



**INVENTED IN LONDON
UNIVERSITY, AFTER 32 YEARS OF
RESEARCH BY THE CO-INVENTOR
OF THE FIRST PACEMAKER WHO
COMPOSED THE BLUEPRINT OF
THE MOTOR NERVE OUT OF 4,000
SINE WAVEFORMS.**



Upgraded with 24 complex waveforms and 8 secs full body contraction by Universal research that focused on:

a/ Visceral Fat reduction

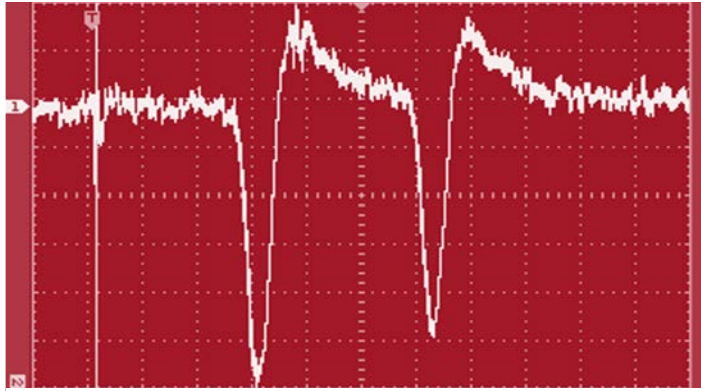
b/ Fitness

c/ Hormones

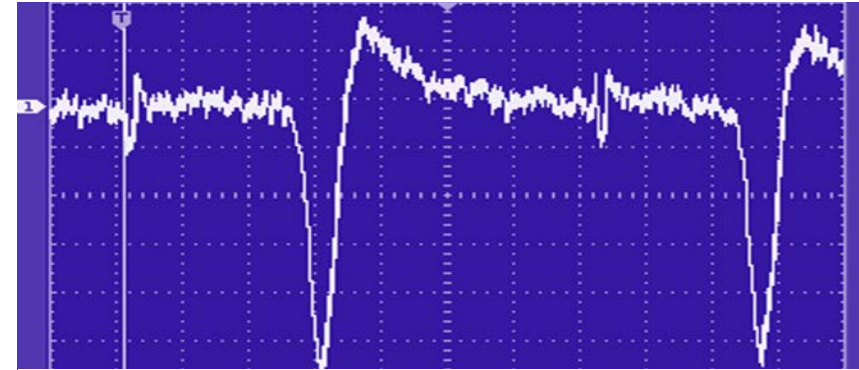
d/ detox

e/ Resonance tuning of vital organs for health enhancement

THE SIGNAL OF EFFORTLESS EXERCISE



NORMAL NEURON



SEVERED NEURON
WITH Virtual Gym ACTING
AS A BYPASS MECHANISM

Thirty-two years OF EMPIRICAL LONDON UNIVERSITY RESEARCH IN SEARCH OF THE MOTOR NERVE BLUEPRINT SIGNAL BY THE CO-INVENTOR OF THE PACEMAKER, GERRY POLLOCK. Originally, he AIMED TO REPLACE THE SIGNAL OF DAMAGED MOTOR NERVES IN MULTIPLE SCLEROSIS PATIENTS BY SIMULATING PHYSICAL EXERCISE -- THE WAY THE PACEMAKER REPLACES THE SIGNAL OF THE HEART PACEMAKER CELLS TO SIMULATE HEART BEATS. EVENTUALLY IT BECAME CLEAR THAT SIGNAL RESONANCE INVOLVED THE BRAIN!

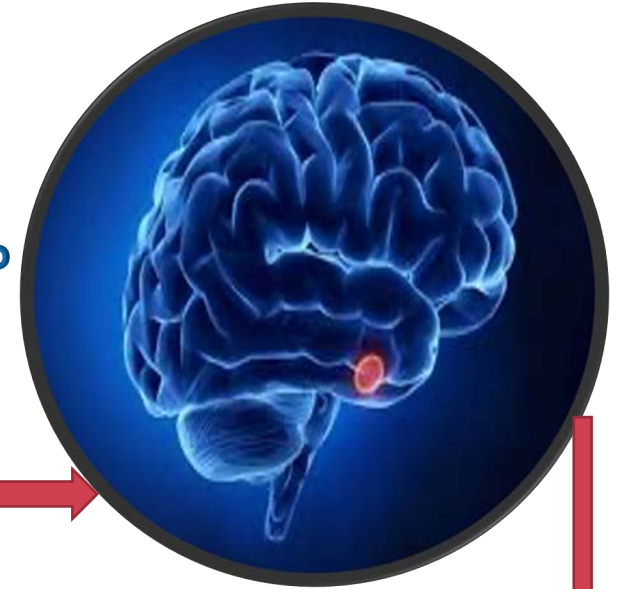
IT'S THE BRAIN THAT INTEGRATED THE DEVICE SIGNAL IT RECEIVED AND CAUSED THE FULL BODY CONTRACTION

VOLTAGE DRIVEN MOTOR NERVE BLUEPRINT SIGNAL THAT HUNTS FOR THE MOTOR NERVE

THE VIRTUAL GYM BLUEPRINT MOTOR NERVE SIGNAL IS SHOT THROUGH THE SKIN VIA VOLTAGE

IT EXCITES THE SENSORY NERVES AS IT
RESONATES WITH THE MOTOR NERVES

THE SIGNAL IS RECOGNIZED / AUTHORIZED
TO BE TRANSFERRED TO THE BRAIN
ONLY SIGNALS IN SYNC WITH THE CNS
CAN RECEIVE SUCH AUTHORIZATION



