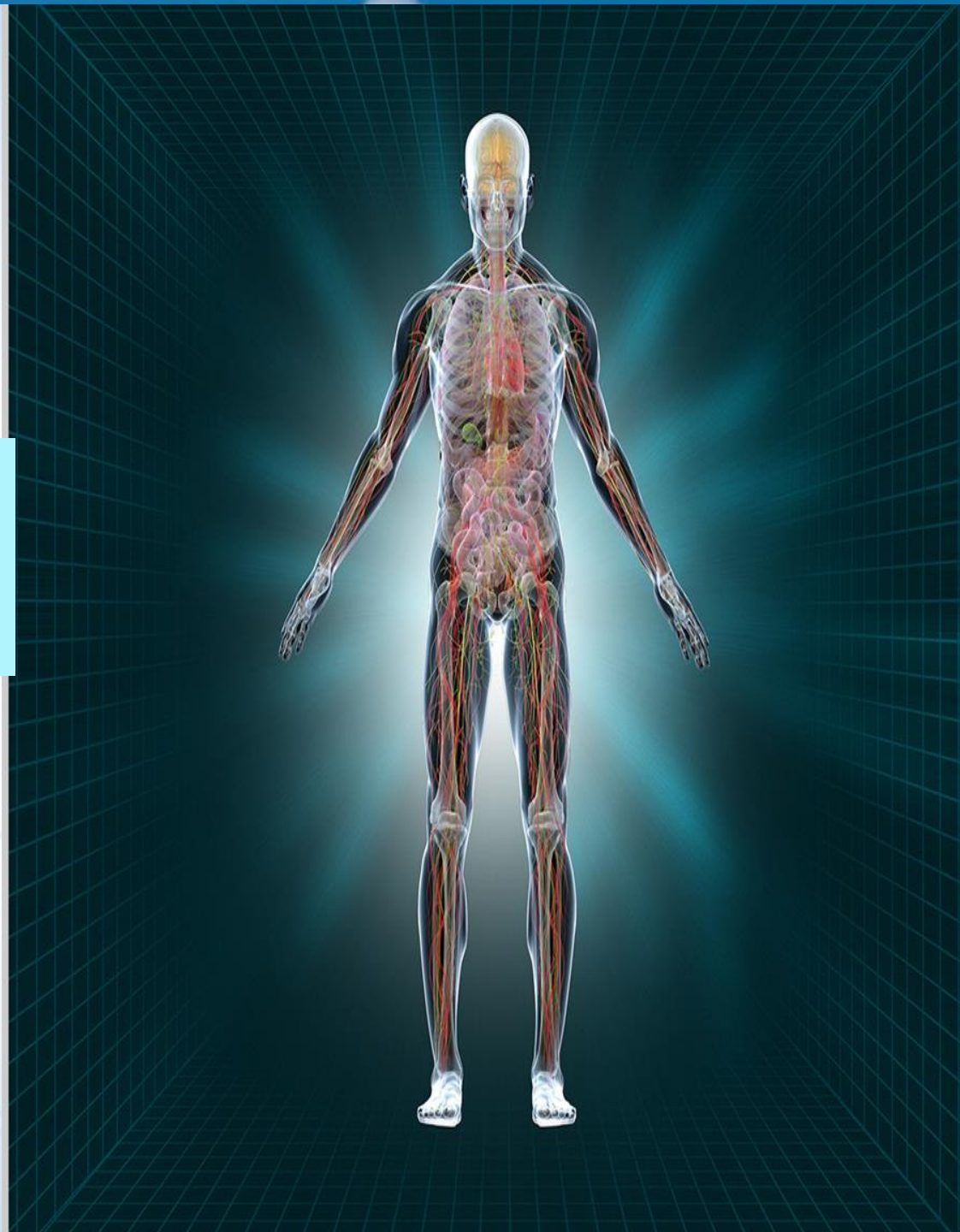
Goal

- 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

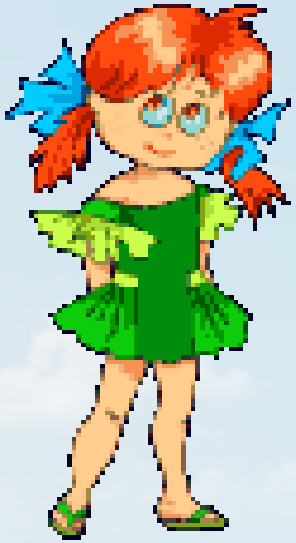
Do you know that:

- ✓ **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?

Same Size & Shape



We All Started Out the Same…


ON
OFF


ON
OFF

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

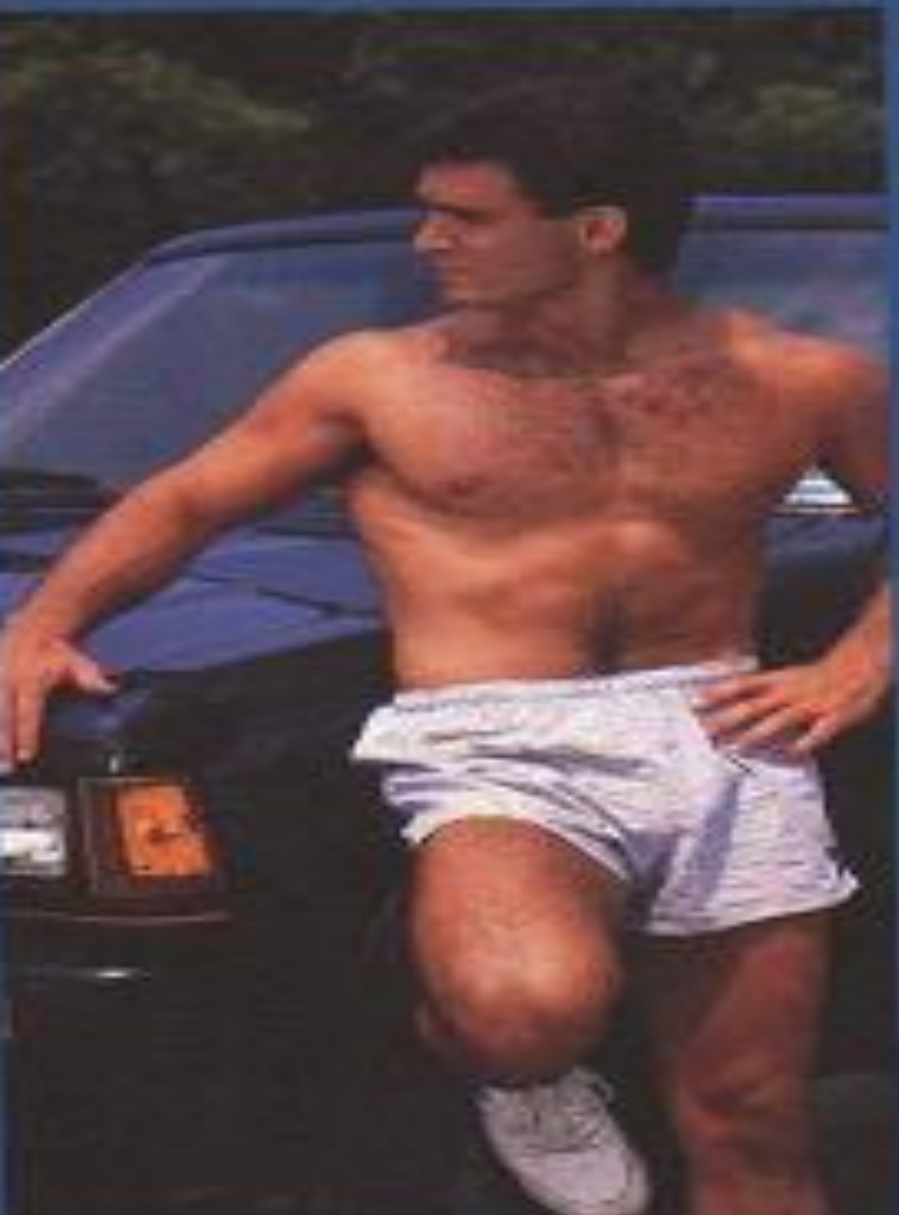
- hot flashes
- loss of libido and sexual drive
- facial and body hair
- scalp hair loss
- bone loss, arthritis
- bloating
- weight gain
- mood swings
- depression
- increased risk of cancer
- fatigue
- incontinence

Andropause

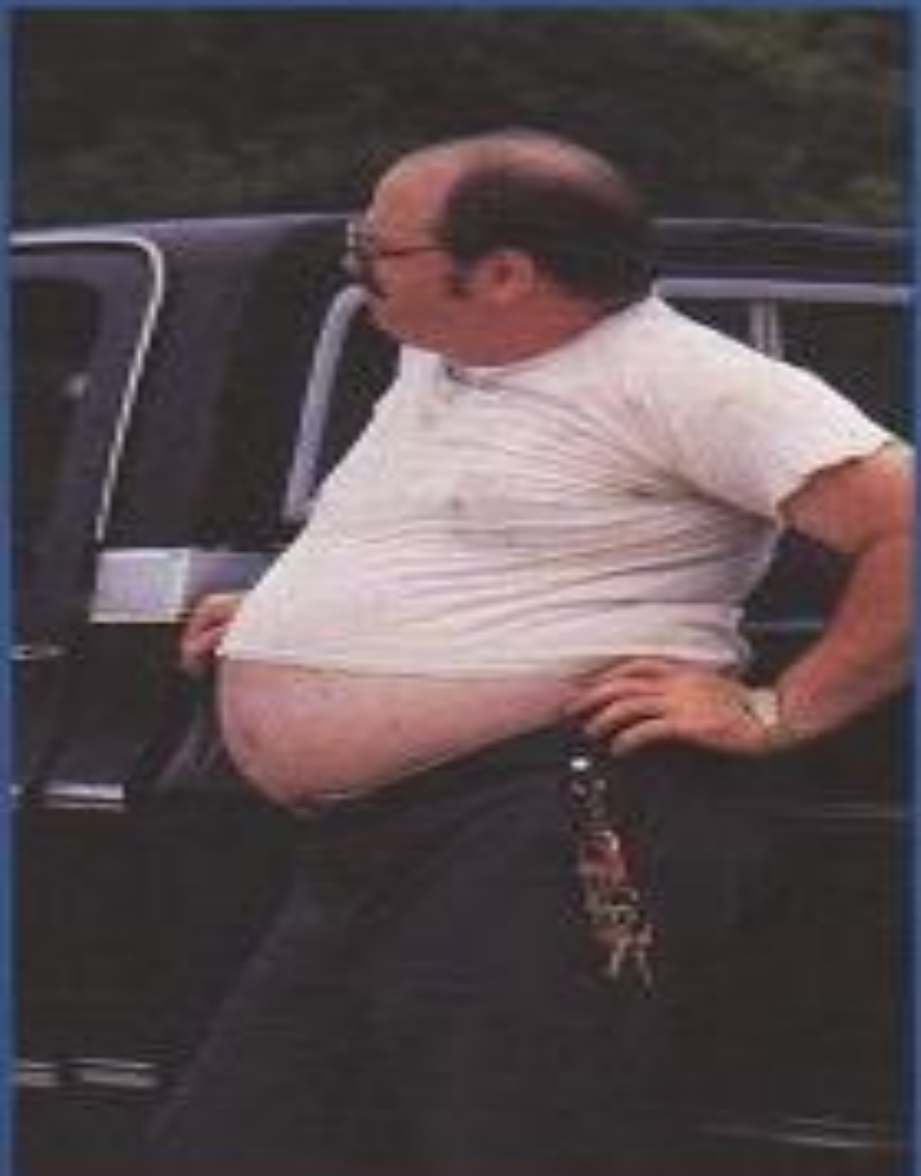
- erectile dysfunction
- loss of sexual desire
- abdominal obesity
- urinary problems
- loss of hair on the face, axilla, pubis
- scalp hair loss
- bone loss
- loss of muscle mass
- weight gain
- depression, irritability
- increased risk of cancer
- fatigue
- anhedonia

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...



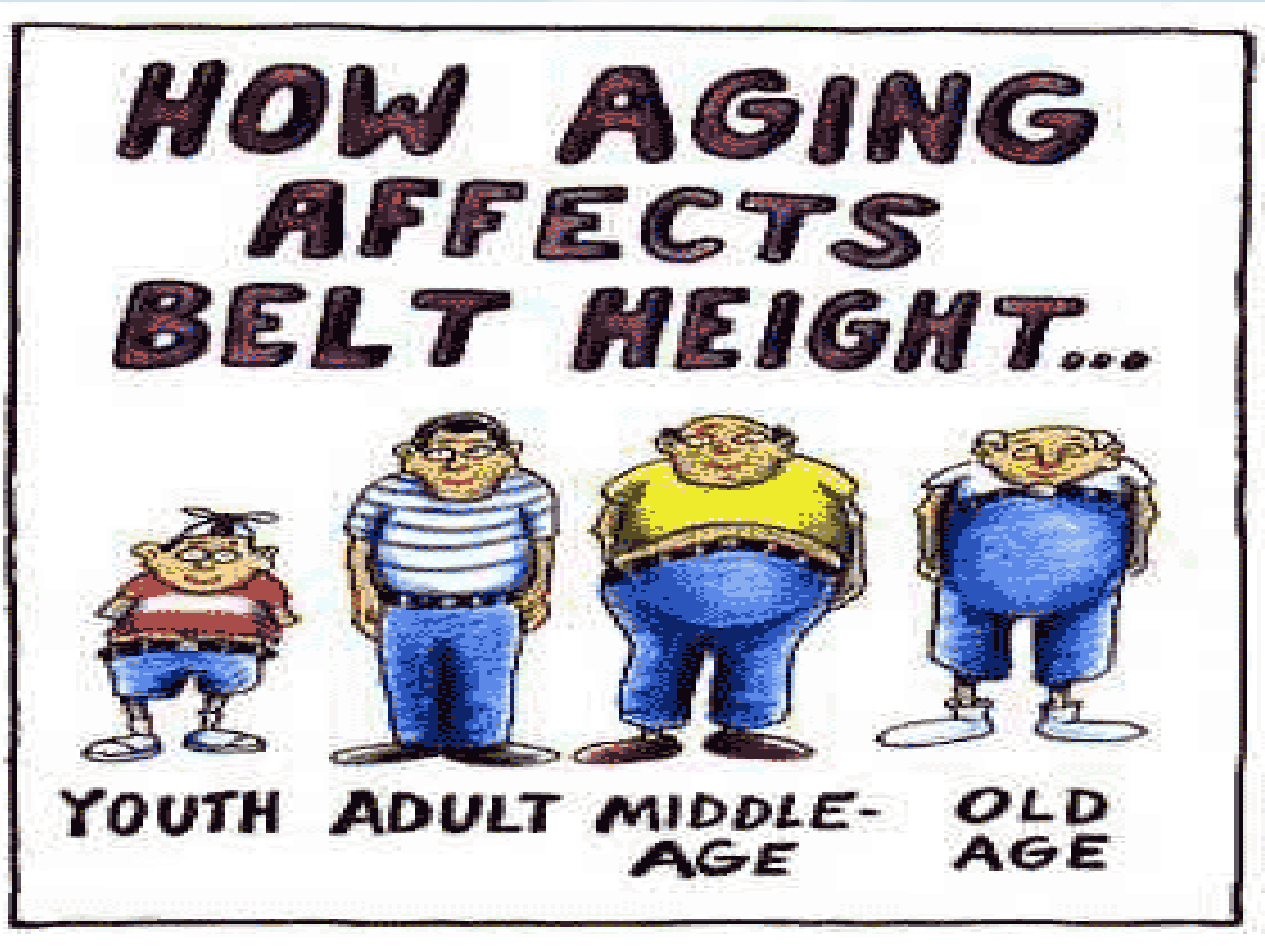
What's looking for us.



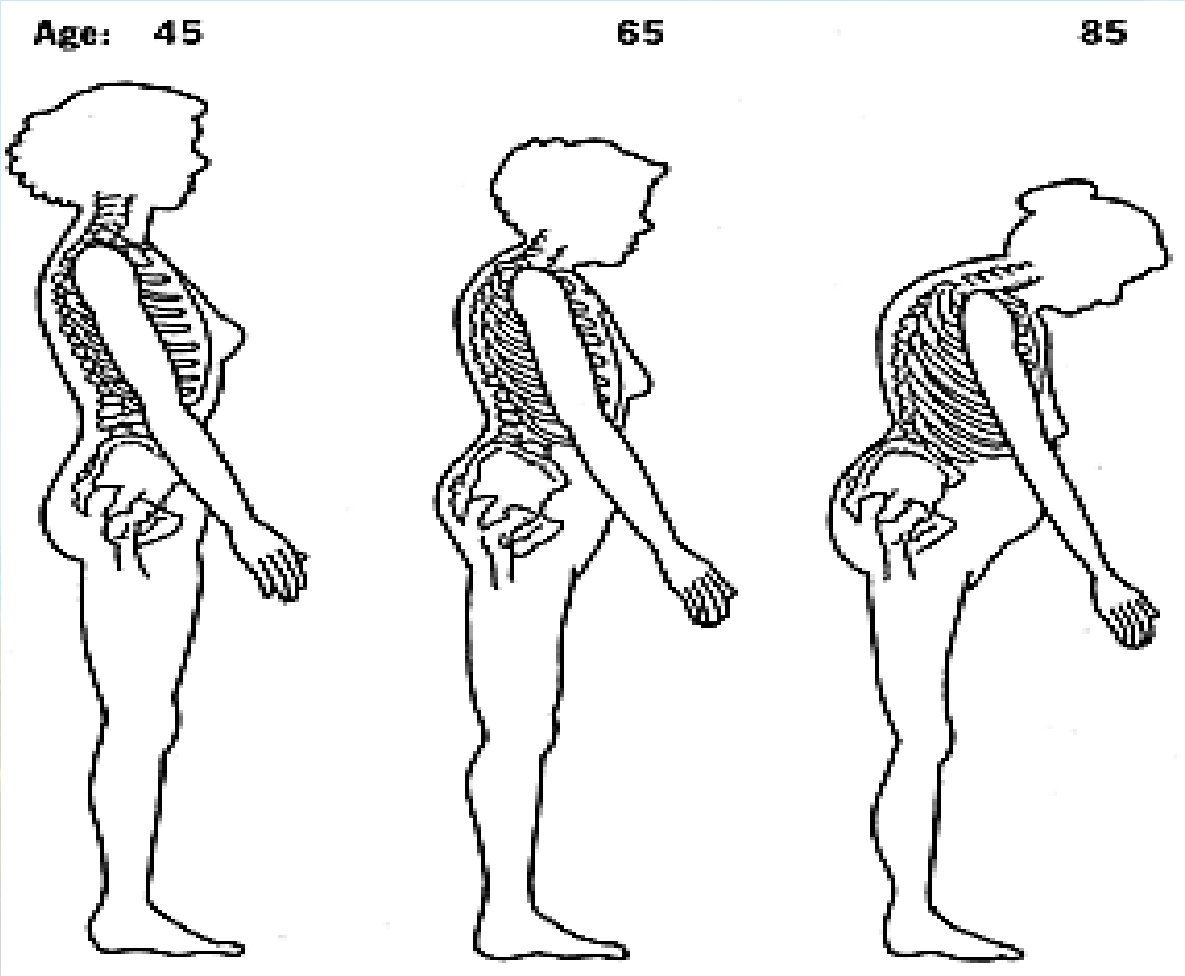
From one extreme….

….to another….

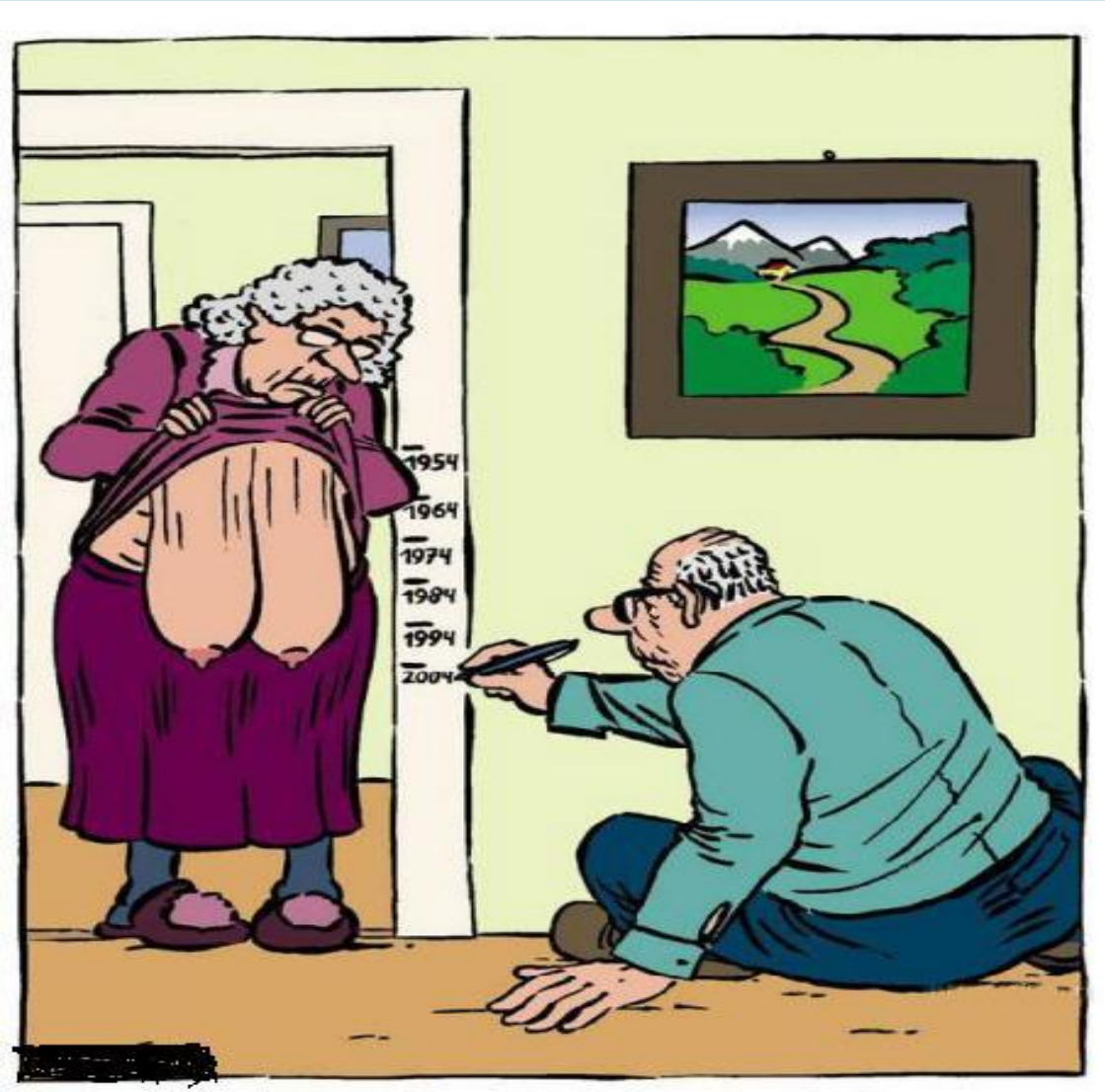
….and another….


