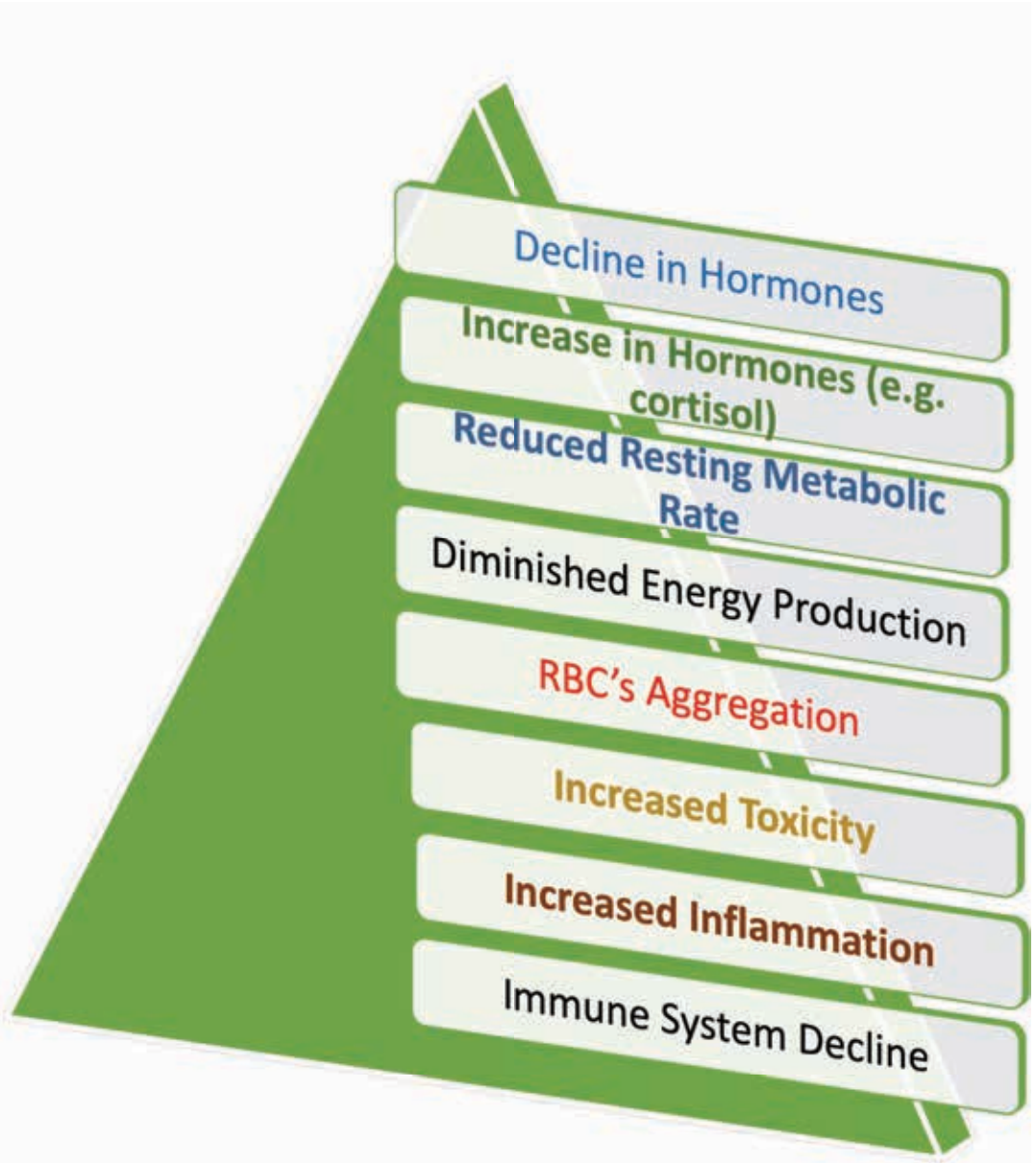
BEYOND SPORT

Health & Fitness

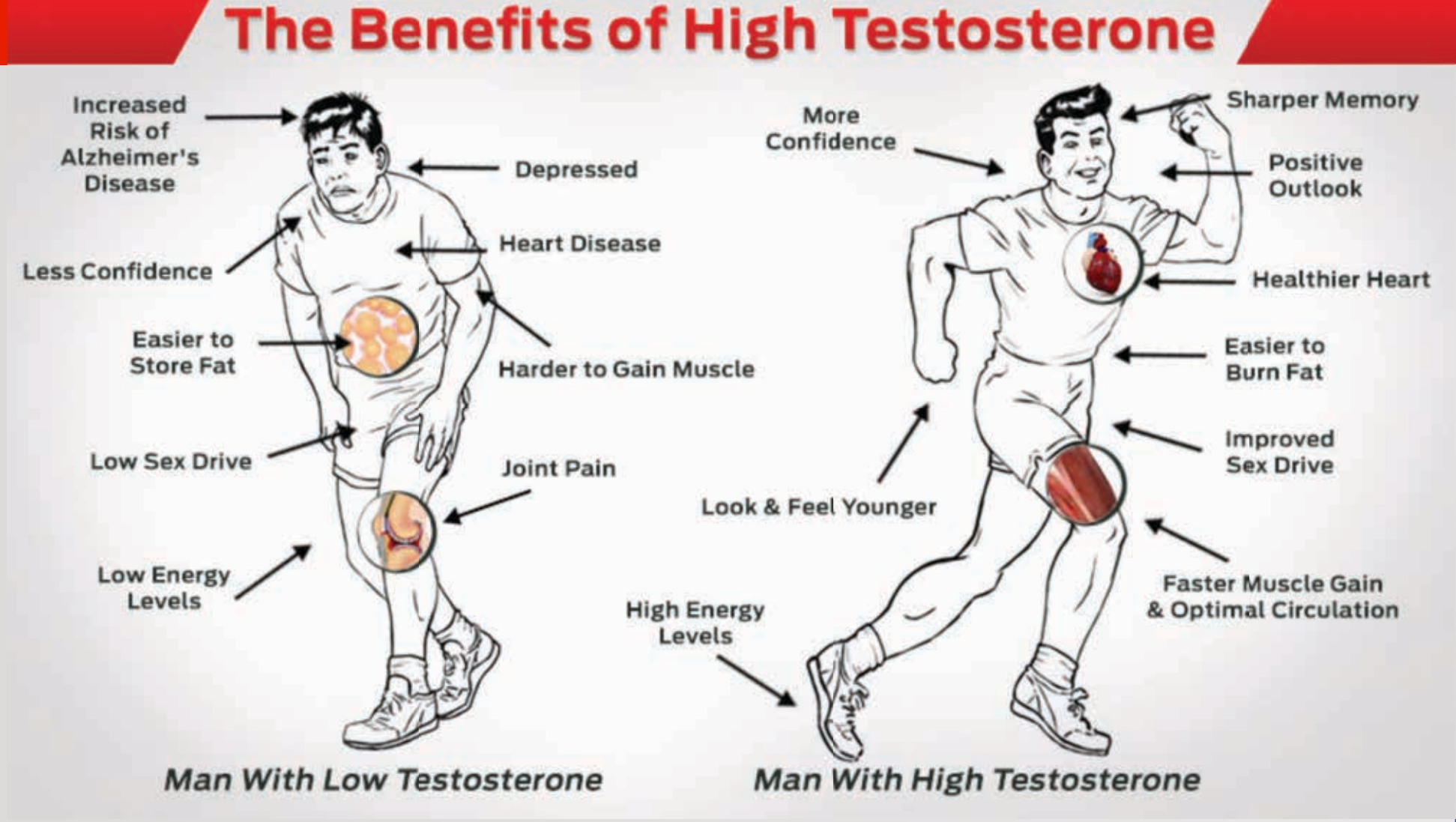
Combat Hormonal Decline Compromised Metabolism & Toxicity.

The Unsolved Aging Problem



Testosterone decline

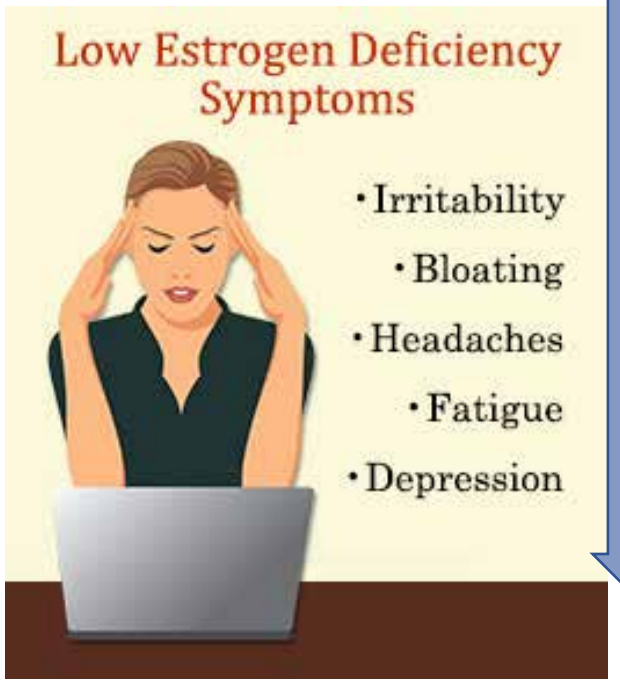
- Low Energy
- Joint Pain
- Weight Gain
- Low Self Confidence
- Erectile dysfunction
- Heart Disease
- Increased Risk of Alzheimer’s Disease
- Difficulty building muscle



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

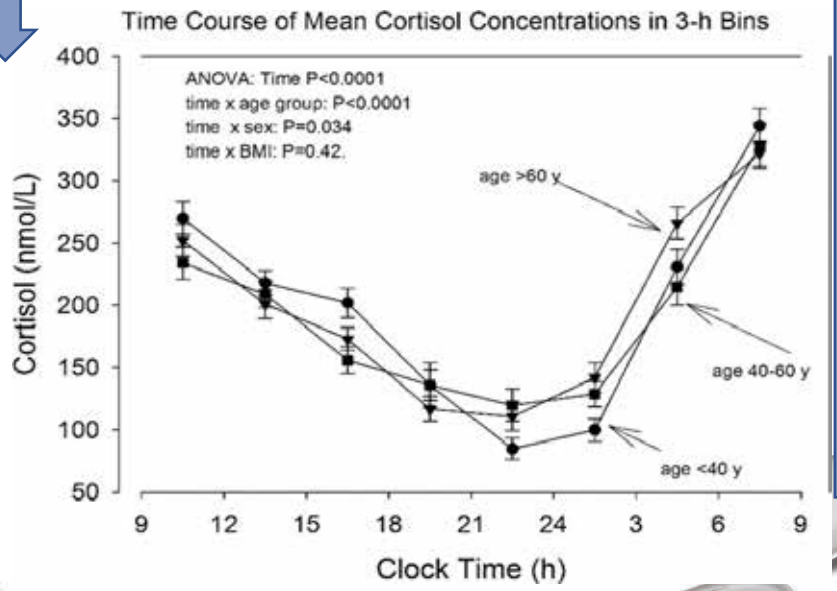
The SMOKING GUN is not just the result of Low Estrogen!

Estrogen and Ageing

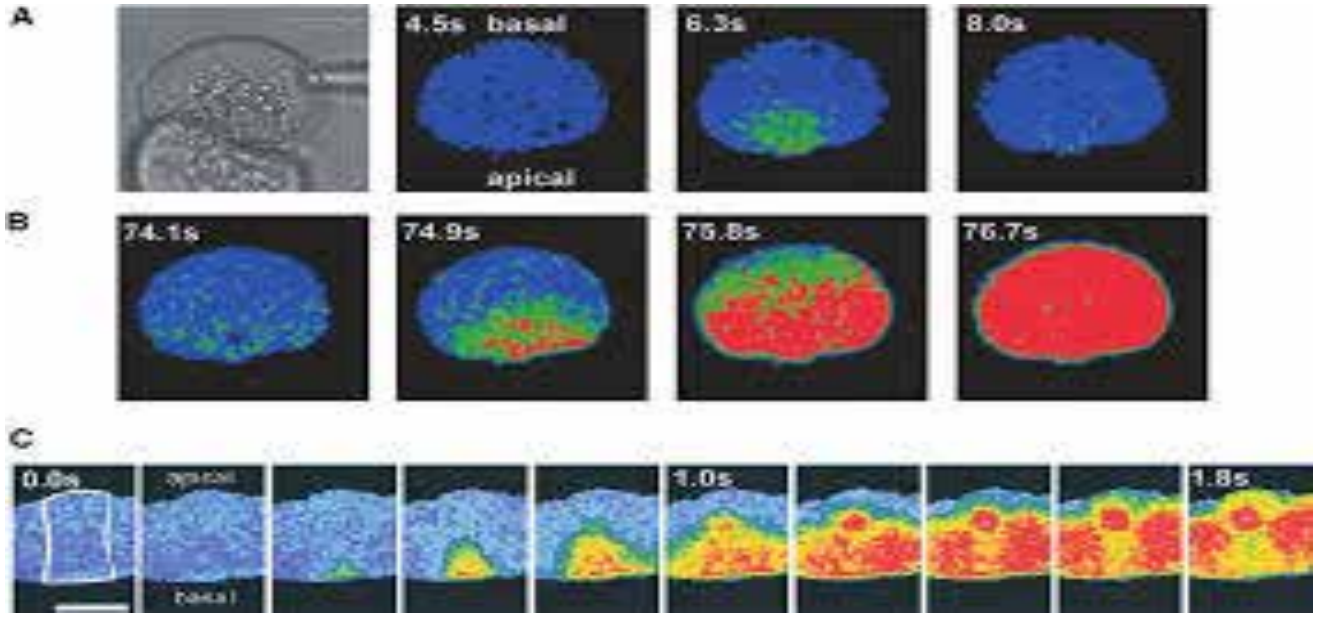


Imbalance

CORTISOL INCREASE WITH AGE (Roelfsema et al, 2017)



