



DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

Dr Xanya Sofra, Ph.D. Ph.D

HONORARIUM OR TRAVEL EXPENSES
FOR: **THIS PRESENTATION:** [NONE]

SYMPOSIA OR OTHER PRESENTATIONS

AT THIS CONGRESS: [NONE]

OUTSIDE WORKSHOPS,

PRESENTATIONS, ADVISORY BOARDS

etc. [NONE]



SEXUAL ANTI-AGING:
SAFE METHODS TO BOOST
ENERGY & SEXUAL
PERFORMANCE IN OLD AGE.

A woman in a flowing blue dress is shown from the waist down, with several water droplets of various sizes floating around her. The background is white. The text 'SEXUAL DYSFUNCTION IS MULTIDETERMINED' is written in blue capital letters in the upper right area.

SEXUAL DYSFUNCTION IS MULTIDETERMINED

A diagram showing three overlapping circles: 'BODY IMAGE /SELF CONFIDENCE' (top left), 'HEALTH / FITNESS - ENERGY - DETOX' (top right), and 'HORMONAL BALANCE' (bottom). These circles are enclosed in a larger, light blue, rounded shape. A large white arrow points downwards from this shape towards a blue banner at the bottom.

BODY IMAGE
/SELF
CONFIDENCE

HEALTH /
FITNESS -
ENERGY -
DETOX

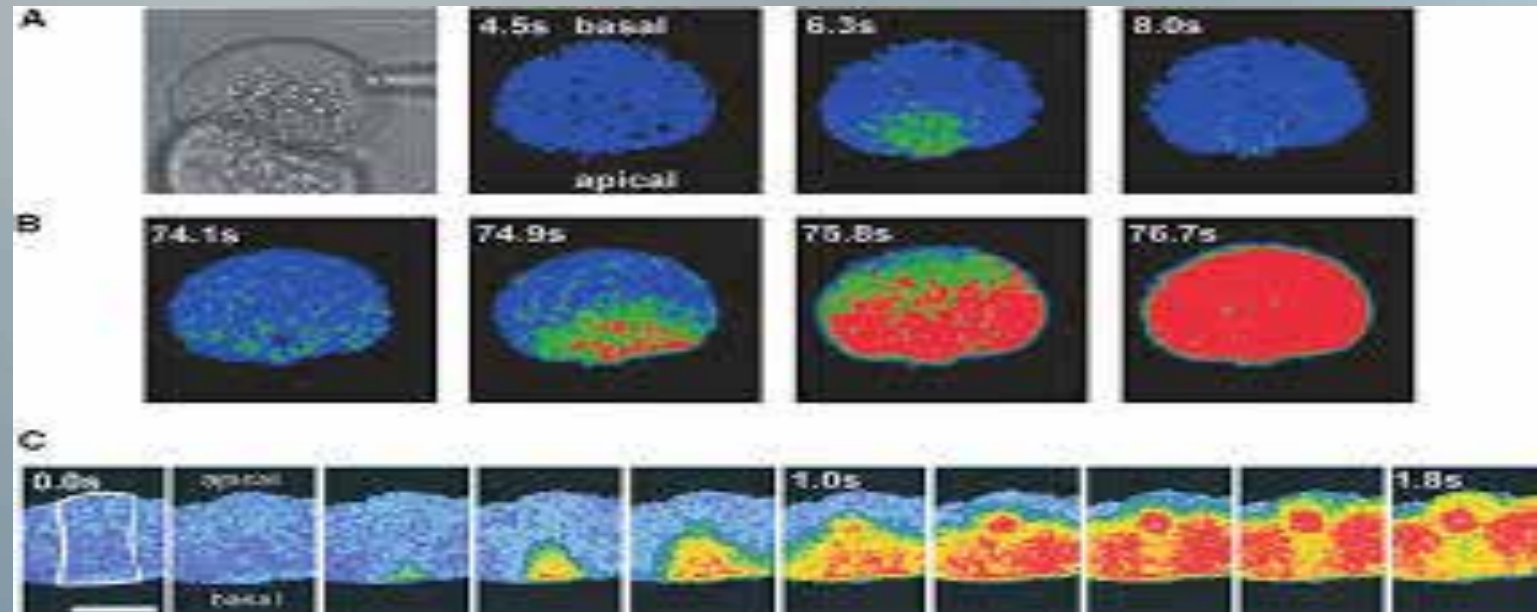
HORMONAL
BALANCE

PHYSICAL & PSYCHOLOGICAL HEALTH
= OPTIMUM SEXUAL PERFORMANCE & SATISFACTION

What are Hormones? Hormones are important agents of Cellular communications

Hormones that Influence SEX DRIVE

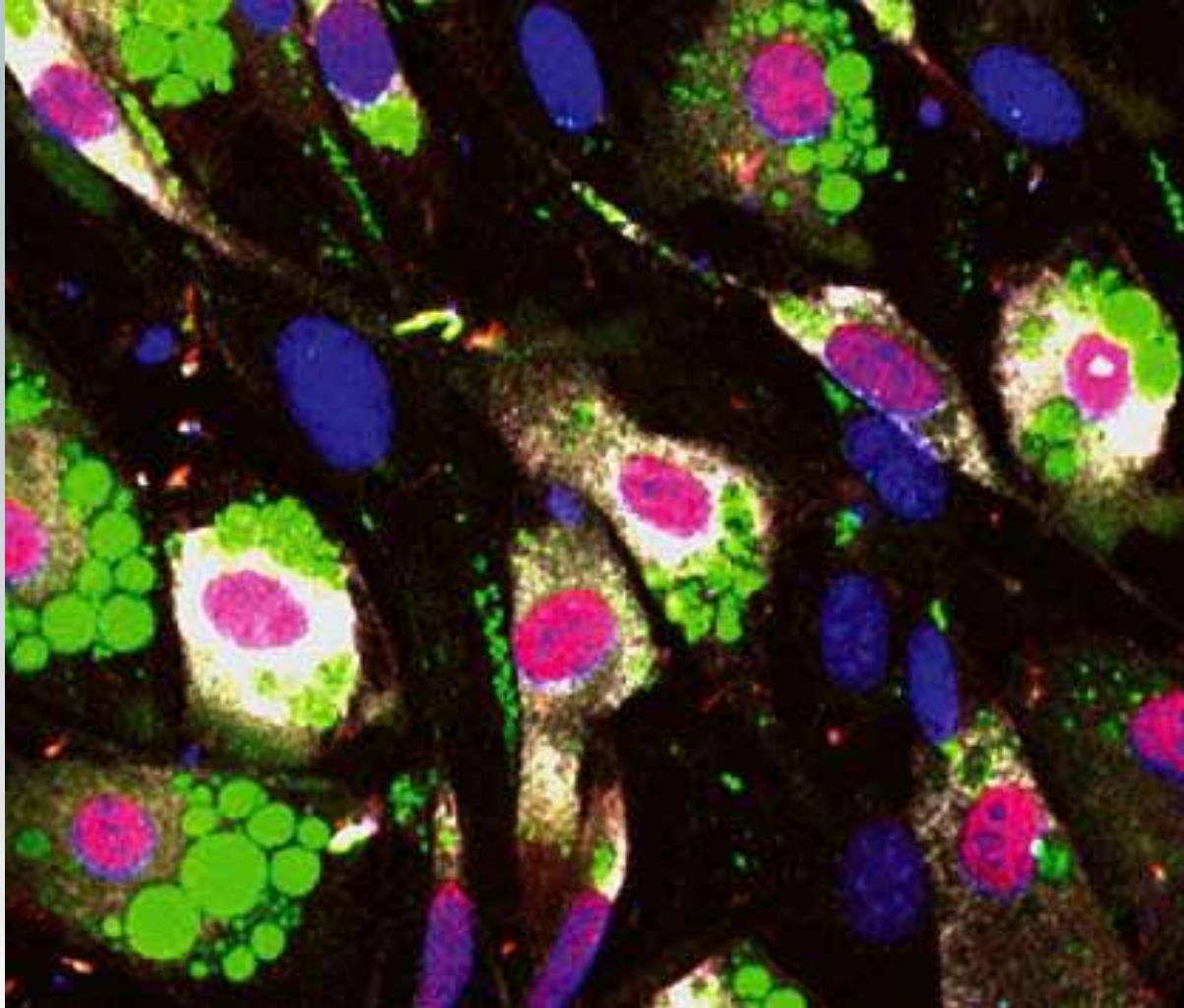
LOW TESTOSTERONE
INSULIN / IGF-1
LOW TSH / T-3
HIGH CORTISOL
LOW ESTROGEN
LOW DHEA
LOW GH / IGF-1



Hormonal function is not a specific action of some cells

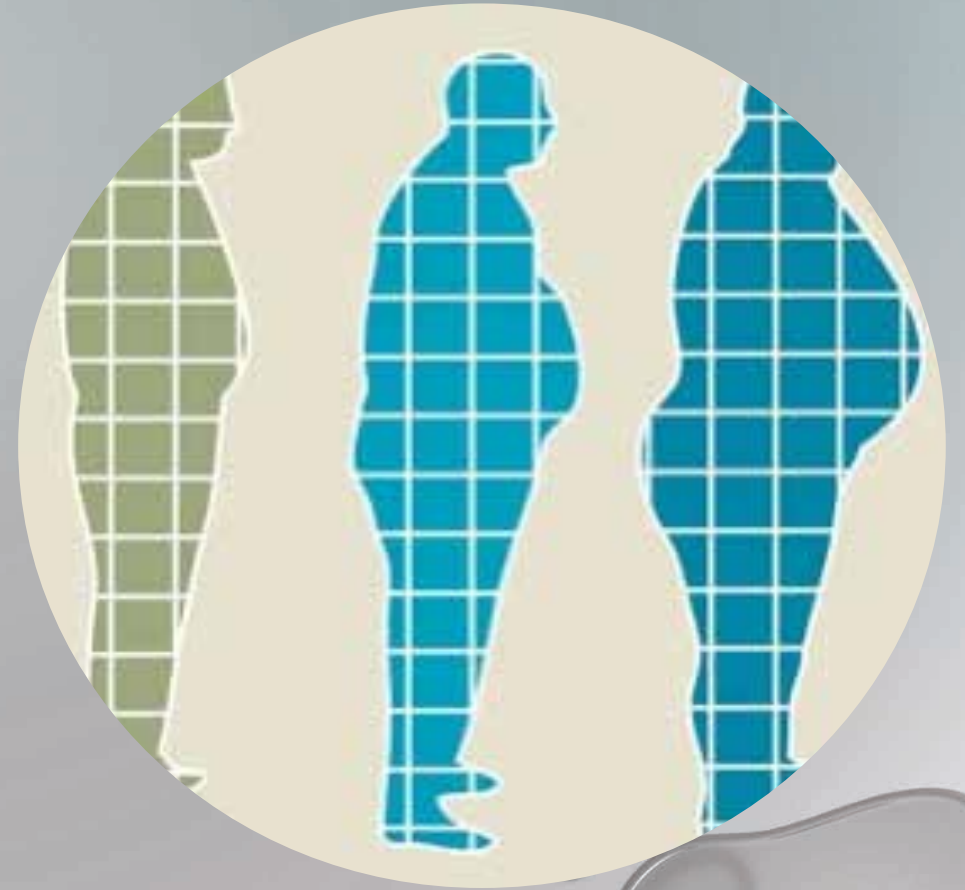
Hormonal Function is a general biological function of **many cells Working together**

HORMONAL IMBALANCE IS A SYSTEMIC PROBLEM can only be solved by changes in **MANY** aspects of the System



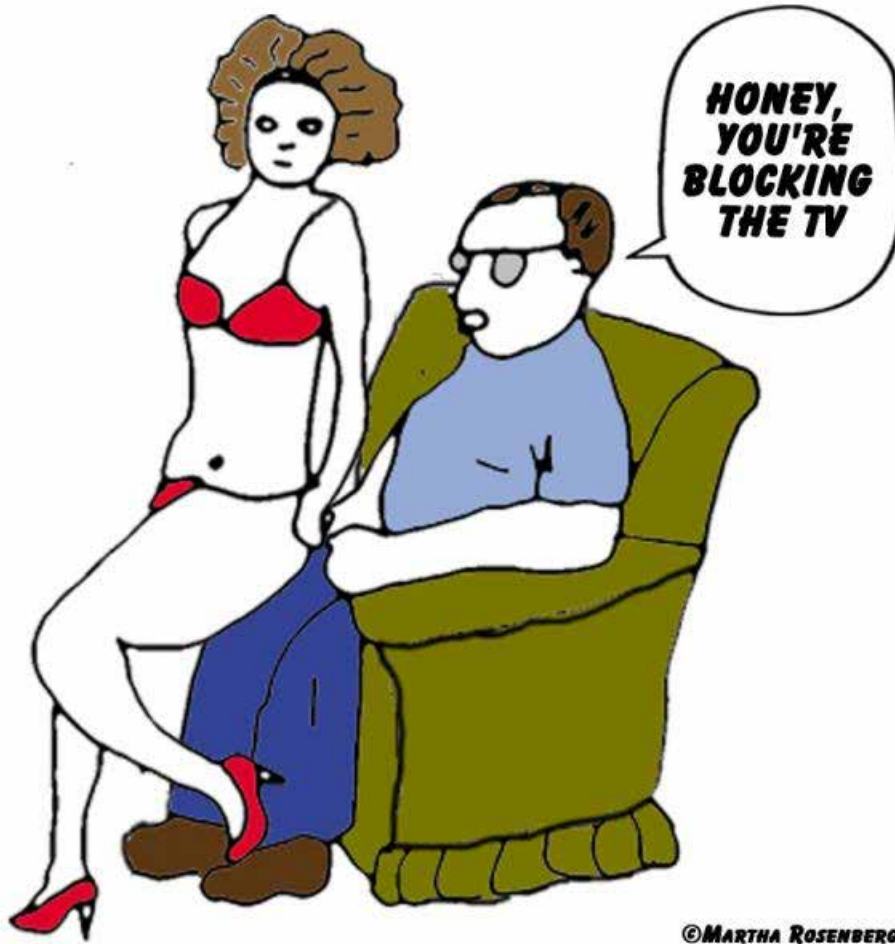
Hormonal MEANS means a series of breakdowns in the biological communications network...

