

DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY



Dr Xanya Sofra, Ph.D. Ph.D

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

SYMPOSIA OR OTHER PRESENTATIONS

AT THIS CONGRESS: [NONE]

OUTSIDE WORKSHOPS,

PRESENTATIONS, ADVISORY BOARDS

etc. [NONE]



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

SEXUAL DYSFUNCTION IS MULTIDETERMINED

BODY IMAGE
/SELF
CONFIDENCE

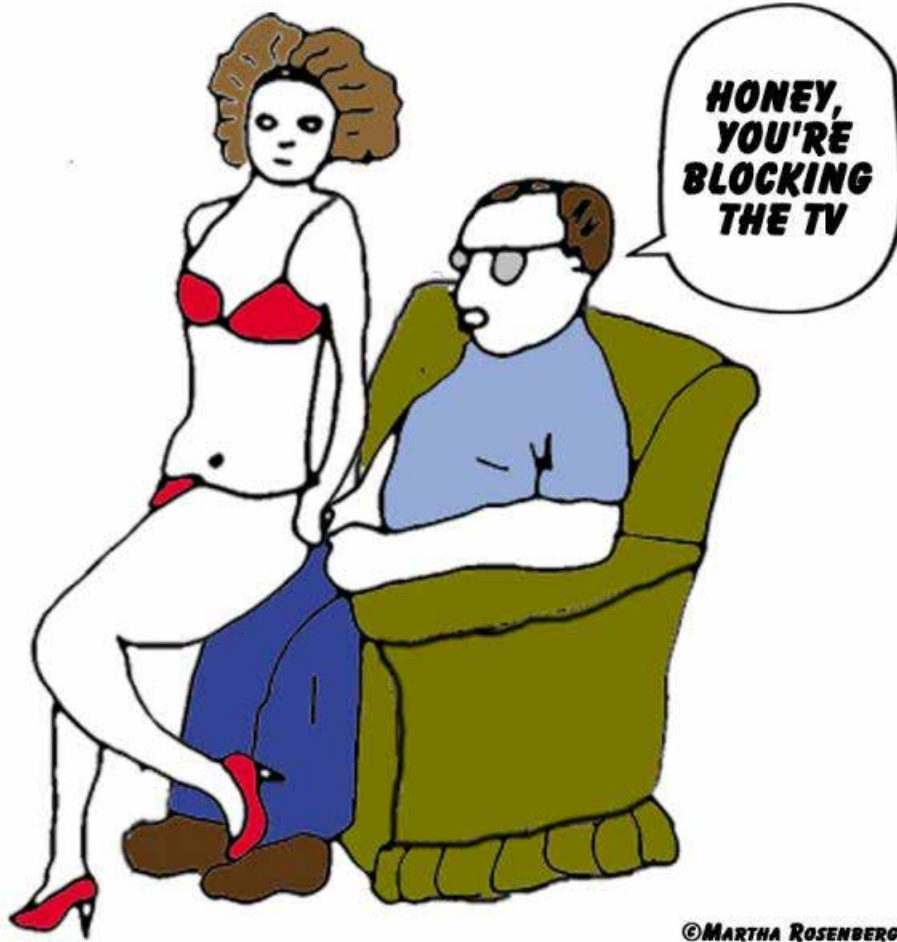
HEALTH /
FITNESS -
ENERGY -
DETOX

HORMONAL
BALANCE



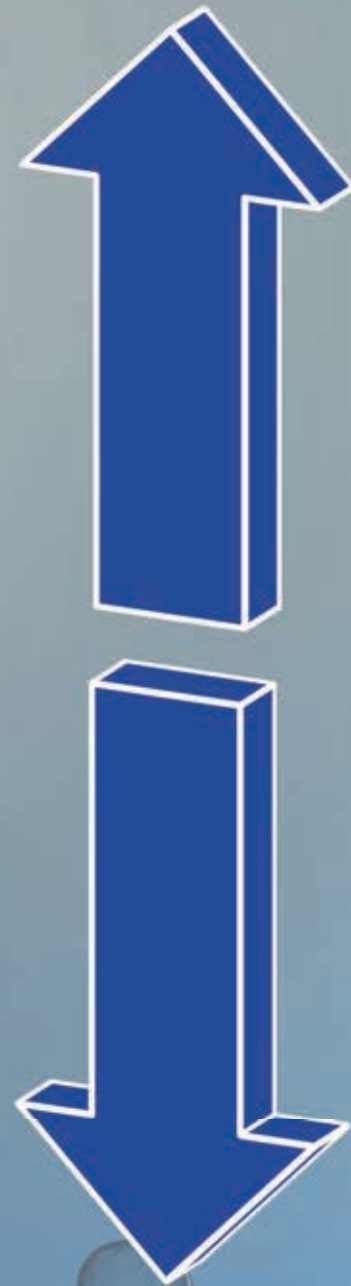
PHYSICAL & PSYCHOLOGICAL HEALTH
= OPTIMUM SEXUAL PERFORMANCE & SATISFACTION

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



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

EFFECTS OF HORMONAL IMBALANCE ON THE SKIN UNDERMINE SELF CONFIDENCE



Cortisol

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