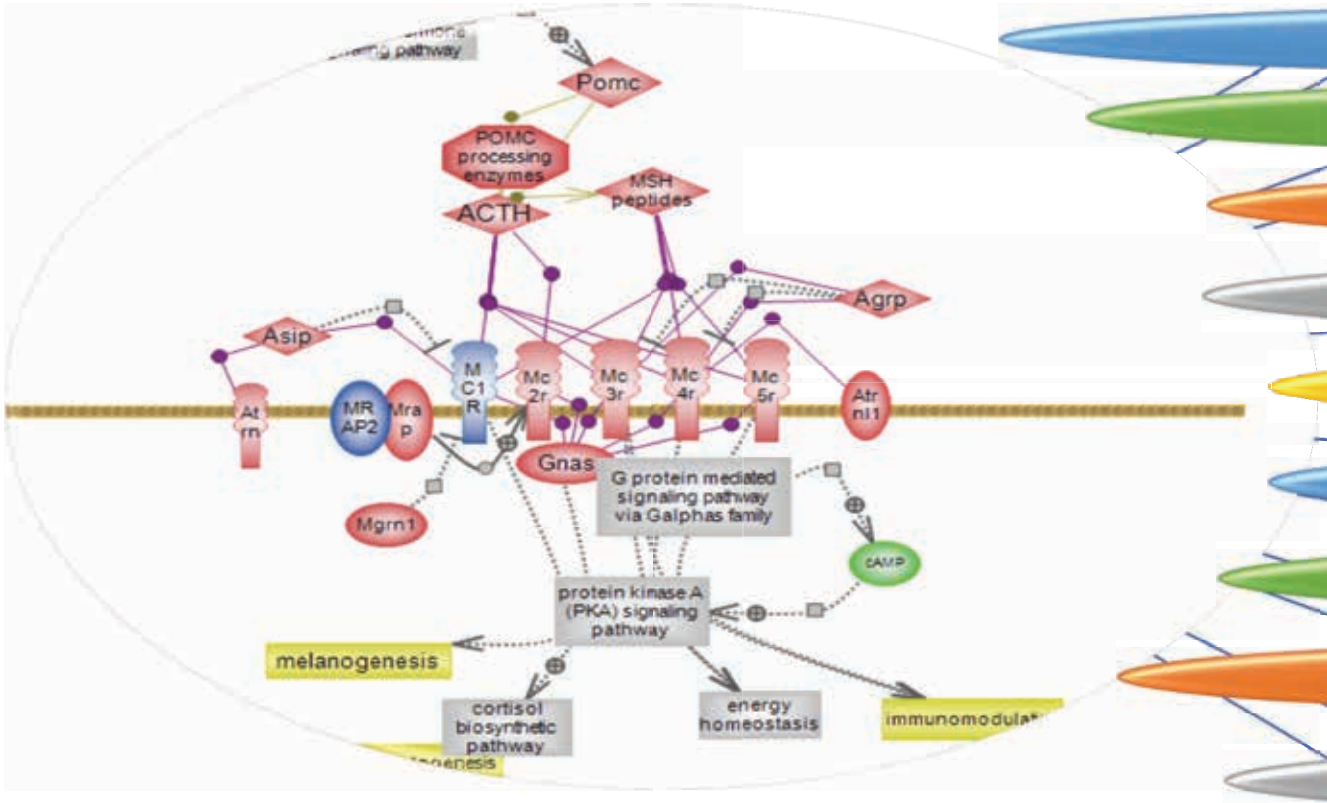
What are Hormones? Hormones are important agents of Cellular communications



Hormonal function is not a specific action of some cells

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

“Non-endocrine” cells Produce Hormones.



Neurons

Some types of lymphocytes

mast cells

natural killer cells

endothelial cells

thymic epithelial cells

Monocytes

Platelets

Osteocytes

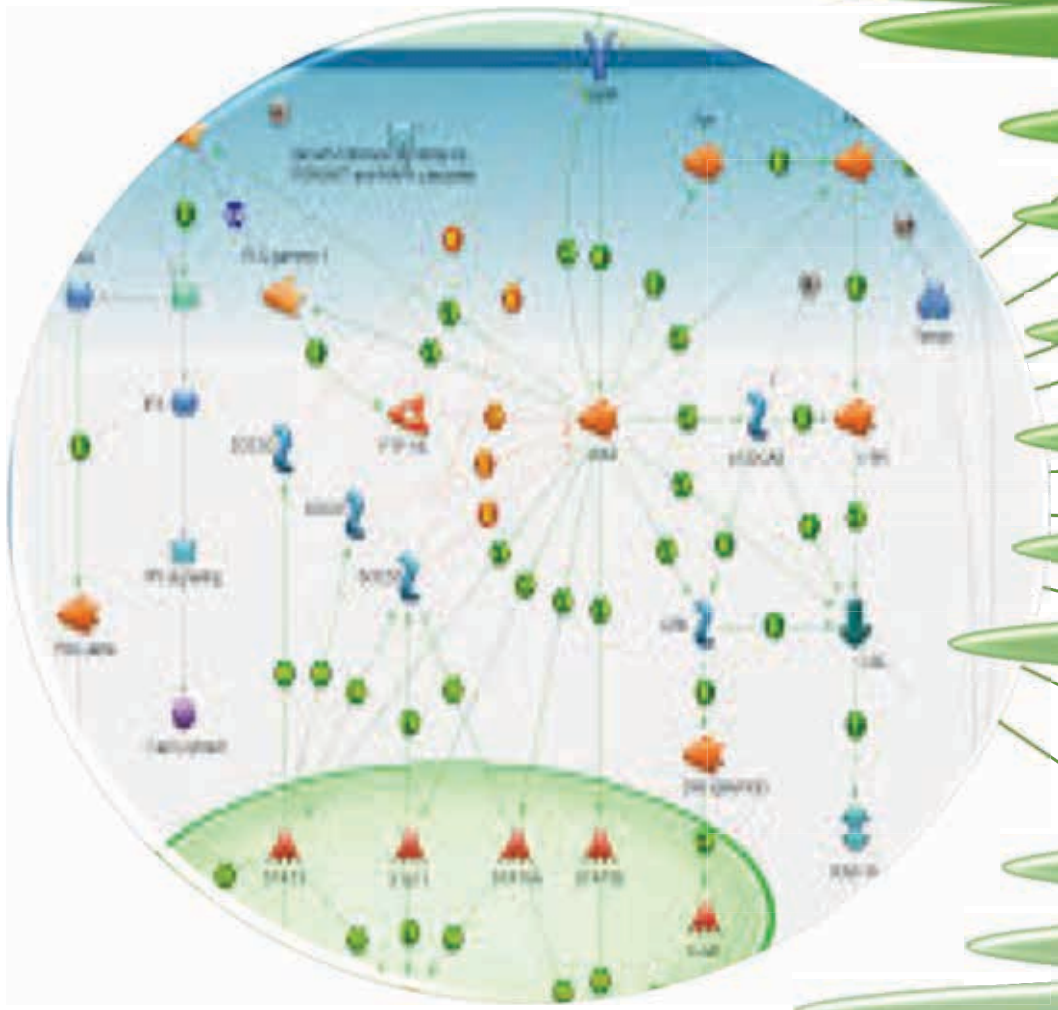
ovarian Leydig cells

retinal photoreceptors

Merkel cells in skin

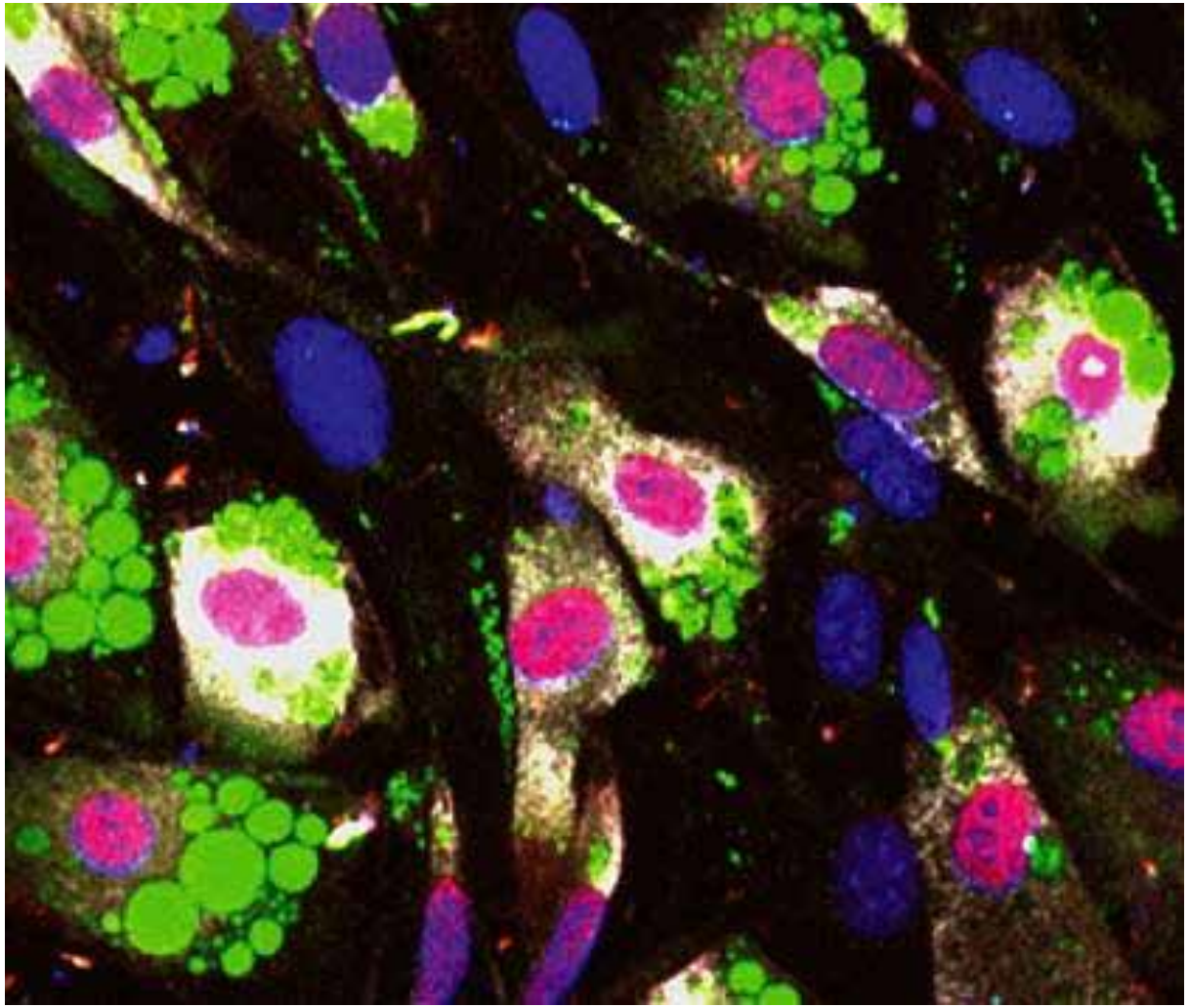
Macrophages.

The spectrum of hormonal substances produced by these cells is extremely wide



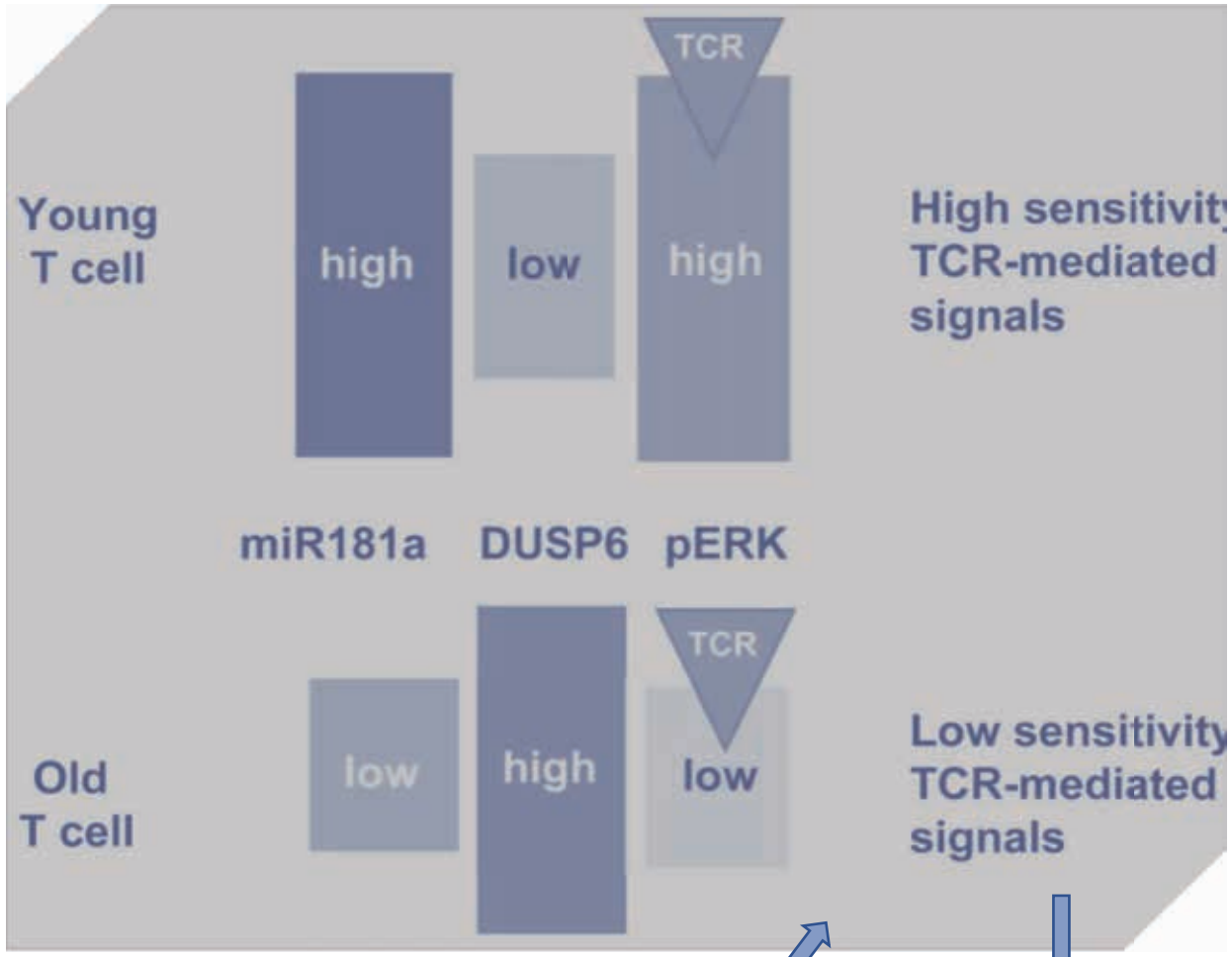
- serotonin melatonin catecholamines histamine
- Endorphins
- Endothelin
- Peptides
- Vasopressin
- Oxytocin
- Thymosins
- Insulin
- insulin-like substances
- ACTH
- Leptin
- etc