EITHER NOT ENOUGH OR TOO MUCH



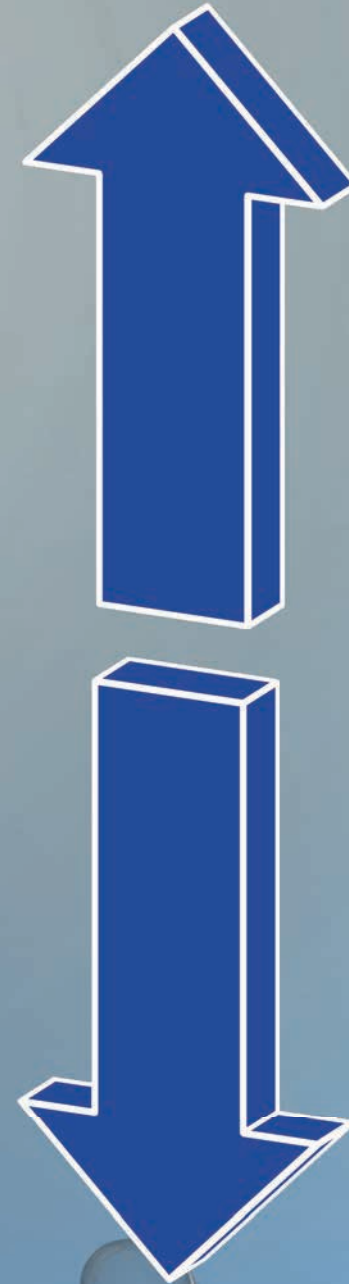
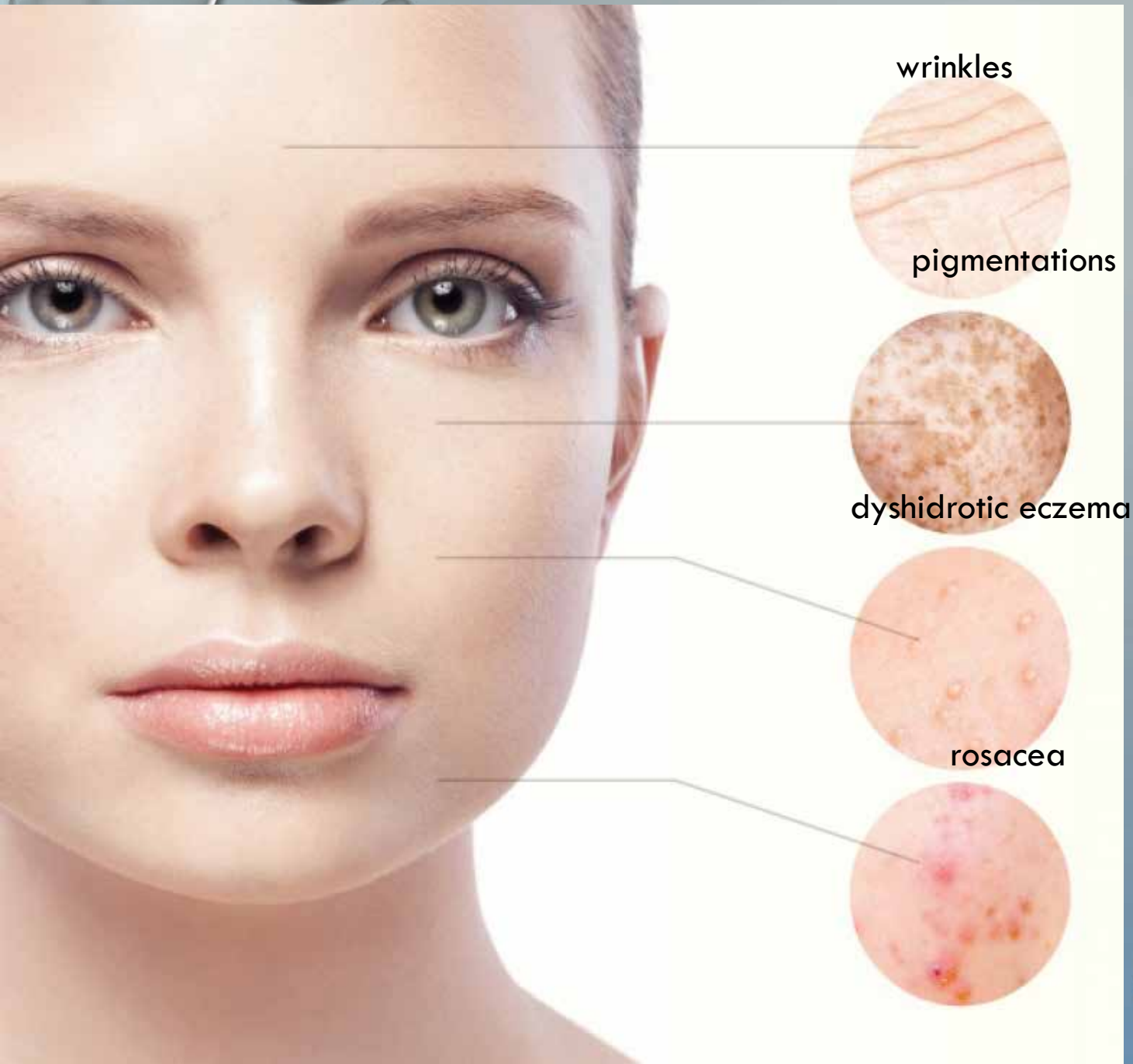
Hormonal IMBALANCE

Hormonal Decline: **THE FLAME IS GONE!**



- Decreased sexual libido
- Low energy levels
- Reduced muscle mass
- Muscle weakness
- Weight gain
- Mood swings
- Difficulty sleeping
- Hair loss
- Hot flashes
- Fatigue
- Breast enlargement
- Breast tenderness