HOW AGING AFFECTS BELT HEIGHT...
YOUTH
ADULT
MIDDLE-AGE
OLD AGE

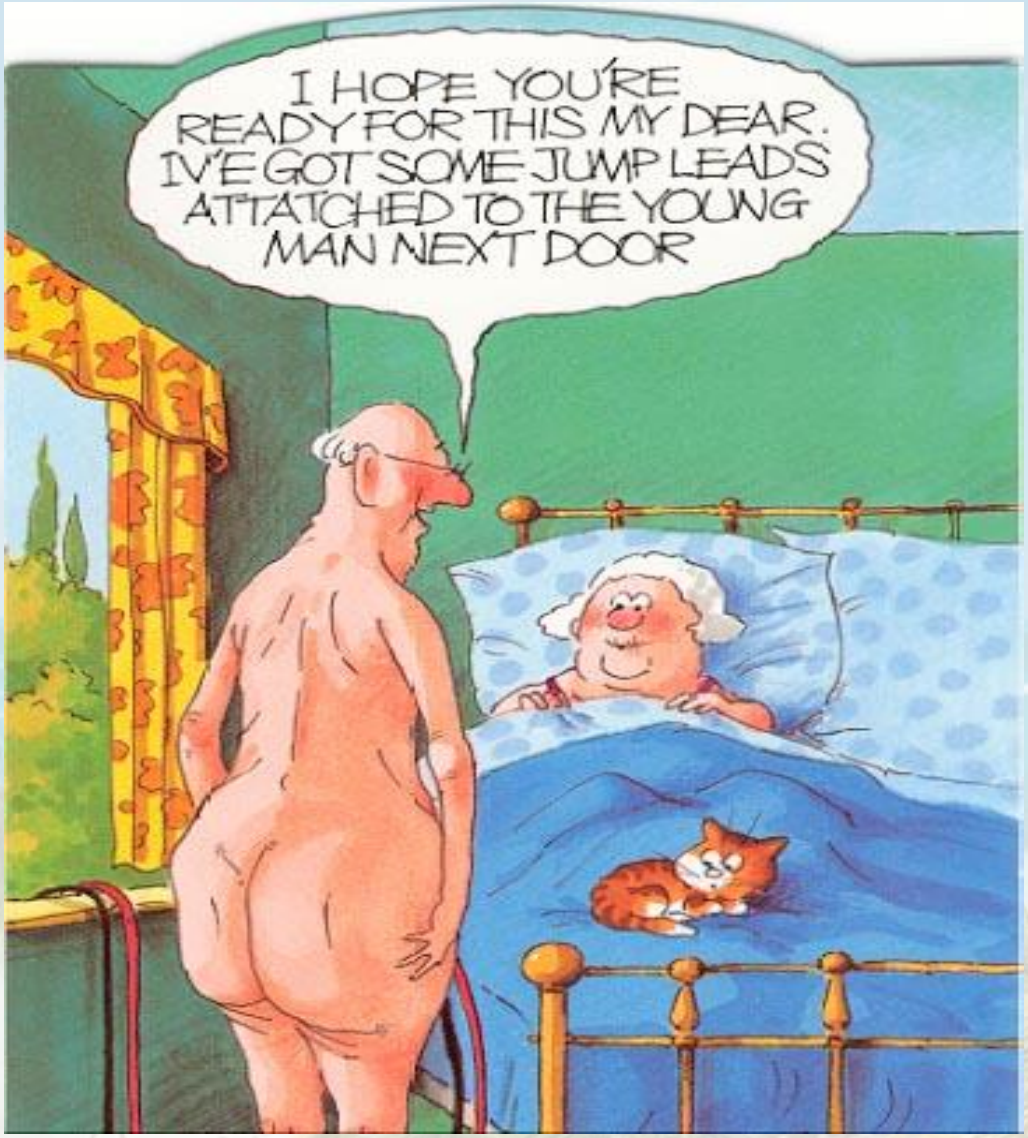
How aging affects your body stature



How aging affects your body appearance…

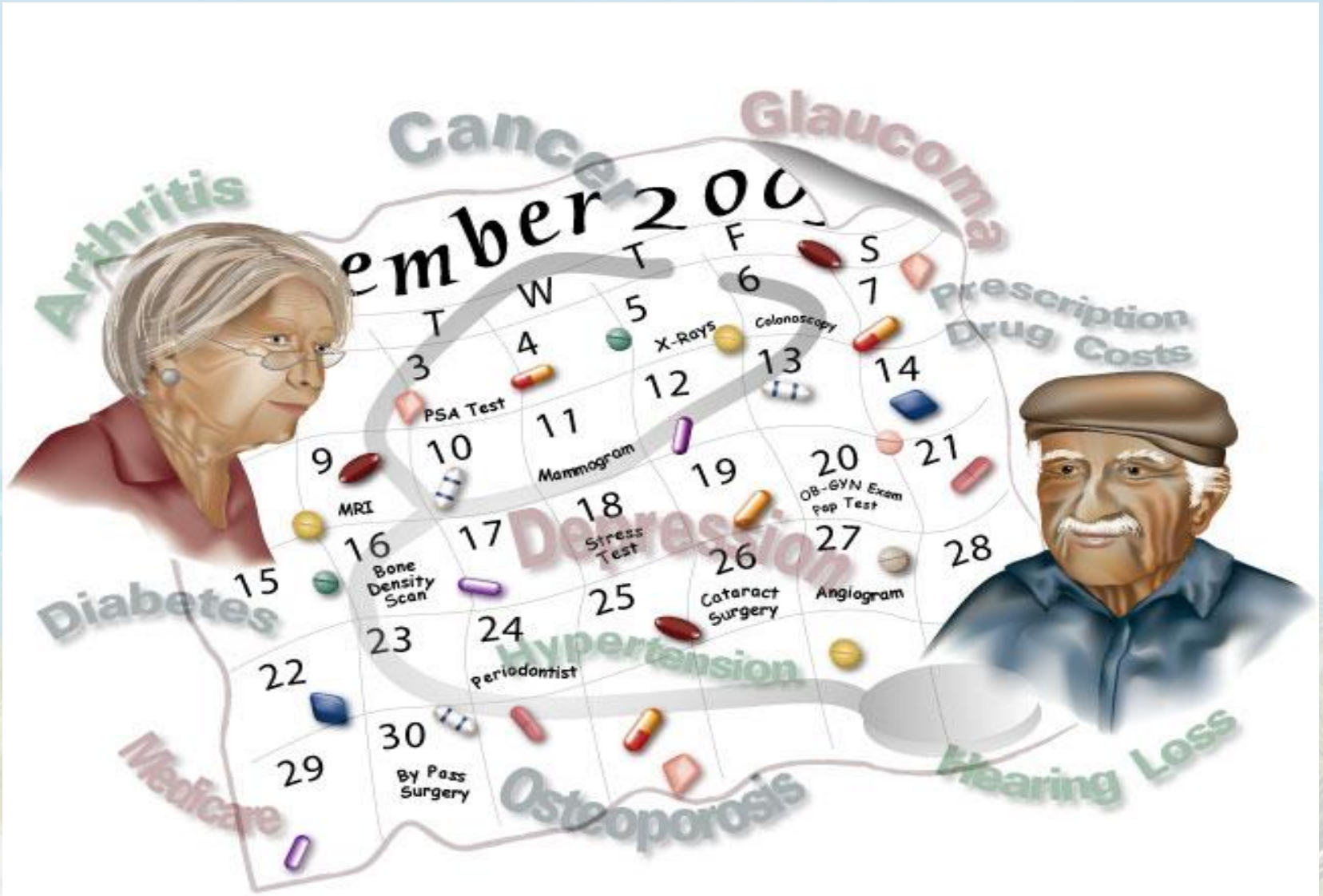


How aging affects your sex life…



How aging affects your daily life…

How aging affects your daily schedule…

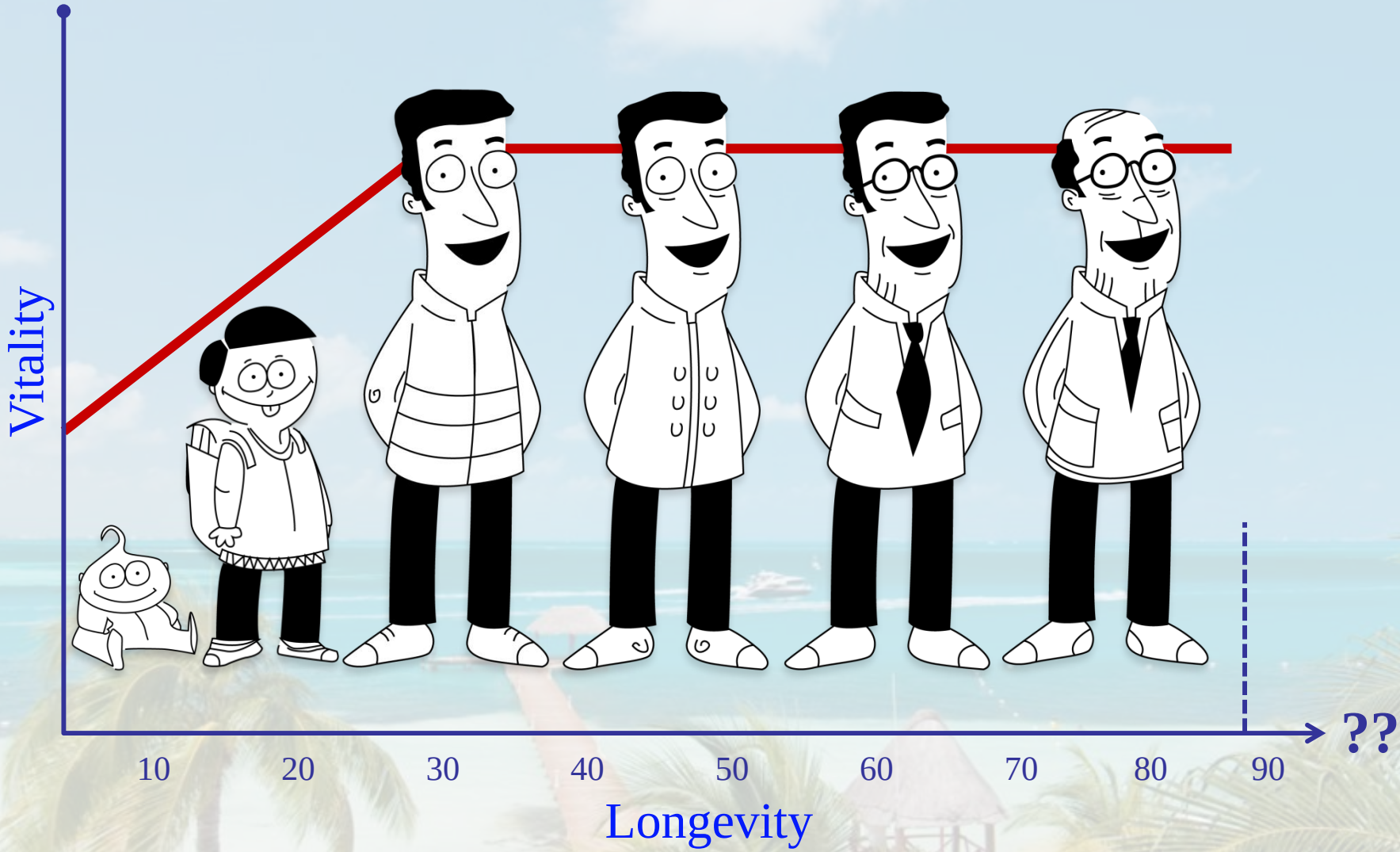


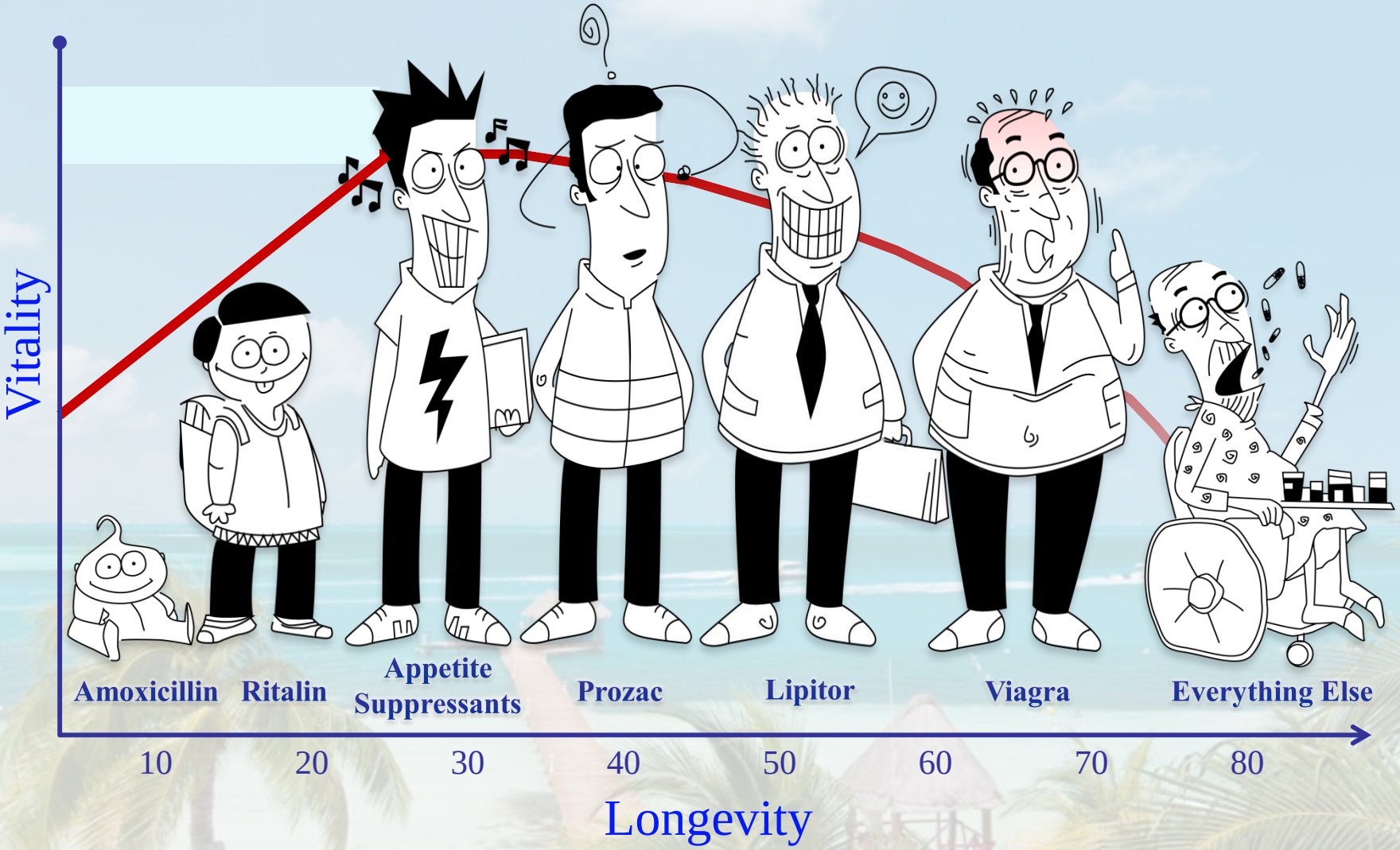
“Definition” of aging…

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?


Vitality
??
10
20
30
40
50
60
70
80
90
Longevity


Vitality
Amoxicillin
Ritalin
Appetite Suppressants
Prozac
Lipitor
Viagra
Everything Else
10
20
30
40
50
60
70
80
Longevity

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:

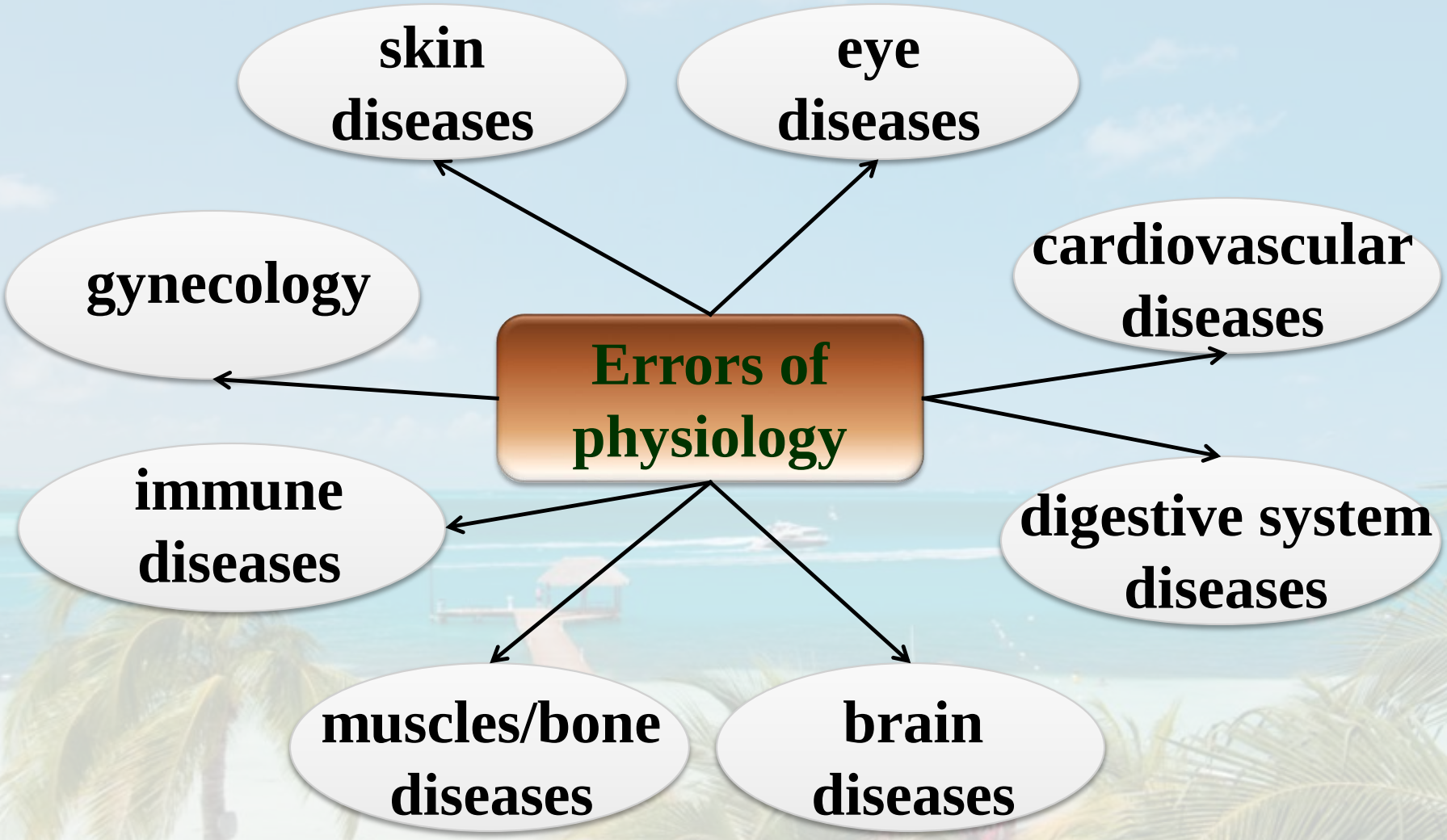
The majority of people who have disease have one or more that has been caused by acquired physiologic errors, or imbalances.

Conditions such as heart disease, cancer, arthritis, depression, fibromyalgia, migraine, fatigue, ulcerative colitis, atherosclerosis, and many others fall into this category.

Aquired Errors of Physiology

This is the category of disease addressed by the restorative medicine approach.

Errors of Physiology are the Root Cause of Disease



The Main Principle:

ONE CAUSE…

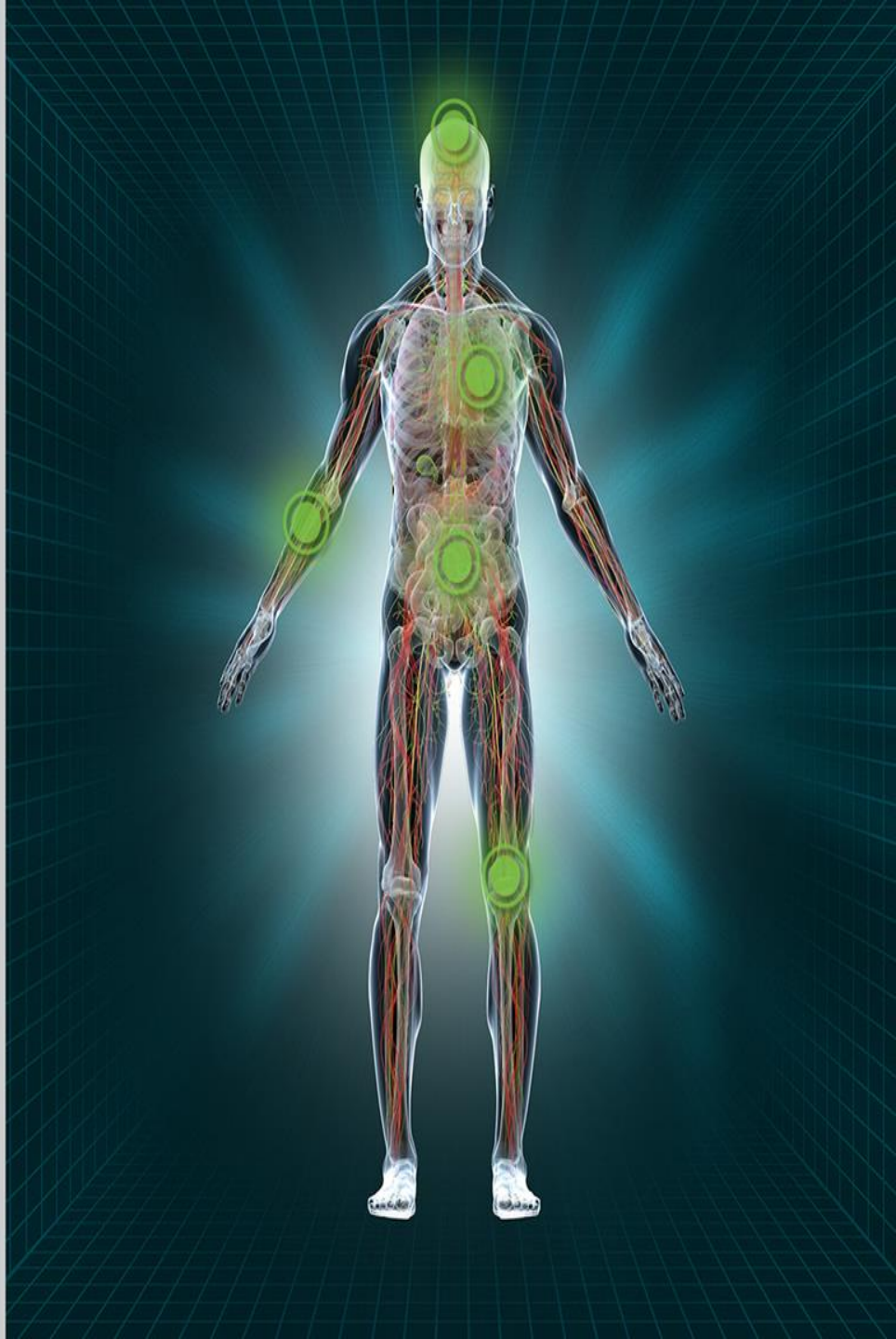
and

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?

