

You could read my books. You could read my articles. You could read my reports. You could attend my lectures. You could listen to my CDs. At the end of the day all that really matters are the results you get from following my recommendations. Please take a moment and look at my 64 slice MDCT results and the DPA scan results of exceptional arterial compliance (flexibility). The scan shows 0% plaque in a 52 year-old male that eats plenty of red meat, saturated fats, and exercises very little. The DPA shows my vascular system is close to someone 20 years younger. The only plausible explanation is that my recommendations work! I encourage everyone to delve as deeply as you care to into the science that I provide for your review. For those that don't have the time or inclination, rest assured that I did the job for you. At the risk of repeating myself, I implore you to follow my recommendations so you can lead the full, healthy life you deserve!

Please go to <http://brianpeskin.com/peskinMDCTscan.pdf> and for the DPA scan <http://brianpeskin.com/BP.com/studies.html> to see my scan results and read on for important Parent Essential Oil information.

Parent Essential Oils (PEOs): The DIFFERENCE

I am often asked how my EFA-based recommendations differ from others. The answer is simple but very significant. The term "Essential Fatty Acids" is being misused so frequently that I was compelled to coin a new phrase, *Parent Essential Oils* (PEOs). This term "Parent Essential Oils" refers to **the only two true essential fatty acids:** parent omega-6 (LA) and parent omega-3 (ALA). The term "parent" is used because these are the whole, unadulterated form of the only two essential fats your body demands, as they occur in nature. Once PEOs are consumed your body changes a small percentage of them—about 5%—into other biochemicals called "derivatives," while leaving the remaining 95% in parent form.

This is crucial to understand. 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 such as EPA, DHA and GLA by the term "EFA" is wrong. **Derivatives are not EFAs because they are not essential**—your body has the ability to make them *as needed*. My research has shown that supplementing with the derivatives so commonly found in the marketplace and mislabeled as "EFAs" can easily be harmful to your health.

Why are the parent forms—PEOs—so important? Many of the EFAs sold in the stores consist of manufactured EFA derivatives. Your body doesn't need or want these derivatives, because it makes its own derivatives out of the Parent Essential Oils (PEOs) you consume as it needs them. Taking fish oil and other health-food-store "EFAs" often overdoses you with derivatives, which can be very harmful.

Don't make the common "EFA mistake" by unknowingly substituting derivatives for

parents! **Since the term has become so confused by so many it is time to focus on the essence of what they are and why they are so vital to our health and well-being.**

From this point forward it is Parent Essential Oils (PEOs) that get center stage.

Physicians and health professionals around the world rely on my scrupulously detailed research. Understanding how PEOs work is essential to your daily nutritional regimen. I recommend that everyone always demand to see solid science before taking any supplements or medications so you can avoid future problems.

Importance of Special Fats Called PEOs

Our bodies require special fats that make it possible, among other important functions, for sufficient oxygen to reach the cells. These special fats are highly oxygen-absorbing, and are called EFAs. However, the PEOs (Parent Essential Oils)—*not* the commonly termed EFAs—are what's important. PEOs consist of parent omega-6 and parent omega-3. "Parent" means they are the *whole* form of the essential oil as it occurs in nature before it's broken down or built up into other biochemical substances, which are called "derivatives."

Why are the parent forms—PEOs—so important? Many of the EFAs sold in the stores consist of manufactured EFA derivatives. Your body doesn't need or want these derivatives, because it makes its own derivatives out of the Parent Essential Oils (PEOs) you consume *as it needs them*. Taking fish oil and other health-food-store "EFAs" often overdoses you with derivatives, which can be very harmful. However, PEOs *are* essential and *must* be supplied from outside the body every day, from foods and certain oils. Your body can't manufacture PEOs (commonly termed EFAs) on its own—

they MUST be consumed daily.