A SYSTEMIC PROBLEM can only be solved by changes in MANY aspects of the System



Hormonal Decline means a series of breakdowns in the biological communications network…
AND IN SOME CASES HORMONAL DECLINE IS GOOD FOR OUR HEALTH (E.G. CORTISOL)

Hormonal Decline means
decline in cellular communications
Hormonal overproduction
Means uncecessary cellular communications



Immune Decline DUE to: Decreased T- cell Receptor (TCR) Signaling Communications

Higher susceptibility to Disease

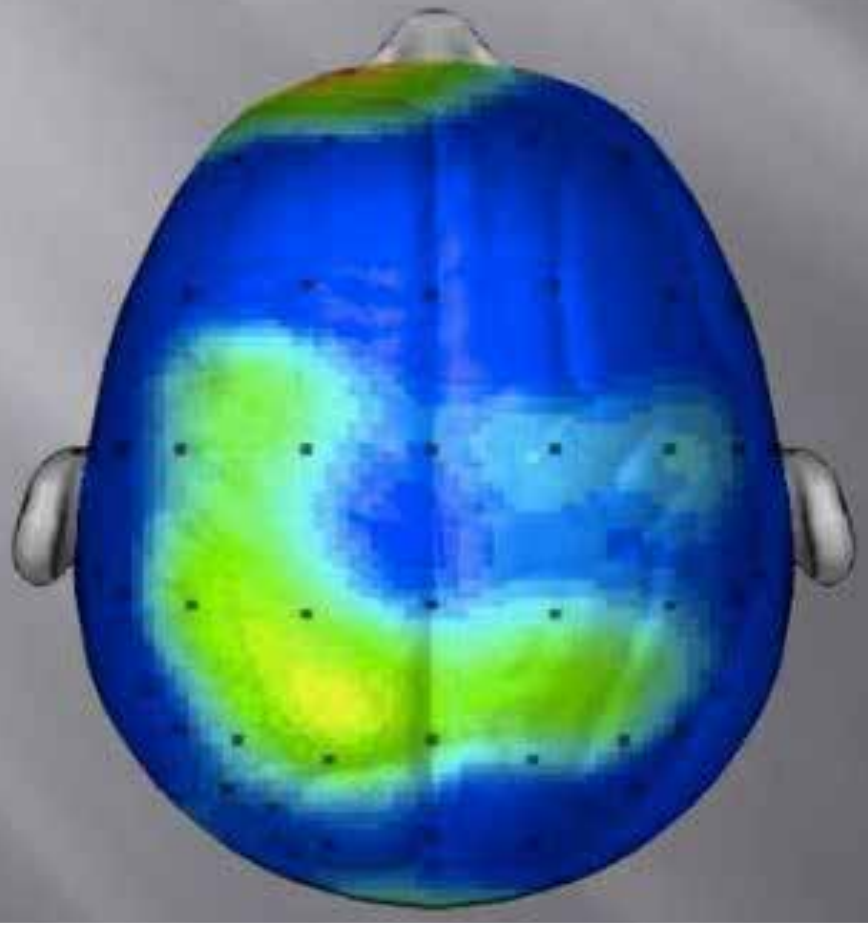
RECAP SOME OF THE ASPECTS OF THE AGEING PROBLEM:

- Hormonal Imbalance in ageing
- Reduced Resting Metabolic Rate - calories burned when the body is at rest – RBCs Aggregation
- Weight Gain / Toxicity Accumulation
- Low-grade inflammation -- Disease
- Immune System Decline

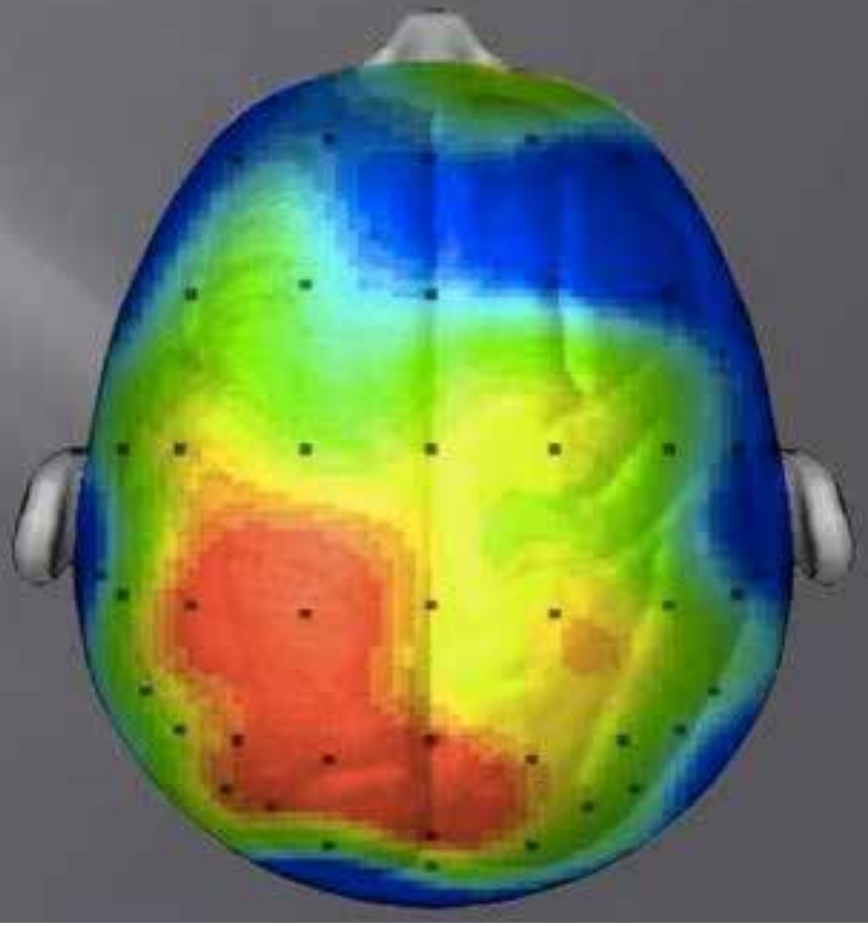
William Joel Meggs, MD, PhD, author of *The Inflammation Cure*, believes FITNESS may fool the body into thinking it's younger than it is.

A SOLUTION: EXERCISE

BRAIN AFTER SITTING QUIETLY



BRAIN AFTER 20 MINUTE WALK



INFLAMMATION

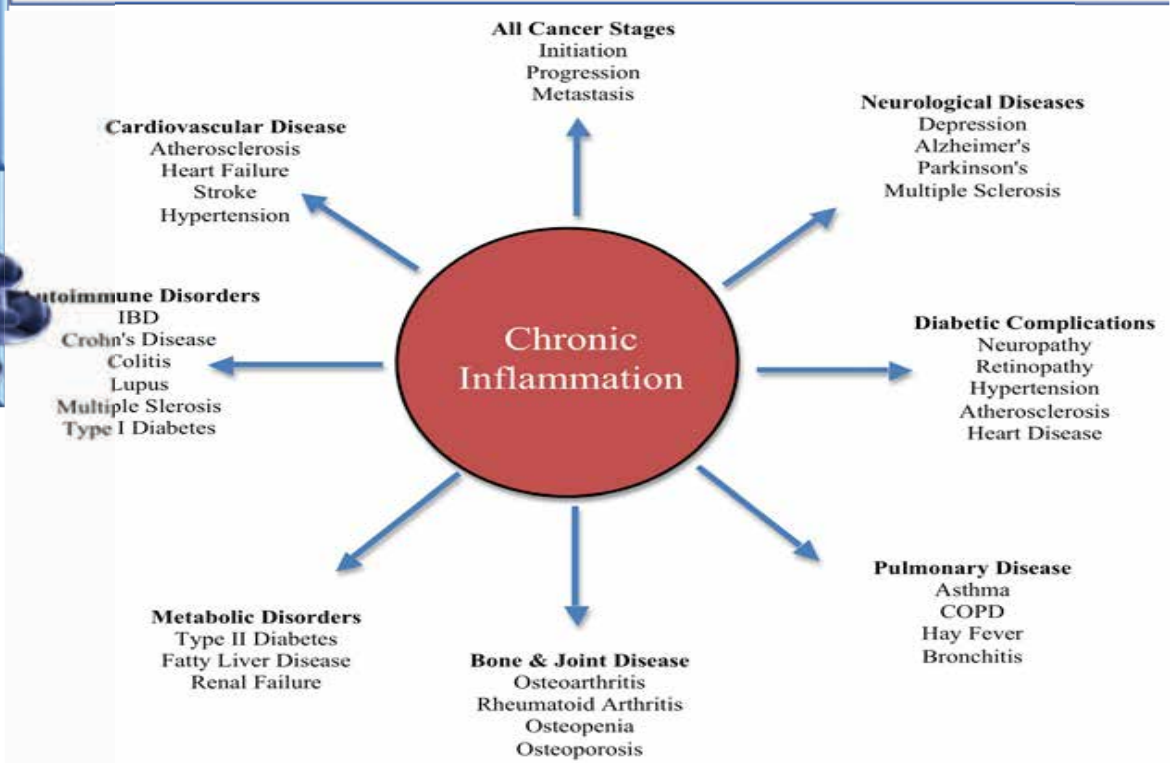
YOUNG

IFLAMMATION is vital in the Young

IN FIGHTING OFF DISEASE

OLD

MILD CHRONIC INFLAMMATION LEADS TO DIABETES, HEART DISEASE ETC



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.

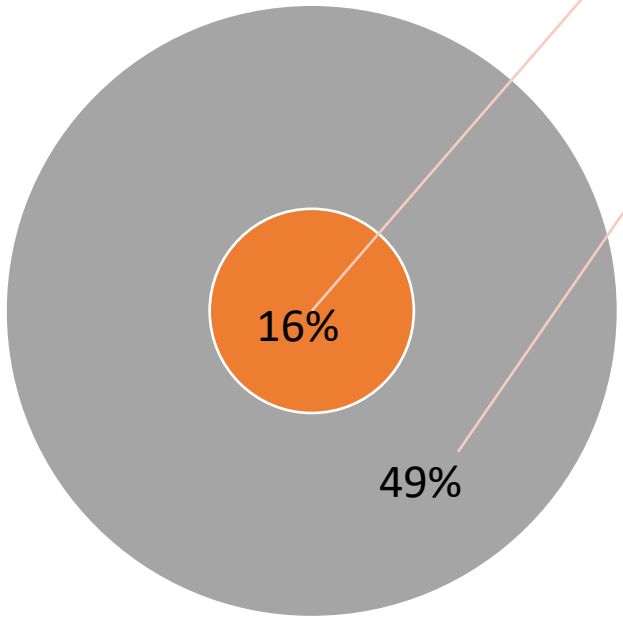
PROCEDURE: Men's fitness levels were measured by how long they could walk on a treadmill at gradually rising inclines.

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

HIGHER CRP levels among the lowest fitness group who struggled.

