ESSENTIAL FATTY ACIDS IMPACT ON DIABETES

What you do not know might kill you!

Amid Habib, M.D., F.A.A.P., F.A.C.E.
President, Pediatric Endocrinology Consultants
President & Founder, Glu-Pro Corporation
President & Founder, Treolife Corporation
President & Founder, United People in Christ, Corp.
789 Douglas Avenue, Suite 137
Altamonte Springs, FL 32714
Telephone – (407) 862-0107
Fax – (407) 862-1283

Email – ahabibmdpec@gmail.com
Website – www.treolife.com
Website – www.unitedpeopleinchrist.org

LIFE EXPECTANCY

Adam	930 Years
Methuselah	969 Years
Noah	950 Years
Eber	464 Years
Isaac	180 Years
Jacob	147 Years
Average American	76 Years
American Doctors	58 Years

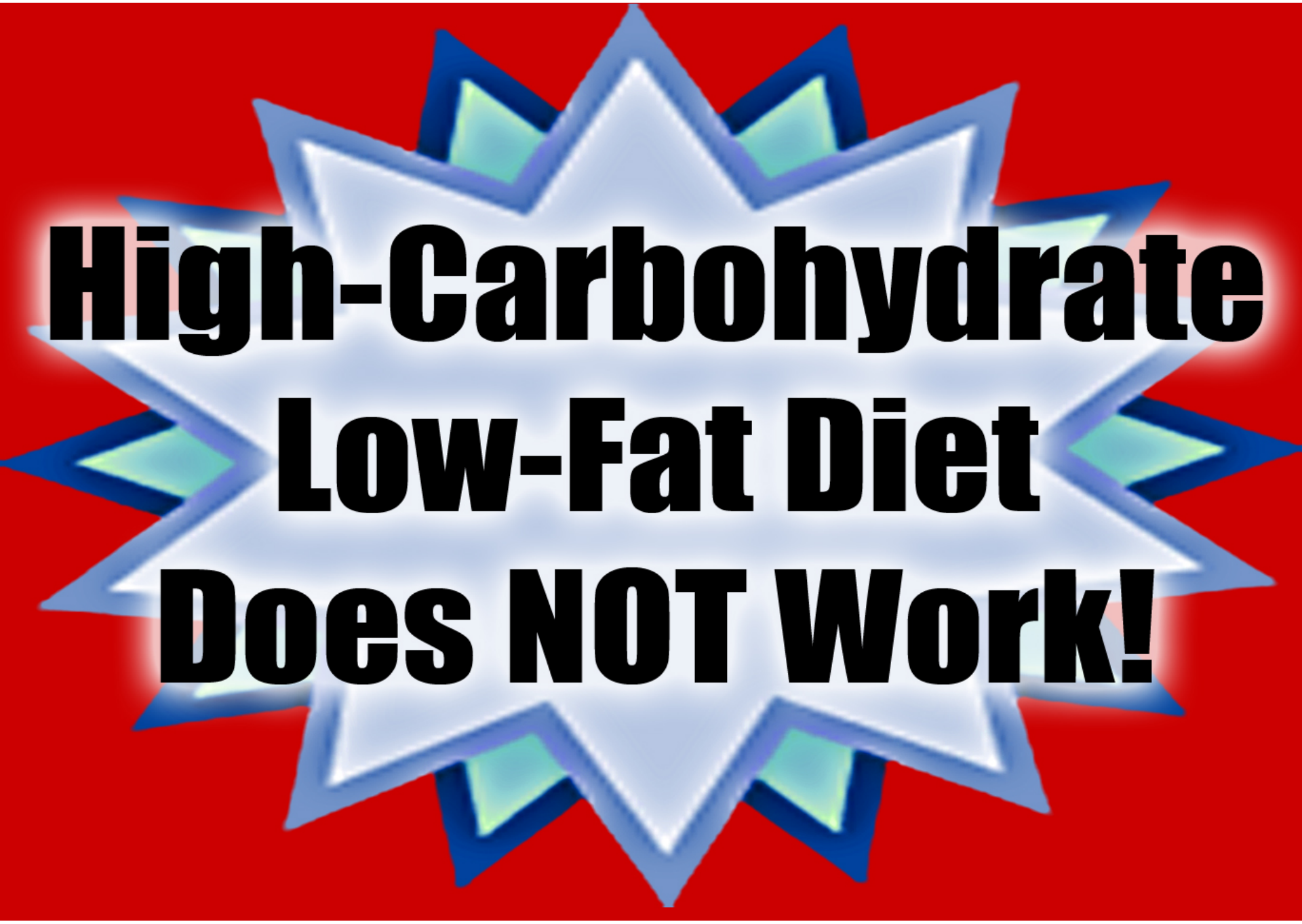
WHAT HAVE WE DONE?

- High Carbohydrate / low fat diet
- High consumption of altered and saturated fats
- Food processing
- Food additives
- Depletion in soil of trace minerals
- Genetically modified food
- Inactivity
- Stress

WHAT ARE WE GETTING

- Chronic fatigue
- Obesity
- Diabetes
- Hyperlipidemia
- CVD (heart disease, stroke and hypertension)
- Blindness (Retinopathy)
- Kidney damage (Nephropathy)
- Nerve Damage (Neuropathy)
- Depression
- Cancer

WHAT I HAVE LEARNED FOR MYSELF


High-Carbohydrate
Low-Fat Diet
Does NOT Work!

FAT CLASSIFICATION

- Saturated fats
- Unsaturated fats

  A. Monounsaturated – Omega-9 family

  B. Polyunsaturated – Essential Fatty Acids (EFAs)

  (Parent Essential oils (PEOs)

  - Omega-6 family

    Parent: Linoleic Acid (LA)

    Derivatives: Arachidonic (AA)

    Gamma Linolenic Acid (GLA)

    Di-homo Gamma Linolenic Acid (DGLA)
  - Omega-3 family

    Parent: Alpha Linolenic Acid (ALA or LNA)

    Derivatives: Eicosapentaenoic acid (EPA)

    Docosahexaenoic acid (DHA)
- Transfats

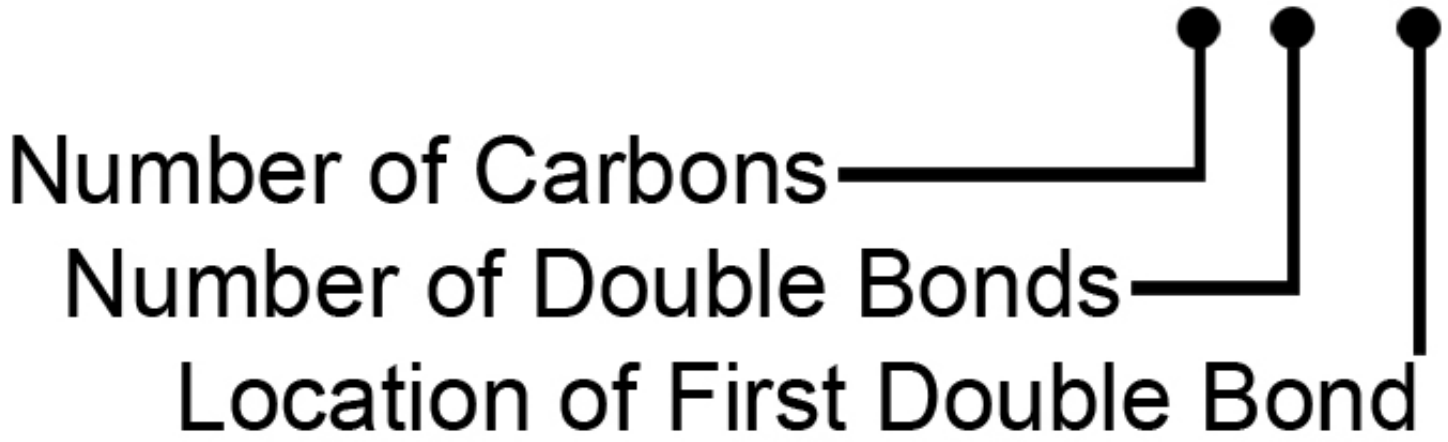
ESSENTIAL FATTY ACIDS – EFAs
PARENT ESSENTIAL OILS – PEOs*

- **18-carbon chain fatty acids**
- **Stored form of caloric energy**
- **The most essential nutrient in the human diet**
- **Critical for cell membrane structure and function**
- **Transformed by the body into critical local hormones (eicosanoids)**
- **At least 95% of EFAs stay in parent form in the cells, less than a maximum of 5% -- typically less than 1% -- of the parents are converted to Derivatives (EPA, DHA, AA, GLA, DGLA) by the body.**

*A term coined by Prof. Brian Peskin to differentiate fully functional EFAs -- termed PEOs -- from adulterated, not fully functional EFAs.

