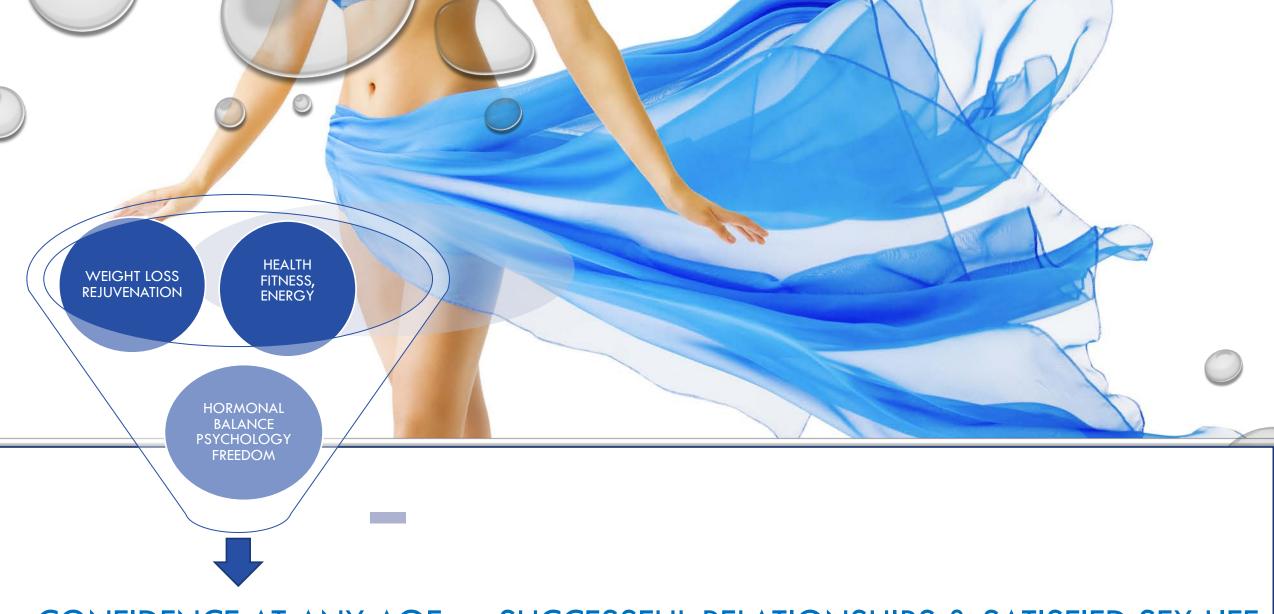
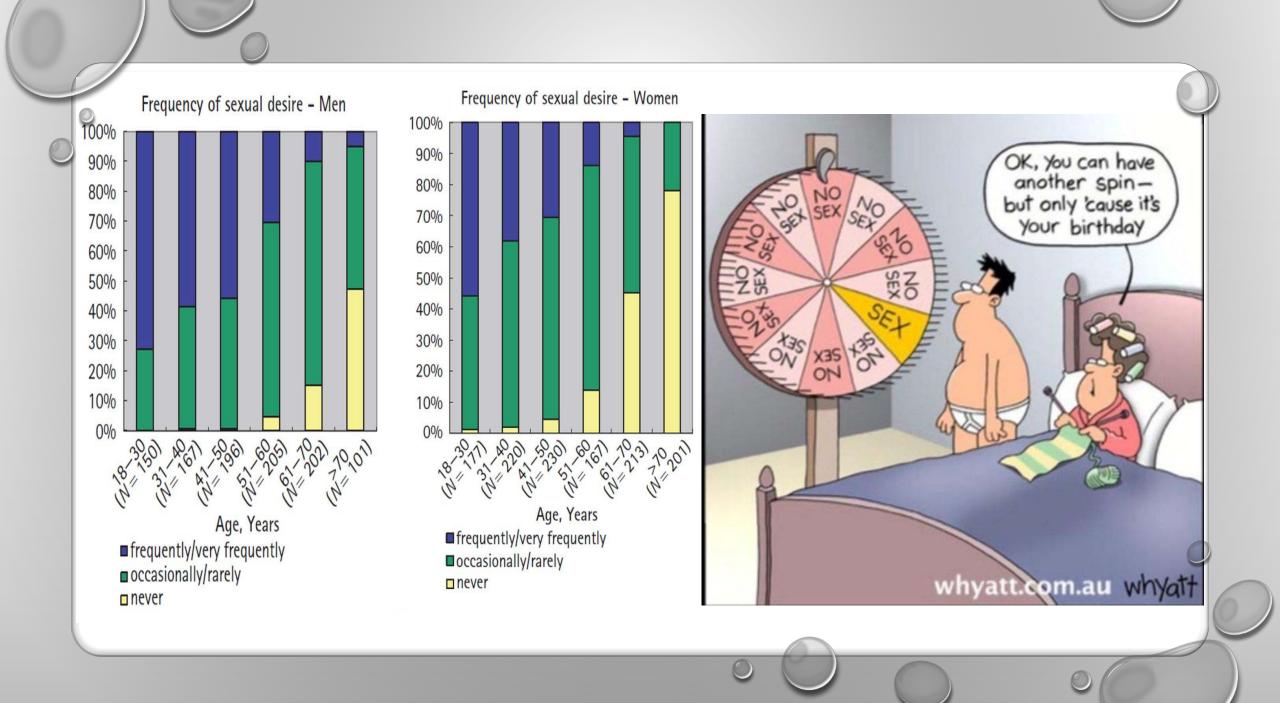
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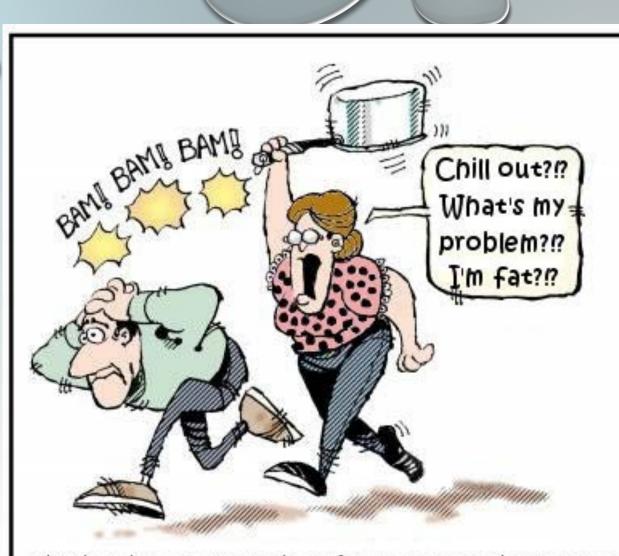
### **NEXT GENERATION TECHNOLOGY**