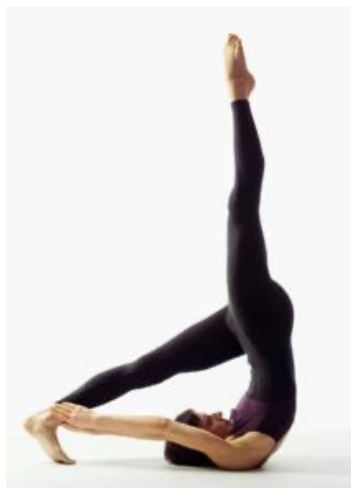
1. THE BRAIN **INTEGRATES** THE SIGNALS
IT RECEIVES INITIATING THE PROCESS OF
EXERCISE

2. ORDERS THE RELEASE OF
HORMONES VIA THE PITUITARY TO
SIMULATE PHYSICAL EXERCISE

3. SENDS THE INTEGRATED SIGNAL
BACK TO THE MOTOR NERVES TO
CAUSE A SUSTAINED FULL BODY EIGHT SECS
CONTRACTION OF LARGE COORDINATED
MUSCLES



THE VIRTUAL GYM'S SUSTAINED
FULL BODY CONTRACTION
IS A CENTRAL EVENT
THAT INVOLVED THE BRAIN



1000 Strength- Resistance- Aerobic- Exercises



THE VIRTUAL GYM BURNS BOTH SUBCUTANEOUS AND VISCERAL FAT BOTH AROUND AND INSIDE THE VITAL ORGANS AS AN ENERGY SOURCE TO BUILD MUSCLE, IMPROVE THE FUNCTIONING OF VITAL ORGANS, DETOX THE ENTIRE BODY. BALANCE HORMONES, INCREASE ENERGY, SEXUALITY, AND OVERALL HEALTH.

EFFORTLESS SIMULATED EXERCISE.
ALL THE BENEFITS OF ONE MONTH INTENSE EXERCISE IN ONE HOUR WITHOUT THE MUSCLE PAIN THE NEXT DAY
NO LACTIC ACID
NO EFFORT
NO ENERGY EXPENDITURE



NOTHING WORKS ON VISCERAL FAT AFTER THE AGE OF 50. NOT EVEN THE GYM!

Over 50 years old gym workout



You WILL NOT Get This! ↑



You WILL Get This! ↑



Virtual Gym is the **ONLY** Technology that **Reduces Visceral Fat**

12 Virtual Gym treatments:

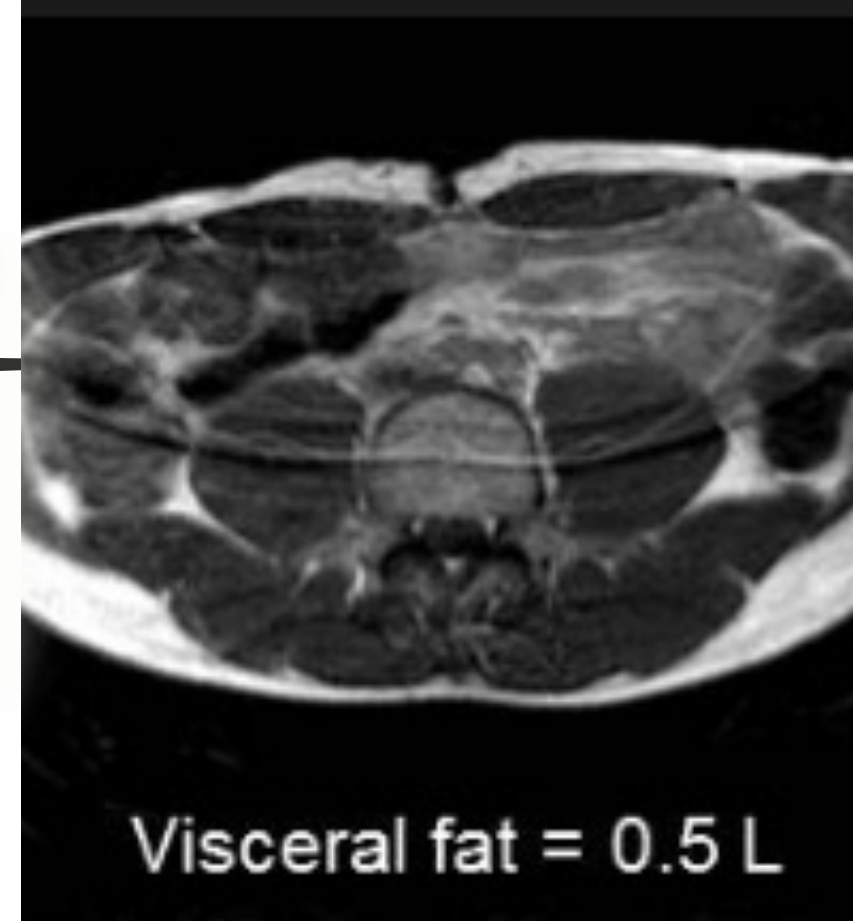
Visceral Fat Reduction: -23.31%

BMI Reduction: -6.63%

One of Several Virtual Gym Published studies

Gender	Age	BMI Pre	BMI Post	Visceral Fat Pre	Visceral Fat Post
F	54	35.9	34.6	30	23
F	43	34.6	33.4	21	18
F	49	25.2	24.4	7.5	7
M	47	37.6	33.4	30	21
F	39	37.8	36.7	23	20
F	28	30.7	29.4	11	8
M	45	26.4	24.9	13	11
M	27	34.1	31.2	17	14
F	34	29.8	27.9	11	8.5
M	81	34.8	32.2	31	26.5
F	47	25.8	24.5	8	7
F	63	42.8	40.3	28	23
F	57	41.9	38.7	32	26
F	27	24.1	22.5	4.5	4
M	37	26.3	24.5	11	7
F	43	34	31.7	24.5	20.4
M	27	29.5	28.2	11	9
F	35	36.2	34.0	19	15.5
M	61	29.5	28.8	19.5	17.6
M	55	27.7	26.7	9.5	8
F	38	37.1	34.5	20.5	14.5

