Your First Steps to Anti-Aging – Detoxification & Rejuvenation

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ABSTRACT

Anti-aging medicine has thus far had a strong basis in surgical intervention (e.g. plastic surgery) or dermatological (e.g. cosmetic) procedures to create an anti-aging effect. However, over a period of time, the body and its organs continue to age unabated, with corresponding deterioration in the overall appearance and in the performance of the body.

This paper, takes you beyond this cosmetic effect of anti-aging, to non-invasive approaches of servicing and repairing various organs of the body: changing body dimension (body sculpting); creating a glowing and healthy skin; removing dark spots and irregular pigmentation; even lightening the complexion by a few noticeable shades; and creating an almost permanent effect of youth and vitality. This is unmistakably perceived by the beholder and also experienced by the subject. These pre-treatment and post-treatment procedures help enhance and maintain the good effects of both surgical and dermatological procedures practiced in mainstream medicine today.

This paper presents clinical studies supported by pathological evaluations of the various organs of the body to strongly suggest the capability of this science to anti-age the body with a added benefit of aesthetic and cosmetic changes. As a consequence of anti-aging the body in this manner, longevity can be achieved.

Armed with this science we are now able to strongly demonstrate the existence of toxins in the body, anti-aging as a valid medical science, and aging as a pathologically detectable and reversible disease.

This paper takes you through two steps which form the foundation of true anti-aging:

1. Detoxification: Cleansing and repairing the colon, kidneys, liver, lungs, blood, and the skin of the toxic waste build-up and keeping them working at peak efficiency will ensure minimal future toxic build-up in the body. The improved functioning of the organs can be evaluated through pathological tests.
2. Rejuvenation: Rejuvenation comprises of improving the flow of gastric acids, pancreatic enzymes and the bile from the liver. This will eliminate indigestion, bloating, and flatulence and pave the way for anti-aging the body.

In this paper, a holistic approach has been advocated to simultaneously anti-age the whole body using principles of Western herbology. This will help to maintain the body in perfect health, free of medication, for a long and healthy life.

Keywords: detoxification, rejuvenation, anti-aging, digestion, constipation, colon

INTRODUCTION

Overall deterioration in the appearance of the body is observed as aging. Anti-aging medicine has therefore focused at surgical intervention (plastic surgery) or dermatological (cosmetic) procedures to create an anti-aging effect. However, over a period of time, the body and its organs continue to age unabated with corresponding deterioration in the overall appearance of the body. This aging of the internal organs can be verified by studying the change in their respective pathological profile over the course of the human life.

The aim of this paper is to introduce non-invasive approaches of servicing and repairing various organs of the body: changing body dimension (e.g. body sculpting); creating a glowing and healthy skin; removing dark spots and irregular pigmentation; even lightening the complexion by a few noticeable shades; and creating an almost permanent effect of youth and vitality. This is unmistakably perceived by the beholder and also experienced by the subject. These are pre- and post-treatment procedures that enhance surgical and dermatological treatments which comprise part of mainstream medicine today.

Standard reference ranges in today's Pathology will be used to derive new standards in preventive medicine called optimum values. These will form the basis of a new subject called anti-aging pathology.

The efficacy of this anti-aging science is tantamount to and strongly supported by clinical studies coupled with pathological evaluation of the various organs in the human body. With the added benefit of aesthetic and cosmetic changes to the body, anti-aging of the body will help to achieve longevity beyond one hundred years.

Armed with this science we are now able to illustrate that aging is a pathologically detectable and reversible disease, thereby paving the way to show the existence of toxins in the body and anti-aging as a valid medical science.

This paper takes you through two basic steps that form the foundation to true anti-aging:

1. Detoxification
2. Rejuvenation

DETOXIFICATION

From everyday life, we know that owning a machine entails periodic servicing and eventual repairs as the machine ages. One of the most frequently used machine that touches our lives today is a car. We know that one must periodically change the engine oil and filter every few thousand miles. The oil becomes black due to carbon depositing from the combustion of gasoline in addition to the depositing of iron particles from the wearing off of the engine parts. The oil filter functions to trap these particles but eventually the oil does get black and viscous. At this stage, the oil and filter needs to be replaced. The carbon particles are the toxins that collect in the engine oil and are detrimental (toxic) to the functioning (life) of the engine and subsequently to the car. The removal of these toxins (e.g. carbon and iron particles) is achieved during the servicing of the car by a simple procedure known as "oil and filter change" which can only be done once every few thousand miles. However, the daily accumulation of these particles (e.g. toxins) between two services results in the piston rings and the engine block gradually wearing out. Eventually say after 150,000 or 250,000 miles (depending on how diligently the servicing was done), the engine oil consumption goes up and we then know that the engine needs to be opened and repaired. Going from a well understood concept of servicing and repairing a car, we have now defined a concept of toxins in the engine which are toxic to the car and if not attended to periodically will cause premature failure (e.g. death) of the engine (e.g. organ) and consequently of the car (e.g. body).

We will use this analogy to explain why it is important to service and repair the human body, which is also like a "machine" and the need to remove toxins from the body to improve the performance of the various organs and consequently of the human body. The beauty of the human body is, given the right nutrition, that the organs constantly rebuild and repair themselves. The need to replace organs normally never arises in the lives of fairly healthy people.