CRP Levels

Inflammation

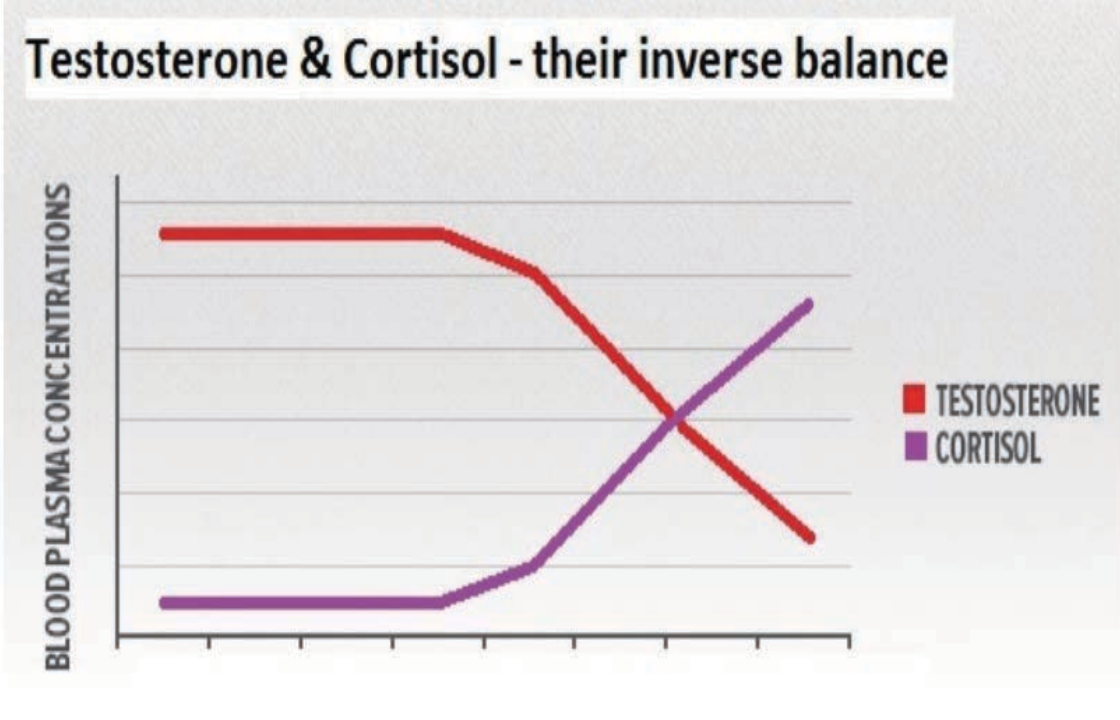


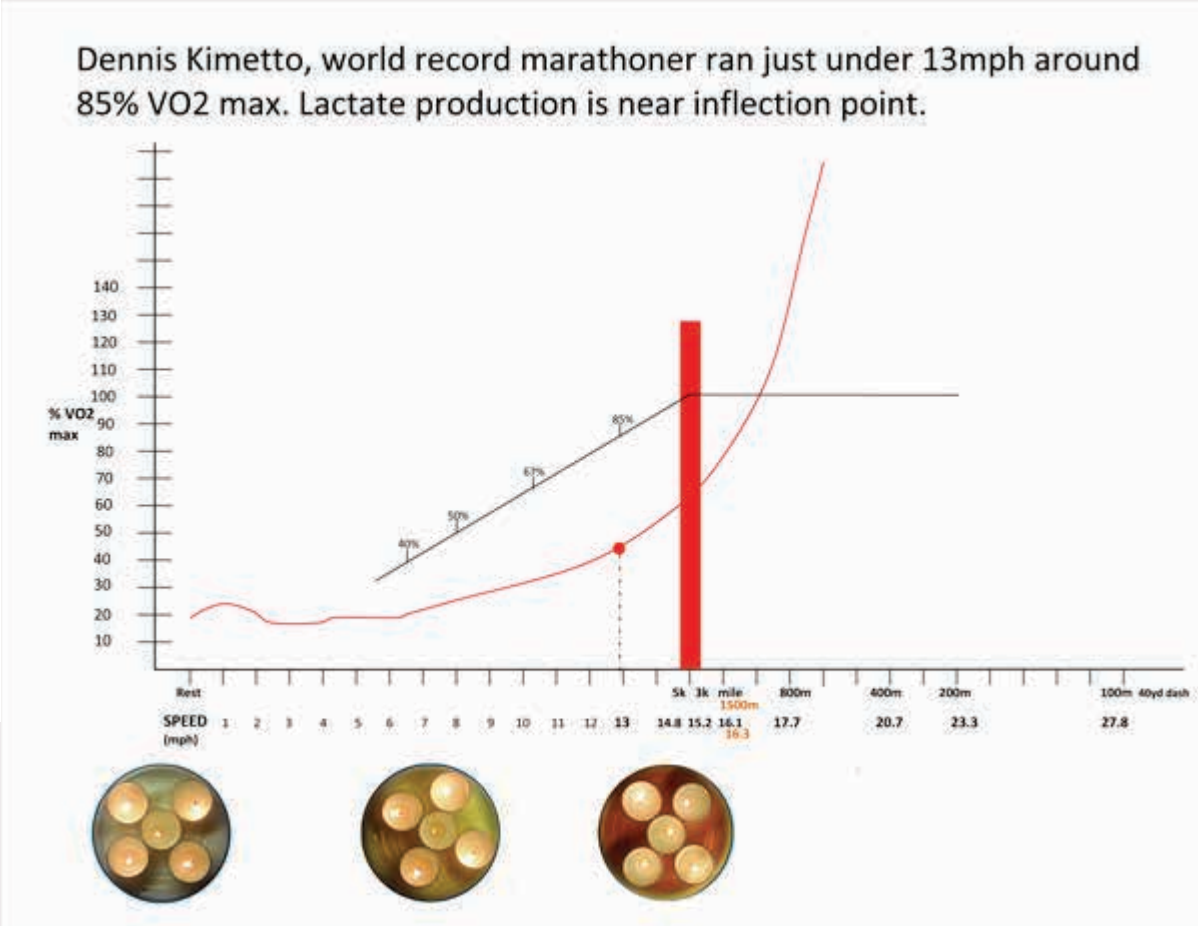
Highest Fitness group
16% of men had elevated CRP levels.

Lowest fitness group,
49% of men had dangerously high CRP scores.

To Exercise or Not to Exercise? And How much?

The Exercise Solution: Overtraining can cause greater hormone imbalance and Upset PH 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

lactic acidosis can upset the body's pH balance

Old Age

Young Age

toxicity

Chronic Inflammation

Trauma

Stress

High Blood Sugar

Infections

No exercise

INFLAMMATION

Causes:
"Adrenal resistance"
and elevated cortisol

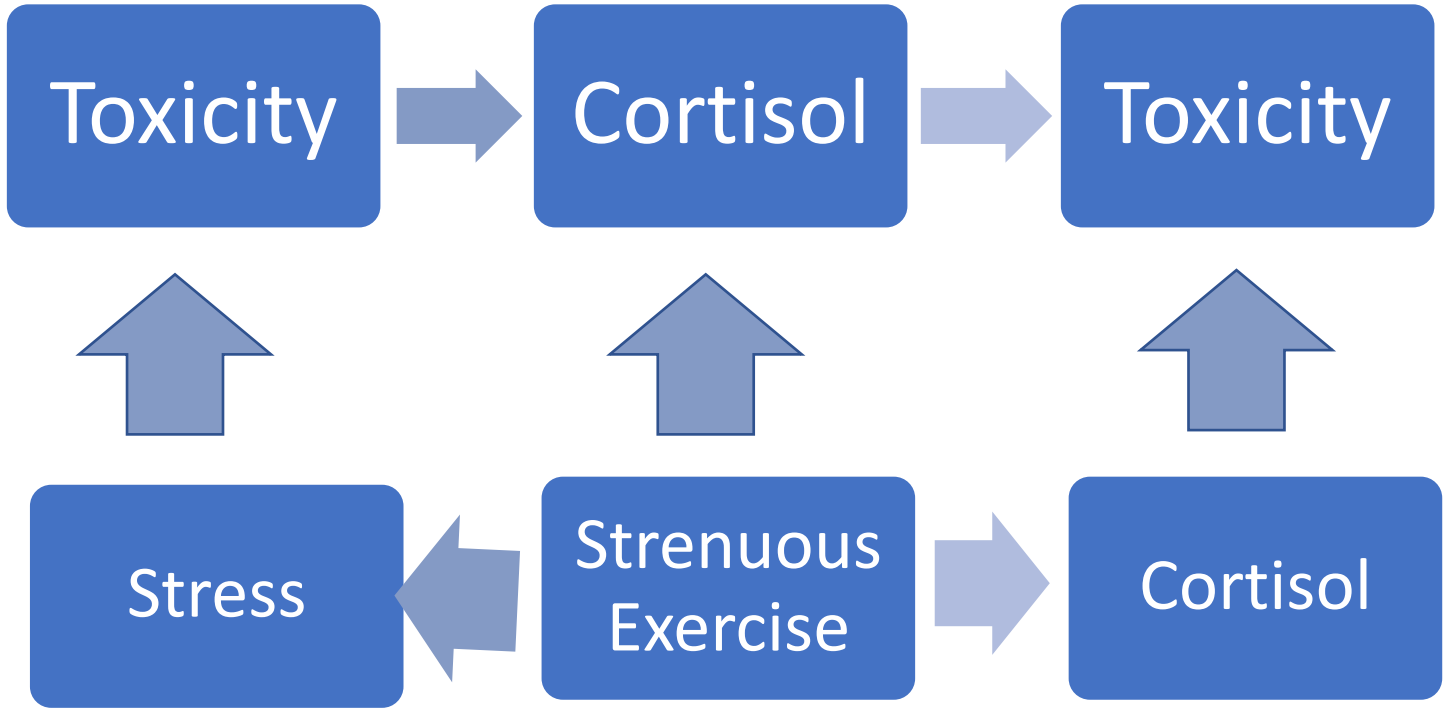
Symptoms of High Cortisol:

- High blood sugar
- Hight blood pressure
- Insomnia
- Hypothyroidism
- Poor digestion
- Decreased immune function
- Constipation

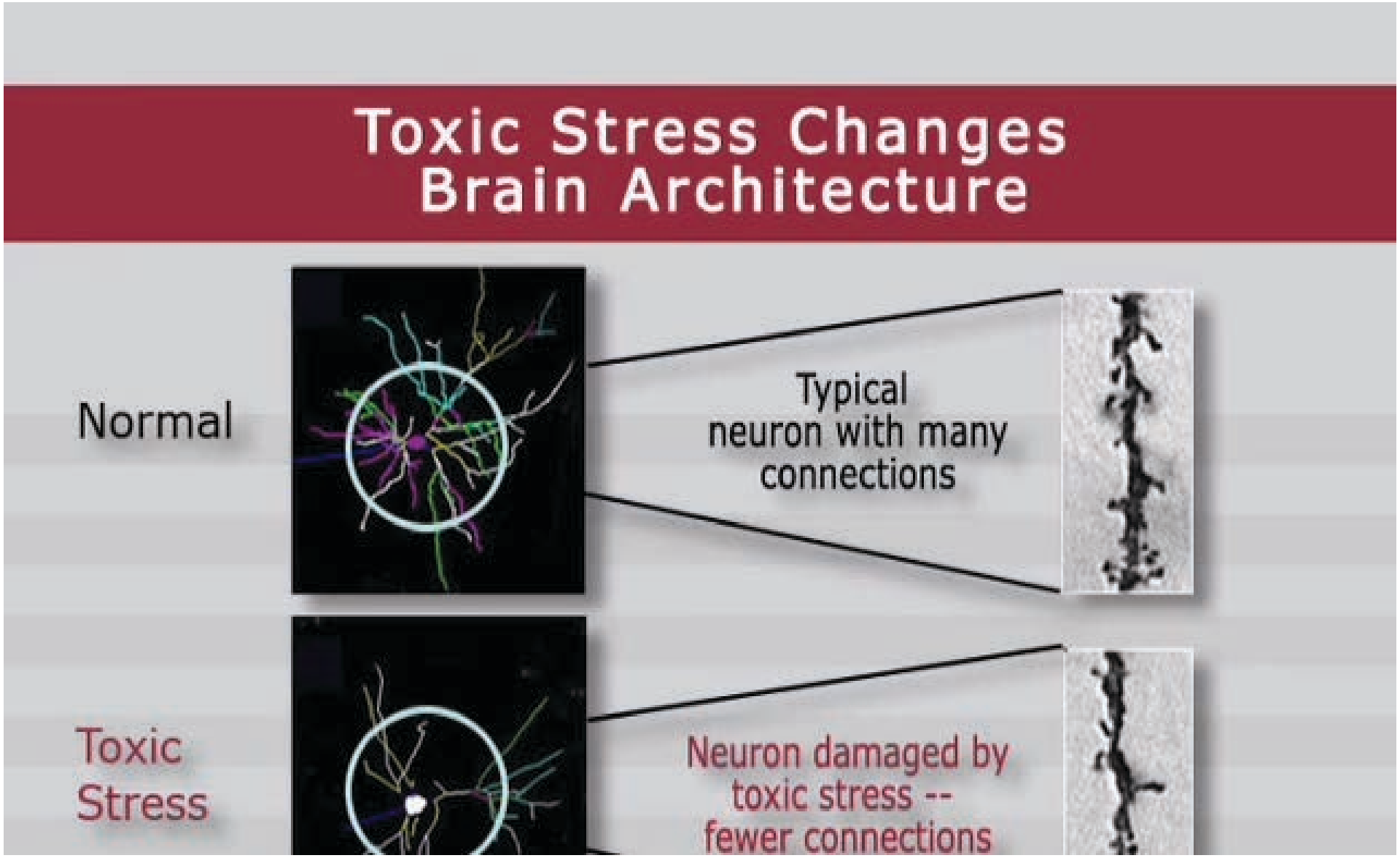
EXCEED MASTERCLASS

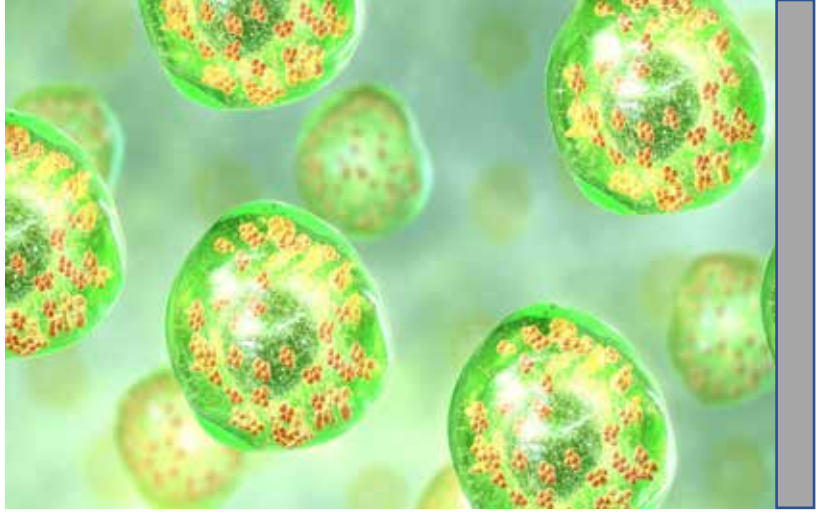
NO EXERCISE, TOXICITY, TRAUMA & CHRONIC INFLAMMATION INCREASE CORTISOL

The Toxicity – Cortisol – Strenuous Exercise – Stress – Cortisol Vicious Circle



Toxic Stress Changes Brain Architecture





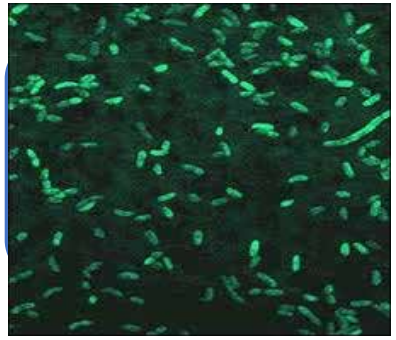
TOXICITY IMBLALANCES ALL FAT BURNING HORMONES

LEPTIN AND GREHLIN IMBALANCE INCREASES HUNGER.

