HOW TO WINN AGAINST COVID-19
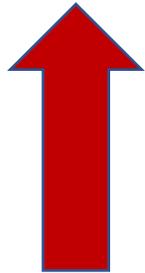
⬆ FITNESS HIGH SPEED
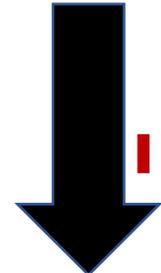
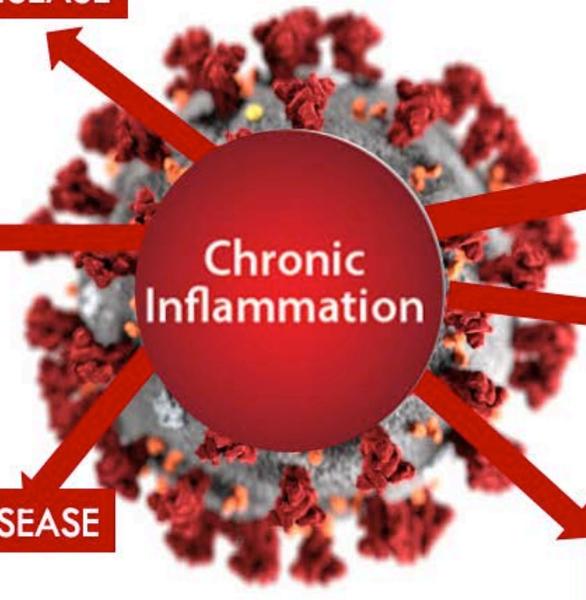⬇ INFLAMMATION

⬇ TOXICITY

BBC

CORONAVIRUS

Critically ill patients in intensive care units

BMI over 25
73%

Source: Intensive Care National Audit and Research Centre

OBESITY, INFLAMMATION & TOXICITY

Obesity
Diabetes
Gingivitis
Cardio Vascular Disease
Eye Disorders
Joint Pain
Colon, Breast & Lung Cancers

Metabolic Syndrome
Infection
Injury
Arthritis
Alzheimer's Disease
Asthma Allergies
Ulcerative Colitis & Inflammatory Bowel Disease

Inflammation

STOP COVID-19
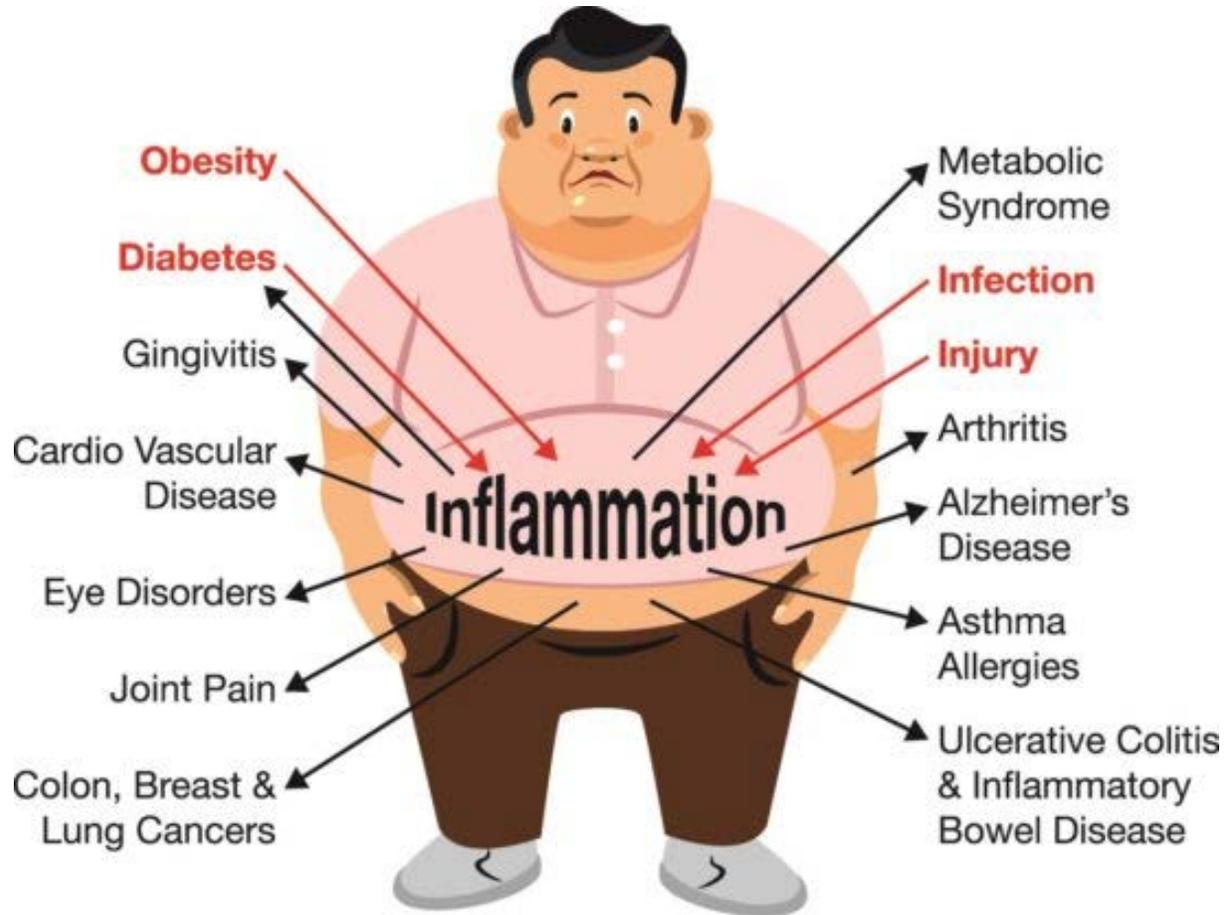
VIRTUAL GYM
ANTI-INFLAMMATORY
TECNOLOGY

VISCERAL FAT DECREASE METABOLISM (FREE T3) INCREASE

GENDER	VISCERAL FAT PRE	VISCERAL FAT POST	% Decrease	FREE T3 PRE	FREE T3 POST	Normal Range (nmol/L)	% Increase
MALE	139.30	93.80	32.66%	2.98	4.22	2.63-5.7	41%
MALE	102.20	69.30	32.19%	3.69	4.98	2.63-5.7	34.95%
FEMALE	93.50	58.30	37.64%	4.77	5.37	2.63-5.7	12.5%
FEMALE	85.50	61.40	28.30%	4.56	5.31	2.63-5.7	16.44%
MALE	76.40	48.80	36.12%	4.15	5.47	2.63-5.7	31.80%
MALE	118.60	89.30	24.70%	3.29	4.86	2.63-5.7	47.7%
FEMALE	98.80	70.60	28.54%	4.36	5.64	2.63-5.7	29.35%
FEMALE	102.70	77.30	24.73%	3.66	4.79	2.63-5.7	30.87%
MALE	145.30	104.34	28.18%	3.19	4.12	2.63-5.7	29.15%
FEMALE	109.80	74.67	31.99%	4.09	5.12	2.63-5.7	25.18%

Mean Average Visceral Fat % Decrease	30.34%	Mean Average Free T3 % increase	30%

VISCERAL FAT DECREASE   METABOLISM (FREE T3) INCREASE

GENDER	VISCERAL FAT PRE	VISCERAL FAT POST	% Decrease	FREE T3 PRE	FREE T3 POST	Normal Range (nmol/L)	% Increase
MALE	139.30	93.80	32.66%	2.98	4.22	2.63-5.7	41%
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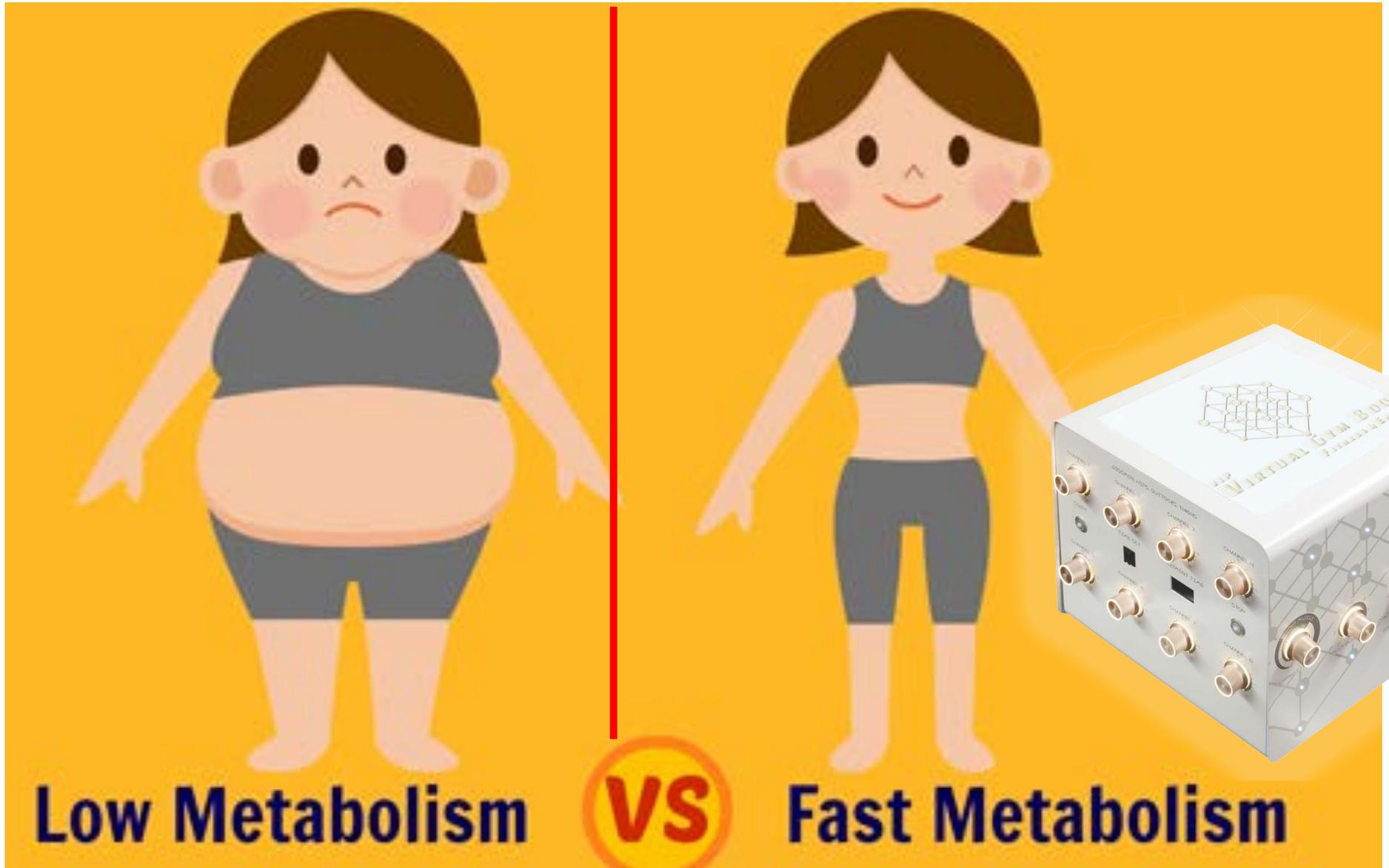| Mean Average Visceral Fat % Decrease	30.34%	Mean Average Free T3 % increase	30%

Low Free T3

Peak Free T3

Heart Disease Diabetes Obesity

=

COVID-19 RISK

Low Metabolism **VS** Fast Metabolism

VIRTUAL GYM STUDY RESULTS ON OXYDATIVE STRESS
19 SUBJECTS – UNDER THE MICROSCOPE

	RBCs AGGREGATION	ROULEAU	FUNGAL FORMS	THROMBOCYTE AGGREGATION	BACTERIA	OXYDATIVE STRESS	RBCs SEPARATE + ROULEAU	RBCs SEPARATE
Before Treatment	15	4	8	8	9	8	0	0
After First Treatment	1	6	6	7	8	6	9	3
efore Last Treatment	0	0	3	4	5	2	11	8
After Last Treatment	0	0	2	2	0	0	3	16