It therefore becomes evident that:

1. Removal of toxins from the body (e.g. detoxification) will help to prevent premature failure of the organs
2. Creating conditions for the body to absorb optimum nutrition from the food we eat will allow the body to rebuild, heal and rejuvenate itself.

Both detoxification and rejuvenation will therefore prevent the premature death of the human body and will contribute to overall longevity. Theses are the fundamentals of anti-aging medicine.

The foundation of anti-aging and longevity rests upon periodic cleaning of the colon, kidneys, liver, lungs and blood of toxic waste build up, as well as servicing and repairing these and other vital organs including the heart. Keeping all the excretory organs of the body such as the colon, kidneys, lungs and the skin working at peak efficiency will ensure minimal toxic build-up within the body.

The liver helps to neutralize toxic chemicals, biological poisons and toxins produced inside the body and must be kept at peak health all the time in order to cope with this daily toxic burden. Thus, the main excretory organs like the colon and the kidneys must be kept working at peak efficiency throughout one's life.

To understand this concept of servicing and repairing of organs, we need to understand how to properly evaluate the functioning of these organs by standard pathological tests. In order to judge if these organs are now working at peak efficiency and capacity as are found at youthful levels, we

need to continue to evolve newer pathological standards. This requires us to read and interpret the results of these standard pathological tests in an entirely different manner commensurate with our goal of anti-aging.

To give an example, let us consider three commonly used parameters: creatinine, blood urea nitrogen (BUN) and serum uric acid to evaluate the functioning of the kidneys (Table 1).

Renal Function Tests	* Standard Reference Range & Units
Serum Creatinine	0.5 to 1.5 mg/dL
Blood Urea Nitrogen (BUN)	4.5 to 21.0 mg/dL
Serum Uric Acid	3.6 to 8.2 mg/dL

* Correlate with clinical symptoms

Table 1. Standard reference ranges for renal function tests

In order to maintain the body in a state of perfect health and to achieve longevity, we now need to define a concept called optimum values which are those that are found in perfectly healthy young people. The goal of anti-aging should be to maintain these optimum values for at least 100 years of a person's life.

Renal Function Tests	Optimum Value & Units	Standard Reference Range & Units	Remarks
Serum Creatinine	0.8 mg/dL	0.5 to 1.5 mg/dL	Elimination of toxins through kidneys
Blood Urea Nitrogen (BUN)	12.0 mg/dL	4.5 to 21.0 mg/dL	To prevent kidney failure / disease
Serum Uric Acid	*4.0 to 5.0 mg/dL	3.6 to 8.2 mg/dL	To help reduce aches and joint pains / arthritis

* Depends upon daily protein intake. RDA for Proteins = 1.0 g / Kg body weight ≈ 1.75 oz. for 110 lbs (50 Kg) or 2.25 oz. for 170 lbs (77 Kg) body weight.

Table 2. Sample of some optimum values for renal function tests

A good detoxification process of the kidneys should help a fairly healthy person to change his or her kidney profile, irrespective of their physical age, to closely match the values given under the optimum value

column. These are the values that comprise the standards for anti-aging pathology.

Patient: Female, Age: 39, Height: 5ft 3 in., Weight: 163.6 lb (74.36 Kg.), Fat = 42.5% (++), BP = 107 / 71, Pulse = 67, Diet: Meat Eater (Ref: BD)			
Renal Profile	*** Std. Ref. Range**	**** 10/12/2007**	***** 12/03/2007**
Blood Urea Nitrogen (BUN)	4.5 to 21.0 mg/dL	17.0 mg/dL	11.0 mg/dL
Serum Uric Acid	3.6 to 8.2 mg/dL	4.3 mg/dL	4.0 mg/dL
Creatinine	0.5 to 1.5 mg/dL	1.0 mg/dL	0.6 mg/dL
Serum Total Proteins	6.4 to 8.3 g/dL	8.70 g/dL	7.6 g/dL
Serum Albumin	3.4 to 4.8 g/dL	5.4 g/dL	4.9 g/dL

* Correlate with clinical symptoms
Note: 8 week detoxification program was started on 15th of October 2007
** Prior to starting detoxification.
*** After 7 weeks of Whole Body Detoxification

Table 3. Case study 1(A) – diagnosing and preventing kidney failure

The patient in Case Study 1(A) originally came to us for a treatment of "mainstream medicine induced hypothyroidism" resulting from a radioactive iodine treatment for hyperthyroidism performed

many years earlier resulting in obesity. In the course of routine investigation, numerous blood tests were carried out as per the requirements of anti-aging medicine.

When we looked at the renal profile of the patient, everything looked "normal" except for the slight increase in the serum proteins and albumin levels. However, the serum magnesium and zinc levels were way above what would normally be encountered with a patient with this medical history. This gave us an indication of an underlying kidney malfunction. Based on this data, an initial diagnosis of kidney malfunction was arrived at and the patient was put through a standard detoxification program. Later on in this paper we will restudy this case in more detail and see how we immediately verified this initial diagnosis to demonstrate that a proper kidney detoxification would prevent a future chronic renal failure (CRF). The progress of this case during the first seven weeks (Table 3) shows a marked improvement in the kidney function. In addition, the kidney detoxification program paved the way for returning the kidneys back to youthful healthy levels and maintaining them at optimum levels in the future as per the goals of anti-aging medicine.

