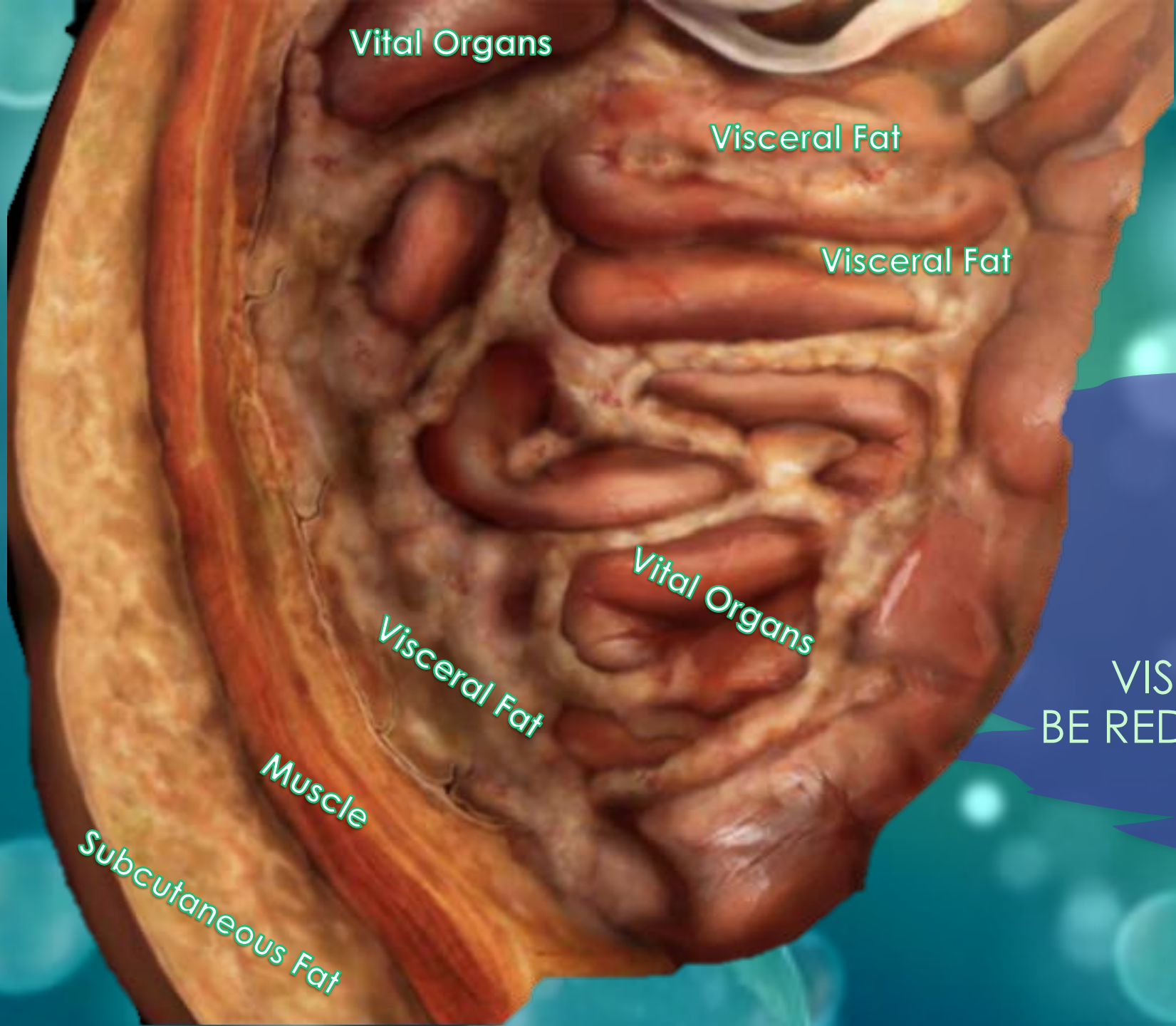
How to Solve the Visceral Fat Problem

THAT CANNOT BE REDUCED BY LASERS AND RF

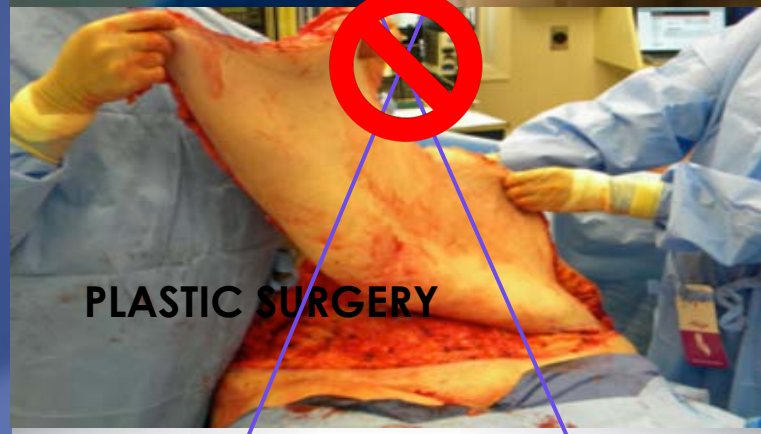
BY PROFESSOR XANYA SOFRA PH.D, PH.D



VISCERAL FAT CANNOT
BE REDUCED BY LASERS OR RF

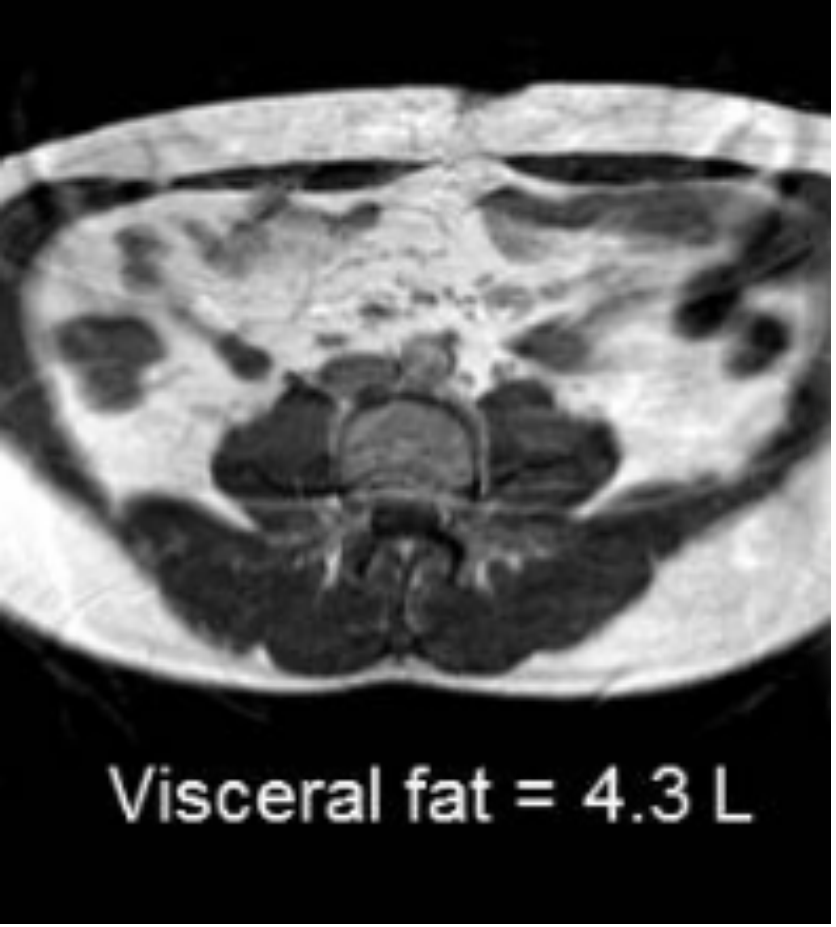
Fatty Liver

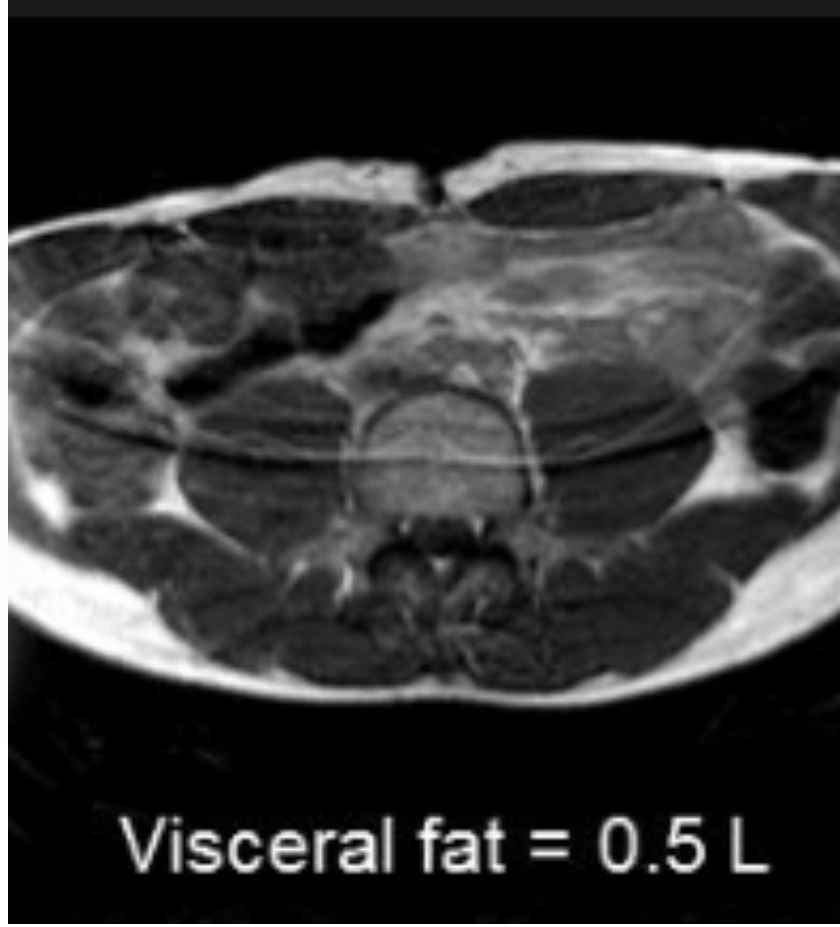
VISCERAL FAT CANNOT BE REMOVED BY LASES OR RF



VISCERAL FAT DECREASE

Mean Average Visceral Fat % Decrease			30.34%
GENDER	**VISCERAL FAT PRE**	**VISCERAL FAT POST**	**VISCERAL FAT % Decrease**
MALE	139.30	93.80	32.66%
MALE	102.20	69.30	32.19%
FEMALE	93.50	58.30	37.64%
FEMALE	85.50	61.40	28.30%
MALE	76.40	48.80	36.12%
MALE	118.60	89.30	24.70%
FEMALE	98.80	70.60	28.54%
FEMALE	102.70	77.30	24.73%
MALE	145.30	104.34	28.18%
FEMALE	109.80	74.67	31.99%





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

TWO TREATMENTS


VIRTUAL GYM

The Origin of the Virtual Gym

LONDON UNIVERSITY INVENTION

BY DR GERRY POLLOCK THE CO-INVENTOR OF THE FIRST PACEMAKER

THE SUNDAY TIMES

INNOVATION 11

Keeping trim without the effort of exercise: the Arasys units, already used in beauty salons, could be put to work in hospitals to tone the muscles of bedridden patients

Fighting the flab without sweat

A SCIENTIST has invented a machine he claims will keep people trim without the need for exercise and could help reverse muscle-wasting conditions such as multiple seleroiss, writes Sean Hargrave.