BEFORE

AFTER

BEFORE

AFTER

VIRTUAL GYM STUDY RESULTS ON OXYDATIVE STRESS
19 SUBJECTS – UNDER THE MICROSCOPE

BEFORE

AFTER

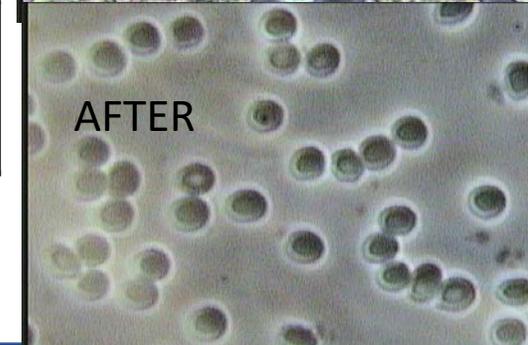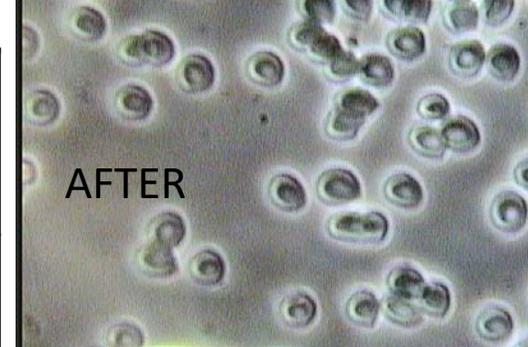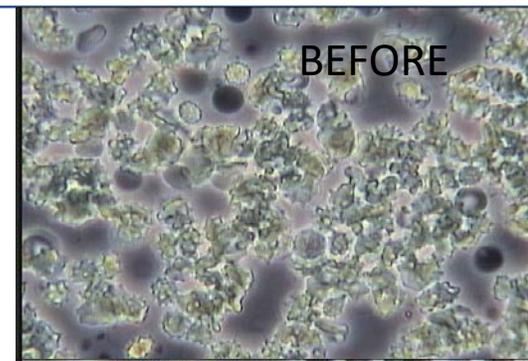|	RBCs AGGREGATION	ROULEAU	FUNGAL FORMS	THROMBOCYTE AGGREGATION	BACTERIA	OXYDATIVE STRESS	RBCs SEPARATE + ROULEAU	RBCs SEPARATE
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efore Last Treatment	0	0	3	4	5	2	11	8
After Last Treatment	0	0	2	2	0	0	3	16

BEFORE

AFTER

ONE TREATMENT

INFLAMMATION

CLINICAL STUDY

VLDL (THE BAD CHOLESTEROL) DECREASE / TRIGLYCERIDES DECREASE

GENDER	TRIGLY CERIDES PRE	TRIGLY CERIDES POST	Normal Range (nmol/L)	% Decrease	VLDL PRE	VLDL POST	Normal Range (nmol/L)	% Decrease
MALE	2.90	1.23	<1.7	55%	1.48	0.24	<1.6	83.78%
MALE	2.34	0.94	<1.7	59.8%	1.55	0.64	<1.6	58.7%
FEMALE	2.50	1.50	<1.7	40%	0.80	0.20	<1.6	75%
FEMALE	2.00	1.44	<1.7	28%	0.86	0.27	<1.6	68.6%
MALE	0.80	0.53	<1.7	33%	0.52	0.04	<1.6	92.3%
MALE	0.90	0.64	<1.7	41.1%	1.36	0.24	<1.6	82.35%
FEMALE	1.00	0.60	<1.7	40%	0.68	0.05	<1.6	92.64%
FEMALE	0.90	0.58	<1.7	35%	0.53	0.26	<1.6	50.9%
MALE	1.32	0.92	<1.7	30%	1.53	0.67	<1.6	56.20%
FEMALE	0.98	0.54	<1.7	44.9%	1.75	0.73	<1.6	58.28%

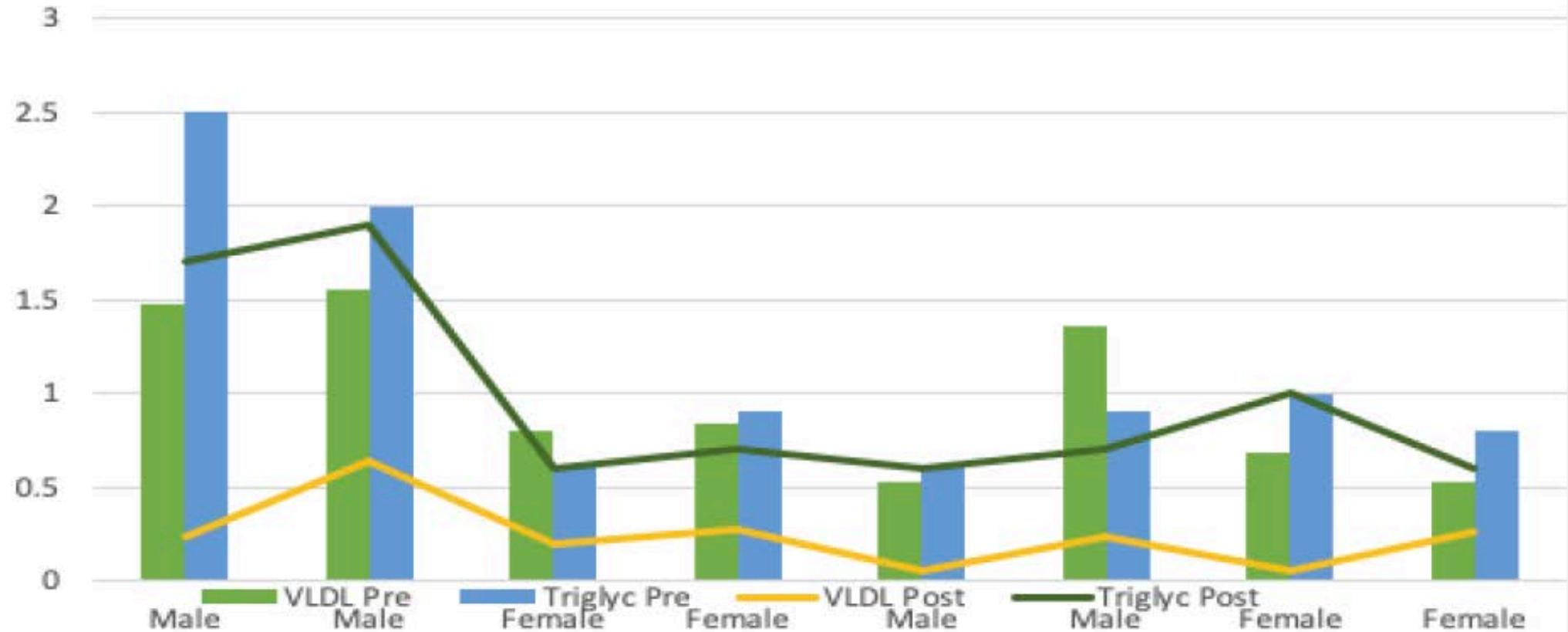| Mean Average Triglycerides Decrease	40.7%	Mean Average VLDL Decrease	71.88%

TRIGLYCERIDES

Figure 2: VLDL is considered one of the bad forms of cholesterol that can clog your arteries and lead to a heart attack. VLDL particles mainly carry triglycerides to the cells for energy production. Effortless exercise results in a statistically significant decrease of both VLDL and Triglycerides.
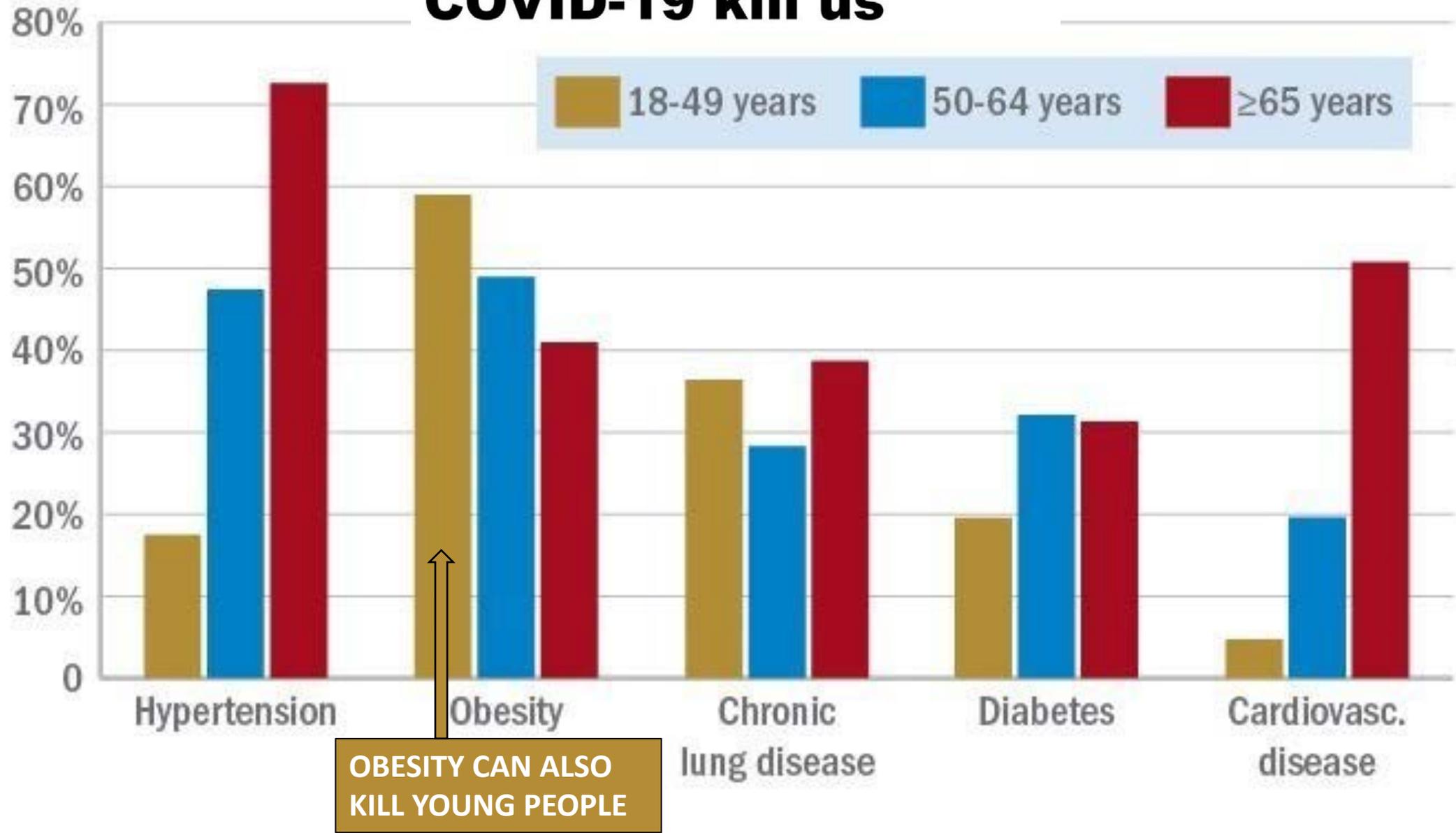
VLDL (THE BAD CHOLESTEROL) DECREASE / TRIGLYCERIDES DECREASE

GENDER	TRIGLY CERIDES PRE	TRIGLY CERIDES POST	Normal Range (nmol/L)	% Decrease	VLDL PRE	VLDL POST	Normal Range (nmol/L)	% Decrease
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FEMALE	0.90	0.58	<1.7	35%	0.53	0.26	<1.6	50.9%
MALE	1.32	0.92	<1.7	30%	1.53	0.67	<1.6	56.20%
FEMALE	0.98	0.54	<1.7	44.9%	1.75	0.73	<1.6	58.28%

Mean Average Triglycerides Decrease	40.7%	Mean Average VLDL Decrease	71.88%

What helps COVID-19 kill us

18-49 years | 50-64 years | ≥65 years

Hypertension | Obesity | Chronic lung disease | Diabetes | Cardiovasc. disease

OBESITY CAN ALSO KILL YOUNG PEOPLE

VLDL (THE BAD CHOLESTEROL) DECREASE / TRIGLYCERIDES DECREASE

GENDER	TRIGLY CERIDES PRE	TRIGLY CERIDES POST	Normal Range (nmol/L)	% Decrease	VLDL PRE	VLDL POST	Normal Range (nmol/L)	% Decrease
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- REDUCE INFLAMMATION
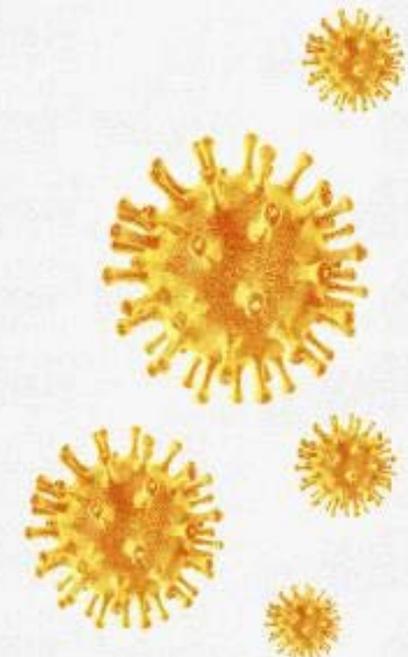
- DETOX