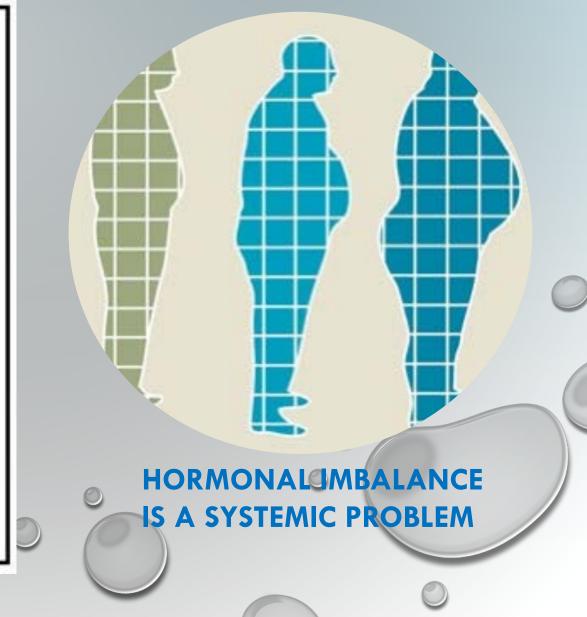
### CONFIDENCE AT ANY AGE = SUCCESSFUL RELATIONSHIPS & SATISFIED SEX LIFE





A husband insensitive to his wife's menopausal symptoms

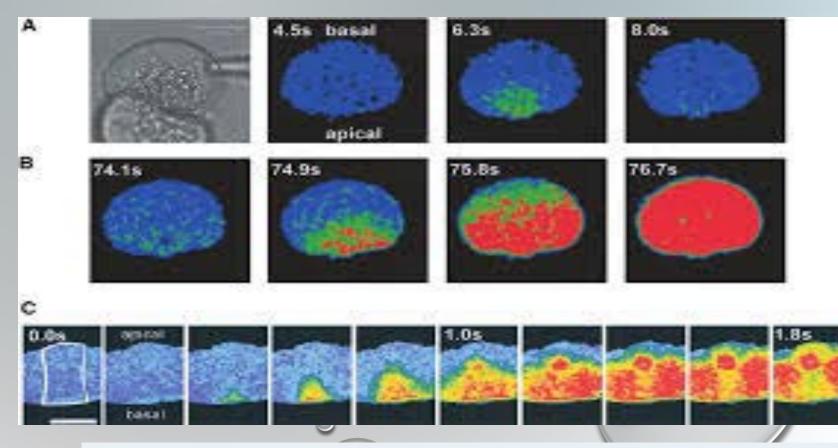
### Hormonal IMBALANCE = LOSS OF SELF CONFIDENCE