35 Yrs Old

0 Yrs. 50 Yrs. 100 Yrs.

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.

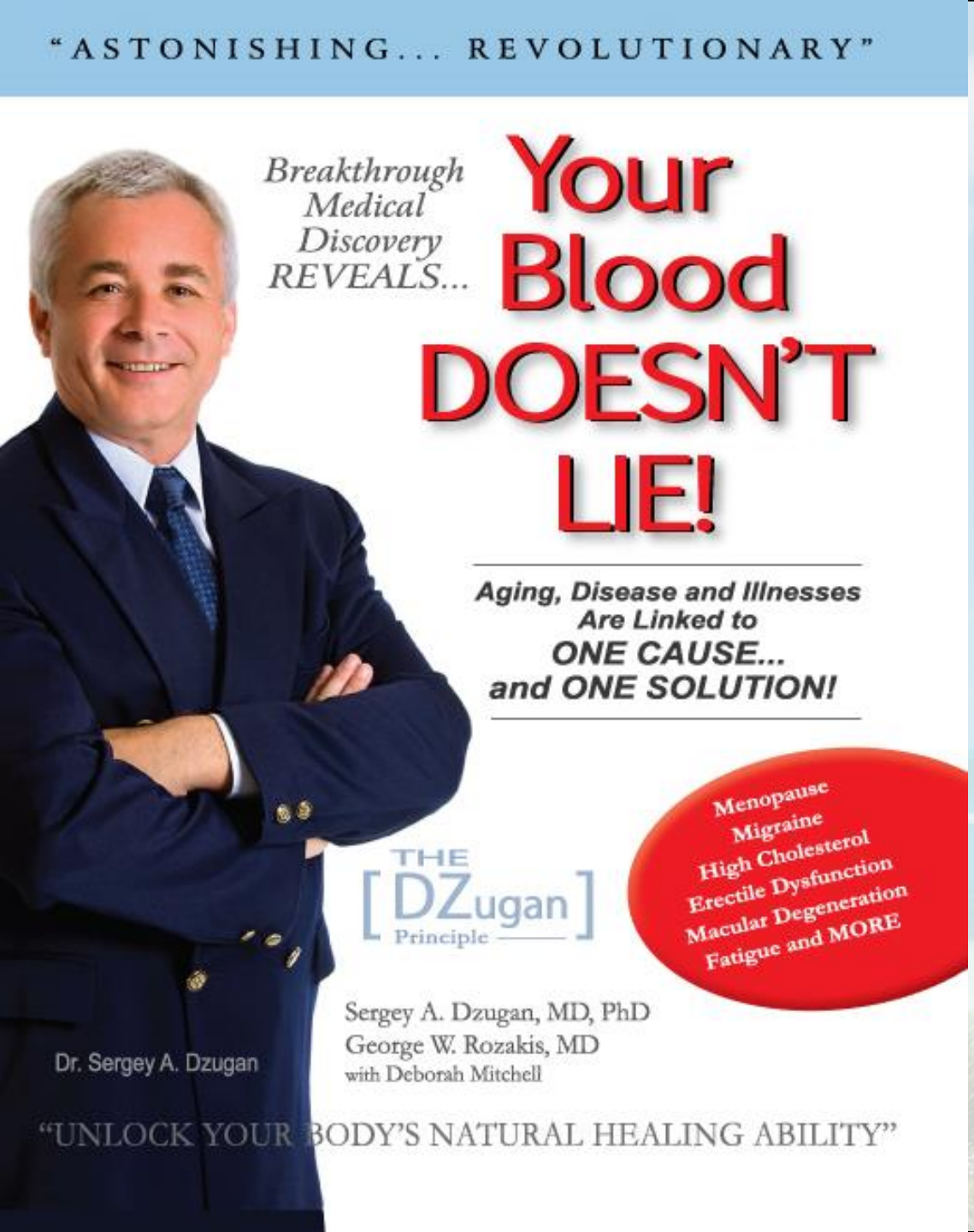
Method of Restorative Medicine

- 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.

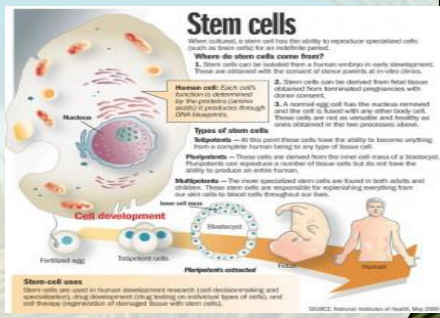
Deficiencies and Imbalances

“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.



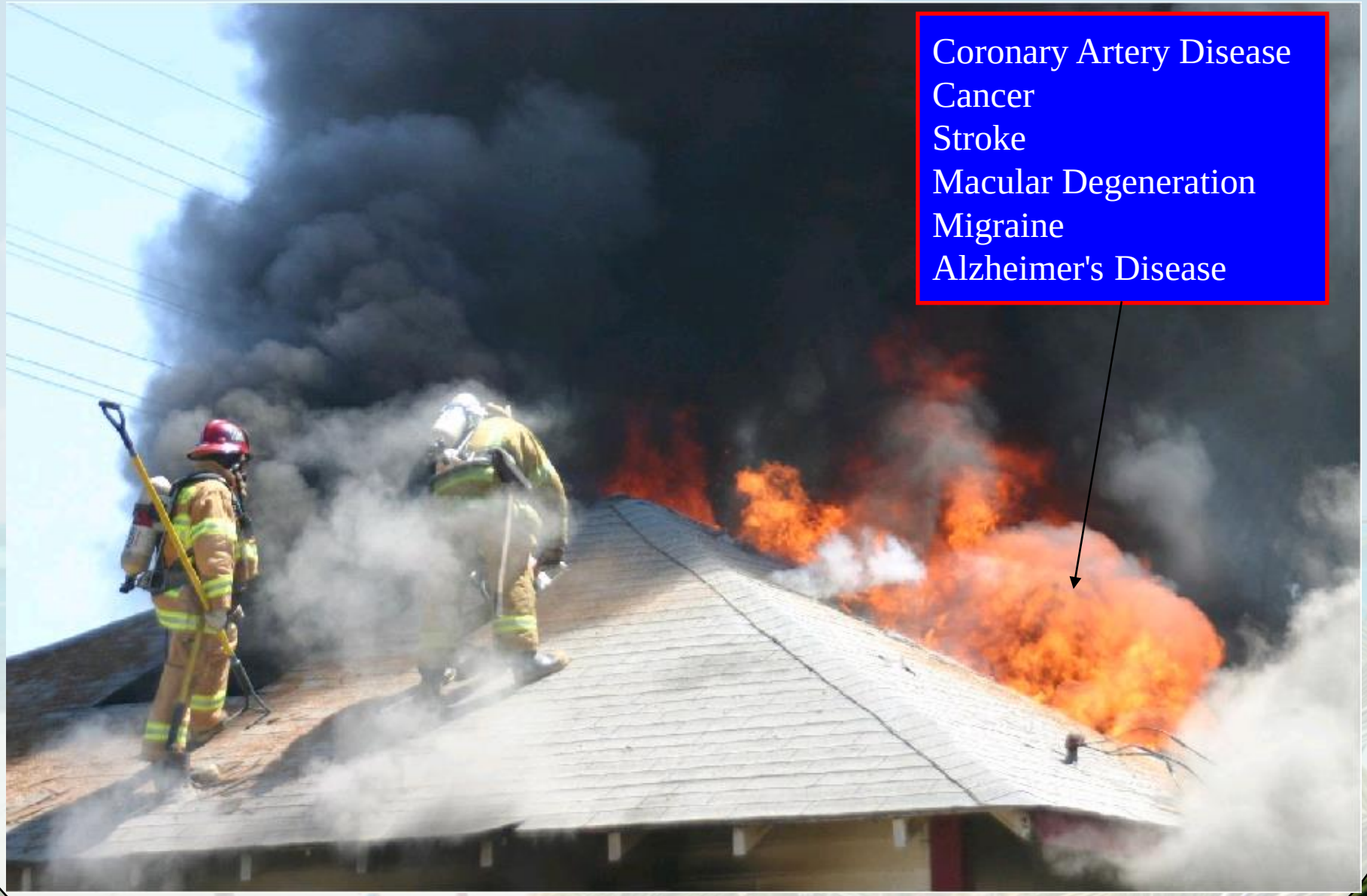
Hormonal physiology

- 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
- hormonorestoration 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

Safety of hormones (cont.)

- 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

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

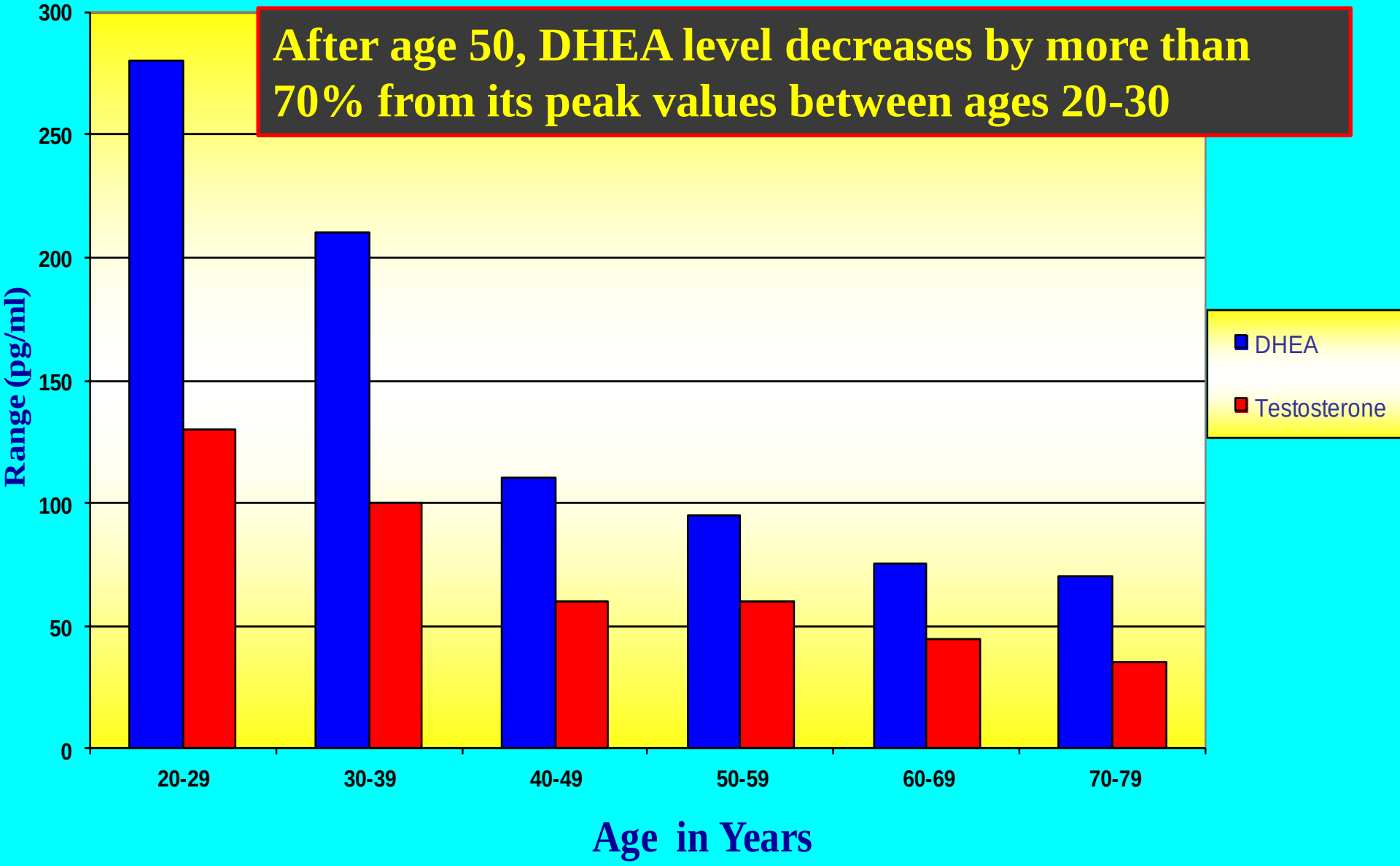
Hormonorestorative therapy **is the multi-hormonal therapy with the use of a chemically identical formula to human hormones** and is administered in physiologic ratios and dosages that simulate the natural human production cycle and allows to restore the optimal level of hormones.

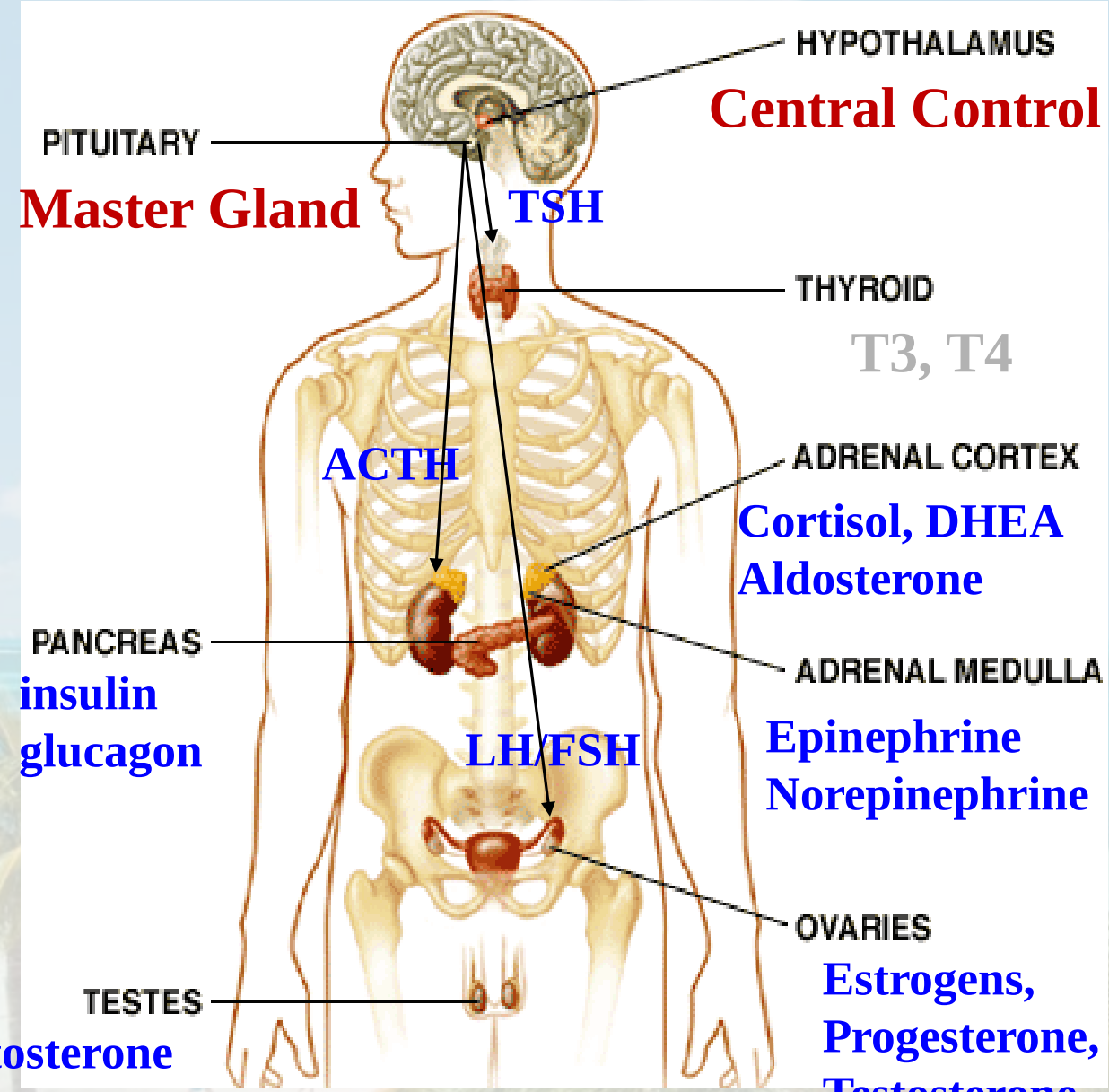
The goal of hormonorestorative therapy:

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




HYPOTHALAMUS
Central Control
PITUITARY
Master Gland
TSH
THYROID
T3, T4
ACTH
ADRENAL CORTEX
Cortisol, DHEA
Aldosterone
PANCREAS
insulin
glucagon
ADRENAL MEDULLA
Epinephrine
Norepinephrine
LH/FSH
OVARIES
Estrogens,
Progesterone,
Testosterone
TESTES
Testosterone

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**

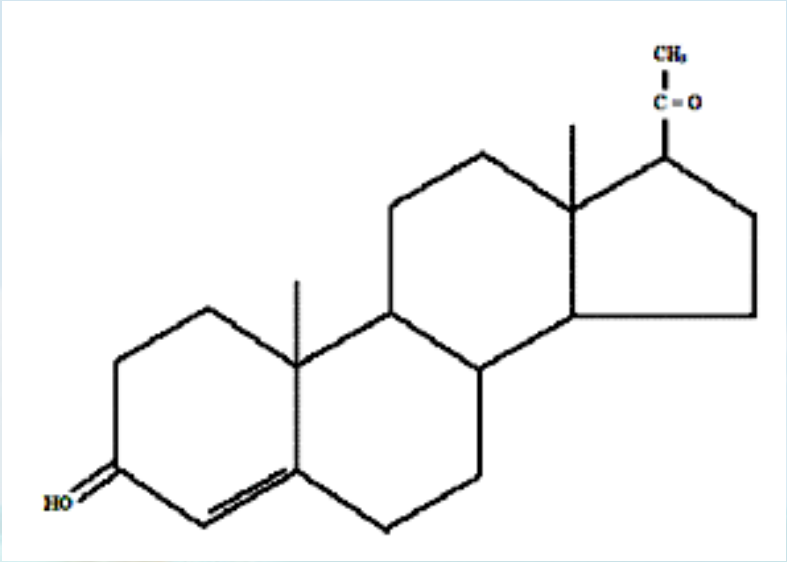
We Must Remember

Bioidentical Hormones

are

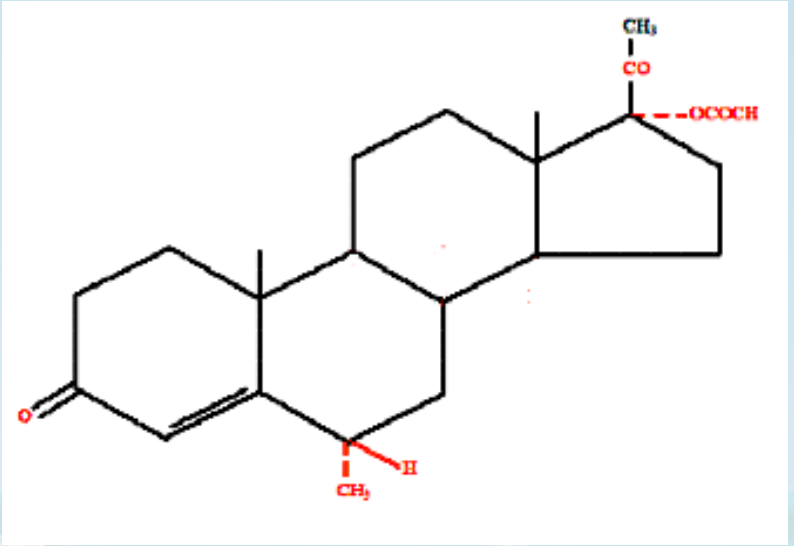
NOT SYNTHETIC DRUGS!