- BOOST METABOLISM

- REDUCE VISCERAL ADIPOSE TISSUE

Warning for patients with diabetes, obesity, high blood pressure amid COVID-19 outbreak
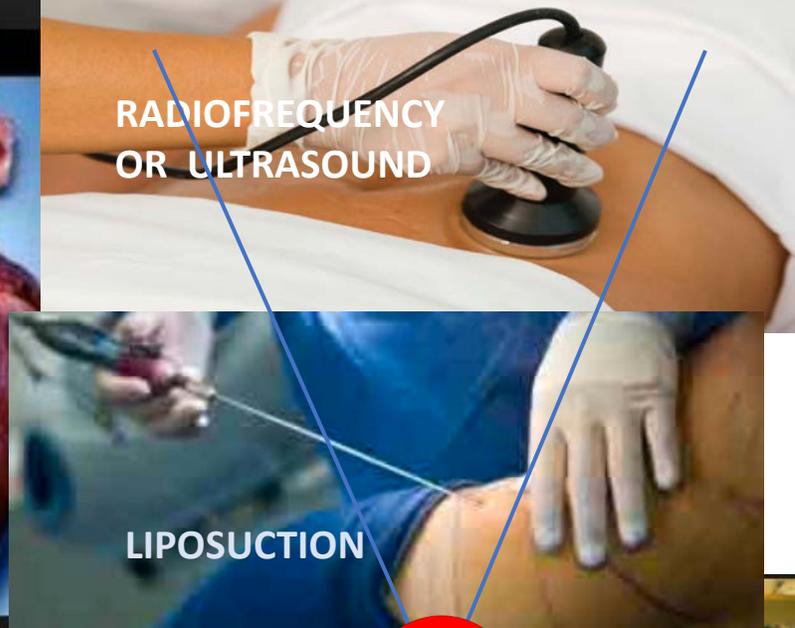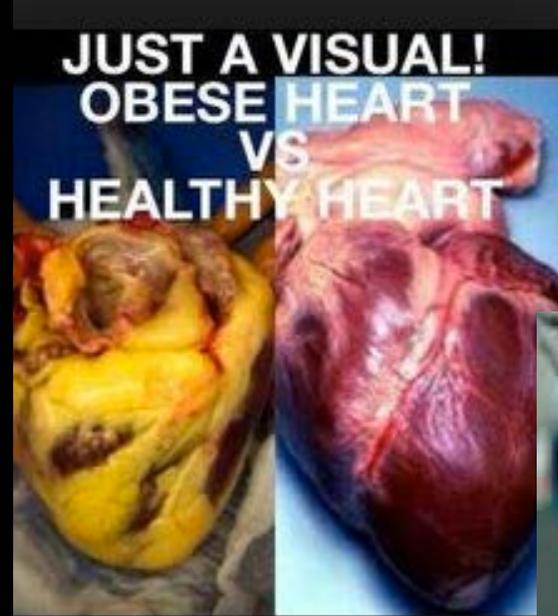
Endocrinologist Dr. Mustafa Altay explained what patients suffering from diabetes, obesity and hypertension should pay attention to during the fight against COVID-19.

UNIVERSITY OF HEALTH SCIENCES
Endocrinology and Metabolic Diseases Specialist

STOP COVID-19

SUBCUTANEOUS FAT

ABDOMINAL MUSCLE

VISCERAL FAT

JUST A VISUAL! OBESE HEART VS HEALTHY HEART

RADIOFREQUENCY OR ULTRASOUND

LIPOSUCTION
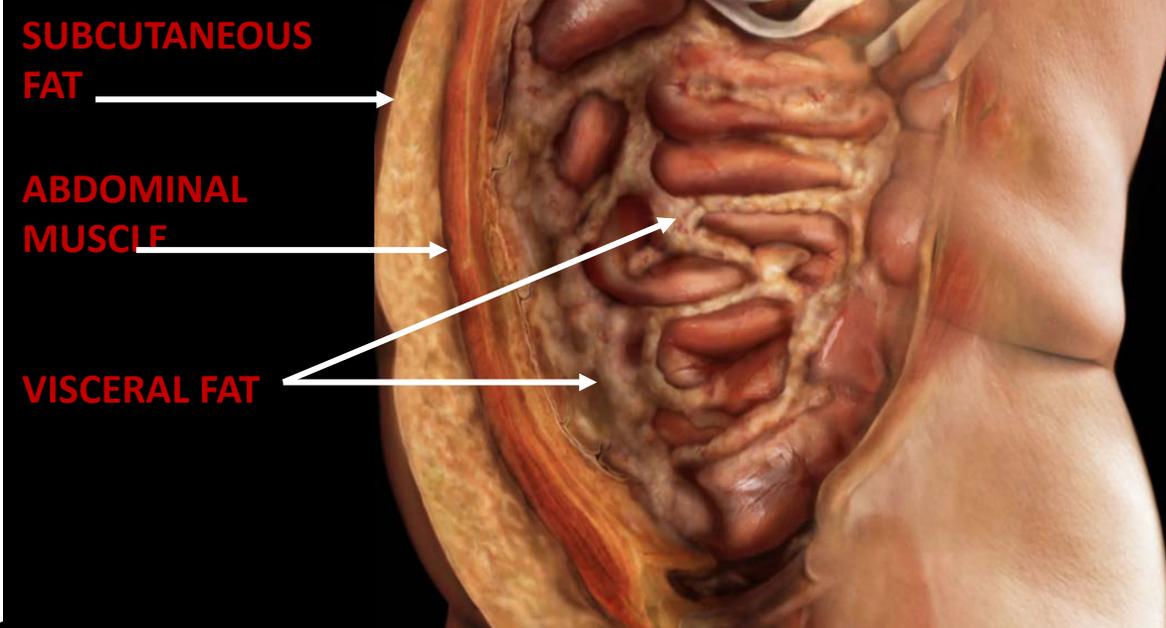
Visceral Fat

VISCERAL FAT CANNOT BE REMOVED BY LASES OR RF

PLASTIC SURGERY

LASERS

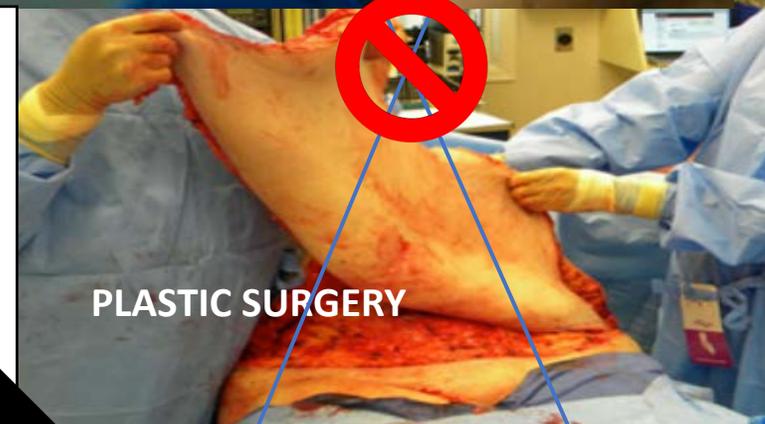## VISCERAL FAT DECREASE METABOLISM (FREE T3) INCREASE

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FEMALE	93.50	58.30	37.64%	4.77	5.37	2.63-5.7	12.5%
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MALE	118.60	89.30	24.70%	3.29	4.86	2.63-5.7	47.7%
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MALE	145.30	104.34	28.18%	3.19	4.12	2.63-5.7	29.15%
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Mean Average Visceral Fat % Decrease	30.34%	Mean Average Free T3 % increase	30%