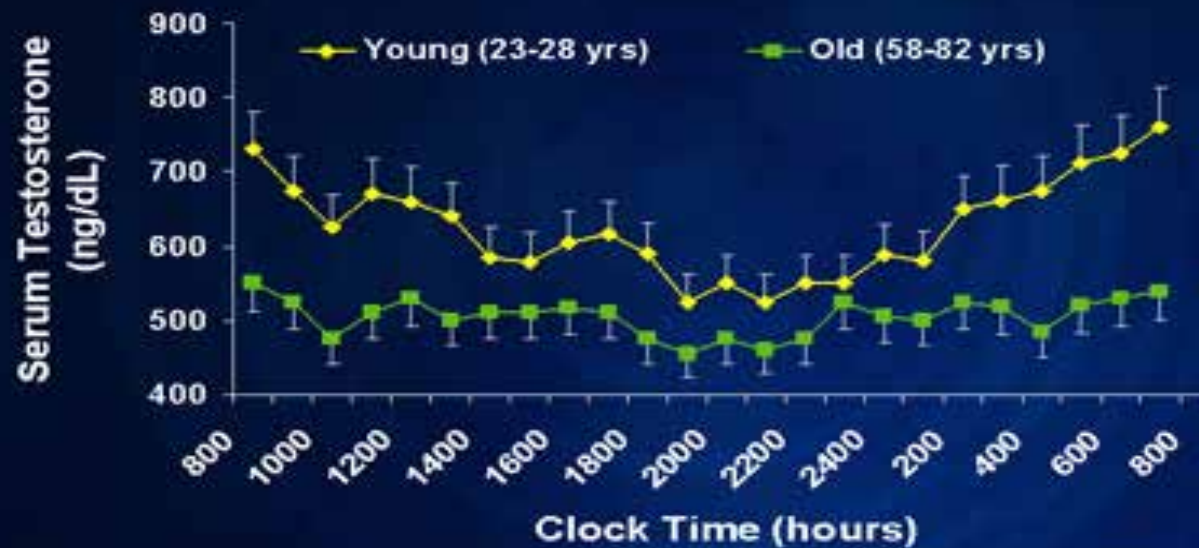
Low Testosterone

Reduced Libido / Depression / fatigue

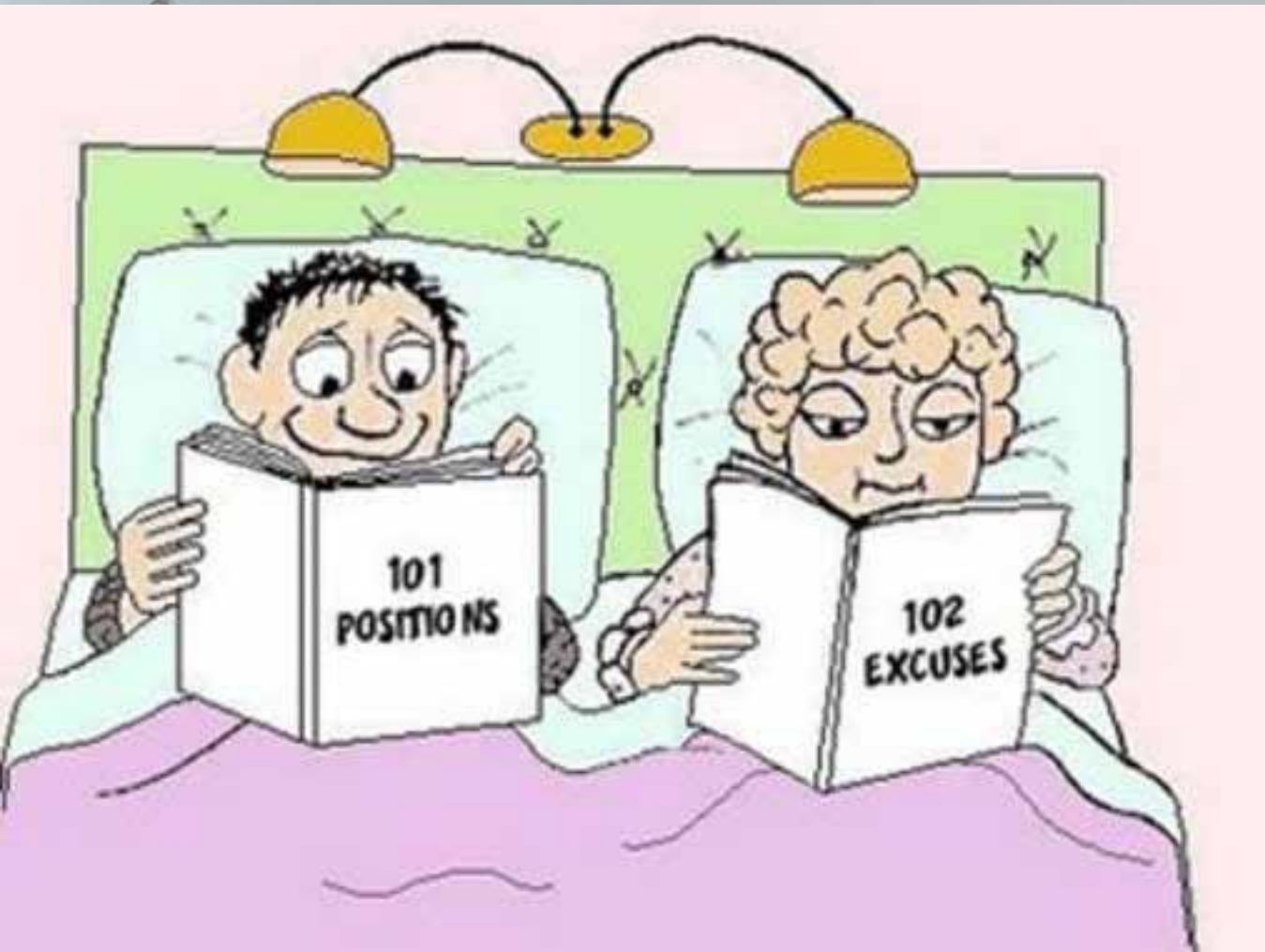
Hormones that Influence
SEX DRIVE

Measurement of Serum Testosterone Levels

Circulation Variation in Serum Testosterone in Normal Males



Bremner WJ et al. *J Clin Endocrinol Metab.* 1983;56:1278-1281.



INSULIN

Sexual Dysfunction among Diabetics.

Owiredu WCBA et al (2017).


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

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


Hormones that Influence SEX DRIVE

THE THYROID'S ROLE IN REGULATING SEX DRIVE

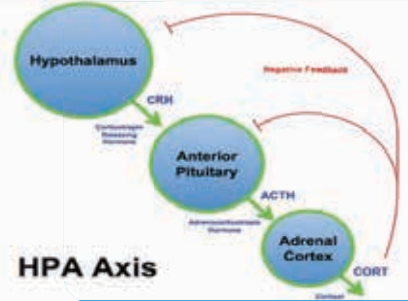
Krassas G, Tziomalos K, Papadopoulou F, et al. Erectile dysfunction in patients with hyper- and hypothyroidism: how common and should we treat? *J Clin Endocrinol Metab* 2008;93(5):1815-1819.