Patient: Male, Age: 40, Height: 5ft 6 in., Weight: 170.0 lbs. (77.272 Kg.), Fat = 26.7% (++), BP = 153 / 97, Pulse = 98, BPs = 174 / 99 Pulse = 87 Diet: Vegetarian (Low Protein) (Ref: DP)

Renal Profile (Std. Ref. Range)	*** 03/24/2009**	**** 04/22/2009**	***** 06/24/2009**	****** 09/01/2009**
Serum Uric Acid (2.1 to 7.8 mg/dL)	7.2 mg/dL	6.5 mg/dL	4.8 mg/dL ⇓	**#** 6.8 mg/dL ⇓
Creatinine (0.5 to 1.5 mg/dL)	1.2 mg/dL	1.2 mg/dL	1.2 mg/dL	1.0 mg/dL ⇓
Allopurinol	100 mg qd bid	100 mg qd	100 mg qd	100 mg qd
Paracetamol /Acetaminophen 500mg		bid	bid, on and off	Nil for last 8 weeks
Standard 8 Week Detoxification & Rejuvenation Program		Began on 04/04/2009	Special Kidney Detoxification	Special Kidney Detoxification
Herbal Teas for Kidney Detoxification (2 Types)		2 cups per day	4 cups per day	3 cups per day
Special Vitamin C (With Neutral pH)	Nil	Nil	500 mg bid from 07/10/2009	500 mg bid

Serum Uric Acid = 10.4 mg/dL on 07/29/2005. Allopurinol 100 mg qd and Paracetamol / Acetaminophen 500 mg bid was started. Left kidney is seen in ectopic location in left illiac fossa and is malrotated. Normal high velocity low impedance flow in main renal artery. Patient only on carbohydrate diet.
Note: 8 week detoxification program was started on 4th of April 2009.
* Prior to starting detoxification. Condition is pre-gout stage with serious walking difficulty.
***After 11 weeks of Whole Body Detoxification with extended kidney detoxification using herbal supplements and teas. Patient on carbohydrate diet.
**** After 21 weeks of kidney detoxification. # Patient on a restricted diet with 0.3 oz. (10 g) max. veg. proteins / day. Weight reduced to 157.6 lbs. (71.636 Kg) and body fat reduced to 22.4 % (+). A drop of 4.3%.

Table 4. Case study 2(A) – kidney detoxification for reducing uric acid and creatinine in a chronic Case

The patient in Case Study 2(A) began suffering frequent bouts of joint pains about 10 years back. These were treated with paracetamol / acetaminophen 500 mg bid. No inference was reached as to what triggered these episodes. If inflammation ensued, it was treated with the addition of diclofenac 50mg. This continued until 2005, with the frequency of these episodes increasing steadily, when it was finally detected that the serum uric acid levels had reached 10.4 mg/dL. At this stage, allopurinol 100mg qd was prescribed to maintain serum uric acid at slightly lower levels. The patient came to us in March of 2009 seeking treatment for lowering serum uric acid levels through detoxification of kidneys. At that stage, joint pain was a regular symptom, with serious walking difficulty. The case appeared to be a pre-gout condition solely controlled with allopurinol which helped to maintain serum uric acid levels at 7.2 mg/dL. During a routine check up, the patient was for the first time detected with also having high blood pressure.

An elaborate kidney detoxification was started to lower the serum uric acid and creatinine levels to prevent a future occurrence of CRF and / or stroke. This would have been the prognosis of

this case under mainstream medicine today. The progress of the patient over a five month period is shown in Table 4.

A similar analysis can be done for the liver using standard pathology tests and optimum value standards to return the liver functions back to healthy, youthful levels.

Liver Function Tests (LFT)	Optimum Value	Standard Reference Range	Remarks
Serum Bilirubin (Total)	0.8 mg/dL	up to 1.5 mg/dL	Improved liver function and toxin neutralization
SGPT (ALT) serum	20 to 24 U/L	0 to 48 U/L	
SGOT (AST) serum	15 to 20 U/L	5 to 42U/L	
GGPT (Gamma GT) serum	20 to 30 U/L	12 to 64 U/L	

Table 5 . Sample of some optimum values after liver detoxification

Now that we have correlated detoxification to pathology, we are in a sound position to assist the body to return to a healthy, youthful state. This would be the first step to anti-aging and its periodic monitoring.