Laser & RF lipolysis releases triglycerides, glucose & toxins into the bloodstream. Without Exercise they remain in the bloodstream and may clog your arteries
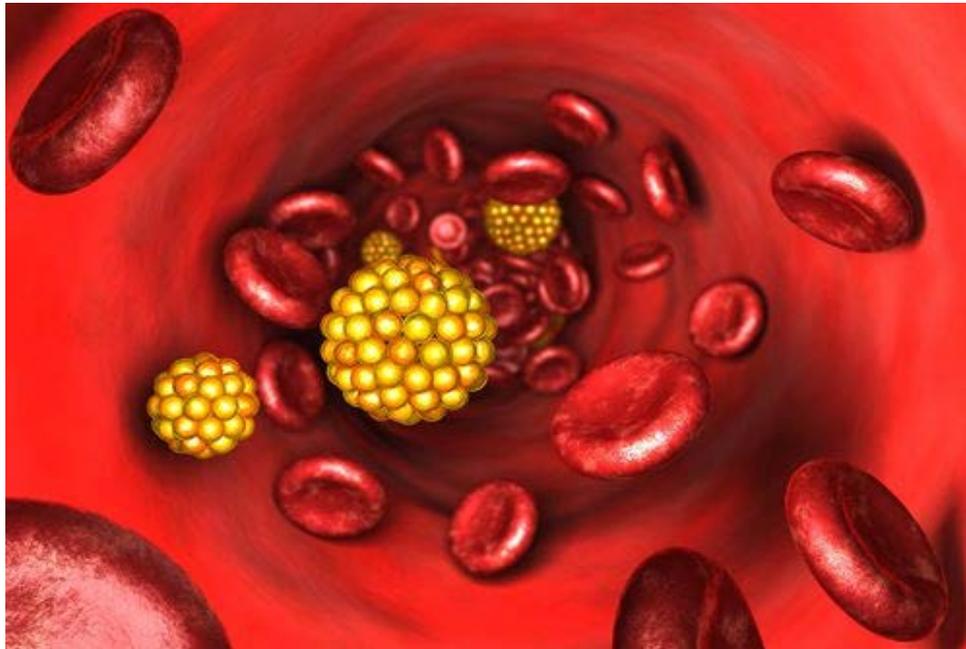
LASERS / RF: ONLY FOR SLIMMING
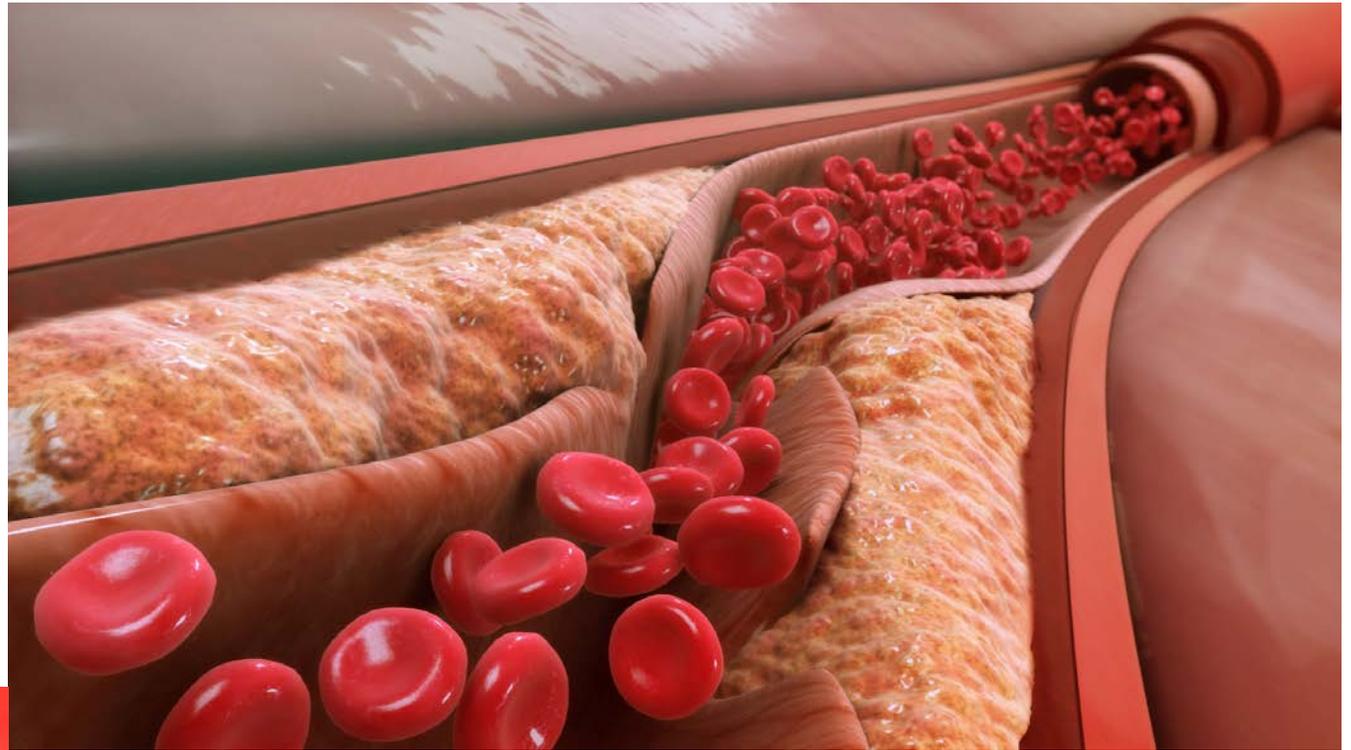THEY DON'T INCREASE FITNESS
THEY DON'T DETOX THE BO   DY
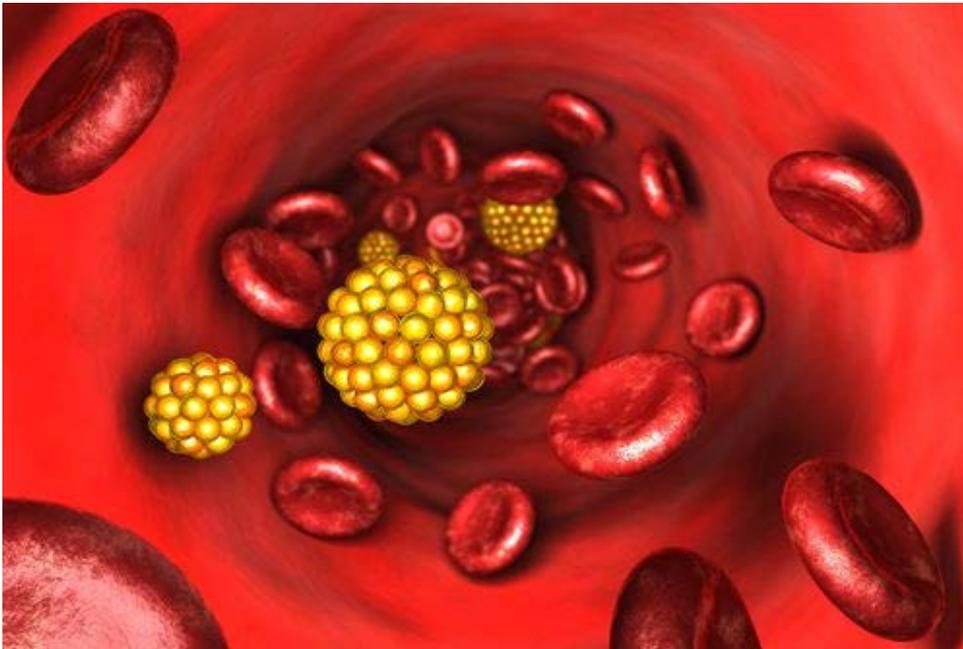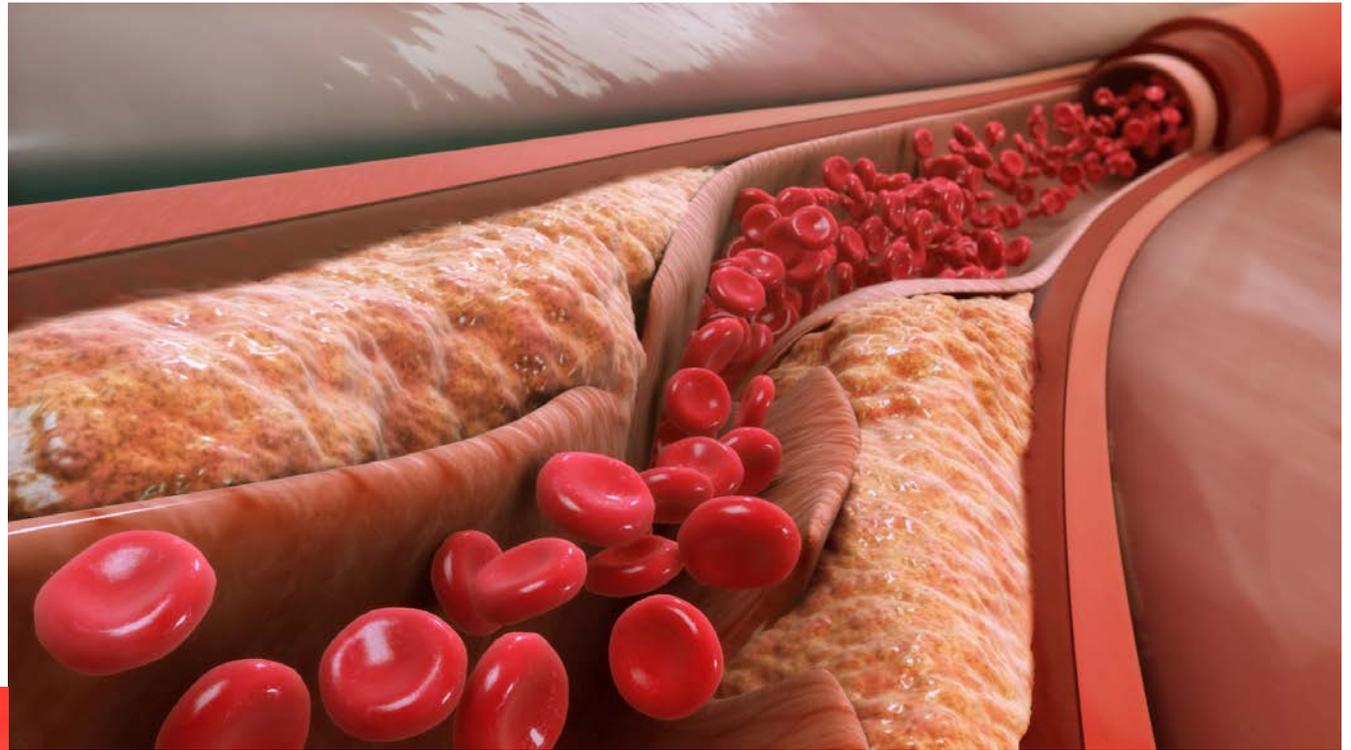THEY DON'T BALANCE HORMONES

Laser & RF lipolysis releases triglycerides, glucose & toxins into the bloodstream. Without Exercise they remain in the bloodstream and may clog your arteries

LASERS / RF: ONLY FOR SLIMMING
THEY DON'T INCREASE FITNESS
THEY DON'T DETOX THE BO DY
THEY DON'T BALANCE HORMONES

VISCERAL FAT DECREASE   METABOLISM (FREE T3) INCREASE

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Mean Average Visceral Fat % Decrease	30.34%	Mean Average Free T3 % increase	30%

Visceral fat = 4.3 L

Visceral fat = 0.5 L

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

IGF-1 INCREASE   SKELETAL MUSCLE MASS (SMM) INCREASE

GENDER	IGF-1 PRE	IGF-1 POST	Normal Range (nmol/L)	% Increase	SKELETAL MUSCLE MASS PRE	SKELETAL MUSCLE MASS POST	% Increase
MALE	25.97	30.35	15.08-32.5	16.86%	36.40	43.80	20.3%
MALE	23.98	31.12	15.08-32.5	29.77%	30.30	38.60	27.39%
FEMALE	16.33	20.75	11.25-28.8	27.06%	18.40	27.00	46.79%
FEMALE	15.14	19.21	11.25-28.8	26.88%	17.00	26.80	57.64%
MALE	22.27	28.11	15.08-32.5	26.22%	37.80	44.80	18.5%
MALE	26.98	30.52	15.08-32.5	11.80%	29.40	38.30	30.27%
FEMALE	15.86	21.08	11.25-28.8	32.91%	17.20	26.80	55.81%
FEMALE	18.55	23.50	11.25-28.8	26.68%	19.80	28.80	45.45%
MALE	24.56	31.34	15.08-32.5	27.60%	29.80	37.22	25.89%
FEMALE	19.34	25.66	11.25-28.8	32.67%	17.95	26.63	48.35%
Mean Average IGF-1 % Increase			**25.85%**	**Mean Average % Increase for Skeletal Muscle mass**			**36.45%**

WEIGHT LOSS

FITNESS

NO REBOUND EFFECT

VS

DIET, LIPOSUCTION, LASERS & RF

REBOUND EFFECT

WITH THE LAVALEN PRO

WEIGHT LOSS

FITNESS

NO REBOUND EFFECT
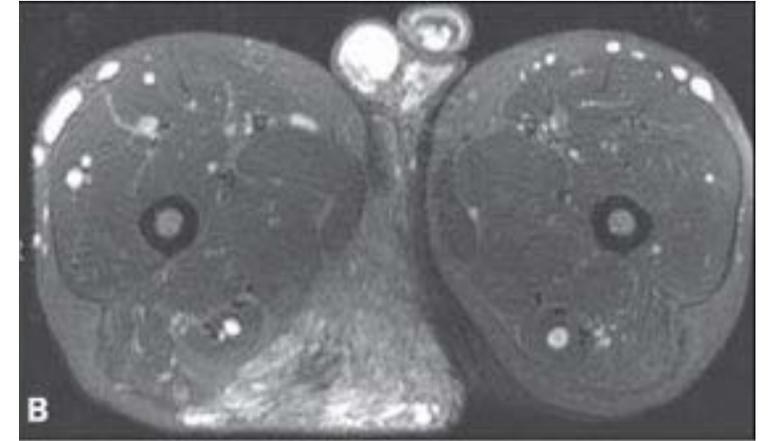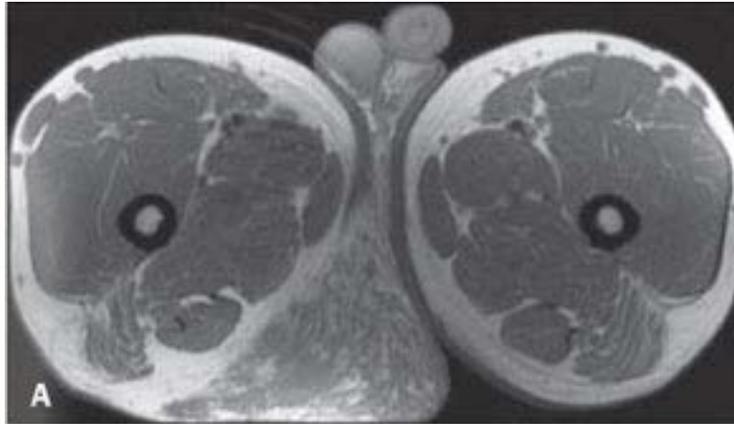
VS

DIET, LIPOSUCTION, LASERS & RF

REBOUND EFFECT

WITH THE LAVALEN PRO

MRI results showed increased muscle mass

Muscle Mass Before: 133.70 cm^2

Muscle Mass after: 201.73 cm^2

$p < 0.01$ – Significance

GENDER	IGF-1 PRE	IGF-1 POST	Normal Range (nmol/L)	% Increase	SKELETAL MUSCLE MASS PRE	SKELETAL MUSCLE MASS POST	% Increase
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IGF-1 INCREASE SKELETAL MUSCLE MASS (SMM) INCREASE

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EXERCISE, IMMUNITY AND THE COVID-19 PANDEMIC

COVID-19 Updates and Resources   Chapters   Careers   Donate   **JOIN TODAY!**   **LOG IN »**

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Exercise, Immunity and the COVID-19 Pandemic

Richard J. Simpson, Ph.D., FACSM | Mar 30, 2020

The human immune system is a highly intricate network of cells and molecules designed to keep the host free from infection and disease. Exercise is known to have a profound impact on the normal functioning of the immune system. Having higher age and sex-adjusted scores for cardiorespiratory fitness and performing regular exercise of moderate- to vigorous-intensity exercise that fall within ACSM guidelines has been shown to improve immune responses to vaccination, lower chronic low-grade inflammation, and improve