The Arasys exerciser unite (fA-RAdic SYStem), developed at London's South Bank University Technopark, is already being sold to health clubs and beauty salons for those who want to lose weight without putting in the effort.

Now the machine's designer. Gerry Pollock, is searching for hospitals and clinics that could hellp him test the system on disabled patients who are unable to exercise. He believes Arasys could prevent the muscle wastage common among those confined to bed or a wheelchair.

The machine flexes muscle by passing tiny electric currents through nerve endings at either end of muscle groups. This makes the tissue contract for two seconds, as if it were being put through a gym workout.

A typical session with the machine lasts 17 minutes. Pollock says this is because people can feel tired if they have a longer stint and do not notice as much benefit as from a shorter session. He claims each treatment is the equivalent of doing 300 sit-ups and that three sessions are all that are needed until weight loss can be measured.

The Arasys system can treat four sets of muscle simultaneously. In cosmetic use these are normally the stomach, bottom, thighs and calves. In medical use, this would change to exercise the parts of the body a patient cannot move.

Pollock, a chemist, claims his technology is superior to machines that make similar claims of effortless weight-loss because of the electric wave form he designed. He says his electronics expertise, that was used in the development of the first pacemaker, ensures the muscles are exercised at the correct speed for the optimum duration.

This involves controlling electrical impulse to avoid suddenly jerky muscle movements. To achieve this, Arasys generates smooth rather than spiked electrical signals so that the muscle is stretched in a manner more similar to way it behaves during real exercise.

"We only discovered how long and intense the signal should be through trial and error during the system's five-year development." says Pollock. "Just passing any old electrical signal across a muscle simply doesn't work."

Besides helping the disabled, Pollock believes his machine could be used to return strength to the elderly and those who suffer from multiple selerosis.

His niece, Angela Sylvester, a qualified nurse, regularly uses Arasys on four ME sufferers who are unable to exercise. She claims they all report they feel stronger.

"One of the ladies used to be a fitness instructor, but because of her condition she cannot work out any more," says Sylvester. "she benefits from being able to stay trim and exercise muscles that would otherwise be hardly used."

Pollock hopes his invention will soon be put to its original healthcare use and is keen to talk with clinics and hospitals that believe they could help him tailor the system for individual conditions.

"I need to talk with experts so that we can decide if the present electrical signal is appropriate or if it needs changing," he says.

Sunday Times, UK and other journals published several articles about Gerry Pollock's invention of SIMULATED EFFORTLESS EXERCISE in London University

Dr. Pollock spent 27 years of laboratory empirical (atheoretical / trial & error) research on this invention.

Since then all our research remains part of our IP and is therefore proprietary

Dr Gerry Pollock's London University Research (1990)

Goldpink's research on Gene Expression

- Rapid muscular hypertrophy
- 250% increase in the RNA content of the muscles
- Repression of the fast-type genes and activation of the SKELETAL slow-type genes.

Biochemical Society Transactions

Stretch and force generation induce rapid hypertrophy and myosin isoform gene switching in adult skeletal muscle

Geoffrey Goldspink, Andrew Scutt, Jane Martindale, Thomas Jaenicke, Lucien Turay and Gerald-F. Gerlach
Unit of Molecular and Cellular Biology, The Royal Veterinary College, London University, Royal College Street, London NW1 0TU, U.K.

Summary

Using electrical stimulation to control force generation and limb immobilization to alter the degree of stretch, we have studied the role of mechanical activity in inducing hypertrophy and in determining fast and slow muscle fibre phenotype. Changes in gene expression were detected by analysing the RNA in hybridization studies employing cDNA probes specific for fast and slow myosin heavy chains and other genes. As a result of overload in the stretched position, the fast contracting tibialis anterior muscle in an adult rabbit is induced to synthesize much new protein and to grow by as much as 30% within a period as short as 4 days. This very rapid hypertrophy was found to be associated with an increase of up to 250% in the RNA content of the muscles and an abrupt change in the species of RNA produced. Both stretch alone and electrical stimulation alone caused repression of the fast-type genes and activation of the slow-type genes. It appears that the fast-type IIB genes are the default genes, but that the skeletal slow genes are expressed as a response to overload and stretch. These findings have implications as far as athletic training and rehabilitation are concerned.

Introduction

Muscle is a tissue in which gene expression is regulated to a large extent by mechanical signals. Mammalian muscle consists of populations of slow-contracting, oxidative fibres and fast-contracting fibres which are characterized by different protein isoforms. Therefore, post-natal growth and the differentiation into the fast type or the slow type of fibres must presumably involve the regulation of expression of different subsets of genes. Here we have focused on the expression of myosin heavy chain genes and their response to mechanical stimuli.

The intrinsic velocity of contraction ($V_{max.}$) of muscle fibres is related to the specific activity of their myosin ATPase [1]. Myosin is a double molecule that consists of two heavy chains each of about 220 kDa. The actin-attachment site and the ATPase site are located in the S1 region (head of the myosin molecule) of each heavy chain. Associated with the S1 fragment are smaller polypeptides called light chains which are believed to modulate the cross-bridge ATPase activity [2]. Subtypes of fast muscle fibre have been identified histochemically and these may exist because of different combinations of myosin heavy and light chains and different mitochondrial content. Slow fibres differ in several ways from fast fibres in that they have many more mitochondria, different cytoplasmic isoenzymes, as well as different isoforms of myofibrillar proteins. The isoforms of myosin have been shown to be the product of a multigene family and their expression is tightly regulated in a stage-specific and tissue-specific manner [3, 4]. Phenotypic expression of muscle genes is known to be influenced by thyroid hormone [5, 6] and altered patterns of innervation [7]. However, the influence of physical activity at the gene level was unclear. We have, therefore, studied changes in transcriptional levels of the fast and slow myosin heavy chain genes in response to stretch and force generation.

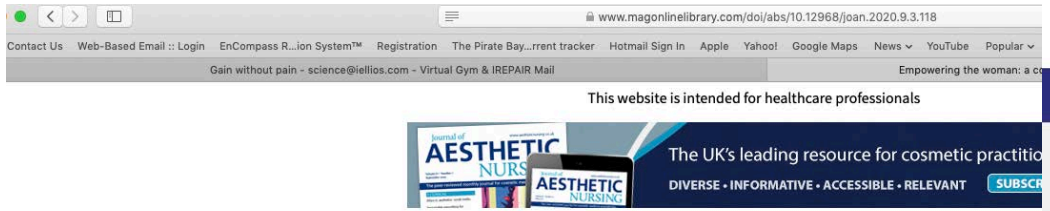
Abbreviation used: TA, tibialis anterior.

Methods

Stimulation and acute-stretch procedures

Tibialis anterior (TA) muscles in adult Netherland dwarf rabbits were stimulated using Teflon-coated stainless-steel electrode wires implanted into the popliteal fossa [8] under valium/Hypnorm anaesthesia. The electrode wires were externalized at the back of the neck and attached to a miniature stimulation circuit which was held in position by a small saddle fashioned out of an elastic bandage. Several circuit designs were used which generated biphasic pulses at frequencies ranging from 2 Hz continuous to 120 Hz intermittent. A 30 Hz intermittent circuit was designed to give the same number of pulses/min as a 2 Hz continuous, and a 120 Hz and 60 Hz intermittent circuit gave the same number of pulses/min as a 10 Hz continuous circuit. In this way, the hypothesis that it is the number of pulses delivered which determines muscle fibre phenotype could be tested. The pulse length was 0.1 ms and the pulse amplitude was adjustable from 1 to 3 V and each miniature stimulator was fitted with an on/off switch. Muscle

PUBLICATIONS



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.

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The Lancet

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

--Manuscript Draft--

Manuscript Number:	
Article Type:	Article
Keywords:	coronavirus; COVID-19; Visceral Adipose Tissue; Skeletal muscle Mass; Cortisol Concentrations; Cortisol Activity; Cortisol Increase; Diabetes; Cardiovascular Disease; Free T3; Toxic Side Effects; Body Fat Mass; Metabolism Activity; VLDL; Triglycerides; Inflammation; Physical Activ
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Order of Authors:	Xanya Sofra, Ph.D
Manuscript Region of Origin:	UNITED KINGDOM
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

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.

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Manuscripts

PUBLICATIONS

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 bodywith inappropriate levels of growth factors and connexins resulting in hypo or hyper-proliferationandsustainedinflammation, 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 whyrecent 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 theentangledcompositesofvital organsthatrepresentGestaltsunableto reverse in time because of the inherent complexity of a Gestalt reflecting an entity thatis 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.

www.researchgate.net/publication/340525436_Empowering_the_woman_a_comprehensive_model_of_sexu

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

Article · April 2020 *with* 3 Reads

DOI: 10.12968/joan.2020.9.3.118

Cite this publication

Xanya Sofra | **Nuris Lampe**

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

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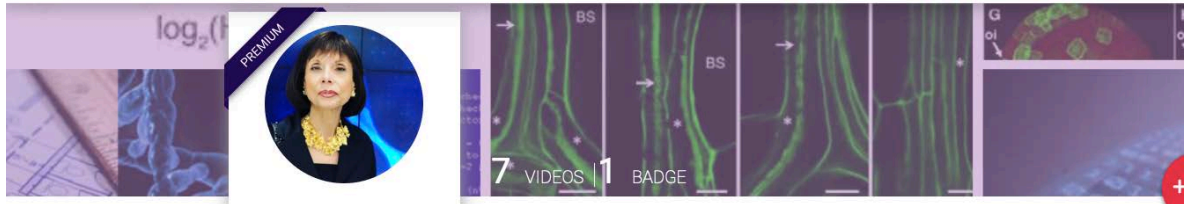