Here are some case studies done during the past few years at our health center:

Patient: Male, Age: 25 years, Height: 6ft., Weight: 162.4 lbs (73.8 Kg.), Diet: Vegetarian (Ref: TH)			
	*** 02/28/2003**	**** 03/24/2003**	***** 05/23/2003**
Total Bilirubin	1.9 mg/dL	1.2 mg/dL	0.9 mg/dL
Direct Bilirubin	1.2 mg/dL	0.7 mg/dL	0.6 mg/dL
Indirect Bilirubin	0.7 mg/dL	0.5 mg/dL	0.3 mg/dL
SGPT (ALT)	28 IU/L	12 IU/L	13 IU/L
SGOT (AST)	20 IU/L	-	-
GGPT (Gamma GT)	18 IU/L	-	-

* Prior to herbal liver detoxification
** After 4 weeks of liver detoxification
*** After 8 weeks of liver detoxification

Table 6. Case study 3

Patient: Female, Age: 38, Height: 5ft 2 in., Weight: 152.6 lbs. (69.36 Kg.), Fat = 39% (++), BP = 94 / 69, Pulse = 72, Diet: Meat Eater (Ref: MKh)		
	*** 04/19/2003**	**** 04/23/2005**
Serum Creatinine	0.6 mg/dL	0.7 mg/dL
Blood Urea Nitrogen (BUN)	18.0 mg/dL	11.0 mg/dL
Total Bilirubin	0.8 mg/dL	0.3 mg/dL
Direct Bilirubin	0.1 mg/dL	0.1 mg/dL
Indirect Bilirubin	0.7 mg/dL	0.2 mg/dL
SGPT (ALT)	52 IU/L	20 IU/L
SGOT (AST)	24 IU/L	22 IU/L
GGTP (Gamma GT)	28 IU/L	12 IU/L

Note: 2nd round of 8 Week herbal detoxification was started in March 2005
* Prior to 1st round of detoxification in April 2003
** After 2nd round of 8 week Whole Body Detoxification Program.

Table 7. Case study 4

Here are some advanced case studies of the cases shown above with more detailed and in depth analysis.

Patient: Female, Age: 39, Height: 5ft 3 in., Weight: 163.6 lbs. (74.36 Kg.), Fat = 42.5% (++), BP = 107 / 71, Pulse = 67, Diet: Meat Eater (Ref: BD)				
Renal Profile	**# Std. Ref. Range**	*** 10/12/2007**	**** 12/03/2007**	****** 04/18/2008**
Blood Urea Nitrogen (BUN)	7 to 18.7 mg/dL	17.0 mg/dL	11.0 mg/dL	12 mg/dL
Serum Uric Acid	2.6 to 6.0 mg/dL	4.3 mg/dL	4.0 mg/dL	3.5 mg/dL
Creatinine	0.6 to 1.1 mg/dL	1.0 mg/dL	0.6 mg/dL	0.75 mg/dL
Serum Total Proteins	6.4 to 8.3 g/dL	8.70 g/dL	7.6 g/dL	7.75 g/dL
Serum Albumin	3.4 to 4.8 g/dL	5.4 g/dL	4.9 g/dL	5.07 g/dL
Serum Globulin	1.8 to 3.6 g/dL	3.3 g/dL	2.7 g/dL	2.68 g/dL
A/G Ratio	1.1 to 2.2	1.64	1.81	1.89
Cystatin C	0.53 to 0.95 mg/	**1.02 mg/L ⇑L**	**0.77 mg/L ⇓**	**0.71 mg/L ⇓**
C Reactive Protein	Up to 3.0 mg/L	2.71 mg/L	1.95 mg/L	0.93 mg/L
Daily Protein Intake RDA = 1 g/Kg Body Weight	Approximately 2.0 oz. (60 g)	Unrestricted	Vegetarian 0.3 oz. (10 g)	Unrestricted (Avg. 1.0 oz. (35 g)

Correlate with clinical symptoms
Note: 8 week detoxification program was started on 15th of October 2007
* Prior to starting detoxification. At the start of the program she was put on restricted protein (only vegetarian) diet of only 0.3 oz. (10 g) per day
**After 7 weeks of Whole Body Detoxification
Her protein (mixed) intake was increased to 25 g /day after noting the improvement in renal function
**** After 24 weeks when there were no restrictions imposed to her protein intake for the last 16 weeks.

Table 8. Case study 1(B) – preventing kidney failure - advanced analysis

Cystatin C (cysteine protease inhibitor) is a serum protein that is filtered out of the blood by the kidneys and that serves as a measure of kidney function. An increased serum cystatin C corresponds to a decreased GFR (glomerular filtration rate) and hence to kidney dysfunction. The cystatin C test helps identify kidney dysfunction at earlier stages, before symptoms appear and creatinine levels rise:

- Standard reference range (random blood sample) male & female: 0.53 to 0.95 mg/L
- Optimum value (desired) male & female: $\leq$ 0.7 mg/L

The initial diagnosis of a serious kidney malfunction, Case Study 1(A) given above in Table 3, was immediately verified on the same blood sample by conducting the cystatin C test prior to commencing on an elaborate kidney detoxification program.

The above is a case study on kidney servicing, detoxification and rejuvenation. The patient is taken from the precipice of chronic renal failure (CRF) to good health. The kidney function has returned back to fairly youthful levels in a matter of a short period of seven weeks. Further improvements are noted at the end of 24 weeks when cystatin C has been brought down to an optimum value of 0.7 mg/L.

The next case we are going to study pertains to showing how high blood pressure, induced by renal malfunction and unresponsive to prescription drugs, can be lowered by detoxification of the kidneys.

Prior to embarking on this study, it is important to understand the procedures followed to measure the blood pressure (BP) and heart rate / pulse (P) as well as the interpretation of these results.