Natural Hormone

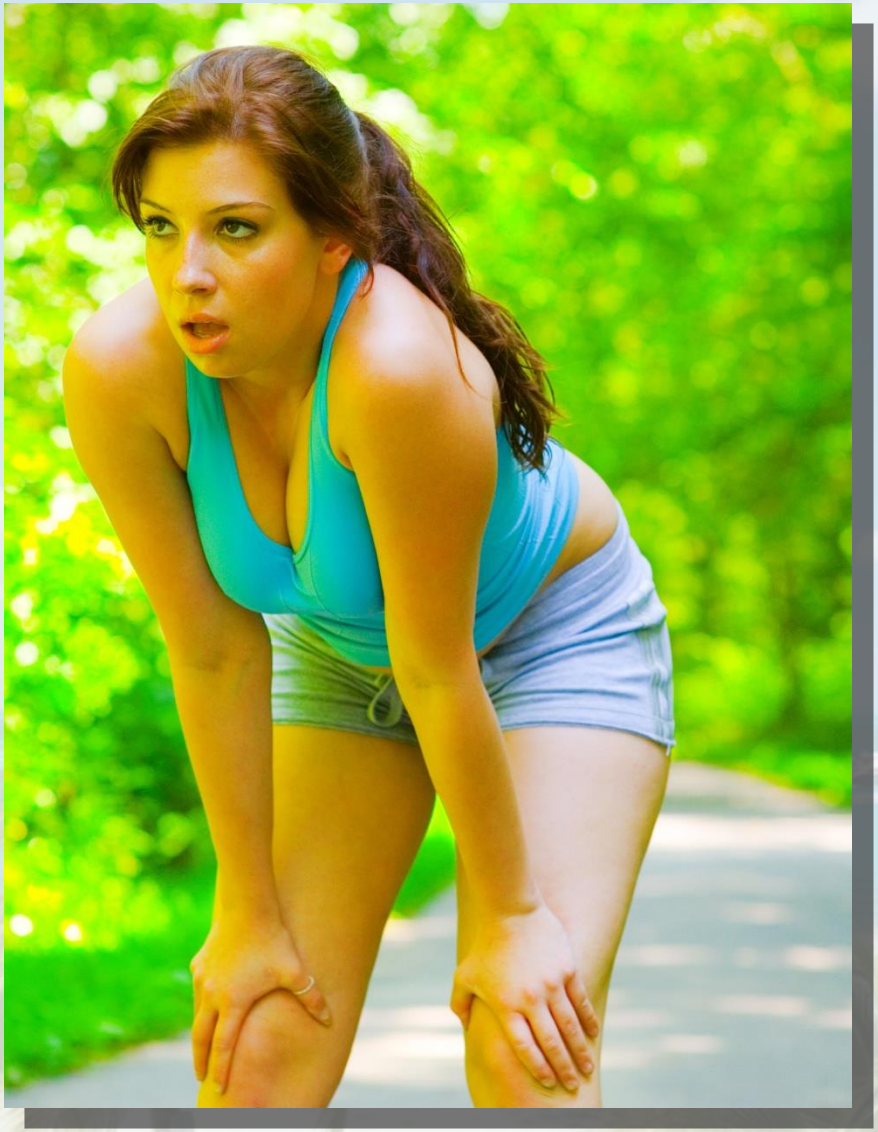


The Progesterone in YOUR BODY

A Drug

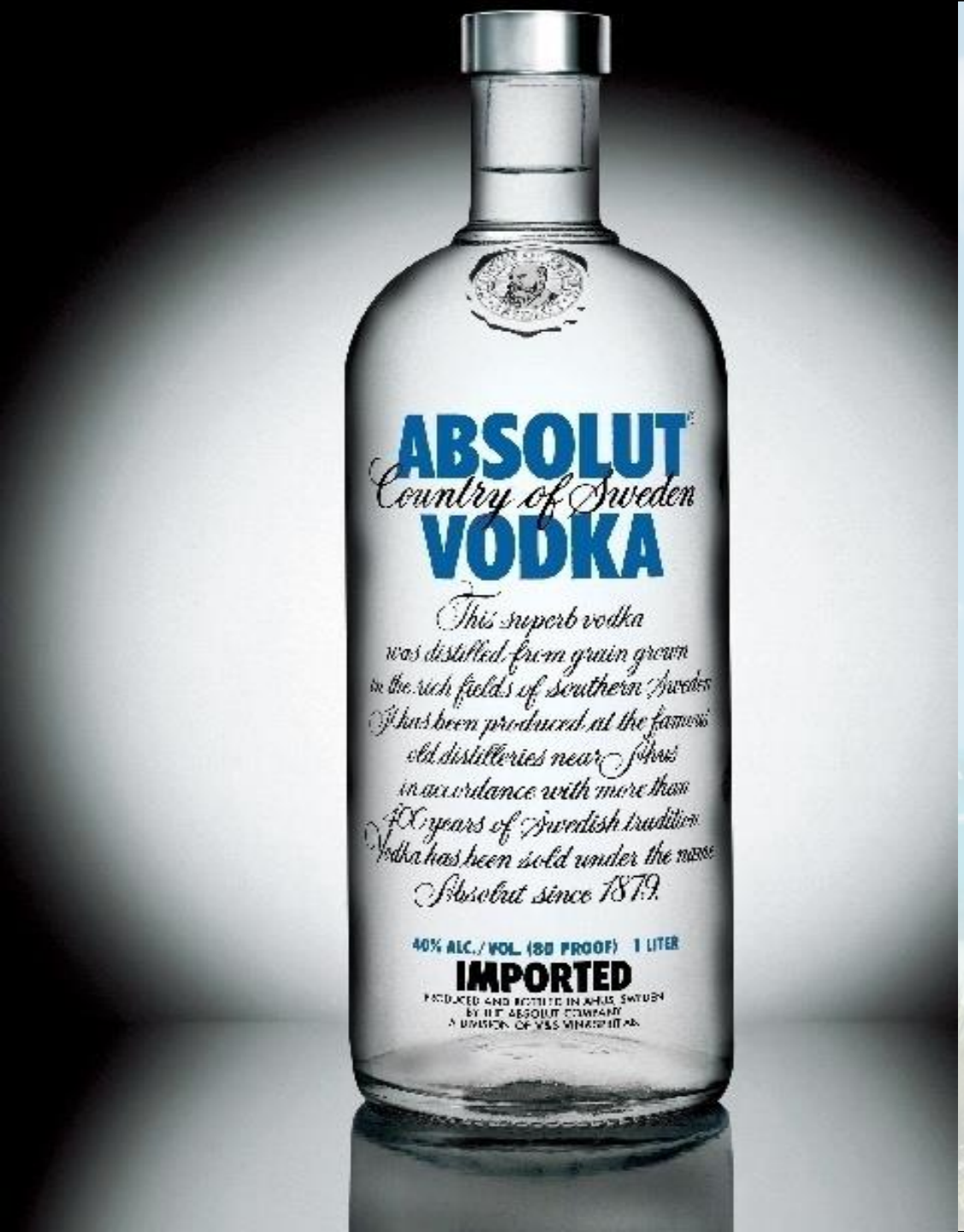


A Drug used to replace Progesterone in your body



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

Subcutaneus

- HGH (human growth hormone)
- HCG (human chorionic gonadotropin)

Dosage

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

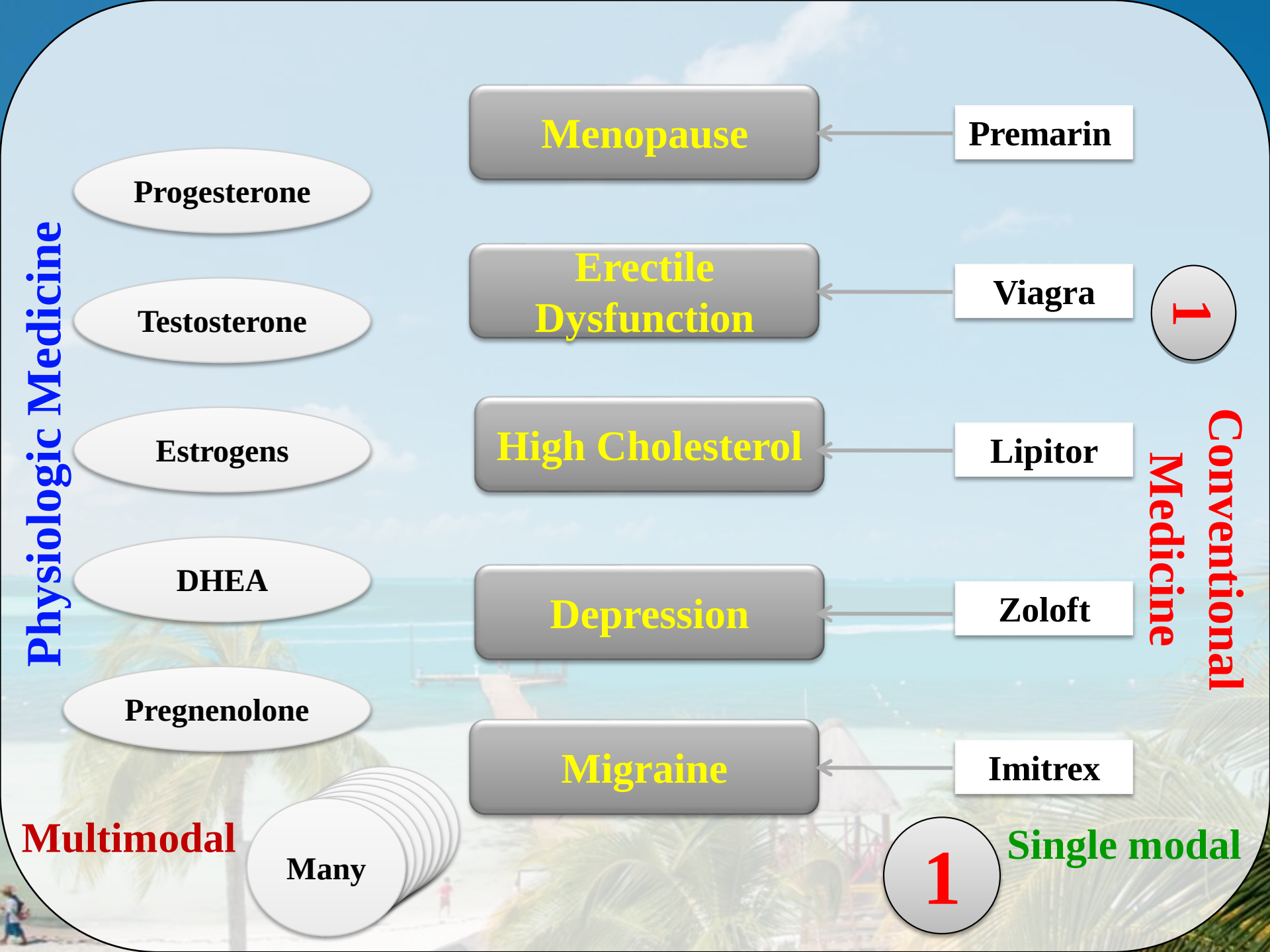
Menopause	Premarin
Erectile Dysfunction	Viagra
High Cholesterol	Lipitor
Depression	Zoloft
Migraine	Imitrex

1

Conventional Medicine

1

Single modal


Physiologic Medicine
Progesterone
Testosterone
Estrogens
DHEA
Pregnenolone
Multimodal
Many
Menopause
Premarin
Erectile Dysfunction
Viagra