Over 50 years old gym workout
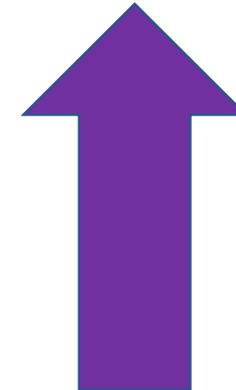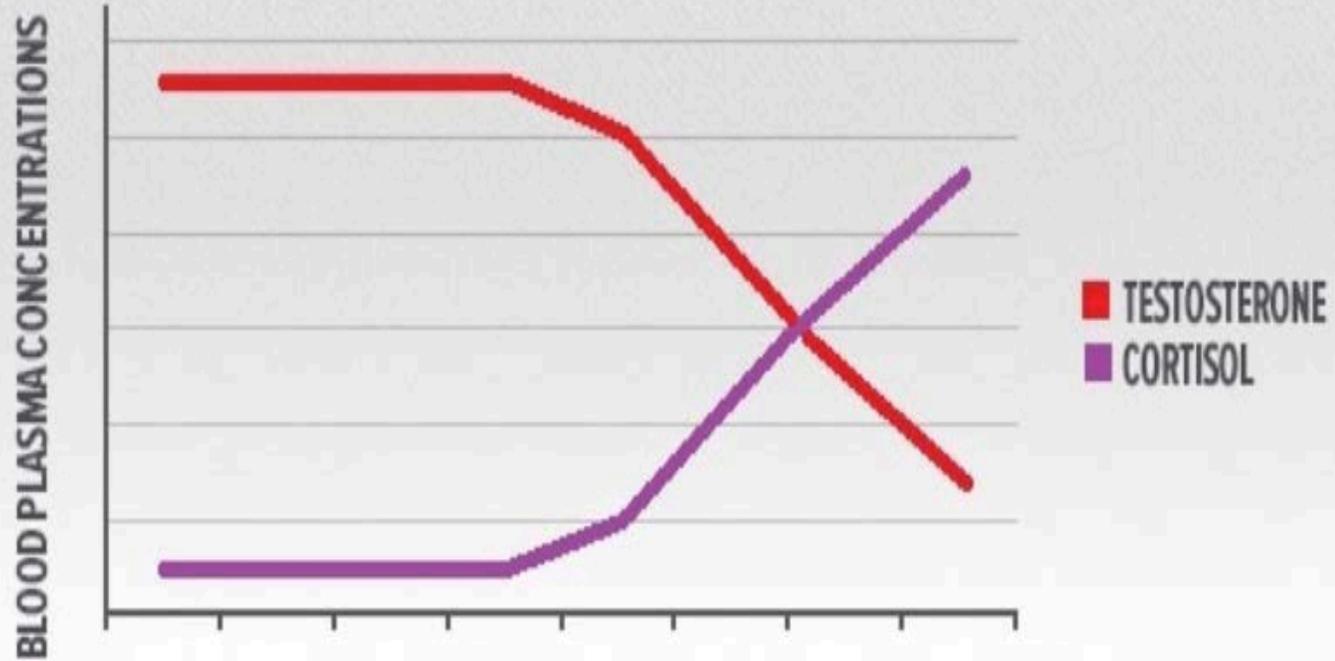
You WILL NOT Get This! ↑

You WILL Get This! ↑

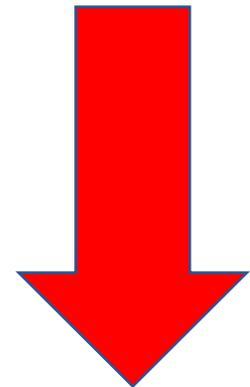**VERY STRENUOUS EXERCISE IS NECESSARY TO GET RID OF VISCERAL FAT**

Overtraining can cause greater hormone imbalance

Testosterone & Cortisol - their inverse balance

BLOOD PLASMA CONCENTRATIONS

■ TESTOSTERONE
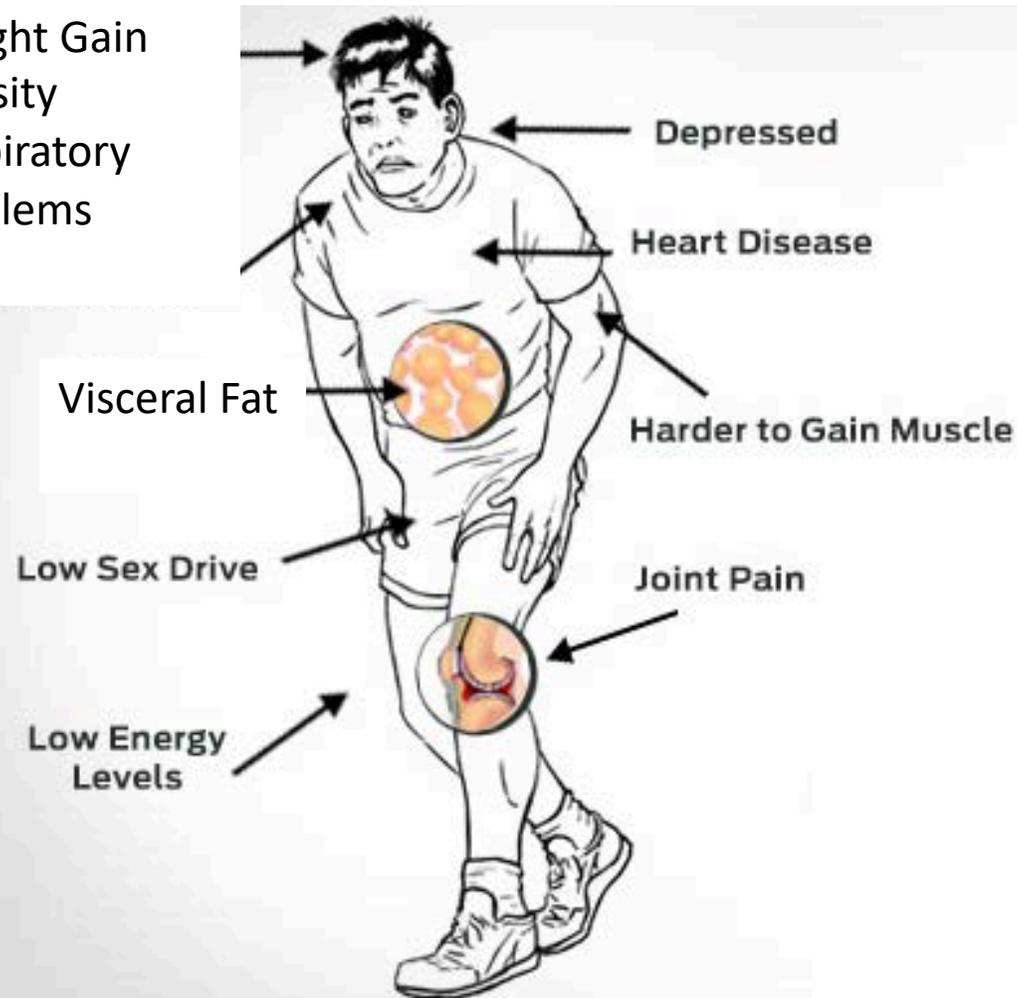■ CORTISOL

CORTISOL

TESTOSTERONE

Testosterone Decline / Cortisol Increase = Increased huger + Visceral Fat / Heart Disease / Diabetes

=

IncrSusceptibility to COVID-19

Weight Gain
Obesity
Respiratory
Problems

Visceral Fat

Depressed

Heart Disease

Harder to Gain Muscle

Low Sex Drive

Joint Pain

Low Energy Levels

Man With Low Testosterone

Symptoms of HIGH CORTISOL LEVELS

- WEIGHT GAIN (ESPECIALLY AROUND THE ABDOMEN/STOMACH)
- A PUFFY, FLUSHED FACE
- MOOD SWINGS
- INCREASED ANXIETY
- HIGHER SUSCEPTIBILITY TO INFECTIONS
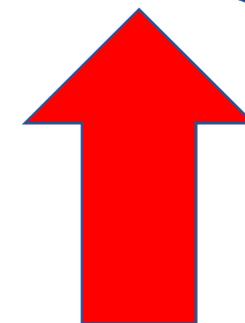- HIGH BLOOD PRESSURE
- ACNE OR OTHER CHANGES IN THE SKIN
- HIGHER RISK FOR BONE FRACTURES & OSTEOPOROSIS

GENDER	TESTO STERONE PRE	TESTO STERONE POST	Normal Range (nmol/L)	% Increase	CORTISOL PRE	CORTISOL POST	Normal Range (nmol/L)	% decrease
MALE	10.92	14.6	8.64-29	33.6%	198	181	80-477.3	8.5%
MALE	12.16	15.43	8.64-29	26.9%	177	163	80-477.3	7.9%
FEMALE	0.3	0.71	0.29-1.6	136.6%	135	128	80-477.3	5.2%
FEMALE	0.4	0.9	0.29-1.6	125%	168	153	80-477.3	8.9%
MALE	15.38	21.6	8.64-29	40.4%	229	198	80-477.3	13.5%
MALE	13.41	19.92	8.64-29	48.5%	160	149	80-477.3	6.8%
FEMALE	0.64	0.92	0.29-1.6	43.7%	116	109	80-477.3	6.4%
FEMALE	0.4	0.71	0.29-1.6	77.5%	87	82	80-477.3	5.7%
MALE	11.3	14.4	8.64-29	27.4%	221	214	80-477.3	3.1%
FEMALE	0.43	0.72	0.29-1.6	67.4%	197	189	80-477.3	4.%
Mean Average Testosterone % Increase				**62.18 %**	**Mean Average Cortisol % Decrease**			**7.33 %**

TESTOSTERONE

CORTISOL

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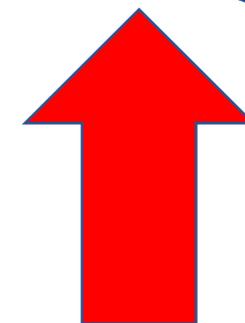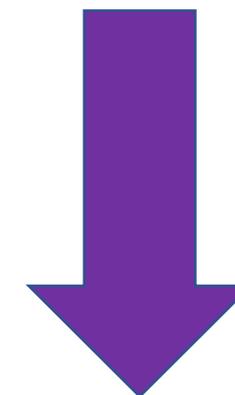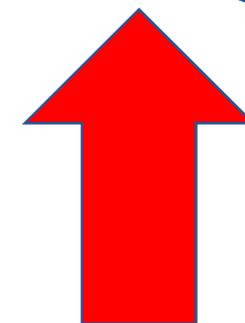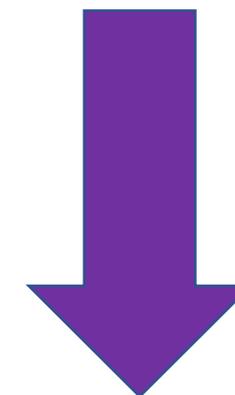

TESTOSTERONE

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TESTOSTERONE

CORTISOL

COVID-19 UPDATE

CLOSED TO THE PUBLIC

- Bars, lounges or taverns and private clubs
  Closed
- Entertainment Venues (theatres and commercial amusement inside)
  Crowds with more than 50 people are prohibited
- Dine-in restaurants
  May sell food for drive-through, dine-in, takeout or delivery only
- Gyms and fitness studios
  Closed

No community gatherings of more than 50 people
Continue to practice social distancing

Effective 11:59 p.m., March 16, 2020   City of Dallas

➢ **GYMS CLOSED**

➢ **LOCKDOWN**

➢ **INACTIVITY**

➢ **STRESS**

➢ **OVEREATING**

➢ **TOXICITY**

➢ **INFLAMMATION**

Explore How to Use Data to Transform Retail Experience and
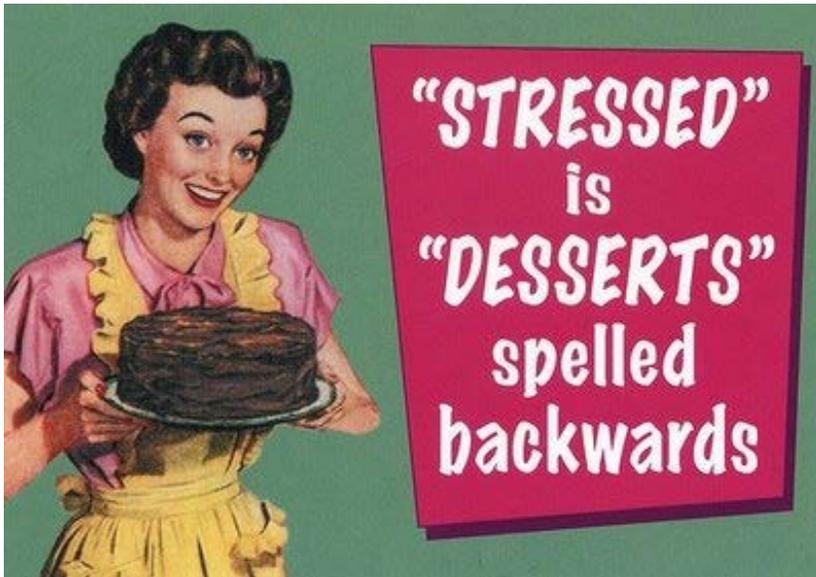Adopt the Right Strategy to Fuel Growth

Download Now

Opinion

When the Pandemic Leaves Us Alone, Anxious and Depressed

We are in a dual crisis of physical and mental health. But there are ways to head off breakdowns.