The Art of Measuring Blood Pressure / Cardiac Efficiency and the Meaning behind the Numbers

The patient is seated in a chair and made to relax for ten whole minutes, before the cuff of a manually pumping digital blood pressure measuring machine is placed on the upper left arm. After manually pumping, the blood pressure (BP) is measured along with the heart rate/pulse (P). Thereafter, the patient is asked to stand up and this measurement is once again immediately repeated. The standing blood pressure (BPs) and the heart rate/pulse (Ps) is also noted.

The interpretation of these numbers (pertaining to cardiac efficiency) is as follows:

1. In a normally healthy young person, with good cardiac efficiency; the systolic, the diastolic, and the heart rate should increase by 10 to 15 points upon standing up.
2. A poor or small increase in any or all of these numbers is indicative of poor cardiac efficiency.
3. A fall in any of these numbers is indicative of a serious cardiac inefficiency or inefficiencies and a foreboding of an eminent cardiac event.
4. Tachycardia or bradycardia is indicative of a serious overall nutritional deficiency pointing principally to an intracellular magnesium deficiency.

Patient: Male, Age: 40, Height: 5ft 6 in., Weight: 170.0 lbs. (77.272 Kg.), Fat = 26.7% (++), BP = 153 / 97, Pulse = 98, BPs = 174 / 99 Pulse = 87 Diet: Vegetarian (Low Protein) (Ref: DP)				
Renal Profile (Std. Ref. Range)	*** 03/24/2009**	**** 04/22/2009**	***** 06/24/2009**	****** 09/01/2009**
Serum Uric Acid (2.1 to 7.8 mg/dL)	7.2 mg/dL	6.5 mg/dL	4.8 mg/dL	6.8 mg/dL
Allopurinol	100 mg	100 mg	100 mg	100 mg
Paracetamol /Acetaminophen 500mg	X 2	X 2	X 2 on and off	Nil for 8 weeks
Amlodipine	5.0 mg		5.0 mg	Nil for 4 weeks
Blood Pressure (BP) & Heart Rate (P)	**BP = 153/97 P = 98 ⇑**	**BP = 160/100 P = 96 ⇑**	BP = 130/94 P = 80	BP = 130/79 P = 78
Standing Blood Pressure (BPs) + Standing Pulse (Ps)	**BPs = 174/99 Ps = 87**			BPs = 143/95 Ps = 89
Heart Rate (Standing) Ps	**# Ps = 87 ⇓**			Ps = 89 ⇑
Std. 8 Weeks Detox. & Rej. Program		Began on 04/04/09	Sp. Kidney Detox.	Sp. Kidney Detox.
2 Herbal Teas for Kidney Detox.		2 cups per day	4 cups per day	3 cups per day
Special Vitamin C (With Neutral pH)	Nil	Nil	500 mg X 2 from 07/10/2009	500 mg X 2

Falling Heart Rate ß on exercising indicates poor cardiac efficiency and a serious intracellular magnesium deficiency. High BP Ý not responding to Amlodipine indicates malfunctioning of kidneys is also a prime cause of hypertension.
* Prior to starting detoxification. Condition is pre-gout stage with serious walking difficulty.
***After 11 weeks of Whole Body Detoxification with extended kidney detoxification using herbal supplements + teas
**** After 21 weeks of kidney detoxification. Weight = 157.6 lbs. (71.636 Kg), Weight reduced by 12.4 lbs. (5.636 Kg). Fat reduced to 22.4% (+). Fat reduced by 4.3%.

Table 9. Case study 2(B) – kidney detoxification for lowering hypertension (advanced analysis)

Another view of Case Study 2(A) given above in Table 4, reveals that an elaborate kidney detoxification, done over a five month period, helped to lower "renal malfunction induced hypertension" and reduce heart rate, which normally do not respond to hypertension prescription drugs like amlodipine. The heart rate prior to starting kidney detoxification, was borderline tachycardia and was also falling on standing up (exercising). At the end of twenty one weeks this has been reversed and for the first time we note the heart rate rising up on exercising (standing up).

Some of the indicators which should set off an alarm for need of immediate kidney detoxification are:

1. Values in the renal profile of the patient are on the higher end of the standard reference range;
2. Values in the renal profile are not conclusive and do not correlate with the clinical symptoms, then cystatin C and / or the GFR values should be checked and brought down to the optimum value;
3. Higher than normal levels of minerals like magnesium, zinc, calcium, etc. which appear to be falsely elevated due to improper filtration in the kidneys and its inability to maintain the body's electrolyte (mineral) balance;
4. Uncontrolled hypertension not responding to standard prescription drugs;
5. Other markers which may be inadvertently overlooked, such as:
    a. Calcium Oxalate crystals in the urine
    b. Calcification of the kidney
    c. Formation of kidney stones

While detoxification of the kidneys will help to remove calcium deposits in the kidneys, including small stones (normally less than 4 mm in diameter), it will in no way prevent their reformation. For this, one must address the underlying cause of their formation in the first place. This means, we have to go to the root cause of their formation. Here the cause normally encountered is excess calcium in the body coupled with magnesium deficiency. The only way to resolve these problems on a permanent basis, after a proper and thorough kidney detoxification, is to administer therapeutic doses of organic magnesium at intracellular levels. In addition, the ratio of Magnesium to Calcium in the body needs to be corrected to remove calcium toxicity. This can also help to remove the presence of calcium oxalate crystals in the urine which is also an indication of a serious magnesium deficiency.