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



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

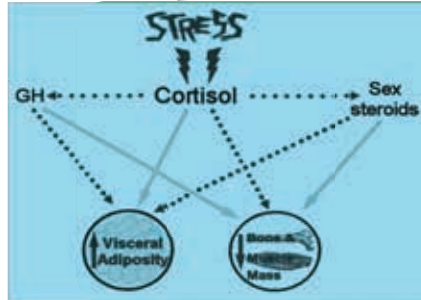


Hypothalamic-pituitary-adrenal (HPA) axis function change over the course of aging

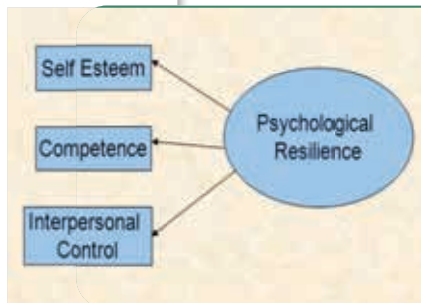
CORTISOL, THE AGING HORMONE

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

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



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



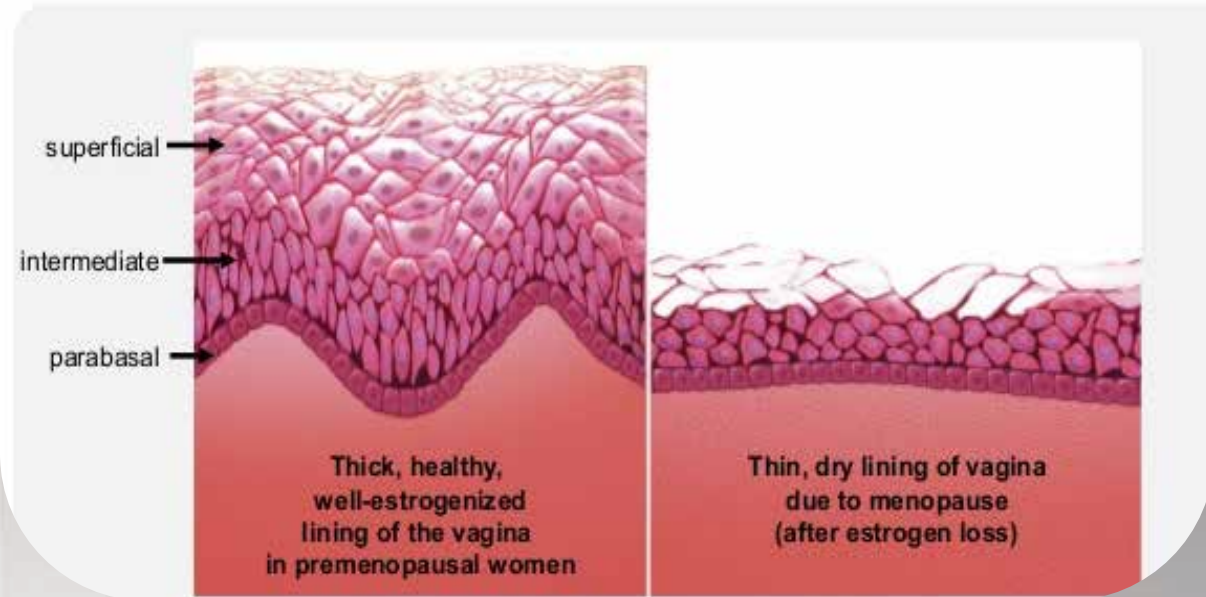
Psychological resilience may interact with cortisol increases later in life to affect both psychological and physical health.

Problem Solving
Reappraisal
Support Seeking

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

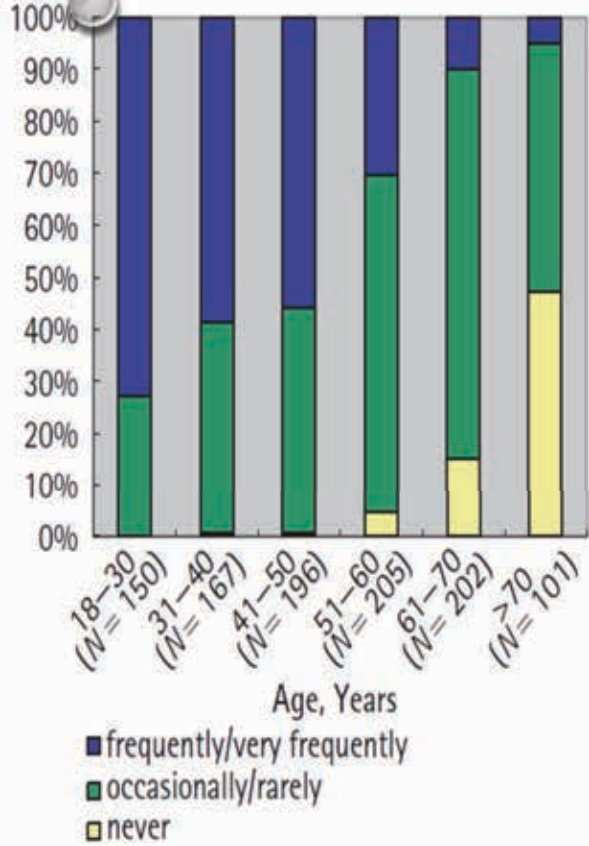
Estrogen decline In women: Bleeding and burning sensations during intercourse