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High Cholesterol
Lipitor
Depression
Zoloft
Migraine
Imitrex
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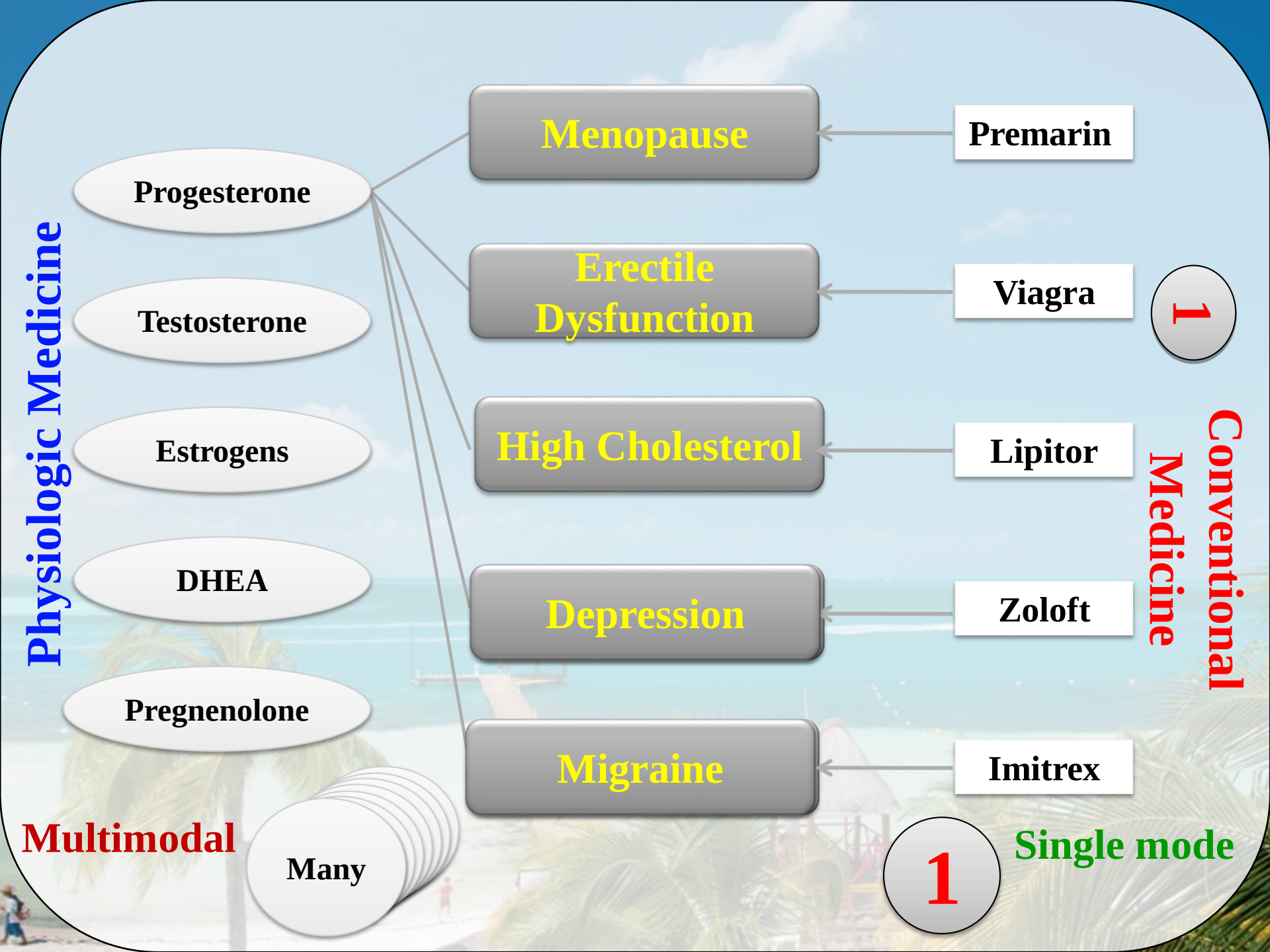
Single modal
Conventional Medicine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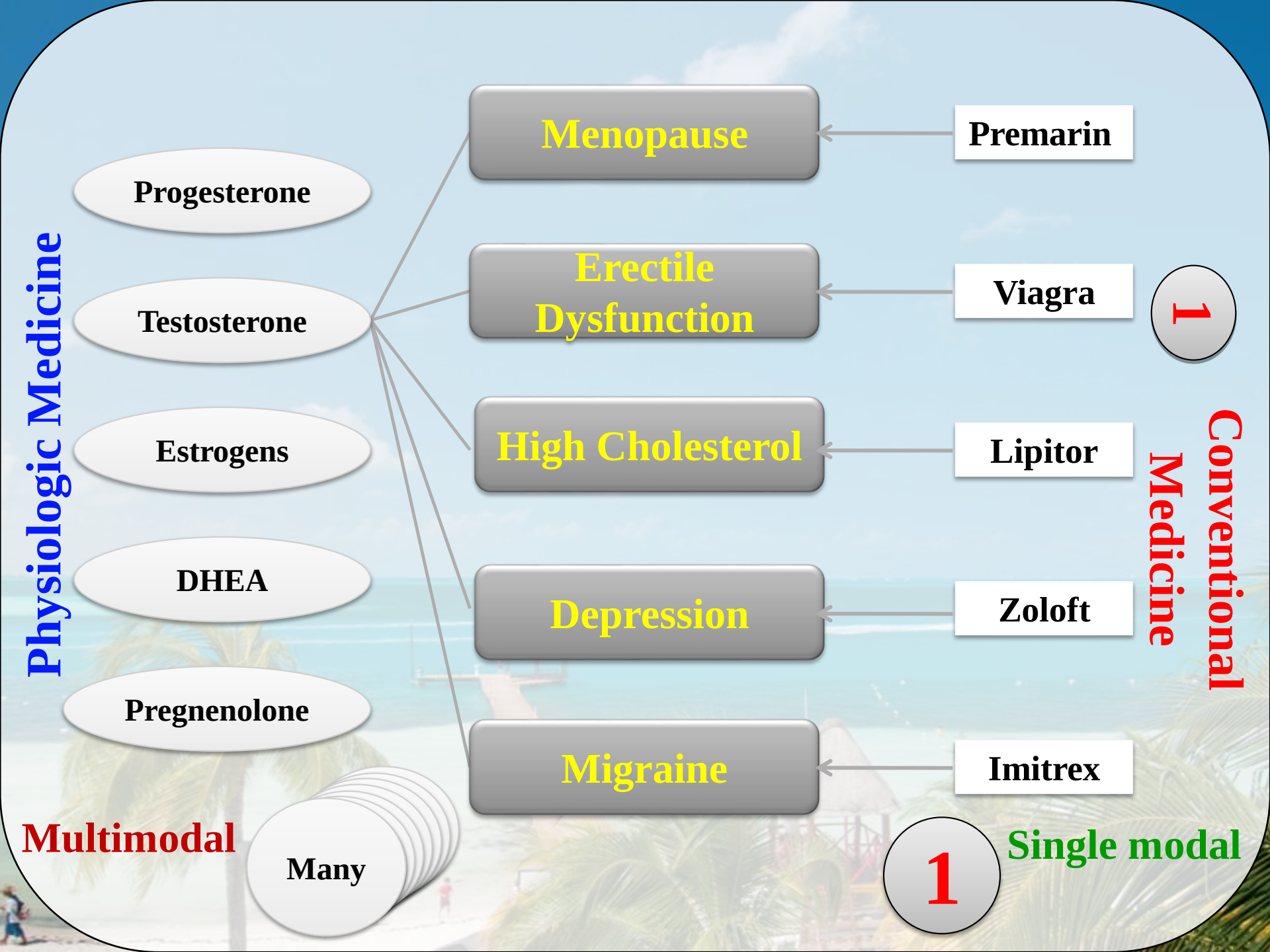
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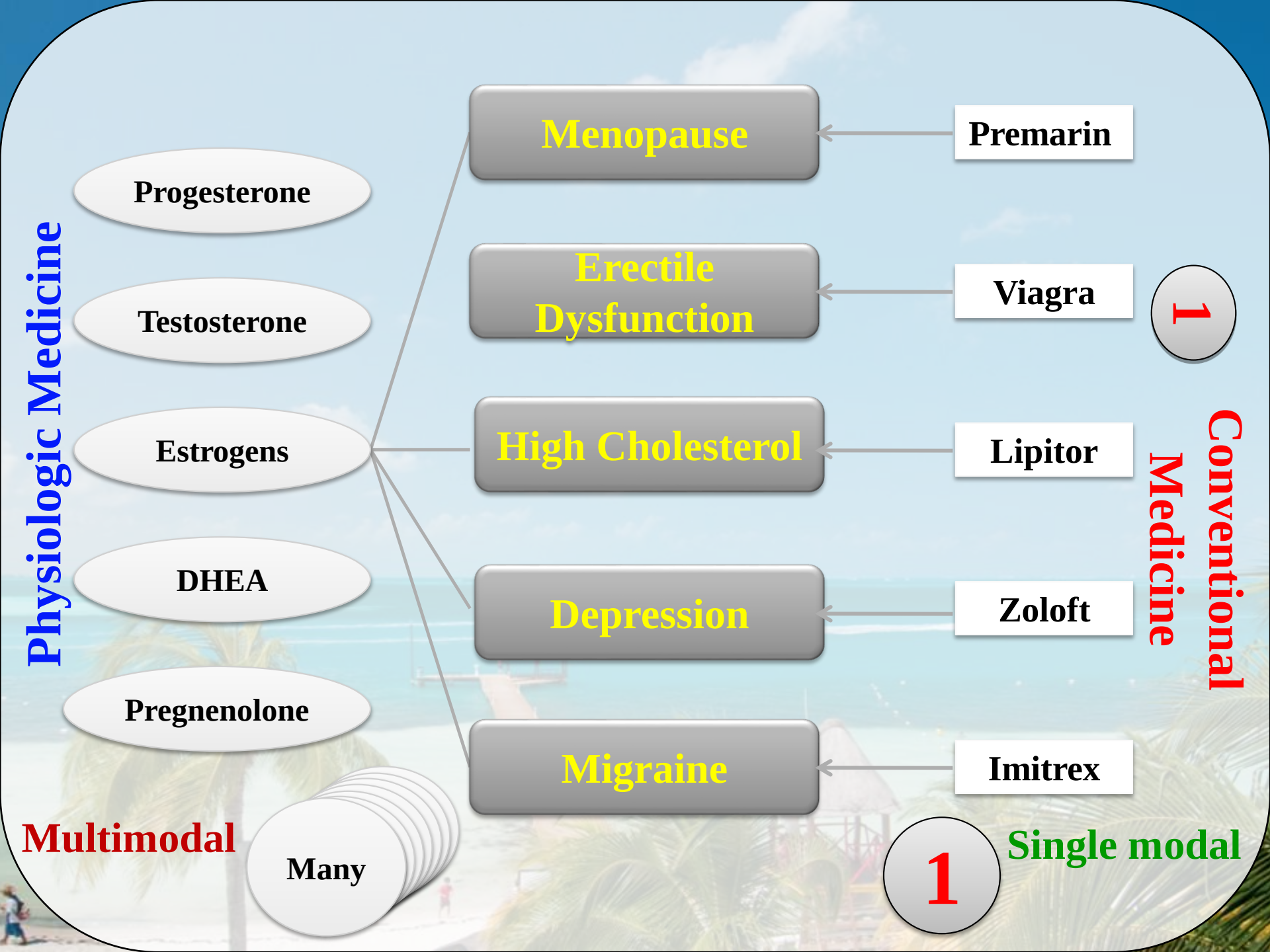
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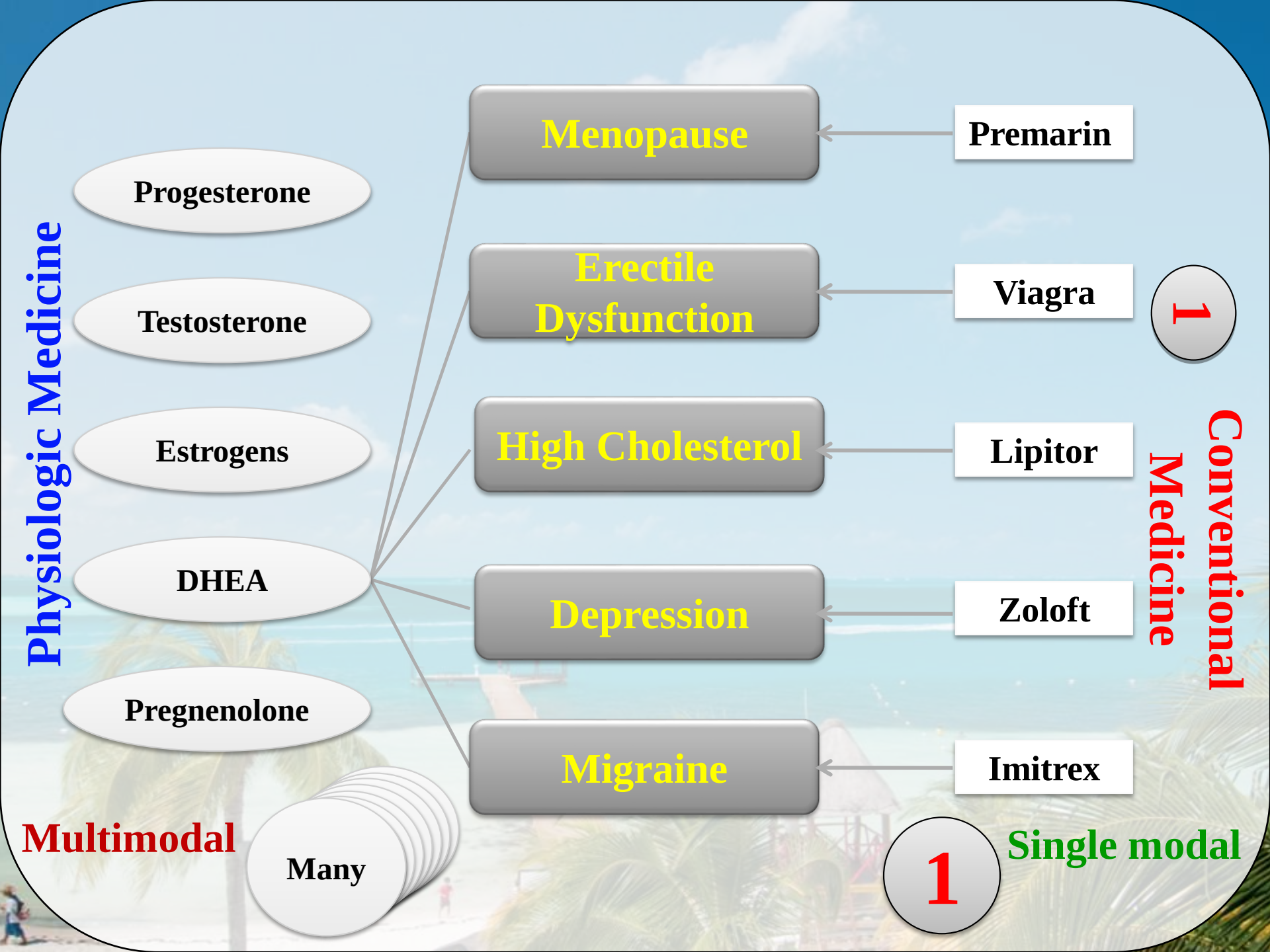
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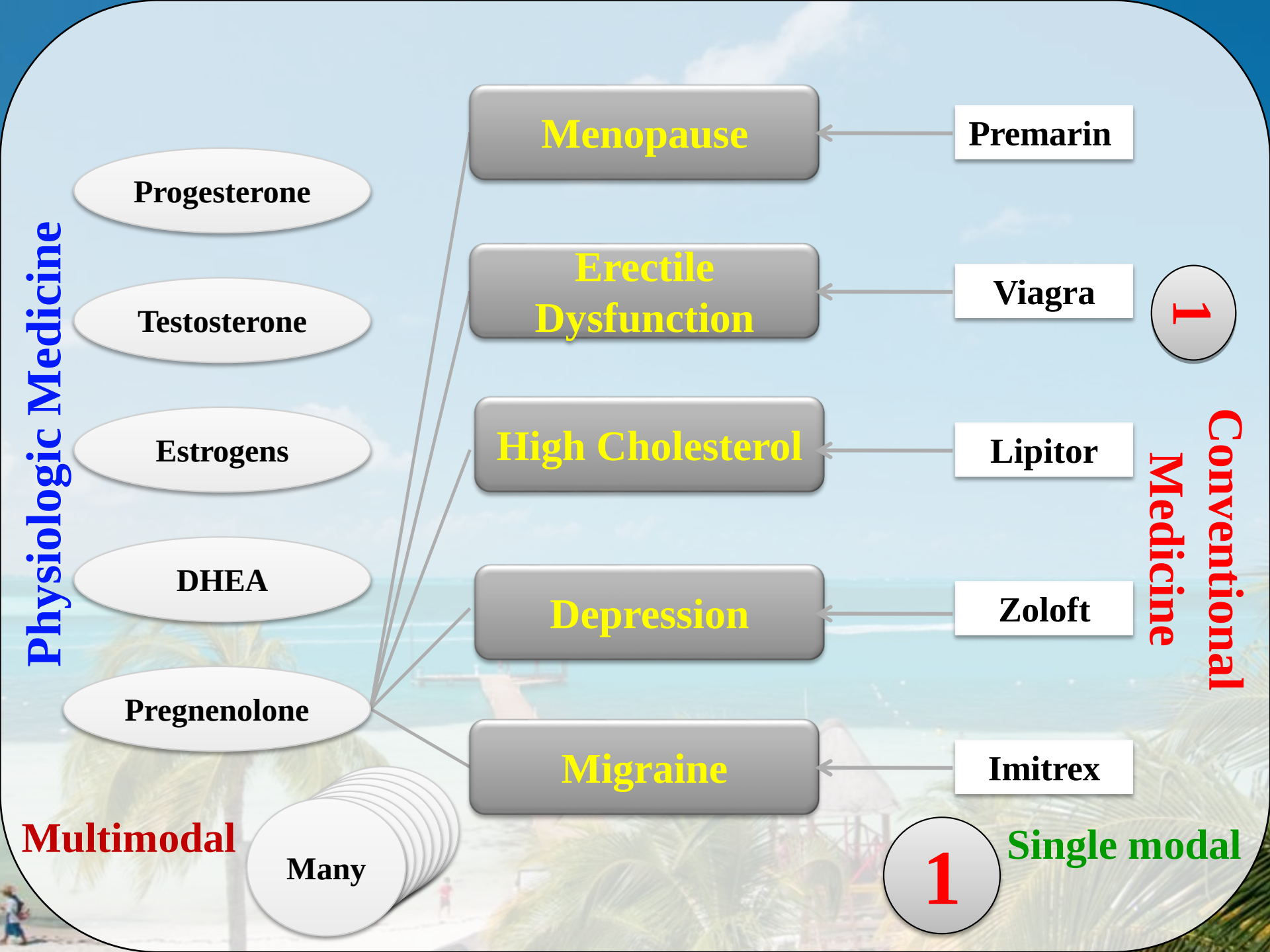
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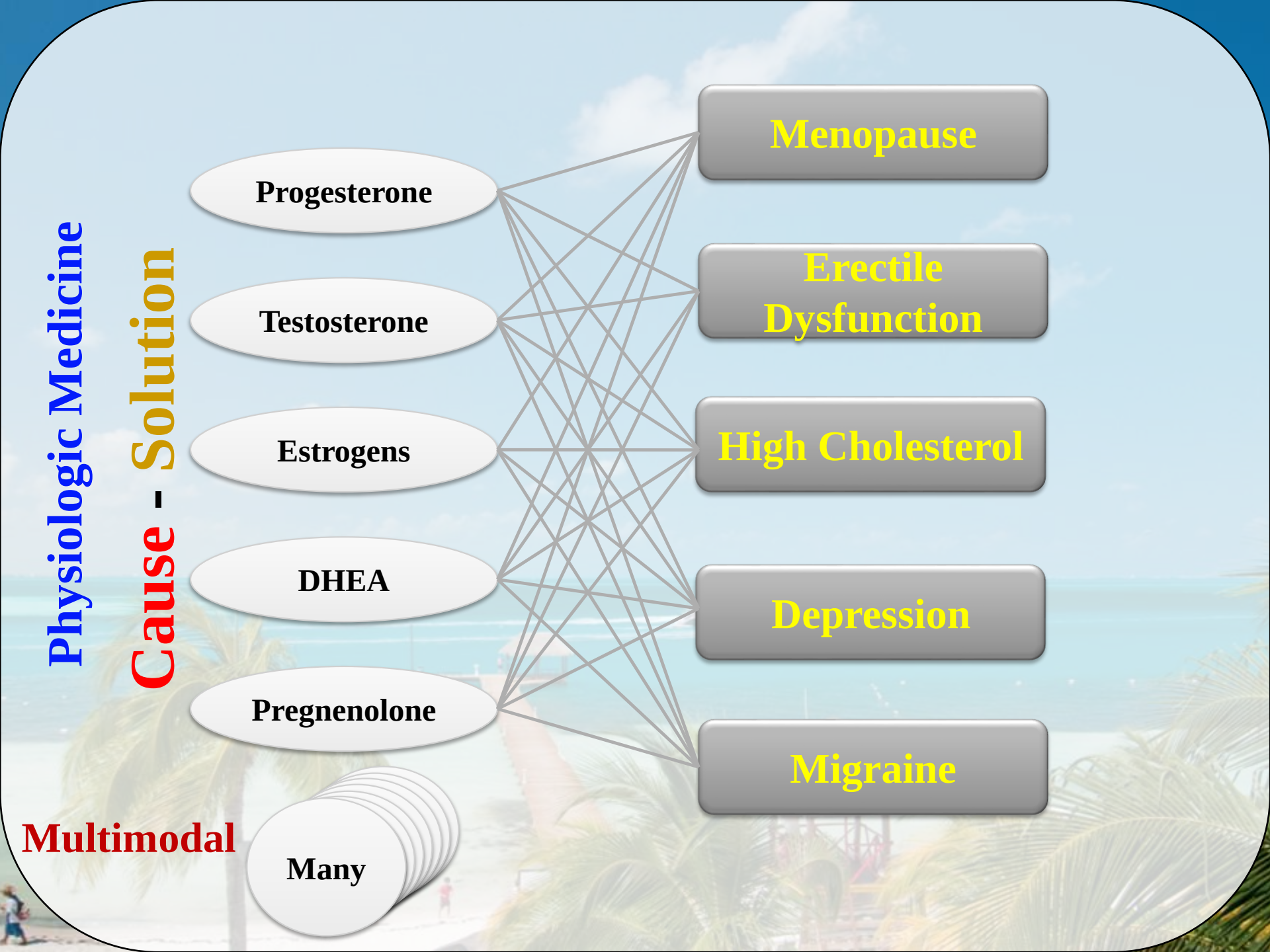
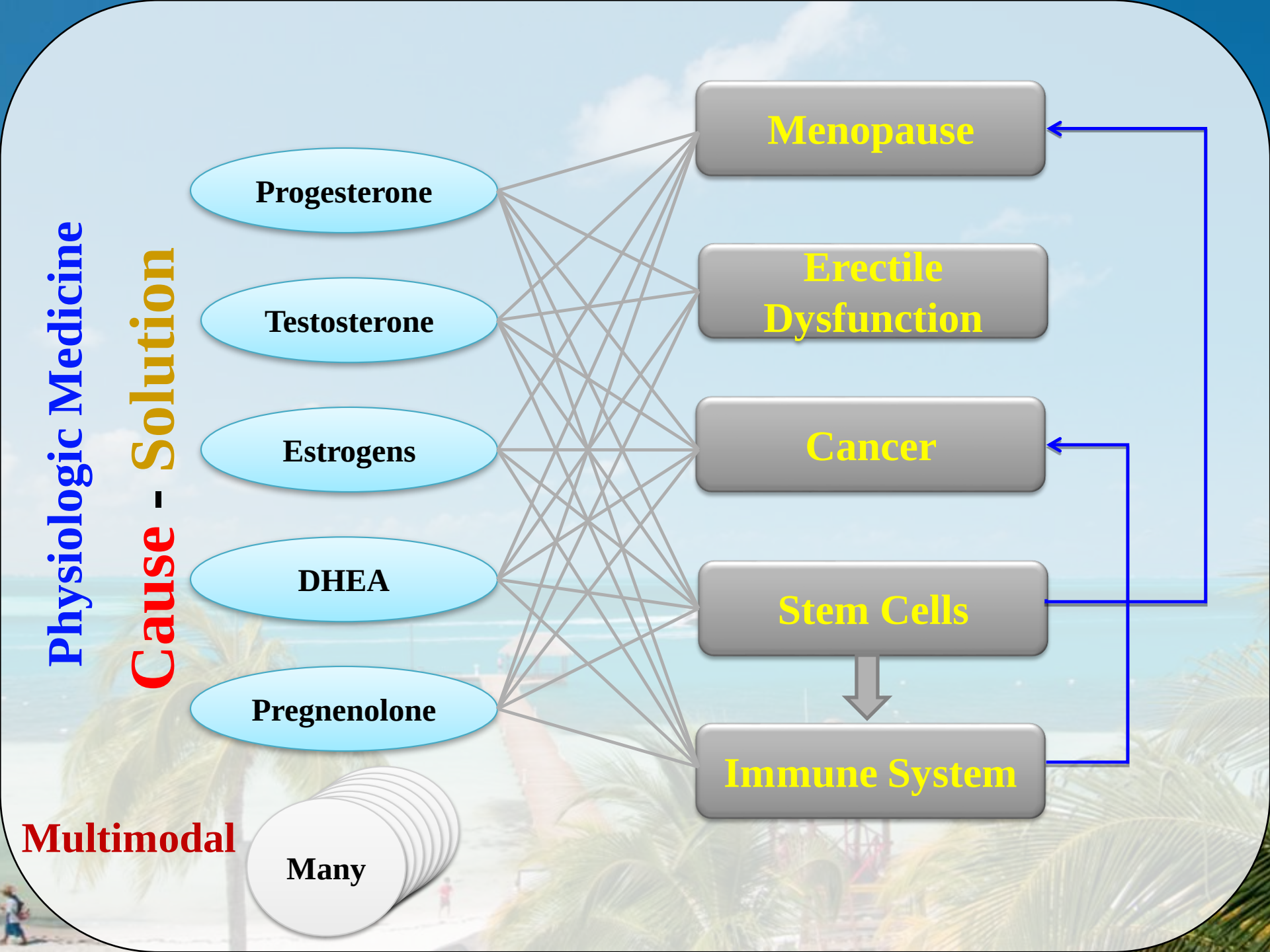

