The Role of Nutrition and Prevention

Diet and Lifestyle: #1 Cause of Preventable Disease

- No one is getting optimal nutrition 22,000 peop
- All adults should take a multivitamin
- 78% of people are buying supplements
- No easy way to measure effectiveness
- NY Attorney general cease and desist
- Vitamin Shoppe lead contamination-twice
- February 2020 FDA Recall 1200 supplement

Prevention is a Priority

Bio-Innovation and Technology

We have the ONLY non-invasive way in the world to measure the #1 modifiable risk factors of disease which is diet and lifestyle.

$40 Billion dollar Industry

77% of patients are buying vitamins and supplements and that market is increasing. We have performance guaranteed soluitions which patients are curently buying elsewhere.

Make the Recommendation

Your patients are seeking your advice now you can recommend evidence-based guaranteed products listed in the PDR.

It's SIMPLE

Test

We perform a non-invasive test with immediate results in just 30 seconds.

Recommend

We recommend a personalized nutritional support protocol for each patient based on their test results.

Re-Test

We re-test for results in 60 days which shows your recommendation works.

A BROAD LITERATURE REVIEW OF DISEASE CORRELATIONS

Studies on the NIH Website pubmed.gov

"The amount of antioxidants that you maintain in your body is directly proportional to how long you will live."

Dr. Richard Cutler, National Institute of Health

DISEASE WITH...	OXIDATIVE STRESS	ANTIOXIDANT	CAROTENOID
CANCER	32,232	72,362	19,228
CARDIOVASCULAR	40,651	70,967	3,190
DIABETES	26,263	32,709	1,663
ALZHEIMERS	10,211	9,714	423
PARKINSONS	7,562	6,918	173
SURGERY	18,497	46,666	4,223
PERIODONTAL	733	1,504	106
MACULAR DEGENERATION	1,092	1,667	1,092
SKIN	6,085	19,269	7,233
THYROID	1,430	3,615	1,006
PAIN	2,870	7,974	548
NEUROPATHY	1,831	2,196	104

Physician Specialities

Optometry	Orthopediac Surgery	Primary Care
Functional Medicine	Med Spas	Dentistry
OB/GYN	Internal Medicine	Hormone Therapy
Nutritionists/Dieticians	Cardiology	Endocrinology
General Surgery	Pain Clinics	Internal Medicine
Dermatology	Independent Pharmacies	Psychiatry
Pediatric	Opthalmology	Fitness Centers
Plastic Surgery Centers	Gastroenterology	Podiatry
IV Bars	Weight Management	Urology

National Institutes of Health
Turning Discovery Into Health

March 9, 2021

Fruit and vegetable consumption reduce risk of death

At a Glance

- Eating more fruits and vegetables, at least five servings per day, was associated with reduced mortality.
- The results support current dietary guidelines for fruit and vegetable consumption.

The study examined how fruit and vegetable consumption affects mortality. *Tomwang112 / iStock / Getty Images Plus*

A team led by Dr. Dong D. Wang at Brigham a

relationship between fruit and vegetable intake and mortality. The researchers gathered data from one study of more than 66,000 women from 1984-2014 and another of more than 42,000 men from 1986-2014. They include began. Participants answered questions about their diets every two to four years.

The team also conducted a meta-analysis, combining their data with published results from 24 other studies. The work was funded by NIH's National Cancer Institute (NCI), National Heart, Lung, and Blood Institute (NHLBI), and National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Results appeared in *Circulation* on March 1, 2021.

As expected, mortality decreased as fruit and vegetable intake increased. Eating an average of five servings per day was associated with a 13% lower risk of death than eating only two servings per day. Beyond five servings per day, eating more fruits and vegetables wasn't associated with further reduction in mortality risk.

Fruit consumption and vegetable consumption showed similar relationships to mortality. The lowest risk of mortality was reached at approximately two servings per day for fruit and three servings per day for vegetables. For comparison, U.S. adults average one serving of fruit and 1.5 servings of vegetables per day.

The meta-analysis of 26 studies, which involved a total of more than 1.8 million participants, yielded similar results to that of the two studies.

When the researchers examined individual causes of death, they found that eating more fruit and vegetables was associated with reduced mortality from cardiovascular and respiratory disease. Eating more fruit, but not vegetables, was associated with reduced cancer mortality. In contrast, mortality from neurodegenerative diseases was not associated with fruit and vegetable consumption.

While these results held for most types of fruits and vegetables, there were certain exceptions. Consumption of starchy vegetables, such as peas and corn, was not associated with reduced mortality. Nor was consumption of potatoes or fruit juices.

This study was observational. The researchers examined associations between diet and mortality. Although they accounted for other factors related to

Harvard Study

National Cancer Institute

Breast Cancer

High levels of carotenoids backed for breast cancer risk reduction

07-Dec-2012 - By Nathan Gray

Women with higher circulating levels carotenoids are at a significantly lower risk of breast cancer, according to new research.

The study – published in the *Journal of the National Cancer Institute* – analysed pooled data from eight clinical trials assessing the association between carotenoids and breast cancer risk.

Led by Heather Eliassen from Brigham & Women's Hospital and Harvard Medical School, USA, the research team analysed the data – containing data from around seven thousand people – finding that there were statistically significantly inverse associations between circulating levels of individual and total carotenoids and breast cancer risk, with a stronger finding in estrogen receptor–negative (ER-) breast cancers.

"We conducted a pooled analysis of eight cohort studies comprising more than 80% of the world's published prospective data on plasma or serum carotenoids and breast cancer, including 3055 case subjects and 3956 matched control subjects," wrote Eliassen and her colleagues.

"This comprehensive prospective analysis suggests women with higher circulating levels of alpha-carotene, beta-carotene, lutein+zeaxanthin, lycopene, and total carotenoids may be at reduced risk of breast cancer," they said.

"The statistically significant positive associations between circulating carotenoids and risk we observed among overweight and obese women warrant further study," said

High levels of carotenoids backed for breast cancer risk reduction

07-Dec-2012 - By Nathan Gray

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The study – published in the *Journal of the National Cancer Institute* – analysed pooled data from eight clinical trials assessing the association between carotenoids and breast cancer risk.

High blood levels of the carotenoid alpha-carotene may reduce the risk of dying from cardiovascular disease (CVD), cancer, and all other causes by up to 39 percent, suggest results from a 14 year study.

Researchers from the Centers for Disease Control and Prevention (CDC) write in the *Archives of Internal Medicine* that if the results are replicated in future studies, than the the potential health benefits of elevated alpha-carotene levels should be studied in clinical trials.

"In this prospective study of a nationally representative sample of US adults over a mean follow-up period of 13.9 years, we found that serum alpha-carotene concentrations were inversely associated with risk of death from all causes, CVD, cancer, and all causes other than CVD and cancer," wrote the researchers, led by Dr Chaoyang Li CDC in Atlanta.

"The negative association between serum alpha-carotene concentrations and overall risk of death was also significant in most subgroups stratified by demographic characteristics, lifestyle habits, and health risk factors," they added.

Cardiovascular disease

Riccioni G, D'Orazio N, Speranza L, Di Ilio E, Glade M, Bucciarelli V, Scotti L, Martini F, Pennelli A, Bucciarelli T.
Carotenoids and asymptomatic carotid atherosclerosis. J Biol Regul Homeost Agents. 2010 Oct-Dec;24(4):447-52.

Abstract

High plasma concentrations of lycopene and beta-carotene have been associated with reduced prevalence of cardiovascular disease. The aim of this study is to compare plasma concentrations of these carotenoids in subjects with or without ultrasonic evidence of asymptomatic carotid atherosclerosis. One hundred and sixty-five subjects underwent physical examination and ultrasonic measurement of common carotid artery intima-media thickness. Analysis of variance and logistic regression methods were used to determine whether differences existed between participants with or without ultrasonic evidence of asymptomatic carotid atherosclerosis. Of the 165 participants, 80 exhibited evidence of carotid atherosclerosis (carotid intima-media thickness>0.8 mm), while 85 did not (carotid intima-media thickness>0.8 mm). Participants with ultrasonic evidence of carotid atherosclerosis exhibited significantly greater body mass index, significantly higher serum concentrations of total cholesterol, LDL-associated cholesterol and triglycerides, and significantly higher plasma concentrations of uric acid, C-reactive protein and fibrinogen. In contrast, participants with ultrasonic evidence of carotid atherosclerosis exhibited significantly lower plasma concentrations of lycopene and beta-carotene. These results suggest that lycopene and beta-carotene may play important roles in delaying the development of the early asymptomatic stage of carotid atherosclerosis. Encouraging adequate intakes of antioxidant carotenoids may provide an important public health service.