Vaginal Atrophy Pathophysiology: Cellular Changes

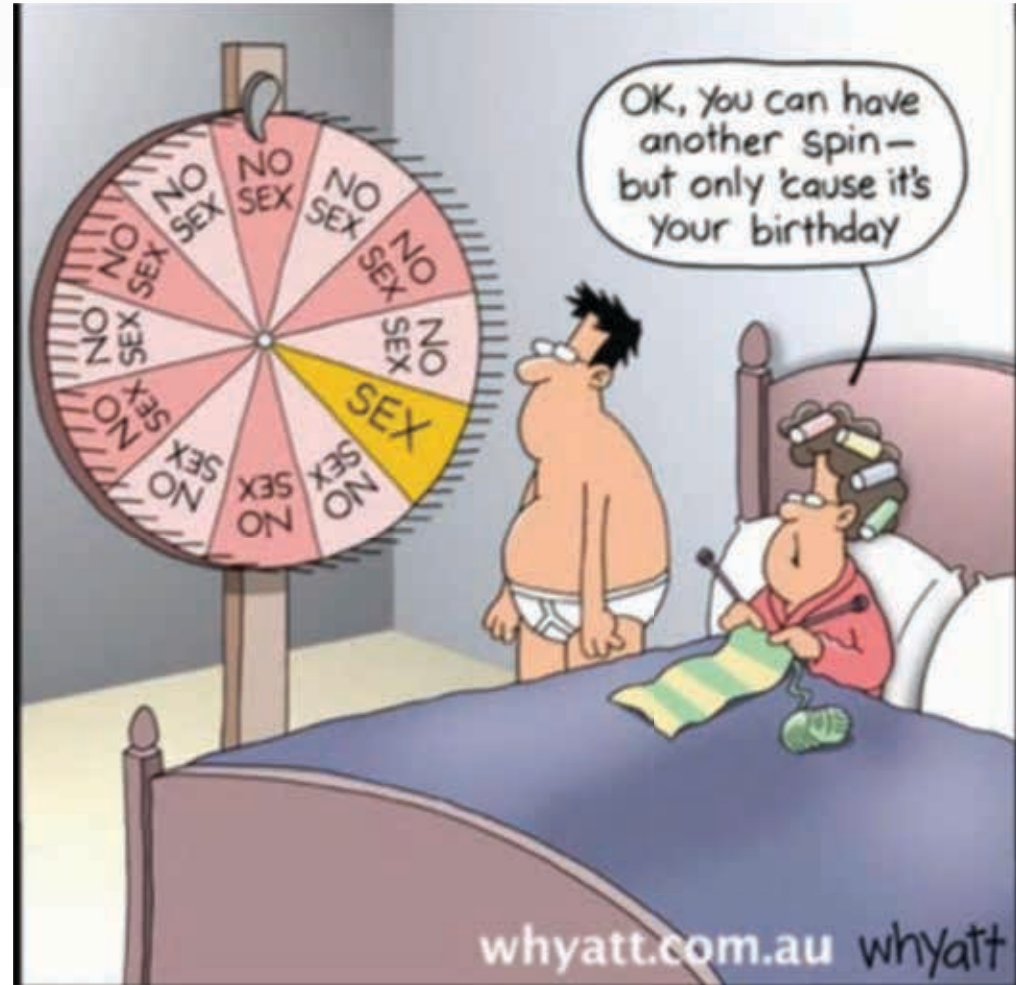
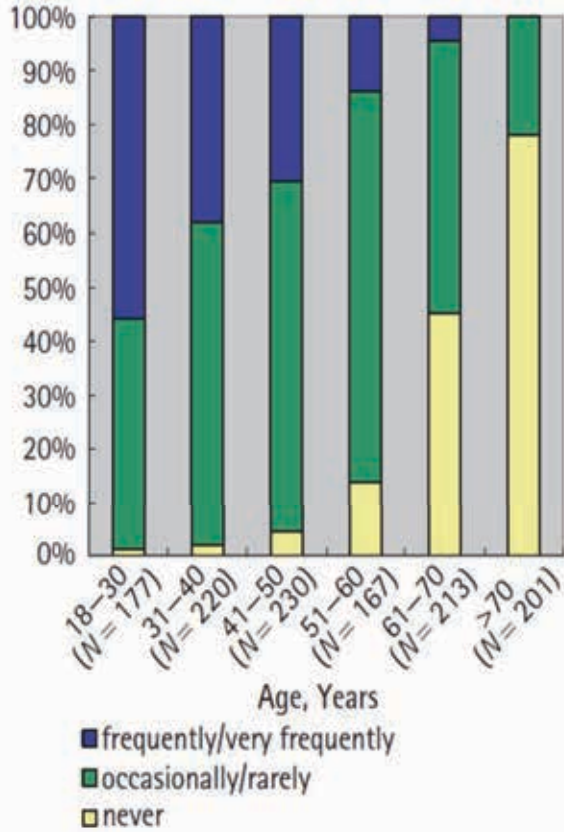


1. loss of subcutaneous tissue from the mons pubis
2. atrophy of labia majora
3. shortening / loss of elasticity of the vaginal barrel
4. Collagen and elastic content decreases by 50% to 30%
5. Vaginal thickness of the epithelium reduces from 8-10 layers to 3-4

Frequency of sexual desire - Men

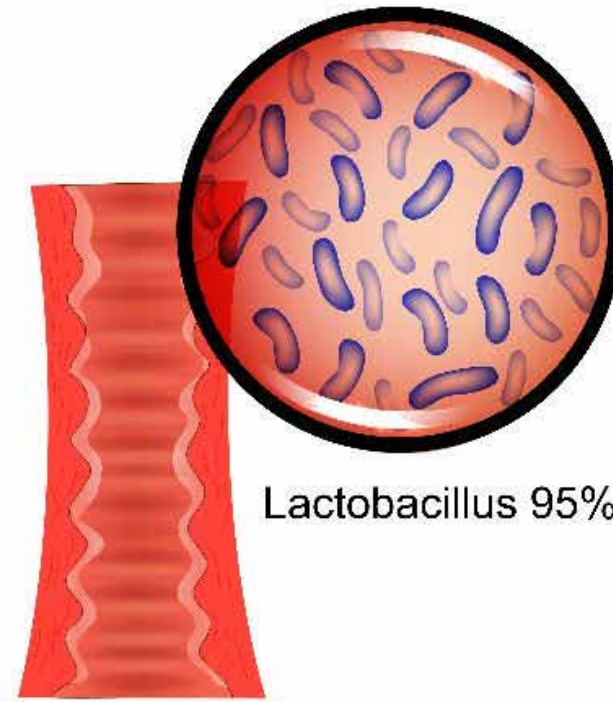


Frequency of sexual desire - Women



PHYSIOLOGIC CHANGES IN THE
SEXUALITY OF AGED WOMEN

BACTERIAL VAGINOSIS



Lactobacillus 95%

healthy vaginal mucosa



Gardnerella vaginalis

bacterial vaginosis

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

Hormone Replacement

Continuous Use

Decreases Dyspareunia
May Increase Sex Drive

Hormone Replacement problems

Lasers Thermal Necrosis

3 Tx at 4-6 wk

Decreases dyspareunia

Decreased Vaginal Laxity

Decreases Incontinence

Satisfaction due to avoiding discomfort

Radiofrequency Thermal Necrosis

3 Tx at 4-6 wk

Decreases dyspareunia

Decreased Vaginal Laxity

Decreases Incontinence

Satisfaction due to avoiding discomfort

Labiaplasty /Vaginoplasty

DOWN TIME

Decreases dyspareunia

Decreased Vaginal Laxity

Decreases Incontinence

Expense & dangers of surgery

Signal Simulated Exercise

3 Tx per wk 3 wk

Decreases dyspareunia/
by Strengthening Pelvic Floor Muscles

Decreased Vaginal Laxity
Increases orgasms

Decreases Incontinence

Enhanced Sexual Sensation

Signal Repair

3 Tx per wk 1 wk

Decreases dyspareunia
by thickening epithelium

Decreases Vaginal laxity
increases orgasms

Heals Vaginal Infections

Enhanced Sexual Sensation

Sexual Satisfaction Questionnaires:

01

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

02

ASK IF WOMEN
REPORT SATISFACTION
AS A RESULT OF
RELIEF?

03

ASK IF WOMEN FOCUS
ON SATISFYING THEIR
PARTNER OR
THEMSELVES

04

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

WHI – WOMEN'S HEALTH INITIATIVE

EFFECTS OF HORMONE REPLACEMENT THERAPY FOR SEXUAL DYSFUNCTION

2002

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

2002–2008

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

* breast cancer

- cardiac events
- Alzheimer disease
- stroke.