Physiologic Medicine
Cause - Solution
Progesterone
Testosterone
Estrogens
DHEA
Pregnenolone
Many
Multimodal
Menopause
Erectile Dysfunction
High Cholesterol
Depression
Migraine


Physiologic Medicine
Cause - Solution
Progesterone
Testosterone
Estrogens
DHEA
Pregnenolone
Many
Multimodal
Menopause
Erectile Dysfunction
Cancer
Stem Cells
Immune System

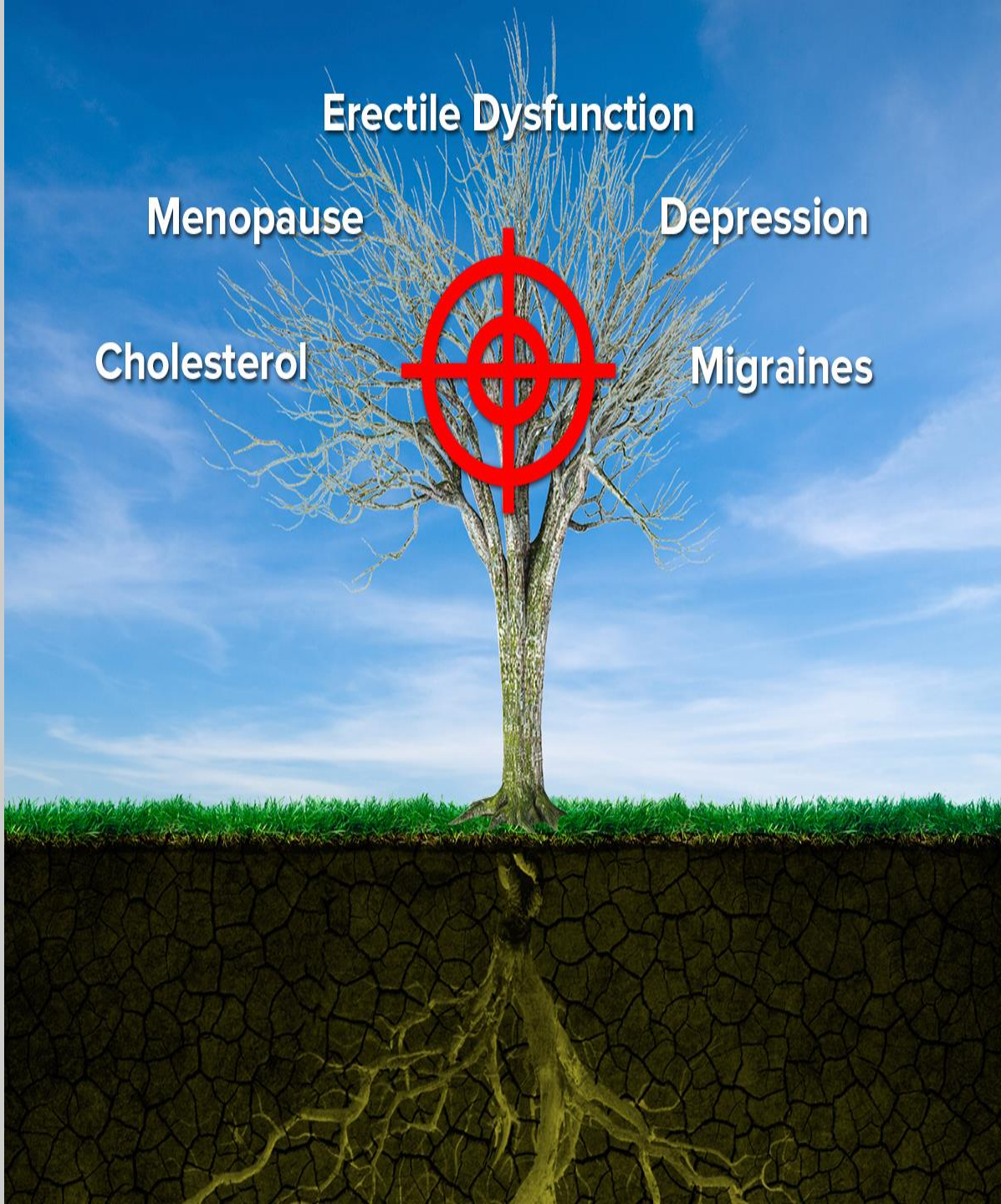
Restorative Medicine

The Tree Analogy

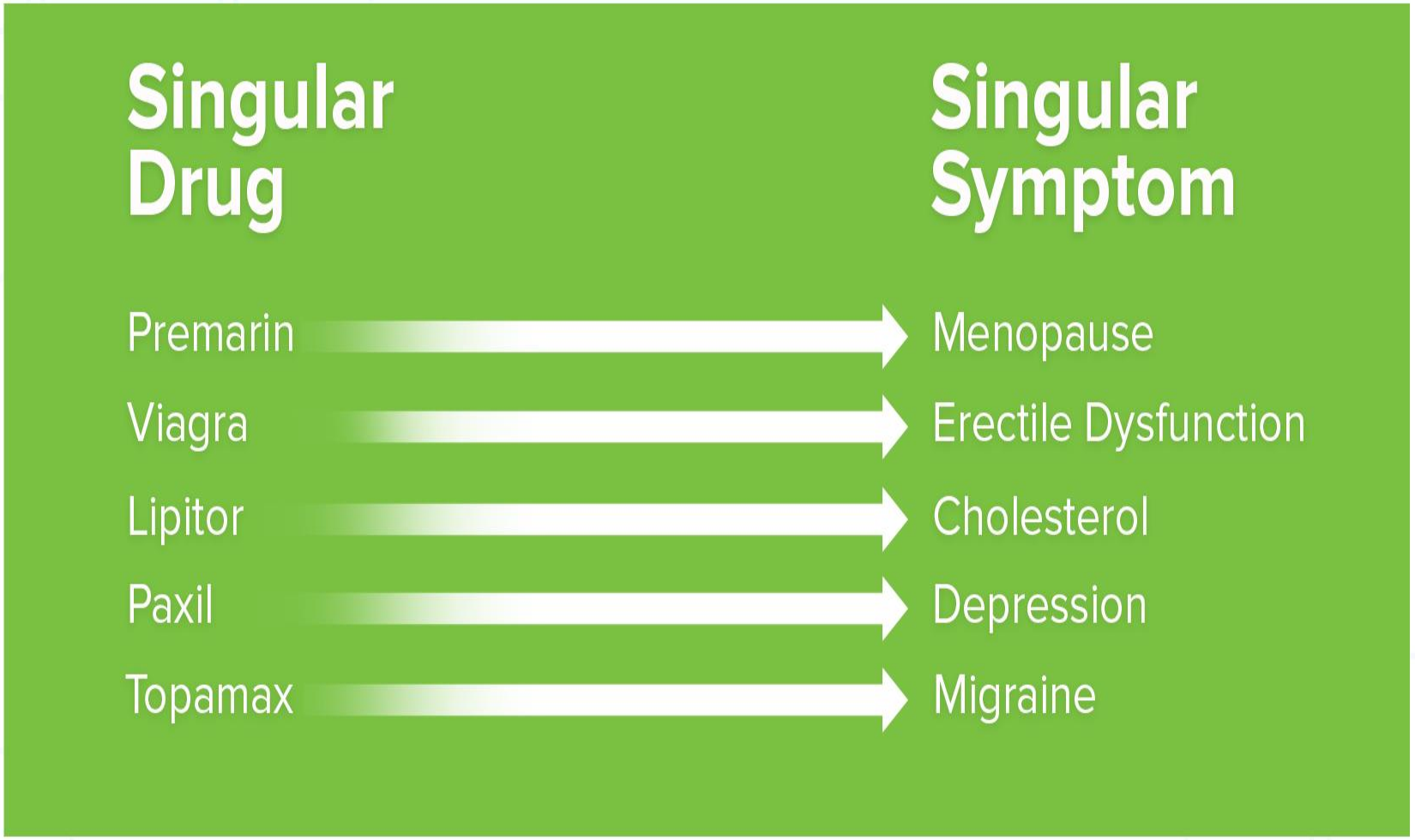
Aging Process

Singular Modality

Targets **Symptoms**

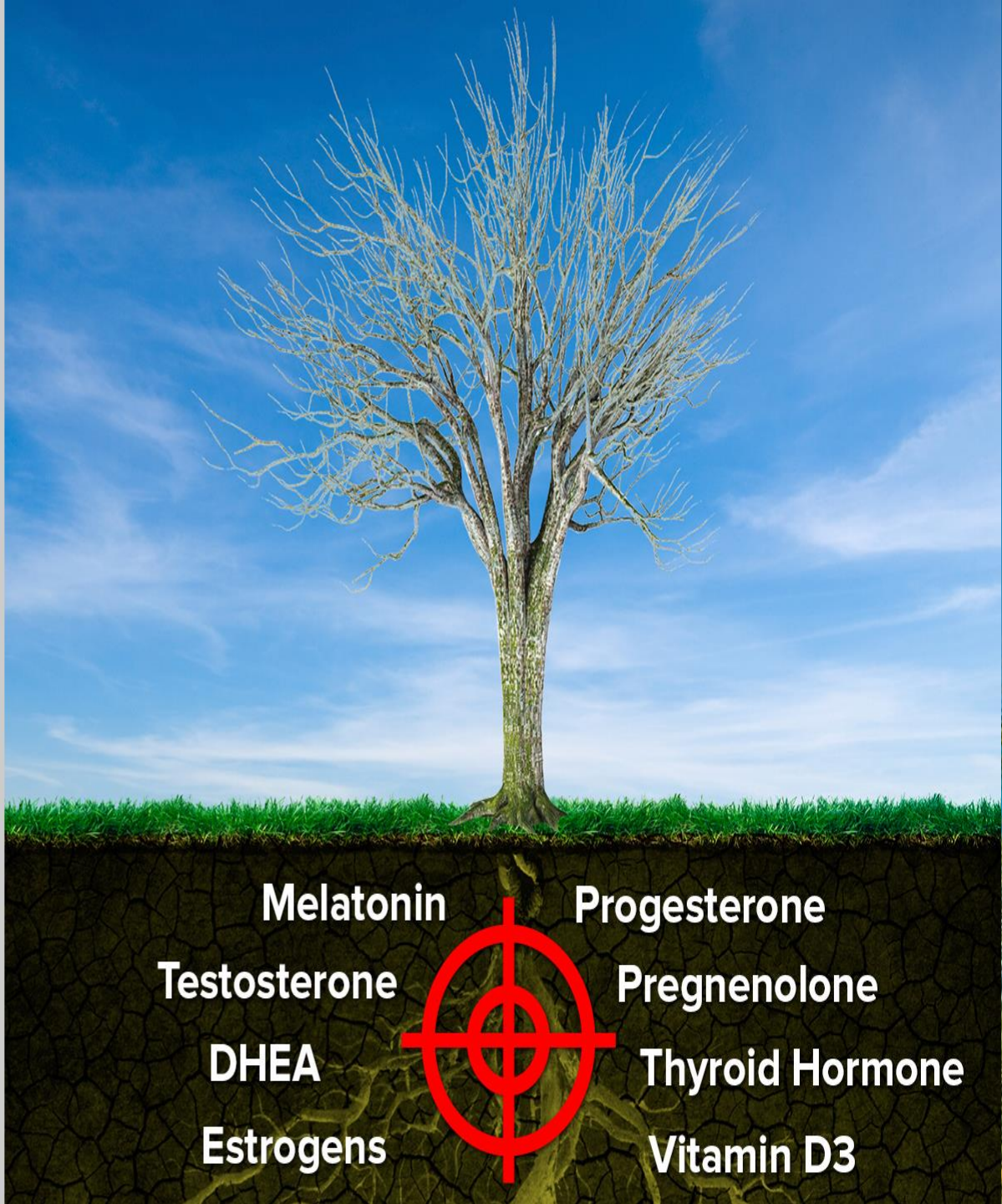


Singular Modality

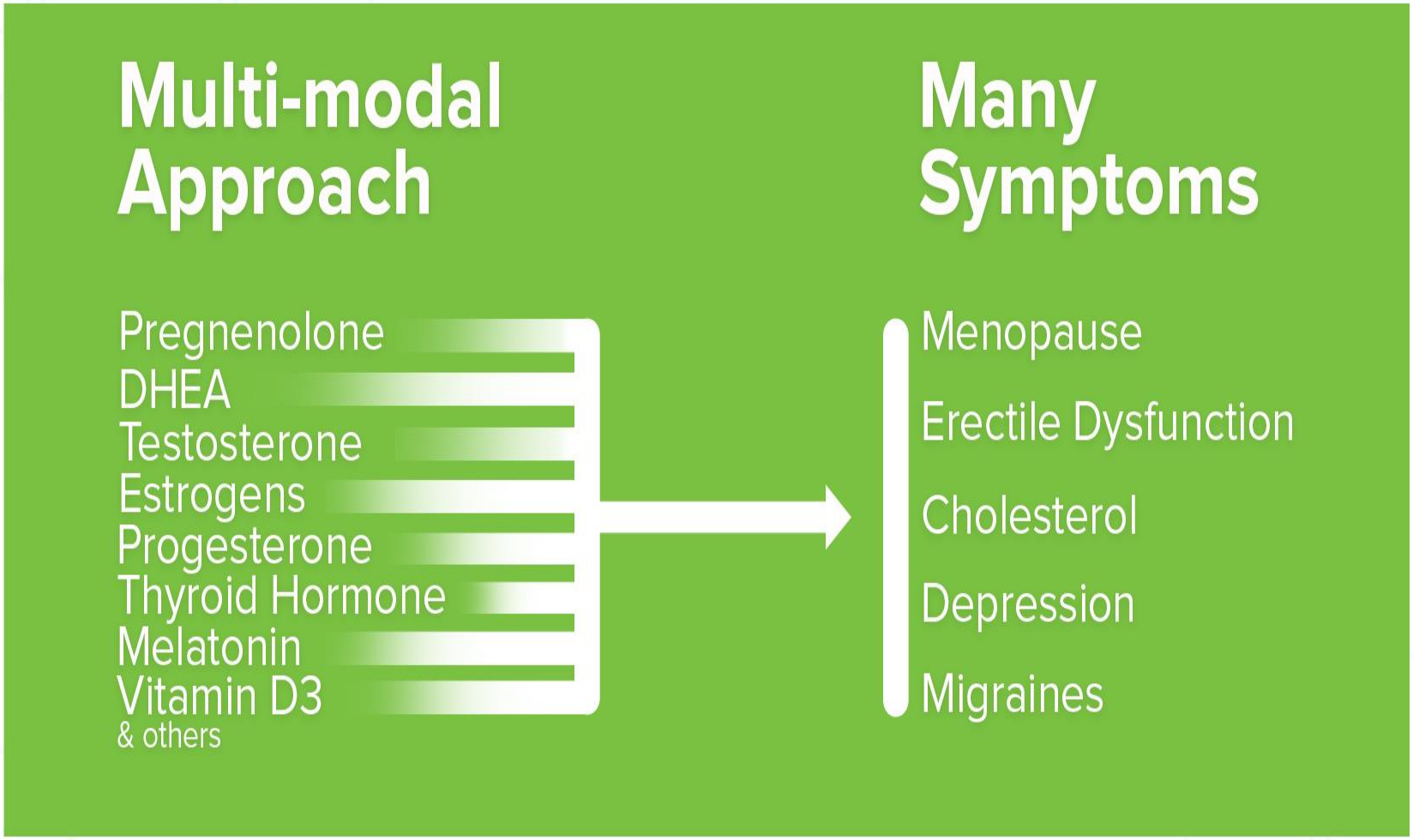


Restorative Medicine

Targets **Cause**



Restorative Medicine



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

It's as simple as 4 flat tires

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...

Estrogens

Testosterone

DHEA

Progesterone

You can't drive with two full...

Estrogens

Testosterone

DHEA

Progesterone

Maybe with three...

Estrogens

Testosterone

DHEA

Progesterone

But all four is the best!

Estrogens

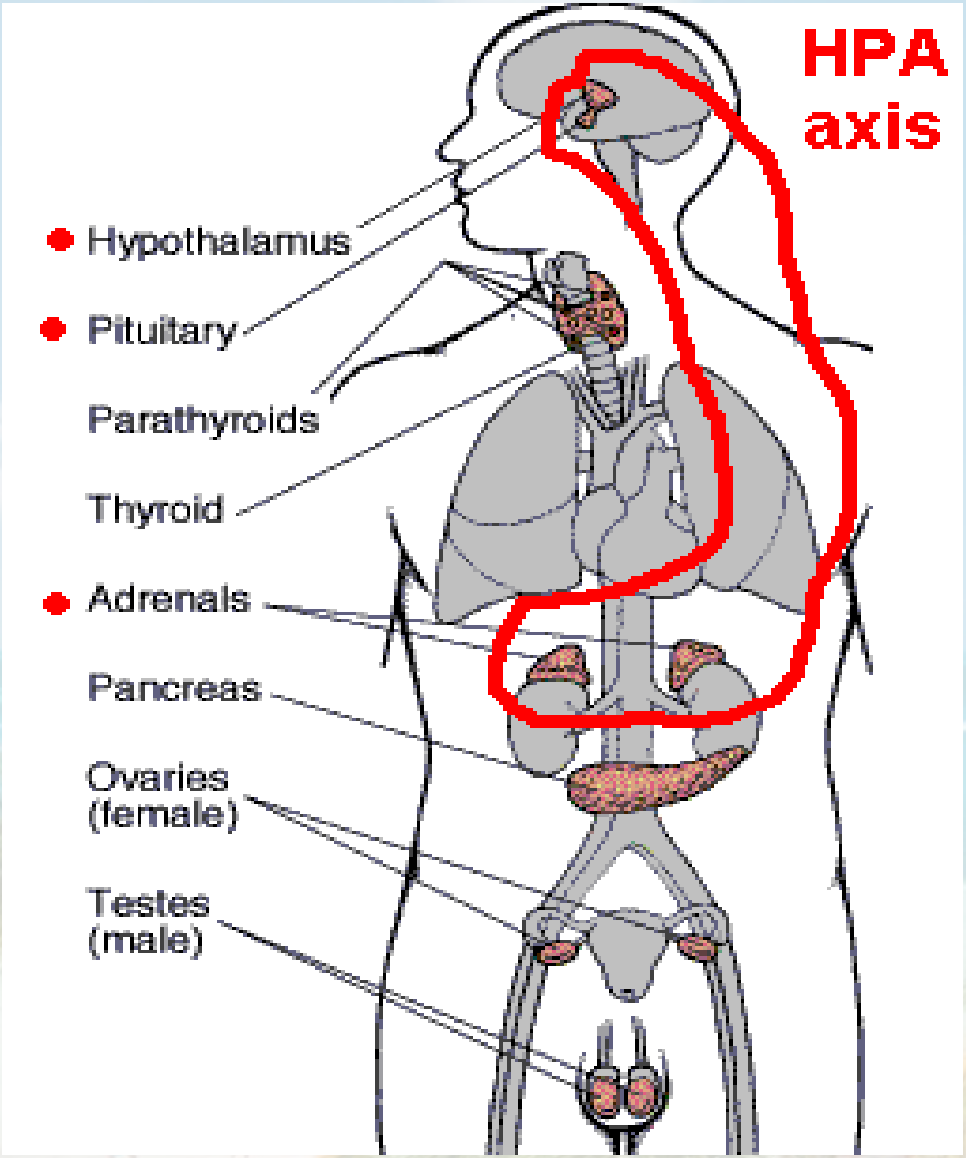
Testosterone

DHEA

Progesterone


Balanced Physiology!

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

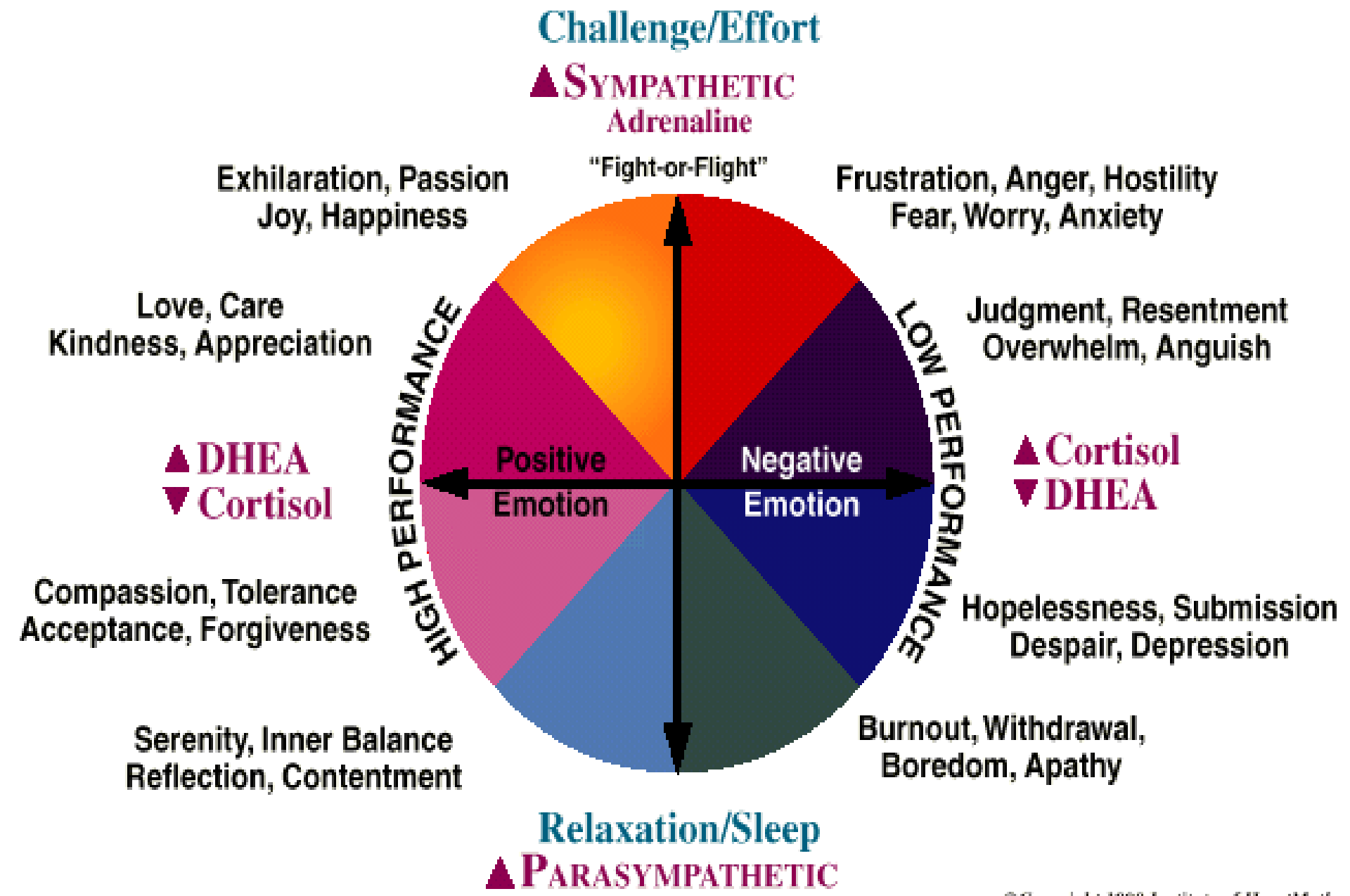
Agents that directly effect cholesterol metabolism

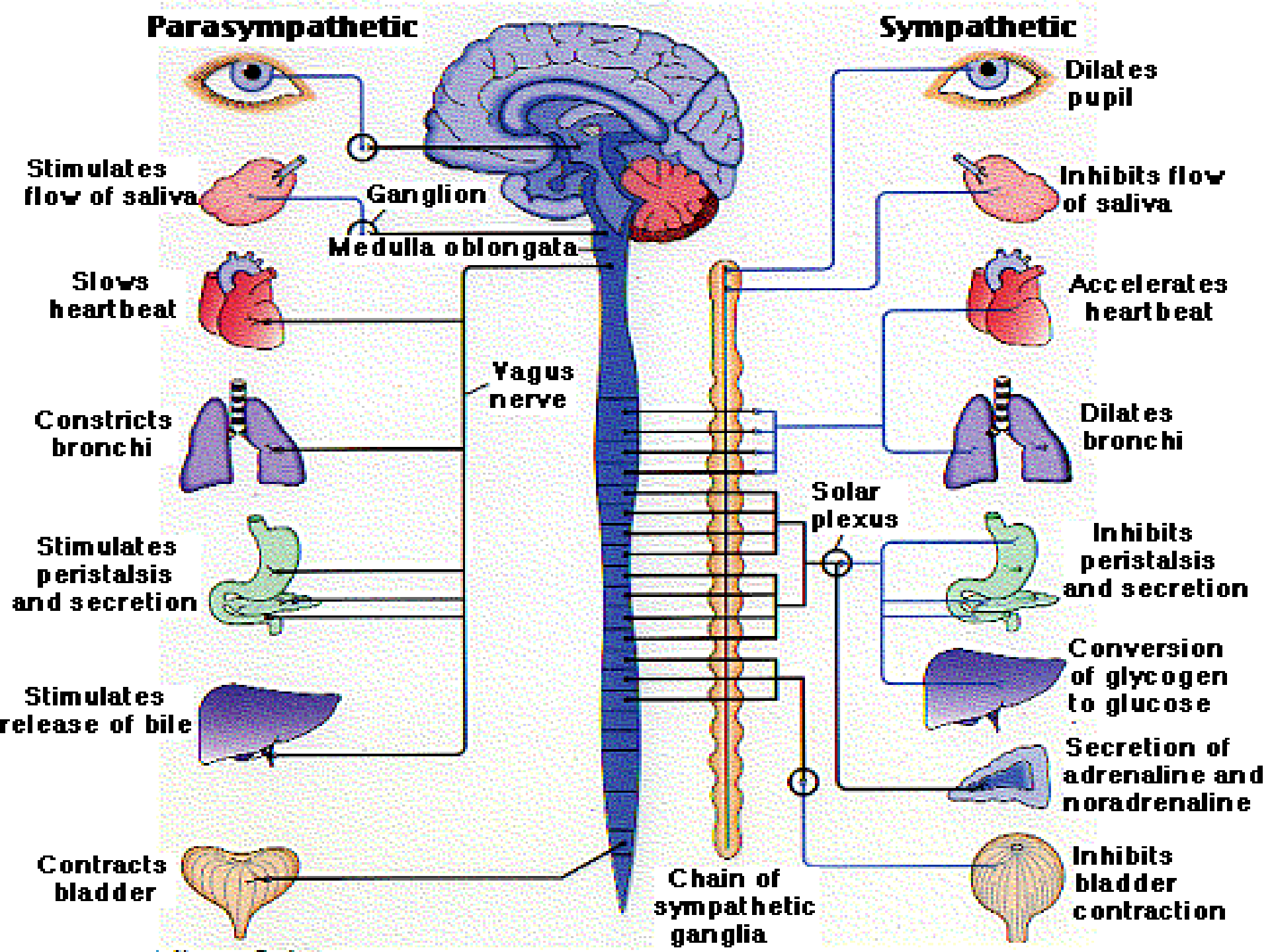
- vitamin D3
- thyroxine (T4)
- omega-3/phospholipid complex
- HGH
- lypase (effect on TRG)

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

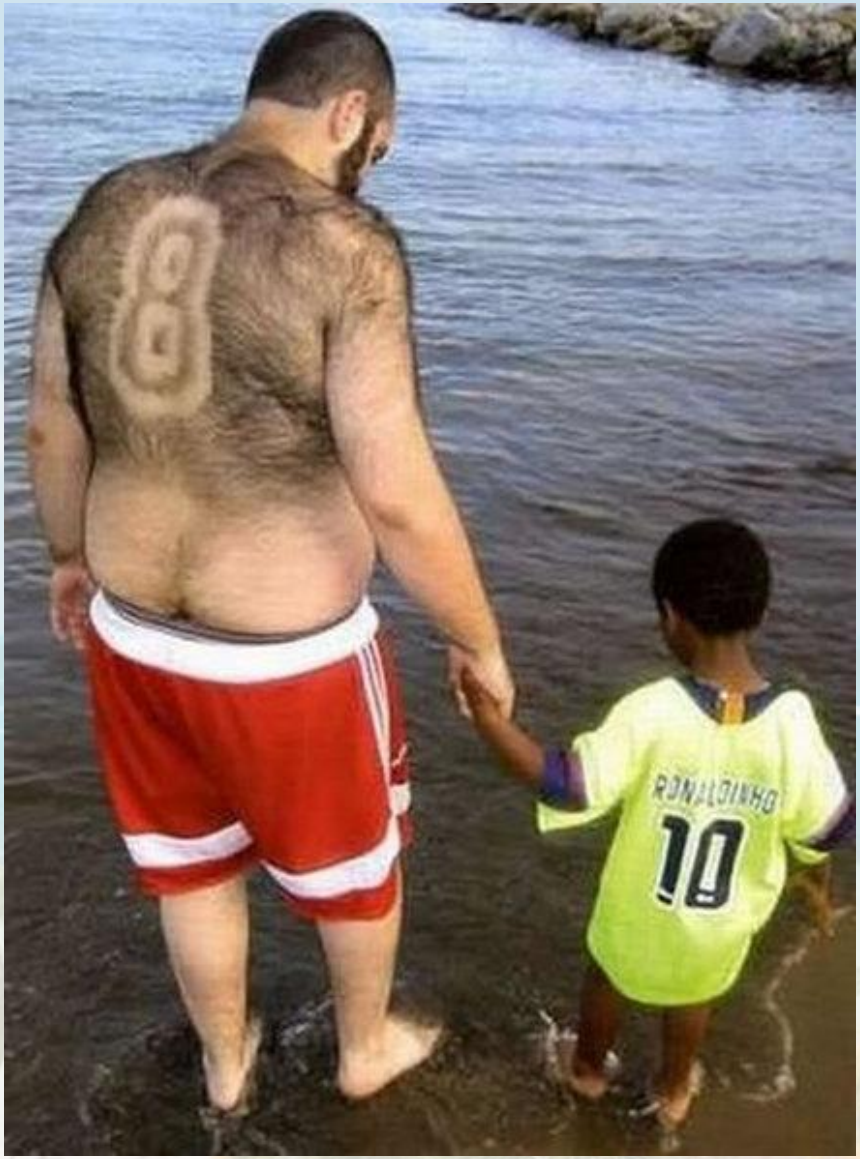
Stress, Emotion and Physiological Activation




Parasympathetic
Sympathetic
Dilates pupil
Stimulates flow of saliva
Ganglion
Medulla oblongata
Inhibits flow of saliva
Slows heartbeat
Accelerates heartbeat
Vagus nerve
Constricts bronchi
Dilates bronchi
Solar plexus
Stimulates peristalsis and secretion
Inhibits peristalsis and secretion
Conversion of glycogen to glucose
Stimulates release of bile
Secretion of adrenaline and noradrenaline
Contracts bladder
Chain of sympathetic ganglia
Inhibits bladder contraction