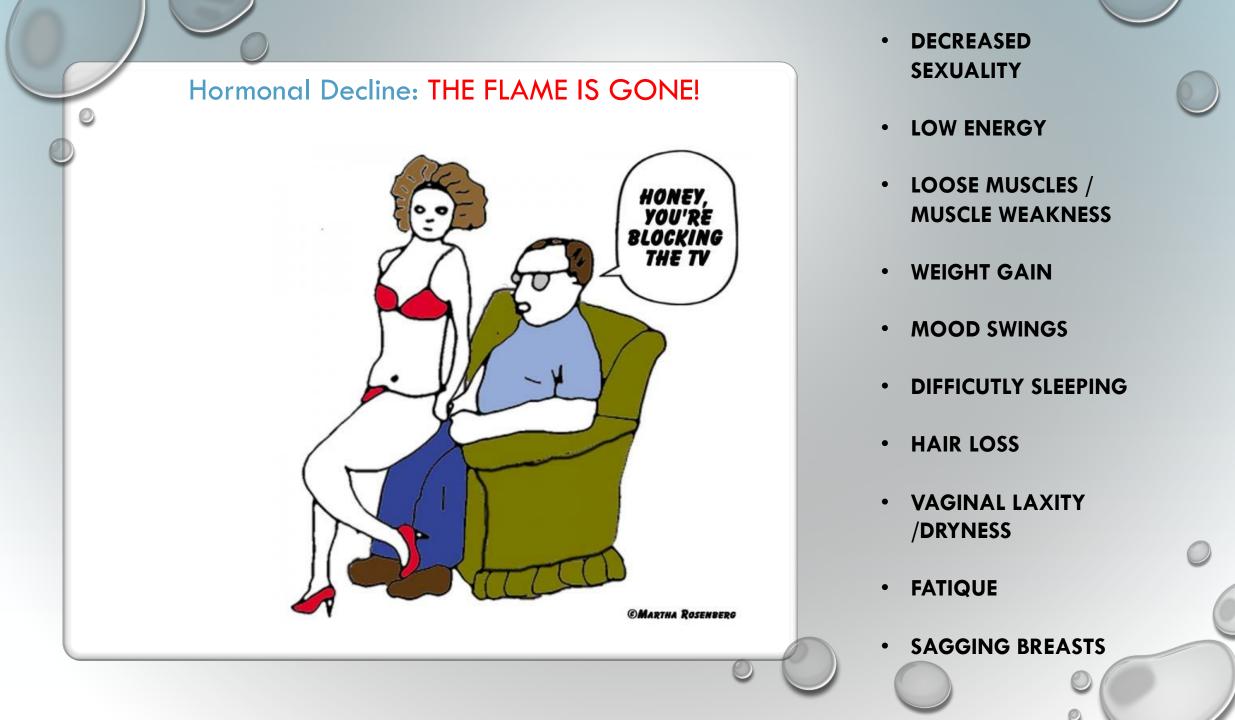
### What are Hormones? Hormones are important agents of Cellular communications

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



- Cortisol provides the body with the energy it needs to face bodily attacks from injury, illness or infection.
- In younger individuals, cortisol has potent antiinflammatory effects easing irritation and pain.
- In older age Cortisol leads to:
  - \* Decreased musculature
  - \* Increased abdominal fat
  - \* Suppressed growth hormones
  - \* Suppressed sex hormones
  - \* Reduced libido and fertility.
  - \* Cortisol increase  $\rightarrow$  Risk of osteoporosis.