M	55	27.7	26.7	9.5	8
F	38	37.1	34.5	20.5	14.5
M	36	37.1	34.0	18	13.5
F	34	29.6	27.8	11	9
F	46	31	30.0	14	11.5
F	43	46.8	45.5	30	25
F	32	29.4	26.8	15.5	12
F	39	27.4	25.2	14.5	10
M	68	28.2	27.3	19.5	17.2
F	36	33.5	32.1	18.5	16.5
F	42	23	20.3	9.5	8
F	56	32.6	29.7	29.6	21.6
F	52	36.5	33.9	31.2	23.3
F	49	28.6	25.4	27.9	16.1
F	63	34.9	31.8	30.4	22.8
F	51	34.2	32.7	30.9	23.6
F	55	35.4	33.9	32.2	27.6
F	48	30.9	28.2	27.5	17.2
F	61	32.7	29.9	28.4	20.9
F	46	29.5	24.3	26.1	16.7
F	58	33.8	29.5	30.2	21.9



MRIs showed a significant decrease of Visceral Fat:
Visceral Fat Before: 159.88 cm²
Visceral Fat After: 76.90 cm² $p < 0.01$ -- Significance

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

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





**SONOGRAPHY REPORTS
ON PATIENTS
WITH FATTY LIVER
REVEALED
NO FATTY LIVER
AFTER 12-15
VIRTUAL GYM
TREATMENTS**

Triglycerides Normal Range: >150 mg/dL;
High-Density Lipoprotein (HDL) Normal Range: Men > 60 mg/dL; Women > 60 mg/dL
High-Density Lipoprotein (HDL) At Risk: Men: <40 mg/dL; Women < 50 mg/dL

Gender	Age	Health Status	Fatty Liver	Fatty Liver	Back Pain Pre	Back Pain Post	Triglycerides mg/dL Pre	Triglycerides mg/dL Post	Triglycerides mg/dL decrease	HDL mg/dL Pre	HDL mg/dL Post	(HDL) mg/d Increase
1 F	45	Diabetes	Grade-2	Nil	Yes	No	203	158	Bord Normal	32	39	Improved at risk
2 M	69	Diabetes			Yes	No	215	128	Normal	35	47	Bord. Not at risk
3 M	46	Diabetes					230	153	Bord Normal	28	37	Improved at risk
4 F	50	Diabetes			Yes	No	86.7	84.3	Normal	49.6	53	Not at risk
5 F	49	Diabetes			Yes	No	103	88	Normal	34.5	38	Improved at risk
6 F	46	Diabetes	Grade-1	Nil	Yes	No	287	176	Improved (abnormal)	32	39	Improved at risk
7 F	48	Diabetes	Grade-2	Nil	Yes	No	266	147	Normal	29	41	Bord. Not at risk
8 M	44	Diabetes	Grade-1	Nil	Yes	No	283	189	Improved (abnormal)	30	35	Improved at risk
9F	43	Prediabetes			Yes	No	294	197	Improved (abnormal)	36	42	Bord. Not at risk
10 F	27	Prediabetes					192	126	Normal	36	48	Bord. Not at risk
11 F	63	Prediabetes					155	117	Normal	45	47	Bord. Not at risk
12 F	24	Prediabetes					88	86	Normal	45	52	Not at risk
13 M	30	Prediabetes					156	124	Normal	37	46	Not at risk
14 F	45	Diabetes	Grade-1	Nil	Yes	No	225	179	I Improved (abnormal)	33	40	Improved at risk
15 F	47	Diabetes	Grade-1	Nil	Yes	No	237	188	Improved (abnormal)	31	41	Improved at risk
16 M	45	Diabetes					112	105	Normal	41	45	Not at risk
17 M	82	Diabetes					97	94	Normal	26	38	Not at risk
18 M	15	Prediabetes	Grade-1	Nil			187	132	Normal	36	42	Not at risk
19 M	58	Prediabetes					141	136	Normal	43.1	46.8	Not at risk
20 M	46	Prediabetes					262	158	BN	52.3	56	Not at risk

Low Free T3

Peak Free T3

**Muscle
Stimulators
Lasers & RF
Do not
Increase
Hormones**

**Low
Metabolism
=
Heart Disease
Diabetes
Obesity**



Low Metabolism

VS



Fast Metabolism



METABOLISM (FREE T3) INCREASE WITH THE VIRTUAL GYM:
DATA FROM PUBLISHED STUDIES

		Mean Average Free T3 % increase within the Normal Range	30%
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GENDER		FREE T3 PRE	FREE T3 POST	Normal Range (nmol/L)	METABOLOSM FREE T3 % Increase
MALE		2.98	4.22	2.63-5.7	41%
MALE		3.69	4.98	2.63-5.7	34.95%
FEMALE		4.77	5.37	2.63-5.7	12.5%
FEMALE		4.56	5.31	2.63-5.7	16.44%
MALE		4.15	5.47	2.63-5.7	31.80%
MALE		3.29	4.86	2.63-5.7	47.7%
FEMALE		4.36	5.64	2.63-5.7	29.35%
FEMALE		3.66	4.79	2.63-5.7	30.87%
MALE		3.19	4.12	2.63-5.7	29.15%
FEMALE		4.09	5.12	2.63-5.7	25.18%