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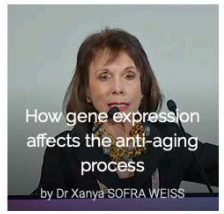
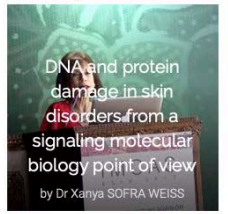
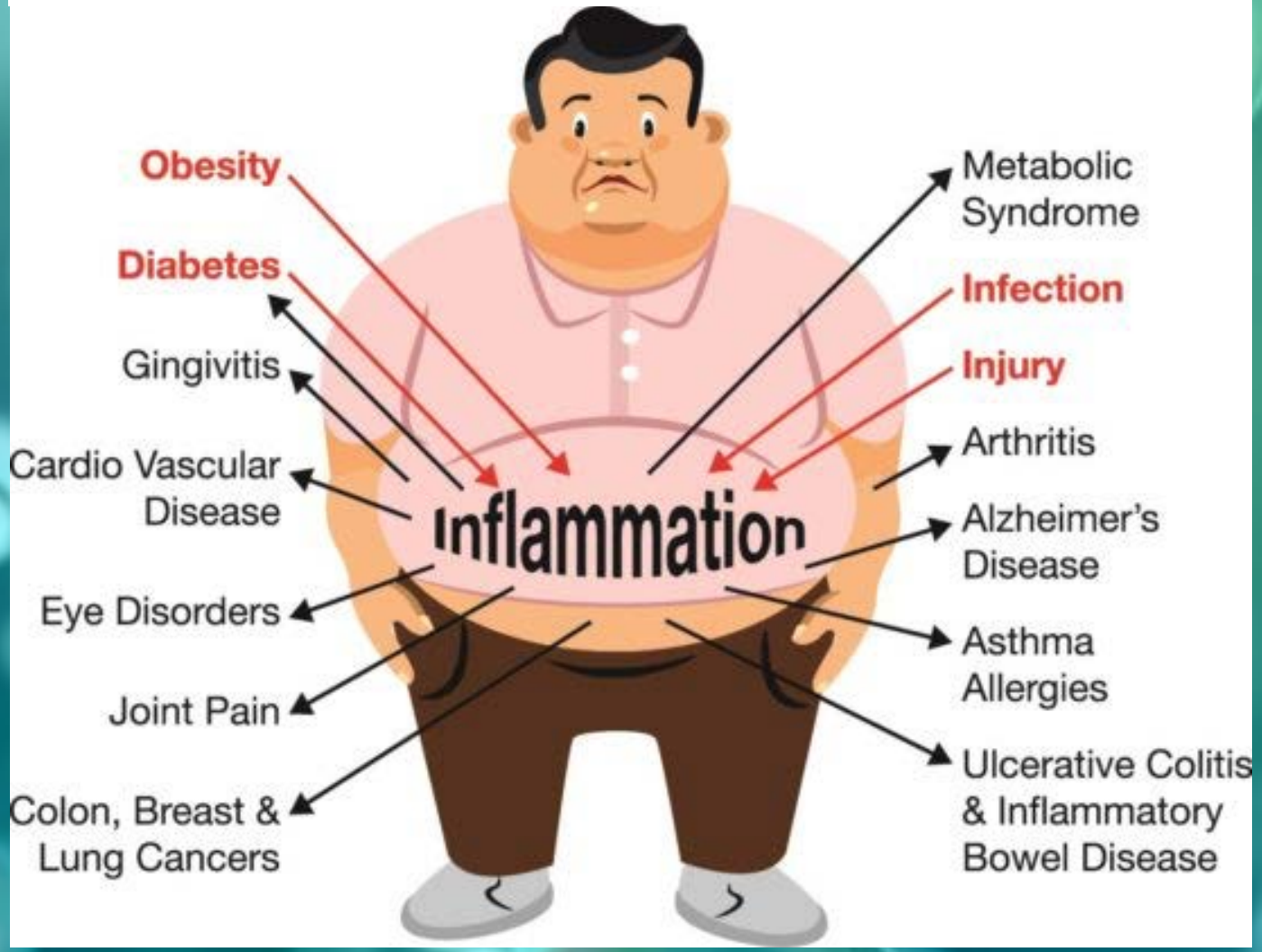




Why is Visceral Fat a Problem?
INFLAMMATION & TOXICITY



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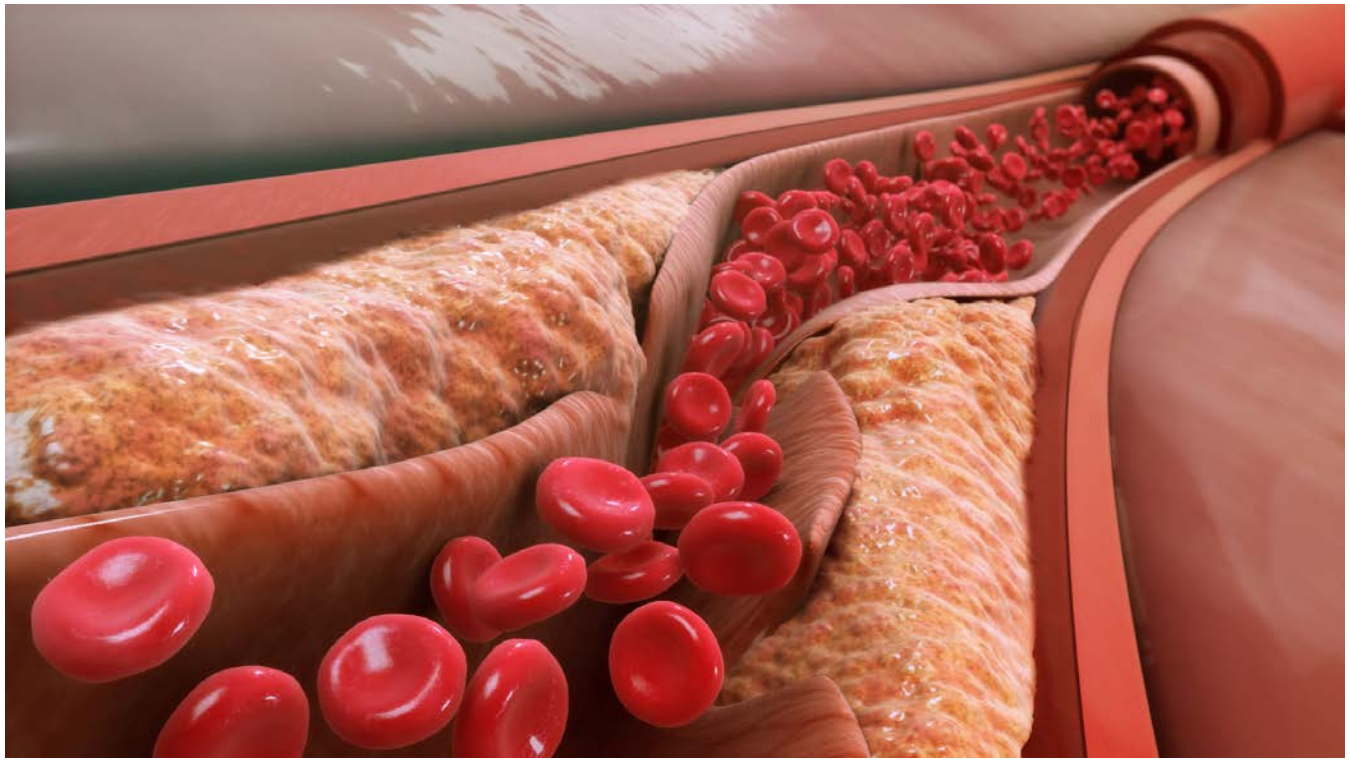
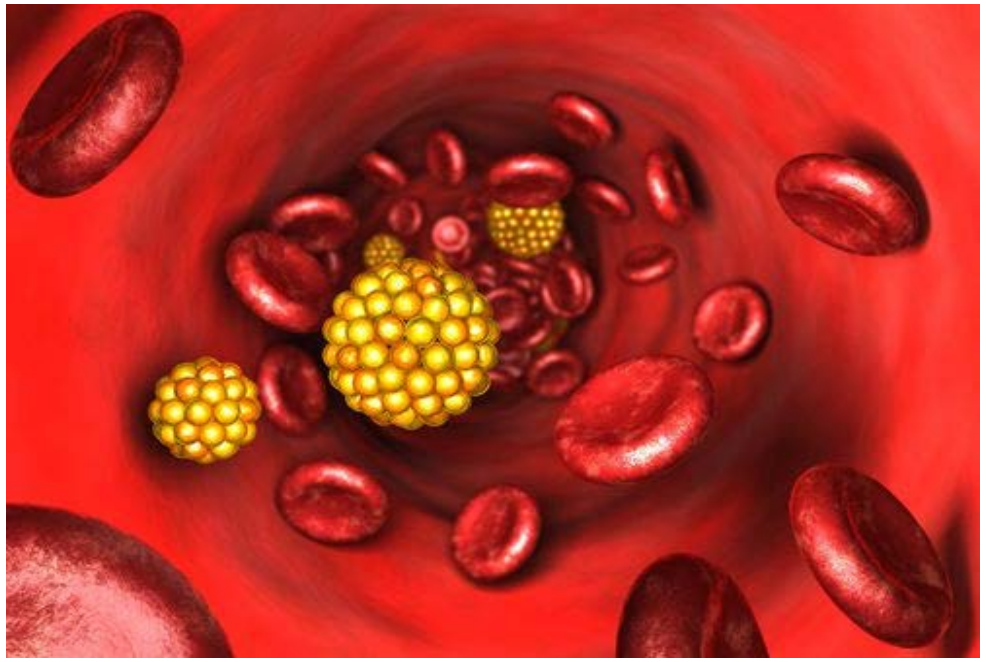
Laser & RF lipolysis releases triglycerides, glucose & toxins into the bloodstream.





Without Exercise they remain in the bloodstream and may clog your arteries


TRIGLYCERIDES

TRIGLYCERIDES DECREASE

Mean Average Triglycerides Decrease	40.7%

GENDER	TRIGLYCERIDES PRE	TRIGLYCERIDES POST	Normal Range (nmol/L)	TRIGLYCERIDES % Decrease
MALE	2.90	1.23	<1.7	55%
MALE	2.34	0.94	<1.7	59.8%
FEMALE	2.50	1.50	<1.7	40%
FEMALE	2.00	1.44	<1.7	28%
MALE	0.80	0.53	<1.7	33%
MALE	0.90	0.64	<1.7	41.1%
FEMALE	1.00	0.60	<1.7	40%
FEMALE	0.90	0.58	<1.7	35%
MALE	1.32	0.92	<1.7	30%
FEMALE	0.98	0.54	<1.7	44.9%

VLDL (THE BAD CHOLESTEROL) DECREASE

Mean Average VLDL Decrease				71.88%
GENDER	VLDL PRE	VLDL POST	Normal Range (nmol/L)	VLDL CHOLESTEROL % Decrease
MALE	1.48	0.24	<1.6	83.78%
MALE	1.55	0.64	<1.6	58.7%
FEMALE	0.80	0.20	<1.6	75%
FEMALE	0.86	0.27	<1.6	68.6%
MALE	0.52	0.04	<1.6	92.3%
MALE	1.36	0.24	<1.6	82.35%
FEMALE	0.68	0.05	<1.6	92.64%
FEMALE	0.53	0.26	<1.6	50.9%
MALE	1.53	0.67	<1.6	56.20%
FEMALE	1.75	0.73	<1.6	58.28%