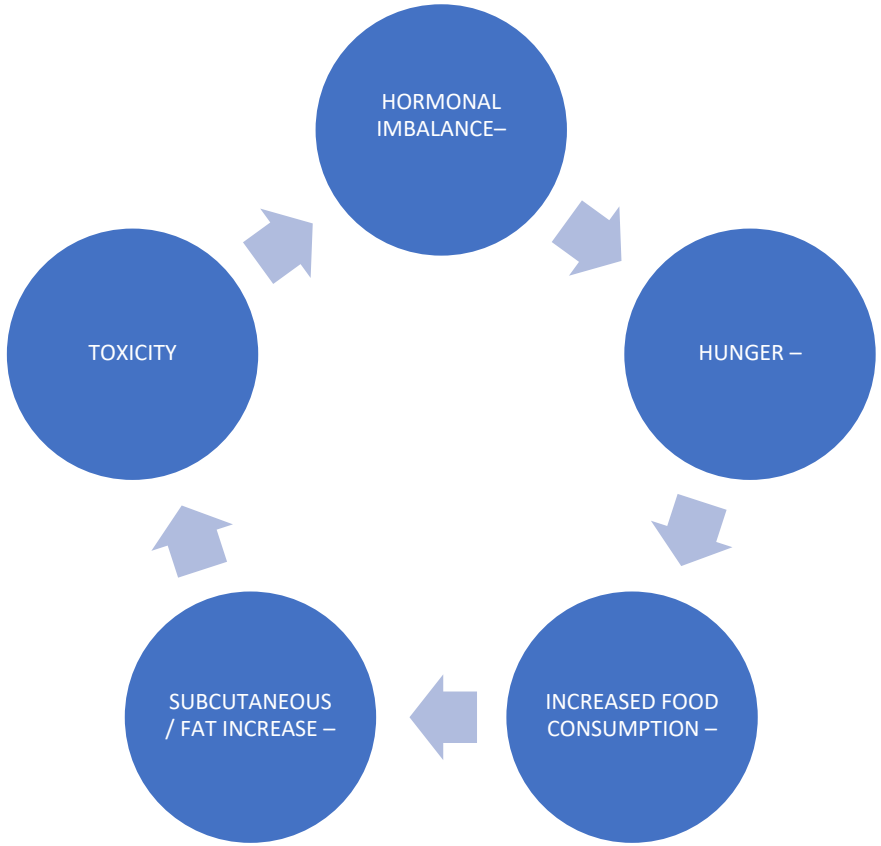
THE MORE TOXIC YOU ARE THE MORE HUNGRY YOU ARE

5 Fat Burning Hormones

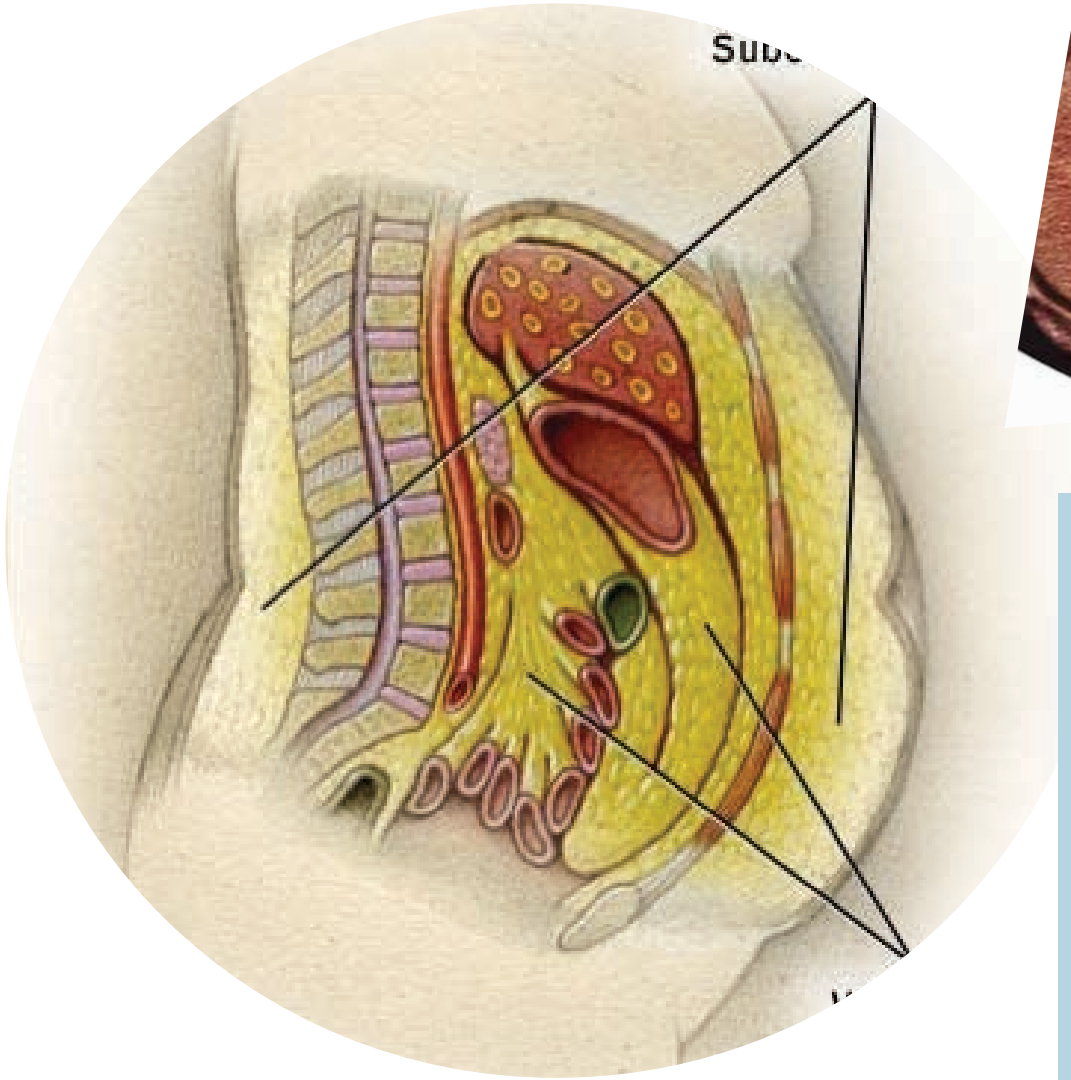
Hormone	Produced By	Major Functions
Adiponectin	Fat cells	Lowers blood sugar and burns fat
Grehlin	Stomach Cells	Stimulates hunger and fat storage
Insulin	Pancreas	Lowers blood sugar and stimulates fat storage
Leptin	Fat Cells	Stimulates satiety and fat burning
Cortisol	Adrenal Glands	Increases blood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

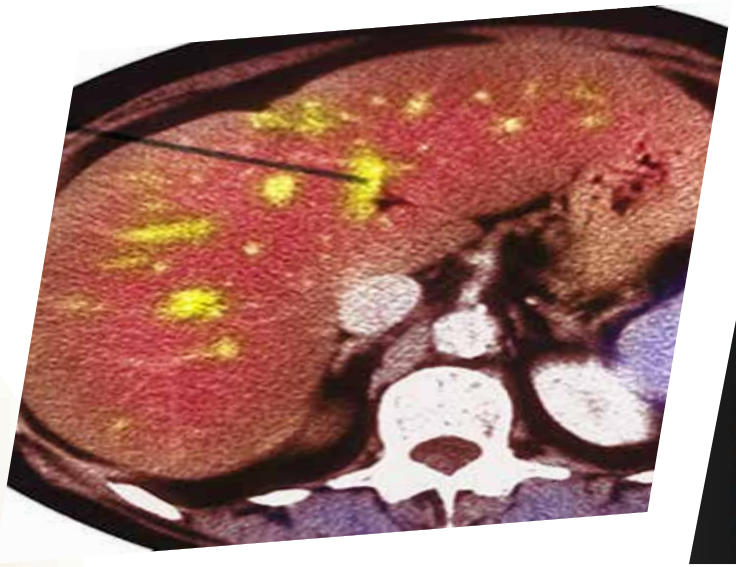


VICIOUS CIRCLE



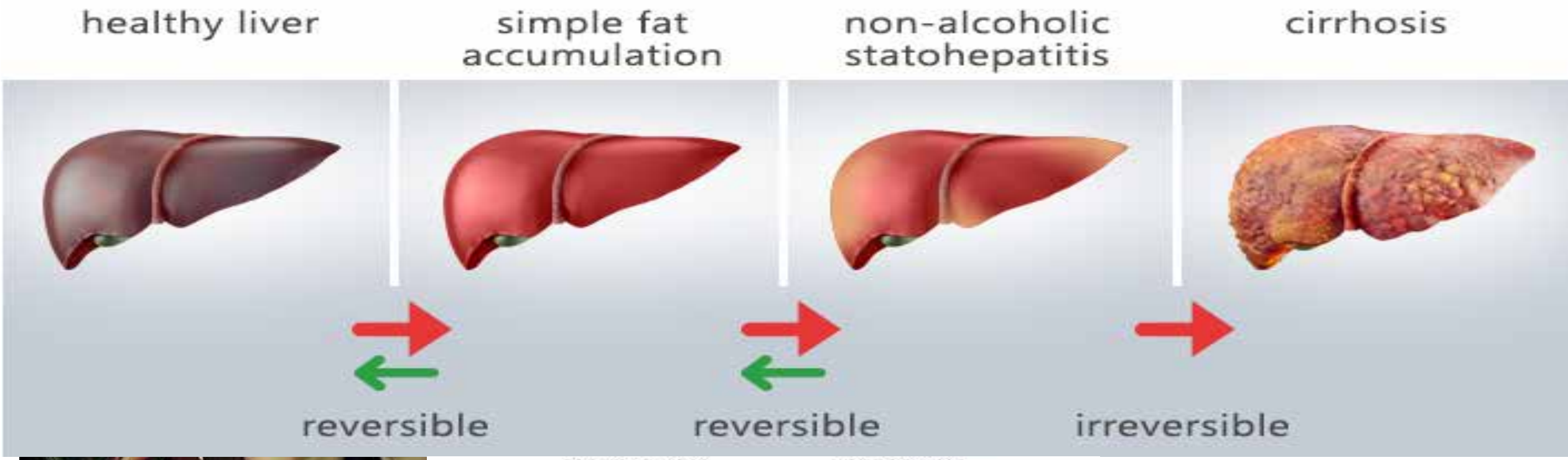
The VISCERAL FAT PROBLEM

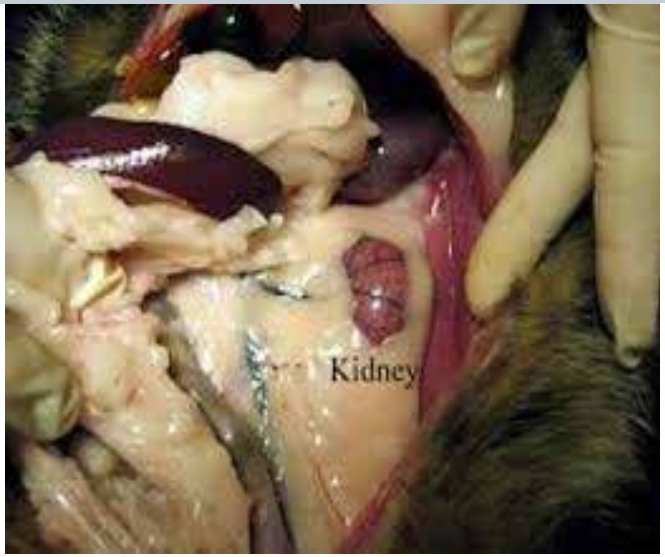


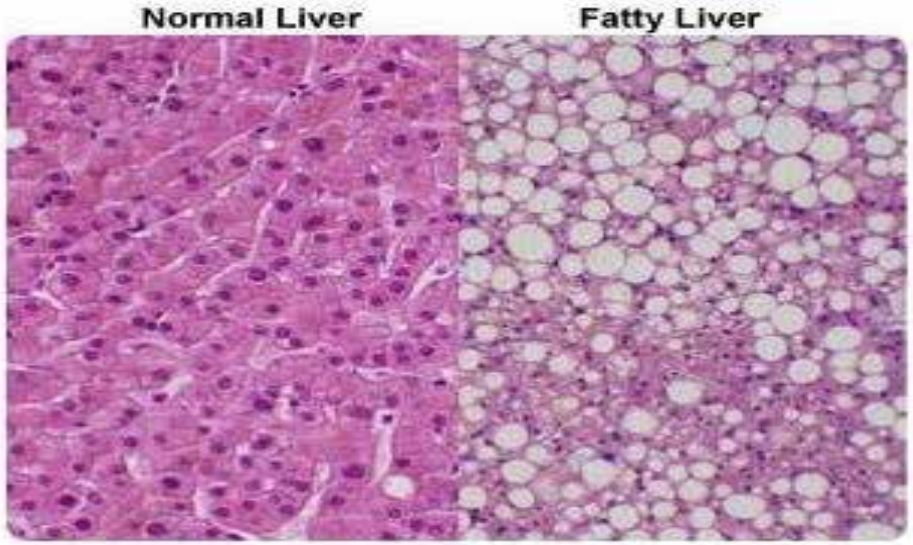


Blood carrying visceral fat cells that are stuffed with excess triglycerides take free fatty acids into the liver, pancreas and other organs.