Optometry-Macular Degeneration

Correlations Between Macular, Skin, and Serum Carotenoids

Christopher D. Conrady,[1] James P. Bell,[1] Brian M. Besch,[1] Aruna Gorusupudi,[1] Kelliann Farnsworth,[1] Igor Ermakov,[2] Mohsen Sharifzadeh,[2] Maia Ermakova,[2] Werner Gellermann,[1,2] and Paul S. Bernstein[1]

[1]Department of Ophthalmology and Visual Sciences, Moran Eye Center, Salt Lake City, Utah, United States
[2]Image Technologies Corporation, Salt Lake City, Utah, United States

Correspondence: Paul S. Bernstein, Moran Eye Center, University of Utah School of Medicine, 65 Mario Capecchi Drive, Salt Lake City, UT 84132, USA; paul.bernstein@hsc.utah.edu.

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Accepted: June 18, 2017

Citation: Conrady CD, Bell JP, Besch BM, et al. Correlations between macular, skin, and serum carotenoids. *Invest Ophthalmol Vis Sci*. 2017;58:3616–3627. DOI:10.1167/iovs.17-21818

Purpose. Ocular and systemic measurement and imaging of the macular carotenoids lutein and zeaxanthin have been employed extensively as potential biomarkers of AMD risk. In this study, we systematically compare dual wavelength retinal autofluorescence imaging (AFI) of macular pigment with skin resonance Raman spectroscopy (RRS) and serum carotenoid levels in a clinic-based population.

Methods. Eighty-eight patients were recruited from retina and general ophthalmology practices from a tertiary referral center and excluded only if they did not have all three modalities tested, had a diagnosis of macular telangiectasia (MacTel) or Stargardt disease, or had poor AFI image quality. Skin, macular, and serum carotenoid levels were measured by RRS, AFI, and HPLC, respectively.

Results. Skin RRS measurements and serum zeaxanthin concentrations correlated most strongly with AFI macular pigment volume under the curve (MPVUC) measurements up to 9° eccentricity relative to MPVUC or rotationally averaged macular pigment optical density (MPOD) measurements at smaller eccentricities. These measurements were reproducible and not significantly affected by cataracts. We also found that these techniques could readily identify subjects taking oral carotenoid-containing supplements.

Conclusions. Larger macular pigment volume AFI and skin RRS measurements are noninvasive, objective, and reliable methods to assess ocular and systemic carotenoid levels. They are an attractive alternative to psychophysical and optical methods that measure MPOD at a limited number of eccentricities. Consequently, skin RRS and MPVUC at 9° are both reasonable biomarkers of macular carotenoid status that could be readily adapted to research and clinical settings.

Wound Healing

Researchers explain why some wound infections become chronic:

Chronic wounds affect an estimated 6.5 million Americans at an annual cost of about $25 billion. Further, foot blisters and other diabetic ulcers or sores account for the vast majority of foot and leg amputations in the United States today.

Why does treating chronic wounds cost so much? What complicates chronic wound infections, making healing difficult?

Manuela Martins-Green, a professor of cell biology at the University of California, Riverside, reports that two biological activities are out of control in chronic wound infections. These are reactive oxygen species (ROS), which are chemically reactive molecules formed by the partial reduction of oxygen, and biofilms that are formed by selective invading bacteria.

ROS is the natural byproduct of the normal oxygen metabolism and plays a role in cell signaling and homeostasis. However, excessive ROS can induce chronic inflammation, a key characteristic of wounds that do not heal. The biofilms are bacterial defense mechanisms. Together they create a toxic environment that can resist efforts to heal and close a chronic wound.

"By decreasing ROS levels within a chronic wound in a diabetic mouse model, my lab was able to normalize conditions and heal the wound," Martins-Green said. "Indeed, we saw significant improvement in healing the wound."

She announced her findings on Dec. 17 in New Orleans, La., at the 53rd annual meeting of the American Society for Cell Biology.

To identify the central role of ROS in maintaining chronic wound infection, Martins-Green's lab inhibited two antioxidant enzymes, glutathione peroxidase and catalase. Ordinarily, these enzymes help maintain normal tissue levels of ROS. But when they were inhibited, the amount of ROS in the wounds soared and the biofilm strengthened. The scientists also found that the two antioxidant enzymes were more damaging if they were inhibited in combination rather than individually.

Next, to decrease ROS to normal levels, the researchers applied two strong antioxidant supplements, vitamin E and N-Acetyl cysteine. As a result, the activities of the antioxidant enzymes glutathione peroxidase and catalase were restored, ROS levels decreased, and the bacterial biofilm disintegrated in the wound—all of which resulted in the development of healthier wound tissue and led to wound healing.

"Our results show for the first time that by deliberately modulating specific parameters, we can create chronic wounds and then reverse chronicity by antioxidant treatment," Martins-Green said. "These findings should help in unraveling the mechanisms underlying the development of chronic wounds and hence in identifying potential targets for treatment of these wounds in humans."

S3 Biophotonic Scanner

HOW DO I KNOW MY SUPPLEMENTS ARE WORKING?

The answer is the Pharmanex® BioPhotonic Scanner. Pharmanex® was the first nutritional supplement company to provide you with a non-invasive, fast, and convenient way to determine your antioxidant status—and whether your supplements are actually working for you.

Accountability Technology

Increasing Retention and Compliance

NIH National Institutes of Health
Turning Discovery Into Health

- **Quick Test** (approx. 30 sec)
- **Portable**
- **Cost Effective**
- **94% Failure Rate**
- **99% Response Rate**

Backed by Science

Over 90 Studies published

Nobel Prize

Yale CANCER CENTER

THE STEVIES
THE AMERICAN BUSINESS AWARDS

Stanford University

Seen on

THE DR. OZ SHOW

CBS

FOX NEWS channel

abc

CNBC

GetHealthy USA

Yale
10 Year Study

ARTICLE IN PRESS

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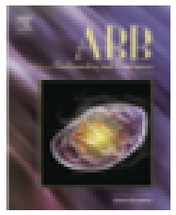

Review

Resonance Raman spectroscopic evaluation of skin carotenoids as a biomarker of carotenoid status for human studies

Susan T. Mayne [a,*], Brenda Cartmel [a], Stephanie Scarmo [a,b], Lisa Jahns [c], Igor V. Ermakov [d], Werner Gellermann [d]

[a] Yale School of Public Health and Yale Cancer Center, 60 College St., P.O. Box 208034, New Haven, CT 06520, USA
[b] Center for Science in the Public Interest, 1220 L Street, N.W., Suite 300, Washington, DC 20005, USA
[c] USDA/ARS Grand Forks Human Nutrition Research Center, 2420 2nd Avenue North, Grand Forks, ND 58203, USA
[d] Department of Physics and Astronomy, University of Utah, Salt Lake City, UT 84112, USA

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ABSTRACT

Resonance Raman spectroscopy (RRS) is a non-invasive method that has been developed to assess carotenoid status in human tissues including human skin *in vivo*. Skin carotenoid status has been suggested as a promising biomarker for human studies. This manuscript describes research done relevant to the development of this biomarker, including its reproducibility, validity, feasibility for use in field settings, and factors that affect the biomarker such as diet, smoking, and adiposity. Recent studies have evaluated the response of the biomarker to controlled carotenoid interventions, both supplement-based and dietary [e.g., provision of a high-carotenoid fruit and vegetable (F/V)-enriched diet], demonstrating consistent response to intervention. The totality of evidence supports the use of skin carotenoid status as an objective biomarker of F/V intake, although in the cross-sectional setting, diet explains only some of the variation in this biomarker. However, this limitation is also a strength in that skin carotenoids may effectively serve as an integrated biomarker of health, with higher status reflecting greater F/V intake, lack of smoking, and lack of adiposity. Thus, this biomarker holds promise as both a health biomarker and an objective indicator of F/V intake, supporting its further development and utilization for medical and public health purposes.