EFFECTS OF HORMONAL IMBALANCE ON THE SKIN UNDERMINE SELF CONFIDENCE



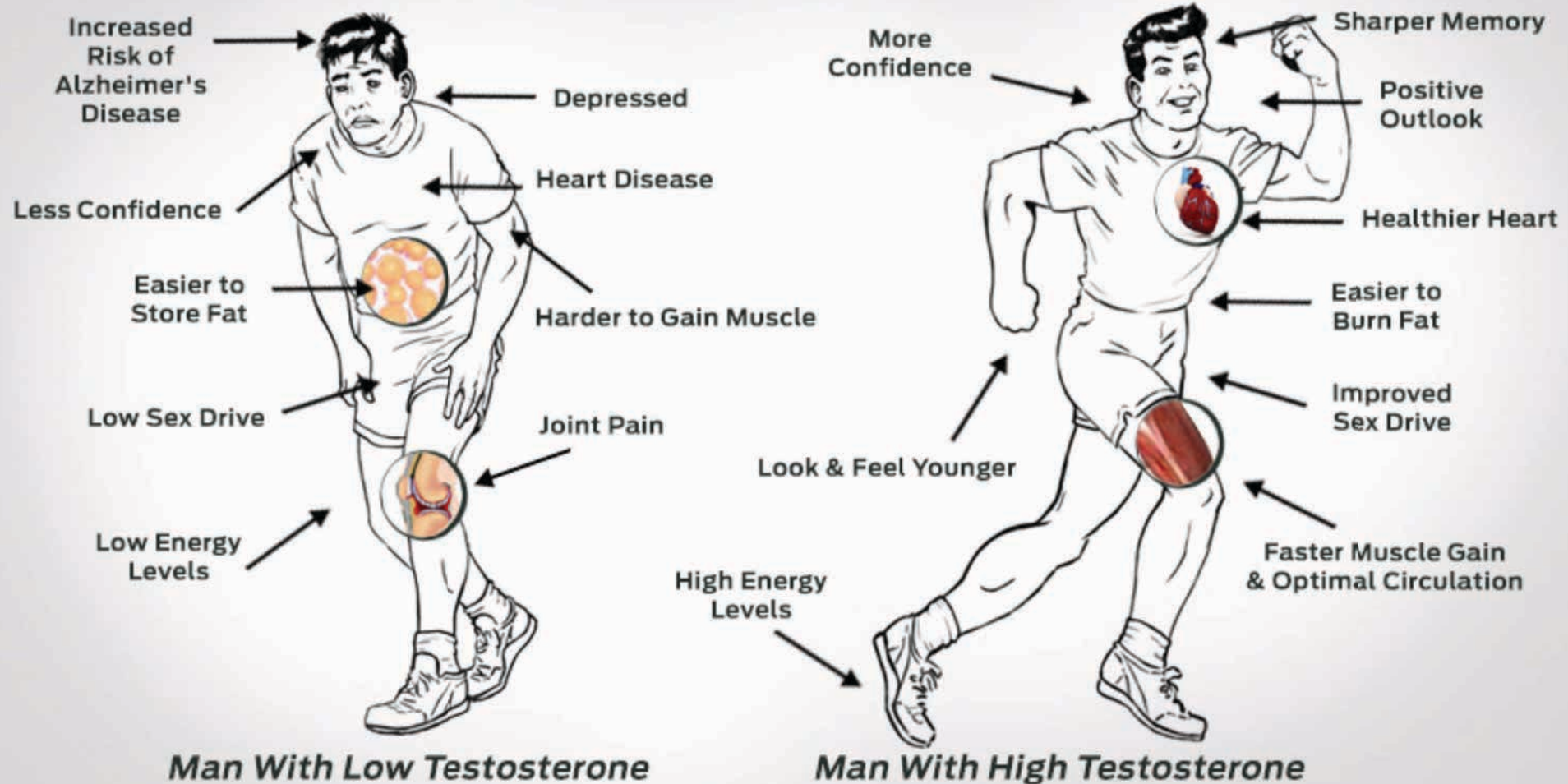
Cortisol

Testosterone
GH / IGF-1
TSH / T4 / T3
The Estrogens
Progesterone
DHEA

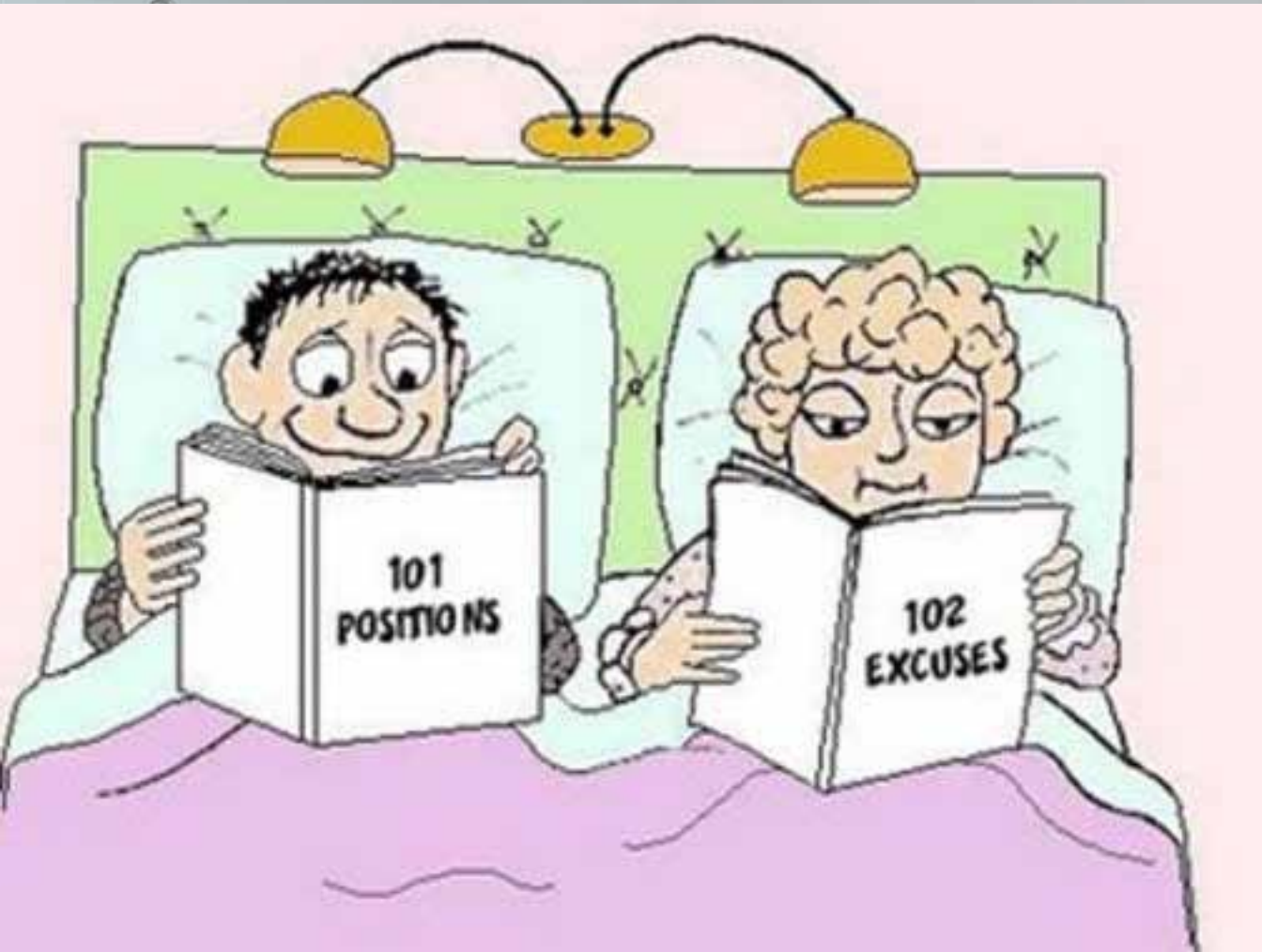
The Benefits of High Testosterone

Testosterone decline

- Low Energy
- Joint Pain
- Weight Gain
- Low Self Confidence
- Erectile dysfunction
- Heart Disease
- Increased Risk of Alzheimer's Disease
- Difficulty building muscle



Identical Symptoms have been observed with other hormonal deficiencies (e.g. Growth Thyroid) or overproduction (e.g. Cortisol)



INSULIN

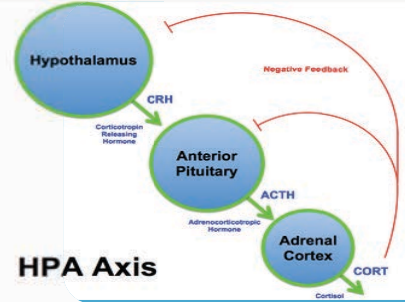
Sexual Dysfunction among Diabetics.

Owiredu WCBA et al (2017).

- 130 males (impotence / premature ejaculation)
- 116 females (Avoidance).

1. Ageing
2. Longer time of the disease in Diabetics
3. Pain and poor mobility

Hormones that Influence SEX DRIVE

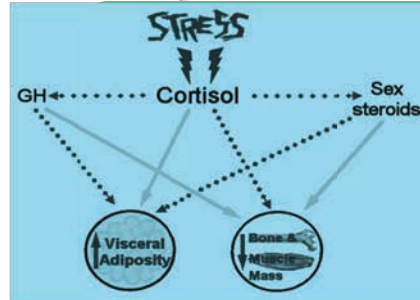


Hypothalamic-pituitary-adrenal (HPA) axis function change over the course of aging

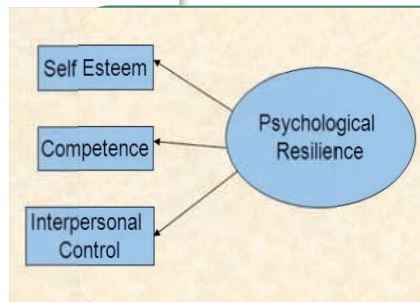
CORTISOL, THE AGING HORMONE

([NEUROSCI BIOBEHAV REV. 2016 SEP; 68: 928–945.](#)
PUBLISHED ONLINE 2016 JUL

1. DOI: [10.1016/J.NEUBIOR.2016.05.036](#))



stress-induced secretion of the hormone cortisol predisposes older adults to negative health outcomes.




Psychological resilience may interact with cortisol increases later in life to affect both psychological and physical health.

Problem Solving
Reappraisal
Support Seeking


Emotion regulation and social skills in social interaction are two constructs that contribute to resilience and exhibit age-specific patterns in older adults.

THE THYROID'S ROLE IN REGULATING SEX DRIVE

Krassas G, Tziomalos K, Papadopoulou F, et al. Erectile dysfunction in patients with hyper- and hypothyroidism: how common and should we treat? *J Clin Endocrinol Metab* 2008;93(5):1815-1819.



Carani C, Isidori A, Granata A, et al. Multicenter study on the prevalence of sexual symptoms in male hypo- and hyperthyroid patients. *J Clin Endocrinol Metab* 2005;90(12):6472-6479.



Pasquali D, Maiorino M, Renzullo A, et al. Female sexual dysfunction in women with thyroid disorders. *J Endocrinol Invest* 2013;36(9):729-733.



The SMOKING GUN is not just the result of Low Estrogen!

Estrogen and Ageing

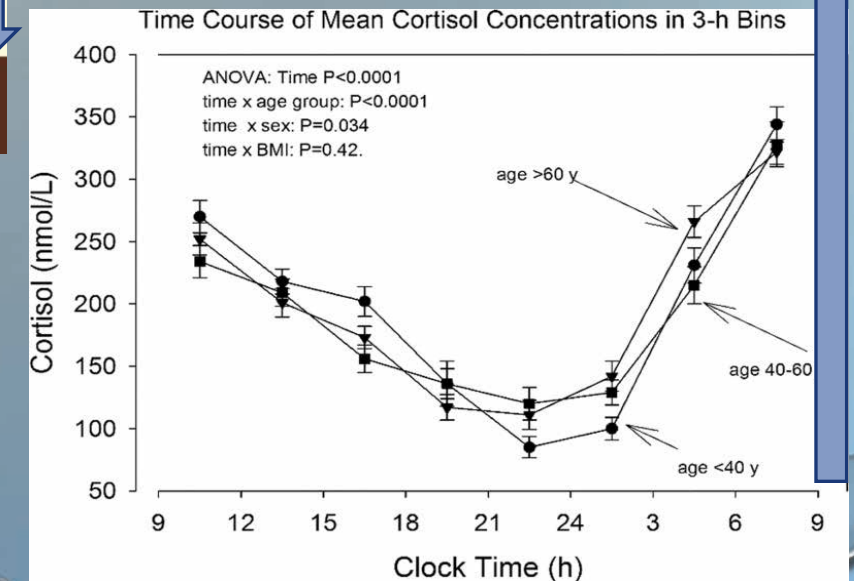
Low Estrogen Deficiency Symptoms



- Irritability
- Bloating
- Headaches
- Fatigue
- Depression

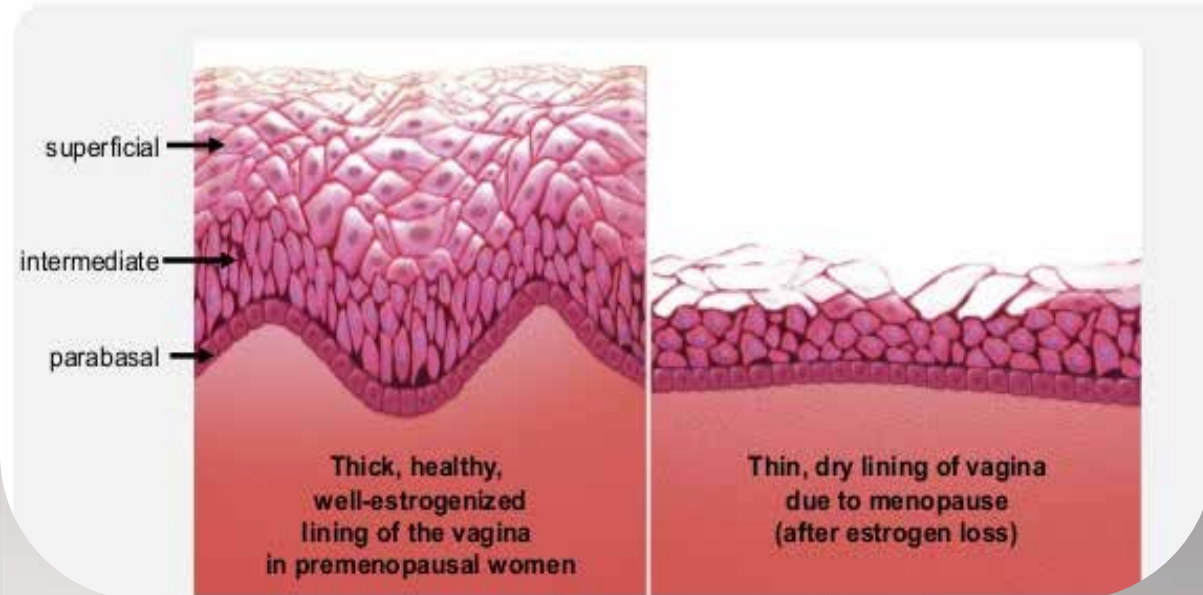
Imbalance

CORTISOL INCREASE WITH AGE (Roelfsema et al, 2017)



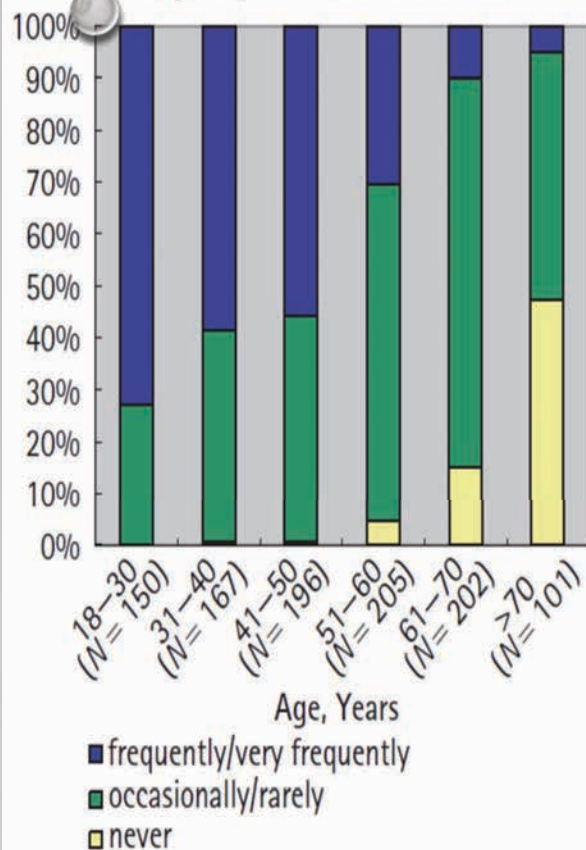
Estrogen decline In women: Bleeding and burning sensations during intercourse