### **SEXUAL FUNCTIONING AND OBESITY**

<u>OBESITY (SILVER SPRING).</u> 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

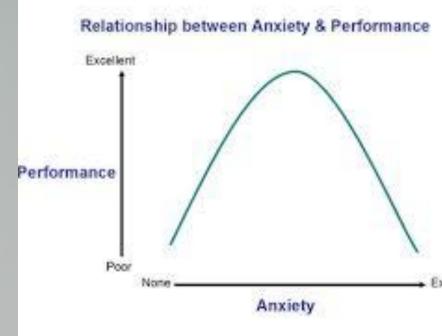
Most weight loss studies demonstrate improvement in sexual functioning

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

 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.





### 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.



### THE VISCERAL FAT PROBLEM CANNOT BE REMOVED BY LASERS OR RADIOFREQUENCY



### WHY NOT THE GYM?

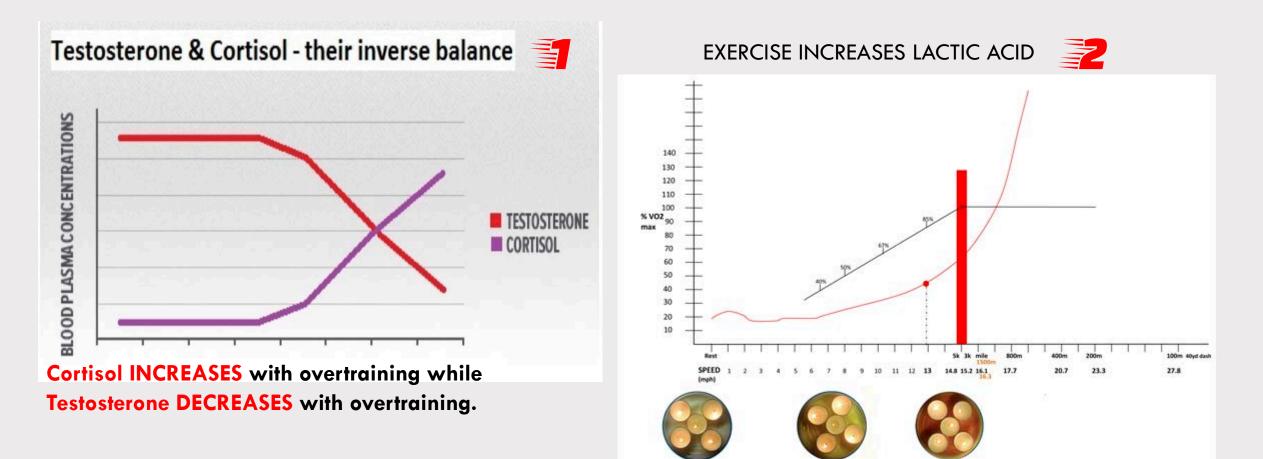
### Working out with Visceral Fat



You WILL Get This! 个

### VERY STRENUOUS EXERCISE IS NECESSARY TO GET RID OF VISCERAL FAT WHY NOT THE GYM?

### Overtraining can cause greater hormone imbalance and Upset PH balance



lactic acidosis can upset the body's pH balance

### LAVALEN Next Generation Technology STARTED WITH THE PACEMAKER CO-INVENTOR GERRY POLLOCK IN LONDON UNIVERSITY



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



M.B.B.S., D.A. **Certified Bariatric** Physician , INDIA



**HIROYUKI OTOMO** MD, JAPAN Anti-Aging Doctor

Michael Hytros,

**Board Certified** 

Internal, and

physician in Family,

THOMAS BARNARD. MD Anti-aging Physician CANADA



**BOB MARSHALL, PhD Biochemical Research Energy Specialist, USA** 



DR. SHEETAL BADAMI



Pain Management



FIONA MAK,

MBChB (Leic)

DPD (Wales)



BariatricMedicine. **Board Certified** professional by the American Academy of Anti-Aging Medicine

**VERONICA YAP** 



YUKO KAWAMURA, **MD, JAPAN** 

**Antiaging Physician** 

Skin Repair Eczema / Psoriasis

Skin Repair Wrinkles / Skin Texture

Skin Repair Acne / Skin Disorders

**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** 

**RESEARCH PROJECTS BY CLINICIANS** 



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MOTOR NER

JUCIU

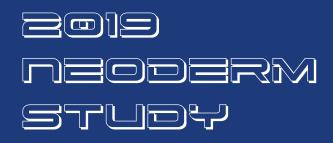
### VERSE SIL LINIPLIE

### Gerry Pollock's STUDY ON CORTISOL / NO CORTISOL INCREASES AFTER VIRTUAL GYM TREATMENT LONDON UNIVERSITY.

0

	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 Uninary 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		
			V		