NAMING FATTY ACIDS

Common Name	Shorthand
Oleic	18:1w9
Linoleic (LA)	18:2w6
Linolenic (LNA)	18:3w3



SO WHAT IS ESSENTIAL

- Necessary, Important
- Your body can't make it
- You must have it
- It has to come in the food you eat

DIETARY SORCES FO THERAPEUTICALLY USEFUL FATTY ACIDS

- ALA - Flax seed oil (55%) pumpkin seed oil (16%), Walnut Seed oil (10%)
- LA - Sunflower seed oil (65%), Safflower seed oil (75%), Sesame seed oil (45%)
  - (IF high LA strains – they usually are not today)
- EPA - Cod liver oil, cold water fish
- DHA - algae derived supplements, cod liver oil, cold water fish
- GLA - Borage oil (24%), black current seed oil (16%), evening primrose oil (9%)

COMMON CLINICAL SIGNS AND SYMPTOMS OF AN OMEGA-6 DEFICIENCY

- Bumps on the backs of the upper arms ("chicken skin")
- Red, scaly, exzemazatoid dermatitis
- Excess thirst with or without excess urination
- Coarse, dry hair
- Alopecia
- Brittle nails
- Slow wound healing

(Claimed) COMMON CLINICAL SIGNS AND SYMPTOMS OF AN OMEGA-3 DEFICIENCY*

- **Numbness and tingling of the extremities**
- **Impaired immune system function**
- **Frequent infections**
- **Labile mood swings; depression**
- **Senile dementia**

* Note: In actual experiments, these claims often fail as it is the parent omega-6 and its metabolites that are much more significant.

EFA DISORDERS

- Deficiency of EFAs
- Imbalance (ratio) of EFAs
- Adulterated EFAs

CELL MEMBRANE COMPOSITION

Lipid bilayer with Embedded proteins and carbohydrates

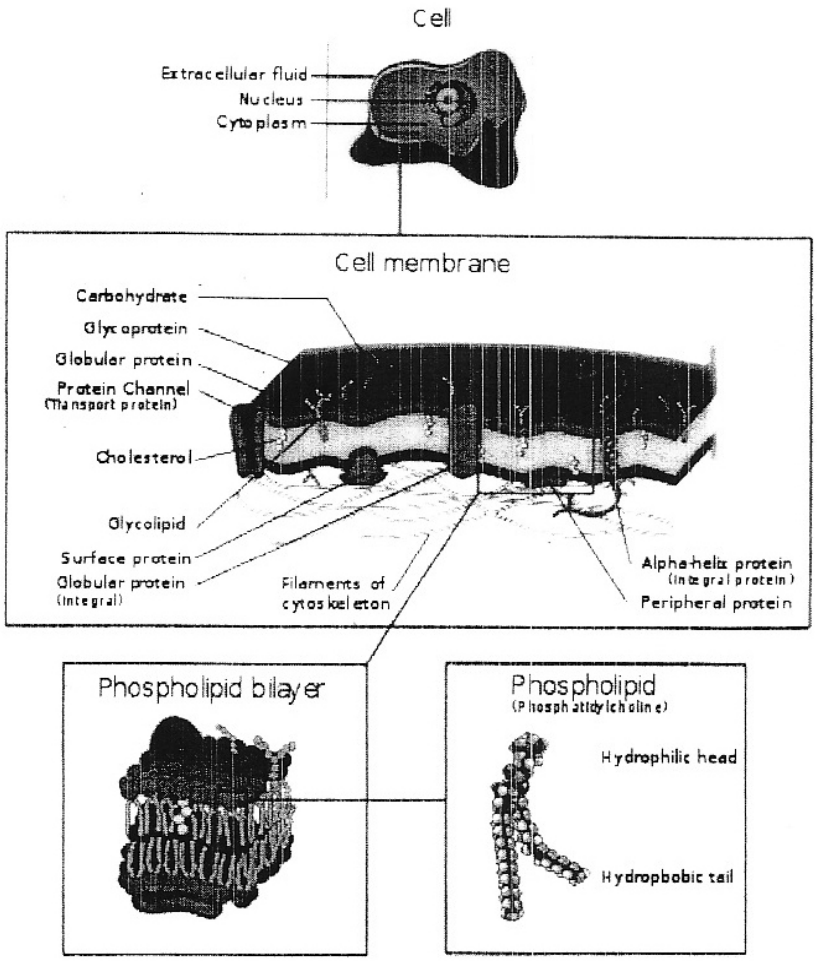
Lipids (Phospholipids, Glycolipids And cholesterol), 30%

Phospholipids (18 carbon) are the most abundant

Proteins, 50%

Carbohydrates, predominately Glycoproteins and some Glycolipids

Permeable, flexible and fluid



EFAs AND PATHOPHYSIOLOGY OF DISEASE

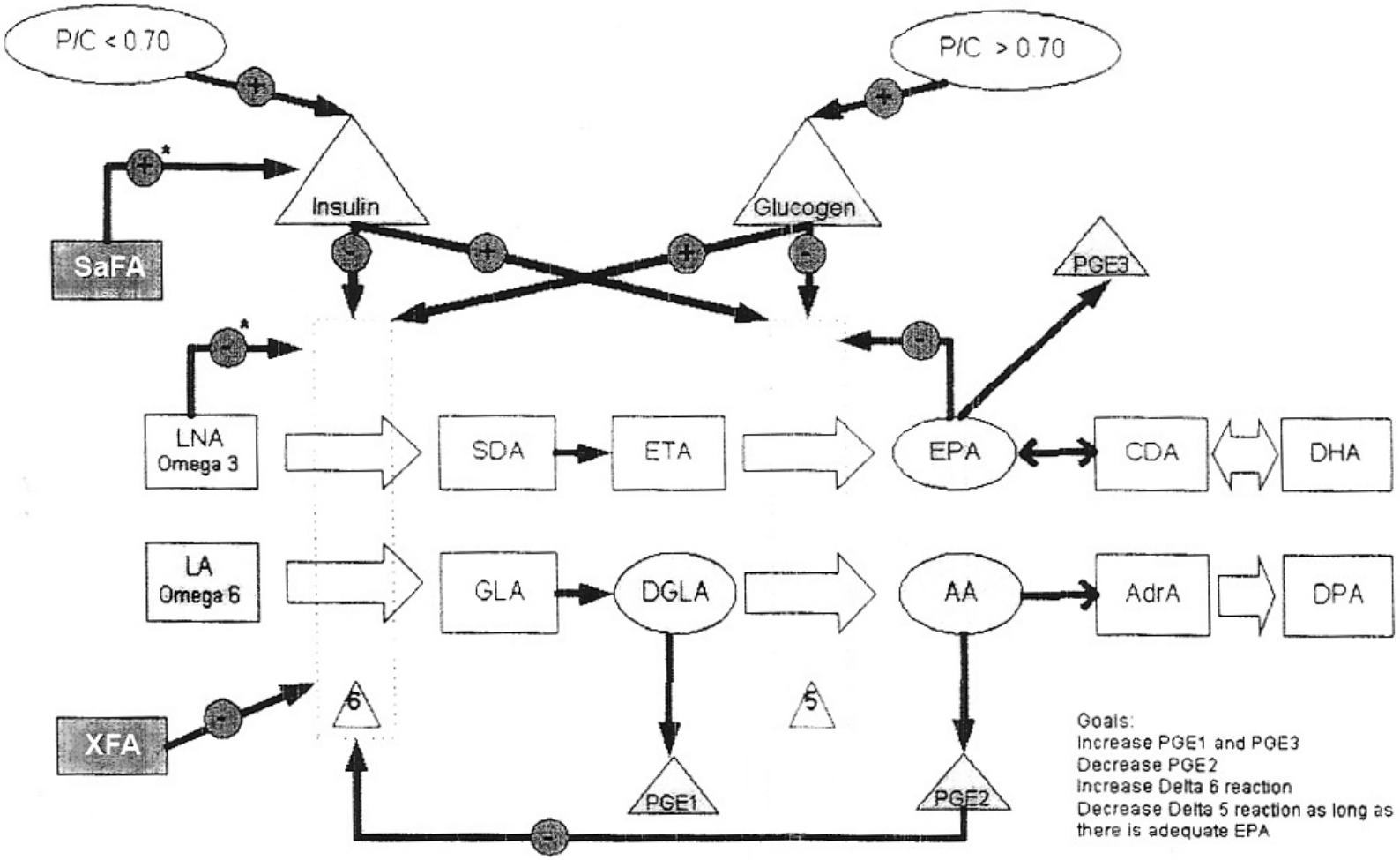
- **Disorders of cell membrane**
  - Permeability (Cancer)
  - Fluidity and flexibility, (atherosclerosis, plaques, heart disease, Hypertension)

- **Disorders of cell receptor function**
  - Neurological and mental disorders
  - Fetal development
  - Complications of pregnant and lactating women

- **Disorders of Eicosanoids productions and imbalances: Chronic inflammation**
  - Atherosclerosis
  - Auto-immune diseases (diabetes, Hashimoto's, vascluitis, amyloidosis,
  - Scleroderma, SLE, rheumatoid arthritis, Crohn's disease, ulcerative colitis)Eczema
  - Allergies and asthma
  - Irritable bowel syndrome