Every one of your 100 trillion cells is surrounded by a membrane (a thin enclosure). The cell membrane is half fat—it contains virtually no structural carbohydrate. A portion of the fat making up the membrane is saturated. "Saturated" means chemically nonreactive—in other words, it doesn't easily react with, or absorb, the oxygen that comes into contact with it. The other portion of the fat in the membrane is, however, "unsaturated"—it **DOES** easily absorb oxygen. One of the major functions of unsaturated (also called "polyunsaturated") fats in the cell membrane is to help the inside of the cell absorb oxygen. The saturated fats in the membrane function as a barrier to help protect the delicate, highly reactive, **oxygen-absorbing, energizing**, unsaturated fats in the membrane.



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THE PHYSICIAN'S CONCISE GUIDE TO:

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The Truth Gets Published About PEOs in 2009/2008

*The AHA Champions Omega-6
So Close Yet So Far—Omega-3 & Heart Disease
Confirmed: EFA Derivatives Made "As Needed"*



Dedicated to advancing and publicizing the science and discoveries of Prof. Brian Peskin.

There is simply no one better in the 21st century at developing practical health-related solutions based on the world's leading medical and nutritional science. **"Science - Not opinion" is Brian's trademark.** When Brian is through explaining a topic it is "case closed!" When he says it, you "can take the information to the bank!"

Unlike most of his peers' recommendations, Brian's health and nutritional recommendations have stood the test of time. **Brian has never had to reverse or significantly alter any of his medical reports—reports that have tackled everything from the dangers of soy, to the wrongly popularized need for fiber in the diet, to his warning about the potential harm of supplementing with copious amounts of omega-3.** In 1995 he published the report "Fiber Fiction" and finally, eleven years later, others in research are acknowledging the silliness of recommending fiber in the diet of a human being. Brian's latest crusade is to warn of the dangers of excess omega-3 (in particular, fish oil) and how it will lead to increased cases of skin cancer. The list goes on and on...

Brian received an appointment as an Adjunct Professor at Texas Southern University in the Department of Pharmacy and Health Sciences (1998-1999). **The former president of the University said of his discoveries: "...His nutritional discoveries and practical applications through *Life-Systems Engineering* are unprecedented."** Brian earned his Bachelor of Science degree in Electrical Engineering from Massachusetts Institute of Technology (MIT) in 1979. Brian founded the field of *Life-Systems Engineering Science* in 1995. This field is defined as *The New Science of Maximizing Desired Results by Working Cooperatively with the Natural Processes of Living Systems*. To many, Brian is THE MOST TRUSTED AUTHORITY ON HEALTH AND NUTRITION IN THE WORLD.

Brian continues to be a featured guest on hundreds of radio and television shows both nationally and internationally. His sheer number of accomplishments during the last decade of the 20th century and into the 21st century are unprecedented and uniquely designate him as the #1 authority in the world of what really works and why. Forget listening to the popular press or most popular so-called health magazines. Their editors simply don't understand the complicated science that they write about - they merely "parrot" what everyone else says without independent scientific verification. Their recommendations often have no basis in reality of how the body works, based on its physiology.

Brian has dedicated his life to provide the truth—which is almost always opposite to what everyone says. Here's why Brian is the #1 man in America to listen to when it comes to your health.

Major Newsflash 2009: American Heart Association Champions Omega-6 PUFAs to Counter Popular Nutrition Advice.

There is important ground breaking information that all cardiologists need to know¹:

A great deal of discussion in the world of nutrition has given omega-6 fatty acids a bad reputation, which, according to the American Heart Association is unfounded. The debate came about because one of the components of omega-6 fatty acids, called arachidonic acid, is a “building block” for some inflammation-related molecules. This had led to concern that omega-6 consumption would lead to a greater risk of heart disease.

“*That reflects a rather naive understanding of the biochemistry,*” says William S. Harris, Director of the Metabolism and Nutrition Research Center of the University of South Dakota Sanford School of Medicine and the nutritionist who led the science advisory committee that issued the report in *Circulation*. **‘Omega-6 fatty acids give rise to both pro-inflammatory compounds *and* anti-inflammatory compounds.** To say that they are bad because they produce pro-inflammatory compounds ignores the fact that **they [Parent omega-6] give rise to anti-inflammatory compounds** as well,’ he explains.