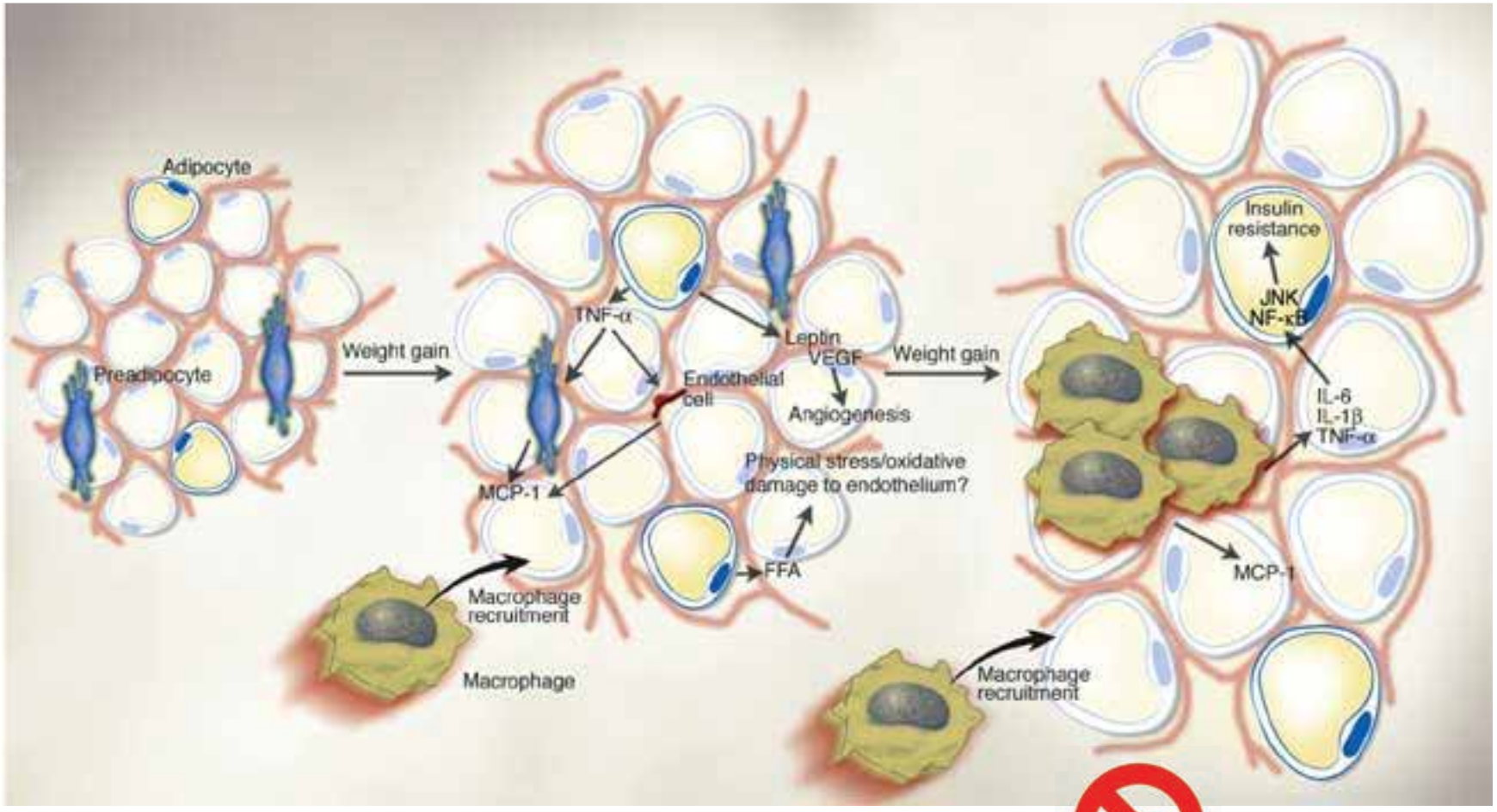
Over time, this causes the organs (FATTY LIVER, FATTY HEART, ECT) to dysfunction, and could lead to impaired regulation of insulin, blood sugar and cholesterol.

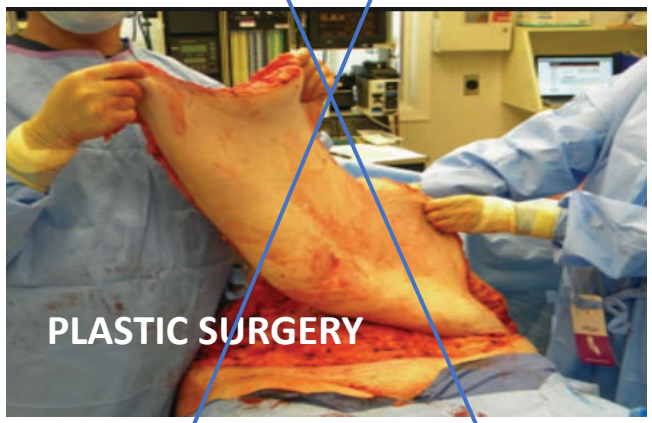






FAT INVADES VITAL ORGANS AND COMPROMIZES THEIR FUNCTIONING.





VISCERAL FAT CANNOT BE REMOVED BY:

THE EXERCISE DILHEMMA 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

Working Out with Visceral Fat

You WILL NOT Get This!

40+ Working out in the gym

You WILL Get This!

AFTER 45 years of age

Some People Cannot Exercise

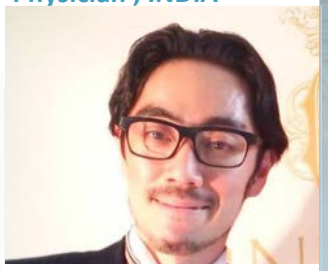
- Body aches Makes Exercise Undesirable
- Low energy makes Exercise too difficult to sustain
- With aging there is additional risk of injury
- Diabetics and obese patients have difficulty exercising
- Patients on statins cannot exercise
- Patients with muscle atrophy or stroke patients cannot exercise

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

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

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

THOMAS BARNARD, MD
Anti-aging Physician
CANADA



HIROYUKI OTOMO
MD, JAPAN
Anti-Aging Doctor
Pain Management

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

BOB MARSHALL, PhD
Biochemical Research Energy Specialist, USA

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

Following the invention of the Pacemaker one of the researchers, Gerry Pollock, after 20 years of research in London University invented:

EFFORTLESS EXERCISE SIGNALING

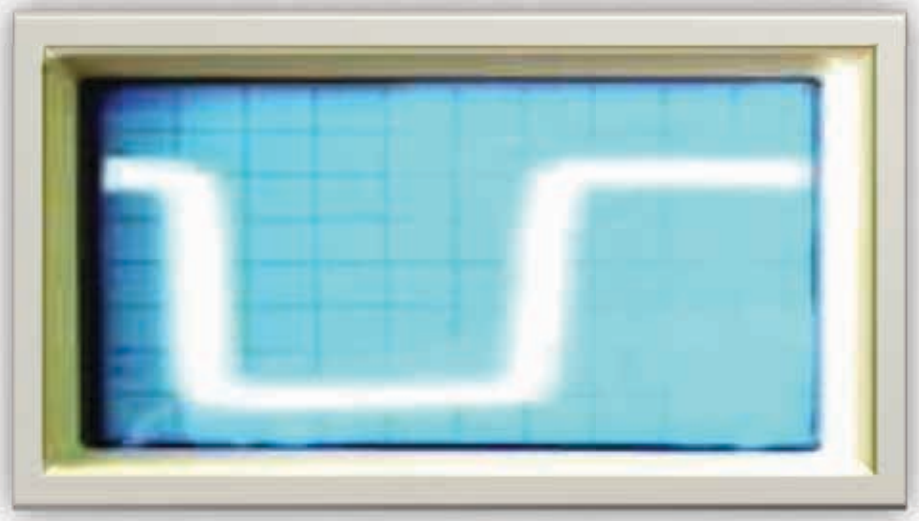
* Burns visceral & subcutaneous fat as an energy source to build muscle.

- Detoxes
- Balances out hormones

Gerry's Research now continues by a number of international doctors

SIGNALING EFFORTLESS EXERCISE:

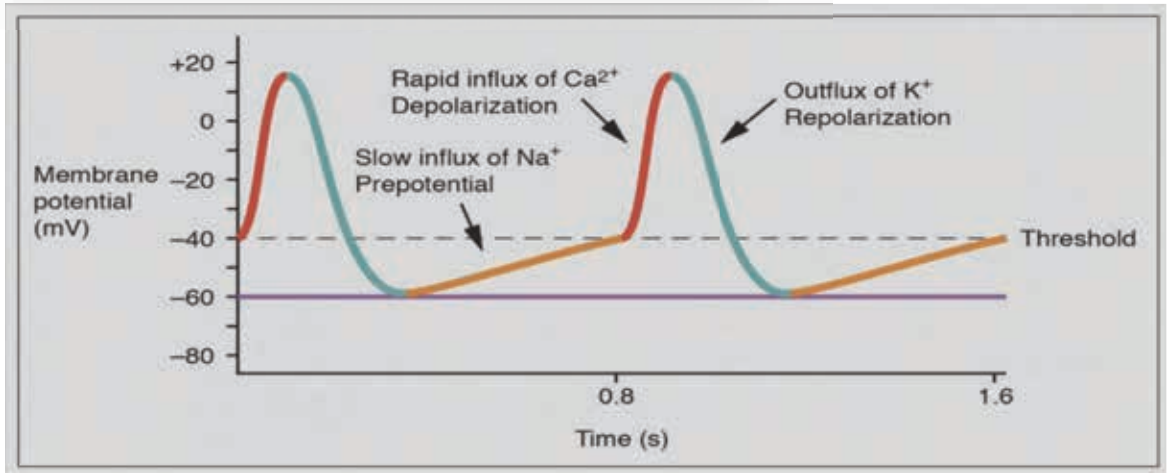
transmits an unlimited resolution complex signal (composed out of 4,000 waveforms) induces constant 8 secs contractions of a large group of coordinated muscles simulating very strenuous exercise that even professional athletes who have invested a life in the gym have difficulty performing.



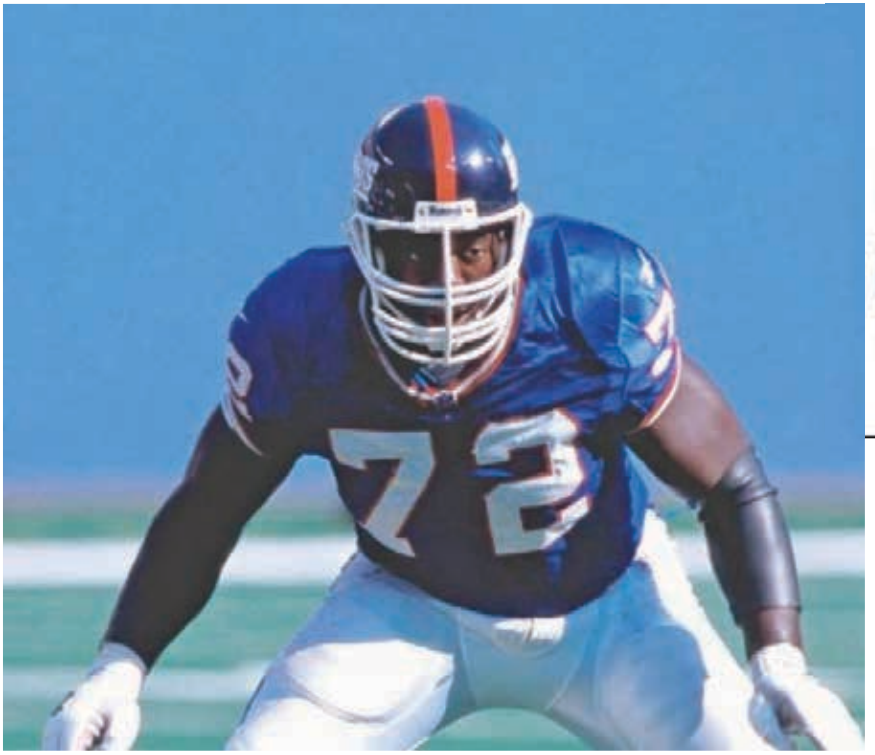
MUSCLE STIMULATORS

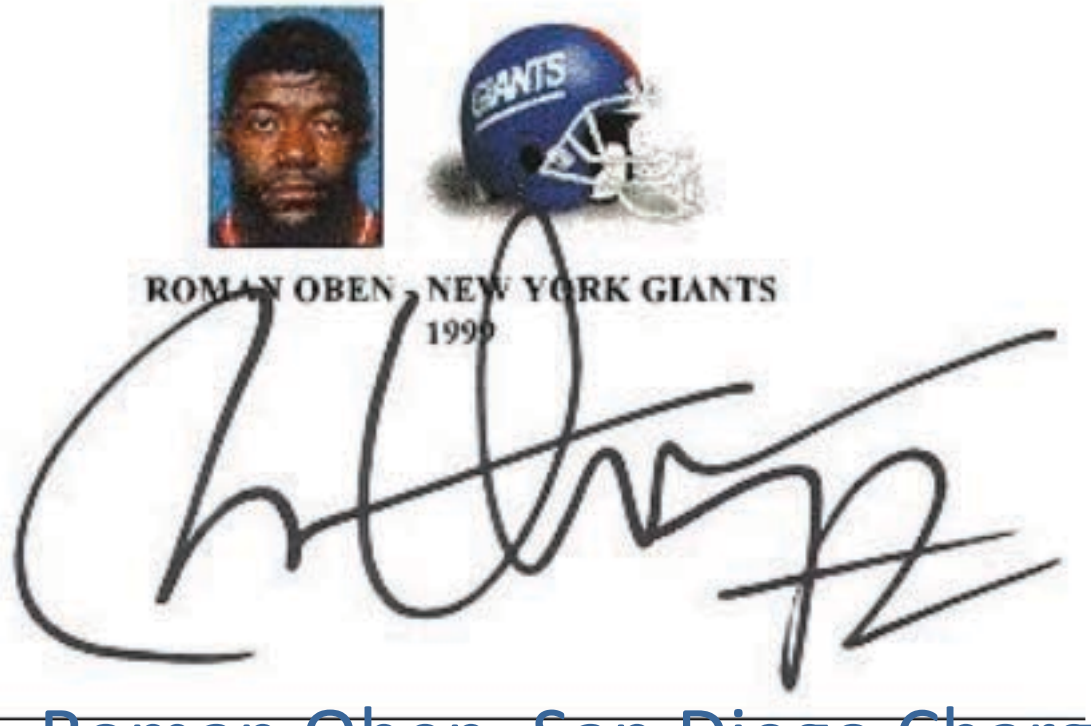
send electrical pulses delivered by multiple digital limited resolution waveform pulses to depolarize individual muscles.