THE DIABETES CONNECTION

Essential Fatty Acid Metabolism



Legend:
+ or - Increase or decrease reaction
* Excessive amounts
Δ Delta 5 or 6 desaturase reaction

Abbreviations
AA: Arichidonic acid
AdrA: Adrenic acid
CDA: Clupanodonic acid
DGLA: Dihomogamma linolenic acid
DHA: Docosahexaenoic acid
DPA: Docosapentaenoic acid
EPA: Eicosapaentanoic acid
ETA: Eicosatetraenoic acid
GLA: Gamma linolenic acid
LA: Linoleic acid
LNA: Alpha linolenic acid
P/C: Protein to Carb ratio
PG: Prostaglandin
SDA: Stearidonic acid
SaFA: Saturated fatty acids
XFA: Trans fatty acids

DELTA 6 DESATURASE

Naturally rate limiting enzyme for transforming EFAs to its metabolites or derivatives (eicosanoids) prostaglandins, leukotrienes, thromboxanes, hormones and also cells membrane phospholipids)

- Linoleic (Omega-6) to GLA
- Linolenic (Omega-3) to EPA
- EPA to DHA

LOW DELTA 6 DESATURASE ACTIVITY

- Infants until 1 month of age
- Aging

  Dietary factors (alcohol, saturated fats, trans-fats, too much linolenic acid)

  Diabetes Mellitus (too much or not enough insulin)

  Viruses, especially EB and HIV

- Allergic families (Atopic Eczema and Asthma)

There are a host of omega-6 and omega-3 oils being sold as EFAs that are not EFAs, but rather nonessential derivatives such as EPA, DHA and GLA. Fish oils are made up almost exclusively of omega-3 derivatives. Scientifically and biochemically, calling derivatives by the term "EFA" is wrong. Derivatives are not EFAs because they are not essential.

Over 95% to 99% of parent EFAs stay in parent form. There is a maximum of less than 2% natural conversions of omega-3 fatty acids to the derivatives EPA and DHA.

Excess omega-3 in any form (parent or derivative) is hazardous to your health.

FISH OIL AND DIABETES – TYPE I

- Fish oil consumption worsens glycemic control
- Fish oil caused higher blood glucose, increase in Insulin dosage and increased Hgb A1c by 16%

Stacpoole, P., Alig, A., Ammon, L. and Crockett E., "Dose-Response Effects of Dietary Marine oil on Carbohydrate and Lipid Metabolism In Normal Subjects and Patients with Hypertriglyceridemia," *Metabolism,* Vol. 38, No 10 (October), 1989, pages 945-956.

FISH OIL AND DIABETES – TYPE II

- Fish oil (EPA/DHA) leads to rapid Metabolic Deterioration
- Blood Glucose rose 24%
- Insulin levels fell by 30%

Glauber, H., et al., "Adverse metabolic effect of omega-3 fatty acids in Non-Insulin dependent diabetes mellitus," *Annals of Internal Medicine* (1998): 108:663-668.

FATTY vs LEAN FISH AND TYPE II DIABETES MELLITUS

- Blood sugar increased after eating fatty fish (more omega-3)
- Blood sugar decreased after eating lean fish (more omega-6)
- Fatty fish has 14-times more omega-3 than lean fish
- The fatty fish caused 21% decrease in insulin output compared to those eating lean fish

---

Karlstrom, BE, et al., "Fatty fish in the diet of patients with Type 2 Diabetes: comparison of the metabolic effects of foods rich in n-3 and n-6 fatty acids," *Am J Clin Nutr* 2011; 94:26-33

NON DIABETICS

- Fish oil reduced the rate of glucose metabolic clearance keeping blood glucose levels abnormally high.
- After 3 weeks of fish oil supplementation insulin response to oral glucose test decreased by 40%.
- The composition of the cell membranes in the body remained altered for 18 weeks after the fish oil was stopped.

"Fish-oil supplementation reduces stimulation of plasma glucose fluxes during exercise in untrained males," *British Medical Journal of Nutrition* (2003), 90, 777-786

HABIB'S LETTER TO PROF. PESKIN

- Obesity is generally associated with Hyperinsulinemia, but whether obesity proceeds or follows Hyperinsulinemia is not clear, but there is no question, in my opinion, that obesity contributes to the development of Hyperinsulinemia.
- Being overweight during childhood and adolescence is significantly associated with insulin resistance, abnormal lipids and elevated blood pressure.
- Weight loss in these situations results in a decrease of insulin concentration and an increase in Insulin sensitivity.
- Insulin resistance in a high percentage of these children and adolescents and the onset of IGT (Impaired Glucose Tolerance) is associated with the development of Hyperinsulinemia.
- Insulin Resistance was detected in 80% of obese children and adolescents, IGT in 13.5% of this group.
- Fish oil supplementation resulted in an increase in daily insulin requirements In 50% of diabetic patients. The Omega-3 Fatty Acids seem to worsen glucose tolerance in diabetics, possibly by turning off Insulin secretion and/or decreasing insulin sensitivity at the peripheral tissues. It is believed also that healthy individuals may also experience the same effects.
- My personal experience in children and adults is that Omega-3 supplement alone (Fish oil and/or flax seed oil) increases the appetite contributing therefore to weight gain and leading to Hyperinsulinemia and possible insulin resistance.

EFAs AND DIABETES

- Prevent its development
- Improve diabetic control
- Prevent or improve diabetic complications (neuropathy, retinopathy)
- Protect against macular degeneration
- Decrease carbohydrate and sweets cravings
- Facilitates insulin transport via the cell membrane (fluidity and permeability)
- It's deficiency causes short and diminished insulin effect
- Low or no insulin (Diabetes Mellitus Type I) and high insulin or insulin resistance (Diabetes Mellitus Type II) impairs Delta-6 desaturase activity, effecting eicosanoid formation increasing (AA) production, leading to chronic inflammation.
- Insulin surge (hyperinsulinemia) causes over production of AA, which triggers Inflammation, leading to the Metabolic Syndrome

SYNDROME-X, THE METABOLIC SYNDROME, INSULIN RESISTANCE SYNDROME

- Obesity
- Diabetes
- Heart Disease
- Hypertension
- Dyslipidemia
- Fatty Liver
- PCOS (women)

RISK FACTORS

- Diet high in refined sugar and processed carbohydrates
- Sodas, juices, and diet drinks
- High saturated and trans-fat diet
- High Adulterated Omega-6 to Omega-3 ratio
- High Omega-3 intake
- Inactivity
- Ethnic factors, gestational diabetes, family history, obesity, etc.

THE HEART DISEASE CONNECTION

- Heart disease constituted 40% of all deaths and diabetic men have twice and women four times the risk of developing heart disease than non-diabetics

- Two-thirds of patients with Type II diabetes will die of heart disease.

- Half of patients admitted to the hospital with heart failure are diabetics.

EFAs AND PATHOPHYSIOLOGY OF DISEASE

- **Disorders of cell membrane**
  - Permeability (Cancer)
  - Fluidity and flexibility, (atherosclerosis, plaques, heart disease, Hypertension)

- **Disorders of cell receptor function**
  - Neurological and mental disorders
  - Fetal development
  - Complications of pregnant and lactating women

- **Disorders of Eicosanoids productions and imbalances: Chronic inflammation**
  - Atherosclerosis
  - Auto-immune diseases (diabetes, Hashimoto's, vascluitis, amyloidosis,
  - Scleroderma, SLE, rheumatoid arthritis, Crohn's disease, ulcerative colitis)Eczema
  - Allergies and asthma
  - Irritable bowel syndrome

CELL MEMBRANE COMPOSITION

Lipid bilayer with Embedded proteins and carbohydrates

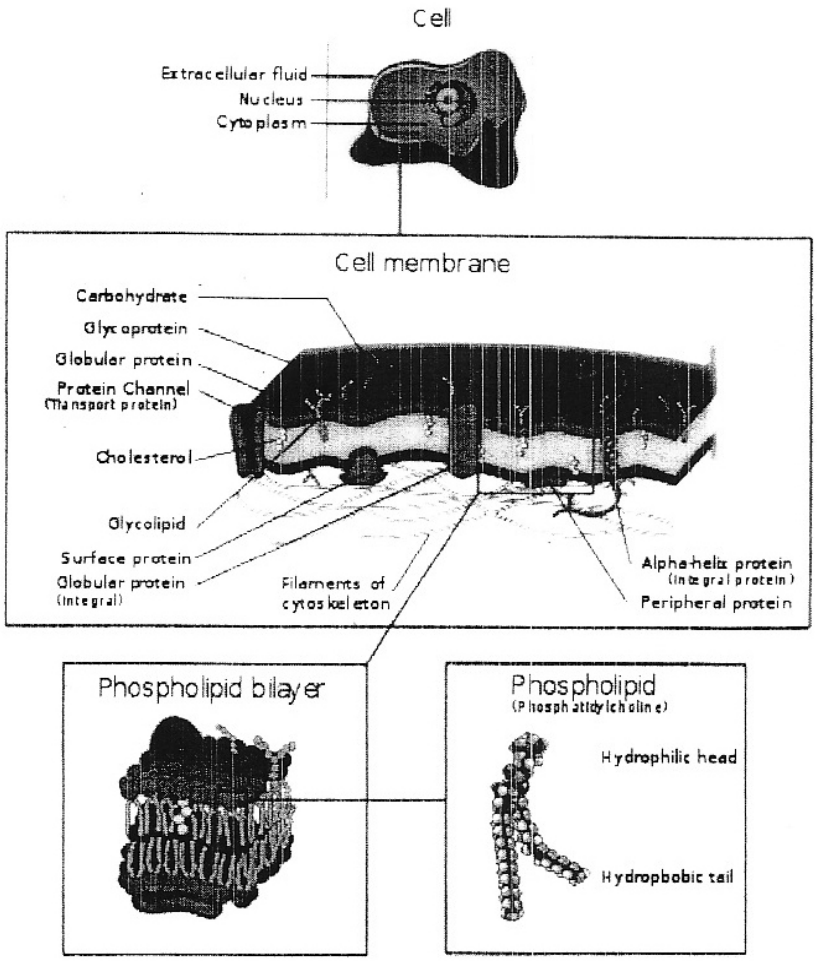
Lipids (Phospholipids, Glycolipids And cholesterol), 30%