The presence of osteoarthritis, osteophytes, and bone / heal spurs are also an indication of magnesium deficiency and calcium toxicities in the body, invariably caused by intake of calcium supplements (normally taken in isolation without other supporting and essential nutrients) for prolonged periods in the belief that calcium is "good" for the prevention of osteoporosis.

Having discussed kidney detoxification in depth, let us now move over to the subject of colon detoxification.

Colon cleansing should help to clean the entire digestive tract and remove compacted matter from the walls of the entire length of the intestines including the colon. Cleaning the walls of the intestines will help to improve the absorption of nutrition from the food we eat, a first step towards anti-aging.

Today, there is a serious misconception about constipation. Many think that if they have one bowel motion per day, they are not constipated. The truth of the matter is that, if the digestive and excretory processes are running at peak efficiency, it should be possible to completely digest and excrete the food we eat within a few hours instead of a whole day or days. Assuming that an adult has two major meals per day, this should result in two bowel motions; one in the morning and one at bedtime. Having two or more bowel movements in the morning is a sign of incomplete evacuation of the bowels and poor peristaltic motion of the colon. A good colon cleanse procedure when properly implemented should reset the biological clock back to the natural cycle we were all born with. Proof of this, is to watch a few months old baby who needs a new diaper every time after a breast feed. This is the true test of proper colon cleansing or colon detoxification.

Colon cleansing, besides cleaning and resetting the body's biological clock back to what it was at the time of our birth, also helps to reseed the intestines and the colon with healthy bacteria destroyed by the use of drug antibiotics and the exposure to antibiotics in our environment. Colon cleansing will simultaneously help to improve the speed of digestion, and to reduce colic pains, acidity, and symptoms of Irritable Bowel Syndrome (IBS). Hard stools or stool which sinks in water is indicative of incomplete digestion and an unhealthy colon. Once the colon is cleaned, the stool should be soft, well formed and float on water. This is the true test of colon detoxification. Present techniques of colonics (e.g. colon irrigation or colon hydrotherapy) and the ancient art of Ayurvedic Basti may not be able to achieve all this.

Let us now study the kidney and liver profile of a patient who has regularly undergone annual detoxification over a six year period between 2000 and 2005.

Patient: Female, Age: 56 years, Height: 5ft., Weight: 138.4 lbs (62.9 Kg), Fat = 37% (+), Diet: Meat Eater (Ref: BJ)					
	*** 09/13/2002**	****09/16/2003**	***** 04/11/2004**	**# 08/06/2004**	**##02/23/2005**
Serum Creatinine	0.78 mg / dL	1.00 mg / dL	0.87 mg/dL	0.89 mg / dL	
Blood Urea Nitrogen (BUN)	15.02 mg /dL	18.22 mg /dL	17.34 mg /dL	12.58 mg /dL	
Total Bilirubin	0.56 mg/dL	0.25 mg/dL	0.40 mg/dL	0.29 mg/dL	0.30 mg/dL
Direct Bilirubin	0.23 mg/dL	0.14 mg/dL	0.14 mg/dL	0.12 mg/dL	0.17 mg/dL
Indirect Bilirubin	0.33 mg/dL	0.11 mg/dL	0.26 mg/dL	0.17 mg/dL	0.13 mg/dL
SGPT (ALT)	42.37 IU/L	23.29 IU/L	21.08 IU/L	39.83 IU/L	22.0 IU/L
SGOT (AST)	29.92 IU/L	22.10 IU/L	24.30 IU/L	19.88 IU/L	21.0 IU/L
GGTP (Gamma GT)	42.00 IU/L	27.30 IU/L	41.73 IU/L	52.30 IU/L	27.0 IU/L
TSH Ultrasensitive	**1.62 µIU/ml**		**2.97 µIU/ml**		**2.01 µIU/ml**
TSH = 23.0 µIU/ml in October 2001. Thyroid hormones T3 / T4 were not administered to the patient.					

* Twelve months after first detoxification
** After 8 weeks of Whole Body Detoxification
*** After 8 weeks of Whole Body Detoxification but with substance abuse resulting in higher GGPT (Gamma GT)
# Without detoxification for a whole year but with substance abuse resulting in elevated GGPT (Gamma GT)
After 8 weeks of Whole Body Detoxification done annually.
TSH = 2.27 µIU/ml on December 02, 2008 (Three years after discontinuing treatment with our health center and six years after TSH value was naturally brought down from a high of 23.0 µIU/ml).

Table 10. Case study 5 – annual detoxification & rejuvenation over a period of nine years

The overall impression left is that Gamma GT does deteriorate with substance abuse, but can still be corrected, in short while, by proper detoxification of the liver coupled with abstinence. Barring this, there is a good overall control and maintenance of the renal and liver profile over the entire six year period. The Table further shows that the TSH, once corrected in early 2002, was well maintained in a narrow range during the entire four year period, until 2006, when all supplements were stopped; and continued to maintain for a further three year period on its own without any further supportive treatments.