SEXUAL FUNCTIONING AND OBESITY

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

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

The relationship between obesity and reduced sexual functioning is robust

erectile dysfunction (ED) is more common among obese men

Most weight loss studies demonstrate improvement in sexual functioning

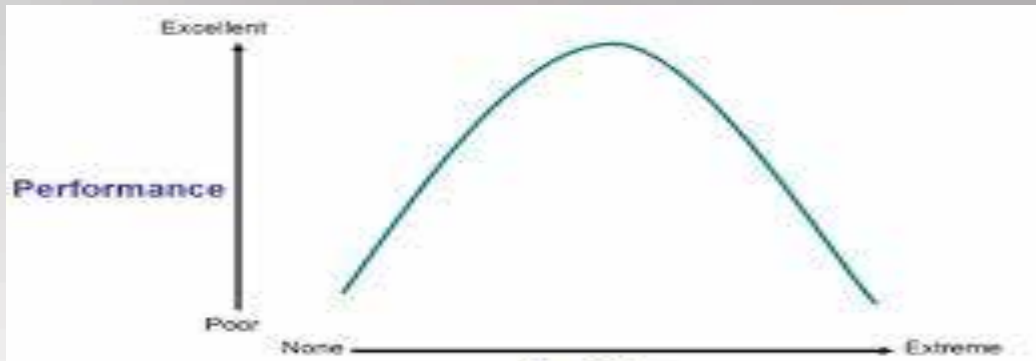
Physical Exercise AND SEXUALITY:



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

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

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



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

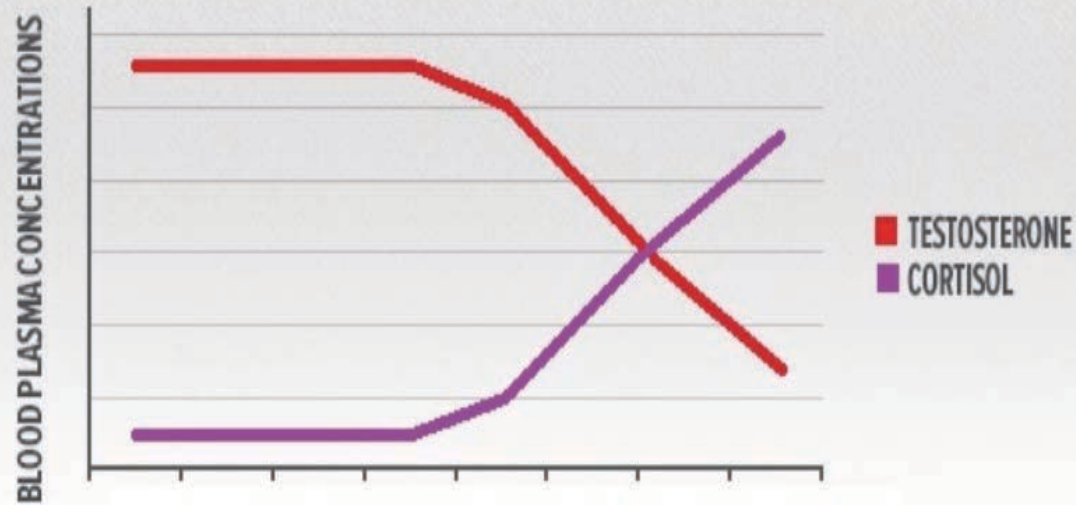
5 SIGNS YOU'RE WORKING OUT TOO MUCH

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

HOW MUCH EXERCISE?

Overtraining can cause greater hormone imbalance and Upset PH balance

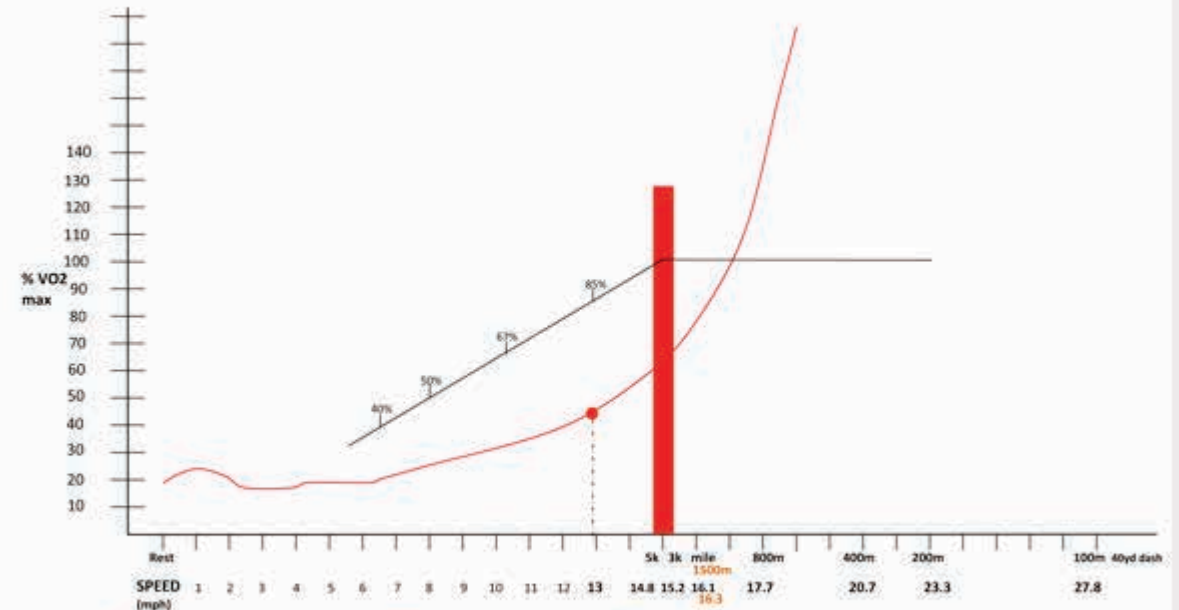
Testosterone & Cortisol - their inverse balance



Cortisol INCREASES with overtraining while **Testosterone DECREASES** with overtraining.

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

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



lactic acidosis can upset the body's pH balance

THE EXERCISE DILEMMA IN OLD AGE.