By Andrew Solomon

Mr. Solomon is a professor of medical clinical psychology at Columbia University Medical Center.

April 9, 2020

STOP COVID-19

Package Solution

VISCERAL FAT 99.9%
TWELVE TREATMENTS
30% LESS VISCERAL FAT

METABOLISM P< 0.01 -99.9%

GROWTH HORMONE P< 0.01 99.9%

LEPTIN / HUNGER 99.9%

TESTOSTERONE 99.9%

TRIGLYCERIDES 99.9%
INFLAMMATION

VLDL 99.9%
INFLAMMATION

CORTISOL 99.9%
INFLAMMATION

GHRELIN / HUNGER 99.9%

SKELETAL MUSCLE
MASS 99.9%
12 TREATMENTS
35% MORE SKELETAL
MUSCLE

METABOLISM P< 0.05 <95%

TESTOSTERONE NS =44%

GROWTH
HORMONE
NS = 75%

DHEA
NS = 83%

TRIGLYCERIDES 99.9%
INFLAMMATION

VLDL 99.9%
INFLAMMATION

CORTISOL
NS = 66%

VISCERAL FAT 99.9%
TWELVE TREATMENTS
24% LESS VISCERAL FAT

SKELETAL MUSCLE
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12 TREATMENTS
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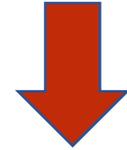TESTOSTERONE NS =44%

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24% LESS VISCERAL FAT

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12 TREATMENTS
12% MORE SKELETAL MUSCLE

Old Hardware Observe how much faster the lines open! This means compromised signal absorption!

NEW HARDWAREObserve how much slower the lines open! This means higher / better signal absorption!
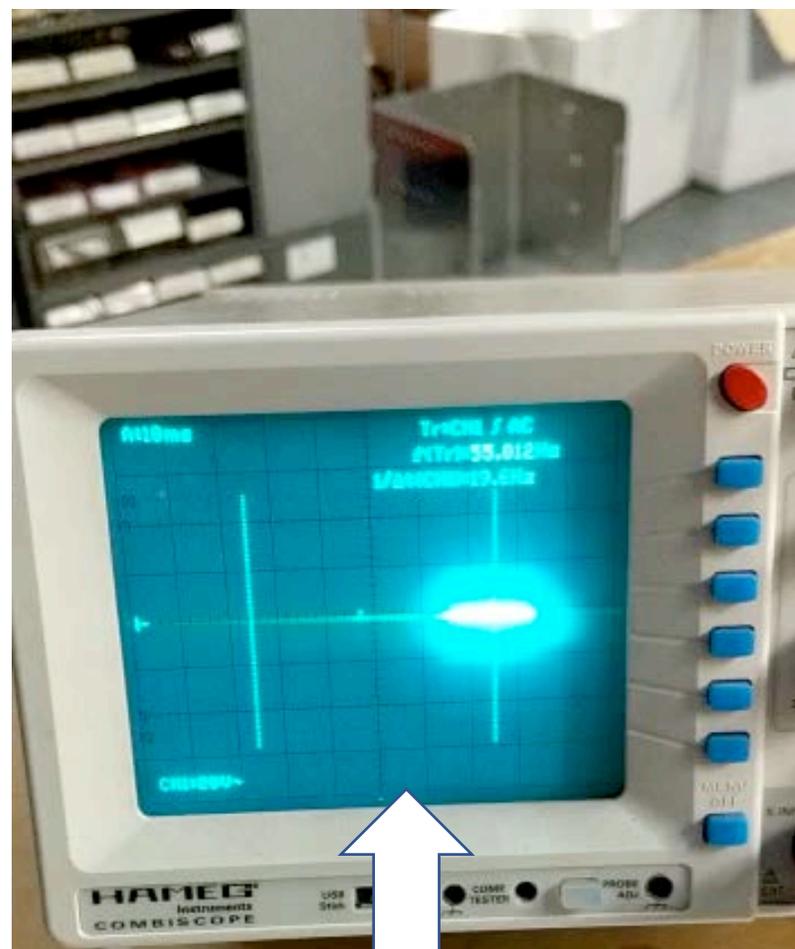
- **1 TREATMENT = A MONTH IN THE GYM**

- **12 TREATMENTS = A YEAR IN THE GYM**

24 TREATMENTS = TWO YEARS IN THE GYM

VIRTUAL EXERCISE – WITHOUT THE EXERCISE – HIGH SPEED FITNESS

144 STRENGHT, RESISTANCE , AEROBIC EXERCISES

1000 8-SECS COORDINATED
FULL BODY MUSCULATURE CONTRACTIONS
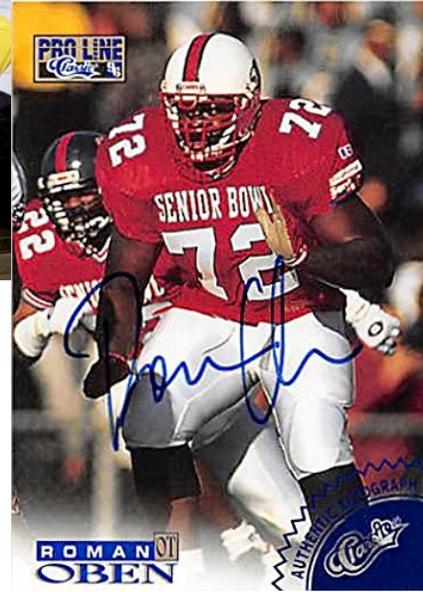
ONE TREATMENT

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

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

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

	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 choletserol	36	42
Back pain	Lower Back pain +++	Significant decrease in back pain

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

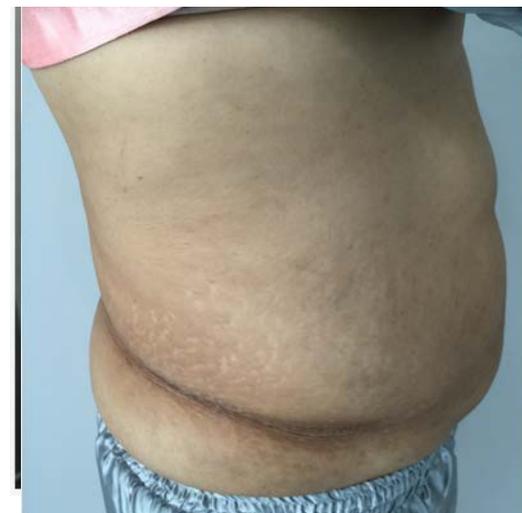|	Before treatment	After treatment
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TWO TREATMENTS

ONE TREATMENT

VIRTUAL GYM   ONE TREATMENT

VIRTUAL GYM   ONE TREATMENT

PUBLICATIONS

Journal of Public Health

Preview

Common Denominators of COVID-19 Mortality Rates. Effortless Exercise Effects on VLDL, Triglycerides, Free T-3 and Cortisol. Randomised double-blind clinical trial

Sofra X.

COVID-19 mortality rates increase with age and pre-existing conditions. Despite the fact that COVID-19 primarily infects the lower respiratory track, COVID-19 deaths are primarily clustered around cardiovascular disease (CVD), diabetes and obesity. These disorders' common denominators are high VLDL cholesterol, triglycerides, abnormalities in cortisol and Free T3. Obesity that entails accumulation of visceral adipose tissue appears to be one of the biggest risk factors related to COVID-19 hospitalizations and mortality rates. Diabetes is associated with thyroid dysfunction, suggesting abnormalities in T3 concentrations and increased cortisol levels. Exercise enhances detoxification improves immunity and promotes cardiorespiratory fitness (CRF) proving to be an effective therapy for most chronic diseases. During COVID-19 lockdown or quarantine, however, gyms and other exercise facilities are closed. This randomized double-blind within subjects trial examines the effects of a new effortless exercise technology on healthy subjects (before implementing it on COVID-19 patients) on visceral adipose tissue, VLDL, triglycerides, T3 and cortisol. Results indicate that effortless exercise can be an alternative to physical exercise in decreasing visceral adipose tissue, lower VLDL and triglycerides, increase skeletal muscle mass and Free T3, the active form of TSH, without unbalancing or stressing the body with increased cortisol levels.

☒ Close Window

The Lancet

What helps COVID 19 Kill us? Inflammation, Immune Deficiency, VLDL, Triglycerides and Toxicity
--Manuscript Draft--

Abstract:	COVID-19 mortality increases with age and pre-existing conditions. Despite the fact that COVID-19 primarily infects the lower respiratory track, COVID-19 deaths are primarily clustered around cardiovascular disease (CVD) [1], diabetes [2] and obesity [4] [5]. These disorders' common denominator is high VLDL cholesterol [35] and triglycerides, abnormalities in cortisol [26] [34] and T3 [25] [33], inflammation [7-11], toxicity and the interactions of all these factors leading to a compromised immune system [6]. Obesity appears to be one of the biggest risk factors related to COVID-19 hospitalizations and mortality rate on the basis of a New York recent study based on 4,000 patients and early statistics from Britain's independent Intensive Care National Audit and Research Centre confirming that 73.4% of COVID-19 patients were classified as overweight. Diabetes is also associated with thyroid dysfunction, suggesting abnormalities in T3 concentrations [25] as well as increased cortisol levels especially in patients with diabetes complications [26]. VLDL, triglycerides, T3 and Cortisol may turn out to be an efficient predictor of COVID-19 susceptibility, however no research to date has established such correlation. Exercise enhances detoxification improves immunity and promotes cardiorespiratory fitness (CRF) proving to be an effective therapy for most with chronic diseases directly affecting both mental and physical health [19] [20] [21]. Decreased immunity and inflammation are the most prominent hallmarks of aging where chronic, sterile, low-grade inflammation or inflammaging [24] develops, contributing to the pathogenesis of age-related diseases and the COVID-19 mortality in the elderly. During COVID-19 lockdown or quarantine, however, gyms and other exercise facilities are closed, significantly decreasing the opportunities for structured physical activity. Additionally, only strenuous gym exercise can reduce visceral fat deposits that hold large amounts of toxicity and increase overall inflammation. Due to frailty and possible body injury, most aged individuals can only engage in mild physical activity that is often inadequate to help them fight disease susceptibility. In our current double-blind study, we examined the possibility of replacing physical activity with effortless exercise, a novel method invented in London University primarily for muscle atrophy conditions. We tested hormone and cholesterol fluctuations in the blood tests of eight subjects undergoing six 45-minutes of effortless exercise sessions without imposing changes in their lifestyles. The common denominators underlying CVD, Diabetes and obesity such as VLDL, triglycerides, T3 and cortisol were of particular interest. Subjects' results revealed a statistically significant increase in triiodothyronine (Free T3) which did not exceed the normal range, accompanied by a significant decrease in the very low-density lipoprotein (VLDL) and Triglycerides. Cortisol did not show a statistically significant increase before and after the 6 treatments suggesting, as expected, that effortless exercise does not stress the body. Additionally, there was a significant decrease in visceral adipose tissue and overall body fat mass and a significant increase in skeletal muscle mass (SMM), as it normally happens with regular exercise. Waist and abdomen cm loss, and weight loss in kg were also significantly reduced. Results of this study

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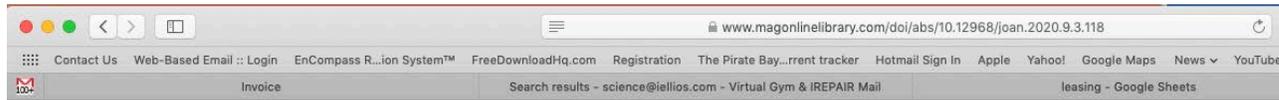
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Journal of Aesthetic Nursing, Vol. 9, No. 3 · Clinical

Empowering the woman: a comprehensive model of sexual anti-ageing

Xanya Sofra ✉, Nuris Lampe ✉

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Abstract

Female ageing is associated with sexual decline and well-documented symptoms of decreased metabolism, increased visceral fat deposits, decreased mobility, increased incidence of body aches and impaired self-confidence, which can lead to depression, marital dissatisfaction, conflicts or apathy. Sexual decline becomes more prominent with diabetic females suffering from neuropathy that is usually a challenge, since traditional methods usually offer temporary pain relief. Hormone replacement interventions treat only part of the systemic hormonal imbalance problem, ignoring the fact that disruption in the hormonal network signifies a disruption in the entire microcosmos of cellular communications leading to bio-disorganisation and health deterioration. New vaginal rejuvenation methods aspire to resolve a complex psychophysiological issue by merely improving vaginal laxity and dyspareunia, via invasive or minimally invasive methods that often reduce sexual sensation for women, while increasing male satisfaction during intercourse. Here, we offer a more comprehensive model of female sexuality, and discuss two new research studies performed entirely on female subjects. Both studies are discussed with respect to the multi-faced, psychophysiological, composite of female sexuality, which cannot show meaningful improvement without treating both its physiological and psychological components.