REJUVENATION

Let us now talk about rejuvenation. One of the most important causes of accelerated aging and chronic diseases is poor digestion. This can be due to poor gastric flow, or poor bile flow, or poor enzyme production, or a combination of all these factors. Inefficient digestion, which is characterized by bloating, gas, burping, acid reflux, flatulence, etc. results in improper absorption of nutrition from the food we eat. We all know, that lack of proper nutrition can cause accelerated aging and even death. Hence, in rejuvenation, we must look at ways and means to: primarily improve digestion, regenerate liver cells to improve liver function and bile flow; and rejuvenate the pancreas to increase the production of enzymes like protease, amylase and lipase to help properly digest proteins, carbohydrates and fats respectively.

If the digestive tract is damaged, due to the use of drug antibiotics, or prolonged use of asprin, we would like to recoat and rebuild the mucus membrane lining and also reseed the intestine and colon with healthy bacteria (e.g. probiotics) to aid digestion and naturally produce B-Complex vitamins for the body.

Herbal supplements and nutrition would be a good way to go about rebuilding and recoating the entire digestive tract. A good detoxification and rejuvenation program will create a healthy glow on the face of the person and make them look and feel years younger than their present physical age. This is how we can create natural anti-aging.

Now that we have understood the basics of rejuvenation, let us find out how to evaluate and monitor this by simple pathological tests.

* Gastrin	Standard Reference Range	Optimum Value
Fasting	Up to 90 pg/ml	≦ 15 pg/ ml
Postprandial - 2 hours after meals	Up to 250 pg/ml	≦ 25 pg/ml

* Gastrin is inversely proportional to HCl levels

Table 11. Optimum gastrin levels

Let us now understand the fundamentals of gastric digestion:

- Improper digestion due to poor hydrochloric acid (HCl) will result in poor absorption of nutrition from the food we eat and causes rapid aging.
- As a consequence: Any use of prescription drugs to reduce gastric acidity is contraindicated for anti-aging the body. Also, prolonged use of antacids, proton pump inhibitor, H2 receptor blockers and the like; will block digestion and cause nutritional deficiencies resulting in rapid aging and premature death. Similarly, the prolonged use of any prescription medication resulting in GI disturbances will also result in rapid aging and premature death of the body. For example:
    - Anemia can be a result of inadequate gastric flow as HCl is required for proper absorption of iron from the food we eat.
    - Due to over cultivation of land and depleted soil conditions, iron deficiency is no longer a female dominated disease. A larger number of males are also found to be anemic, especially those on prolonged use of Aspirin for "good" cardiac health.
    - CBC (Complete Blood Count) is no longer sufficient to diagnose anemia. We need to routinely check serum iron and ferritin levels along with hemoglobin. An anemia profile will help us to arrive at more accurate diagnosis of chronic or acute anemia. Iron deficiency should be treated until ferritin levels reach optimum levels.

It is well established that as we age the digestion weakens, resulting in a reduction of gastric flow of acids. There is however much talk of and rampant treatment of hyperacidity nowadays. Are these truly cases of hyperacidity or are these cases of hypoacidity? To determine this let us study a few cases where gastrin hormone levels along with some other important health parameters were monitored.

Tests (Optimum Values)	Female I - 37 yrs Meat Eater (Ref. NP)	Female II - 44 yrs Vegetarian (Ref. PR)	Female III - 43 yrs Meat Eater (Ref. RK)
Hemoglobin (14.5 g/dL)	12.2	12.6	13.1
Serum Iron (100 µg/dL)	76.00	62.00	141.00
Ferritin (150 ng/mL)	**7.21**	119.87	**39.20**
Gastrin (Fast) ≦ 15 pg/ml	95.50	27.10	43.40
Gastrin (PP) ≦ 25 pg/ml	124.00	34.30	196.00
Sodium (142 µmol/L) **Potassium (4.7 µmol/L)** **Chlorides (105 µmol/L)**	138.00 4.2 **97.00**	**136.00** 4.20 101.00	**136.00** 4.70 107.00
Proton Pump Inhibitors + H2 - Receptor Antagonist	Pantaprozole 40 mg	Nil	Ranitidine 150mg (sos)

Table 12 . Case study 6 hyperacidity or hypoacidity?

What is observed here is that proton pump inhibitors and H2 receptor antagonists resulted in higher gastrin levels corresponding to poor HCl flow in the stomach. This resulted in poor ferritin levels, anemia and the consequential poor oxygenation of the body resulted in extremely low energy levels throughout the day.

In one case (Female I), the patient had already transgressed from chronic anemia to acute anemia. This went undiagnosed for many years as her CBC did not manifest alarmingly poor hemoglobin levels. In this particular case, the patient had also abstained from salt in her diet for many years and this resulted in subnormal levels of chlorides. This subsequently resulted in impaired production of HCl. This state would continue into the future even after discontinuing the use of Pantoprozole as the body lacked chlorine or chlorides to produce hydrochloric acid (HCl).

This brings us to the question - why the patient was suffering from hyperacidity? The fact is that the patient only experienced the symptoms of hyperacidity though she was clearly hypoacidic for the simple reason that the mucus membrane lining of her digestive tract was damaged due to a prolonged history of NSAIDs for the treatment of migraines.