Detox – A very Important Function

DETOX & INFLAMMATION DECREASE

CLINICAL STUDY

The More Toxic you are
The More Hungry you are

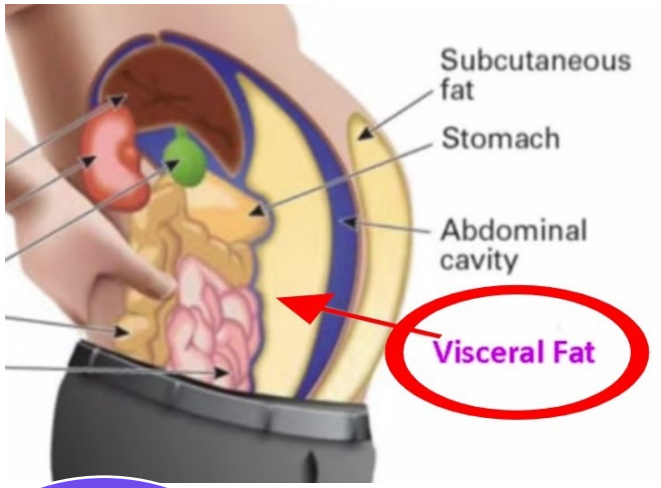
HORMONAL IMBALANCE

HUNGER

CONSUME FOOD

WEIGHT GAIN

TOXICITY

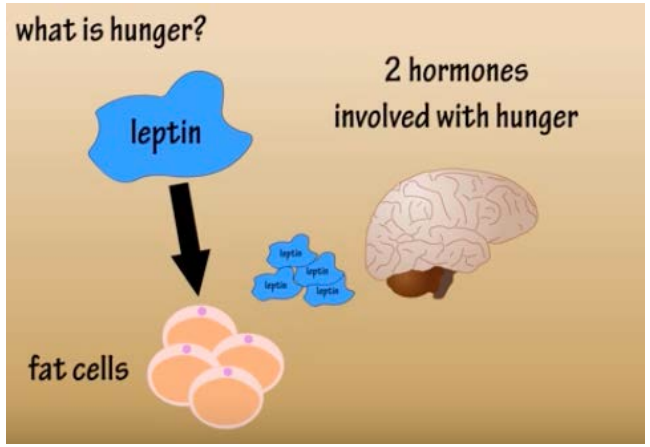


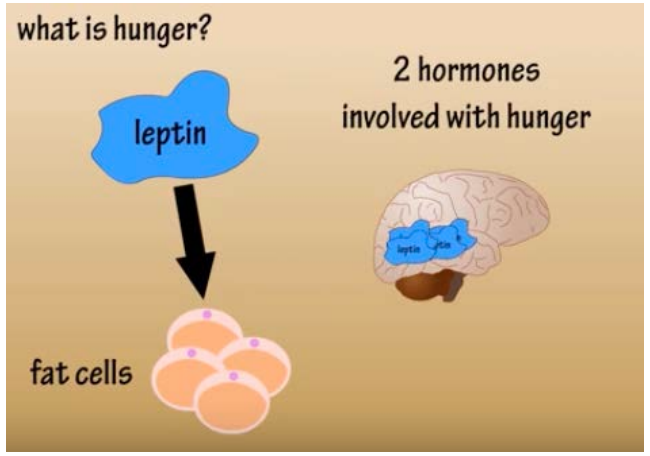
Toxins

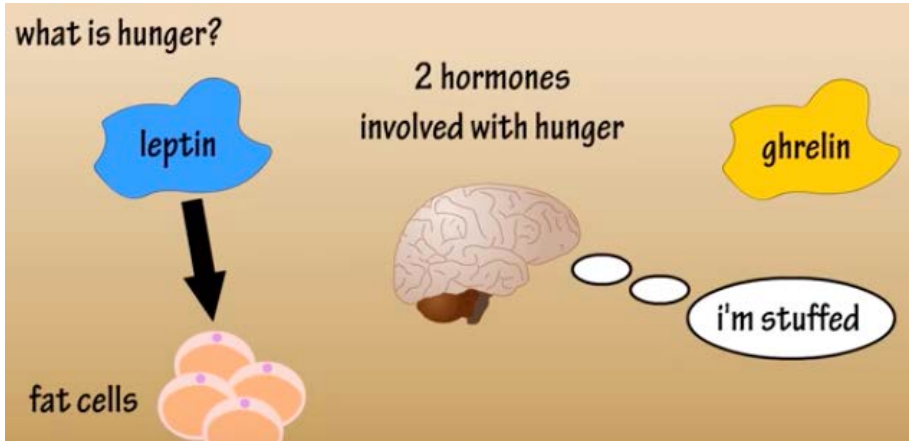
interfere with appetite Hormones

Leptin and Grehlin

Hunger Increases







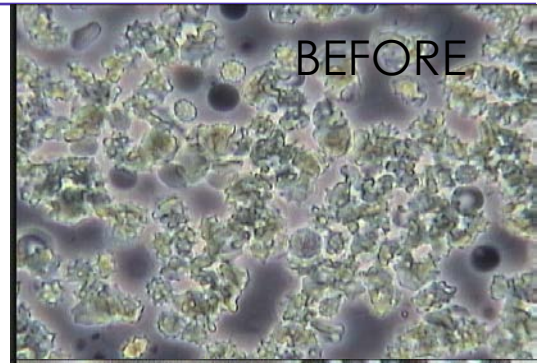
Blood Plasma Results on Leptin and Ghrelin for each subject.

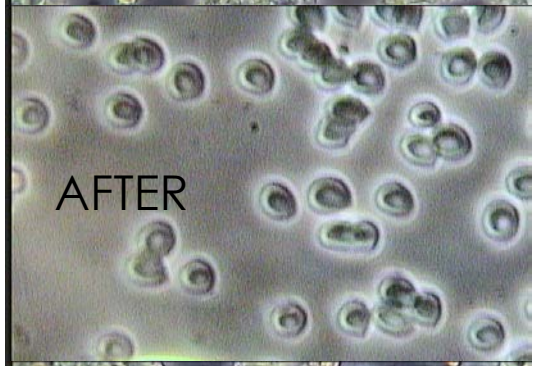
Mean Average Leptin Increase	32.23%	Mean Average Ghrelin Decrease	14.57%

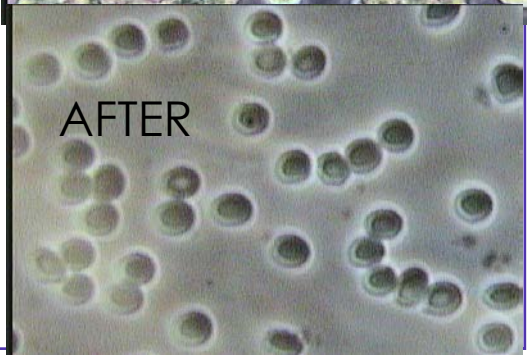
GENDER	LEPTIN PRE	LEPTIN POST	Normal Range nmol/L	LEPTIN % Increase	GHRELIN PRE	GHRELIN POST	Normal Range (nmol/L)	% Decrease
MALE	1.38	1.84	1.63-2.54	33.5%	5.83	4.14	4.12-4.89	28.9%
MALE	1.25	2.03	1.63-2.54	62.4%	4.88	4.14	4.12-4.89	15.16%
FEMALE	5.43	7.22	5.69-7.26	32.96%	6.12	5.34	5.06-5.98	12.74%
FEMALE	5.98	7.09	5.69-7.26	20.73%	5.99	5.43	5.06-5.98	9.34%
MALE	1.53	1.94	1.63-2.54	26.79%	5.02	4.53	4.12-4.89	9.76%
MALE	1.22	1.97	1.63-2.54	61.47%	6.03	4.76	4.12-4.89	21.55%
FEMALE	4.87	5.84	5.69-7.26	19.9%	5.87	5.12	5.06-5.98	12.77%
FEMALE	5.89	6.54	5.69-7.26	11.03%	6.23	5.65	5.06-5.98	9.30%
MALE	1.47	2.01	1.63-2.54	36.73%	4.89	4.32	4.12-4.89	11.65%
FEMALE	4.99	5.83	5.69-7.26	16.83%	6.34	5.13	5.06-5.98	19.08%

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

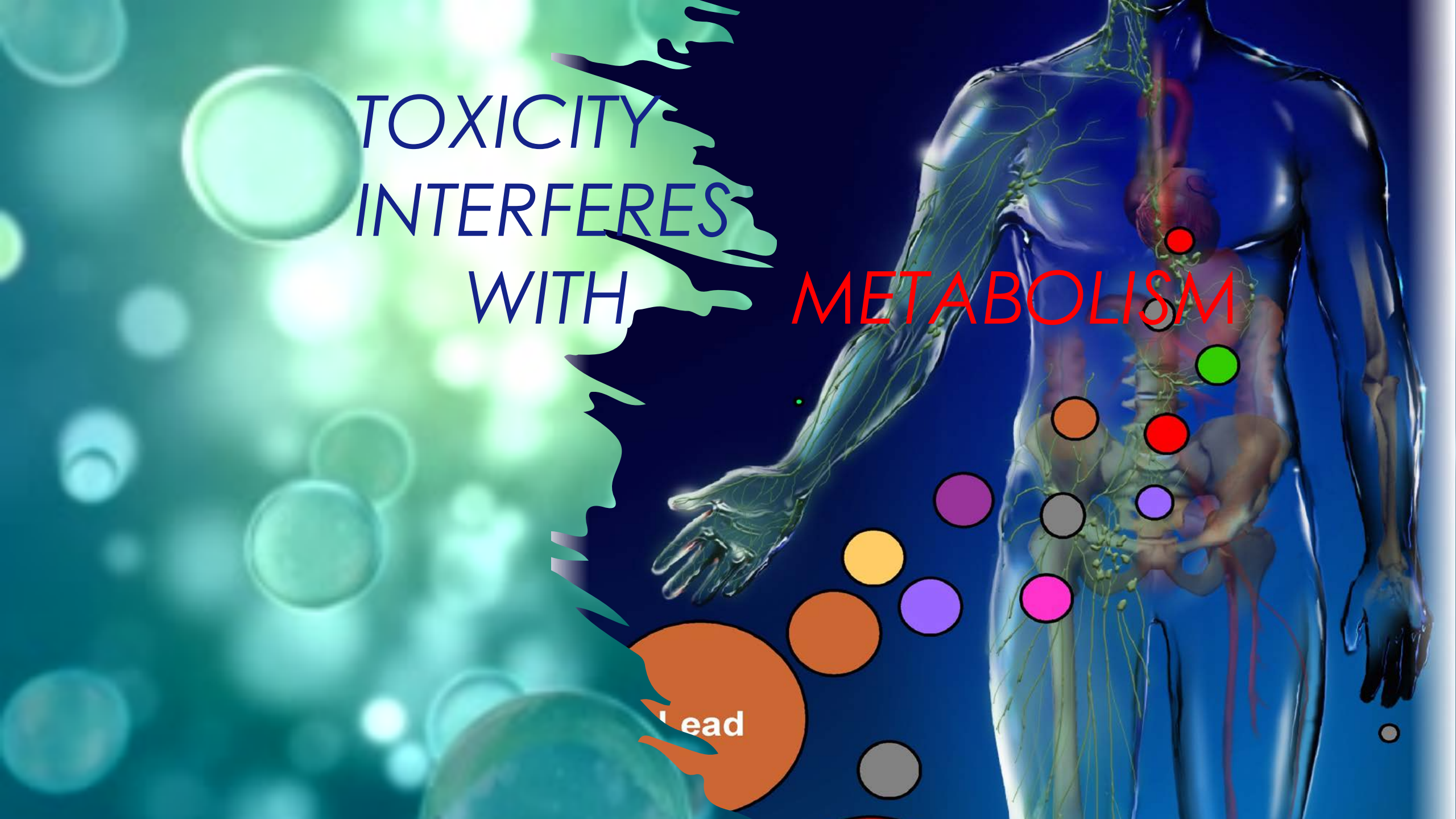
	RBCs AGGREGATION	ROULEAU	FUNGAL FORMS	THROMBOCYTE AGGREGATION	BACTERIA	OXYDATIVE STRESS	RBCs SEPARATE + ROULEAU	RBCs SEPARATE
Before Treatment	15	4	8	8	9	8	0	0
After First Treatment	1	6	6	7	8	6	9	3
efore Last Treatment	0	0	3	4	5	2	11	8
After Last Treatment	0	0	2	2	0	0	3	16