Vaginal Atrophy Pathophysiology: Cellular Changes

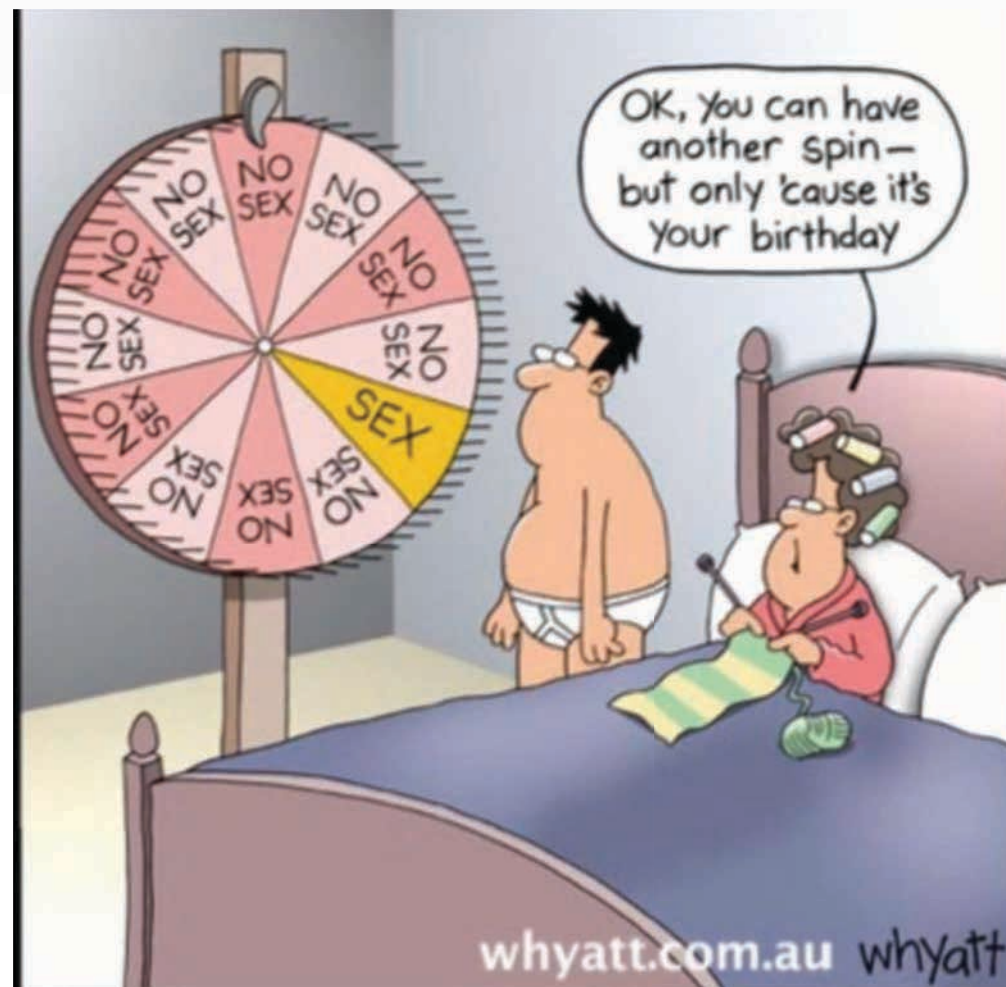
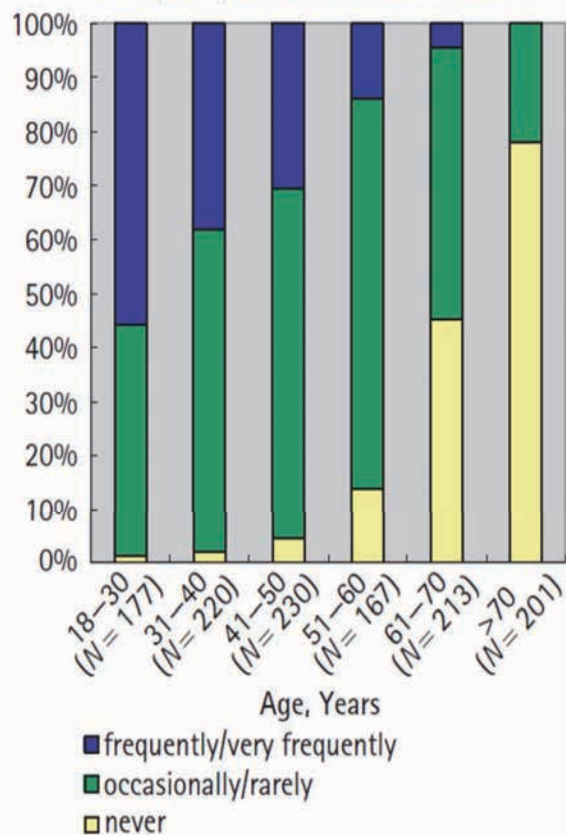


1. loss of subcutaneous tissue from the mons pubis
2. atrophy of labia majora
3. shortening / loss of elasticity of the vaginal barrel
4. Collagen and elastic content decreases by 50% to 30%
5. Vaginal thickness of the epithelium reduces from 8-10 layers to 3-4

Frequency of sexual desire - Men

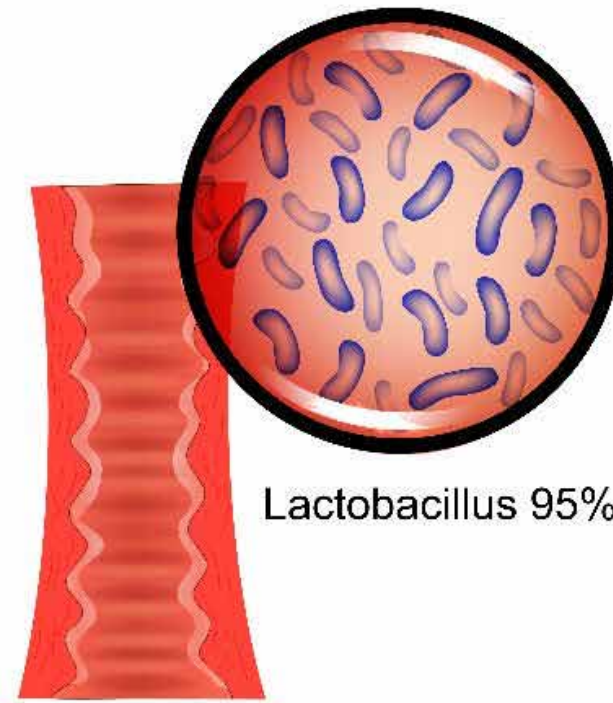


Frequency of sexual desire - Women



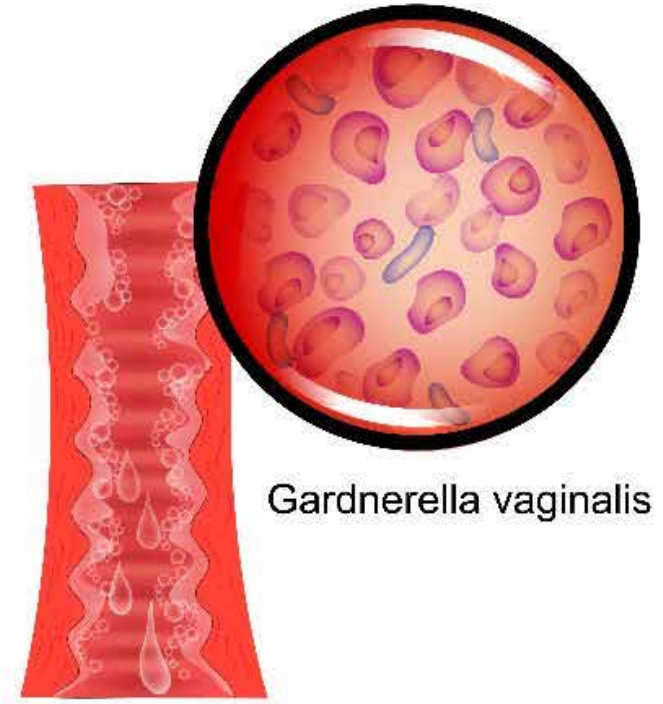
PHYSIOLOGIC CHANGES IN THE SEXUALITY OF AGED WOMEN

BACTERIAL VAGINOSIS



Lactobacillus 95%

healthy vaginal mucosa



Gardnerella vaginalis

bacterial vaginosis

Loss in the Lactobacillus species and lactic acid and increased vaginal pH affect the microbial population leading to **increased vaginal bacterial infections.**

Hormone Replacement

Continuous Use

Decreases Dyspareunia
May Increase Sex Drive

Hormone Replacement problems

Lasers Thermal Necrosis

3 Tx at 4–6 wk

Decreases dyspareunia

Decreased Vaginal Laxity

Decreases Incontinence

Satisfaction due to avoiding discomfort

Radiofrequency Thermal Necrosis

3 Tx at 4–6 wk

Decreases dyspareunia

Decreased Vaginal Laxity

Decreases Incontinence

Satisfaction due to avoiding discomfort

Labiaplasty /Vaginoplasty

DOWN TIME

Decreases dyspareunia

Decreased Vaginal Laxity

Decreases Incontinence

Expense & dangers of surgery

Signal Simulated Exercise

3 Tx per wk
3 wk

Decreases dyspareunia/
by Strengthening Pelvic Floor Muscles

Decreased Vaginal Laxity
Increases orgasms

Decreases Incontinence

Enhanced Sexual Sensation

Signal Repair

3 Tx per wk
1 wk

Decreases dyspareunia
by thickening epithelium

Decreases Vaginal laxity
increases orgasms

Heals Vaginal Infections

Enhanced Sexual Sensation

Sexual Satisfaction Questionnaires:

01

FOCUS ON
PHYSIOLOGICAL
RESULTS
AND DO NOT EXPLORE
THE PSYCHOLOGICAL
COMPONENT IN DEPTH

02

ASK IF WOMEN
REPORT SATISFACTION
AS A RESULT OF
RELIEF?

03

ASK IF WOMEN FOCUS
ON SATISFYING THEIR
PARTNER OR
THEMSELVES

04

FOCUS ON
* INCREASED
SENSATION
*INCREASED
FREQUENCY &
INTENSITY OF
ORGASMS

WHI – WOMEN'S HEALTH INITIATIVE

EFFECTS OF HORMONE REPLACEMENT THERAPY FOR SEXUAL DYSFUNCTION

2002

Results of the largest HRT randomised clinical trial:
LONG-TERM USE of oestrogen plus progestin
increase Breast Cancer and Cardiovascular Disease

2002–2008

From 2002 to 2008, reports from the Women's Health Initiative (WHI) claimed that hormone replacement therapy (HRT) significantly increased the risks of

* breast cancer

- cardiac events
- Alzheimer disease
- stroke.

SEXUAL FUNCTIONING AND OBESITY

[OBESITY \(SILVER SPRING\)](#). 2012 DEC;20(12):2325-33. DOI: 10.1038/OBY.2012.104. EPUB 2012 APR 23.