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

NO EXERCISE

STRENUOUS EXERCISE
NEEDED TO
BURN
VISCERAL FAT

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



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



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



YUKO KAWAMURA,
MD, JAPAN
Antiaging Physician

RESEARCH PROJECTS BY CLINICIANS

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

**Visceral Fat Reduction / Improved Sexual
Performance**

**Increased Hormone Concentrations / Increased
Sexual Drive**

No significant changes in Cortisol

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

Increased Blood Circulation and DETOX

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

Decreased Incontinence



AFTER 6 TREATMENTS

**PAIN & POOR
MOBILITY ARE
OFTEN RESULTS OF
DIABETES**

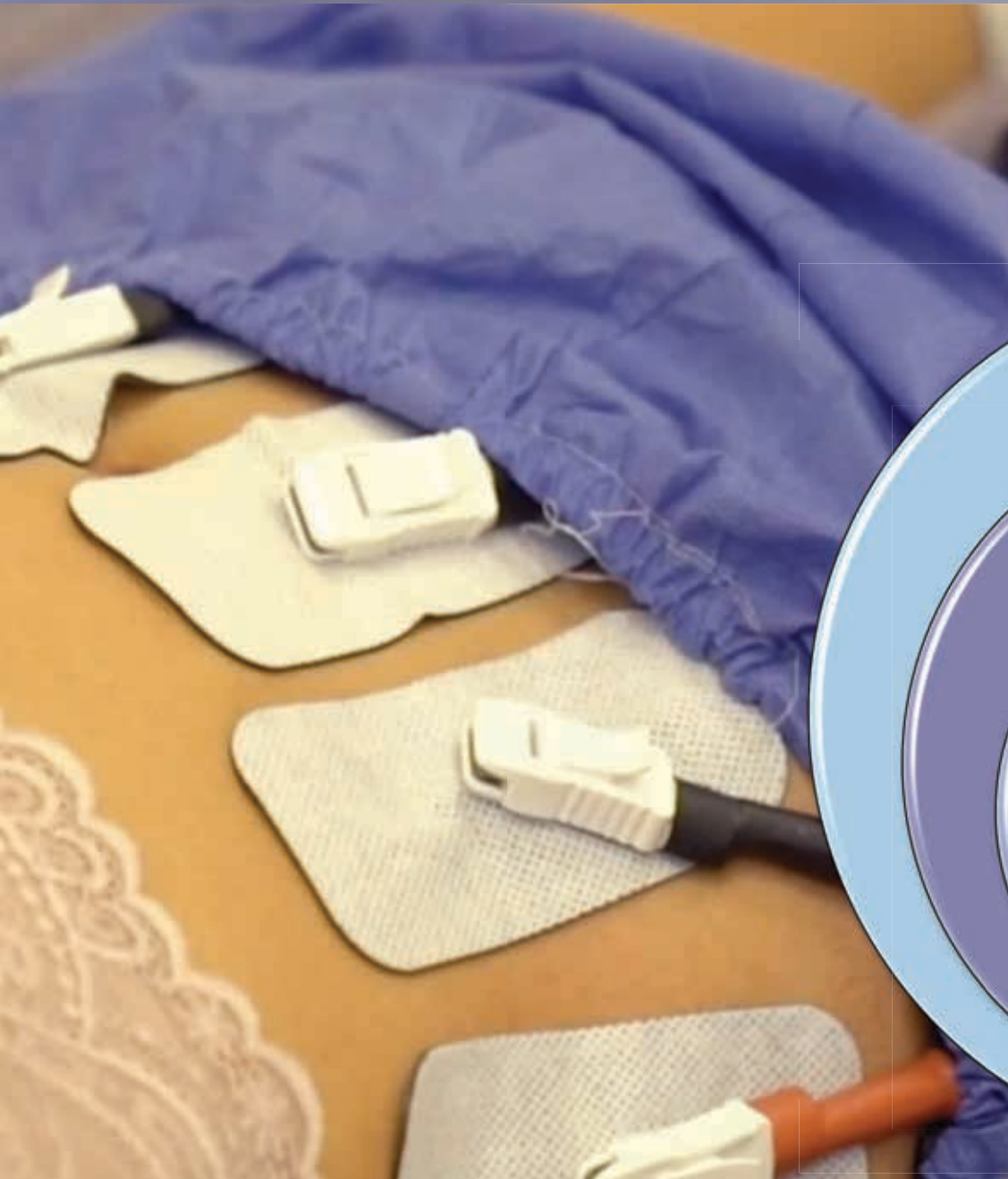


AFTER ONE YEAR

- LAMPE (2017)

14 DIABETIC NEUROPATHY
PATIENTS USING SIGNALING
TECHNOLOGY REPORTED

- DIABETIC WOUND REPAIR
- PAIN RELIEF
- INCREASED MOBILITY
- INCREASED SEXUAL ACTIVITY



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

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



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

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

DHEA increases

- *bone density**
- *collagen**

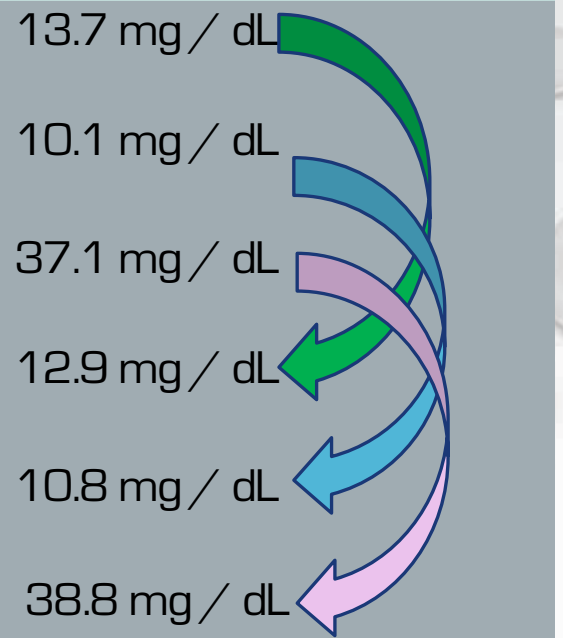
3. Significant decrease of Adipose tissue area and Triglyceride Levels (Before: 2.87 nmol/l After 1.11 nmol/l $p < 0.01$)

4. Improved Sexual Performance

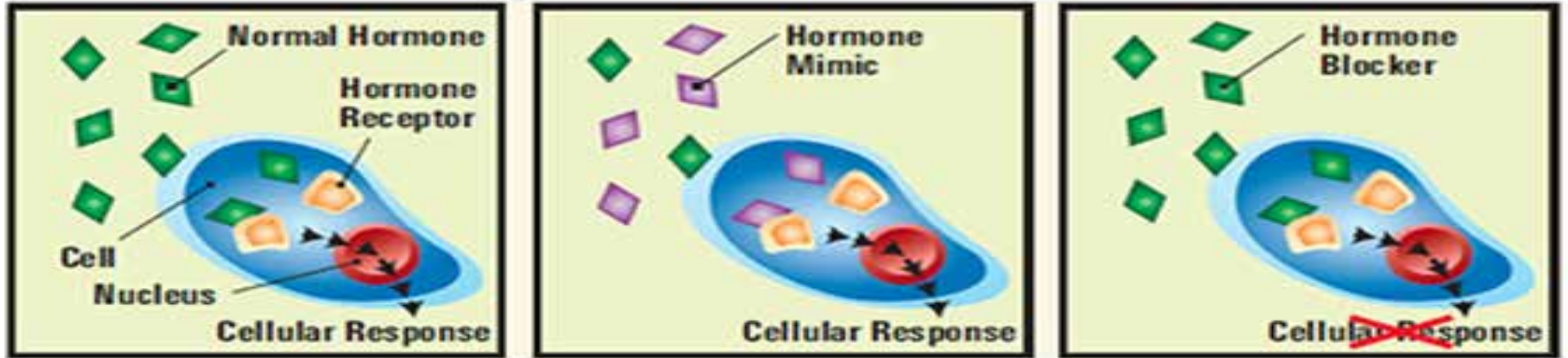


Dr Pollock's research has demonstrated that effortless exercise does not increase cholesterol and therefore is not strenuous to the body