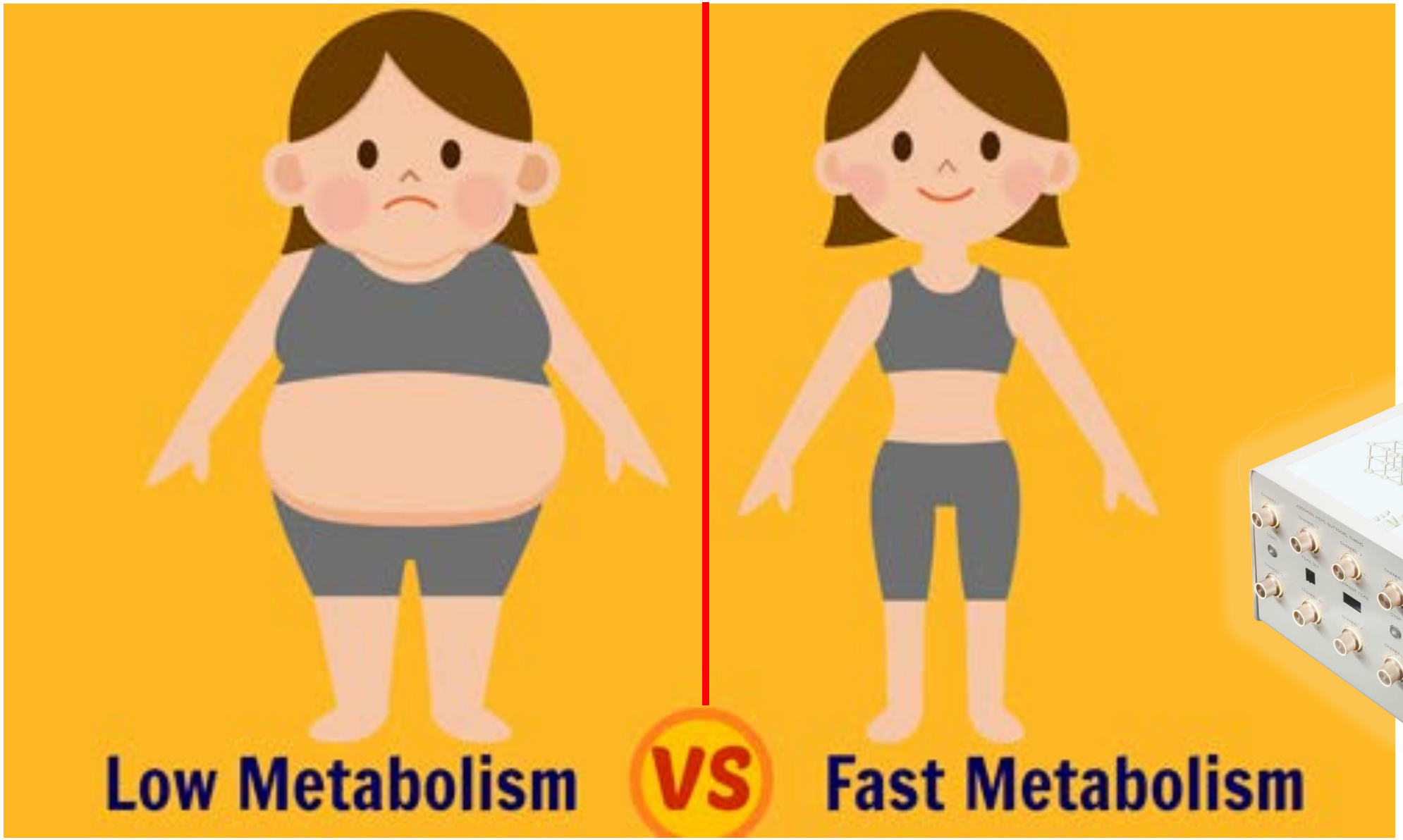


TOXICITY INTERFERES WITH METABOLISM



Low Free T3

Peak Free T3



METABOLISM (FREE T3) INCREASE

Mean Average Free T3 % increase within the Normal Range	30%

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

SLIMMING VS FITNESS

Lasers / RF DO NOT
Change The Metabolism
Results Rebound

Increased Metabolism/
Reduced Hunger

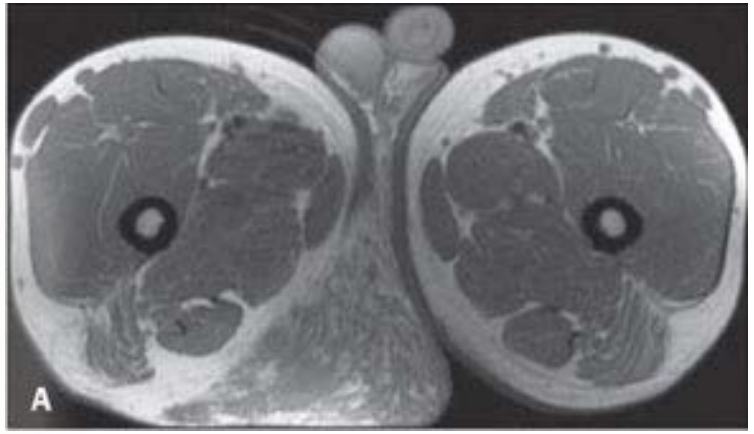
NO REBOUND

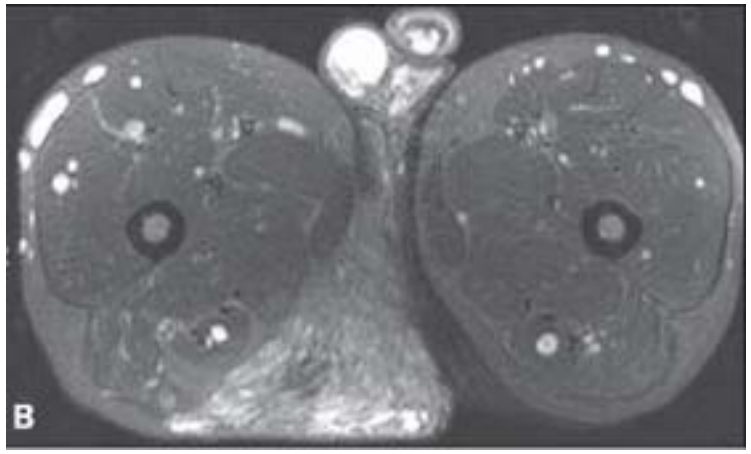
NO REBOUND

SKELETAL MUSCLE MASS (SMM) INCREASE

Mean Average % Increase for Skeletal Muscle mass	36.45%

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





MRI results showed increased muscle mass

Muscle Mass Before: 133.70 cm^2

Muscle Mass after: 201.73 cm^2

$p < 0.01$ – Significance

IGF-1 INCREASE

Mean Average IGF-1 % Increase	25.85% WITHIN THE NORMAL RANGE

GENDER	IGF-1 PRE	IGF-1 POST	Normal Range (nmol/L)	IGF-1% Increase
MALE	25.97	30.35	15.08-32.5	16.86%
MALE	23.98	31.12	15.08-32.5	29.77%
FEMALE	16.33	20.75	11.25-28.8	27.06%
FEMALE	15.14	19.21	11.25-28.8	26.88%
MALE	22.27	28.11	15.08-32.5	26.22%
MALE	26.98	30.52	15.08-32.5	11.80%
FEMALE	15.86	21.08	11.25-28.8	32.91%
FEMALE	18.55	23.50	11.25-28.8	26.68%
MALE	24.56	31.34	15.08-32.5	27.60%
FEMALE	19.34	25.66	11.25-28.8	32.67%