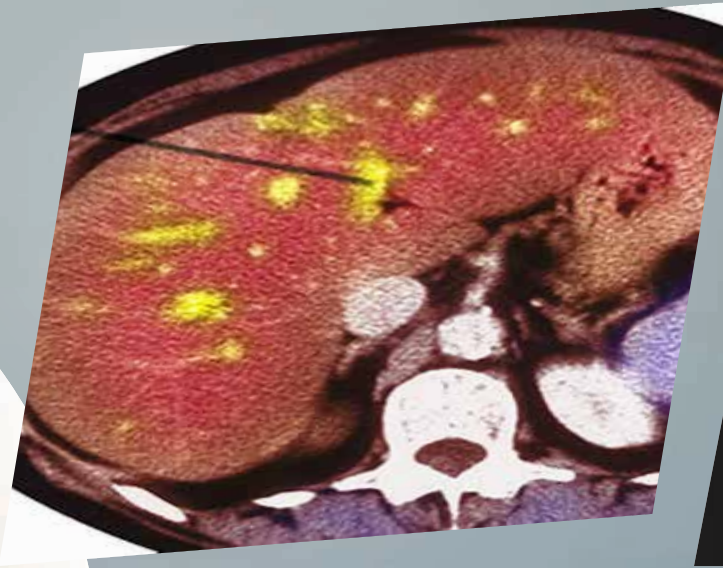
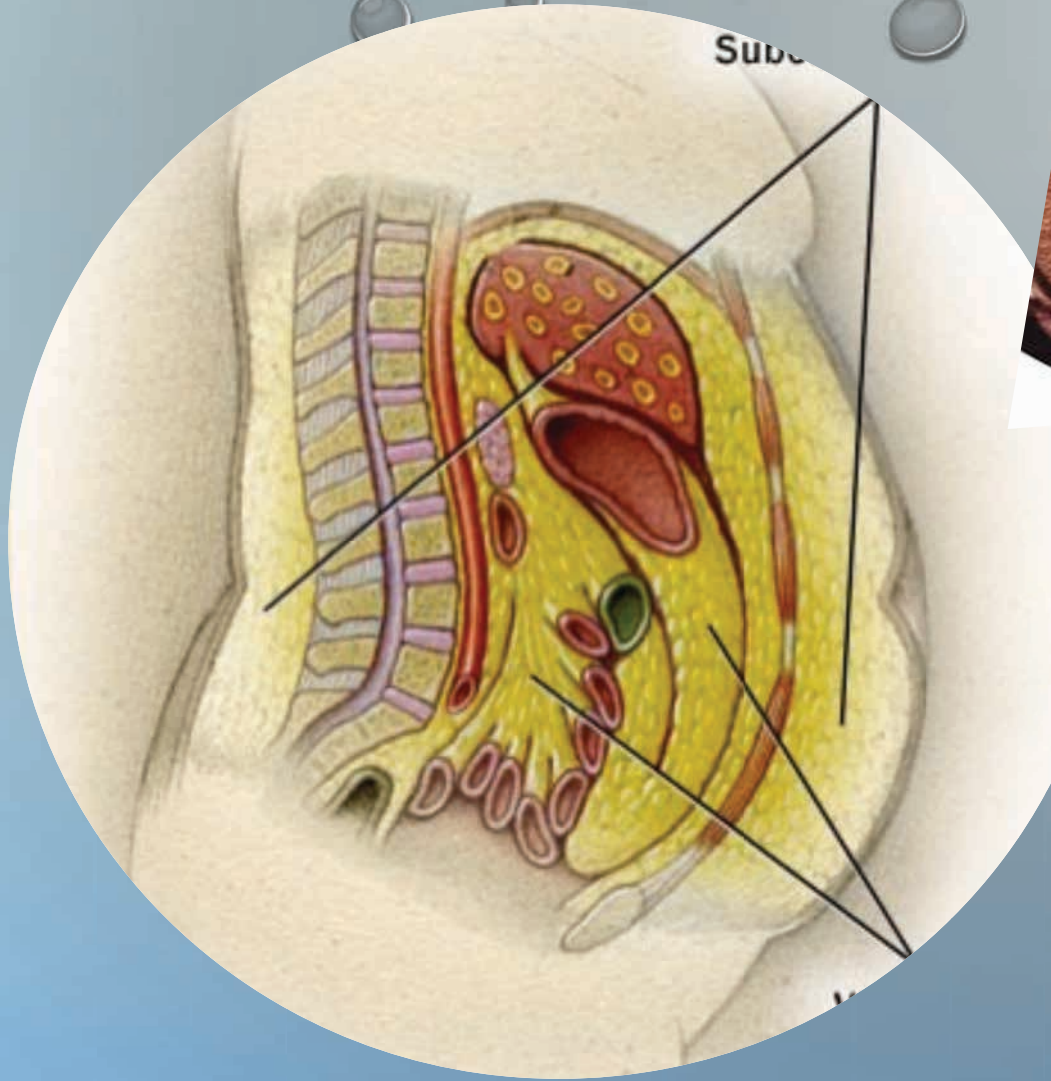
20 cross-sectional non-population-based studies, and
16 weight loss studies Were reviewed

The relationship between obesity and reduced sexual
functioning is robust

erectile dysfunction (ED) is more common among
obese men

Most weight loss studies demonstrate improvement in
sexual functioning

The VISCERAL FAT PROBLEM



Blood carrying visceral fat cells that are stuffed with excess triglycerides take free fatty acids into the liver, pancreas and other organs.

Over time, this causes the organs (FATTY LIVER, FATTY HEART, ECT) to dysfunction, and could lead to impaired regulation of insulin, blood sugar and cholesterol.

VISCERAL FAT AND COMPROMIZED SEXUALITY

Working out with Visceral Fat

- LOWER METABOLIC RATE
- LOWER LEVELS OF TSH / T-3
- INCREASED CORTISOL
- LOW TESTOSTERONE
- INCREASED CHOLESTEROLE VLDL
- INFLAMMATION

**RESULT IN
SEXUAL DECLINE
AND WEIGHT GAIN**



You WILL NOT Get This!



You WILL Get This!



FITNESS EFFECTS OF INFLAMMATION

The American Heart Association, Cooper Institute
Dallas

SUBJECTS: 722 men

MEASURES: Inflammation levels were calculated by performing blood tests for C-Reactive Protein tests.

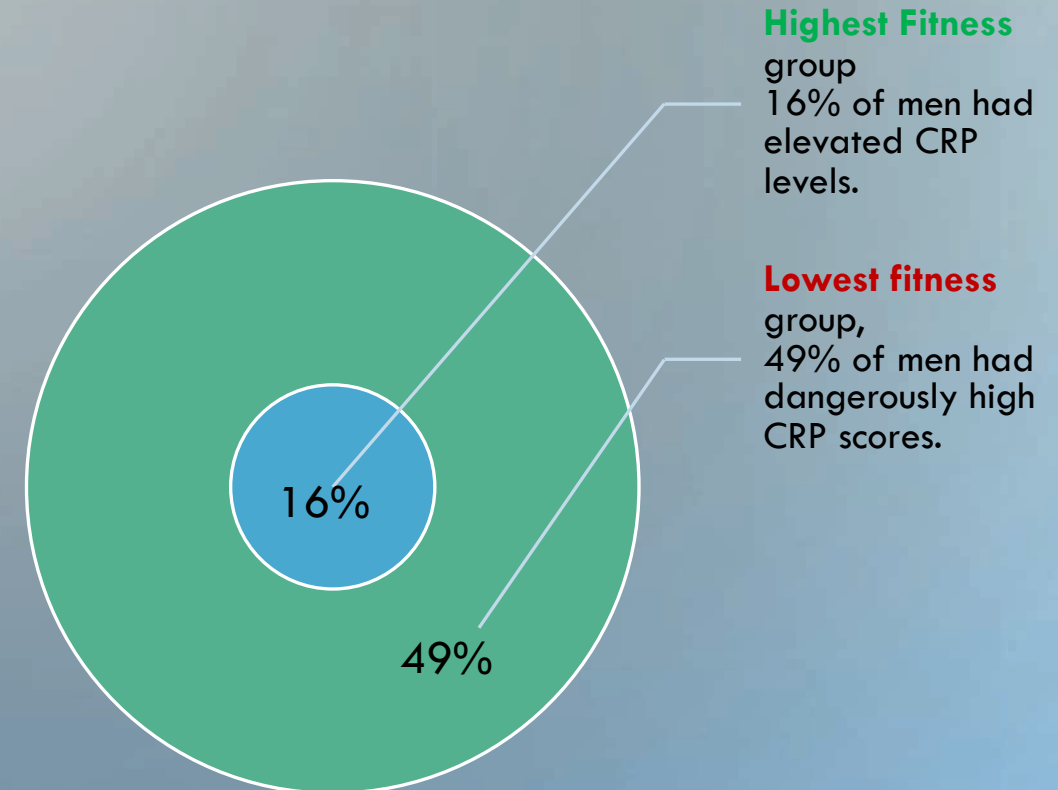
PROCEDURE: Men's fitness levels were measured by how long they could walk on a treadmill at gradually rising inclines.

LOWER CRP levels among the highest fitness group of men who ached the treadmill test

HIGHER CRP levels among the lowest fitness group who struggled.

↑ CRP Levels

↑ Inflammation



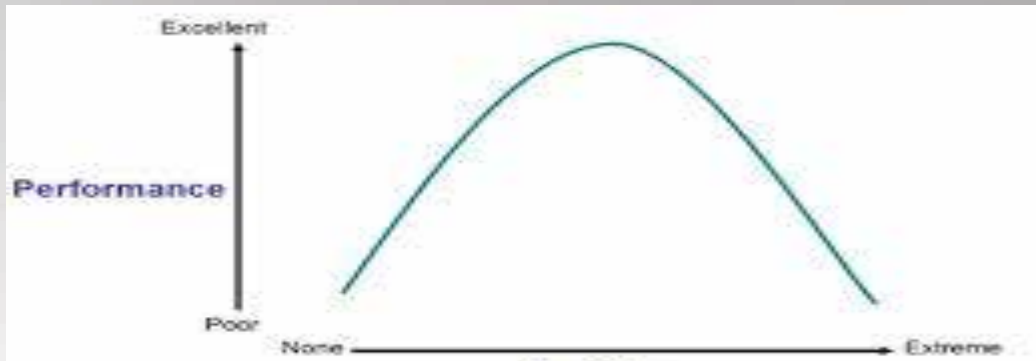
Physical Exercise AND SEXUALITY:



Dr Meston (1996) asked 15 women to bicycle for 20 minutes before showing them an erotic film.

She found an increase in 'vaginal pulse amplitude', - a measure of sexual arousal.

- DR LORENZ (2012) REPLICATED MESTON'S 1996 STUDY, USING TREADMILLS:
BUT HE ALSO FOUND THAT SEX DRIVE WAS LOW AT VERY STRENUOUS EXERCISE
- DR HACKNEY: UP TO A POINT, EXERCISE WILL INCREASE YOUR SEX DRIVE, BUT TRAIN BEYOND THIS POINT AND YOU'RE LIKELY TO EXPERIENCE LOW LIBIDO.



SEX DRIVE IS **LOW** WITH NO EXERCISE OR VERY STRENUOUS EXERCISE

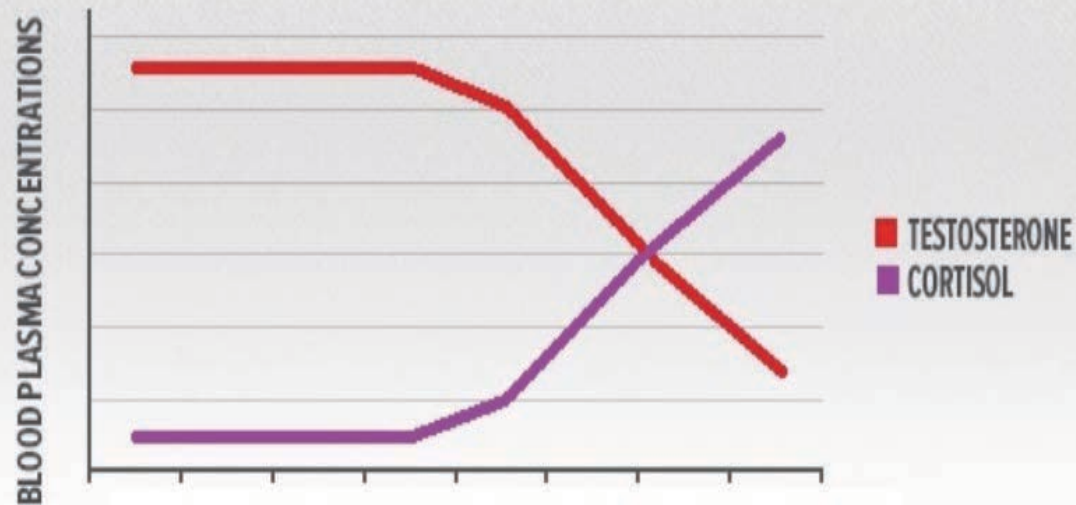
5 SIGNS YOU'RE WORKING OUT TOO MUCH

1. Loss of Libido / **sex drive**
2. Loss of period (Amenorrhea)
3. Disrupted / F r a g m e n t e d sleep
4. **Fat** retention around the **waist**
5. Gastrointestinal issues.

HOW MUCH EXERCISE?