Scanner Evolution

1922
CV RAMAN DISCOVERED
THE RAMAN EFFECT

1999
FIRST SCANNER DEVICE AT
THE UNIVERSITY OF UTAH

2003
THE S1 BIOPHOTONIC
SCANNER IS LAUNCHED

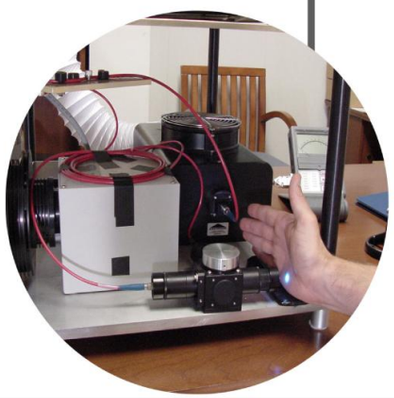
2006
THE S2 BIOPHOTONIC
SCANNER IS LAUNCHED

2013
THE S3 BIOPHOTONIC
SCANNER IS LAUNCHED

1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

1930
CV RAMAN RECEIVED NOBEL
PRIZE IN PHYSICS FOR DISC-
OVERY OF RAMAN EFFECT

2002
FIRST "PORTABLE"
SCANNER DEVICE



2005
NU SKIN WINS AMERICAN
BUSINESS AWARD FOR SCANNER

2009
THE S2 EVEREST
EDITION IS LAUNCHED

2015
S3 WINS 2015 BIG
INNOVATION AWARD

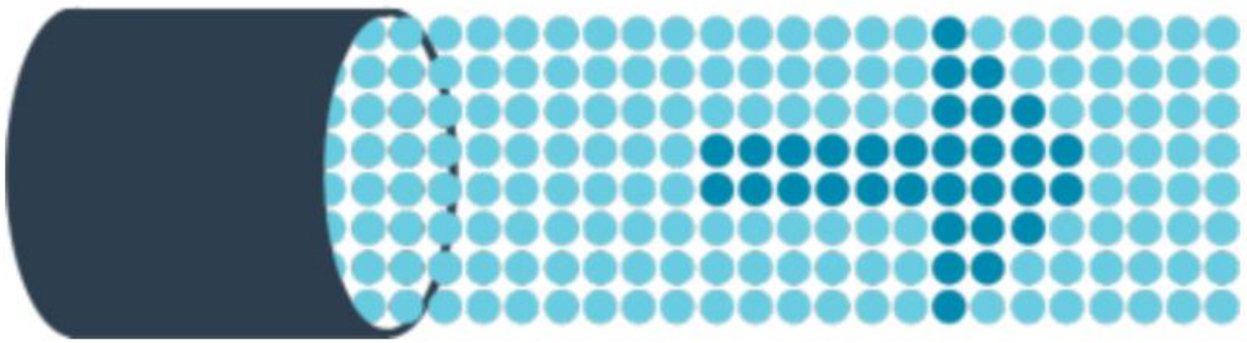
The Technology

WHAT DOES THE SCANNER MEASURE?

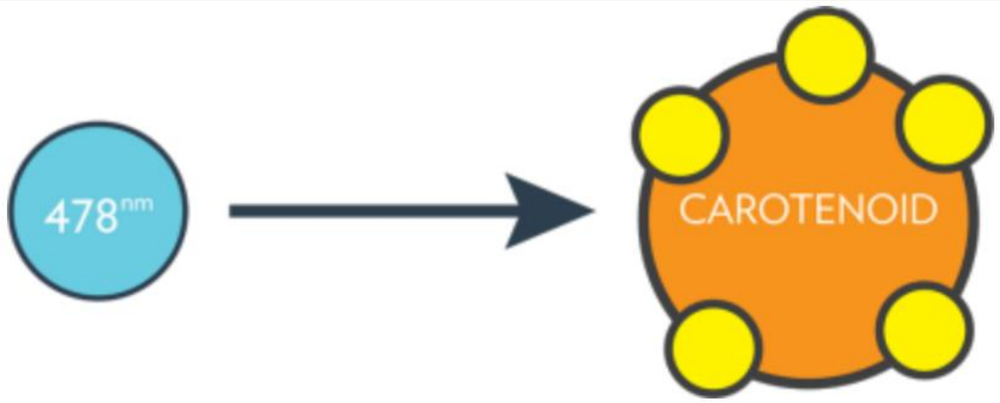
The Scanner technology works on the principle of light and the fundamental particle of light is a photon.

White light has photons of different wavelengths, which are represented by colors.

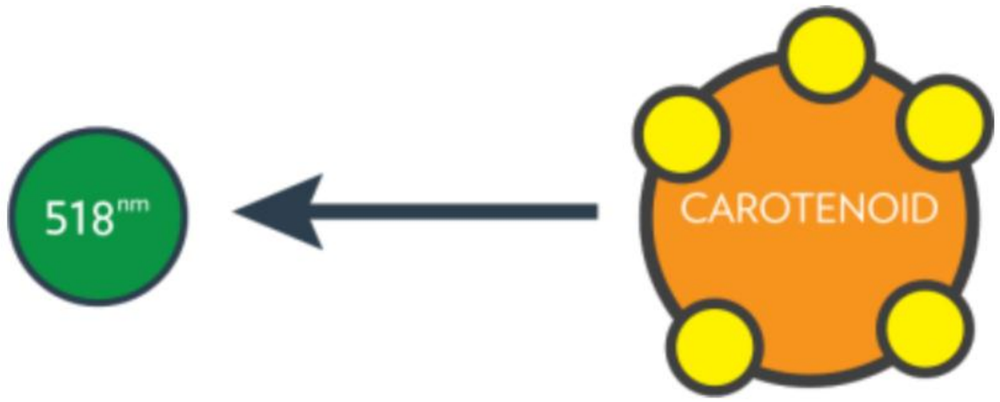
The Scanner produces a narrow beam of light in which all of the photons are the same color-blue.



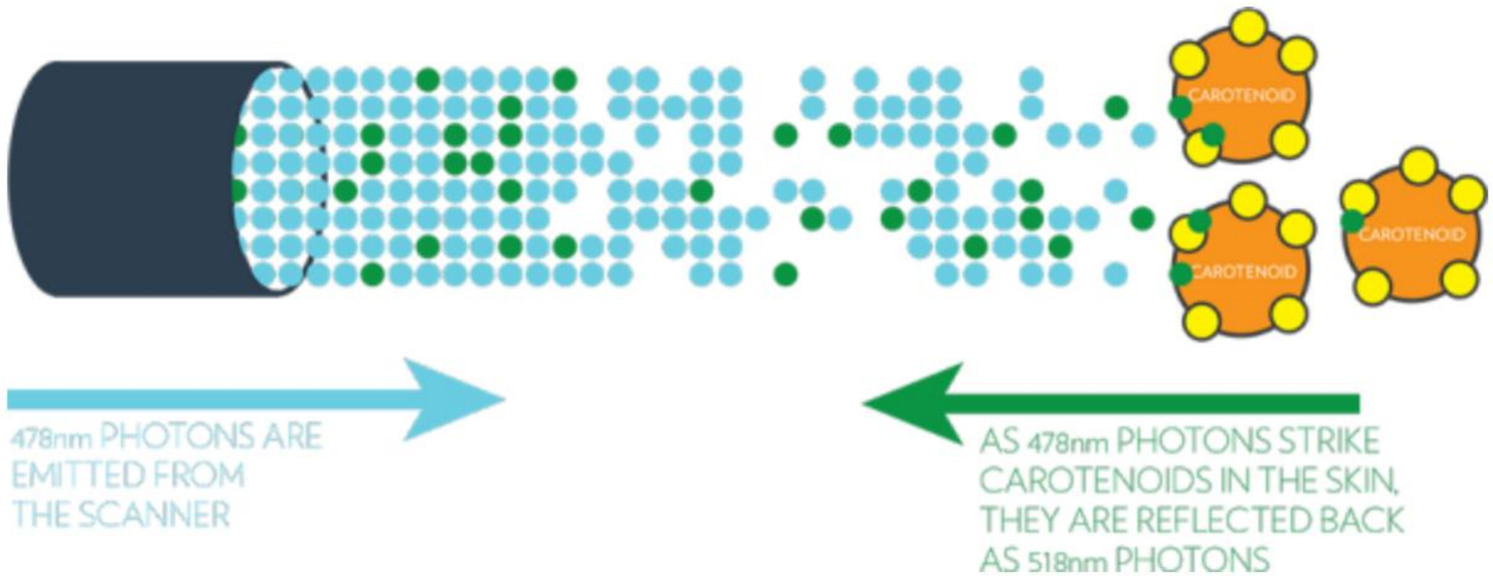
The blue light has a wavelength of 478 nanometers(nm).