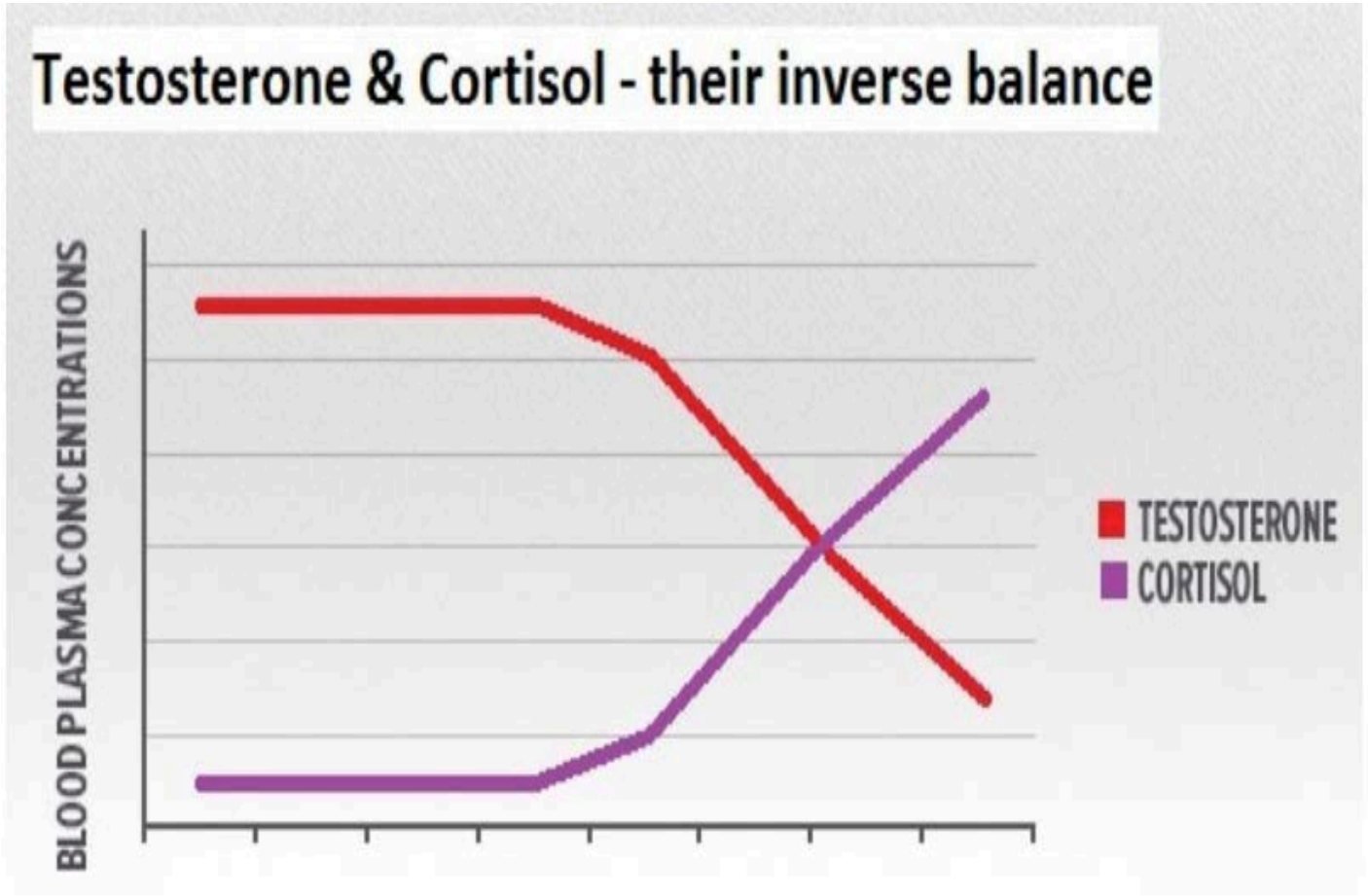
Over 50 years old gym workou

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



CORTISOL

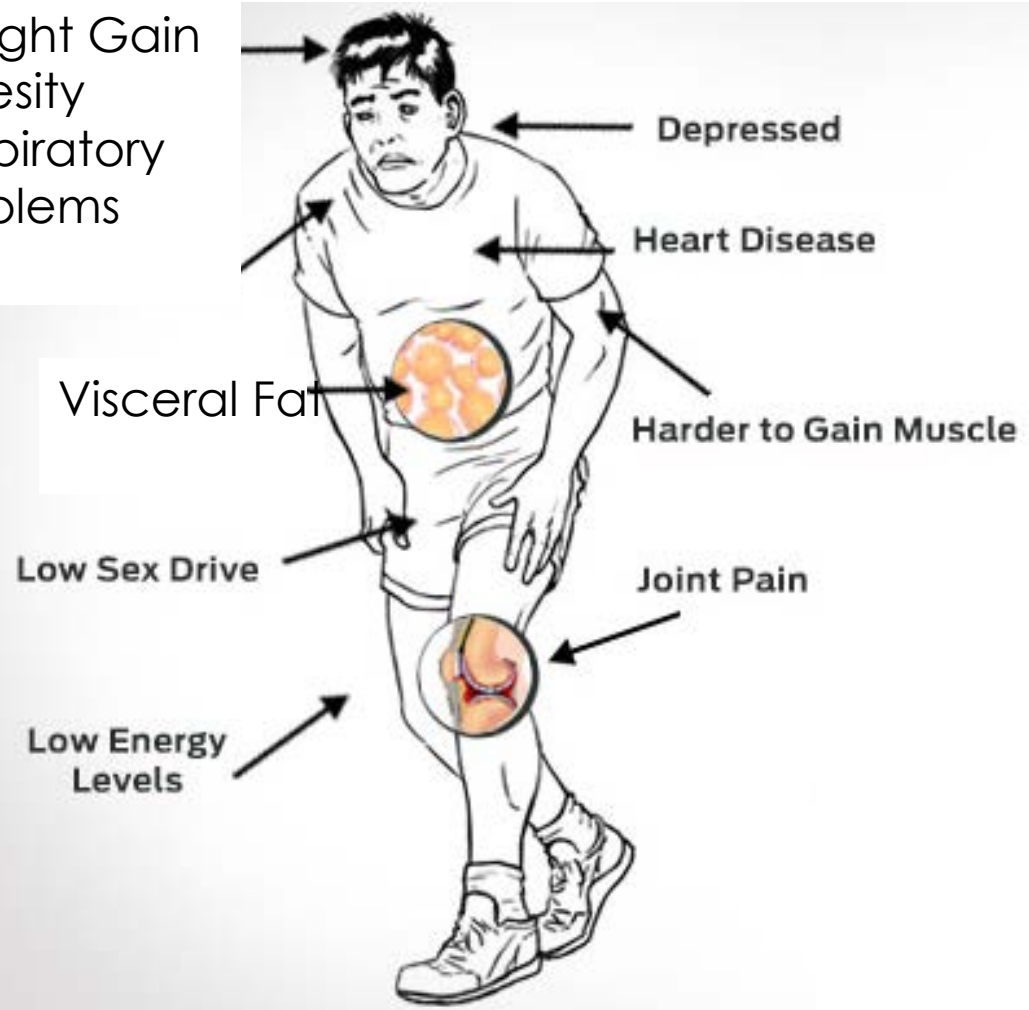
TESTOSTERONE

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

=

IncrSusceptibility to COVID-19

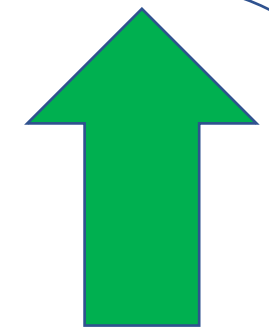
Weight Gain
Obesity
Respiratory Problems



Man With Low Testosterone

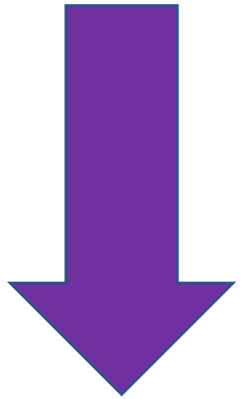
Mean Average Testosterone % Increase	62.18 %	Mean Average Cortisol % Decrease	7.33 %

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.%



TESTOSTERONE

CORTISOL



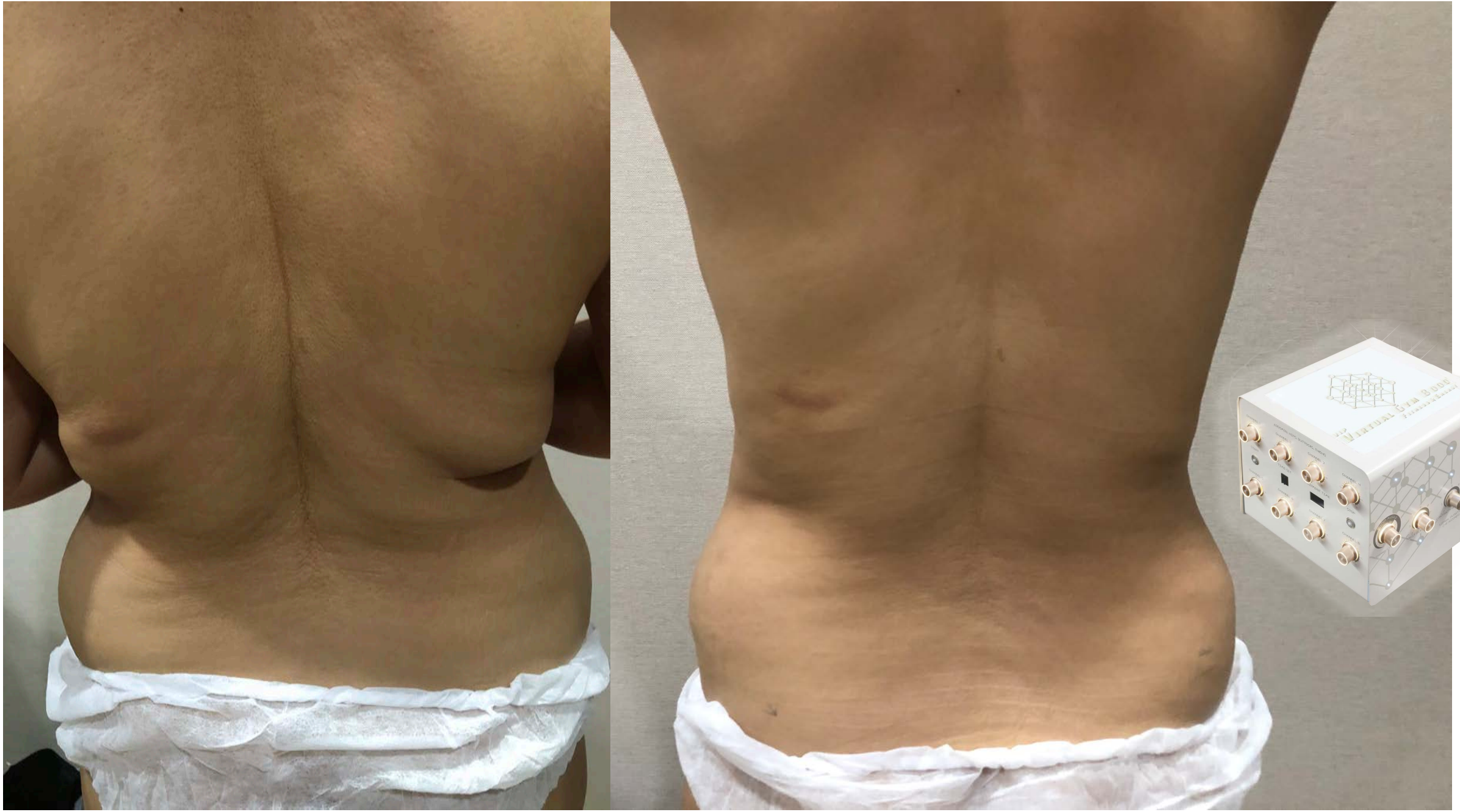
Diabetic Patient with back Pain and Fatty Liver. Measures: Sonogram, Blood Test, Measuring tape, Tanita Scale, Self Reports

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/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