Overtraining can cause greater hormone imbalance and Upset PH balance

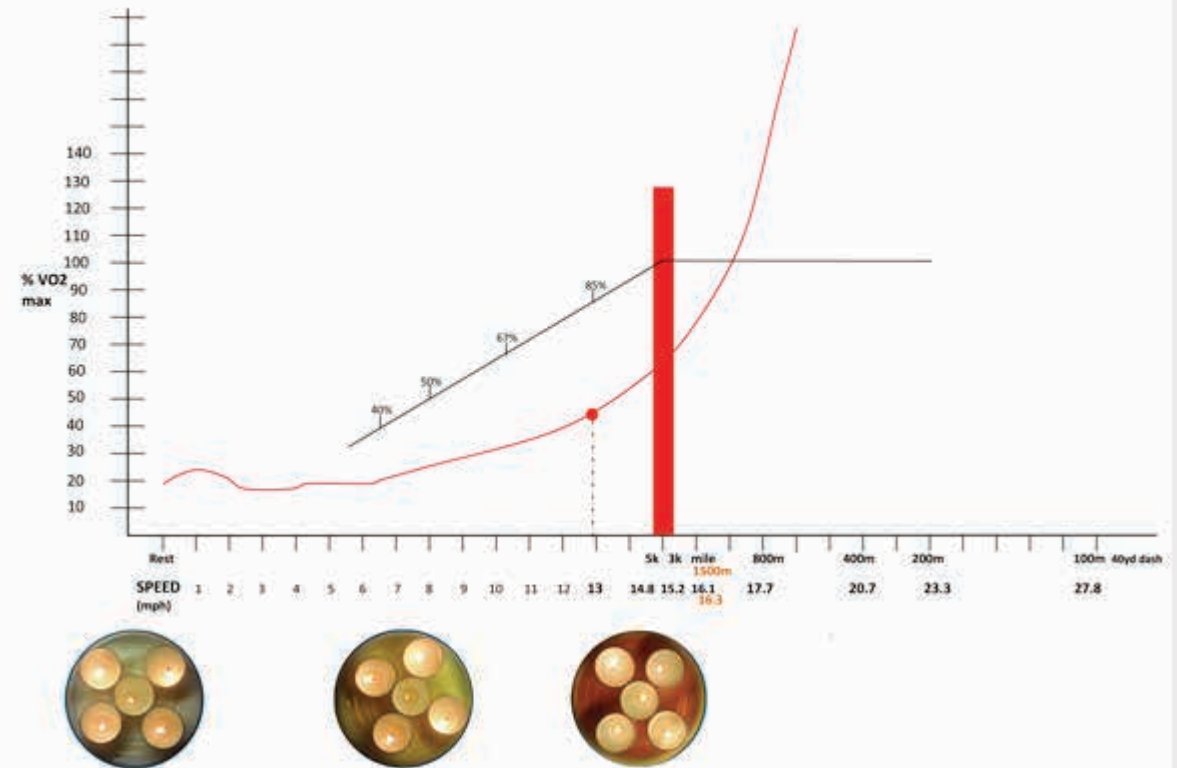
Testosterone & Cortisol - their inverse balance



Cortisol INCREASES with overtraining while
Testosterone
DECREASES with overtraining.

When the body is producing the stress hormone
Cortisol, it is not producing the androgen Testosterone

Dennis Kimetto, world record marathoner ran just under 13mph around 85% VO2 max. Lactate production is near inflection point.



lactic acidosis can upset the body's pH balance

THE EXERCISE DILEMMA IN OLD AGE.

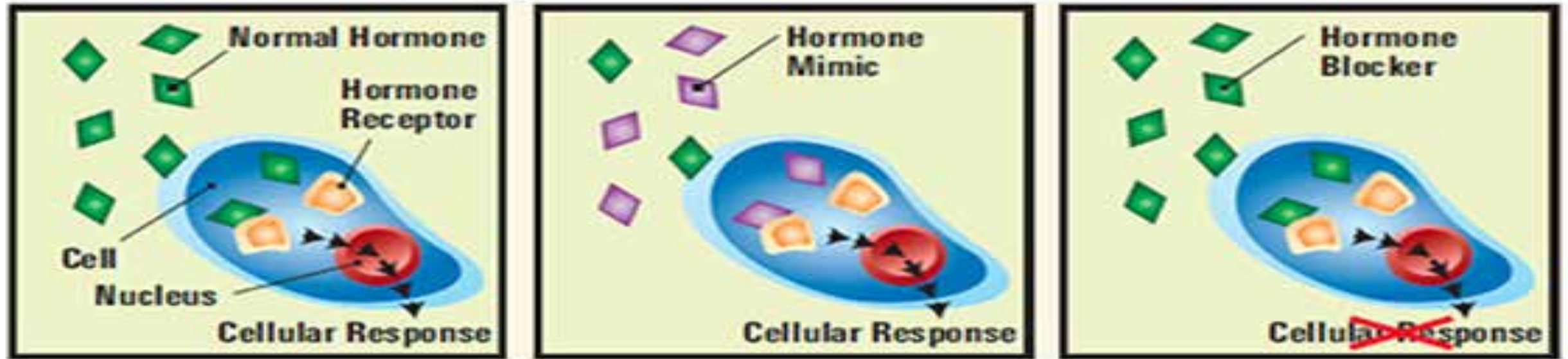
- INCREASED INFLAMMATION
- INCREASED **CORTISOL**
- DECREASED TESTOSTERONE
- DECREASED **SEX DRIVE**

NO EXERCISE

STRENUOUS
EXERCISE
NEEDED TO
BURN
VISCERAL FAT

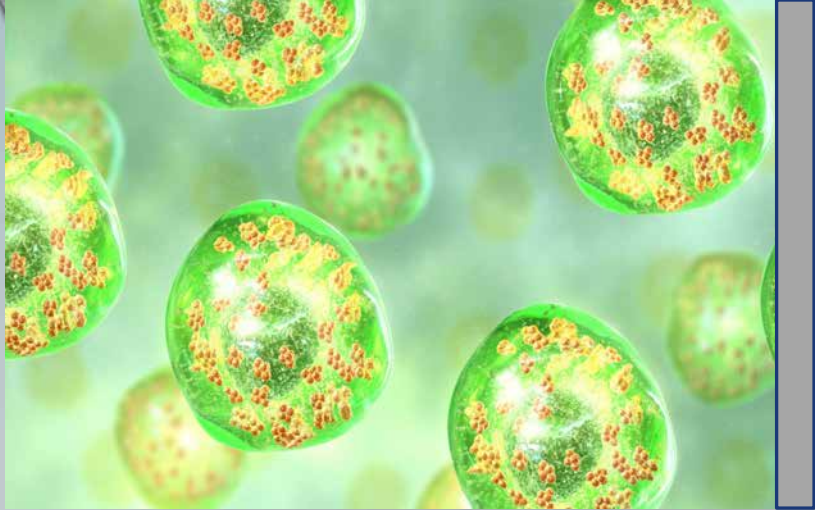
- INCREASES INFLAMMATION
- INCREASES **CORTISOL**
- DECREASES TESTOSTERONE
- DECREASES **SEX DRIVE**

INCREASED TOXICITY IN OLDER AGE LEADS TO REDUCED SEXUALITY



When absorbed in the body, an endocrine disruptor can decrease or increase normal hormone levels (left), mimic the body's natural hormones (middle), or alter the natural production of hormones (right).

A number of studies (Dacu al 2016, Textbook of Modern Toxicology Hodgson 2004) have concluded that toxicity interferes with the entire endocrinological system, compromising metabolism **and sex hormone synthesis**.



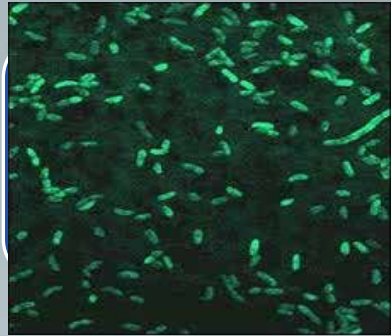
TOXICITY IMBALANCES ALL FAT BURNING HORMONES

LEPTIN AND GREHLIN IMBALANCE INCREASES HUNGER.

THE MORE TOXIC YOU ARE THE MORE HUNGRY YOU ARE

5 Fat Burning Hormones

Hormone	Produced By	Major Functions
Adiponectin	Fat cells	Lowers blood sugar and burns fat
Grehlin	Stomach Cells	Stimulates hunger and fat storage
Insulin	Pancreas	Lowers blood sugar and stimulates fat storage
Leptin	Fat Cells	Stimulates satiety and fat burning
Cortisol	Adrenal Glands	Increases blood sugar and cravings



TOXICITY



VICIOUS CIRCLE





Gerald Pollock, Ph.D
Technology Inventor
London University
Co-inventor of the
First Pacemaker in the
UK. Pioneer in Ultra
Violet Light. EU
Funded Centre BIC



XANYA SOFRA, PhD
Specific Waveform
Composition Research and
Development, Ph.D in
Neurophysiology
Ph.D in Clinical Psy
Faculty Member &
International Speaker.



NURIS LAMPE, MD
Dermatologist
Anti-aging Physician
Senior Consultant
EUROPE



THOMAS BARNARD,
MD
Anti-aging Physician
CANADA



BOB MARSHALL, PhD
Biochemical Research
Energy Specialist, USA



DR. SHEETAL BADAMI
M.B.B.S., D.A.
Certified Bariatric
Physician, INDIA



HIROYUKI OTOMO
MD, JAPAN
Anti-Aging Doctor
Pain Management



Michael Hytros,
Board Certified
physician in Family,
Internal, and
Bariatric Medicine.
Board Certified
professional by the
American Academy of
Anti-Aging Medicine



FIONA MAK,
MBChB (Leic)
DPD (Wales)



VERONICA YAP
Lymphatic
Disorders
SINGAPORE



YUKO KAWAMURA,
MD, JAPAN
Antiaging Physician

RESEARCH PROJECTS BY CLINICIANS

**Diabetic Neuropathy / Pain Relief/
Increased Mobility / Sexual Activity**

Visceral Fat Reduction / Improved Sexual
Performance

Increased Hormone Concentrations / **Increased
Sexual Drive**

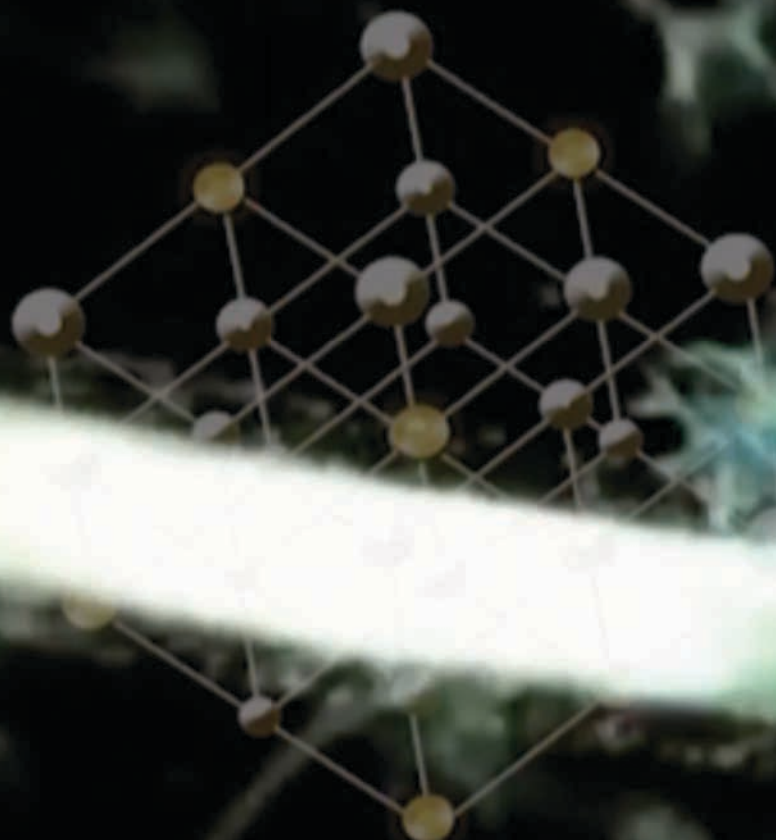
No significant changes in Cortisol

**Increased RBC's separation / Increased Blood
Flow**

Increased Blood Circulation and DETOX

**Increased Sexual Drive / Increased Self
Confidence.**

Decreased Incontinence



VIRTUAL GYM
UNIQUE

2019 NEODERM STUDY

STUDY ON HORMONES

- **SUBJECTS RECEIVED 6 VIRTUAL GYM TREATMENTS**
 - **2 TREATMENTS WEEKLY FOR THREE WEEKS**
- BLOOD TESTS WERE TAKEN IMMEDIATELY BEFORE AND AFTER THE 6 TREATMENTS**

SUBJECTS

THERE WERE 4 MALES AND 4 FEMALES, A TOTAL OF 8 SUBJECTS AGES FROM 27-45 YEARS OF AGE. ALL SUBJECTS WERE CHINESE. BMI, VISCERAL FAT, SUBCUTANEOUS FAT AND MUSCLE FAT VARIED FROM SUBJECT TO SUBJECT.