### STUDY ON HORMONES WITH THE VIRTUAL GYM

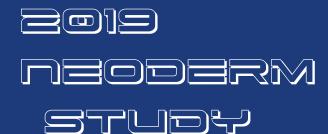
- SUBJECTS RECEIVED 6 VIRTUAL GYM TREATMENTS
- 2 TREATMENTS WEEKLY FOR THREE WEEKS BLOOD TESTS WERE TAKEN IMMEDIATELY BEFORE AND AFTER THE 6 TREATMENTS

### **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, 30-45 MINUTES TREATMENT TWICE WEEKLY FOR 3 WEEKS



• RESULTS AND DISCUSSION: STUDY REVEALED HIGH STATISTICAL SIGNIFICANCE IN VLDL DECREASE, THE BAD CHOLESTEROL, ABD FREED 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 treat weekly – total of 12 treat Measures:

A/ Magnetic Resonance Imaging Test, (MRIs)

B/ Concentrations of T3, DHEA, Triglycerides

 Significant increase in Free T3 levels (Free T3 before: 120 pg/dL Free T3 After: 620 pg/dL
Significant increase in DHEA levels (DHEA levels before: 10.7nmol/l; DHEA levels after: 16.85nmol/l, p<0.01)</li>
DHEA increases

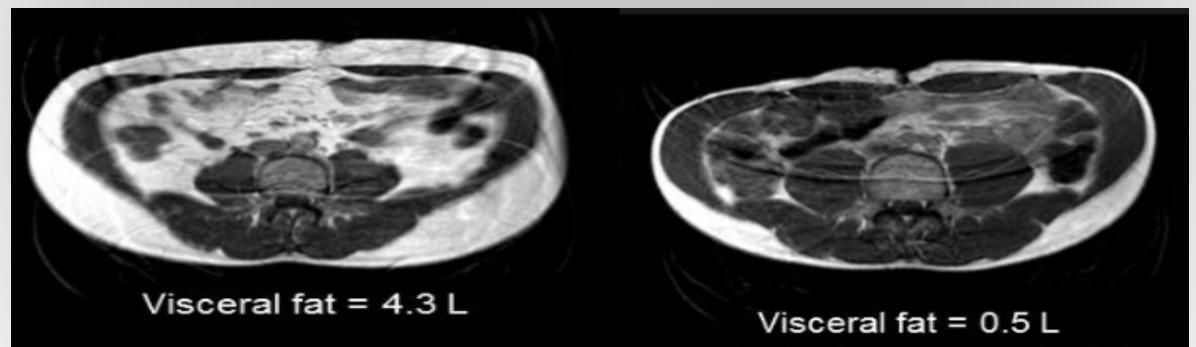
\*bone density

\*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**



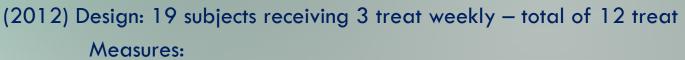
### MRIS SHOWED A SIGNIFICANT DECREASE OF VISCERAL FAT: VISCERAL FAT BEFORE: 159.88 CM<sup>2</sup> VISCERAL FAT AFTER: 76.90 CM<sup>2</sup> P< 0.01 – SIGNIFICANCE

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

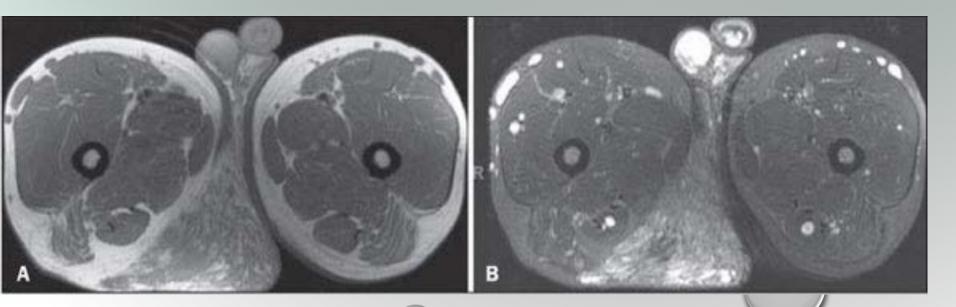
Measures:

A/ Magnetic Resonance Imaging Test, (MRIs)