When a 478 nm photon of light comes into contact with a carotenoid, something interesting happens. The energy level of a 478 nm photon becomes excited to 518 nm, the wavelength associated with green light. The only molecule in nature that can shift a 478 nm photon to a 518 nm photon is a carotenoid.



As 478 nm photons strike carotenoids in the skin, they are reflected back as 518 nm photons. This is how the carotenoid concentration in your skin is measured. Because the number of photons reflected at the 518 nm wavelength is proportional to the concentration of carotenoids in the skin, these green photons are then counted to calculate the individuals SCS.

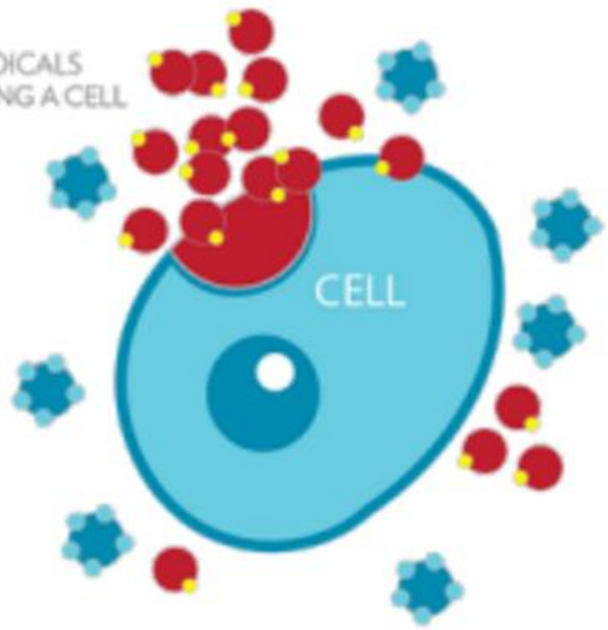


—FREE RADICAL

—ANTIOXIDANT

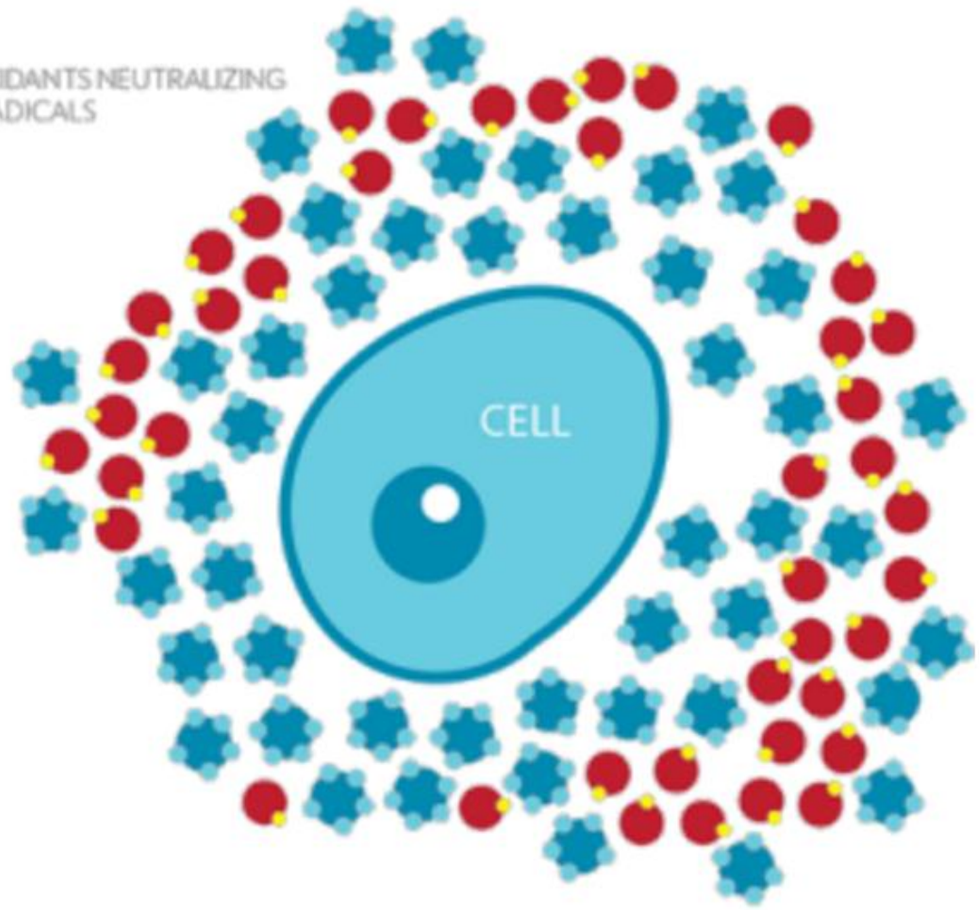
FREE RADICAL DAMAGE

FREE RADICALS
DAMAGING A CELL



ANTIOXIDANT PROTECTION

ANTIOXIDANTS NEUTRALIZING
FREE RADICALS



THE FREE RADICAL PROBLEM

Each day we are exposed to free radicals—many of the physical effects we call aging are a result of free radical damage, and no matter how healthy you try to be, you receive free radical damage every single day.

When left unchecked, free radical damage to your cells accumulates and can lead to serious health concerns later in life. In fact, free radical damage can cause premature aging and is a large factor in the deterioration of health over time.

FREE RADICAL DAMAGE

A visual example of free radical damage is when you slice an apple and it turns brown. This natural process is called oxidation. As oxygen interacts with cells of any type – an apple slice, for example-oxidation occurs.

NATURE'S SOLUTION

Antioxidants are your first defense against free radicals—they freely share their electrons and stop the degenerative chain reaction of free radicals. Our bodies naturally generate some antioxidants, however, new research shows additional sources of antioxidants may provide added protection against a growing onslaught
of free radical invaders.

FACTORS **TYPICALLY** ASSOCIATED WITH SCANNER SCORES

DIETARY HABITS	**LOW** INTAKE OF FRUITS/VEGETABLES	**MODERATE** INTAKE OF FRUITS/VEGETABLES	**ABOVE AVERAGE** INTAKE OF FRUITS/VEGETABLES
SUPPLEMENT INTAKE	**IRREGULAR** OR NO SUPPLEMENTATION	**REGULAR** SUPPLEMENTATION	**DEDICATED** SUPPLEMENTATION
LIFESTYLE CHOICES	**HIGH** STRESS **HIGH** SUN, POLLUTION, OR SMOKE EXPOSURE **FREQUENT** AIR TRAVEL	**MODERATE** STRESS **MODERATE** SUN, POLLUTION, OR SMOKE EXPOSURE **OCCASIONAL** AIR TRAVEL	**LOW/MANAGED** STRESS **OCCASIONAL** SUN, POLLUTION, OR SMOKE EXPOSURE **INFREQUENT** AIR TRAVEL
BODY COMPOSITION	**HIGH** BMI **LOW** CAROTENOID ABSORPTION INTO TISSUE	**NORMAL** OR HIGH BMI **AVERAGE** CAROTENOID ABSORPTION INTO TISSUE	**NORMAL** BMI **ABOVE AVERAGE** CAROTENOID ABSORPTION INTO TISSUE

There's also a growing emphasis on health optimization: optimizing your energy levels, body composition, and overall sense of wellness. The rise in attention is the direct result of the increasingly bleak state of public health today.

According to the New England Journal of Medicine, **"Cardiovascular disease, cancer, and diabetes now cause 70% of U.S. deaths and account for nearly 75% of health care expenditures."**

Obesity and chronic disease are multiplying at epidemic proportions.

Chronic diseases are the leading causes of death and disability in the US and the primary drivers of the country's $3.5 trillion in annual health care costs.

What are Consumers Spending on Supplements?

Millennial in 2019, spent an average of $**62.73** /per month?