TREATMENT METHOD:

VIRTUAL GYM UNIQUE II, 30-45 MINUTES TREATMENT TWICE WEEKLY FOR 3 WEEKS

NEODERM STUDY HONG KONG 2019

RESULTS AND DISCUSSION:

STUDY REVEALED HIGH STATISTICAL SIGNIFICANCE IN VLDL DECREASE, THE BAD CHOLESTEROL, AND FREE T-3 INCREASE

VLDL DECREASE PROBABILITY LEVEL 99.99%. $P < 0.0001$

FREE T-3 INCREASE AT 95% PROBABILITY LEVEL $P < 0.05$

CORTISOL REMAINED UNCHANGED. SOME FLUCTUATION HAD A LOW PROBABILITY THAT IS EQUIVALENT TO CHANCE OR TESTING CONDITIONS.

HDL THE GOOD CHOLESTEROL INCREASE, NECESSARY TO AVOID CARDIOVASCULAR DISEASE ALMOST REACHED STATISTICAL SIGNIFICANCE WITH A PROBABILITY LEVEL OF 80% - $P < 0.25$ IN THIS DIMENSION. BUT HDL NEEDS NORMALLY MORE TIME TO INCREASE SO IT SHOULD BE RETESTED AFTER ONE MONTH.

IGF-1 ALSO NEEDS MORE TIME. RESULTS SHOWED SOME SIGNIFICANT INCREASE AT THE 77% PROBABILITY LEVEL

SAME WITH DHEA INCREASE AT A PROBABILITY LEVEL OF 71%.


ALL HORMONES REMAINED WITHIN THE NORMAL RANGE.

THE TESTOSTERONE FOR WOMEN ALMOST REACHED STATISTICAL SIGNIFICANCE WITH $P = 0.016$ WHEN SIGNIFICANCE IS REACHED AT $P < 0.01$.

STUDY ON HORMONES AND VISCERAL FAT

(2012) Design: 19 subjects receiving 3 treatments weekly – total of 12 treatments.

Measures: A/ Magnetic Resonance Imaging Test, (MRIs)
B/ concentrations of T3, DHEA, Triglycerides



1. Significant increase in Free T3 levels (Free T3 before: 120 pg/dL Free T3 After: 620 pg/dL)

2. Significant increase in DHEA levels (DHEA levels before: 10.7nmol/l; DHEA levels after: 16.85nmol/l, $p < 0.01$)

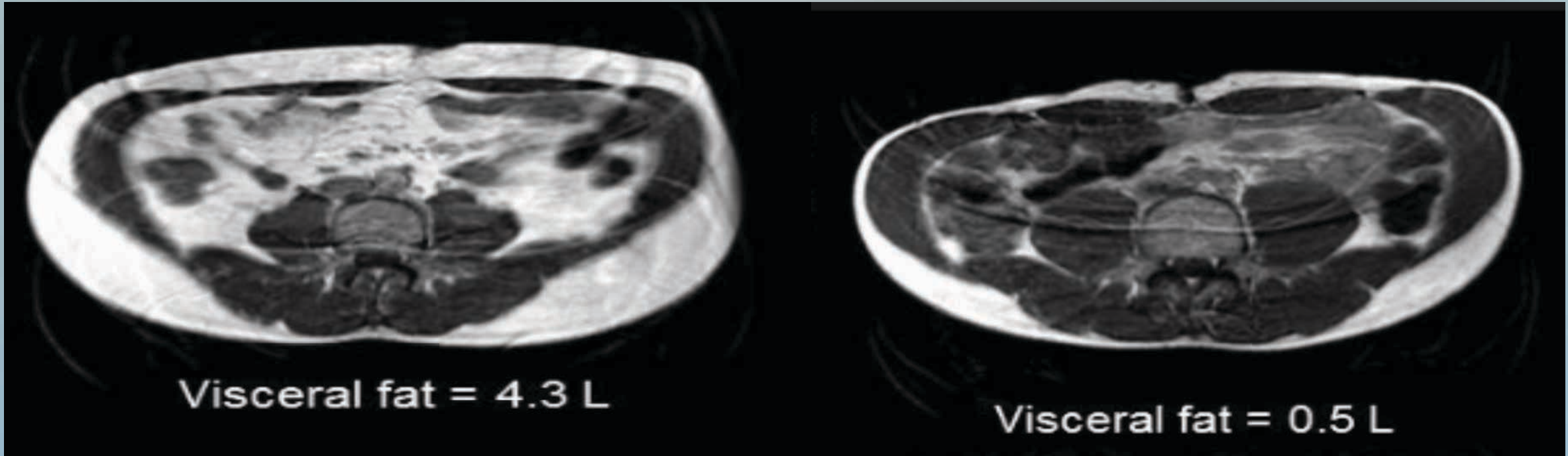
DHEA increases

- *bone density**
- *collagen**

3. Significant decrease of Adipose tissue area and Triglyceride Levels (Before: 2.87 nmol/l After 1.11 nmol/l $p < 0.01$)

4. Improved Sexual Performance

EXPERIMENTAL STUDIES



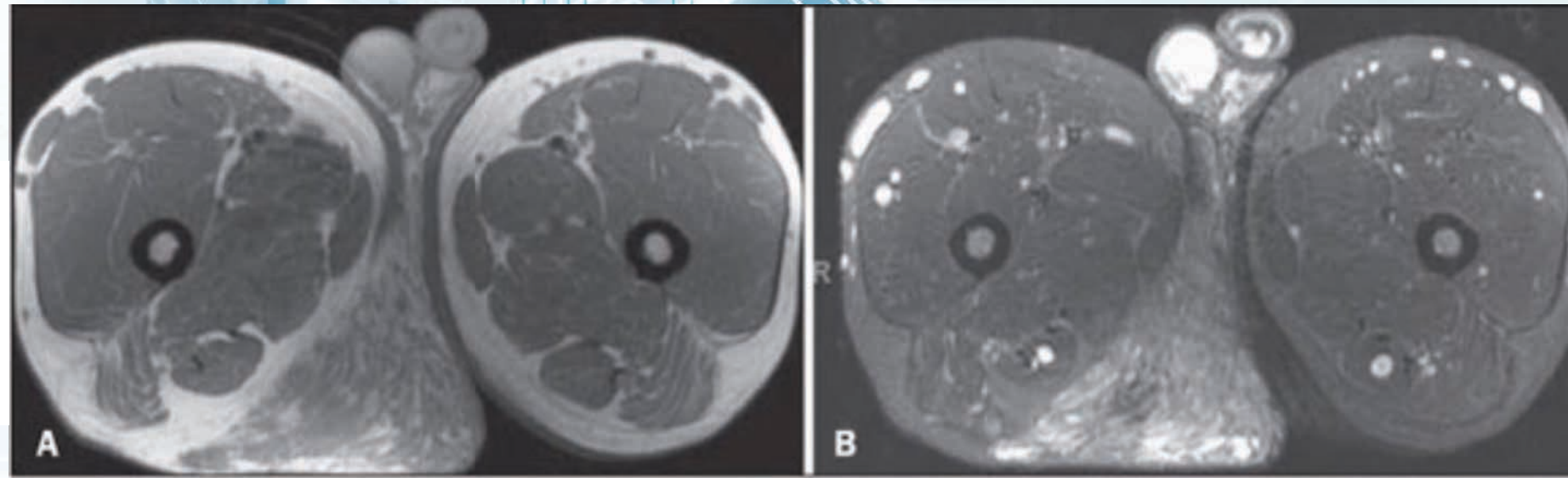
MRIS SHOWED A SIGNIFICANT DECREASE OF VISCERAL FAT:
VISCERAL FAT BEFORE: 159.88 CM²
VISCERAL FAT AFTER: 76.90 CM² P< 0.01 – SIGNIFICANCE

19 Subjects each receiving 12 Treatments over a period of 4 weeks period



**19 Subjects each
receiving 12
Treatments over a
period of 4 weeks
period**

**MRI results showed
increased muscle
mass
Muscle Mass Before:
133.70 cm²
Muscle Mass after:
201.73 cm²
p< 0.01 – Significance**



Diabetic Patient with back Pain and Fatty Liver. Measures:
Sonogram, Blood Test, Measuring tape, Tanita Scale, Self Reports
SHEETAL BADAMI. MD

BEFORE	AFTER
Real Age: 43 y.o. female	METABOLIC AGE 32
Severe Obesity FAT 36.5 %	FAT% 25.8
Diabetic Status: On Insulin HbA1c- 10.8	On Oral Drugs HbA1c – 7.8
Visceral Fat Evidence Sonography Reports: Fatty Liver	NO FATTY LIVER
Lower Back Pain	NO BACK PAIN
Weight: 92.2 Kg	Significant Weight Loss 83.7 KG
Measurement: Umbilicus: 111cm	Significant Improvement:100cm
Measurement: Lower Abdomen: 115cm	Significant Improvement:100cm



43 Year old Patient suffering from Insulin Resistance and Diabetes. Measures: Sonogram, Tanita scale, Blood Test, Measuring Tape, Self Reports
Sheetal Badami, MD

	Before treatment	After treatment
Weight (kg)	75.8	67.2
Fat %	36.5	25.8
Upper abdomen(cm)	97	82
Umbilicus (cm)	100	88
Lower abdomen (cm)	105	94
Insulin-Fasting(miU/ml)	25.8	8.7
Insulin PP (miU/ml)	136	14
Triglycerides (mg/dl)	294	197
HDL(mg/dl) good cholesterol	36	42
Back pain	Lower Back pain +++	Significant decrease in back pain





VIRTUAL GYM



ONE TREATMENT



VIRTUAL GYM TWO TREATMENTS



Virtual Gym One Treatment

STUDY ON CORTISOL / NO CORISOL INCREASES AFTER TREATMENT

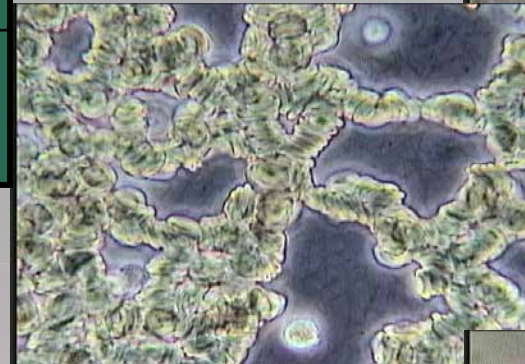
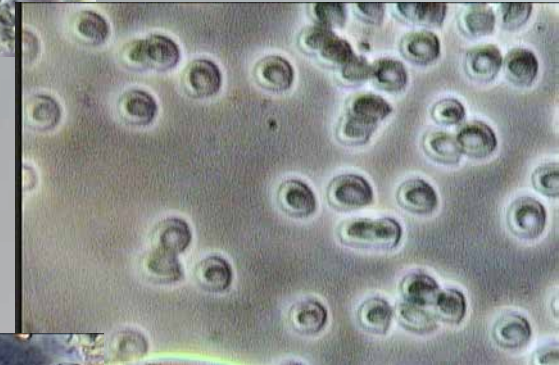
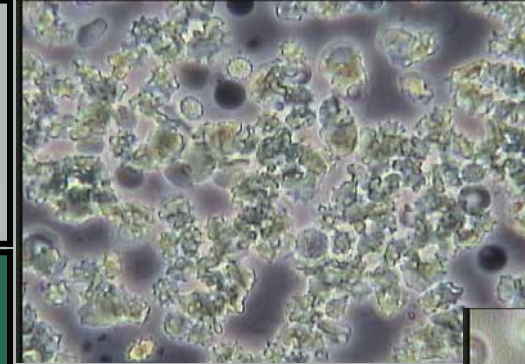
Dr Pollock's research has demonstrated that effortless exercise does not increase cholesterol and therefore is not strenuous to the body

	Test	Specimen	Conventional Units
Before Treatment	Cortisol A.M.	Plasma	13.7 mg / dL
Before Treatment	Cortisol P.M.	Plasma	10.1 mg / dL
Before Treatment	Cortisol Urinary Free	Urine	37.1 mg / dL
After Treatment	Cortisol A.M.	Plasma	12.9 mg / dL
After Treatment	Cortisol P.M.	Plasma	10.8 mg / dL
After Treatment	Cortisol Urinary Free	Urine	38.8 mg / dL



STUDY ON BLOOD FLOW AND DETOXIFICATION

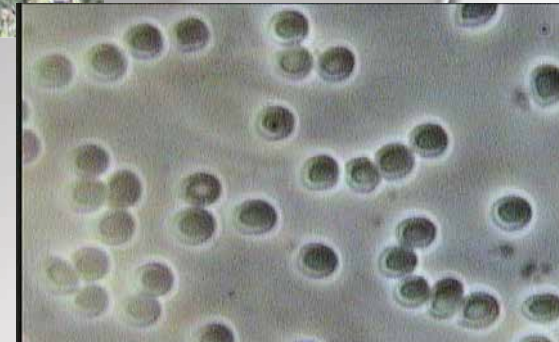
Before Treatment	Erythrocyte Aggregation	Rouleau	Fungal Forms	Thrombocyte Aggregation	Bacteria	Poikilocytosis	Rouleau & Separate RBCs	Only Separate RBCs	
After First Treatment	15	4	8	8	9	8	0	0	
Before Last Treatment	1	6	6	7	8	6	9	3	
After Last Treatment	0	0	3	4	5	2	11	8	
After Last Treatment	0	0	2	2	2	0	3	16	



Subjects reported a boost of Energy and improved Sexual Performance

(2013) MICROSCOPIC STUDY TESTING THE BLOOD OF 19 subjects receiving treatments three times weekly FOR TWO WEEKS.