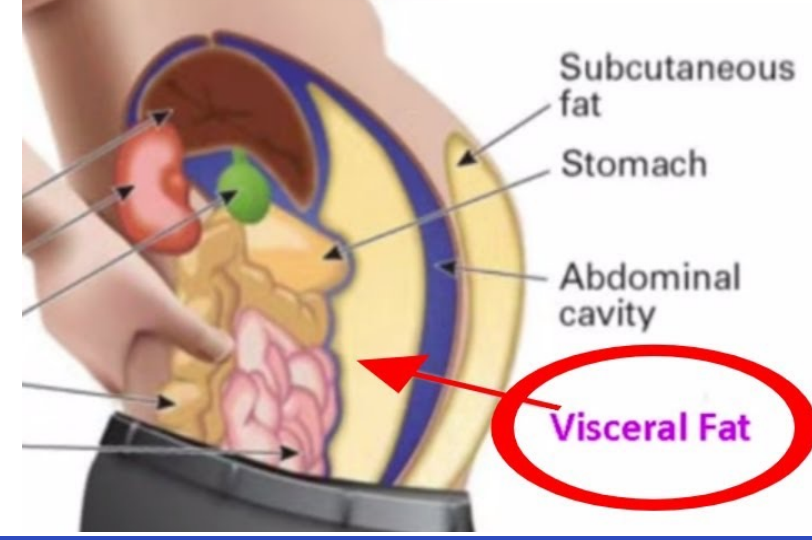


ONE TREATMENT

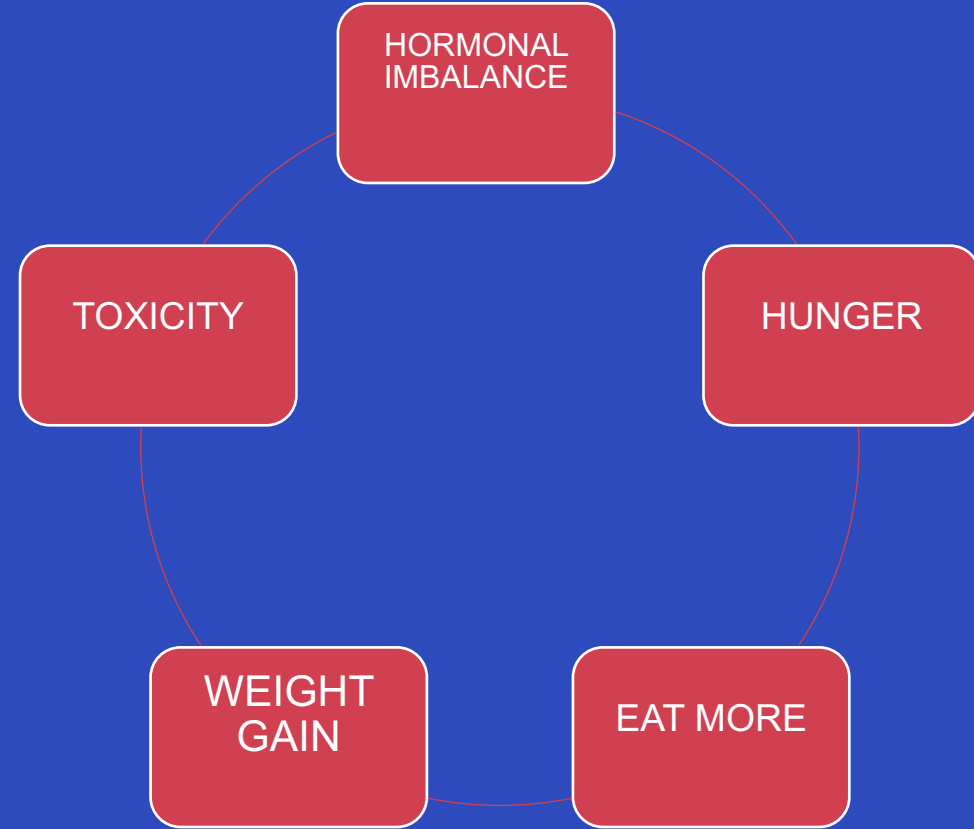


**DETOX & INFLAMMATION
DECREASE**

CLINICAL STUDY



***The More Toxic
you are
The More
Hunrgry you are***



PROVEN THAT THE VIRTUAL GYM DECREASES HUNGER BECAUSE IT INCREASES THE ANOREXIC HORMONE LEPTIN AND DECREASES THE APPETITE HORMONE GHRELIN

Table 6. Blood Plasma Results on Leptin and Ghrelin for each subject.

Gender	Age	Ethnicity	Leptin pre ng/mL	Leptin post ng/mL	Normal range ng/mL	% increase ng/mL	Ghrelin pre pg/mL	Ghrelin post pg/mL	Normal range pg/mL	% decrease pg/mL	
Male	36	Asian	3.69	3.98	1.2 - 9.5	7.86%	687	602	520 - 700	12.37%	
Male	39	Caucasian	4.43	4.98	1.2 - 9.5	9.78%	695	634	520 - 700	8.77%	
Male	43	Caucasian	5.62	6.22	1.2 - 9.5	10.68%	598	552	520 - 700	7.69%	
Male	35	Asian	6.15	6.83	1.2 - 9.5	11.05%	629	587	520 - 700	6.68%	
Female	42	Asian	9.16	9.74	4.1 - 25.0	6.33%	577	542	520 - 700	6.06%	
Female	45	Indian	5.23	6.09	4.1 - 25.0	16.44%	659	613	520 - 700	6.99%	
Female	49	Caucasian	7.22	8.17	4.1 - 25.0	13.15%	644	617	520 - 700	4.19%	
Female	38	Caucasian	12.34	13.22	4.1 - 25.0	7.13%	569	536	520 - 700	5.79%	
Female	37	Asian	11.38	13.08	4.1 - 25.0	14.93%	499	461	520 - 700	7.62%	
Mean Average Leptin Increase						+10.82%	Mean Average Ghrelin Decrease				−7.35%

There was an inverse relationship between leptin and ghrelin where leptin significantly increased and ghrelin significantly decreased within the normal range. Mean average percentage leptin increase was +10.82% and ghrelin decrease was -7.35%.