“‘There has been a lot of talk about this concern,’ says Dr. Robert H. Eckel, a professor of medicine at the University of Colorado and a **past president of the American Heart Association.** **‘I’m glad that the American Heart Association went ahead and looked into the evidence of such a harmful effect, and it just isn’t there.** This will comfort everyone who likes vegetable oil as part of a healthy diet.’

1 The above newsflash was based on the following 3 articles: Heartwire 2009, © 2009 Medscape, January 28, 2009 (Dallas, Texas), based on *Journal of the American Heart Association*, Ref.: **AHA Science Advisory**, Harris WS, Mozaffarian D, et al., “Omega-6 Fatty Acids and Risk for Cardiovascular Disease: A Science Advisory From the American Heart Association Nutrition Subcommittee of the Council on Nutrition, Physical Activity, and Metabolism; Council on Cardiovascular Nursing; and Council on Epidemiology and Prevention,” *Circulation*, February 17, 2009; 119(6): 902 - 907, and American Academy of Anti-Aging Medicine referenced February 2, 2009 at http://www.worldhealth.net/news/concern_about_omega-6_fatty_acids_lead.in.

“According to Dr. Dariush Mozaffarian (Harvard University, Boston, MA) one of the advisory writing group members, the AHA (American Heart Association) has zeroed in on omega-6s to *counter nutritional advice from other sources that has de emphasized the role for plant-based PUFAs.*

“‘[O]mega-6 PUFAs also have powerful *anti-inflammatory properties* that *counteract any pro inflammatory activity,*’ say the advisory authors. *‘It’s incorrect to view the omega-6 fatty acids as “pro inflammatory.” Eating less linoleic acid will not lower tissue levels of arachidonic acid* because the **body tightly regulates the synthesis** of [arachidonic acid] from [linoleic acid]...’ states lead author for the writing group, Dr. William S Harris.”

Dr. Harris continues:

“‘[W]e’re telling people **not to stop eating their omega-6.**’

“Advice to reduce omega-6 PUFA intakes is typically framed as a call to lower the ratio of dietary omega-6 to omega-3 PUFAs. (medical journal article references 1– 4) Although **increasing omega-3 PUFA tissue levels does reduce the risk for CHD**, (medical journal article references 77 and 78) *it does not follow that decreasing omega-6 levels will do the same. Indeed, the evidence considered here suggests that it would have the opposite effect. Higher omega-6 PUFA intakes can inhibit the conversion of alpha-linolenic acid to eicosapentaenoic acid,(79) but such conversion is already quite low, (80) and whether additional small changes would have net effects on CHD risk after the other benefits of LA consumption are taken into account is not clear.*

“**To reduce omega-6 PUFA intakes from their current levels would be more likely to increase than to decrease risk for CHD.**” [Emphasis added.]

► **Life-Systems Engineering Science Commentary**

The first quote above, “reflects a rather *naive understanding of the biochemistry*” says it all. You have already discovered that omega-6 is the substrate for PGE₁, the body’s most potent anti-inflammatory. Unfortunately, today’s physicians, nutritionists, and athletic trainers simply and naively “parrot” what they read. Yet, nowhere to be found in any of these articles is there a

discussion about the adulterated, nonfunctional, non-oxygenating, destroyed omega-6 PEOs caused by food processing requirements, which stop oxygen transfer. That is the FUNDAMENTAL issue that was completely overlooked. Regardless, this is an amazing, long overdue revelation for the American Heart Association. For the cardiologists of the American Heart Association, this new line of reasoning is truly revolutionary.

There is more insight this article offers to health professionals. Although many physicians mistakenly think that parent-to-derivative conversions are very high, these researchers understand that the parent-to-derivative omega-3 conversions are ALWAYS very low (likewise with the omega-6 series conversions, too). As you have already discovered, the conversion rate is a mere 1% - 5% with at least 95% of the parent PEOs of both omega-3 and omega-6 series STAYING in PARENT form.