B/ concentrations of T3, DHEA, Triglycerides



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



MRI results showed increased muscle mass

Muscle Mass Before: 133.70 cm<sup>2</sup>

Muscle Mass after: 201.73 cm<sup>2</sup>

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





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/mi)	25.8	8.7
Insulin PP (mlU/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

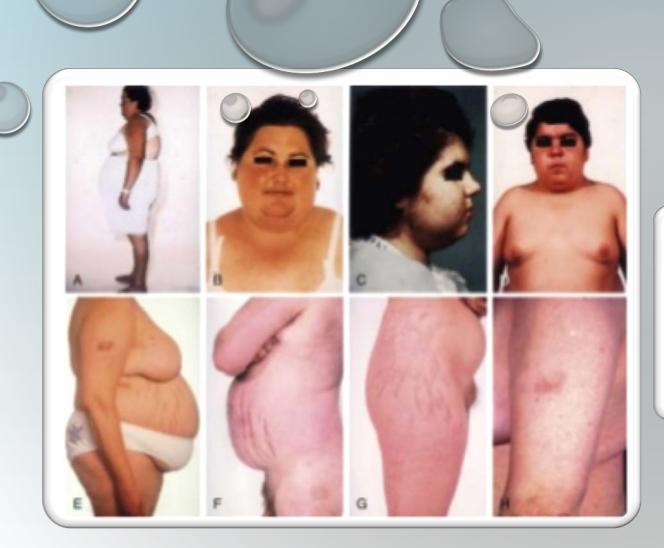




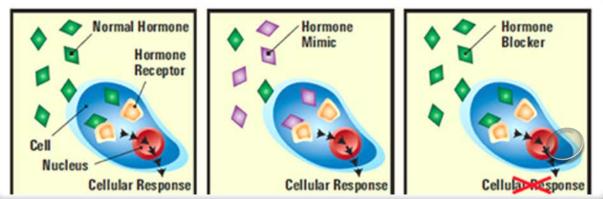
## VIRTUAL GYM ONE TREATMENT

## 0 VIRTUAL GYM TWO TREATMENTS

# Virtual Gym One Treatment



### TOXICITY INTERFERES WITH SEX HORMONES TOXICITY INTERFERES WITH ALL HORMONES



### **INCREASED TOXICITY = REDUCED SEXUAL DESIRE & ACTIVITY**



www.Venaire.;

**TOXICITY IMBLANCES ALL FAT BURNING HORMONES** 

### LEPTIN AND GREHLIN IMBALANCE INCREASES HUNGER.

### THE MORE TOXIC YOU ARE THE MORE HUNGRY YOU ARE







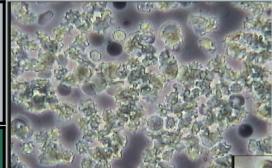


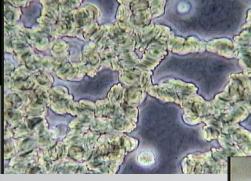
### LAVALEN STUDY ON BLOOD FLOW AND DETOXIFICATION

Before Treatm ent	Erythrocyt e Aggregati on	Rouleau	Fungal Forms	Thromb ocyte Aggreg ation	Bacteria	Poikiloc y- tosis	Rouleau & Separat e	Only Separat e RBCs
After First Treatme nt	15	4	8	8	9	8	RBCs	0
Before Last Treatm	1	6	6	7	8	6	9	3
ent After Last Treatm ent	0	0	3	4	5	2	11	8
	0	0	2	2	2	0	3	16

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

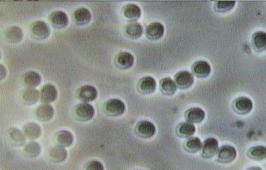
IMPROVED SEXUAL PERFORMANCE INCREASED BLOOD SEPARATION ACTS LIKE A BLOOD THINNER (A NATURAL VIAGRA) THAT IMPROVES SEXUAL PERFORMANCE