	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



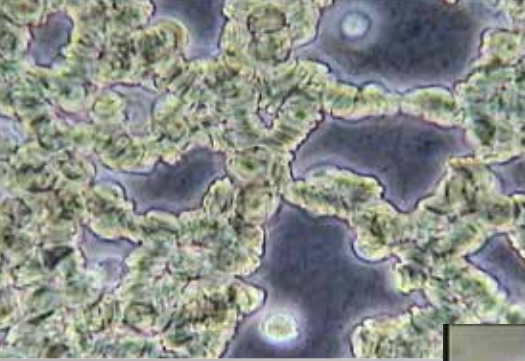
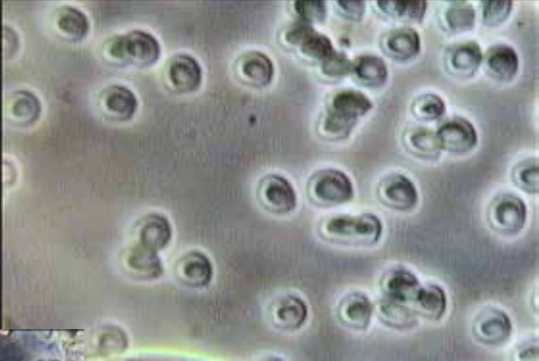
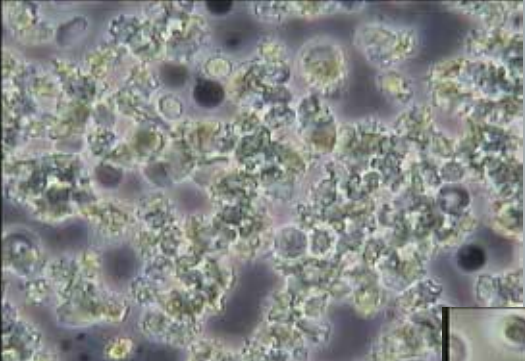
INCREASED TOXICITY IN OLDER AGE LEADS TO REDUCED SEXUALITY



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

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

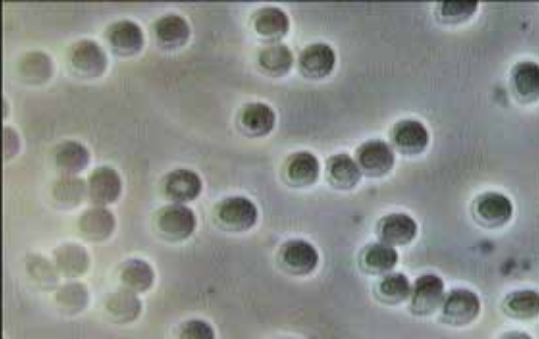
Before Treatment	Erythrocyte Aggregation	Rouleau	Fungal Forms	Thrombocyte Aggregation	Bacteria	Poikilocytosis	Rouleau & Separate RBCs	Only Separate RBCs
After First Treatment	15	4	8	8	9	8	0	0
Before Last Treatment	1	6	6	7	8	6	9	3
After Last Treatment	0	0	3	4	5	2	11	8
After Last Treatment	0	0	2	2	2	0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



Subjects reported a boost of Energy and improved Sexual Performance

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

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





ONE TREATMENT

CLINICAL STUDIES ON LYMPHATIC DRAINAGE

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



Increase in Sexual Desire (Men & Women)

Improvement in Sexual Performance
(Men & Women)

Increased Self Confidence.
Feeling more attractive and less self conscious

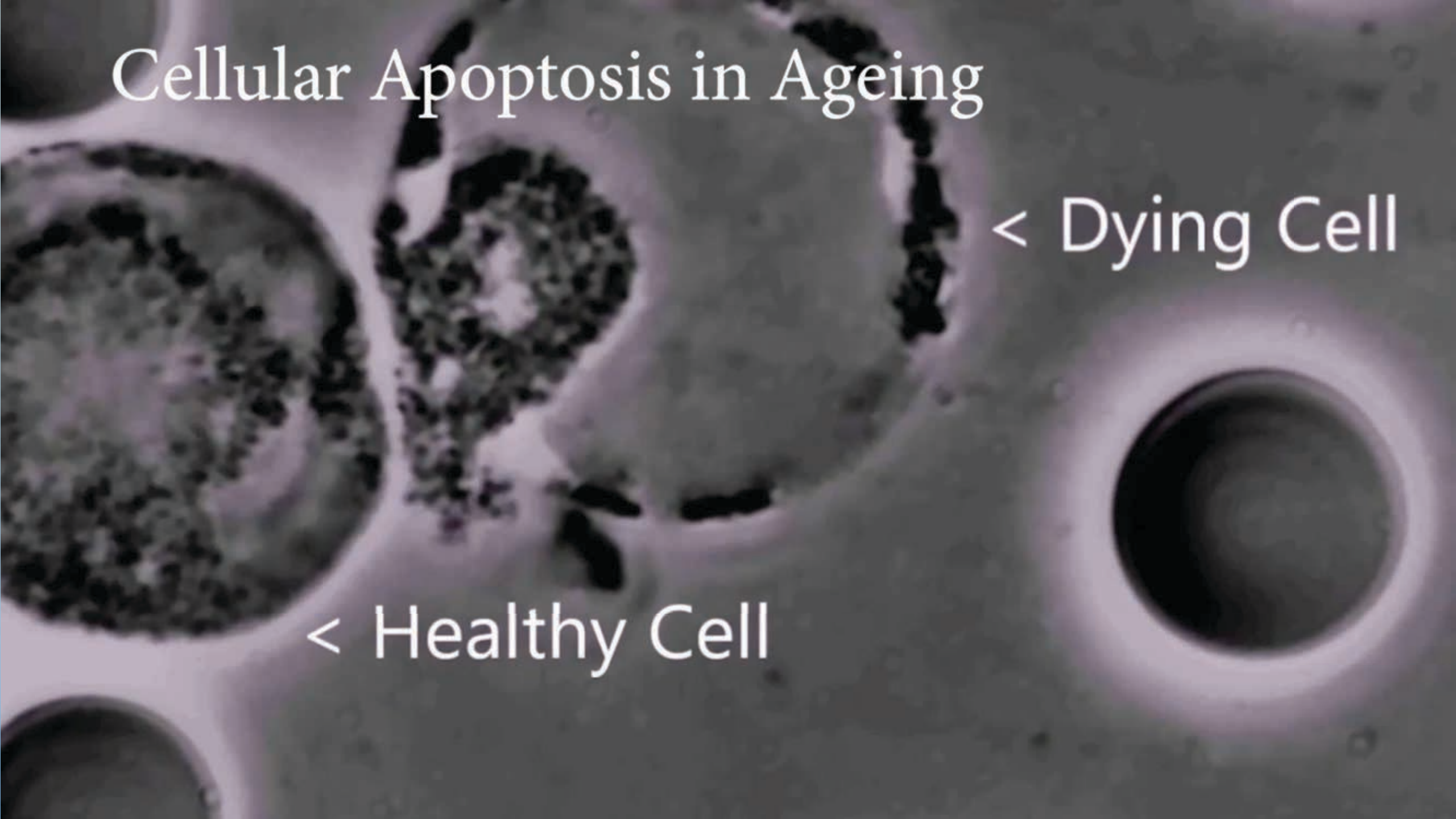
DR POLLOCK'S EFFORTLESS EXERCISE METHOD AND INCONTINENCE