Phospholipids (18 carbon) are the most abundant

Proteins, 50%

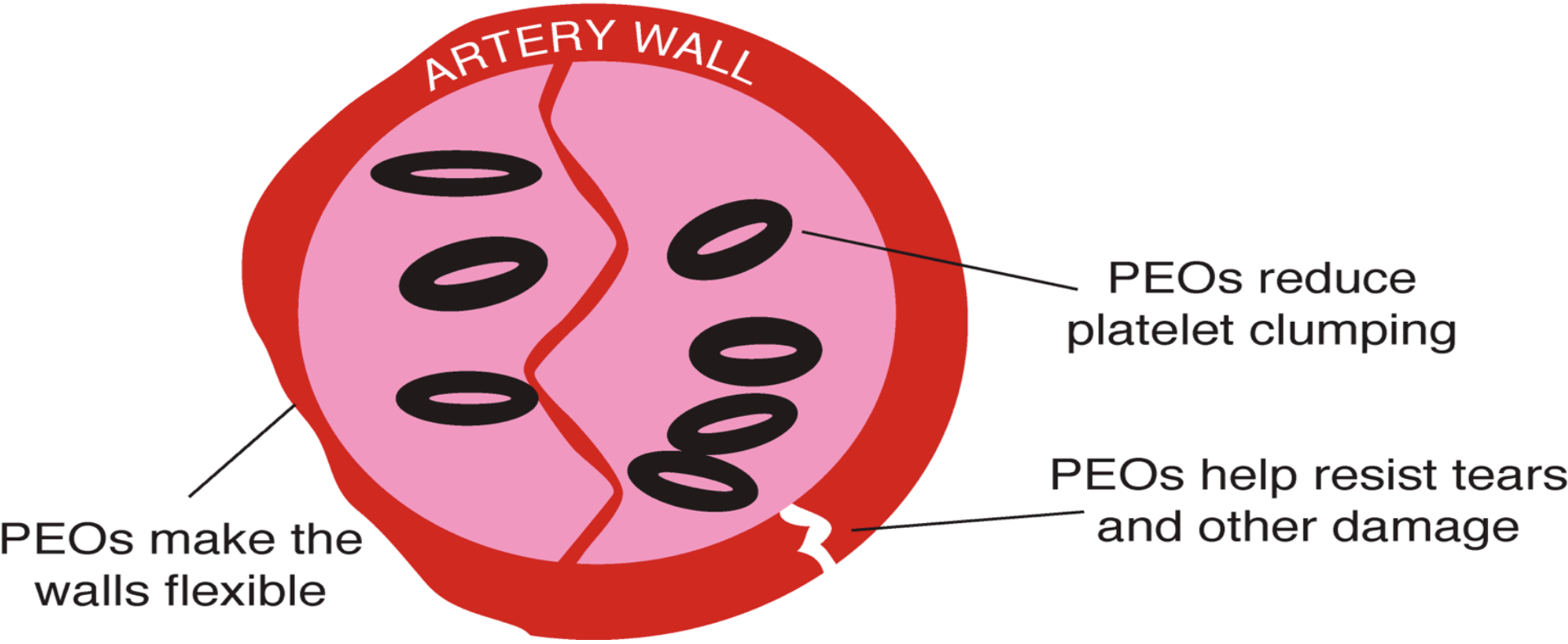
Carbohydrates, predominately Glycoproteins and some Glycolipids

Permeable, flexible and fluid



Arteries and Blood Vessels

Source: Medical Textbook, “Prostaglandins in the Cardiovascular System”



EFAs help prevent Heart Disease in 2 ways

- They are natural artery lubricators, making arterial walls more pliable.
- They also help keep blood platelets from sticking together, preventing dangerous blood clots.

DIGITAL PULSEWAVE ANALYZER (DPA)

The device is FDA 510(K) cleared and Health Canada approved.

It is Non-Invasive meaning there is no blood and no pain.

The DPA takes a snapshot of the elasticity of your arteries.

The printout has information on:

- **Heart rate**
- **Artery flexibility**
- **Left Ventricle Ejection Level**
- **Hydration levels**
- **Peripheral Circulatory Disturbance**
- **Overall cardiovascular health**

DPA PROVIDES

Early detection of arterial wall stiffness.

Biological age of arteries.

Information regarding efficacy of treatment choices.

A tool to monitor the arterial wall response to lifestyle changes/reduction of cardiovascular risk factors.

THE I.O.W.A. STUDY (A Seminal Experiment)

- Professor Brian Peskin and Dr. David Sim
- Digital Pulse Analyzer (DPA): measure arterial flexibility (or stiffness)

EFFECTS OF PARENT ESSENTIAL OILS (PEOs) ON VASCULAR ELASTICITY

- (35 Subjects – 13 male, 22 female, ages 35-75, mean 62)
- Duration of study 3-48 months, median 24 months
- Improved 73%, average improvement 9 years decrease (younger) in arterial age (stiffness)
- 34 out of 35 subjects either tested better than their physical age or at least stayed at their physical age.

EFFECTS OF PEOs ON VASCULAR ELASTICITY

(Note: "-" is biologically younger)

GROUP	NO. OF SUBJECTS	AGE	DURATION OF STUDY	NO. OF IMPROVED	%	NNT	AVG IMPROVEMENT
A Long Term	35	35-75	3-48 mo.	25	73%	1.4	- 9 Years
B Short-Term	16	46-84	1-8 mo.	7	42%	2.3	- 7.2 years
On Fish Oil & replaced w/PEOs	15	46-74	3.5 mo.	13	87%	1.2	- 11.1 years
w/Cholesterol	7			6		1.0	
On Statins	2			2		1.0	- 20 years

NNT (the lower the better)

- Number of persons needed to be treated to see an effect in just one person
- PEOs – 1.2 Statins – 80
- Peskin/Sim work deliver 99.85 confidence (Most medical studies – 95%, a 5% inherent rate.)

CONCLUSION

Using PEOs will markedly decrease your risk for a heart attack regardless of age or existing physical condition.

EFAs AND PATHOPHYSIOLOGY OF DISEASE

- **Disorders of cell membrane**
  - Permeability (Cancer)
  - Fluidity and flexibility, (atherosclerosis, plaques, heart disease, Hypertension)

- **Disorders of cell receptor function**
  - Neurological and mental disorders
  - Fetal development
  - Complications of pregnant and lactating women

- **Disorders of Eicosanoids productions and imbalances: Chronic inflammation**
  - Atherosclerosis
  - Auto-immune diseases (diabetes, Hashimoto's, vascluitis, amyloidosis,
  - Scleroderma, SLE, rheumatoid arthritis, Crohn's disease, ulcerative colitis)Eczema
  - Allergies and asthma
  - Irritable bowel syndrome