The Greatest Generation average spend was $**129.58/per month**

Feb 3, 2020

CHART 3: RETAIL SALES OF VITAMINS & NUTRITIONAL SUPPLEMENTS IN THE UNITED STATES FROM 2000 TO 2017 (IN BILLION U.S. DOLLARS)

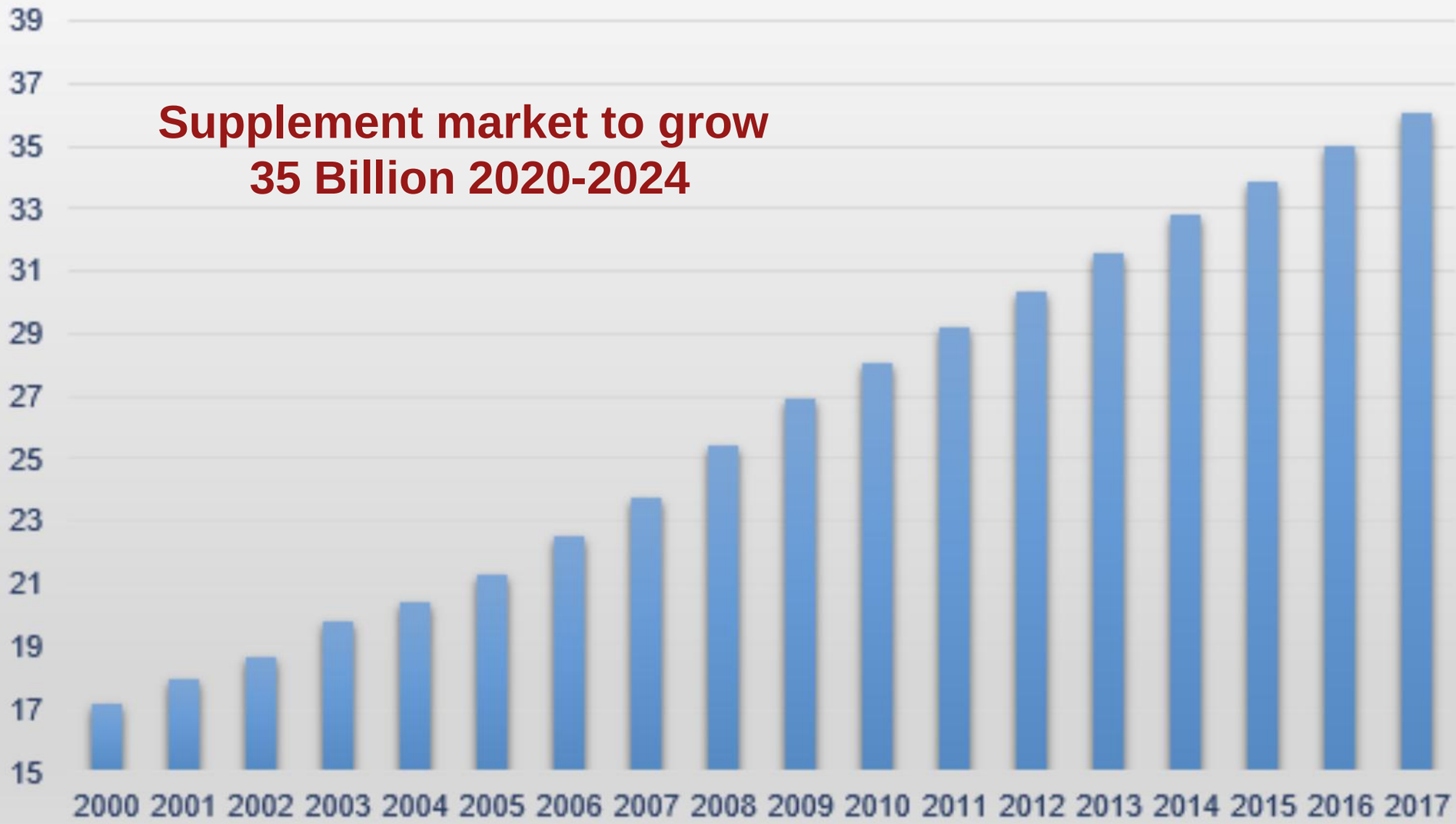
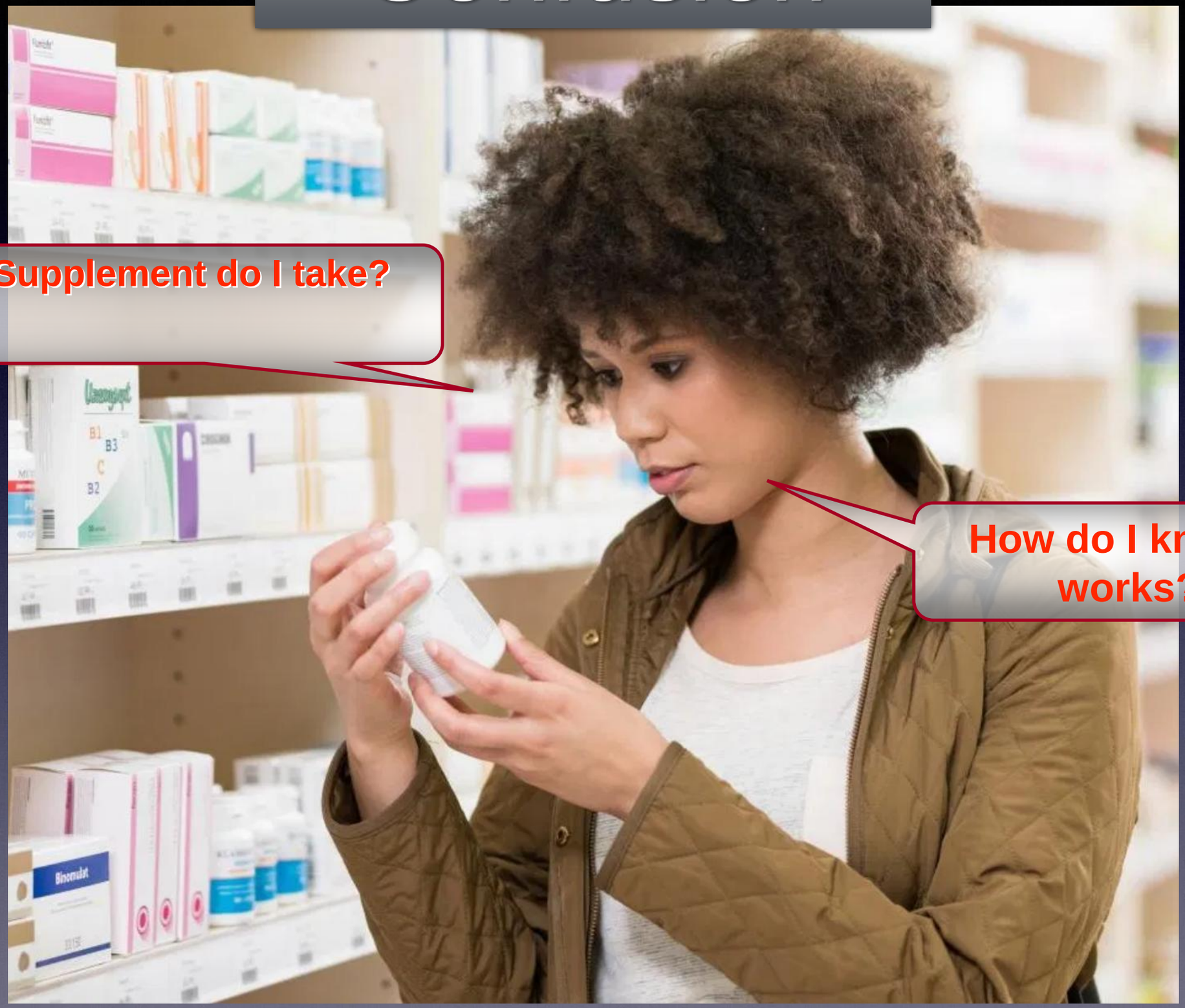