Subjects reported a boost of Energy and improved Sexual Performance





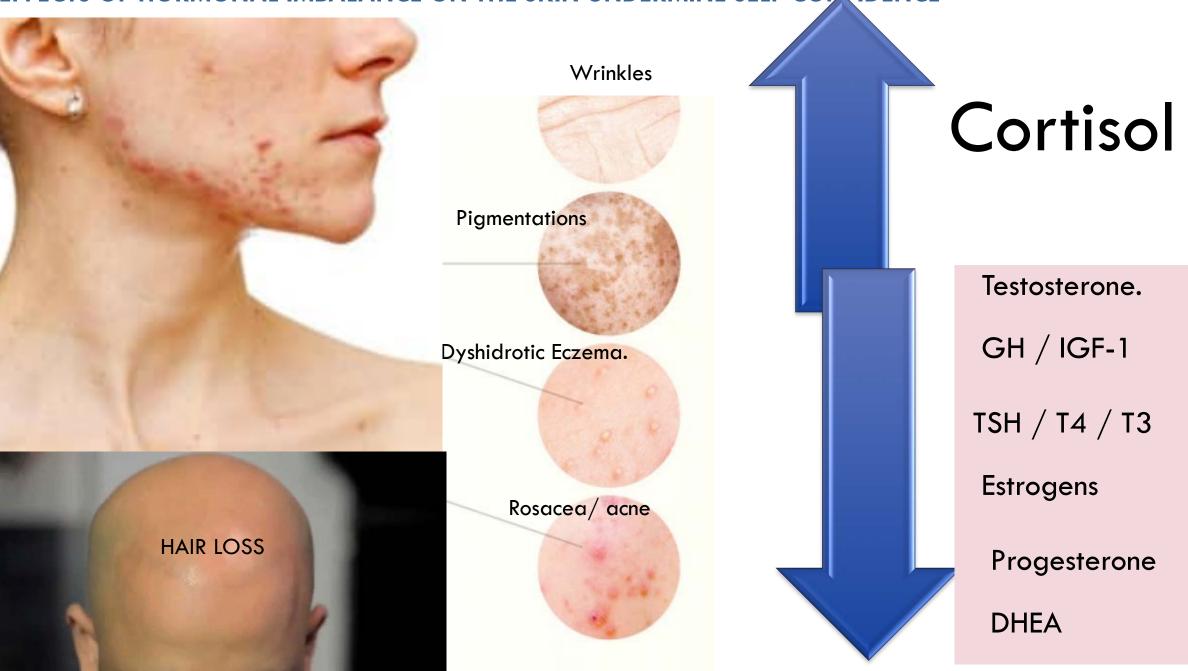


### NEXT GENERATION TECH FROM LONDON UNIVERSITY IMPROVES INCONTINENCE

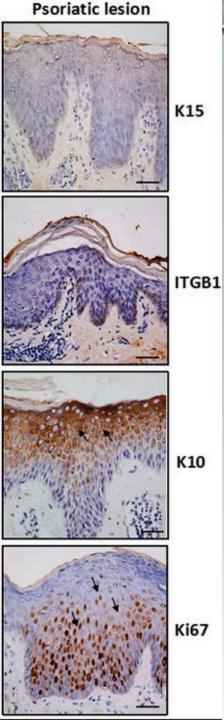


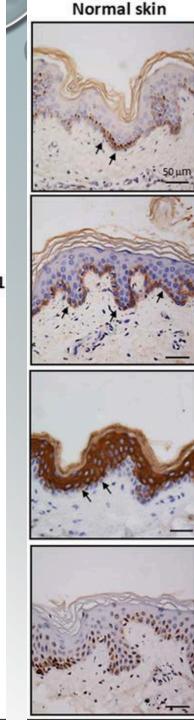
In clinical studies women experienced significant improvement in their incontinence after 10 Virtual Gym sessions without diuretics, exercise of other life changing methods or any intrusive interventions.

### EFFECTS OF HORMONAL IMBALANCE ON THE SKIN UNDERMINE SELF CONFIDENCE









### Clinical Studies on Eczema and psoriasis







Herpes Zoster After 2 Treatments

## SEVERE ACNE

## THREE TREATMENTS

120

# HAIR GROWTH

# 23日7月2018年

# 27日12月2018年





## Estrogen decline In women:

Bleeding and burning sensations during intercourse

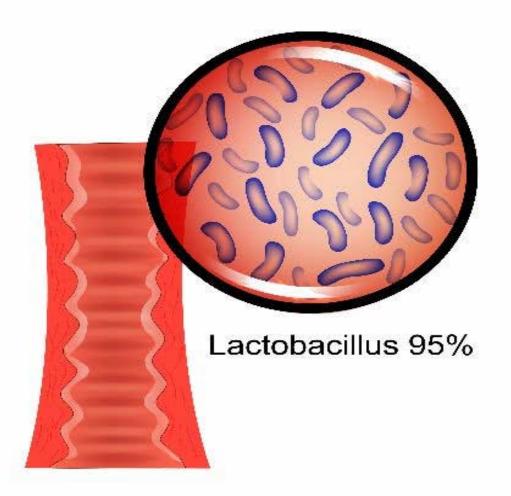
## Vaginal Atrophy Pathophysiology: Cellular Changes