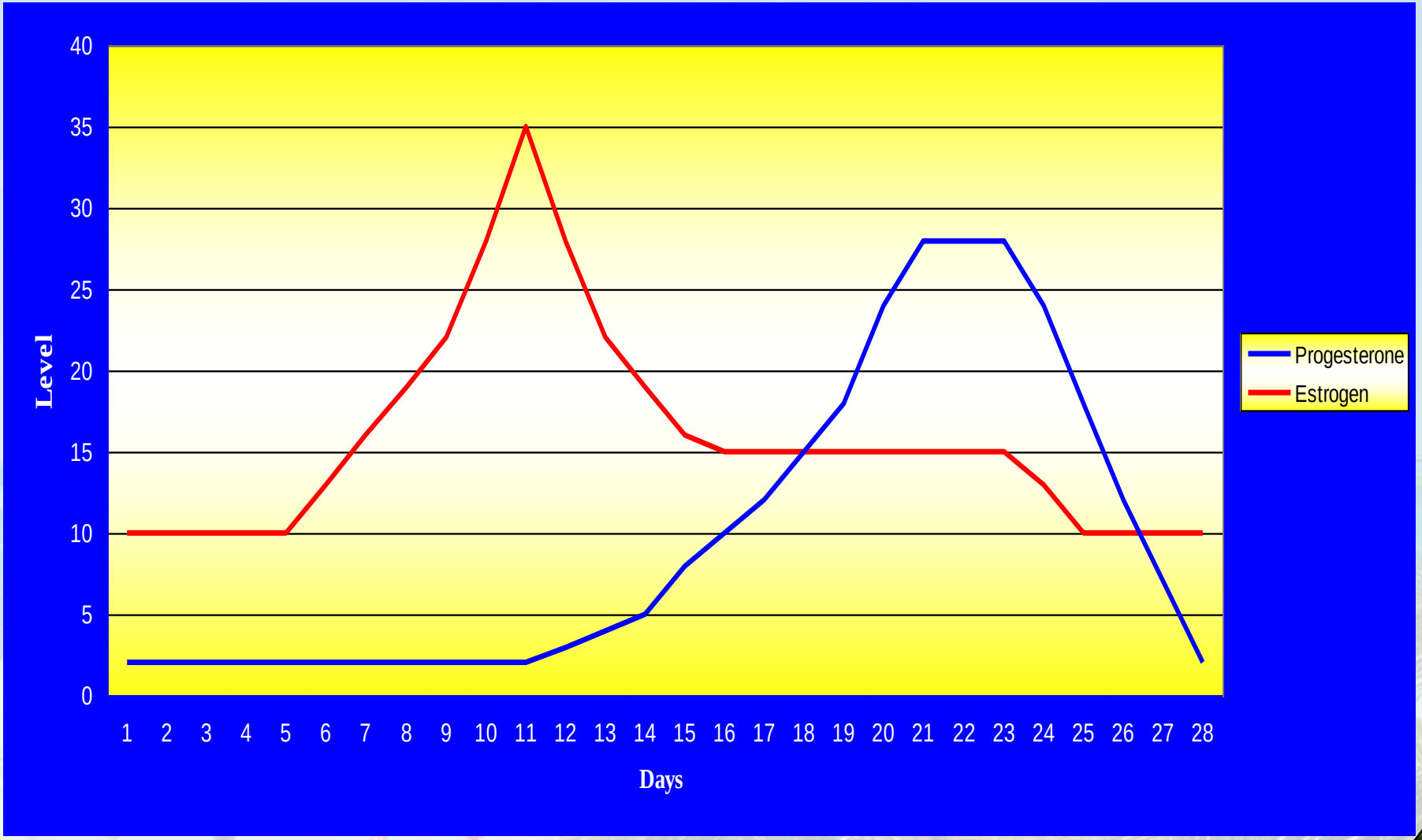
Balance and Optimization

The Power of Testosterone



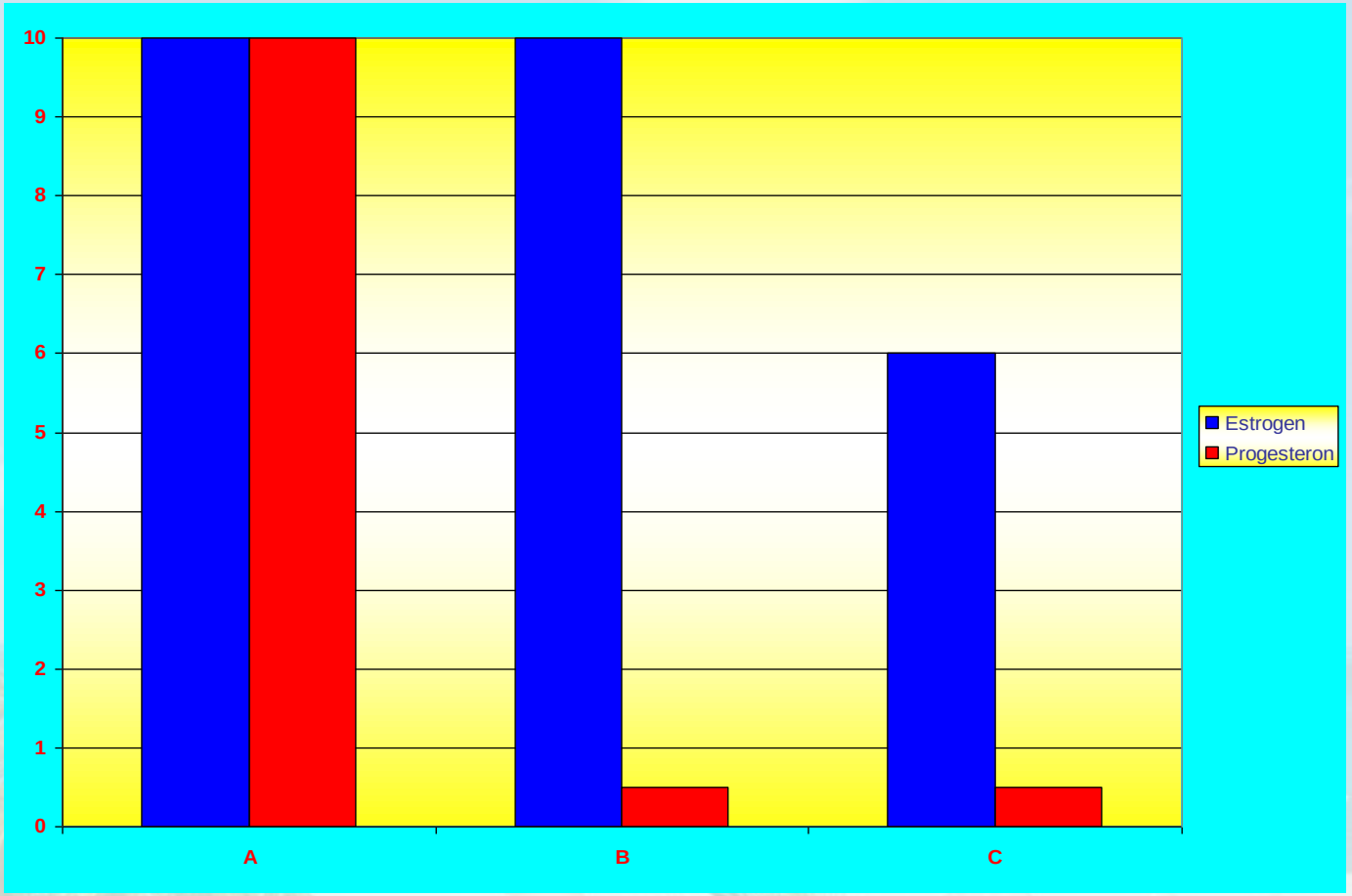
Estrogen and progesterone levels

(during a 28-days menstrual cycle)



Estrogens

Estrogen/progesterone ratio during aging



- **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[219]

Estrogens	Women Age 18-41		Postmeno-pausal Women	Men	
	Proliferative phase	Secretory phase		Age 20-48	Age 45-65
Estriol	7	16	3	3	6
Estrone	5	7	2	4	6
Estradiol	2	4	1	1	2

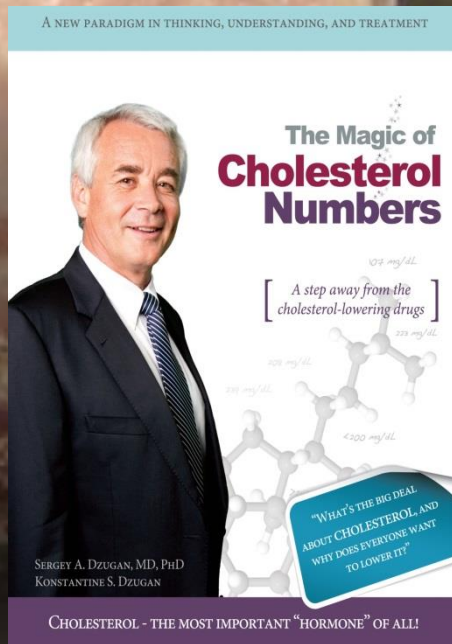
Circadian Rhythm of Progesterone

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

		Age group			
		<4 weeks (n 13)	1–12 months (n 17)	1–2 years (n 10)	2–15 years (n 212)
Progesterone, pmol/L	Morning Mean (SD)	677 (305)	235 (138)	115 (41)	137 (81)
	Morning Range	350–1320	89–525	60–169	29–601
	Noon Mean (SD)	423 (240)	102 (38)	63 (21)	101 (53)
	Noon Range	153–875	51–162	25–99	16–282
	Evening Mean (SD)	381 (191)	122 (67)	52 (24)	77 (46)
	Evening Range	80–716	35–239	25–86	11–267

Groschl M, Rauh M, Dorr H-G. Circadian Rhythm of Salivary Cortisol, 17-Hydroxyprogesterone, and Progesterone In Healthy Children. Clinical Chemistry 2003 49;10:1688-91

High Cholesterol



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.

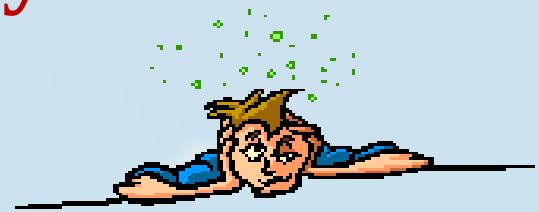
Complaints: severe ED (since age 39), hypercholesterolemia, fatigue, depression, insomnia, short-term memory problems.

	TC	TRG	HDL	LDL	VLDL	TC/HDL
08/31/00	330	216	54	233	43	6.1
09/09/03	187	138	40	119	28	4.7

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

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.

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

follow up 09/12/05 – no complaints

follow up 12/12/07 – no complaints


Case of Migraine

Non-Small Cell Lung Cancer (NSCLC)

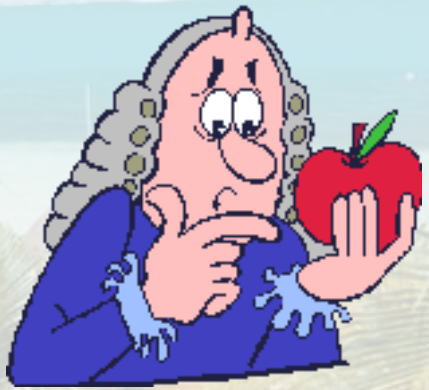
Our Hypotheses

- 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

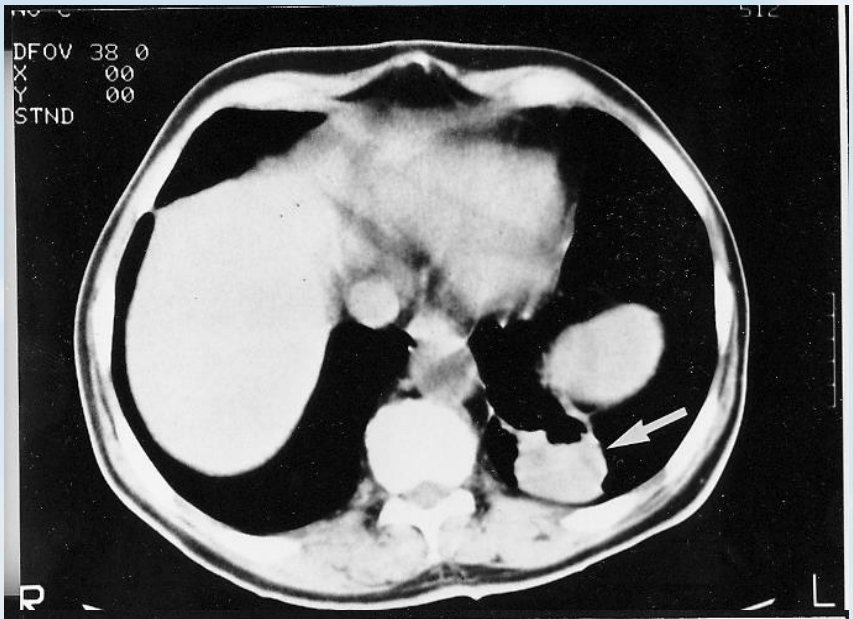
Anti-Aging Strategy

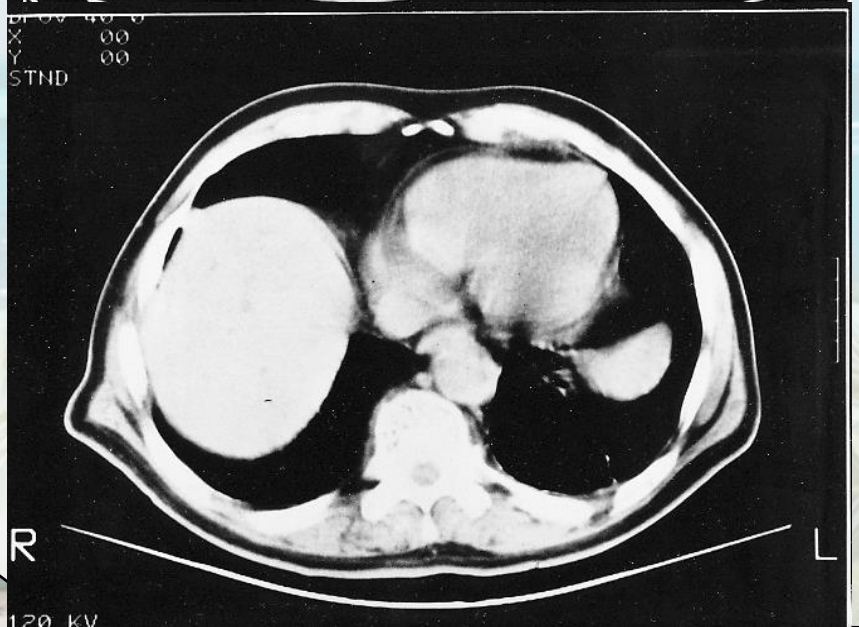
(immunorestorative therapy – IRT)

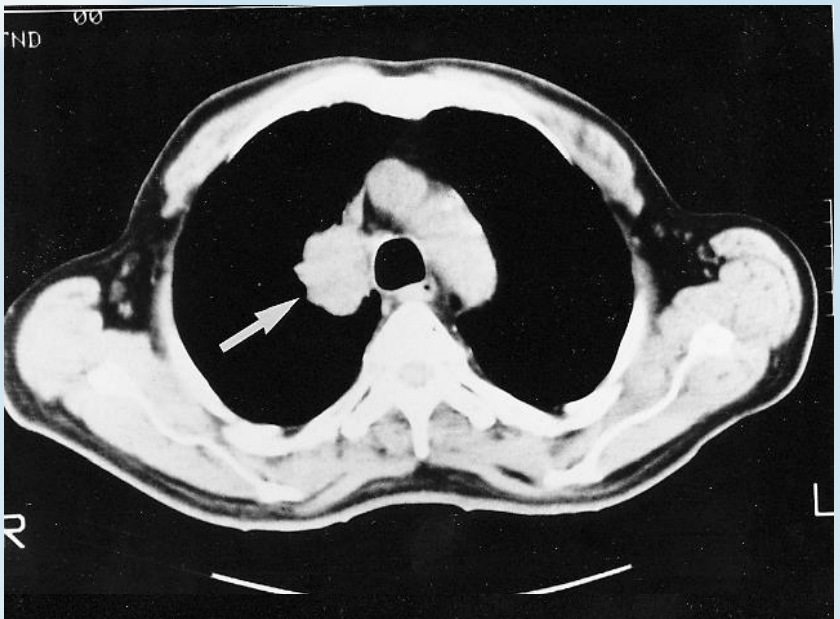
- hormonorestorative therapy
- antioxidant therapy
- correction of protein malnutrition
- miscellaneous

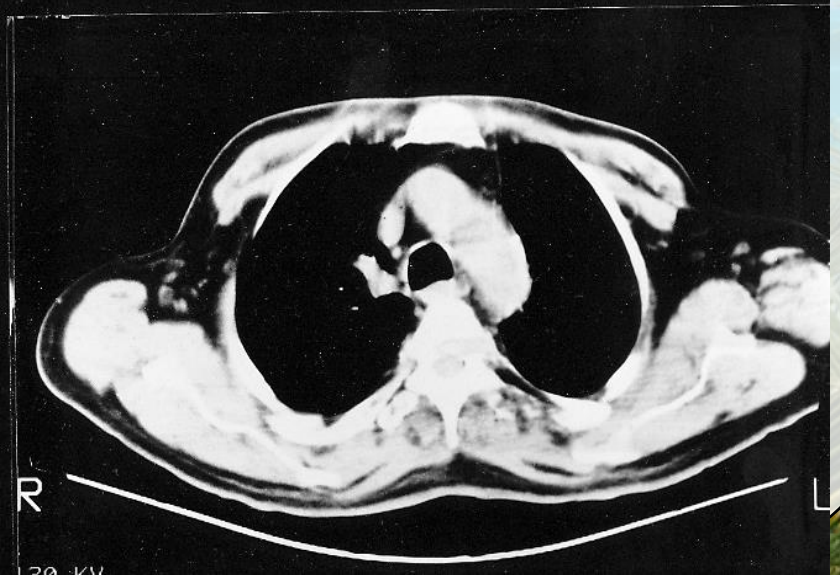


Case study: 80 y.o. male with bilateral NSCLC; Survival 5 yrs (no chemo)

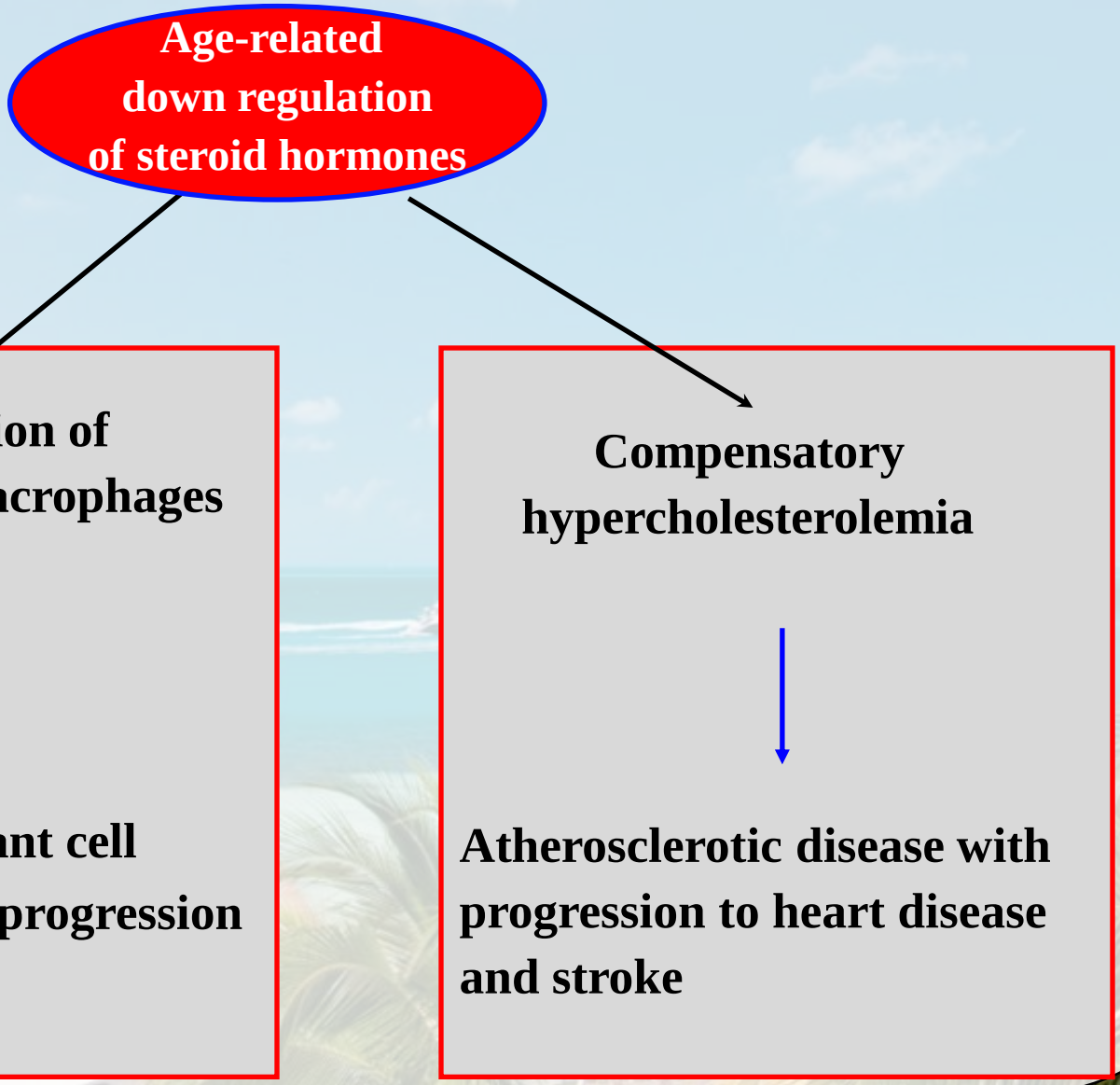




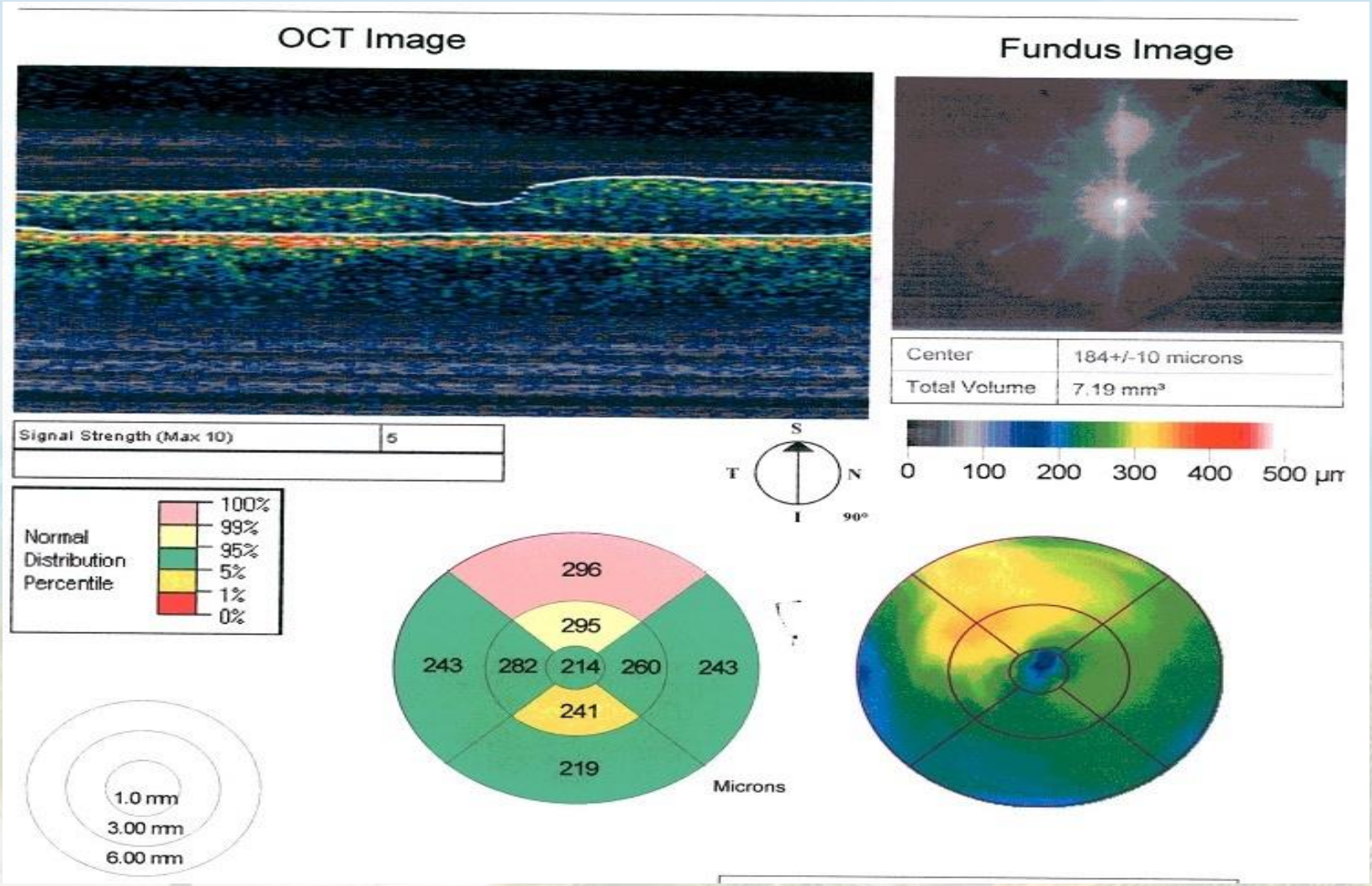




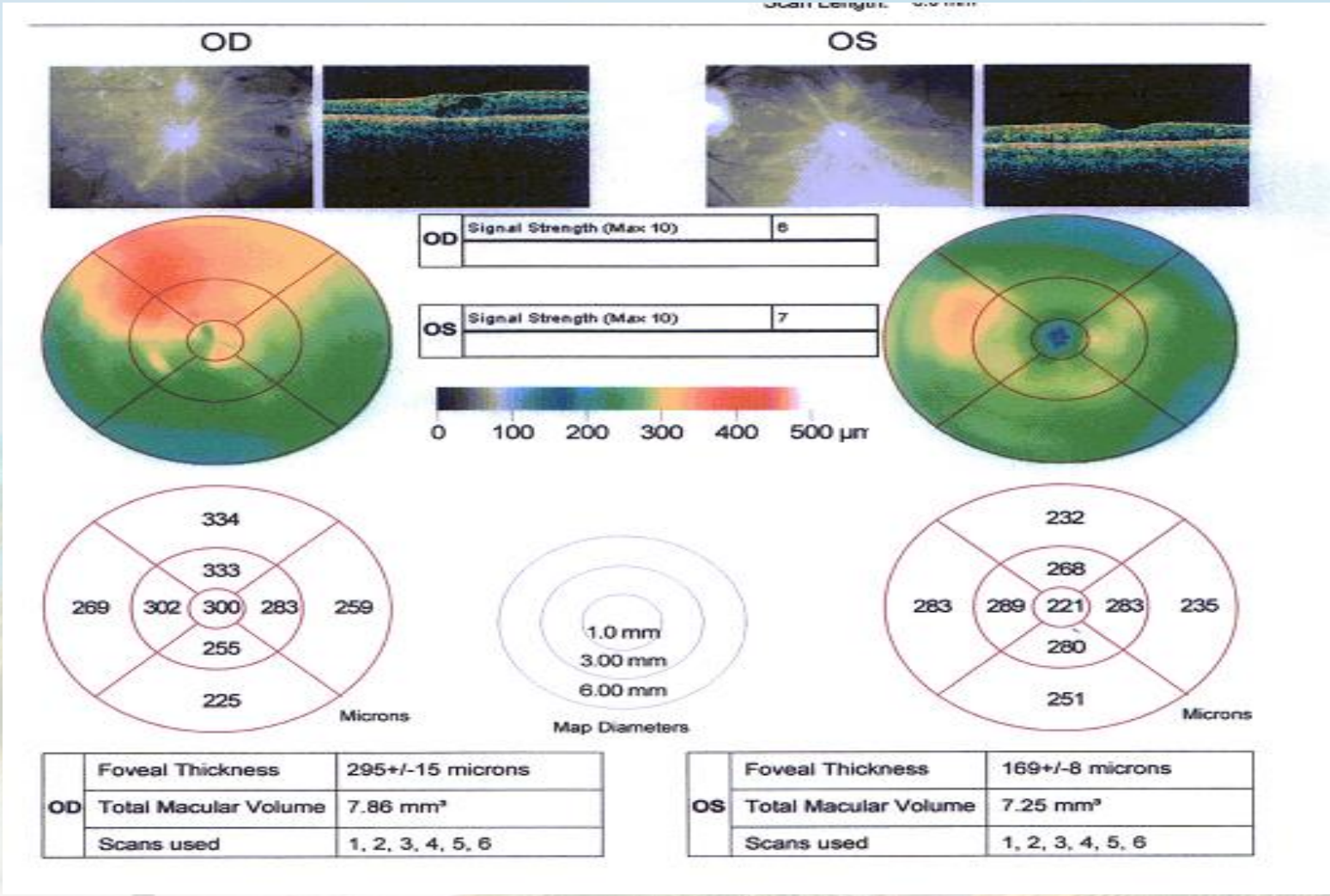
Hypothesis for pathophysiology links
cancer and atherosclerosis