Proven That the Virtual Gym Decreases Inflammation and Stress									
CRP: <1.0 mg/dL. Low Cardiovascular Risk According to AHA/CDC CRP: 1.0-3.0 mg/dL Average Cardiovascular Risk According to AHA/CDC CRP: >3.0-10.0 mg/dL High Cardiovascular Risk According to AHA/CDC									
Gender	Age	Medical History	BMI Pre	CRP Pre mg/dL	CRP Post mg/dL	Normal Range mg/dL	Cortisol Total, Serum ug/dL, Pre	Cortisol Total, Serum ug/dL, Post	Normal Range ug/dL
F	56	Diabetes Fatty Liver	32.6	1.56	1.02	<1.00	18.44	15.66	3.09-25.0
F	52	Prediabetes Fatty Liver	36.5	1.09	1.06	<1.00	21.89	20.12	3.09-25.0
F	49	Hypertension Hypothyroidism	28.6	2.31	1.15	<1.00	24.98	18.47	3.09-25.0
F	63	Hypertension Fatty Liver	34.9	1.93	1.06	<1.00	23.43	21.98	3.09-25.0
F	51	Prediabetes Hypertension Hypothyroidism	34.2	1.43	1.22	<1.00	18.46	15.34	3.09-25.0
F	55	Prediabetes Fatty Liver Hypothyroidism	35.4	1.64	1.01	<1.00	19.33	14.75	3.09-25.0
F	48	Prediabetes Fatty Liver Hypothyroidism	30.9	1.04	0.86	<1.00	9.67	8.23	3.09-25.0
F	61	Hypertension Fatty Liver	32.7	1.08	0.74	<1.00	14.76	10.65	3.09-25.0
F	46	Heart Disease	29.5	1.84	0.98	<1.00	17.22	13.95	3.09-25.0
F	58	Prediabetes Fatty Liver Hypothyroidism	33.8	2.11	1.03	<1.00	21.28	17.24	3.09-25.0
Mean Total				1.60mg/dL	1.01 mg/dL		18.95 ug/dL	15.64 ug/dL	
Mean Average CRP % Decrease				-36.87 mg/dL		Mean Average Cortisol % Decrease			-17.47% mg/dL

PROVEN THAT THE VIRTUAL GYM DECREASES CHOLESTEROL

Triglycerides Normal Range: <150 mg/dL. Boderline high: 150 to 199 mg/dL Hypertriglyceridemia: 200 to 499 mg/dL High risk for pancreatitis : > or = 500 mg/dL								
Gende r/ Age	BMI	Medical History	VLDL PRE mg/dL	VLDL POST mg/dL	VLDL Normal Range mg/dL	Trigly cerides PRE mg/dL	Trigly cerides POST mg/dL	Trigly cerides Normal Range mg/dL
F/56	32.6	Diabetes Fatty Liver	39.64	27.33	5.0-40.0	144	137	<150
F/52	36.5	Prediabetes Fatty Liver	43.49	35.77	5.0-40.0	169	146	<150
F/49	28.6	Hypertension Hypothyroidism	27.44	18.28	5.0-40.0	129	114	<150
F/63	34.9	Hypertension Fatty Liver	45.22	32.86	5.0-40.0	163	152	<150
F/51	34.2	Prediabetes Hypertension Hypothyroidism	39.42	31.67	5.0-40.0	159	150	<150
F/55	35.4	Prediabetes Fatty Liver Hypothyroidism	42.55	36.20	5.0-40.0	173	159	<150
F/48	30.9	Prediabetes Fatty Liver Hypothyroidism	37.52	29.38	5.0-40.0	153	139	<150
F/61	32.7	Hypertension Fatty Liver	41.87	36.24	5.0-40.0	175	148	<150
F/46	29.5	Heart Disease	14.76	9.23	5.0-40.0	136	129	<150
F/58	33.8	Prediabetes Fatty Liver Hypothyroidism	43.92	37.56	5.0-40.0	182	157	<150
MEAN TOTAL			37.58	29.45		158	143.1	
Mean % Decrease			Average		-8.13% mg/dL		Mean % Decrease	
					Average		-14.9% mg/dL	

SLIMMING

Lasers / RF DO NOT
Change The Metabolism
Results Rebound

VS

FITNESS

Increased Metabolism/
Reduced Hunger



NO REBOUND

NO REBOUND



SKELETAL MUSCLE MASS
(SMM) INCREASE

Mean Average % Increase for Skeletal Muscle mass	36.45%
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GENDER	SKELETAL MUSCLE MASS PRE	SKELETAL MUSCLE MASS POST	SKELETAL MUSCLE MASS (SMM) % Increase
MALE	36.40	43.80	20.3%
MALE	30.30	38.60	27.39%
FEMALE	18.40	27.00	46.79%
FEMALE	17.00	26.80	57.64%
MALE	37.80	44.80	18.5%
MALE	29.40	38.30	30.27%
FEMALE	17.20	26.80	55.81%
FEMALE	19.80	28.80	45.45%
MALE	29.80	37.22	25.89%
FEMALE	17.95	26.63	48.35%