Empowering the woman: a comprehensive model of sexual anti-ageing

⤓ Cite this publication

Xanya Sofra   Nuris Lampe

Abstract

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PREMIUM

Dr Xanya SOFRA WEISS

NEUROLOGIST
Hong Kong SAR China

7 VIDEOS 1 BADGE

Xanya SOFRA WEISS's lectures (7)

Dr Xanya Sofra has a doctorate in Neurophysiology from City University London and a doctorate in Clinical Psychology from the New School of Social Research, New York. She is an international speaker in several Medical and Anti-aging societies. She is the Director of Research an...

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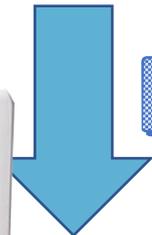
How gene expression affects the anti-aging process
by Dr Xanya SOFRA WEISS

DNA and protein damage in skin disorders from a signaling molecular biology point of view
by Dr Xanya SOFRA WEISS

Sexual anti-aging in 2019
by Dr Xanya SOFRA WEISS

PUBLICATIONS

Sexualities
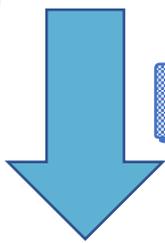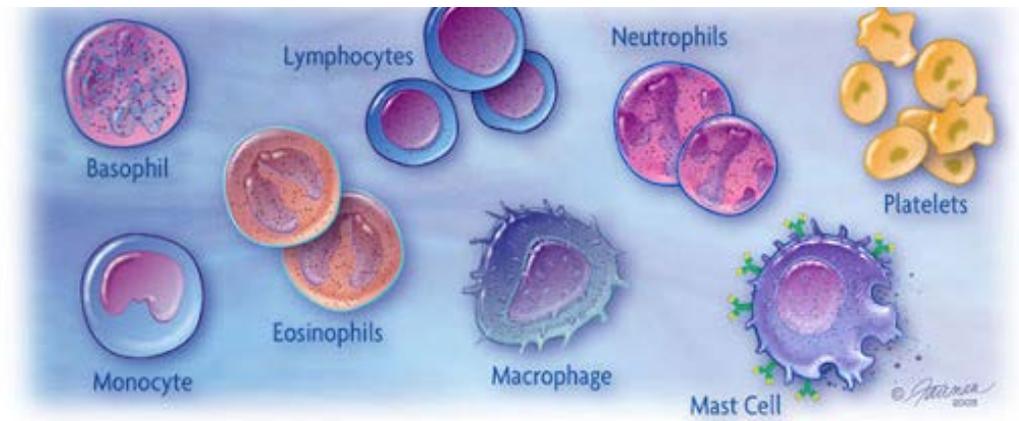
Hidden Reality Behind Female Contentment

Journal:	*SEXUALITIES*
Manuscript ID	Draft
Manuscript Type:	Article
Keywords:	female sexuality, aging, sexual satisfaction, FSFI, Lie Scale
Abstract:	Female aging is associated with sexual decline, impaired self-confidence, depression, marital dissatisfaction, or apathy. Several women aspire to resolve interpersonal issues via vaginal rejuvenation, improving vaginal laxity and dyspareunia. Energy-based laser and RF technologies often reduce female sexual sensation while increasing male satisfaction during intercourse. FSFI reports of female contentment are reviewed with respect to females' often prominent tendency to focus on satisfying their partners rather than themselves. Our double bind longitudinal clinical psychological research included 14 women after laser or RF vaginal rejuvenation with high FSFI satisfaction scores. We demonstrated a high positive correlation between FSFI scores and the L (Lie), Hy (hysteria) and D (Depression) scales of the MMPI-2, negating the FSFI reported increase in female sexual satisfaction following laser and RF vaginal rejuvenation. Despite reports to the opposite, Hy and D scales suggest that vaginal rejuvenation did not improve interpersonal relationships or quality of life for these females. Results on the Differential Emotions Scale (DES) reveals that 98% of the subjects were organized around the emotions of shame, sadness and joy. Such results indicate a multi-layered emotional organization reflecting joy on the outside and shame and sadness on the inside. Going down the path that starts with a dismissal of their need for fulfilment to focus on their partners' satisfaction, may bring several women to the endpoint of disingenuous interpersonal relationships tainted by repressed disillusionment. A deeper understanding of the female dynamic is necessary before claiming an improvement in female sexual satisfaction or quality of life.

Technological Advances in Accelerated Wound Repair and Regeneration

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The author has no conflicts of interests to disclose.
No funding was received for this project
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The author has no conflicts of interests to disclose.
No funding was received for this project
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Tel: +2977301117

Journal of Wound Care

Technological Advances in Accelerated Wound Repair and Regeneration
--Manuscript Draft--

Manuscript Number:	
Article Type:	Clinical review
Keywords:	Skin lesions; Hypertrophic scars; Inflammation; Necrotic wounds; Herpes Zoster; foot ulcers
Corresponding Author:	Xanya Sofra, Ph.D Health Innovations Tai Po, HONG KONG
First Author:	Xanya Sofra, Ph.D
Order of Authors:	Xanya Sofra, Ph.D
	Nuris Lampe, M.D.
Abstract:	Healing is much slower with age due to aberrant cell communications leaving the body with inappropriate levels of growth factors and connexins resulting in hypo or hyper-proliferation and sustained inflammation, delaying or negating healing, or leading to hypertrophic scars and keloids. A review of laser and RF technologies in wound healing, keloids and hypertrophic scars indicates partial recovery, in the absence of longitudinal studies to control for possible reoccurrence of skin lesions. On the other hand, ultra-low energy technologies have reported complete healing of diabetic and other hard-to-heal skin lesions with no reoccurrence that is independent of the patient's age. Studies utilizing low-energy technologies postulate that wound healing is the result of electron flow acting as a major antioxidant relieving the lesion from oxidative damage thus reducing inflammation. Persistent inflammation is the result of accumulated oxidative stress, defined as an imbalance between ROS production and their elimination by biological protective mechanisms. The negation of the age factor in wound healing by ultra-low energies is significant in light of a large body of research that postulates compromised immunity and increased low grade inflammation in aged individuals. We introduce the possibility that low-energy technologies may be mobilizing the inherent time-reversal capacities of the body's molecular machines, one of which is oxidative stress reversal via electron donation by anti-oxidants, to repair skin damage irrespective of the patient's age. We postulate that the reason why recent Nobel Prize research in Physiology or Medicine [1, 44 - 55] has focused on molecular mechanisms is because simple molecular mechanisms possess an unlimited capacity for time reversal, reinstating the integrity of cellular structures that existed prior to damage. This is obviously interesting beyond the evidence of reversing a hard-to-heal skin lesion back to healthy skin, and it can expand to several areas of regenerative medicine and the treatment of various diseases. Noticeably, time-reversal attributes are exclusive to the simple aspects of cellular mechanics and do not directly apply to the entangled composites of vital organs that represent Gestalts unable to reverse in time because of the inherent complexity of a Gestalt reflecting an entity that is more than the sum of its parts. Hence the effectiveness of ultra-low energy technologies that target and mimic the energy levels produced by cellular activity. We finally cite the results of a novel ultra-low energy technology on eight clinical cases with distinct lesions including acute wounds, diabetic foot ulcers, burns, a postoperative basal cell carcinoma lesion, a Herpes Zoster case and a hypertrophic scar case. The novel ultra-low energy technology used in this study is based on extensive unpublished research exploring the potential of enhancing the inherent time-reversal capacity of molecular mechanisms to mobilize the body's natural healing responses. The technology defies the pre-existing assumption postulated by laser and RF technologies that force is necessary to reach the lower skin layers, on the basis of the mathematically proven formula [71] demonstrating that electrons can control ion channels gating, thus allowing the flow of energy inside the cells.

PUBLICATIONS

A Randomized Longitudinal Double-Blind Clinical Trial on Pain Analgesia and Long-Term Relief from Neuropathic Symptomatology

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| Abstract: | Female aging is associated with sexual decline and impaired self-confidence leading to depression, marital dissatisfaction, conflicts or apathy. Several women aspire to resolve interpersonal issues via vaginal rejuvenation methods that promise to resolve a complex psychophysiological issue by merely improving vaginal laxity and dyspareunia via invasive or minimally invasive energy-based laser and RF technologies that reportedly often reduce female sexual sensation while increasing male satisfaction during intercourse. Sexual satisfaction questionnaires reporting female contentment after vaginal rejuvenation are reviewed with respect to females' often prominent tendency to focus on satisfying their partners rather than themselves. Our double bind longitudinal clinical psychological research included 14 women who had previously received vaginal rejuvenation with lasers or RF technologies and had expressed high satisfaction with the vaginal rejuvenation results based on their FSFI scores. Our results demonstrated a high positive correlation between the patients' FSFI scores and the L (Lie) validity scale, as well as the Hy (hysteria) and D (Depression) scales of the MMPI-2. Such high positive correlation between the FSFI and the L scale negates the reported increase in female sexual satisfaction following laser and RF vaginal rejuvenation. The high positive correlation of the FSFI and the Hy and D scales indicates that despite reports to the opposite, vaginal rejuvenation did not improve these females' psychological wellbeing or quality of life. Results on the Differential Emotions Scale (DES) reveals that 98% of the subjects were organized around the emotions of shame, sadness and joy. Such results indicate a multilayered emotional organization that possibly reflects joy on the outside and shame and sadness on the inside. Going down the path that starts with a dismissal of their need for fulfillment to focus on their partners' satisfaction, may bring several women to the endpoint of disingenuous interpersonal relationships tainted by repressed disillusionment. The goal of this article is to point to the psychophysiological composite of female sexuality that cannot show meaningful improvement without treating both its physiological and psychological components. We postulate that assessing the results of a specific technology on vaginal rejuvenation merely on the scores |

		Table 2. Subjects Results on the Subjective Variables Decrease & Overall % Improvement After Six Treatments						
Gender	**Age**	Numbness %	Pain %	Sharp Sensation %	Tingling Sensation %	Sensitive To Touch %	Muscle Weakness %	Poor Mobility %
Male	40	70%	70%	70%	80%	80%	70%	70%
Female	41	65%	60%	60%	65%	70%	65%	65%
Male	45	80%	70%	80%	75%	80%	70%	70%
Female	53	75%	75%	80%	65%	75%	75%	65%
Male	60	55%	57%	60%	70%	70%	60%	60%
Female	66	60%	65%	60%	70%	70%	70%	65%
Female	66	68%	70%	68%	68%	78%	70%	70%
Male	73	73%	70%	75%	75%	80%	75%	75%
Male	75	70%	70%	70%	75%	80%	70%	65%
Male	78	75%	70%	75%	75%	85%	75%	70%
Mean Average %		69%	68%	70%	72%	77%	70%	66%

		Table 2. Subjects Results on the Subjective Variables Decrease & Overall % Improvement After Six Treatments						
Gender	**Age**	Numbness %	Pain %	Sharp Sensation %	Tingling Sensation %	Sensitive To Touch %	Muscle Weakness %	Poor Mobility %
Male	40	70%	70%	70%	80%	80%	70%	70%
Female	41	65%	60%	60%	65%	70%	65%	65%
Male	45	80%	70%	80%	75%	80%	70%	70%
Female	53	75%	75%	80%	65%	75%	75%	65%
Male	60	55%	57%	60%	70%	70%	60%	60%
Female	66	60%	65%	60%	70%	70%	70%	65%
Female	66	68%	70%	68%	68%	78%	70%	70%
Male	73	73%	70%	75%	75%	80%	75%	75%
Male	75	70%	70%	70%	75%	80%	70%	65%
Male	78	75%	70%	75%	75%	85%	75%	70%
Mean Average %		69%	68%	70%	72%	77%	70%	66%