CELL MEMBRANE COMPOSITION

Lipid bilayer with Embedded proteins and carbohydrates

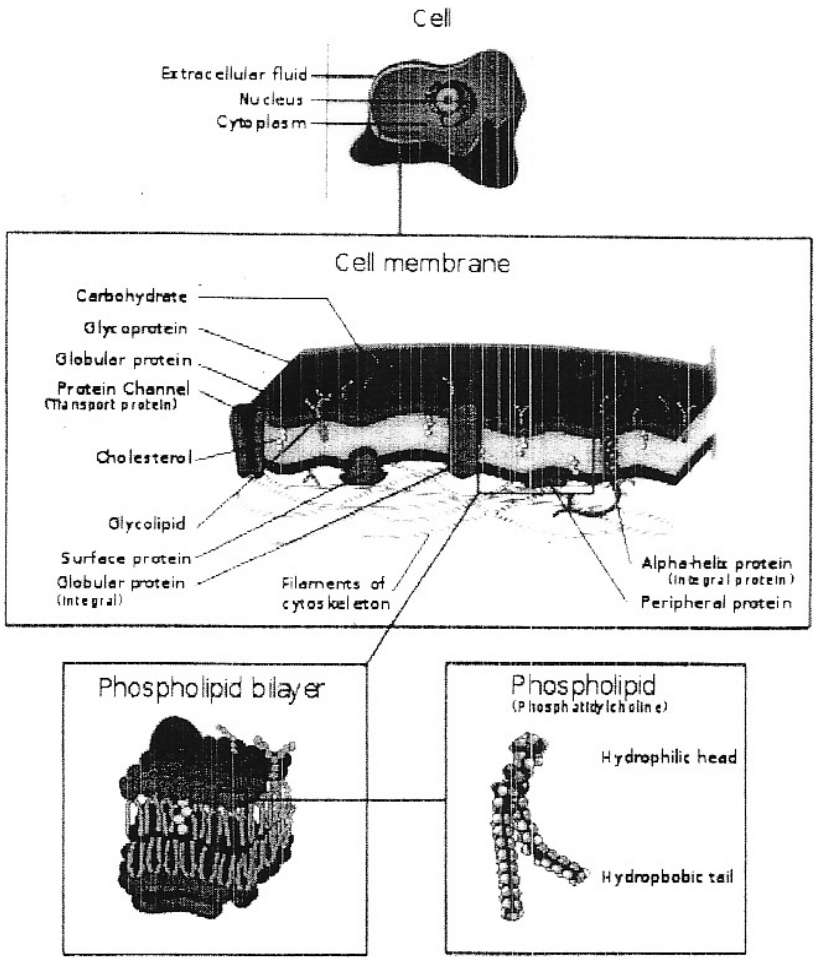
Lipids (Phospholipids, Glycolipids And cholesterol), 30%

Phospholipids (18 carbon) are the most abundant

Proteins, 50%

Carbohydrates, predominately Glycoproteins and some Glycolipids

Permeable, flexible and fluid

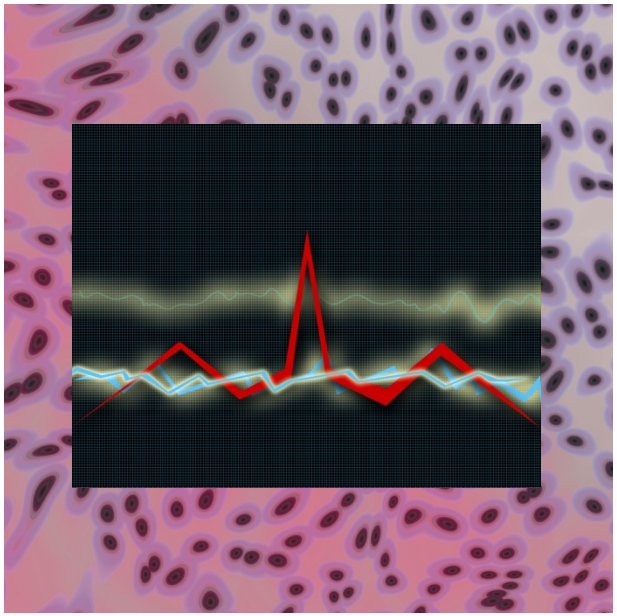


DECREASED CELL MEMBRANE PERMEABILITY

- Hypoxia, Anoxia (Cancer)
- Prolonged and exaggerated effects
  - Estrogen
  - Progesterone
  - Angiotension
- Short and diminished effect
  - Insulin
  - Serotonin

THE CANCER CONNECTION

US CANCER DEATHS



- 1900 3%
- 1950 20%
- 2000 40%
- 2020 50% (PROJECTED)

CANCER RESEARCH IS HEADED IN THE WRONG DIRECTION

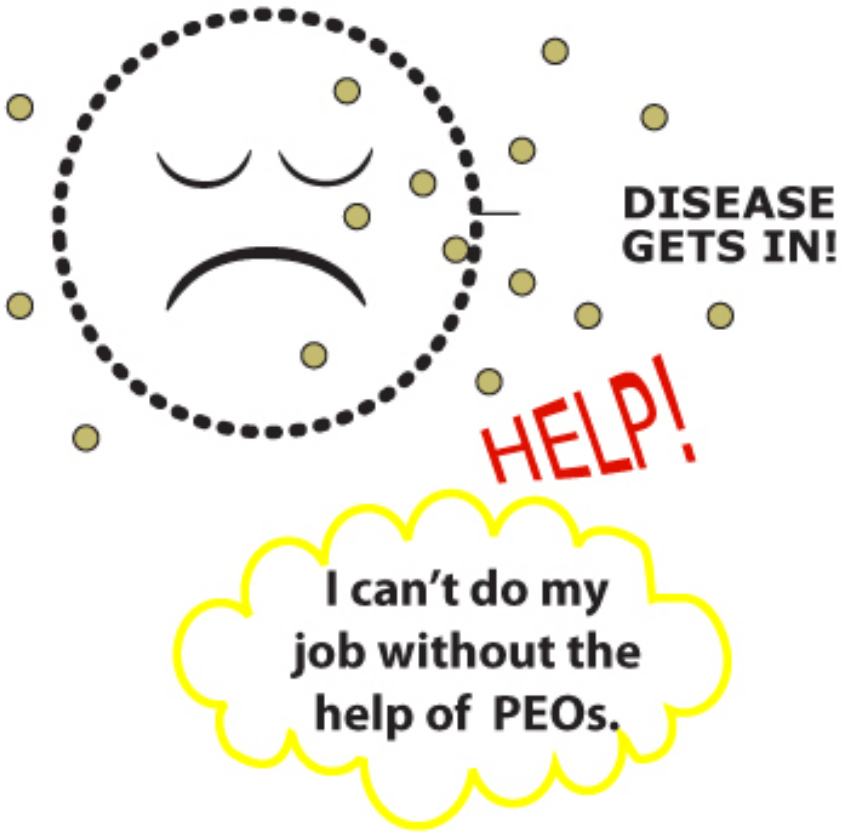
- Cancer is not genetically caused
- Cancer "vaccines" are based on flawed conclusions
- Cancer treatments are archaic and more harmful than good
- Dietary recommendations (like fruits, vegetables & fiber) for the prevention of cancer are not based on the physiology of your body and have no scientific foundation

CANCER RESEARCH IS HEADED IN THE WRONG DIRECTION

- All cancer cells are the result of deprivation of oxygen! This is the prime cause of cancer.
- All secondary causes of cancer, like asbestos, smoking, or other carcinogens, lead directly to the prime cause.
- What Dr. Warburg didn't have was the way to get vital oxygen to the cell…

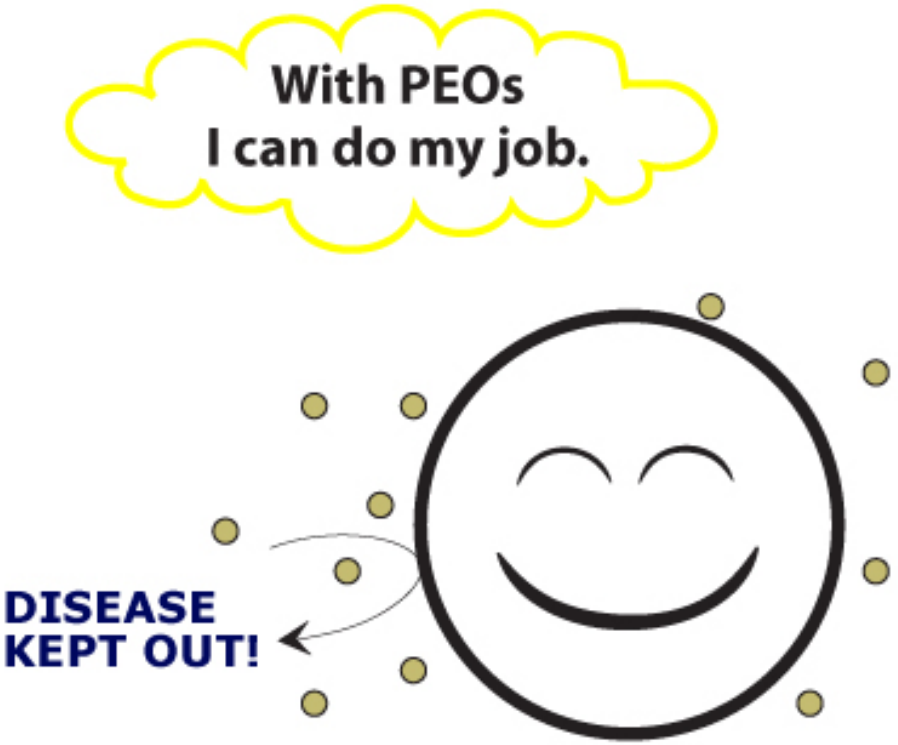
Healthy Cells Resist Disease

Dysfunctional Cell



NUTRIENTS NOT USED

Functioning Cell

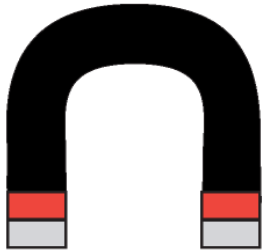


NUTRIENTS GET USED

Reduce oxygen by only 35% and cells turn cancerous!