BEFORE



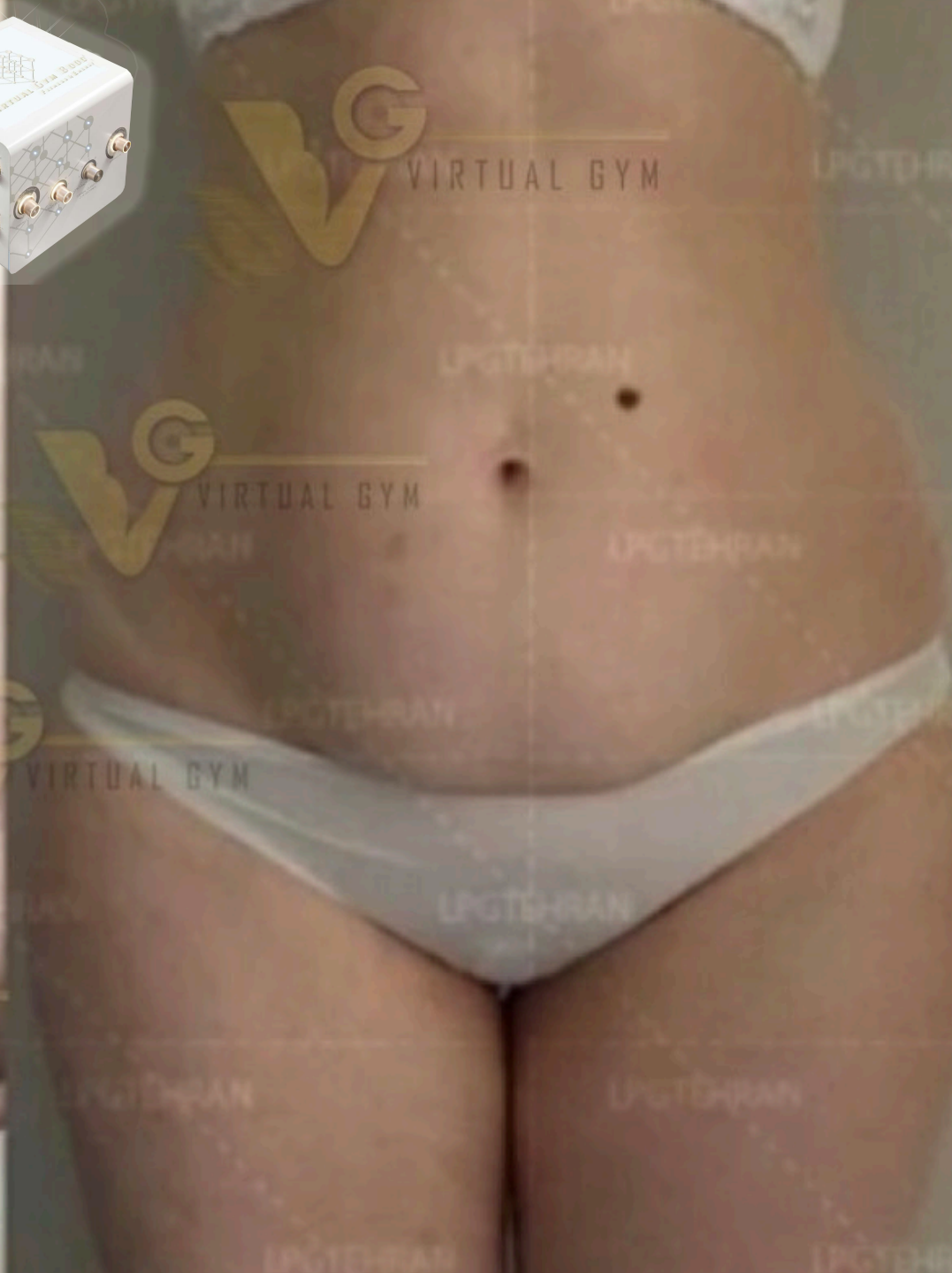
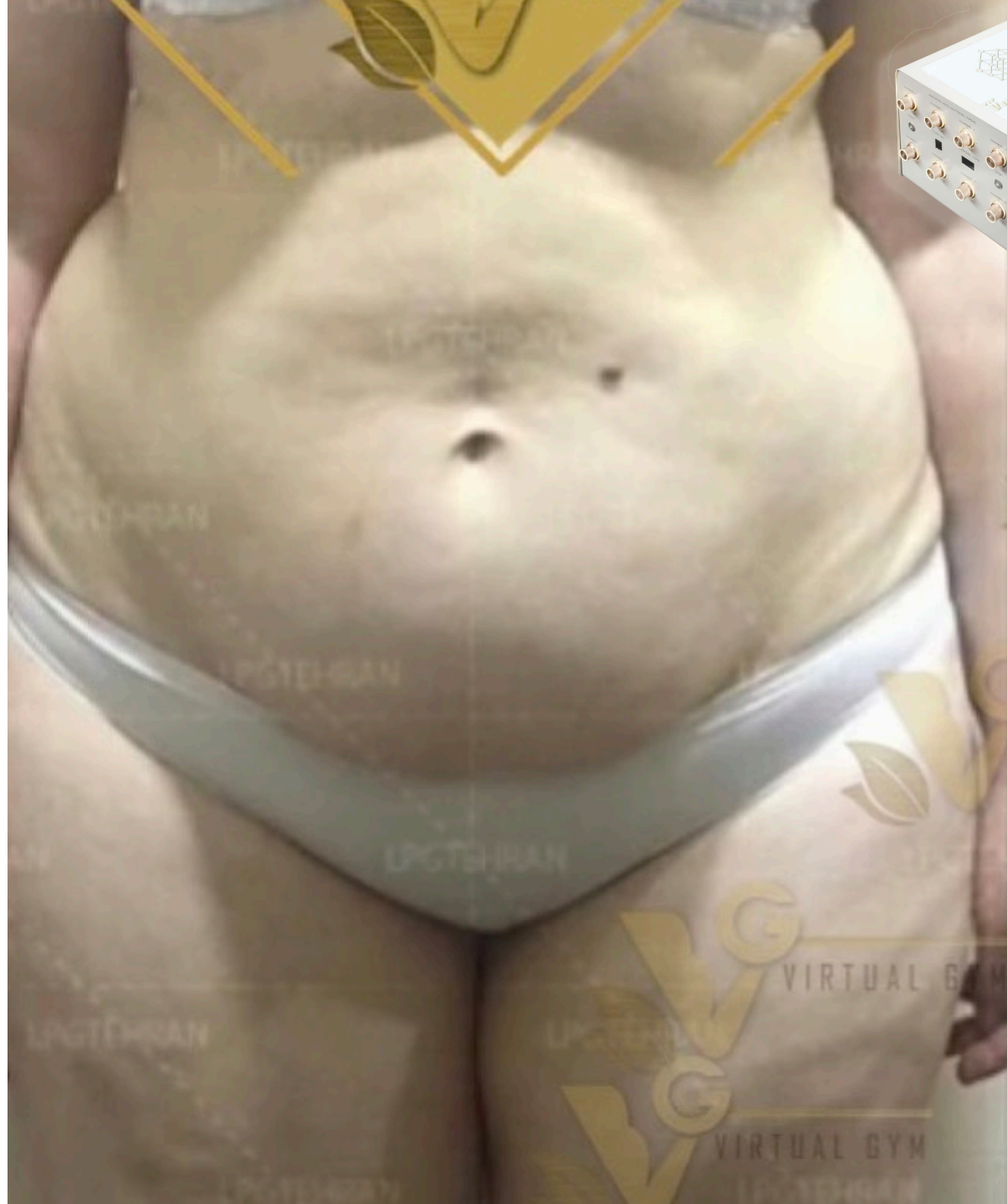
AFTER