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

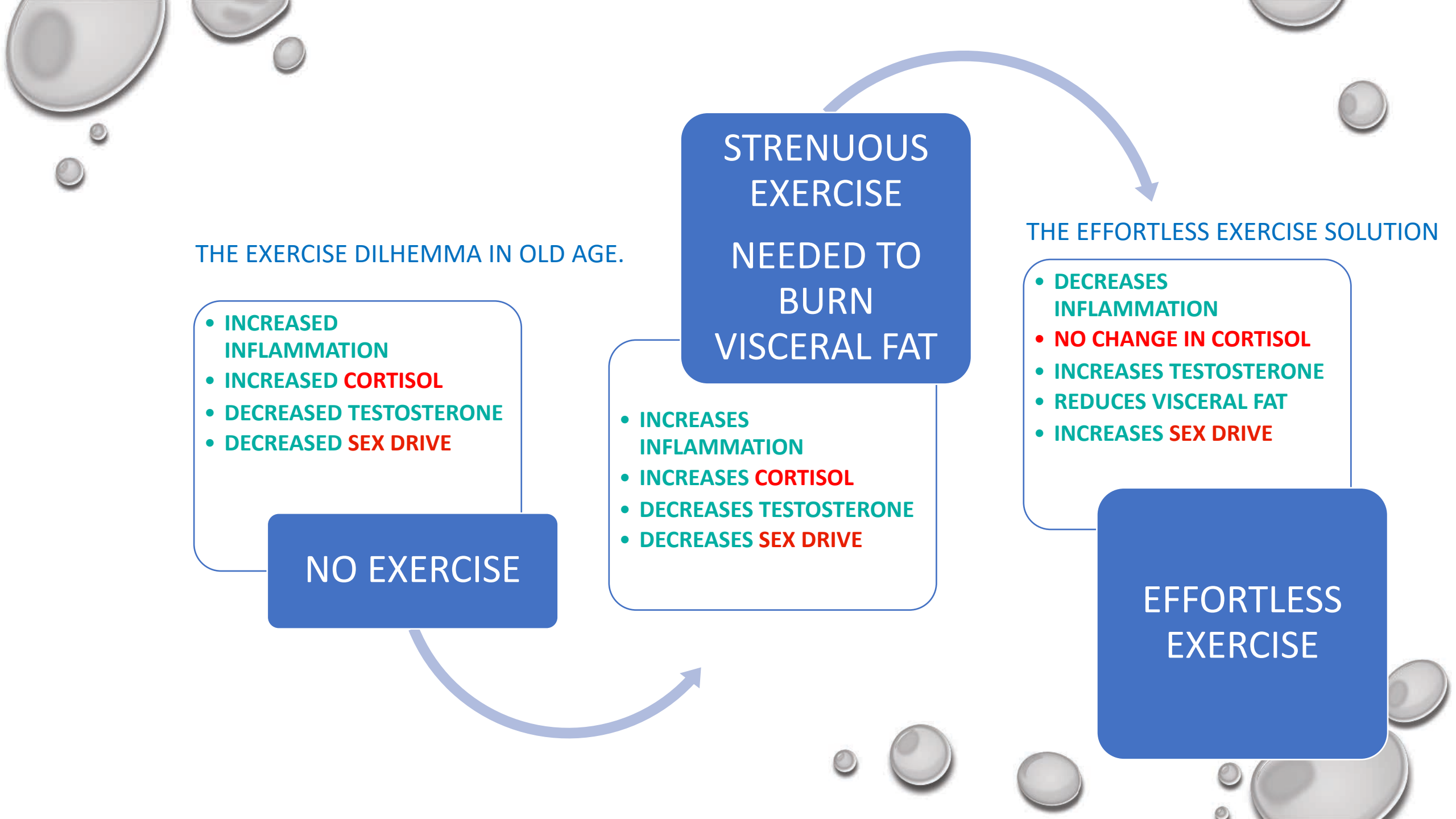


Sports Injury





Roman Oben, San Diego Chargers / New York Giants was treated with an earlier version of the Effortless exercise technology, for his foot Injury in 1995 when he was about to give up of ever playing football again. His foot got back to normal and he ended up as a star of New York Giants in 1999.


THE EXERCISE DILHEMMA IN OLD AGE.
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NO EXERCISE
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NEEDED TO BURN VISCERAL FAT
• INCREASES INFLAMMATION
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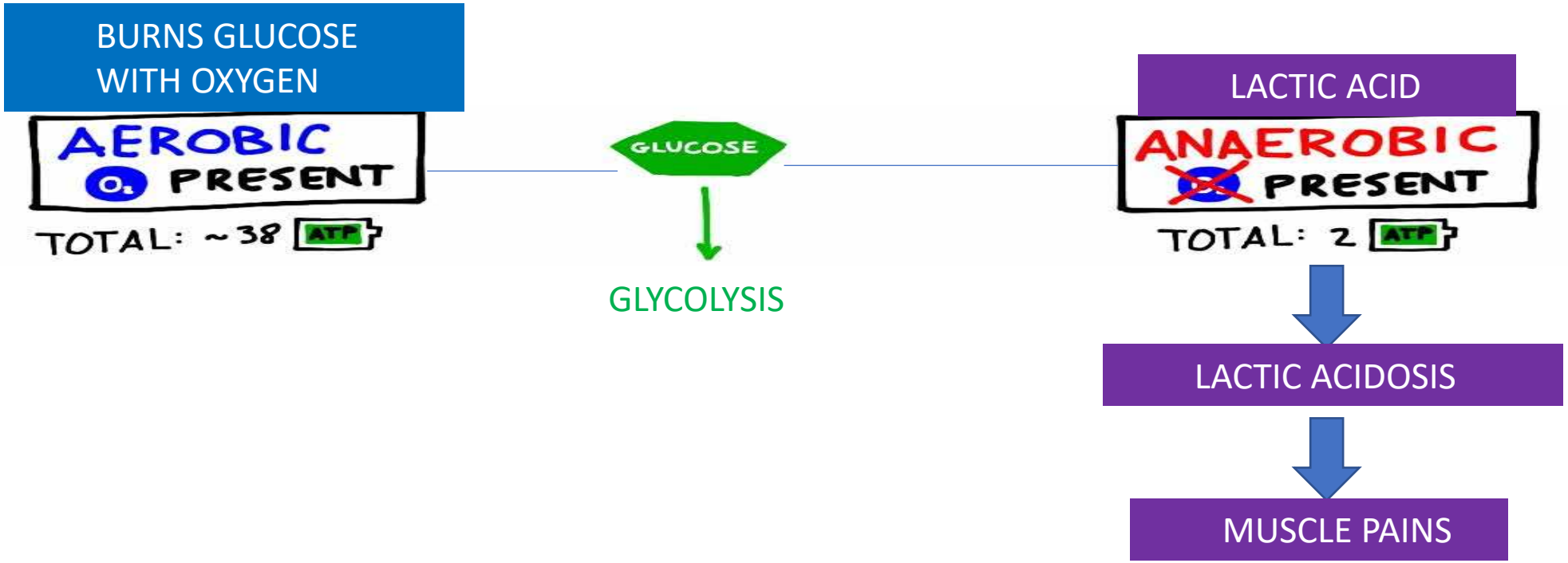
• DECREASES TESTOSTERONE
• DECREASES SEX DRIVE
THE EFFORTLESS EXERCISE SOLUTION
• DECREASES INFLAMMATION
• NO CHANGE IN CORTISOL
• INCREASES TESTOSTERONE
• REDUCES VISCERAL FAT
• INCREASES SEX DRIVE
EFFORTLESS EXERCISE



EXERCISE ENERGY PRODUCTION OXYGEN (AEROBIC) + LACTIC ACID (ANAEROBIC):
38+38+38… +2+2… + 38+38+38… +2+2… = A levels of ATP

EFFORTLESS EXERCISE ENERGY PRODUCTION OXYGEN (AEROBIC ONLY):
38+38+38… 38+38+3… + 38+38+38… = B levels of ATP

B levels of ATP > A levels of ATP


VIRTUAL GYM
UNIQUE

Design: 19 subjects receiving 3 treatments weekly – total of 12 treatments.
Measures: A/ Magnetic Resonance Imaging Test, (MRIs)
B/ concentrations of T3
DHEA
Triglycerides

RESULTS

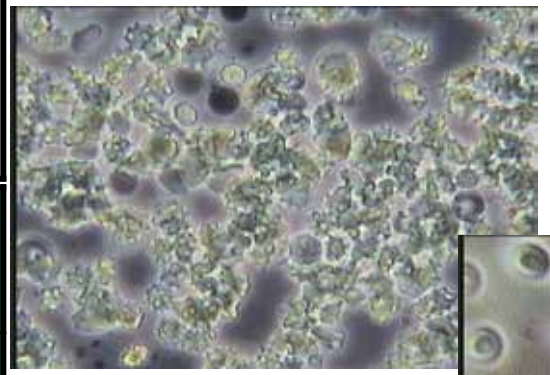
1. **Significant increase in Free T3 levels (Free T3 before: 120 pg/dL Free T3 After: 620 pg/dL**

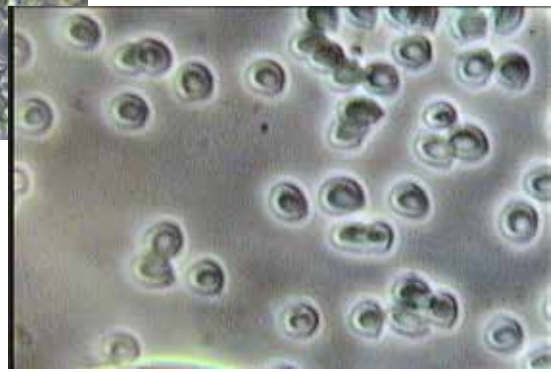
2. Significant increase in DHEA levels (DHEA levels before: 10.7nmol/l; DHEA levels after: 16.85nmol/l, p<0.01)

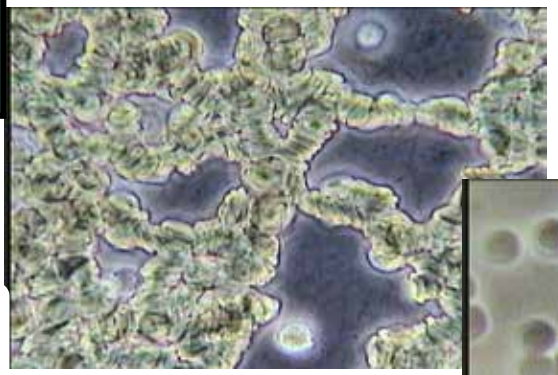
DHEA increases
*bone density
*collagen

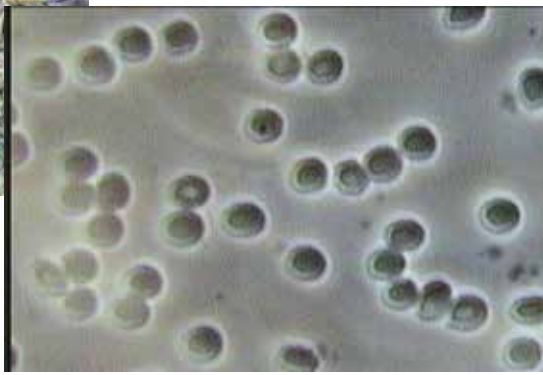
3. **Significant decrease of Adipose tissue area and Triglyceride Levels (Before: 2.87 nmol/l After 1.11 nmol/l p<0.01)**

Before Treatment	Erythrocyte Aggregation	Rouleau	Fungal Forms	Thrombocyte Aggregation	Bacteria	Poikilocy-tosis	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
	0	0	2	2	2	0	3	16









19 subjects receiving treatments three times weekly. TREATMENTS SEPARATE ERYTHROCYTES (RBCs).

RBCs CARRY OXYGEN & NUTRIENTS TO CELLS, ANTIBODIES TO SITES OF ACTION & WASTE PRODUCTS TO KIDNEYS FOR DETOX

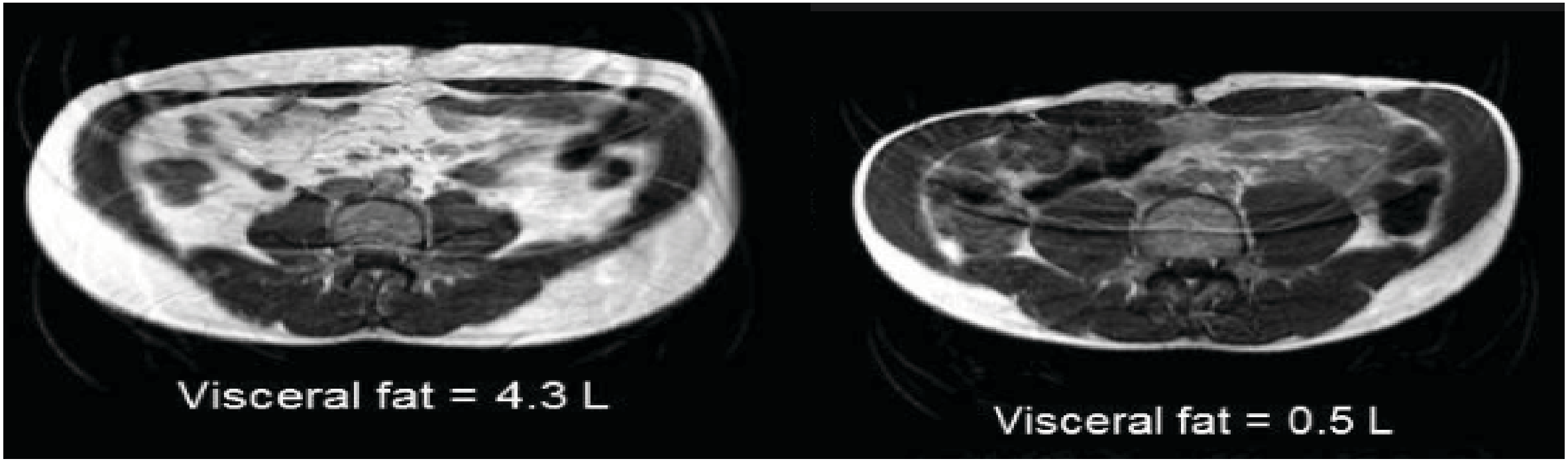
Clinical Study on Lymphatic Drainage

When it comes to exercise, more may not be better. Training for more than 60 minutes, even at a low intensity will burn up the body's glycogen stores and stimulate cortisol release.