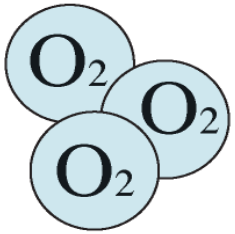
OXYGEN MAGNETS!

PEOs



Oxygen Magnets

Oxygen

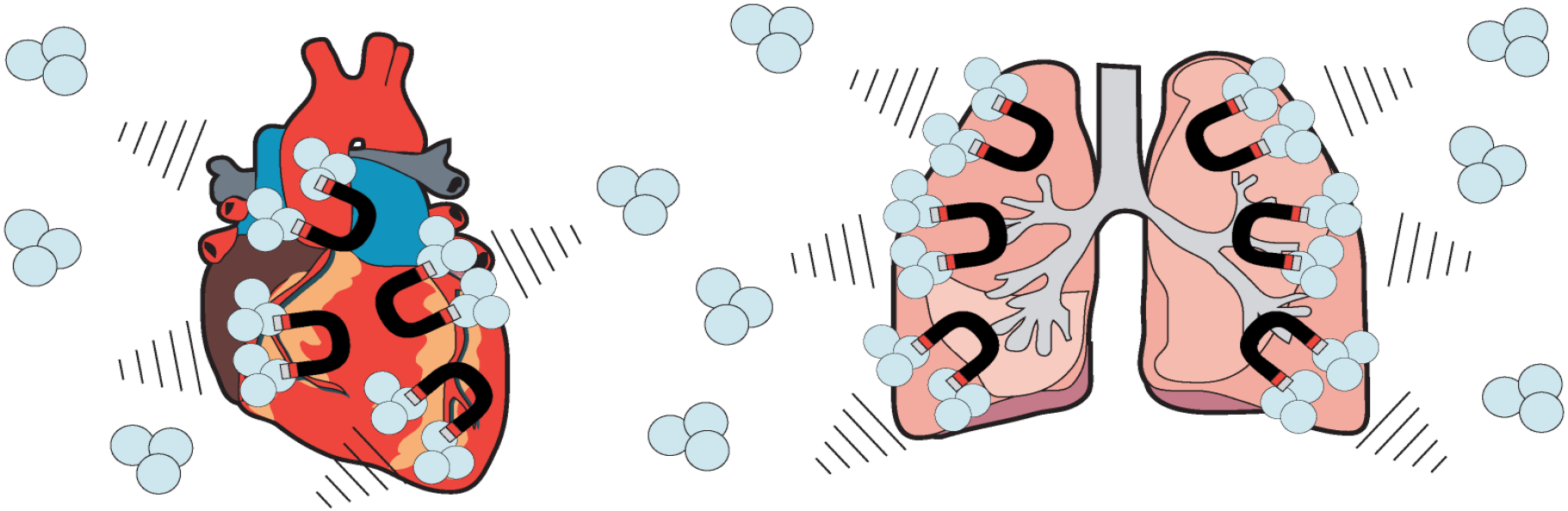


PEOs work like tiny “magnets” drawing oxygen into all cells, tissues, and vital organs.

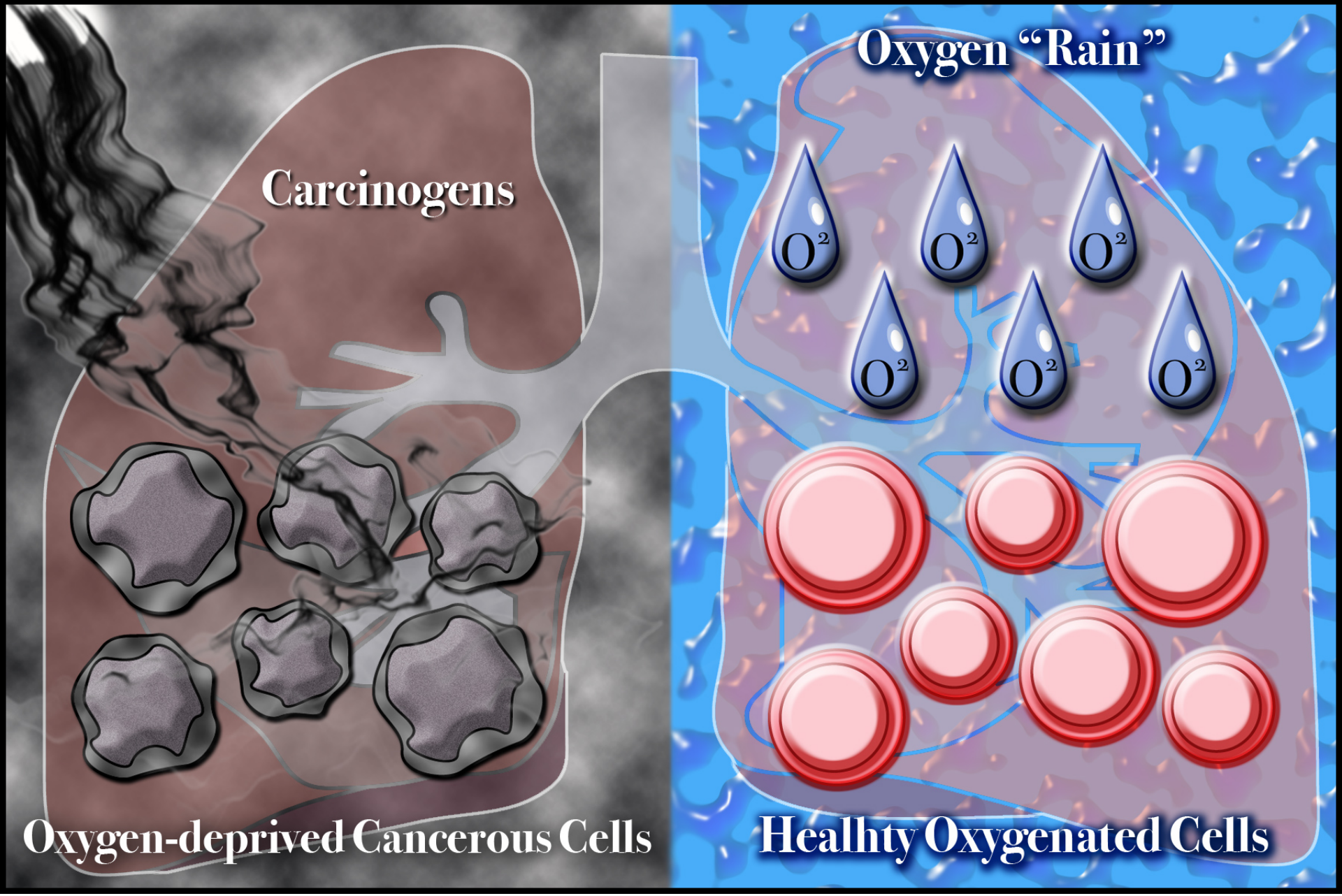
Reduce oxygen by only 1/3 and a cell turns cancerous forever!

HEART

LUNGS



The foundation of healthy cellular structure and disease prevention begins with PEOs (unadulterated Parent EFAs).



Oxygenation (provided most effectively by EFAs) stops cancer's prime cause – it protects cells from carcinogens and all other secondary causes of cancer.

BEHAVIOR AND NEUROPHYCHOLOGICAL DISTURBANCES

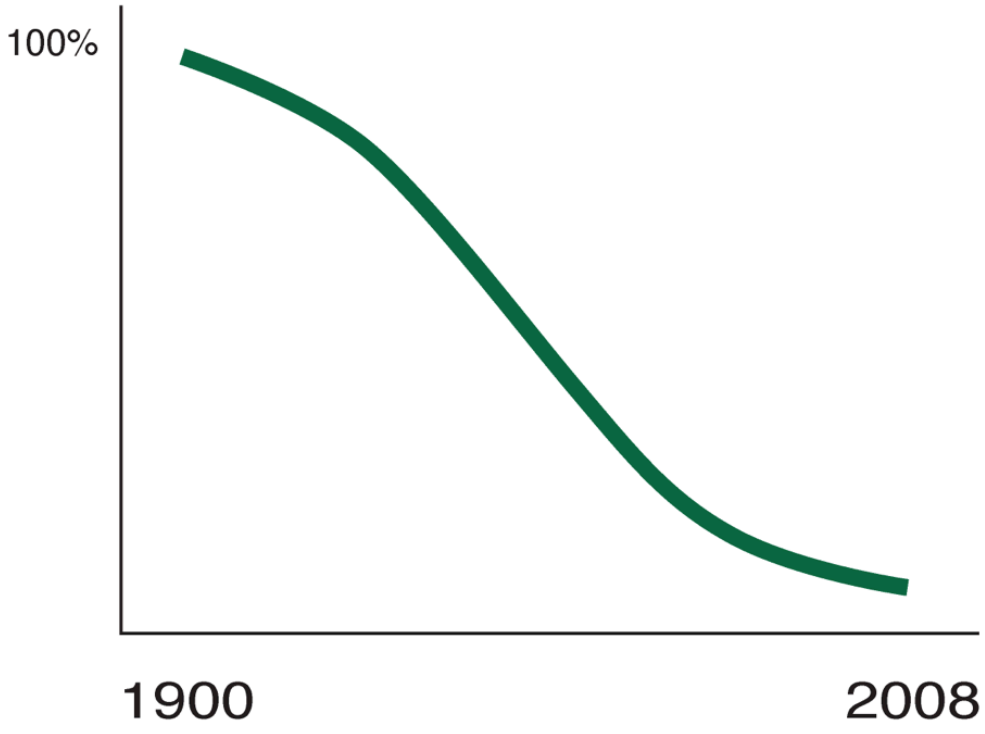
- Senile Dementia
- ADHD
- Aggressive and anti-social behavior
- Depression
- Paresthesias