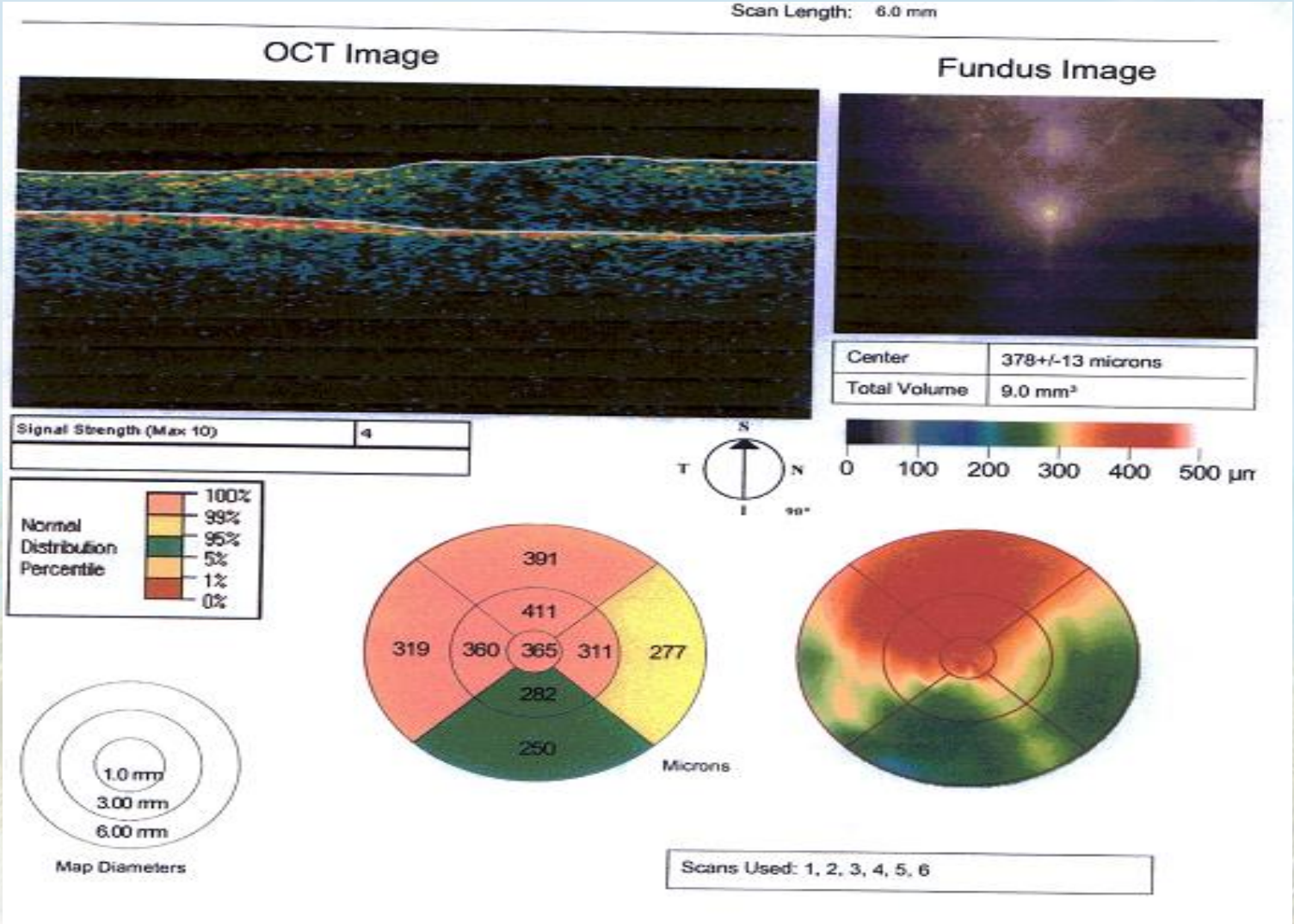
July 2009: patient received 130 laser pulses to the right eye.



May 2010: She received 54 pulses of laser by a highly skilled retinologist. OCT Pre Laser Below.



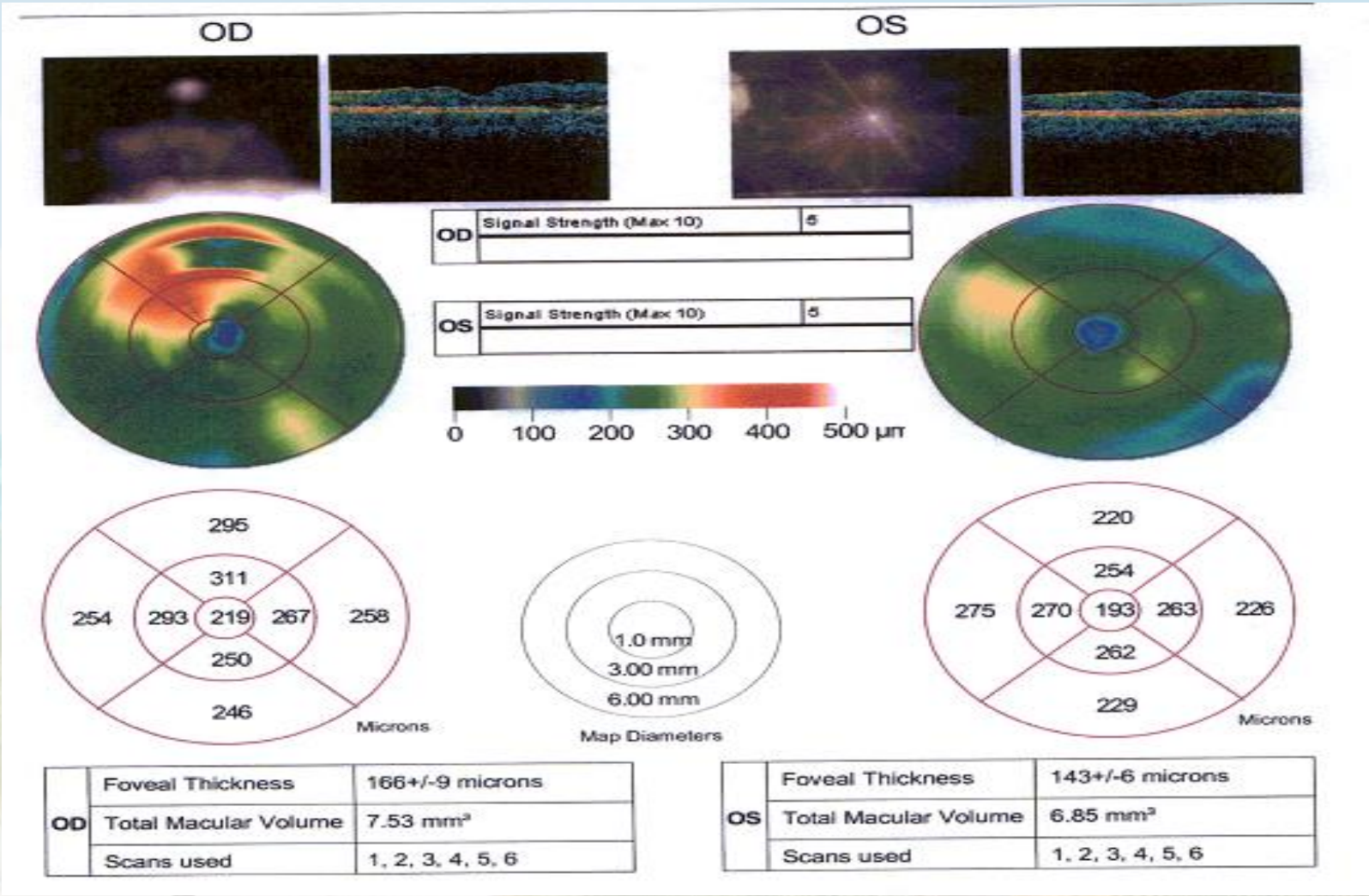
August 2010: Patient told she may need Avastin or Focal Laser. Obviously no improvement from May laser.



September 2010:

Physiology optimized with Restorative Medicine.

January 2011: Dramatic change in thicknesses. Patient told: Good News. No need for anything. See you in 6 months.



OD	Foveal Thickness	166+/-9 microns
	Total Macular Volume	7.53 mm³
	Scans used	1, 2, 3, 4, 5, 6

OS	Foveal Thickness	143+/-6 microns
	Total Macular Volume	6.85 mm³
	Scans used	1, 2, 3, 4, 5, 6

Case study

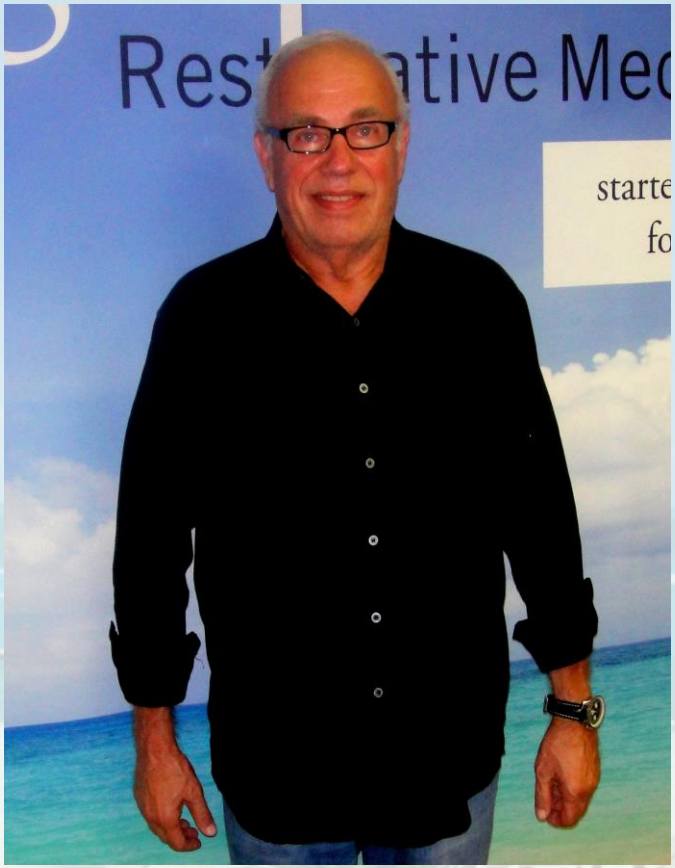
2004

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.

	Cholesterol	DHEA	Pregnenolone	Estrogen	Progesterone	Testosterone
"Normal"	< 200	280-640	10-200	0-53	0.3-1.2	280-830
Before:	310	40	10	56	0.2	166
At 3 Year:	190	543	162	28	1.1	600

2010



After Program: **dramatic improvement, weight - 184 lb, PSA – 7, WBC 17000, no drugs.**


April
2012
Case of multiple concurrent illnesses

Case study

2009

Patient CH. 29 y.o., male, <u>first presentation 08/12/09</u>

<u>Diagnosis</u>: Anxiety, Arthritis, Fatigue, Obesity. Weight -283 lb. Height 5'10"

	TC	DHEAS	Pregn	Estr	Progest	Test	Cortisol
(nl - age 20-29)	(<200)	(280-640)	(10-230)	(<130)	(<1.4)	(241-827)	(4.0-22.0)
08/12/09	199	352	86	160	1.5	178	11.0
04/29/11	200	436	100	<50	2.2	718	18.0

Case study

2015

<u>follow up 1/10/15</u> – no complaints;

Weight 189 lb

2009 - 283 lbs.

2010 - 268 lbs

2004 - 280 lbs

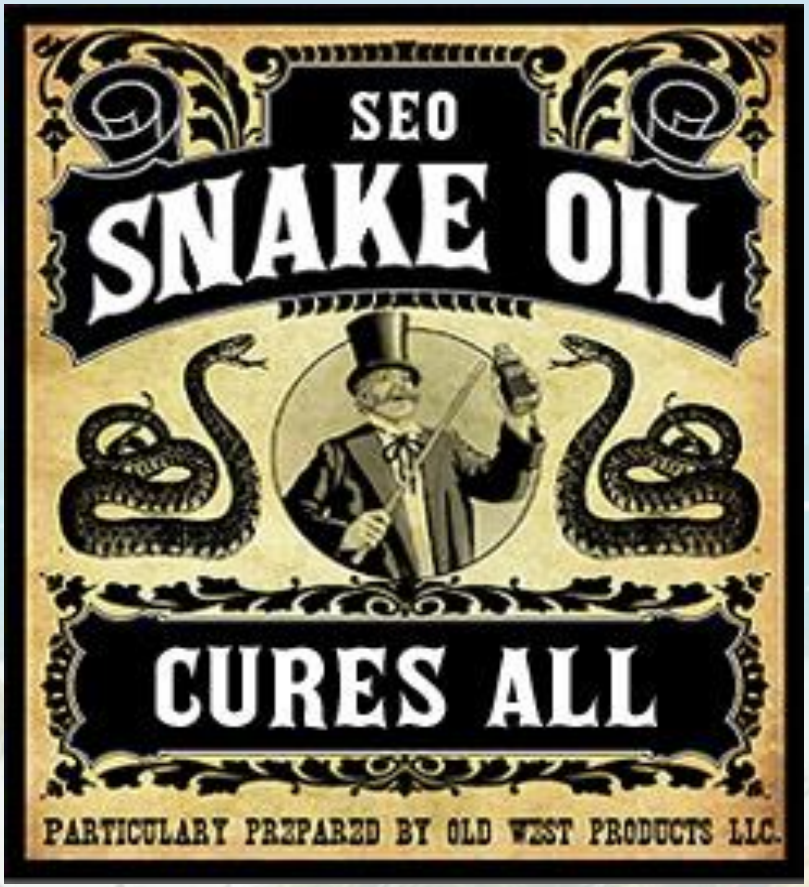
2014

192 lbs 189 lbs 173 lbs

Case of Autoimmune Disease

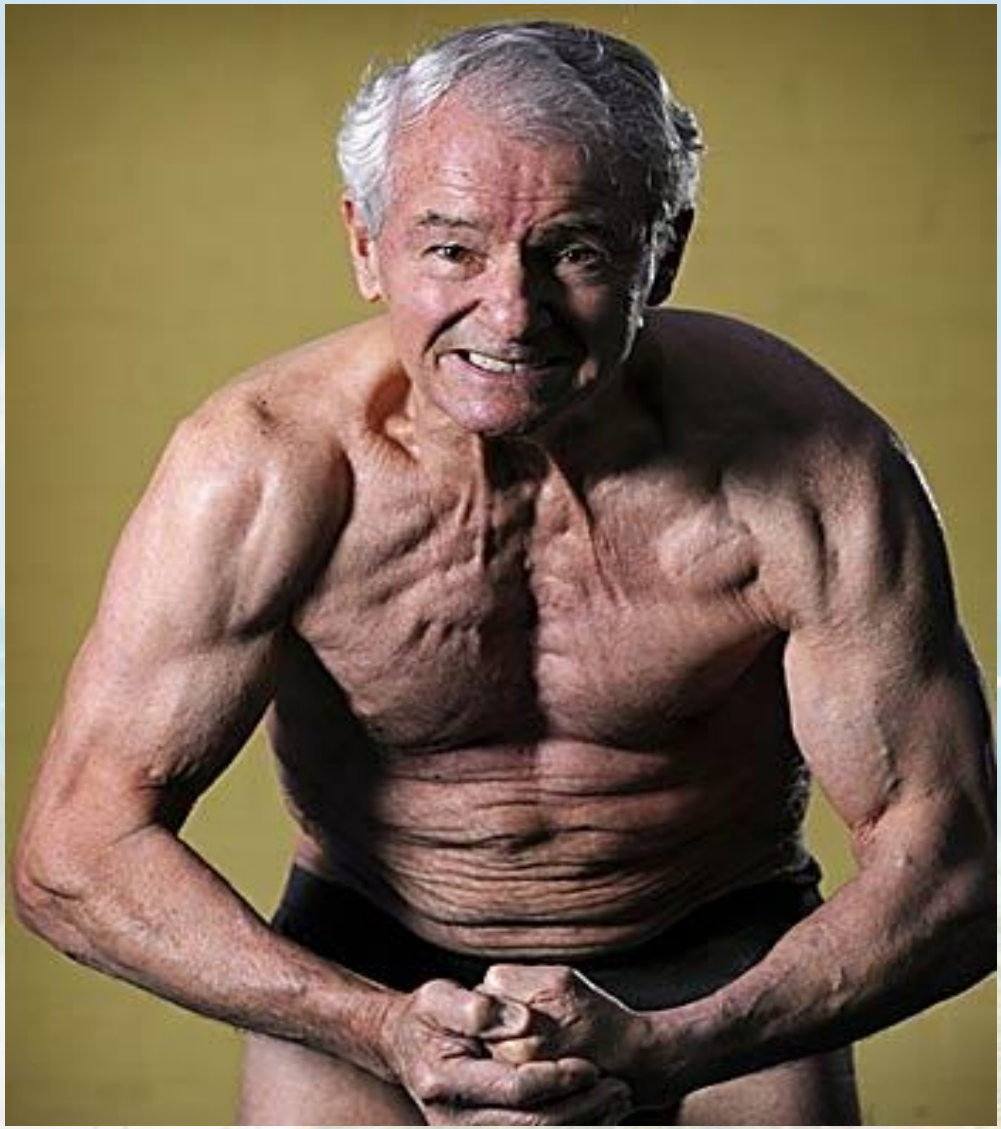
Each person requires an individualized program!

Impossible claims?



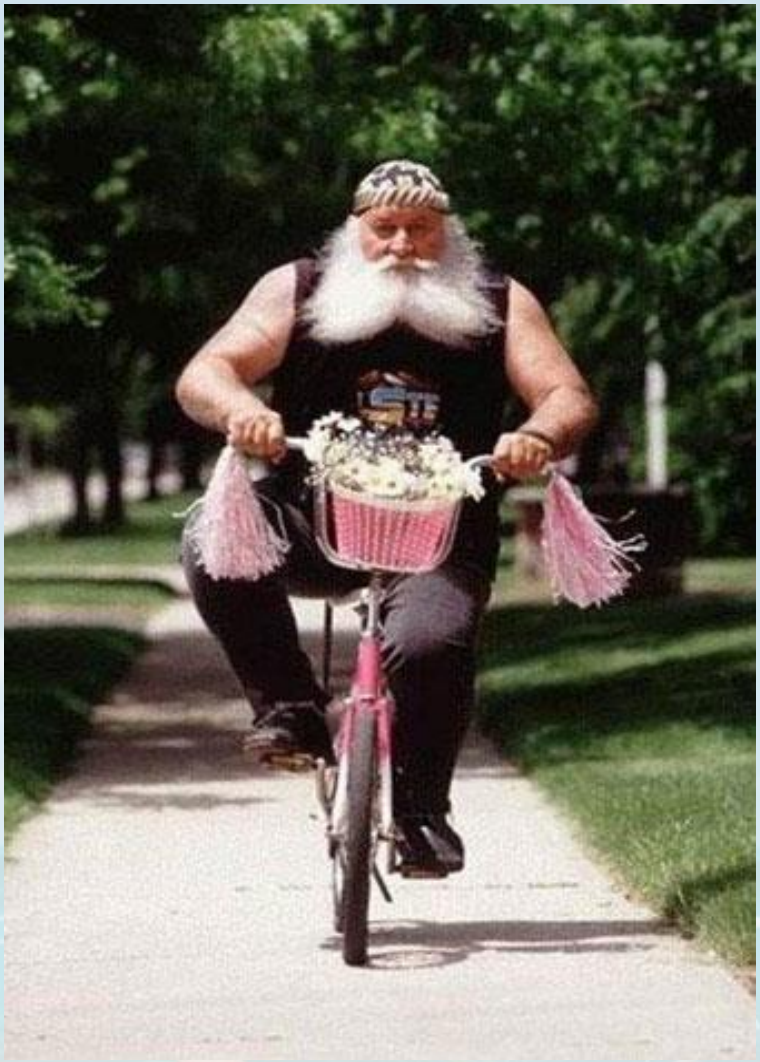
Not a Magic Aesthetic Miracle

Nor Will It Turn You Into a Terminator




We can’t go from this


To this



Enjoy life as you did!

18 years ago

18 years later

…after physiology optimization

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:

1. Dzugan SA, Smith RA. Hypercholesterolemia treatment: a new hypothesis or just an accident. Med Hypotheses. 2002;59:751-6.

2. Dzugan SA, Smith RA. The simultaneous restoration of neurohormonal and metabolic integrity as a very promising method of migraine management. Bull Urg Rec Med. 2003;4:622-8.