TWO TREATMENTS







VIRTUAL GYM



ONE TREATMENT

VIRTUAL GYM IS ENDORSED BY FAMOUS ATHLETES

HORMONES ARE INTERCONNECTED WITH EXERCISE

**HORMONES TRIGGER THE FAT BURNING PROCESSES TO
FORM THE ENERGY THAT SUSTAINS EXERCISE AND BUILD
MUSCLE**

**THE VIRTUAL GYM INVOLVES THE BRAIN WHICH IS
RESPONSIBLE FOR ALL MOVEMENT INCLUDING THE FULL
MUSCLE CONTRACTIONS YOU OBSERVE DURING A
VIRTUAL GYM TREATMENT**

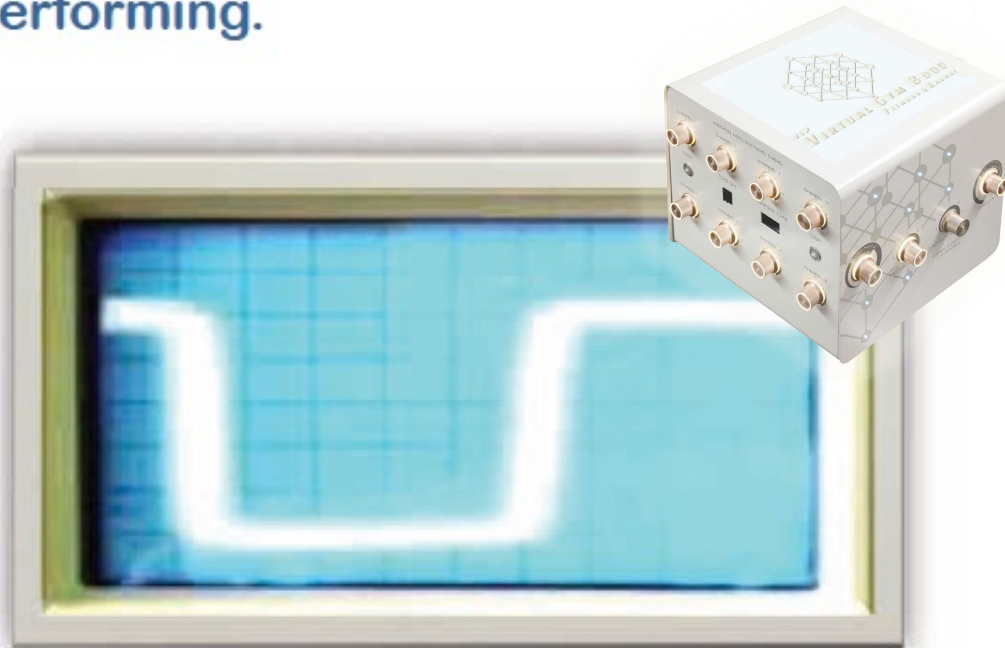


ROMAN OBEN, NEW YORK GIANTS
1999



SIGNALING EFFORTLESS EXERCISE:

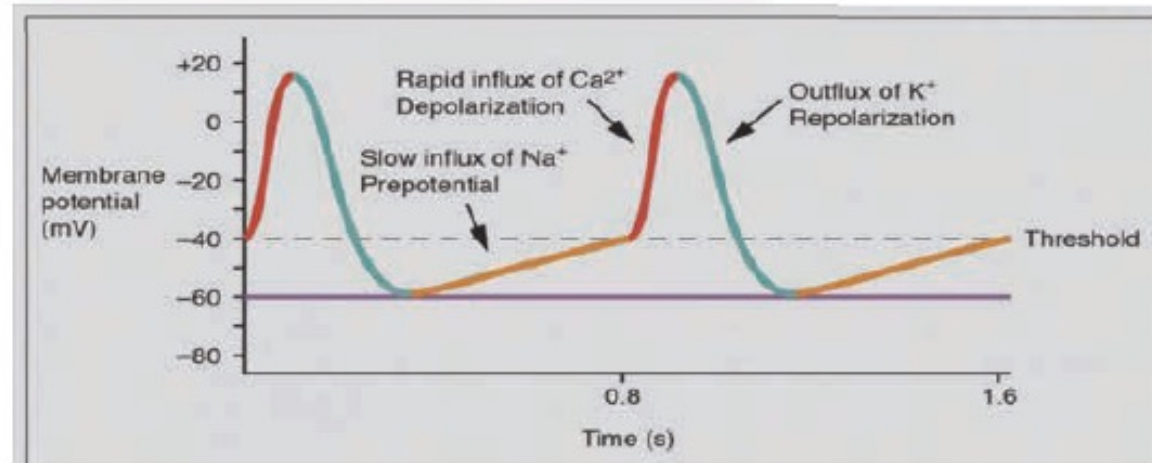
transmits an unlimited resolution complex signal (composed out of 4,000 waveforms) induces constant 8 secs contractions of a large group of coordinated muscles simulating very strenuous exercise that even professional athletes who have invested a life in the gym have difficulty performing.