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

EXPERIMENTAL STUDIES



MRIs showed a significant decrease of Visceral Fat: Visceral Fat Before: 159.88 cm^2

Visceral Fat After: 76.90 cm^2 $p< 0.01$ – Significance

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

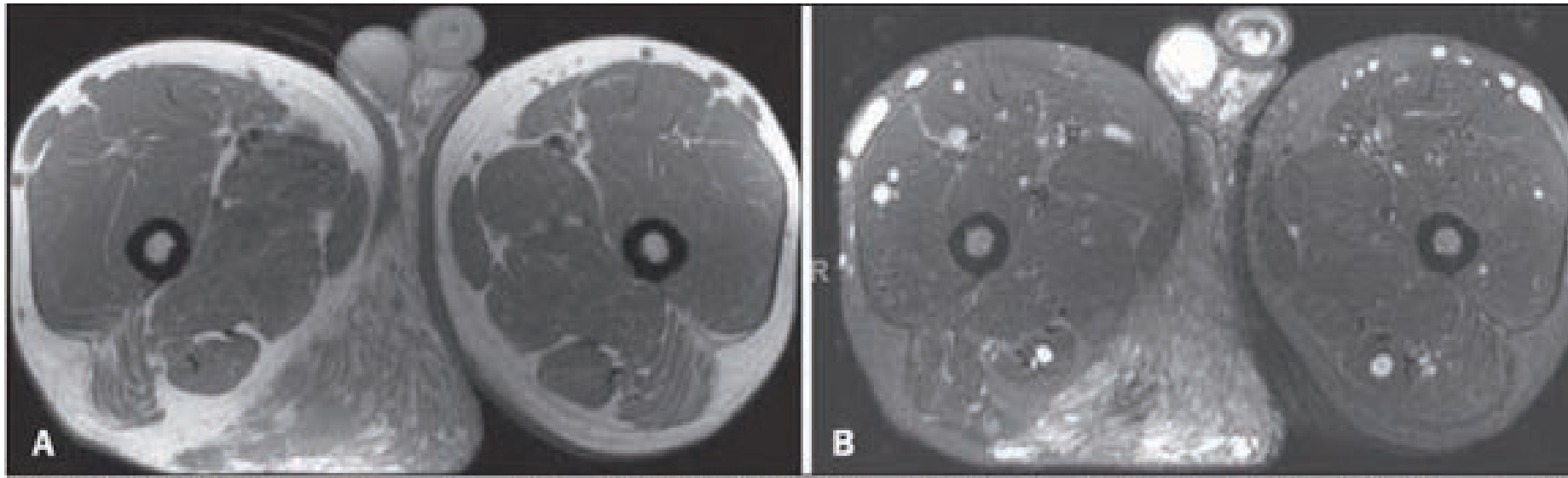
19 Subjects each receiving 12 Treatments over a period of 4 weeks period

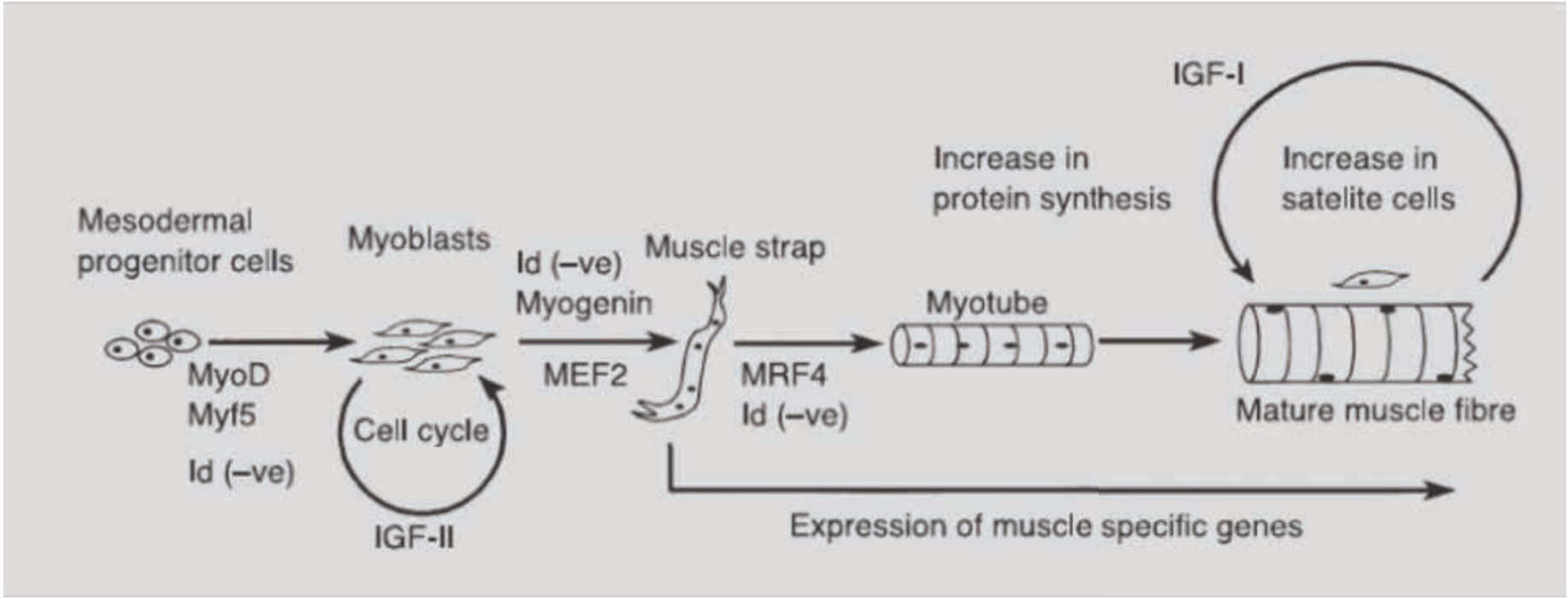
MRI results showed increased muscle mass

Muscle Mass Before: 133.70 cm^2

Muscle Mass after: 201.73 cm^2

$p < 0.01$ – Significance





Experimental Studies

Goldspink et al (1991) found that the London Generated technology later to be presented as effortless exercise produces rapid hypertrophy, reflecting changes in gene expression (detected by analysing the RNA). This expression involved **skeletal genes that are associated with overload, stretch and physical exercise implying a kinship between effortless exercise and physical activity.**

CLINICAL DATA COLLECTED IN THE USA AND CANADA (2010-2013) BY A NUMBER OF CLINICIANS OFFERING THE ION MAGNUM (VIRTUAL GYM ANCESTOR) EFFORTLESS EXERCISE TO THEIR PATIENTS (TOTAL NO OF PATIENTS 86 – 56 WOMENT AND 30 MEN) HAS SHOWN THAT THE INCH LOSS BELOW THE ABDOMEN OBESERVED AFTER TREATMENT IS NOT RELATED TO WATER LOSS BUT TO ACTUAL FAT BURNING AS AN ENERGY SOURCE TO FORM MUSCLE AS THE FIGURES OF AVERAGES BELOW DEMONSTRATE

Date	Body Fat %	TBW %	Muscle Mass %	Inch Loss
8/8/13	49.7%	37.1 %	39.4%	-1.5
10/8/13	42.3%	39.2 %	45%	0
12/8/13	40.1%	36.1%	47.3%	--.5
15/8/13	40 %	37.4%	48.6%	-1
17/8/13	35.7%	36.8%	52.1%	-2.5
20/8/13	33.2%	38%	56.7%	-0.4
22/8/13	32.1%	38.2%	55.9%	0
24/8./13	28.9%	37.9%	57.9%	0
26/8/13	28%	38.5 %	58.9%	-2
28/8/13	27.2%	37.4%	61.4%	-1
1/9/13	27%	37.6%	63.3%	-3
3/9/13	25.8%	37.3 %	63.2%	-1

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

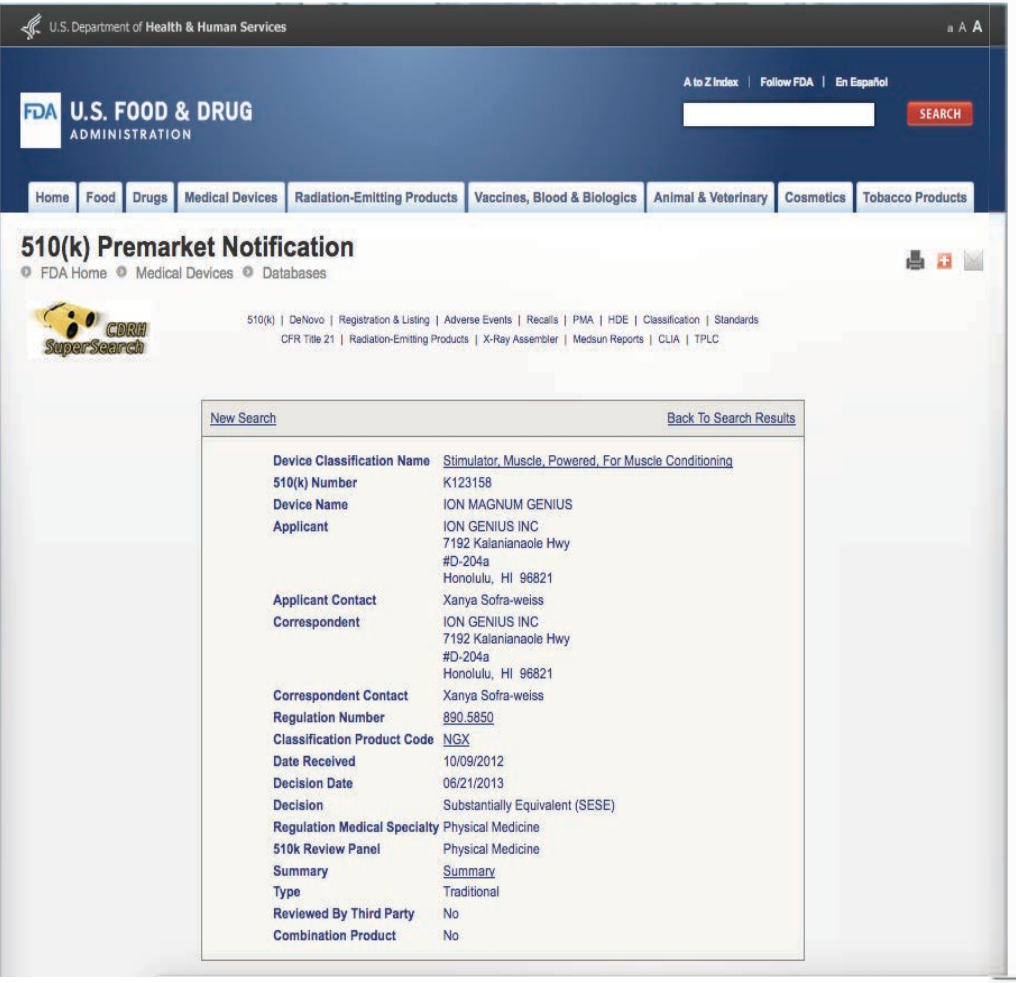
	Before treatment	After treatment
Weight (kg)	75.8	67.2
Fat %	36.5	25.8
Upper abdomen(cm)	97	82
Umbilicus (cm)	100	88
Lower abdomen (cm)	105	94
Insulin-Fasting(mIU/ml)	25.8	8.7
Insulin PP (mIU/ml)	136	14
Triglycerides (mg/dl)	294	197
HDL(mg/dl) good cholelserol	36	42
Back pain	Lower Back pain +++	Significant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


VIRTUAL GYM TWO TREATMENTS


VIRTUAL GYM
ONE TREATMENT


Virtual Gym One Treatment

CERTIFICATES



U.S. Department of Health & Human Services

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Device Classification Name	Stimulator, Muscle, Powered, For Muscle Conditioning
510(k) Number	K123158
Device Name	ION MAGNUM GENIUS
Applicant	ION GENIUS INC 7192 Kalanianaole Hwy #D-204a Honolulu, HI 96821
Applicant Contact	Xanya Sofra-weiss
Correspondent	ION GENIUS INC 7192 Kalanianaole Hwy #D-204a Honolulu, HI 96821
Correspondent Contact	Xanya Sofra-weiss
Regulation Number	890.5850
Classification Product Code	NGX
Date Received	10/09/2012
Decision Date	06/21/2013
Decision	Substantially Equivalent (SESE)
Regulation Medical Specialty	Physical Medicine
510k Review Panel	Physical Medicine
Summary	Summary
Type	Traditional
Reviewed By Third Party	No
Combination Product	No

Lloyd's Register
LRQA

CERTIFICATE OF APPROVAL

This is to certify that the Quality Management System of:

Microcustom International Ltd
trading as Kays Electronics Ltd
85 Cavendish Street,
Ipswich, Suffolk
United Kingdom

has been approved by Lloyd's Register Quality Assurance to the following Quality Management System Standards:

ISO 9001 :2008

The Quality Management System is applicable to:

Sales, manufacture and repair of electronic measurement and control equipment for general use.

Approval Certificate No: LRQ 0959441

Original Approval: 7 May 1998
Current Certificate: 1 June 2016
Certificate Expiry: 14 September 2018

Issued by: Lloyd's Register Quality Assurance Limited

UKAS MANAGEMENT SYSTEMS 001

1 Trinity Park, Bickenhill Lane, Birmingham. B37 7ES, United Kingdom

Declaration of Conformity

This is to certify that the following equipment meets the requirements of 93/68/EEC (CE Marketing Directive)

Manufacturer	: Kays Electronics (Microcustom International Limited t/as)
Registered Address	: 37 Lower Brook Street, Ipswich, Suffolk, IP4 1AQ
Registration Number	: 04227045
Equipment Designation	: VIRTUAL GYM

89/336/EEC UK Regulations:
The Electromagnetic Compatibility Regulations 1992-SI 1992/2372

Applied Standards: EN50081-1
EN50082-1

73/23/EEC UK Regulations:
The Electrical Equipment (Safety) Regulations 1994-SI 1994/3260

Applied Standard: EN60601-1

Signed: M. P. Noble

31-05-2016 For & on behalf of Kays Electronics
(Microcustom International Limited t/as)

Name: M P Noble

Position: Managing Director

First Issued: 31 May 2016


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