Chart was constructed by Finro based on information from Statista

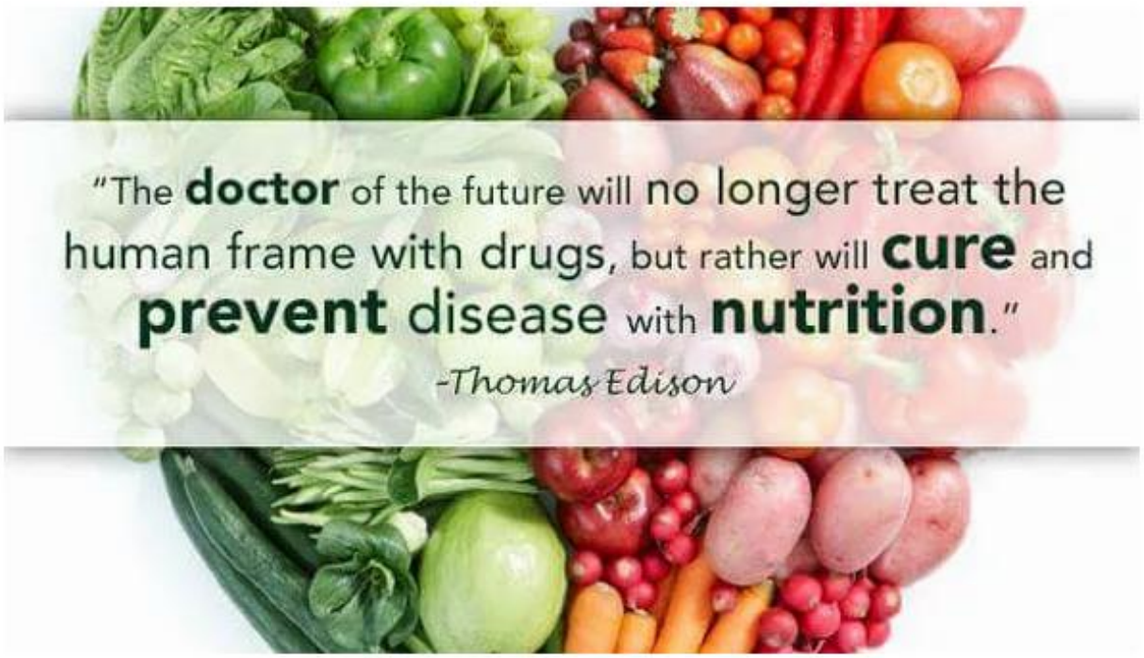
FINRO

The 14 Mega-Corporations That Own Your Supplement Brands

Confusion



Why Preventive Care is the Healthcare of the Future



Patients are Asking for Your Recommendation

We Measure & Guarantee It

"Although the United States pays more for medical care than any other country, problems abound in our health care system. Unsustainable costs, poor outcomes, frequent medical errors, poor patient satisfaction, and worsening health disparities all point to a need for transformative change...

A prevention model, focused on forestalling the development of disease before symptoms or life-threatening events occur, is the best solution to the current crisis."

— New England Journal of Medicine

Measurable Solution

7 formulas in 1

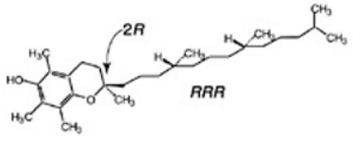
Correct nutritional deficiencies
Bone Health
Immune System Support
Normal Blood Glucose Regulation
Cardiovascular Benefits
`Anti-aging nutrients
Antioxidant Protection

Validated to increase antioxidant levels

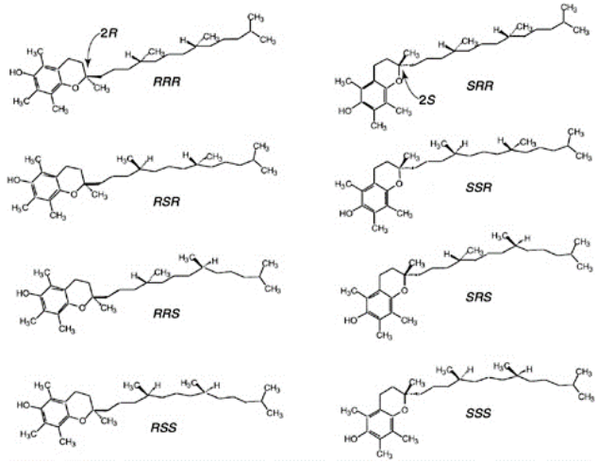
LIFEPAK: 40+ ANTIOXIDANTS

Natural vitamin E: 150 IU

d-α- tocopherol



dl-α-tocopherol



- Buffered vitamin C: 400 mg
- 6 Carotenoids:
  - as found in 5-10 fruits & vegetables per day
- Over 20 Flavonoids:
  - 6 Catechins, Quercetin, naringenin, hesperidin, Over 10 grape seed polyphenols
- Alpha-Lipoic Acid:
- Selenium, Copper, Zinc, Manganese