Newsflash 2008: So Close, Yet so Far The Importance of Parent Omega-3 is Stressed in the article “Alpha-Linolenic Acid and Risk of Nonfatal Acute Myocardial Infarction”²

In a study of heart disease in Costa Rica some important discoveries confirm the science of parent omega oils you have already discovered in this book [*The Hidden Story of Cancer*]:

“Greater alpha-linolenic acid [**parent omega-3**] assessed either in adipose or by questionnaire was associated with **lower risk of myocardial infarction** [heart attack]. [Note: Finally, researchers are noting the importance of the “parent” EFAs.]

“Similarly, **low intakes of alpha-linolenic acid** can be found in developing countries where **cardiovascular disease is on the rise**. [Note: there is no mention of the importance of unadulterated parent omega-6.]

“**Fish intake was similar in cases and controls**, and the variation within each group was large.... **Fish** or eicosapentaenoic acid [**EPA**] and docosahexaenoic acid [**DHA**] intake at the levels found in this population **did not modify the observed association**. [I want to make this very clear: The level of fish consumption didn’t matter. Given all of fish oils supposed miraculous claims, didn’t these researchers wonder why? However, the researchers understand that the parent omega-3 did something the derivatives didn’t do.]

“Alpha-Linolenic acid in adipose tissue ranged from 0.36% in the lowest decile to 1.04% in the highest decile. [Note: **parent omega-6 is approx. 15-35 times more** predominant in bodyfat (triglycerides) and even in plasma triglycerides **parent omega-6 is approx. 17 times**

² Hannia Campos, PhD; Ana Baylin, MD, Dsc; Walter C. Willett, MD, DrPh, *Circulation*, 2008; 118:339-345.

more predominant, too.³ Researchers should question why this is so.] The article continues...

“Conclusions – Consumption of vegetable oils rich in alpha-linolenic acid [**parent omega-3**] could confer **important cardiovascular protection**. The apparent protective effect of alpha-linolenic acid is **most evident among subjects with low intakes**.

“The potential anti-inflammatory effects of alpha-linolenic acid could be mediated in part through its conversion to EPA and DHA by the action of desaturase and elongase enzymes. However, the finding that this conversion is generally low (<8%) and the observation of poor correlations between dietary alpha-linolenic acid and long-chain fatty acids in adipose tissue, plasma, or erythrocytes in this study suggest that **alpha-linolenic acid could exert direct protective anti-inflammatory effects**. [Note: The researchers are aware of the fact and admit that there is little derivative conversion. Therefore, doesn't it occur to them that fish oil supplements give pharmacological overloads and that they should be warning America? The researchers are also misleading Americans.]

“In summary, consumption of vegetable oils rich in alpha-linolenic acid [**parent omega-3**] could confer **important cardiovascular protection**.” [Note: The researchers understand that parent omega-3 is important.] (Emphasis added.)

► *Life-Systems Engineering Science Commentary*

I'd expect much, much more from Harvard. In this *Heart Journal* article, these Harvard School of Public Health researchers show their woefully child-like knowledge of the physiology and biochemistry of EFAs and PEOs. No wonder these researchers continue to make so little progress. The researchers make the claim that because fish is becoming scarce and “the important omega-3 derivatives” (which you already discovered aren't fundamental) will be lacking, that parent omega-3 can take some of its place. This is a

3 Spector A., “Plasma free fatty acid and lipoproteins as sources of polyunsaturated fatty acid for the brain,” *J Mol Neurosci* 2001;16:159-165, Watkins, PA, Hamilton JA, et al., Leaf A, et al., “Brain uptake and utilization of fatty acids: Applications to peroxisomal biogenesis diseases,” *J Mol Neurosci* 2001;16:87-92, and Peskin BS, Report: “The Essential Cardiologist: A New Look at Cholesterol, Cancer, Clogged Arteries & EFAs,” pgs 26-27, Pinnacle Press, 2008, “Metabolism of essential fatty acids by human epidermal enzyme preparations: evidence of chain elongation,” R.S. Chapkin, et al., *Journal of Lipid Research*, Volume 27, pages 945-954, 1986. Additional reference: Agneta Anderson, et al., *American Journal of Endocrinological Metabolism*, 279: E744-E751.

completely backward and incorrect analysis. However, the case for parent omega-3 is becoming clear to these researchers. Tragically, they don't at all mention the vast importance of parent omega-6.