ONE
TREATMENT

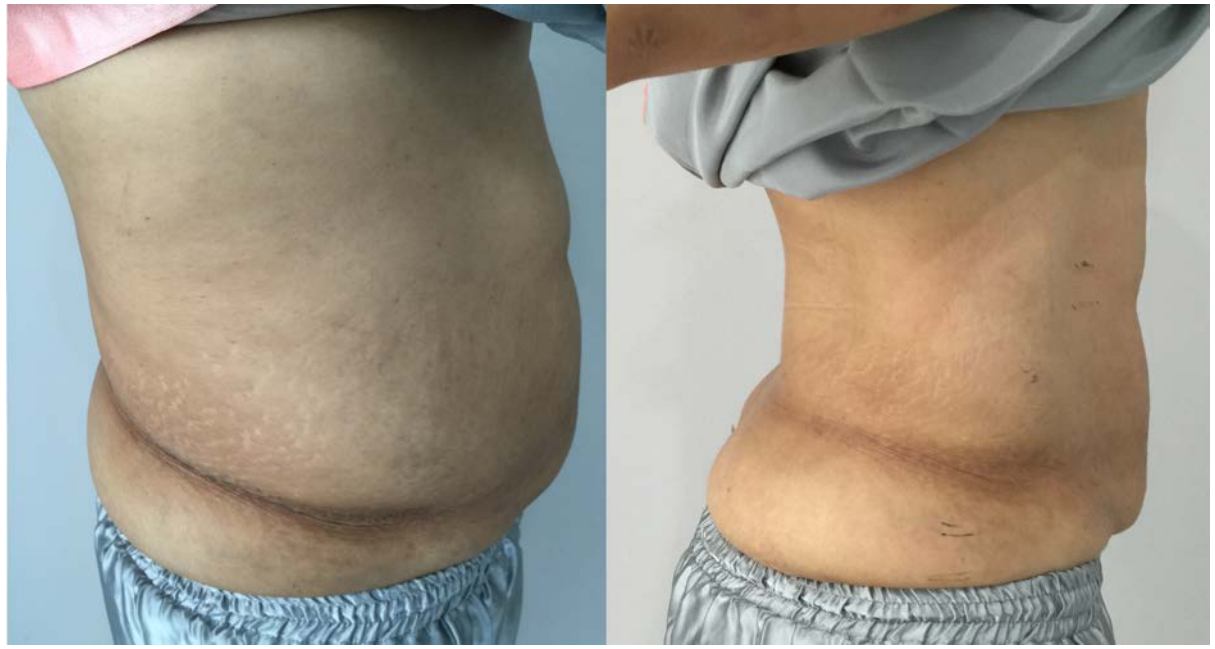


ONE TREATMENT

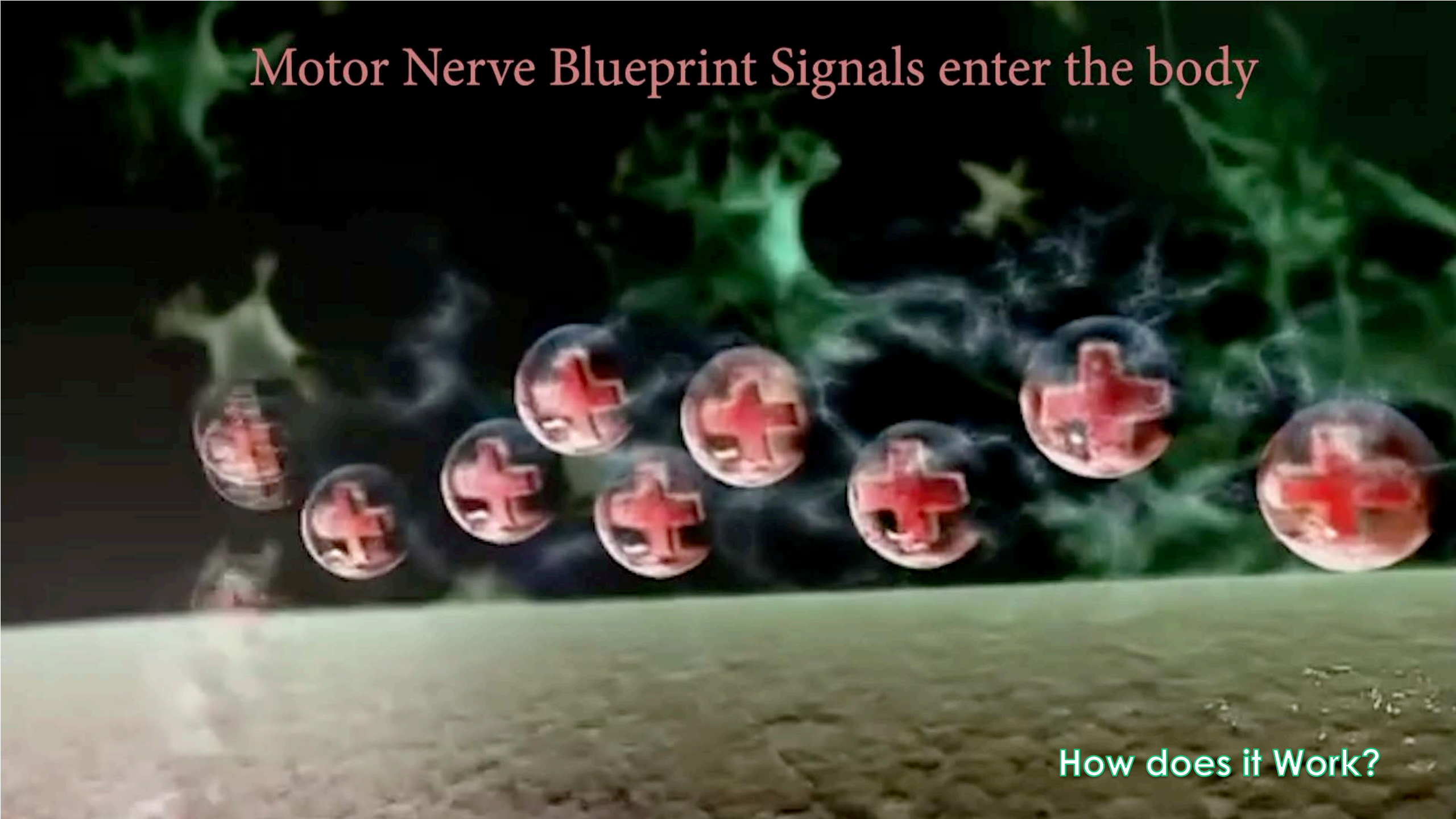
ONE TREATMENT


VIRTUAL GYM
ONE TREATMENT


ABDOMEN, HIPS, BUTTOCKS, THIGHS
CHANNEL 1
CHANNEL 2
CHANNEL 3
CHANNEL 4
CHANNEL 5
CHANNEL 6
CHANNEL 7
CHANNEL 8
START
STOP
TIME SET
TREATMENT TIME




VIRTUAL GYM
ONE TREATMENT

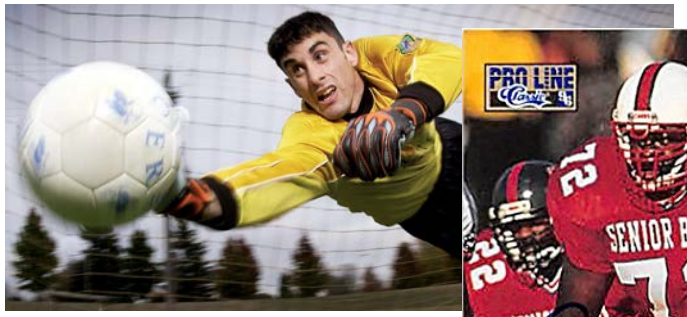

Motor Nerve Blueprint Signals enter the body
How does it Work?

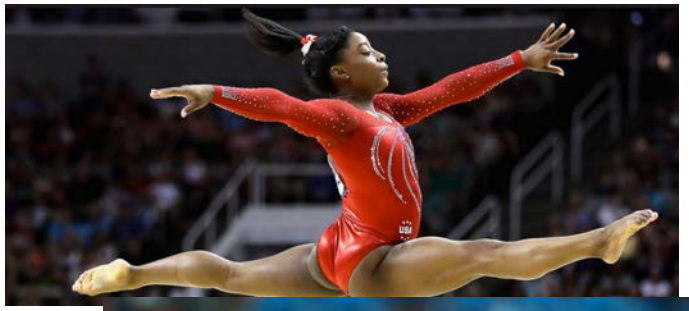
VIRTUAL EXERCISE – WITHOUT THE EXERCISE – HIGH SPEED FITNESS