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

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

Cellular Apoptosis in Ageing



< Dying Cell

< Healthy Cell



HERPES ZOSTER BEFORE



HERPES ZOSTER AFTER 2 TREAT





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

Implications for Prevention & Recovery



The Contributions of Lydia Temoshok, PhD
Director of The Behavioral Medicine Program, Biotechnology Institute
University of Maryland Medical School
Co-Author, *The Type C Connection: The Mind-Body Link to Cancer and Your Health*

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

Lydia Temoshok, PhD

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

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

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

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

THE IMPORTANCE OF PSYCHOTHERAPY

Focus in satisfying their partners

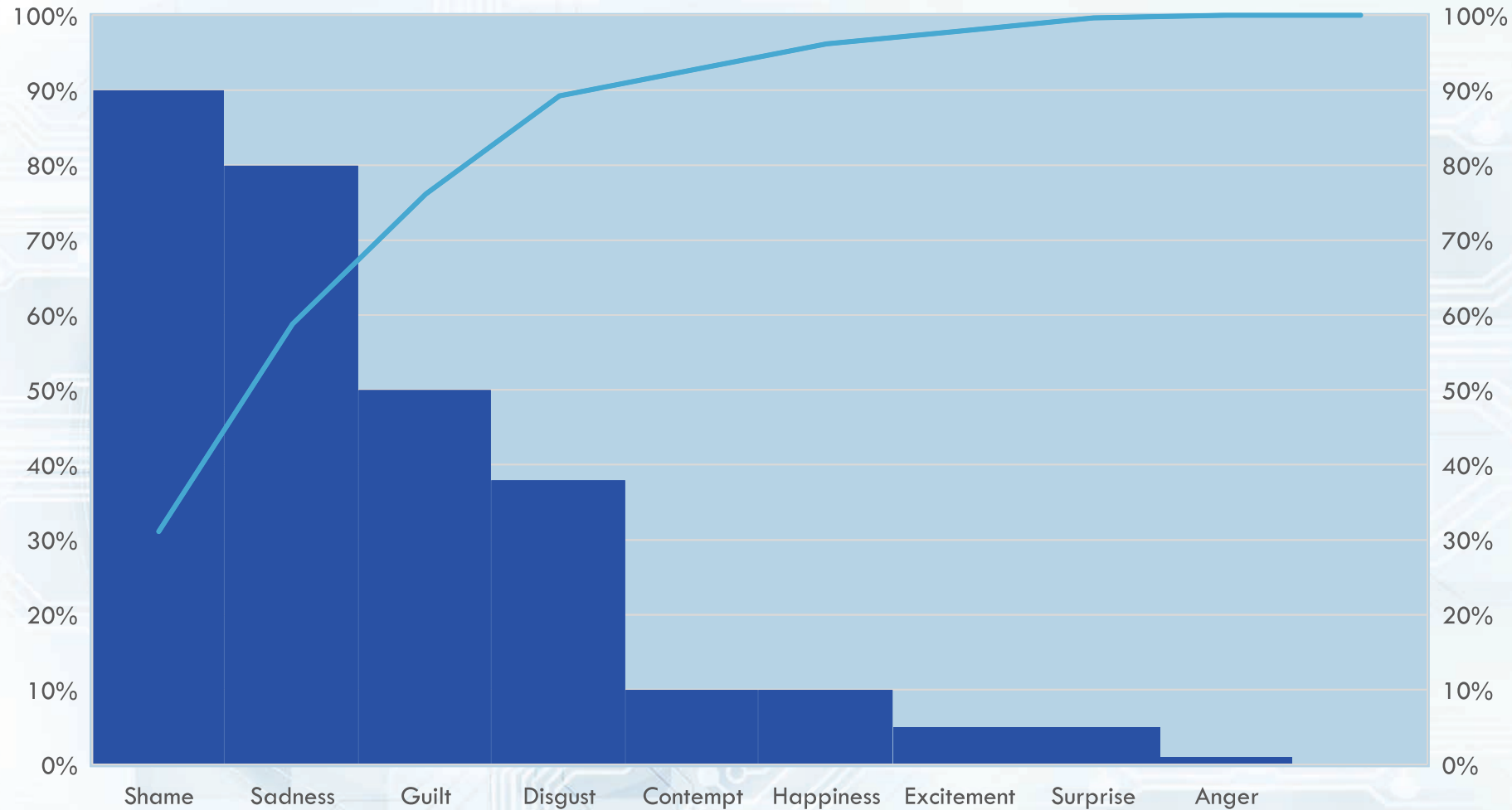
Always pleasant.

Suppress or Repress feelings

Never Complaining even when there is a legitimate reason for it



THE SHAME FACTOR LEADING TO BLOCKED ENERGY



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



PSYCHOTHERAPY FOCUS

INCREASE DEGREES
OF FREEDOM

BEING
INTRODUCED TO
ONESELF

Realistic approval,
of self & others

Balanced appraisal
of strengths and
weaknesses.

Relief from shame
and grudges

Assertiveness without
aggression

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

Learning how to turn
adversity into
advantage



THANK YOU
FOR YOUR KIND ATTENTION