2008 MAJOR NEWSFLASH: CONFIRMED—EFA Derivatives Made “As Needed”

I thank Soram Khalsa, MD, an extraordinary board-certified internist utilizing complementary medicine for sending me this article showing how PEOs do indeed allow creation of plenty of EFA derivatives in the body, exactly like this book, [*The Hidden Story of Cancer*] has stated.

“Flaxseed oil and fish-oil capsule consumption alters human red blood cell n-3 fatty acid composition: a multiple-dosing trial comparing 2 sources of n-3 fatty acid,” *American Journal of Clinical Nutrition*, Vol. 88, No. 3, 801-809, September 2008, reports the following:

“Background: An increase in plasma n-3 fatty acid content, particularly eicosapentaenoic acid (20:5n-3; EPA) and docosahexaenoic acid (22:6n-3; DHA), is observed after consumption of fish oil-enriched supplements. Because alpha-linolenic acid (18:3n-3; ALA) [parent omega-3] is the direct precursor of EPA and DHA, ALA-enriched supplements such as flax may have a similar effect, *although this hypothesis has been challenged because of reported low conversion of ALA into DHA.*

“Conclusions: The consumption of ALA-enriched supplements for 12 wk was sufficient to elevate erythrocyte EPA and docosapentaenoic acid content, *which shows the effectiveness of ALA conversion* and accretion into erythrocytes. *The amounts of ALA required to obtain these effects are amounts that are easily achieved in the general population by dietary modification.* (Emphasis added.)

Is there more confirmation of the fact that PEO derivative amounts in the body converted from ALA and LA are normally extremely low? YES. The medical journal *Lipids Research* published, “Long-chain conversion of linoleic acid and alpha-linolenic acid in response to marked changes in their dietary intake in men,”⁴ with the very same type of result back in 2005, if anyone would care to look:

4 Hussein, Nahed, et al., *Journal of Lipid Research*, Volume 46, 2005, pages 269-280.

“Although an increased intake of dietary ALA might be **expected to up-regulate ALA conversion**, *this has . . . not been found...*”

“Overall conversion rates of LA and ALA, calculated from peak [¹³C] LCP concentrations adjusted for dietary influences on pool sizes of LA and ALA, were low and of similar magnitude overall for AA and EPA (**0.18% and 0.26%**; Table 2). LA→DGLA and AA formation was significantly lower on the FXO diet in each case, with ALA→EPA and DPA formation on average higher on the FXO diet, although the differences were not significant. Conversion of tracers to DHA was much less. [Note: **We see PEO conversion rates of less than a mere 1%**. The same less than 1% conversion rates held for DGLA, DHA, and DPA.]

“Few studies have attempted more than **relatively crude estimates of isotope transfer** from tracer into the various trace pools, and it is recognized that AUC *values will overestimate true conversion rates* and provide only approximate relative rates of transfer.” [Note: This is why so many health professionals have been misled into thinking the PEO-to-derivative conversion rates are much higher than they actually are.] [Emphasis added.]

There were other published warnings about the overestimate of parent-to-derivative amounts. The article, “Comparison of bolus versus fractionated oral applications of [¹³C]-linoleic acid in humans,” *European Journal of Clinical Investigation*, Volume 29 Issue 7, Pages 603 - 609, had this to say regarding over-estimations of derivatives:

“Conclusions: Using areas under the curve [the simple, standard method of analysis] overestimates the conversion, because different residence times are *not considered*.” [Emphasis added.]