IMPROVED SEXUAL PERFORMANCE
INCREASED BLOOD SEPARATION ACTS LIKE A BLOOD THINNER (A NATURAL VIAGRA)
THAT IMPROVES SEXUAL PERFORMANCE



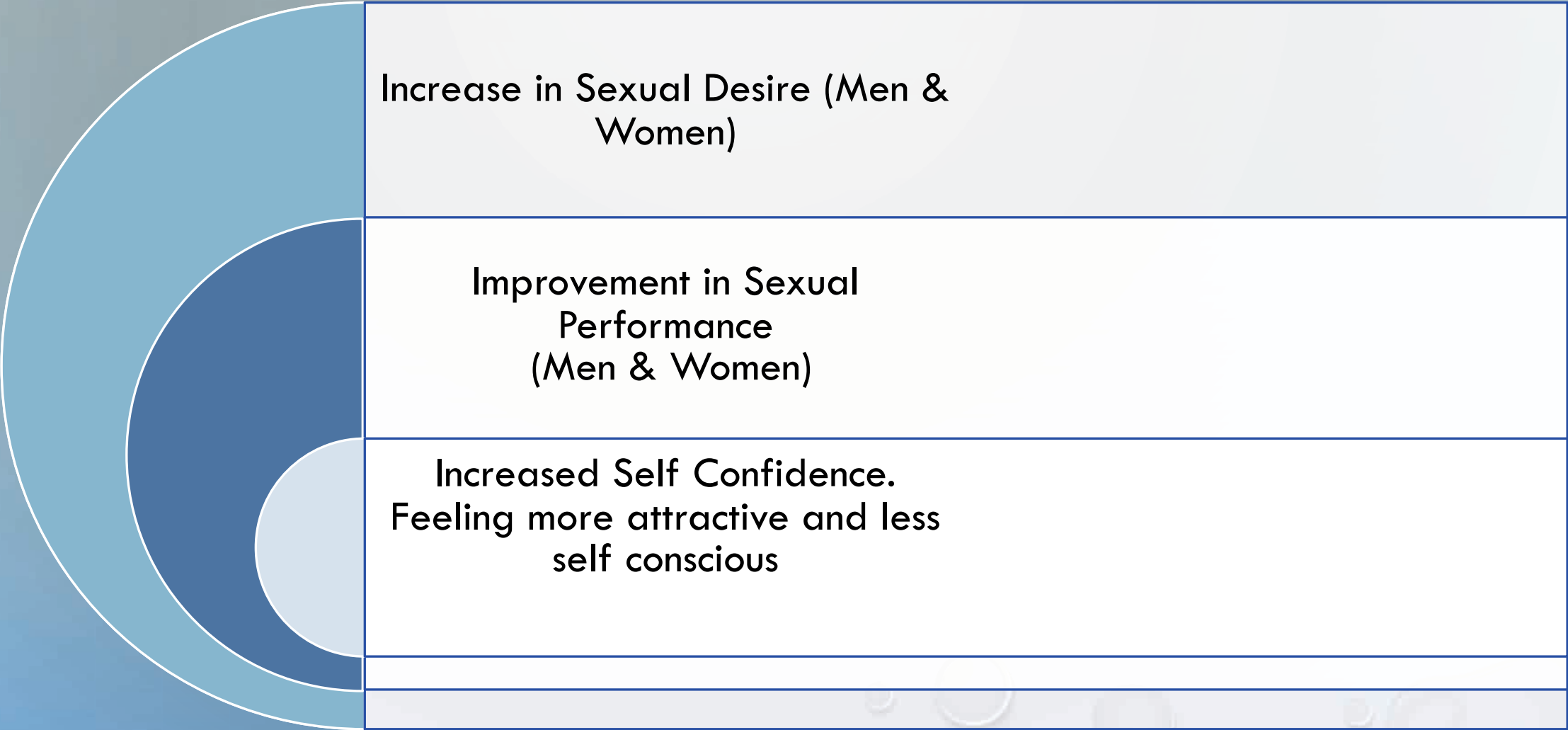


CLINICAL STUDIES ON DETOX / LYMPHATIC DRAINAGE

ONE TREATMENT

CLINICAL STUDIES ON IMPROVED SEXUAL PERFORMANCE

Barnard, 2013 clinical study 12 subjects treated 3 times wk 5 wks
Health and Fitness / Facial Rejuvenation and Hair Growth



DR POLLOCK'S EFFORTLESS EXERCISE METHOD AND INCONTINENCE



Dr. Pollock's Signaling Effortless Exercise built in London University by Gerald Pollock was cleared in the UK in 2006 as a CE class II device for Incontinence.

In clinical studies women experienced significant improvement in their incontinence after 10 sessions of Effortless Exercise Technology without diuretics, exercise of other life changing methods or any intrusive interventions.

Unraveling the “Type C” Connection: Is There a Cancer Personality?

Implications for Prevention & Recovery

The Contributions of Lydia Temoshok, PhD

Director of The Behavioral Medicine Program, Biotechnology Institute

University of Maryland Medical School

Co-Author, The Type C Connection: The Mind-Body Link to Cancer and Your Health



“I’ve described the experience of cancer as a crossroads in your life, when you’re confronted with both danger—and opportunity.....What changes you make turn this experience from what (at first) may seem like a prison sentence into an opportunity for healing and a better life.”

Lydia Temoshok, PhD

Can our emotions and behavior affect our risk of getting cancer and our recovery from this disease?

This is the question Dr. Temoshok was asked to consider back in 1979, when she agreed to begin an intriguing and controversial research study with melanoma patients. Richard Sagebiel, MD, head of the Melanoma Clinic at the University of California San Francisco, had begun to notice “a strange pattern of stress and coping” common to most of his patients. He had begun to think this might be a significant factor in the connection between cancer and behavior and contacted Temoshok to discuss the potentials for a formal research study.

Temoshok had already been studying the effects of stress on health while on staff at The University of California School of Medicine. She is a psychologist nationally recognized in the fields of behavioral medicine, psychosocial oncology and HIV/AIDS research. Temoshok now began to spend time at the Melanoma Clinic, interviewing patients and conducting a preliminary investigation. What she found was so exciting and ripe with potential for changing the development and treatment outcome of this dreaded disease, that she made the decision to devote all her time to the study of the psychology of cancer patients.

What Temoshok found in interviewing these 150 patients was a striking and amazingly similar pattern of behaviors. These melanoma patients were overwhelmingly nice. Yes, they were excessively nice, pleasant to a fault, uncomplaining and unassertive. They went far out of their way and changed their schedules to make time to talk with her—so as not to disappoint her. They seemed extremely worried about their disease progression—but not for themselves. They worried about the effect it was having on their families: “I’m fine, but I’m really worried about my husband. He takes things so hard...”

THE IMPORTANCE OF PSYCHOTHERAPY

Focus in satisfying their partners

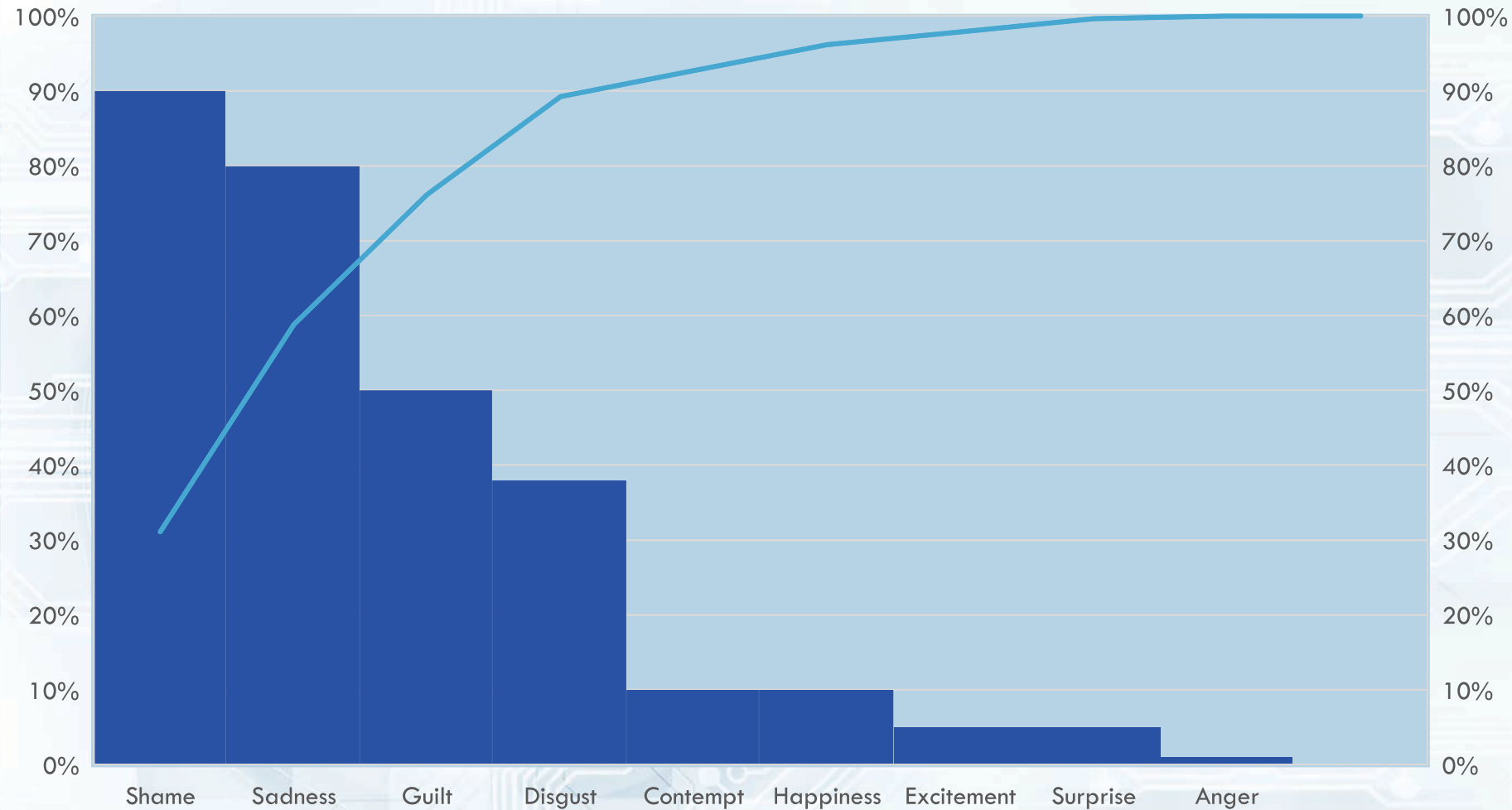
Always pleasant.

Suppress or Repress feelings

Never Complaining even when there is a legitimate reason for it



THE SHAME FACTOR LEADING TO BLOCKED ENERGY



A study By Dr Sofra (1983) on Emotion and physical / psychological illness found that individuals organized around the emotions of shame and sadness had the highest correlation with **REPRESSED SEXUALITY**, poor health, depression and reoccurring physical illness. These results are supported by several studies that found that sadness is highly correlated with physical illness and the incidence of depression.



PSYCHOTHERAPY FOCUS

INCREASE DEGREES
OF FREEDOM

BEING
INTRODUCED TO
ONESELF

Realistic approval,
of self & others

Balanced appraisal
of strengths and
weaknesses.

Relief from shame
and grudges

Assertiveness without
aggression

Free oneself from
the past, and
increase new social
activity.

Learning how to turn
adversity into
advantage



THANK YOU
FOR YOUR KIND ATTENTION