MUSCLE STIMULATORS

send electrical pulses delivered by multiple digital limited resolution waveform pulses to depolarize individual muscles.

Repeated use leads to muscle cells apoptosis as a result of trapped calcium pausing ATP production. (Pinton et al 2008 and others)



MEDICAL BOARD: PROFESSORS FROM AROUND THE WORLD



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



FIONA MAK, MBChB (Leic)
DPD (Wales),
Anti-aging Physician
General Medicine



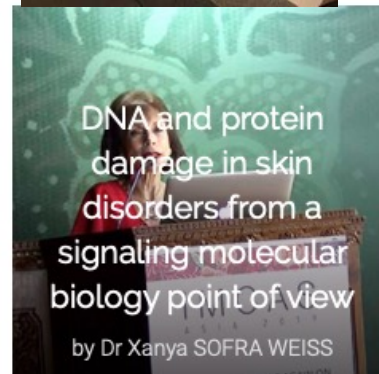
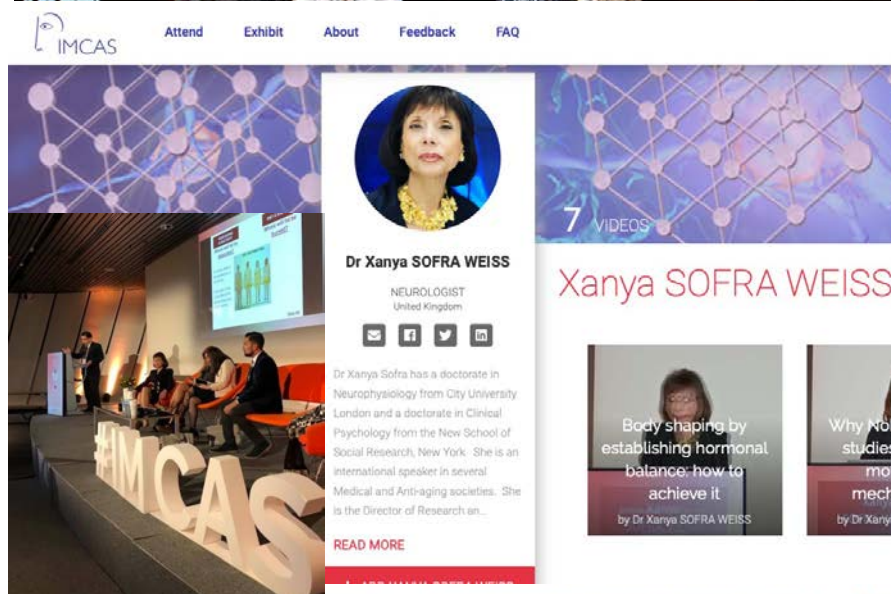
Dr. Lok Ngai Sang
Anti-aging Physician
Senior Consultant
Hong Kong



VERONICA YAP
Lymphatic Disorders
SINGAPORE



YUKO KAWAMURA, MD, JAPAN
Antiaging Physician





passive versus . .

how the WAIST

You can lie back and lose centimetres, or pump iron
and eat like a horse to lose fat. HEDI LAMPERT
KEMPER rates the latest passive and active ways of
getting in shape

Photographs: PETER HAASCH
Model: LYNN from The Sports Connection



active

I lost 4cm around the buttocks, 6cm across the tummy and 3cm on the waist. The rest came off the diaphragm, hips, thighs and above the knees. The treatment seemed to help me lose in all the right places. I didn't diet during the treatment, but I didn't overeat either. I also carried on with my usual exercise programs.

The results are supposed to last as long as you eat sensibly and exercise moderately. If you revert to your slothful ways, you'll be back where you started. Fortnightly maintenance sessions will also help to keep you more toned. I recommend the Arasys system, but I would not view it as an end in itself, since it won't make you fitter, just more cosmetically toned, and it doesn't help you to make permanent lifestyle changes which are really the only answer to successful weight control. It is, however, really helpful for spot reduction and should be used in conjunction with regular exercise and controlled eating.

Building muscle is vital to the process of fat loss, because it is in the muscle cells that fat is burned for energy

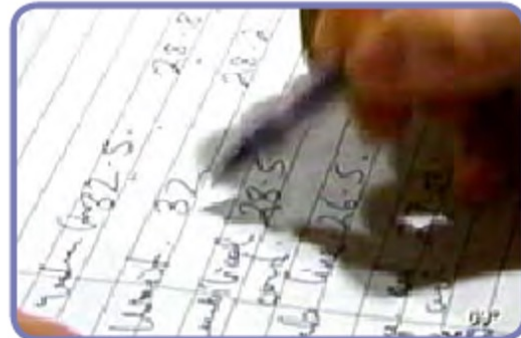
was won

I view the concept of passive exercise with as much faith as Sharon Stone probably has in any director who says, "Lose your panties: they're causing too much glare for the camera." But when a friend, who'd subjected her body and bank balance to every promise of exertion-free inch-reduction raved about a new, electronic muscle-contracting machine. I thought I'd give it a try.

So in the interest of research, I had myself strapped up to the terminals of an Arasys machine... to willingly experience electric shocks, or, rather strong electronic impulses which build from a ticklish tingle to a Herculean contraction that is quite alarming initially, but you soon get used to it.

The pulsating electronic currents cause the muscles to relax and contract, mimicking isometric exercise which is what Callanetics is based on. The Arasys Inch Loss System was developed by doctors with vast experience in biochemistry and electronic fields and systems, including those used in pacemakers.

According to its developers, their machine differs from other electronic-impulse slimming-machines in that it has a different wave form which works the muscles on a deeper level and over a larger muscle area. Apparently one 20-minute session on the buttocks is equal to 400 strenuous bum raises. If you are very inactive, you might feel quite flushed after a session, and might even experience a mild muscle ache the next day.



USA MEDIA
COVERAGE