MD Solution®

The Measurable Difference

Avg. Lifepak & Youth User = 60,000

Avg. Lifepak User = 48,000

Avg. American = 24,000

Avg. Smoker = 14,000

Evaluate → Recommend → Re-Test

The Importance of Measurement

Cholesterol Testing – 1970’s

Statin Drugs = $20 Billion

Bone Density Scans – 1980’s

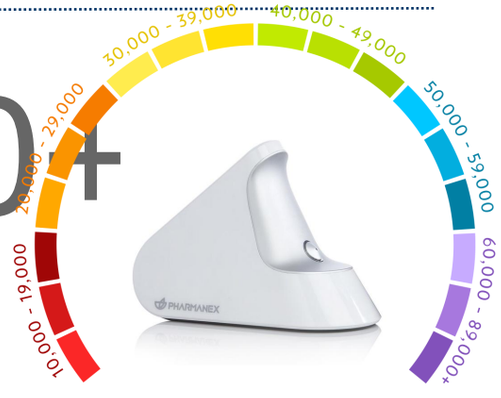
Calcium = $200 Million

Life Scan-Glucose – 1990’s

Sales for 2005 $1.5 Billion

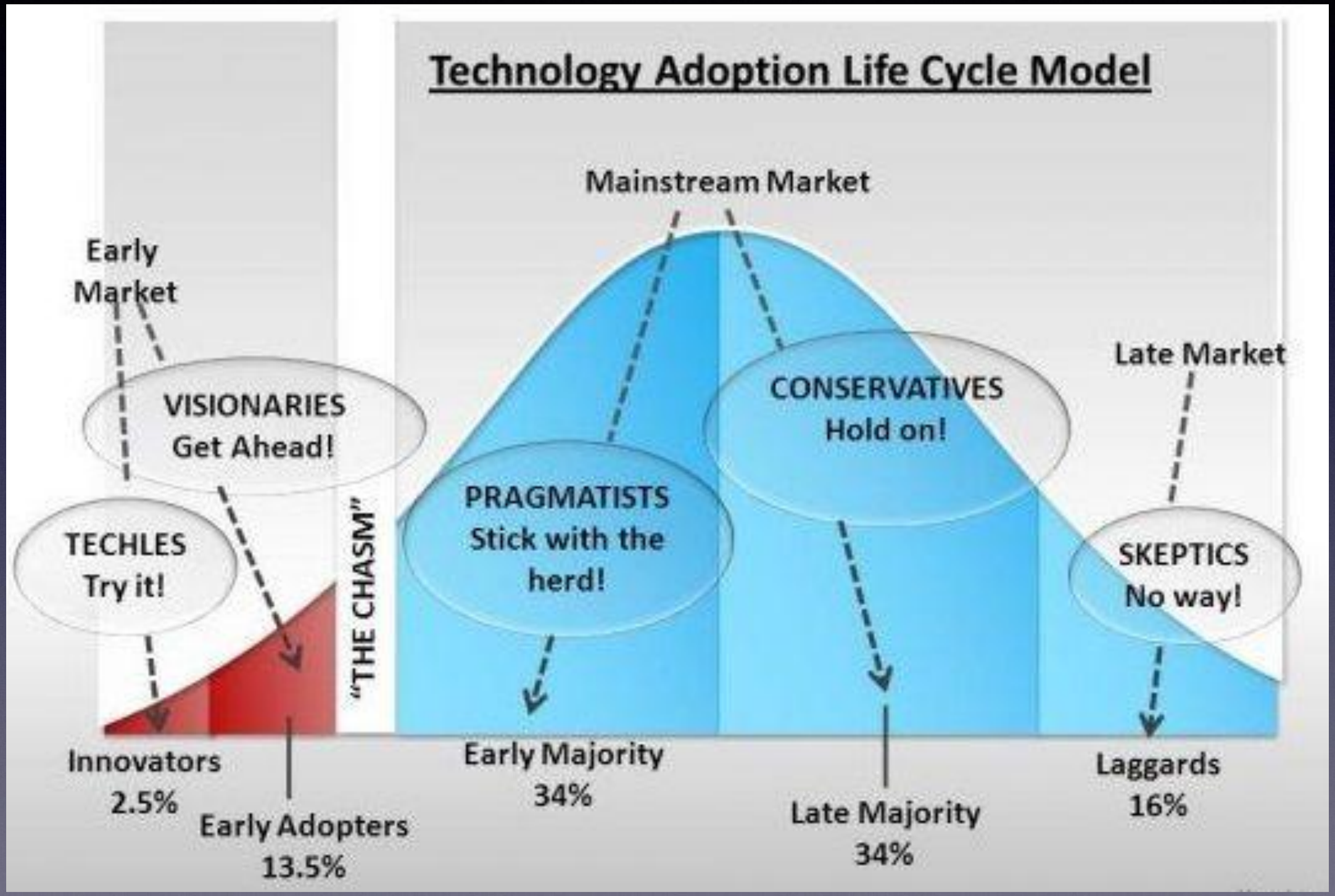
Antioxidants – 2020+

Supplement sales $40 Billion in 2017



Increasing Retention and Compliance

Technology Adoption



WINDOW OF OPPORTUNITY

YOUR LOST OPPORTUNITY

START NOW

START LATER

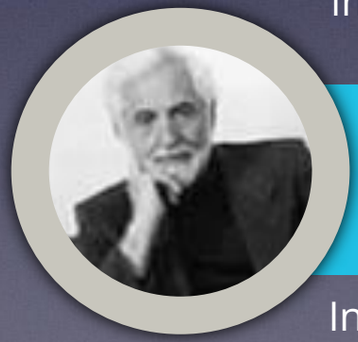
Providing Science Based Supplements

Michael Chang, PhD

Former Deputy Director of Medicinal Chemistry at Pharmaceutical giant Merck, Sharp and Dohme.

Joseph Chang, PhD

Worked at Wyeth-Ayerst labs where he invented one of the leading drugs used in organ transplants.



Carl Djerassi, PhD (Stanford)

Invented the birth control pill.

STEP 6
SUBSTANTIATION

STEP 1
SELECTION

STEP 5
SAFETY

STEP 2
SOURCING

STEP 4
STANDARDIZATION

STEP 3
SPECIFICATION

Over 85 World Class Scientists

Our Anti-Aging R&D Team

Our Scientific Advisory Board

A. Kimball
Harvard
Dermatologist

C. Djerassi
Stanford
Father of oral contraceptives

D. Bearrs
Huntsman Cancer Center
Pioneer in Cancer genetics

G. Halperin
Pioneer in Immunology

H. Wagner
Pioneer in Phytomedicine

K. Nakanishi
Father of Ginko

L. Bohlin
Pioneer in Natural Products

L. Mitscher
Pioneer in Green Tea

L. Packer
Father of antioxidants

M. Kuro-o
Discoverer of Klotho aging gene

M. Wanner
Harvard
Dermatologist

P. Cox
Pioneer in Ethnobotany

R. Weindruch
Pioneer in Aging Research

S. Kim
Stanford Aging researcher

T. Prolla
Pioneer in Aging Research

Z. Draelos
Duke Dermatologist

THE COMPANY

NU SKIN

PHARMANEX

- 38 Year Track Record
- D&B 5A-1 Rating
- Operating in 50 Countries
- Over $1 Billion in Assets
- $60 - 80 million invested annually in R&D
- Publicly Traded on the NYSE (NUS)
- Forbes: 5th Most-Trusted Co.

Drug Search Results

4 results found for "pharmanex"

Showing Results 1-4 of 4

DRUG NAME	RELATED DRUG INFORMATION
Pharmanex g3 (acerola/apple concentrate/ascorbic acid/citric acid/grape concentrate/natural flavor/pear concentrate/pectin/proprietary juice blend (chinese lycium/cili/gac/siberian pineapple)/sodium benzoate/water/xanthan gum)	Full Prescribing Information
Pharmanex LifePak (alpha carotene/alpha-lipoic acid/beta- and delta-tocopherols/beta carotene/boron/calcium/catechins (from green tea)/chromium/citrus bioflavonoids/copper/gamma tocopherol/grape seed extract/inositol /iodine/lutein/lycopene/magnesium/manganese/molybdenum/quercetin /resveratrol/selenium/vanadium/vitamin A/vitamin B1 (thiamin)/vitamin B2 (riboflavin)/vitamin B3 (niacin)/vitamin B5 (pantothenic acid)/vitamin B6/vitamin B7 (biotin)/vitamin B9 (folate)/vitamin B12/vitamin C/vitamin D/vitamin E/vitamin K/zinc)	Full Prescribing Information
Pharmanex ReishiMax GLp (ganoderma lucidum mushroom extract)	Full Prescribing Information
Pharmanex Tegreen 97 (camellia sinensis)	Full Prescribing Information

ageLOC™

ATENTED TECHNOLOGY TO ASS

Thousands of genes
in a gene chip

Gene expression profile

Gene Expression Scale

Low Expression — High

Ageloc-Our Competitive Advantage

Pharmanex science is centered around six attributes that give the company its compet advantage—what we call THE 6A ADVANTAGE.

1. **Aging Gene Databank**: Pharmanex has an exclusive gene database that analyzes 25,000 genes to understand where they are located and identify their behavior over time.

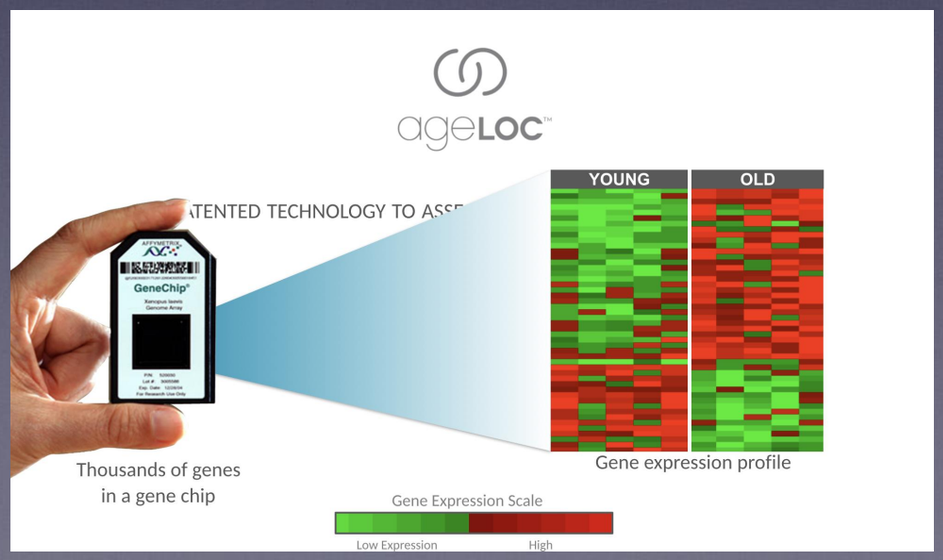
2. **Assets**: Nu Skin owns 14 patents to protect its products, innovations, and trade secr

3. **Academic All-Stars**: No other company has the number of experienced scientists that we have on our Scientific Advisory Board. We also have partnerships with LifeGen Technologies and Stanford University that allow us to draw on their expertise in genetic and biological research.

4. **ageLOC Algorithm**: Nu Skin has implemented an important scientific process and new way to look at anti-aging through genetic research. We can identify, target, and reset Youth Gene Clusters to target the ultimate sources of aging.

5. **ARMs**: We look at multiple genes to identify those that promote youthfulness and we turn them up, while turning down the genes that accelerate aging. We can reset Youth Gene Clusters with Aging Response Modulator (ARM) products.

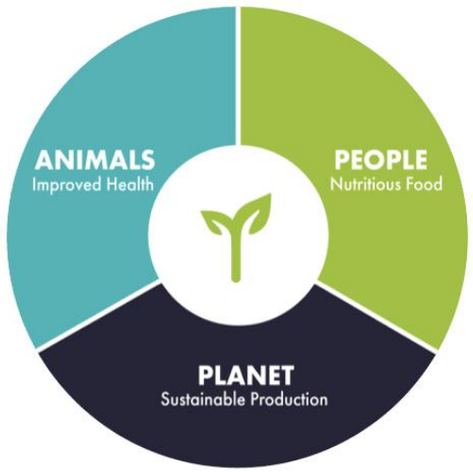
6. **Array of Expertise**: We dominate the anti-aging industry with brilliant, experienced scientists who are experts in a variety of fields.