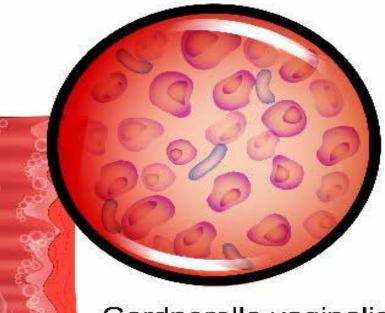
- 1. loss of subcutaneous tissue from the mons pubis.
- 2. atrophy of labia majora
- 3. shortening / loss of elasticity of the vaginal barrel.
- 4. Collagen and elastin content decreases by 50% to 30%.
- 5. Vaginal thickness of the epithelium reduces from 8-10 layers to 3-4

## **BACTERIAL VAGINOSIS**

老年人较多的细菌



healthy vaginal mucosa



#### Gardnerella vaginalis

#### bacterial vaginosis

#### VAGINAL REJUVENATION TREATMENTS.

	HORMONE REPLACEMENT	LASERS	RADIOFREQUENCY	PLASTIC SURGERY	VIRTUAL GYM	IREPAIR
TREATMENTS NUMBER	CONTINUOUS USE	6	6	1	6	3
PAIN RELIEF DURING INTERCOURSE		V	~	~	1	V
REDUCES VAGINAL LAXITY / TIGHTENS		V	4	V	V	V
INCONTINENCE		V	~	V	V	V
ENHANCES SEXUAL SENSATION					~	V
INCREASES ORGASMS FOR MEN		V	V	V	V	V
INCREASES ORGASMS FOR WOMEN					V	V
RISK LEVEL	MODERATE	MODERATE	MODERATE	HIGH	LOW	LOW
HEALS VAGINAL INFECTIONS						V
THICKENS THE EPITHELIUM						1
INCREASES ELASTICITY					V	V

How to structure your Sexual Satisfaction Questionnaire to make sure women are satisfied rather than relieved to avoid pain during Intercourse



SATISFIED BECAUSE SHE NO LONGER FEELS PAIN DURING INTERCOURSE 02

IS THE WOMAN 'S PRIORITY IS TO SATISFY HER PARTNER RATHER THAN HERSELF? 03

DO WOMEN REPORT ENHANCED SENSATION DURING INTERCOURSE?



DO WOMEN REPORT INCREASED FREQUENCY & INTENSITY OF ORGASMS?

EMPOWERS THE WOMAN EMPOWERS THE WOMAN

Ø

# 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



G Tve 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

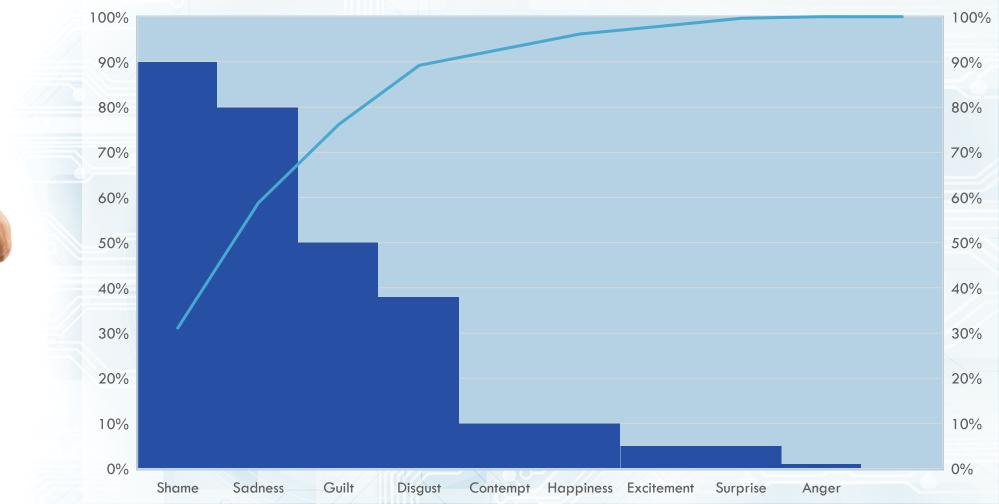
#### Focus in satisfying their partners

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.