PREGNANT AND LACTATING WOMEN AND EFAs

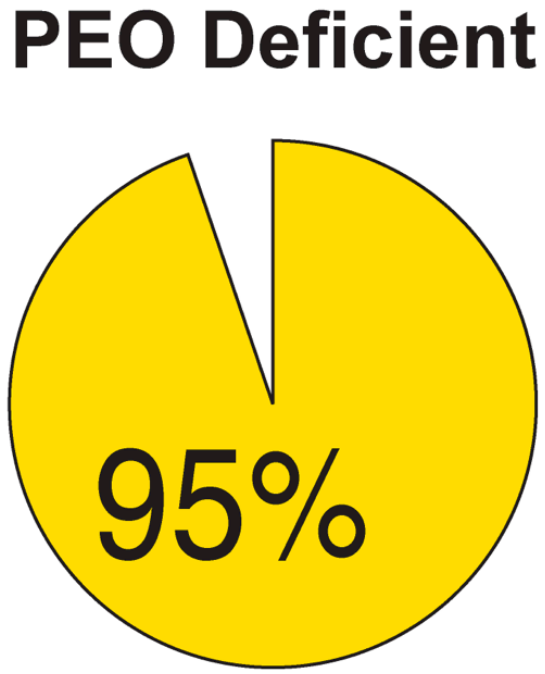
TREATMENT OF CHRONIC INFLAMMATORY CONDITIONS

- Symptoms – specific drugs
  - Steroids
  - Prednisone
  - Aspirin
  - NSAIDs
  - Sulfasalizine
  - Colchicine
- Fix the EFA deficiency or imbalance

Due to modern growing methods & food processing Parent Essential Oils are now lacking in our diets.



PEO Availability In Our Food



Most Americans Are Highly Deficient In PEOs

OMEGA-6 TO OMEGA-3 RATIO

The Scientific Calculation of the Optimum PEO Ratio

Cambridge International Institute for Medical Science

Stephen Cavallino, M.D. – Founder & Chairman

Amid Habib, M.D.

David Sim, M.D.

Robert Nemer, D.O.

Cambridgemedscience.org

OMEGA-6 TO OMEGA-3 RATIO

Ratio of Tissue Composition				
Tissue	Percentage of Total Body Weight	Omega-6 PEO	to	Omega-3 PEO
Brain/Nervous System	3	100	:	1
Skin	4	1000	:	1
Organs & Other Tissues	9	4	:	1
Adipose Tissue (body fat)	**15-35**	**22**	:	**1**
Muscles	**50**	**6.5**	:	**1**

HOW WIDESPREAD ARE EFA DEFICIENCIES AND INBALANCES?

- **Dramatic increase in use of vegetable oils in cooking (Omega-6) (2 lb. per year in 1909 25 lb. per year in 1985**

- **Processing of oils (Omega-6) to prolong shelf life and eliminate stronger taste (hydrogenation, oxidation)**

- **Exposure to heat, light and oxygen.** Note: Omega-3 oils are not used by commercial food processors

OMEGA-6 TO OMEGA-3 RATIO

- **Prehistoric man** **1:1**
- **Year 1900** **4:1**
- **Current** **25:1**
- **Ideal** **2:1 - 5:1**

IN THE HUMAN TISSUES

Brain	100:1
Organs	4:1
Muscles	6.5:1
Body fat	22:1 (Average)
Skin	1000:1

IN ANIMALS AND ANIMAL PRODUCTS

- Free range-chicken eggs 1.3:1
- Corn fed chicken eggs 19.4:1
- Grass fed beef 4:1
- Corn and soy fed beef 32:1

The types of fatty acids used to make phospholipids and heavily influenced by the types of dietary fats eaten

"YOU ARE WHAT YOU EAT"

THE COMPOSITION OF THE CELL MEMBRANES IN THE BODY REMAINED ALTERED FOR 18 WEEKS AFTER FISH OIL WAS STOPPED

FLORIDA HOSPITAL MEDICAL CENTER
OUTPATIENT RADIOLOGY ALTAMONTE

OC979C0H
08/28/00 12.23

RADIOLOGY

* * * F I N A L R E P O R T * * *

PAIN ACCT: 8237339 HABIB, AMID
EXAM DESC: MR ANGIO BRAIN/NECK
EXAM DATE: 08/25/00
TRANS DATE: 08/26/00
TRANS TIME: 12:17
PATIENT MRI : 2103237
REQUIS NUMBER: 002380107000
RESULT STATUS: FIN
REVISION NUM : 01

REASON: TIA 435.9

ADDITIONAL CLINICAL DATA:

TECHNIQUE: CEREBRAL VASCULAR MRA.

EXAM: MR ANGIO BRAIN/NECK 8/25/2000

FINDINGS: Images of the right carotid bifurcation show abnormal smooth narrowing involving the proximal right internal carotid artery. There is an estimated 70-75% diameter reduction. Hypertrophy of the right external carotid artery present. The left carotid bifurcation unremarkable. Flow within the distal internal carotid arteries bilateral. Flow within the vertebral arteries bilateral as well as the basilar artery.

IMPRESSION:
1. ABNORMAL SMOOTH NARROWING INVOLVING THE RIGHT PROXIMAL INTERNAL CAROTID ARTERY WITH AN ESTIMATED 70-75% DIAMETER REDUCTION. FURTHER EVALUATION WOULD BEST BE PERFORMED WITH ULTRASOUND OR CONVENTIONAL CAROTID ANGIOGRAPHY IF DESIRED.
2. LEFT CAROTID BIFURCATION UNREMARKABLE.
3. FLOW WITHIN THE VERTEBRAL ARTERIES DEMONSTRATED BILATERALLY, AS WELL AS THE BASILAR ARTERY.

DAVID J. RIPPE, MD/mb Rept #: 82524303
Dictated: 08/25/2000 11:59
Transcribed: 08/26/2000 12:17
Printed: 08/26/2000
Req #: 238107000

READING PHYSICIAN : DR DAVID J. RIPPE MD
ORDERING PHYSICIAN : DR MICHAEL F. BROWN MD - (407)647-5996
SEX: M AGE: 53 Y (DOB 03/23/1947)
CLH3-GMR8-D147
TRANSCRIPTIONIST: RTUS
OUTPATIENT

(59)

* * * F I N A L R E P O R T * * *

PATN ACCT: 8326126 HABIB, AMID
PATIENT MRI : 2103237
EXAM DESC: ANGIO/VASCULAR STUDY
REQUIS NUMBER: 002660152700
EXAM DATE: 09/22/00
TRANS DATE: 09/22/00
RESULT STATUS: FIN
TRANS TIME: 21:17
REVISION NUM : 01

internal carotid artery in the neck. The point of maximal stenosis measures 67% by NASCET criteria. There is good distal runoff. No tandem stenosis is demonstrated. There is very mild plaque involving the left common carotid bifurcation and origin of the left internal carotid artery without associated stenosis by NASCET criteria. There is mild deformity of the left carotid bulb associated with this. There is cross filling of the right anterior cerebral artery on the left common carotid injection with some washout of unopacified blood from the right side. No significant stenotic disease is seen involving the posterior circulation. The basilar artery is widely patent and mildly ectatic. No intracranial aneurysms or arteriovenous shunts were demonstrated.

Patient tolerated procedure well without apparent complications.

IMPRESSION:
1. APPROXIMATELY 67% STENOSIS INVOLVING THE ORIGIN OF THE RIGHT INTERNAL CAROTID ARTERY IN THE NECK WITHOUT TANDEM STENOSIS DEMONSTRATED.
2. MINIMAL DEFORMITY OF LEFT COMMON CAROTID BIFURCATION CONSISTENT WITH MILD PLAQUE.