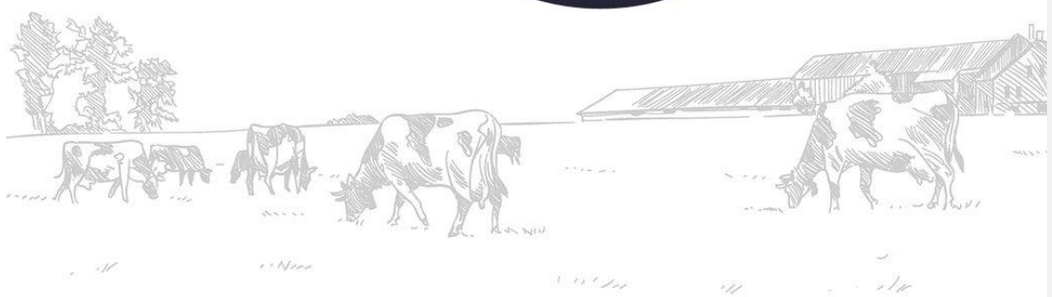


GRŌV

Grōv Pod™

Healthier plants go on to nourish healthier animals, people, and planet.





We’ve partnered with Nourish the Children and donate a vitamin enriched meal for each scan we perform. NTC has provided over 850 million meals. This program was initially headed up by Lee Iacocca.

100 Million 200 Million 300 Million

400 Million

600 Million

800 Million

500 Million

700 Million

850 Million

REVENUE

Two Components

+

Revenue

Scan Test Revenue

- 10 Patients Per Day @ $20 Scan
- = $50,000 per year

Therapy Revenue

- 100 Patients Per Year = $35,000 Annual Income

Revenue

PROVIDER SCANNER INCOME PROJECTIONS*

ESTIMATED CASH INCOME FROM SCANNING:

10 patients scanned per day: **$48,000**/yr.
20 patients scanned per day: **$96,000**/yr.
30 patients scanned per day: **$144,000**/yr.

ESTIMATED RESIDUAL INCOME:

50 patients on LifePak/AgeLoc Youth: **$28,000**/yr.
100 patients on LifePak/AgeLoc Youth: **$64,000**/yr.
200 patients on LifePak/AgeLoc Youth: **$140,000**/yr.
500 patients on LifePak/AgeLoc Youth: **$360,000**/yr.
1,000 patients on LifePak/AgeLoc Youth: **$745,000**/yr.

INCOME SOURCES:

$46-$62 per Patient per month on ageLOC Youth

$20 Initial Scanning fee collected by Provider

$8 ADR** Acquisition Bonus: $8 is paid to the scanner lessee for every ADR customer acquired that has been scanned

$8 Re-scan Bonus: Paid by Pharmanex (every 30 days)

TOTAL **$668-$860** Income per patient per year

SCANNER PLACEMENT PROGRAM (SPP) EARNINGS PROJECTIONS*

The following represents your revenue by participating in the Scanner Placement Program, and placing scanners with other Healthcare Professionals (HCPs). Most HCPs in our target market have an existing patient base of 1,000-10,000 people that they can scan and enroll on Pharmanex products.

REFERRAL INCOME:

$350 - $1,150 Paid to you for each referral

RESIDUAL INCOME:

$14 Residual per patient for each month they remain on ageLOC Youth

ESTIMATED RESIDUAL INCOME:

10 Scanners with 100 patients/each: **$150,000**/yr.
20 Scanners with 100 patients/each: **$300,000**/yr.
50 Scanners with 100 patients/each: **$750,000**/yr.
100 Scanners with 100 patients/each: **$1,500,000**/yr.

Providers with your type of patient base are perfectly positioned to capitalize on this revolutionary technology that will change the way we recommend nutrition. Test, recommend, and re-test. Science is the ability to measure. Without measurement, there is no science. This non-invasive way to measure for antioxidants has become the gold standard as it has been shown to be more accurate than serum measurements.

Bio-Photonic Scanner Worksheet (You may change yellow cells only)

Scans per Day	10	Annual Retention Rate	20%	Start-up Investment	$ 3,500.00		
% new Subscription sign-up	20%	New Subscription Scan Bonus	$ 8.00	Scan Fees	$ 20.00	*Disclaimer: For illustration purposes only. This is not a guarantee of income.*	
Average Subscription amount	$ 100.00	Recurrent Subscription Scan Bonus	$ 8.00	Profit Share	$ -		

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 24	Month 36
New Scans/Month (20 days per month)	200	200	200	200	200	200	200	200	200	200	200	200	200	200
Recurrent Scans	0	0	35	69	102	132	160	186	211	234	255	275	433	501
Total Scans/day (rounded average)	10	10	12	13	15	17	18	19	21	22	23	24	32	35
New Subscriptions/Month	40	40	40	40	40	40	40	40	40	40	40	40	40	40
Recurrent Subscriptions	0	40	77	112	145	175	203	230	255	278	299	319	477	546
Total Monthly Subscriptions	40	80	117	152	185	215	243	270	295	318	339	359	517	586
Gross Subscription Volume	**$4,000**	**$8,000**	**$11,733**	**$15,218**	**$18,470**	**$21,505**	**$24,338**	**$26,982**	**$29,450**	**$31,754**	**$33,903**	**$35,910**	**$51,726**	**$58,637**
Total Commission %	5.0%	31.9%	35.9%	38.0%	39.2%	40.0%	40.6%	41.0%	41.4%	41.6%	41.8%	42.0%	42.9%	43.2%
Subscriptions Commissions	$200	$2,552	$4,212	$5,783	$7,240	$8,602	$9,881	$11,063	$12,192	$13,209	$14,172	$15,082	$22,190	$25,325
Subscriptions Scan Revenue [1]	$320	$320	$597	$875	$1,134	$1,375	$1,601	$1,811	$2,007	$2,191	$2,362	$2,522	$3,780	$4,330
Cash Income from Scanning	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000
Less Start-up Investment	($3,500)													
Less Scan Credits	($225)	($225)	($225)	($225)	($225)	($225)	($225)	($225)	($225)	($225)	($225)	($225)	($225)	($225)
Less Insurance and Scan Credits	($125)	($125)	($125)	($125)	($125)	($125)	($125)	($125)	($125)	($125)	($125)	($125)	($125)	($125)
Total Monthly Income	**$670**	**$6,522**	**$8,460**	**$10,307**	**$12,024**	**$13,627**	**$15,132**	**$16,524**	**$17,850**	**$19,050**	**$20,183**	**$21,254**	**$29,621**	**$33,305**

[1] Subscriptions Scan Revenue is $8 for every new scanner certified product order and $8 for every recurring scan.

Version 04-1-2020

Annual Practice Income	**$161,603**	**$316,454**	**$382,530**
	Year 1 (Months 1-12)	Year 2 (Months 13-24)	Year 3 (Months 25-36)

Choose your option

1

FAST

HCP PACKAGE
$3500 – $1050 for Rep

2

MEDIUM

HCP LOI KIT 1000
$1229
Sku#01010767

3

SLOW

PRODUCT EXPERIENCE

Benjamin Gonzalez, MD

Age Management – Keynote speaker at A4M and AMMG

"The most significant thing that I've added to my practice to provoke change in my patients"

Edwin Dean, MD

NAWI Medspa, Naples, FL

Graduate Cornel Medical School

"I've used this in my practice for years after I went to the company laboratories, met the scientists, validated the technology and the products."

David Feld, MD

Ob/Gyn for 35 years

"This is what I have been waiting for to address nutrition in my practice"

June Castner, MD

Integrative Medicine

"I screen every patient as a nutritional vital sign and have improved outcomes using the Pharmanex products. "

David Rosenberg, MD

Concierge Family Practice

"I have seen the scanner help change patient behavior toward a healthier lifestyle with positive reinforcement. My patients compete amongst themselves and with me. This is exciting stuff!"

Andy Feltz, OD

Clinical Director 360 Care

"This is a device that every eye doctor should be using"

Testimonials

Dr. Louis Cady:

Dr. Feltz: _

Dr. Ben Gonzalez: https://www.youtube.com/watch?v=UCsXKhaNPbY