In conclusion, in the majority of the cases, perceived hyperacidity is actually hypoacidity and reducing gastric flow is contraindicated for anti-aging:

- Proton pump inhibitors (e.g. Pantoprozole, omeprazole) will rapidly age the body and lead to anemia.
- Antacids containing bicarbonates and even calcium carbonate supplements (natural or otherwise) to treat acidity or osteoporosis, will neutralize the HCl in the stomach.
- Hyperacidity is actually be hypoacidity in the majority of the cases!

Going back to the above three cases, we can examine the effect of prolonged abstinence from salt in the diet. A few years later, down the line, we see subnormal levels of sodium in the body (Female –II and II) and poor chloride levels (Female – I). Abstinence of salt in the diet, because it is “bad for health”, will result in poor chloride levels thereby causing subnormal HCl and hypoacidity resulting in rapid aging of the body and premature death. Dietary salt is the largest provider of chloride to the body to aid the production of HCl. Dietary salt, preferably from natural sources also contains prophylactic doses of iodine to help prevent hypothyroidism and formation of goiters which have become quite rampant in the last few years (among the population that believes that salt is bad for health).

In summation, adequate quantities of dietary salt from natural sources are necessary to achieving anti-aging and longevity.

Below is a Table showing optimum levels of pancreatic enzymes to help improve digestion.

Pancreatic Enzymes	Standard Reference Range	Optimum Value
Lipase	8 to 78 U/L	≥50 U/L
Amylase	25-125 U/L	≥90 U/L

Table 13. Optimum levels of pancreatic enzymes

Again, the flow of pancreatic enzymes diminishes as we age. It is however quite easy to correct these levels through supplementation. Enzymes are recycled in the body and do not need to be taken daily. A thirty day course of pancreatic enzymes is normally adequate to rectify this situation in most cases.

Improper digestion and excretion results in abdominal distention. The digestive tract can be fine tuned, like a car, at the gastric, intestinal and pancreatic levels. This is achieved by improving the flow of gastric juices, bile, and enzymes respectively coupled with healthy and regular bowel movements. This can help us achieve a very “flat abdomen” which no amount of gym exercises or surgical intervention can help correct.

Whole Body Sculpting

Here is an example using detoxification and rejuvenation techniques to achieve whole body sculpting.

Female Age: 24 years, Height: 5ft 5 in. Weight: 114.4 lbs. (52 Kg) professional model and actress					
	2/15/2007	**3/20/2007**	**4/5/2007**	**5/15/2007**	**10/9/2007**
Breast	34.0"	34.75"	34.75"	34.5"	34.5"
Waist I (at navel)	27.0"	26.0"	26.0"	27.5"	26.75"
*** Waist II (2" below navel)**	**34.0"**	**32.0"**	**29.0"**	**29.0"**	**29.75"**
Hips	36.5"	36.0"	35.5"	36.0"	36.0"
Full Thigh	22.0"	21.5"	21.5"	22.0"	22.0"
Mid Thigh	19.0"	19.25"	19.5"	19.25"	19.0"
Mid Arm	9.25"	9.5"	9.5"	9.5"	9.5"
Wrist	5.75"	5.75"	5.9"	5.9"	5.75"
Weight	52.818 Kg	52.00 Kg	52.00 Kg	53.454 Kg	52.272 Kg
Fat	18.8% (-)	18.0% (-)	18.0% (-)	19.4% (-)	15.3% (-)
Hydration	56.10%	56.60%	56.40%	55.70%	58.50%
Bone Mass	4.8 lbs	4.8 lbs	4.8 lbs	4.8 lbs	5.0 lbs
Daily Calories (average)	2002	1987	1983	2010	2040
Metabolic Age	12 years	12 years	12 years	12 years	12 years
Leg Length	42.0" even				
Remarks:	**Happy with present weight. Would like to increase lean muscle mass, reduce water retension, and increase bone mass to 5.5 lbs. Some increase desired in mid and full thigh measurements.**				

Note: This professional model was working out in a gym for over one year prior to detoxification.
* Waist II measurements are taken 2 inches (50 mm) below navel. 5 inches (125 mm) are reduced within 6 weeks of starting a detoxification program.
Maintaining the results achieved was observed over the next 6 months period with hardly any deterioration in waist II dimensions.

Table 14 - Case study 7

In this case study, we have achieved a reduction of abdominal dimension by five inches in a period of only seven weeks. This was achieved by cleaning out the colon, thereby improving the speed of digestion and excretion, so that the distention in the abdominal area, due to gas formation and toxic waste build-up was eliminated. This is a natural method of body sculpting. The good effects on the waist are maintained over the next six months even after stopping further treatment.

Detoxification and rejuvenation allows us to truly achieve anti-aging in a very gentle and natural manner. The whole body will uniformly undergo anti-aging and will not only look younger but the subject will also feel years younger and will with dedicated effort stay that way for years to come.

CONCLUSIONS

1. Last traces of controversy surrounding toxins, is removed once and for all, by showing changes in pathology after detoxification (removal of toxins from the body).
2. Demonstrating anti-aging of the organs through before and after pathology has for the first time:
    a) Demonstrated the reversal of the aging process
    b) Aging is a pathologically detectable and reversible disease
    c) Firmly established anti-aging medicine as a valid medical science.

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