FRANK R. HUANG-HELLINGER, MD/gf
Rept #: 92213984
Dictated: 09/22/2000 15:32
Transcribed: 09/22/2000 21:17
Printed: 09/22/2000
Req #: 266152700

READING PHYSICIAN : DR FRANK R. HUANG-HELLINGER MD
ORDERING PHYSICIAN : DR MICHAEL F. BROWN MD - (407)647-5996
SEX: M AGE: 53 Y (DOB 03/23/1947)
PDSC-GN93-H087
OUTPATIENT
TRANSCRIPTIONIST: RTUS

(60)

Delos R. Clift, M.D., P.A.
Noninvasive Vascular Laboratory

HABIB, AMID

BILATERAL CAROTID ARTERY IMAGING STUDY, 14 OCTOBER 2005

HISTORY:
Amid Habib is a 58 year of age gentleman, a patient of Dr. Kerry Schwartz, that had a right carotid endarterectomy in October of 2000. A carotid ultrasound is requested to evaluate for evidence of recurrence of carotid artery disease on the right or for progression of known disease on the left.

FINDINGS:
Duplex imaging with color was used to image the right and left common carotid arteries and their bifurcations.

Images of the right common carotid artery, both proximally and distally, revealed it to be widely patent. No obvious plaque was noted. The velocities were normal at 84 cm/sec. The internal carotid artery and external carotid artery both appear to be widely patent. No obvious plaque is noted. The velocities are normal ranging from 70-93 cm/sec at peak systole. The external carotid artery is widely patent with normal velocities of 86 cm/sec.

Images of the left common carotid artery, both proximally and distally, revealed it to be widely patent. No obvious plaque was noted. The velocities were normal at 96 cm/sec. The internal carotid artery has moderate plaque without obvious stenosis with the diameter reduced by 44%. The velocities are normal in the internal carotid artery ranging from 71 cm/sec proximally to 64 cm/sec distally. The external carotid artery appears to be widely patent with normal velocities of 117 cm/sec.

Antegrade flow is noted in both vertebral arteries.

IMPRESSION:
1. Widely patent right common, internal and external carotid artery following right carotid bifurcation endarterectomy in October of 2000.
2. Moderate plaque of the left internal carotid artery. This is not causing a stenosis. There is no evidence of hemodynamic stenosis of the left common carotid artery or its bifurcation.
3. Antegrade flow is noted in both vertebral arteries.

Delos R. Clift, MD /grh
Dictated but not edited

cc: Kerry Schwartz, MD

(61)

Accredited Vascular Laboratory
IC AVL
Extracranial Cerebrovascular
Peripheral Arterial
Peripheral Venous

Delos Clift, M.D., P.A.
Noninvasive Vascular Laboratory

HABIB, AMID

BILATERAL CAROTID ARTERY IMAGING STUDY, 26 OCTOBER 2010

HISTORY:
Dr. Habib is a 63 year of age physician who had a right carotid endarterectomy in 2000. A carotid ultrasound was requested to evaluate for evidence of recurrence of his carotid artery disease.

FINDINGS:
Duplex imaging with color was used to image the right and left common carotid arteries and their bifurcations.

The right common carotid artery, both proximally and distally, is widely patent. No significant plaque formation was identified. The velocities were normal ranging from 68-57 cm/sec at peak systole from proximally to distally. Both internal carotid and external carotid arteries are widely patent without significant plaque formation. The velocities are normal in the internal carotid artery at 35-79 cm/sec. External carotid velocities was 137 cm/sec.

Images of the left common carotid artery both proximally and distally revealed it to be widely patent without significant plaque formation. The velocities are normal, ranging from 97 cm/sec at peak systole from proximally to distally. Both internal carotid and external carotid arteries are widely patent. Velocities in the internal carotid artery are normal, ranging from 64-92 cm/sec at peak systole. External carotid velocities are 128 cm/sec.

Antegrade flow is noted in both vertebral arteries.

IMPRESSION:
1. Widely patent right common, internal and external carotid arteries. No evidence of recurrent plaque formation identified.
2. Widely patent left common, internal and external carotid arteries. No evidence of significant carotid stenosis identified.
3. Antegrade flow is noted in both vertebral arteries.

Delos Clift, MD, FACS, RPVI /kmy
Dictated but not edited

cc: Kerry Schwartz, MD

(63)

STUDY RESULTS

- **PATIENT RECEIVING THE VM FORMULA =**

55% had an average decrease of Hgb A1c by 1%

- **PATIENT RECEIVING THE PLACEBO=**

90% had an average increase of Hgb A1c by 1.3%

16 10/12 Y.O. B.M.

Diabetic Type I for 8 years with Retinopathy, Nephropathy and Neuropathy

*3/10/10	14%
4/14/10	10.3%
5/26/10	7.3%
11/10/10	6.6%
2/19/11	6.0%

***Treolife VM and Treolife EFA started**

CONCLUSION

- EFAs – not just empty calories
  - Critical components of healthy membrane
  - All local hormone production and signaling
- Not only essential, but indispensable for good health throughout life
  - Fetus – for healthy nerve cells
  - Elderly – prevent senile degeneration of nerve cells
  - Throughout life – maintain good health
- Deficiency or Imbalance – will lead to the development of one or more of the chronic diseases of modern civilization
  - Diabetes
  - Heart Disease
  - Cancer
  - Obesity
  - Auto-Immune diseases

CONCLUSION

- If you already have one of these diseases, proper EFA supplements and therapy may reduce both morbidity and mortality associated with these diseases.
- Safe for pregnant and lactating women and may reduce occurrence of many serious complications of pregnancy, such as pre-eclampsia, gestational diabetes, post-partum depression.

THE TREOLIFE SYSTEM

TREOLIFE VM

TREOLIFE EFA

U.S. Patent 7,332,181 and 7,875,211

LIFE EXPECTANCY

Adam	930 Years
Methuselah	969 Years
Noah	950 Years
Eber	464 Years
Isaac	180 Years
Jacob	147 Years
Average American	76 Years
American Doctors	58 Years

- Most degenerative diseases are caused by mineral, vitamin, and EFA deficiency.
- All food is medicine, and the best food is the best medicine
- If diet can cause disease, then diet can prevent disease.

RECOMMENDATIONS

Change your diet.

Take an appropriate vitamin, mineral and Essential Fatty Acid supplement.

THE ESSENTIAL TRIO

- Vitamins
- Minerals
- EFAs

SPECIAL THANKS

Janet Williamson

Christine Andrew

And I heard a voice in the midst of the four beasts say, "A measure of wheat for a penny, and three measures of barley for a penny; and see thou hurt not the oil and the wine."

Revelation 6:6

FOR INFORMATION

Amid Habib, M.D.

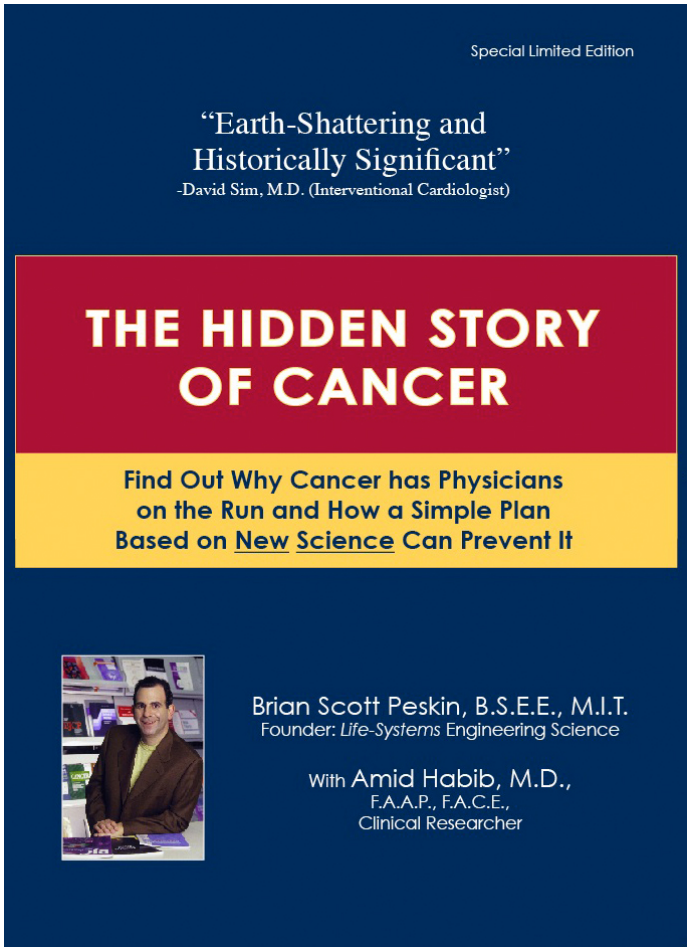
Telephone 407 862-0107

Fax 407-862-1283

Email ahabibmdpec@gmail.com

Website Treolife.com

THE HIDDEN STORY OF CANCER



The Landmark Work on the Prime Cause of Cancer and the New Science that Can Protect You

The Hidden Story of Cancer provides the clearest explanation of the *prime* cause of cancer as well as how to stop its spread. **Fully referenced** from the world's most highly **acclaimed medical textbooks.**

- *Textbook of Medical Physiology*
- *Principles of Medical Biochemistry*
- *Medical Biochemistry – A Clinical Approach, to name just a few...*

Call for Dr. Habib Special Discount!

Toll-Free:1-800-456-9941