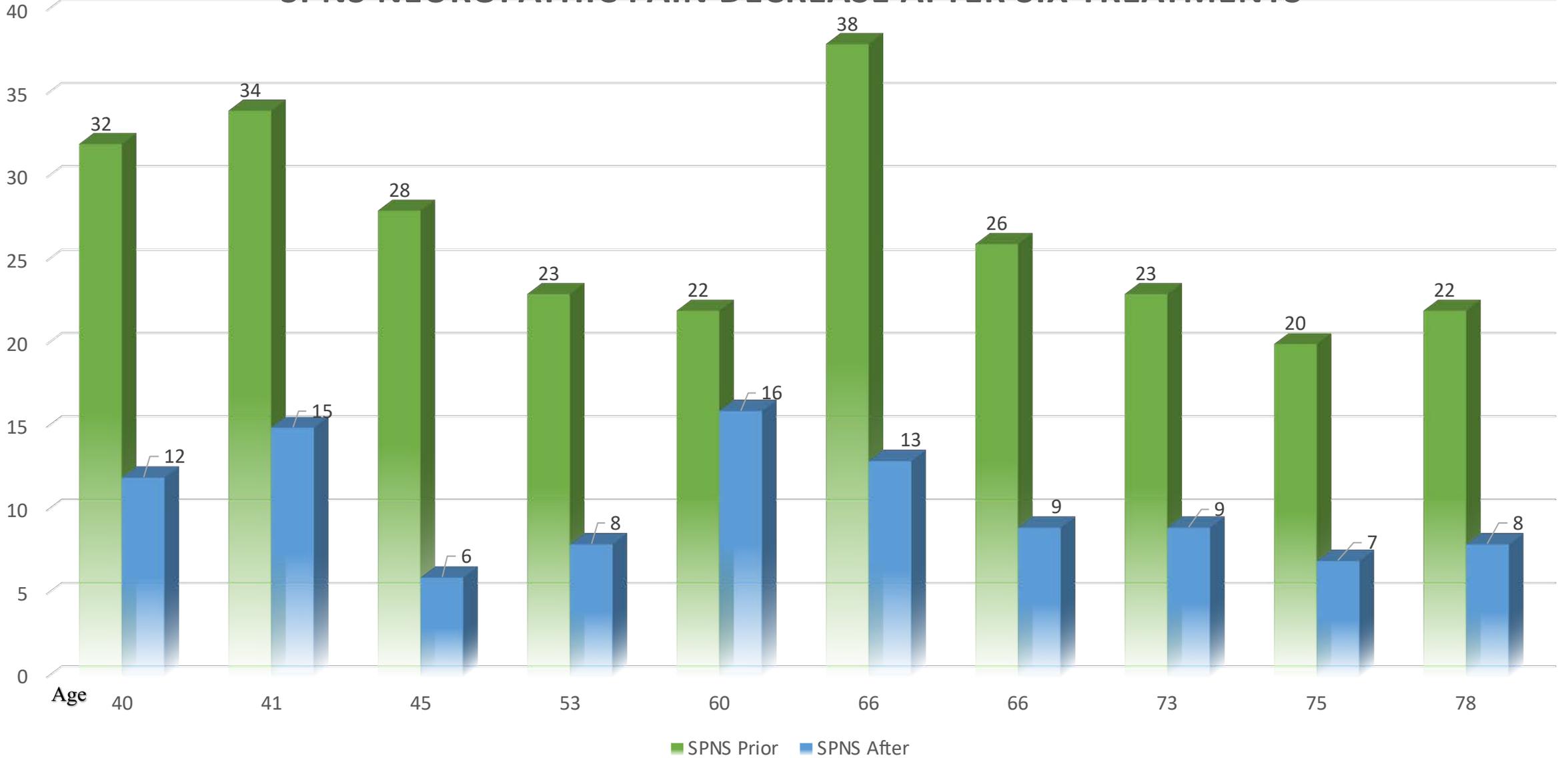| Gender	Age	Numbness %	Pain %	Sharp Sensation %	Tingling Sensation %	Sensitive To Touch %	Muscle Weakness %	Poor Mobility %
Male	40	70%	70%	75%	90%	80%	80%	75%
Female	41	60%	55%	60%	55%	55%	65%	65%
Male	45	80%	70%	80%	80%	80%	80%	80%
Female	53	50%	50%	50%	50%	50%	50%	50%
Male	60	55%	57%	70%	70%	70%	60%	60%
Female	66	60%	65%	65%	65%	65%	60%	60%
Female	66	68%	70%	78%	78%	78%	70%	70%
Male	73	70%	70%	70%	70%	70%	65%	65%
Male	75	70%	70%	80%	80%	80%	70%	70%
Male	78	70%	60%	70%	70%	70%	60%	60%
Mean Average %		65%	64%	70%	71%	70%	66%	66%

Table 3. Subjects Results on the Subjective Variables Decrease & Overall % Improvement After One Year

Gender	Age	Numbness %	Pain %	Sharp Sensation %	Tingling Sensation %	Sensitive To Touch %	Muscle Weakness %	Poor Mobility %
Male	40	70%	70%	75%	90%	80%	80%	75%
Female	41	60%	55%	60%	55%	55%	65%	65%
Male	45	80%	70%	80%	80%	80%	80%	80%
Female	53	50%	50%	50%	50%	50%	50%	50%
Male	60	55%	57%	70%	70%	70%	60%	60%
Female	66	60%	65%	65%	65%	65%	60%	60%
Female	66	68%	70%	78%	78%	78%	70%	70%
Male	73	70%	70%	70%	70%	70%	65%	65%
Male	75	70%	70%	80%	80%	80%	70%	70%
Male	78	70%	60%	70%	70%	70%	60%	60%
Mean Average %		65%	64%	70%	71%	70%	66%	66%

Table 3. Subjects Results on the Subjective Variables Decrease & Overall % Improvement After One Year

SPNS NEUROPATHIC PAIN DECREASE AFTER SIX TREATMENTS

Age	SPNS Prior	SPNS After
40	32	12
41	34	15
45	28	6
53	23	8
60	22	16
66	38	13
66	26	9
73	23	9
75	20	7
78	22	8

PD-Q NEUROPATHIC PAIN DECREASE AFTER SIX TREATMENTS

Age	PD-Q Before	PR-Q After
40	30	12
41	32	14
45	30	8
53	24	9
60	21	14
66	36	12
66	25	8
73	24	11
75	19	8
78	24	6

ACCELERATED REPAIR OF SEVERE INFLAMMATORY HIGH OXIDATIVE STRESS CONDITIONS

1. One week after liposuctions and before the first treatment

2. After four treatments

3. After ten treatments

4. After fourteen treatments

5. After sixteen treatments

ACCELERATED REPAIR OF SEVERE INFLAMMATORY HIGH OXIDATIVE STRESS CONDITIONS

POSTOPERATIVE SKIN CANCER WOUND BEFORE

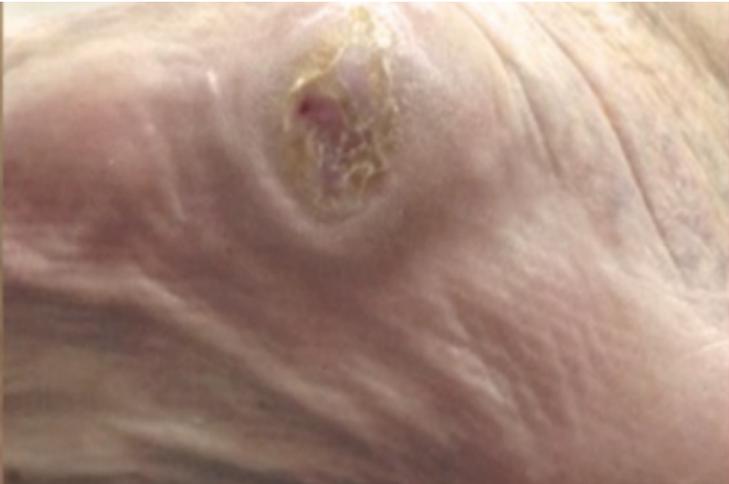AFTER SIX TREATMENTS

ACCELERATED REPAIR HIGH OXIDATIVE STRESS

OF SEVERE INFLAMMATORY CONDITIONS

BEFORE

TWO WEEKS AFTER 12 TREAT

ACCELERATED REPAIR
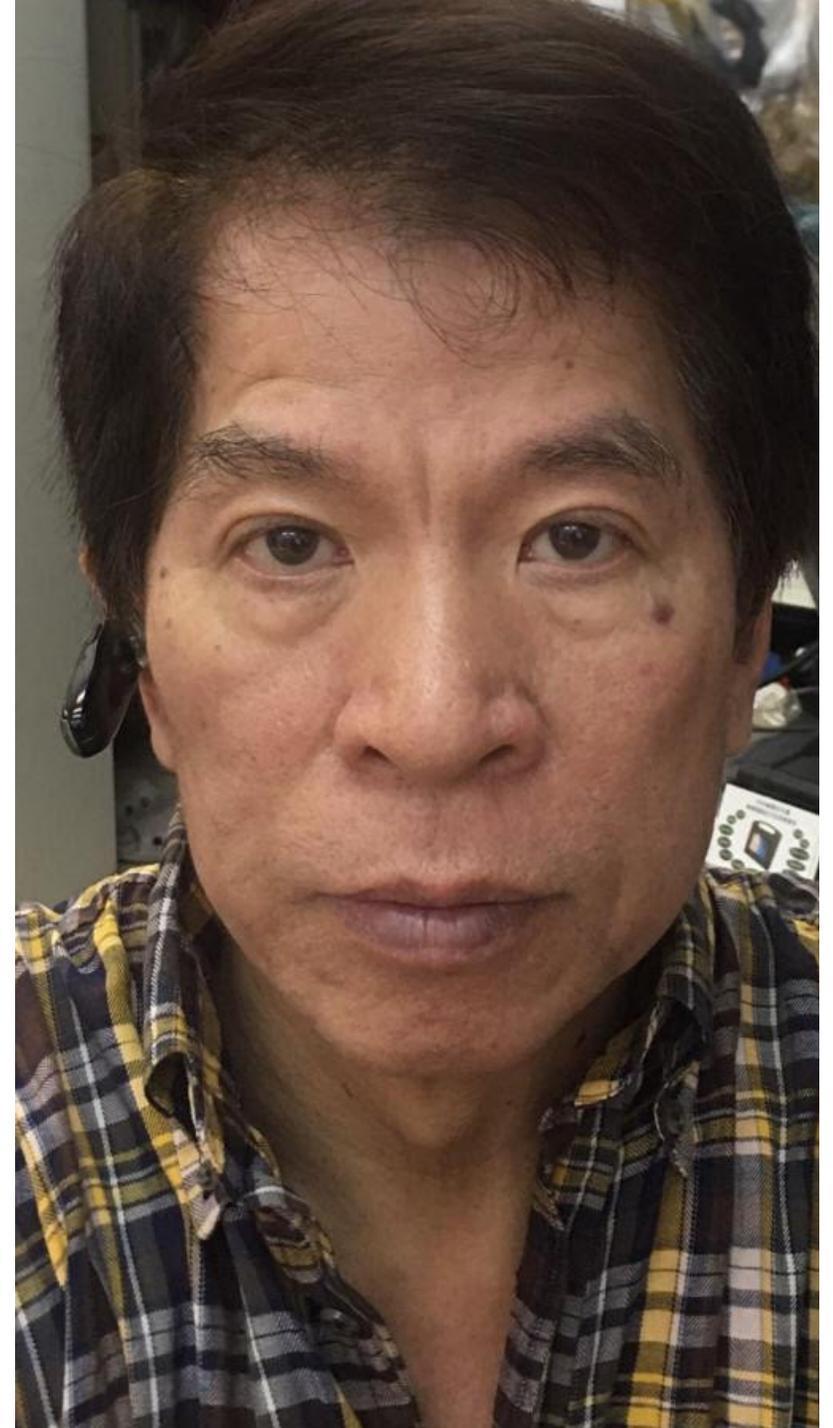# DIABETIC WOUNDS

| BEFORE | AFTER SIXTH TREATMENT | ONE YEAR AFTER THE SIXTH THREATMENT |

Stretchmarks RepairOne treatment

IREPAIR
Aesthetic
Use
Face & Hair

RECOMMENDED COVID 19, Supplements

- **HUMIC ACID**
- **QUERCETIN**
- **VITAMIN D3**
- **ZINK**
- **VITAMIN C**
- **CHITOGLUGAN**
- **GLUTATHIONE**
- **RESVERATROL**

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DPD (Wales),
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General Medicine

YUKO KAWAMURA, MD, JAPAN
Antiaging Physician

RESEARCH PROJECTS BY CLINICIANS

Diabetic Neuropathy / Pain Relief/ Increased Mobility / Sexual Activity

Visceral Fat Reduction / Increased Muscle Mass

Increased Hormone Concentrations / Increased Hormonal Balance

No significant changes in Cortisol

Increased RBC's separation / Increased Blood Flow

Increased Blood Circulation IMPROVED DETOX

Increased Sexual Drive / Increased Self Confidence.

Decreased Incontinence

Past Partners / Investors

ROBERT GOLDMAN, MD

CapRegen Arasys / CapRegen Magnum

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REDEFINING MEDICINE

Episode 58

Special Guest
Ronald Klatz
MD, DO

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