144 **STRENGHT**, RESISTANCE , AEROBIC EXERCISES

1000 8-SECS COORDINATED

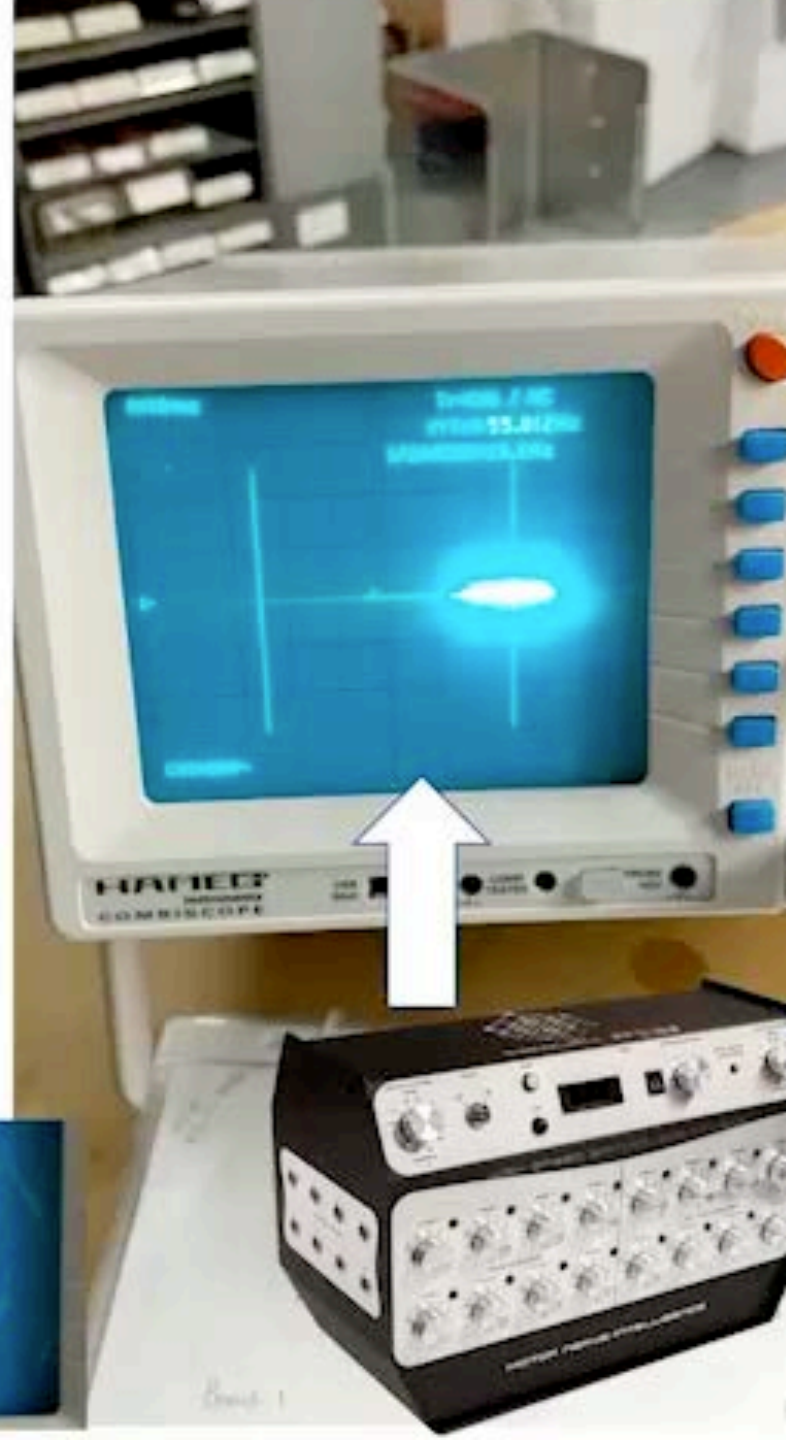
FULL BODY MUSCULATURE CONTRACTIONS





VIP
VIRTUAL GYM 8000
FITNESS & ENERGY

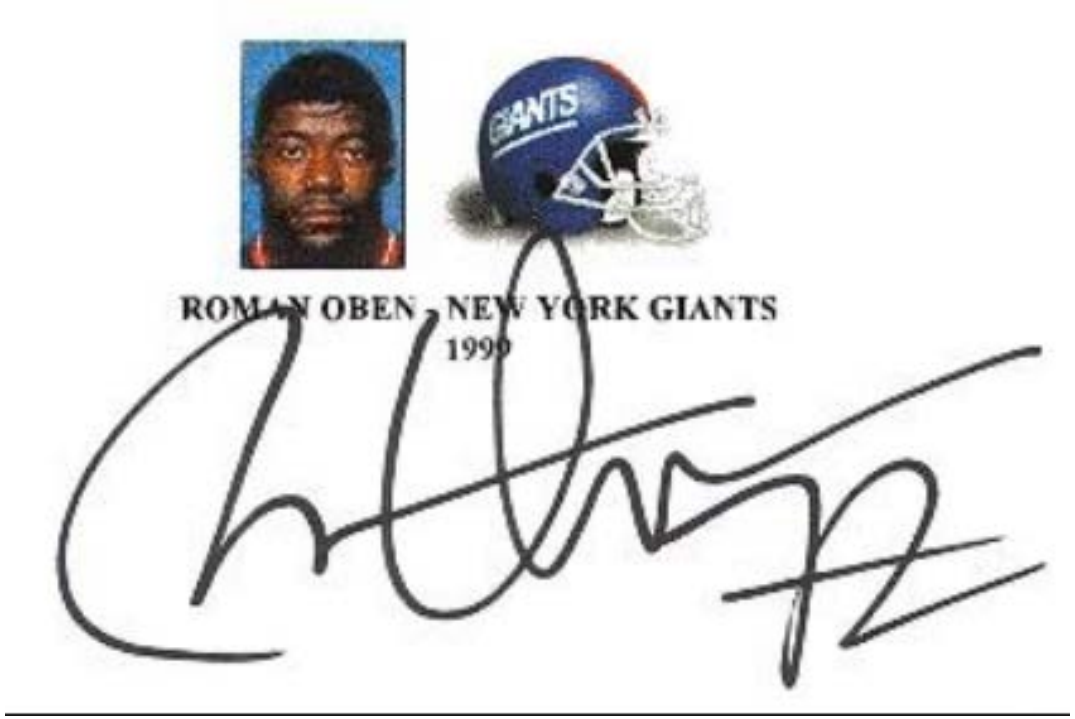
Old Hardware
Observe how much faster the lines open! This means compromised signal absorption!



- 1 TREATMENT = A MONTH IN THE GYM
- 12 TREATMENTS = A YEAR IN THE GYM

24 TREATMENTS = TWO YEARS IN THE GYM

Used by Famous Athletes



The VIRTUAL GYM & IREPAIR Solution

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

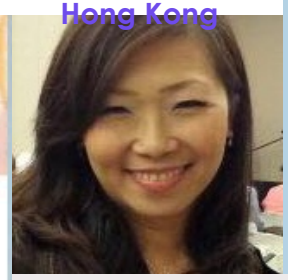
NURIS LAMPE, MD
Dermatologist
Anti-aging Physician
Senior Consultant
EUROPE

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

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

THOMAS BARNARD, MD
Anti-aging Physician
CANADA

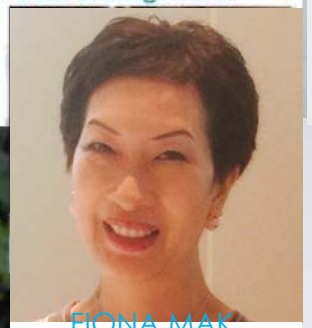
HIROYUKI OTOMO
MD, JAPAN
Anti-Aging Doctor
Pain Management



VERONICA YAP
Lymphatic Disorders
SINGAPORE

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



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

From fat to flat

Debbie, Wendy, Lesley and Frances tried four different tummy-toning treatments and gave us their verdicts

Debbie Rau, 37, from East Sheen, London, is a housewife with two children – Dominic, 11, and Anelise, five
HEIGHT: 5ft 2in
WEIGHT BEFORE: 10st 10lb
WEIGHT AFTER: 10st 6lb

MEASUREMENTS
BEFORE: waist, 35in; tummy, 41½in; hips, 41in; buttocks, 40½ in
AFTER: waist, 34½in; tummy, 38½in; hips, 40in; buttocks, 40½in
LOST: weight, 4lb; waist, ½in; tummy, 3in; hips, 1in

HOW:
ARASYS This is a new inch-loss system which works by sending a faradic (electrical) current to stimulate, tone and firm tummy muscles. It also reduces cellulite and breaks down body fat. A

about the treatment. It was quite strange – it felt like having wriggly worms in my tummy. At first I didn't want them to turn the machine up too high but I got used to it. The more often I

...wired up for treatment

leads are then attached to each plate, and plugged into the Arasys machine which produces faradic waves, proven to shape and contract muscles.

Feel Initially you experience a tingling sensation that soon turns to deep, soothing contractions. Is this the nearest thing to an orgasm the beauty world has to offer? Possibly.

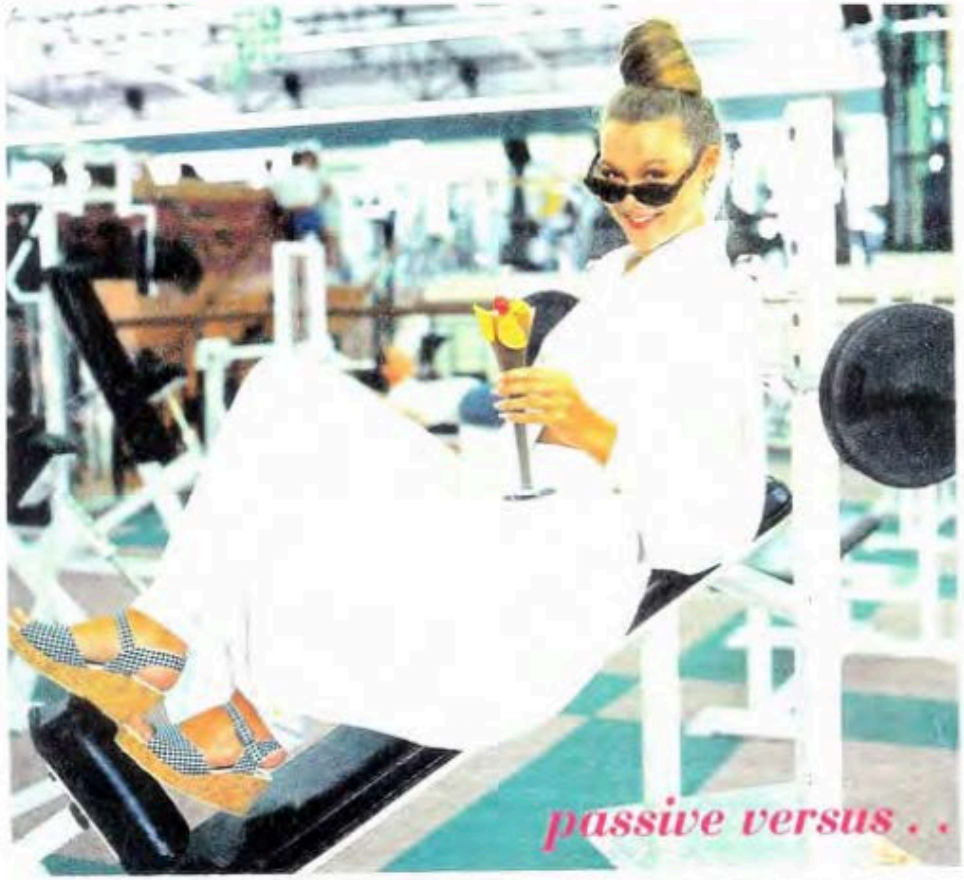
Result I was well and truly smaller. You may need a course of 10 treatments to see the best results (an overall loss of 12 inches), but even after my first session I noticed a difference. My jeans were looser – albeit marginally – and the tingly waves had somehow pummelled my self-will into action. This time I was going to get toned. Not one treatment convinced me I'd sign up for the whole course. Providing you eat sensibly and exercise, the benefits from an Arasys course should last.

effortless EXERCISE

If the mere idea of exercise leaves you feeling out of breath, follow the no-sweat route to a firm, toned body – let a machine take the strain. *Annabel Goldstaub* reports

ARASYS
If there was a machine to break down cynicism as well as cellulite, I'd leap aboard. So it was with some trepidation that I hurled my wobbling form on to the Arasys treatment couch. How, I asked myself, can one machine tone muscles, reduce cellulite and produce such loss in a mere 15 minutes?

Technique Arasys was invented in the UK by Dr Donald Gilbert, an expert in cellular biochemistry, and Gerry Pollock, electronic inventor and pioneer of the pacemaker. On your first session, a trained therapist measures the areas to be treated – buttocks, thighs, stomach, hips, waist, arms and so forth. Then, without using messy gels or creams (a feature of many slimming contraptions), sponge-covered electric plates are strategically placed on the body and held in p-



how the WAIST

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

Photographs: PETER BAASCH
Model: LYNN from The Sports Connection

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

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

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

was won

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

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

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

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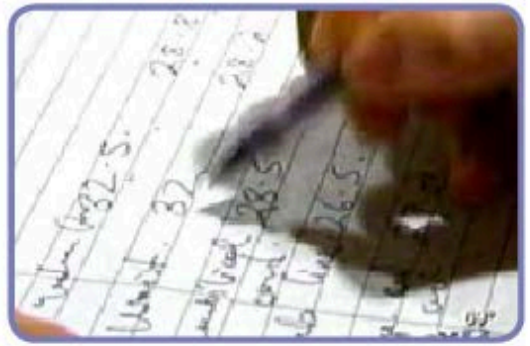


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THANK YOU

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