► **Life-Systems Engineering Science Commentary**

There you have it. The conversion from “parents” into “derivatives” has been overestimated by most researchers. Pharmacological overloads of derivatives, *particularly from fish oil* (or evening primrose oil alone and borage oil alone), are not required and can be extremely harmful. A dietary supplement should contain PEOs with few derivatives.



THE PHYSICIAN'S CONCISE GUIDE TO:

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Parent Essential Oils,
& Heart Health
5 Important PEO Studies



How Much Plaque Does “The Professor” Have?

Dear Friends and Supporters,

Many of you have been questioned by well-intentioned family members and friends when discussing my nutritional recommendation to eat plenty of natural fats and protein along with minimizing your carbohydrate intake – the opposite of what most “experts” say. As if that’s not enough for the well-intentioned but woefully ignorant experts, I drive them over the edge with my recommendation of an *unadulterated* parent omega-6/3 blend with more parent omega-6 than parent omega-3.

As you’d expect, these same naysayers have said that heart disease must be in my future. As my loyal supporters have come to realize over the years, my recommendations are based on solid, state-of-the-art science, not the latest fad or opinion. “Science – Not Opinion” is my motto.

Because of my work, which includes lecturing, traveling with little notice and even less sleep, and of course the commensurate stress, I also have not exercised in over six months. I keep both early and late hours, eat lots of SATURATED fat enjoying lots of cheese and eggs with virtually no fiber, add lots of salt, enjoy a big 16 oz. steak at least every other day, eat few fruits or vegetables (just 1-serving a day (if even that) vs. the “expert’s” recommendation of 5), and even drink alcohol – **I consistently don’t follow the conventional wisdom** on how to be heart healthy. The “experts” would wrongly conclude that I am a heart attack waiting to happen.

Recently, I had a 64-slice MDCT scan to measure the plaque in my arteries by a top Florida radiologist. I was visiting with this expert radiologist, Dr. Kagan, because he contacted me after recently scanning one of his patients that had started following my protocol recommendations within the last year. Even though the patient was *in his 60’s and a smoker, he amazingly had 22% less calcified plaque in his coronary artery walls* than the scan from the previous year. Dr. Kagan was amazed and astounded because plaque rarely decreases in anyone – never in a smoker. So I traveled to Fort Lauderdale to personally meet with this physician. Dr. Kagan kindly offered to scan me. This is a state-of-the-art machine. (NOTE: Yes, there is radiation in the scan (about 3 years worth of ambient, natural outdoor levels) but that is of little concern to me because, as you may recall, I go into great detail explaining why in “The Hidden Story of Cancer.”

Guess what? The scan couldn’t detect any hard plaque in my artery walls–the lowest possible coronary risk! That’s right–this is where you want a zero–not a 100.

As stated on the file – I have “a perfect score of 0 – the lowest possible coronary risk.”

A plaque-free scan almost never happens because the average person develops 30% additional volume of plaque in the artery wall each year. (NOTE: If you have 10% plaque this year then just 8 years later you’ll have typically 75% hard plaque volume–a BIG PROBLEM and a big risk for heart attack.)

Please view the following pages to see the results for yourself and also, please pass the PEOs, the steak, the full-fat cheese, and hold the exercise!

Based upon your results our Cardiology Advisory Panel recommend the Clinical Actions below:

Recommendations for all

- Diet low in fat and low to moderate carbohydrate intake
- Regular Exercise Program (a total of 30 minutes at least 3 times per week)
- Stop Smoking (Active AND Passive)
- Avoid Mental Stress

Recommendations for Zero Score

No action needed apart from a healthy lifestyle.

perfect score!
Zero plaque

Recommendations for Positive Score

Modifiable risk factors

- If obese- weight reduction program
- If hypertensive- adequate blood pressure control
- If diabetic- adequate blood sugar control
- If hypothyroid- adequate thyroid replacement

If Calcium Score is >400, or plaque is present in proximal vessel section or plaque is densely concentrated we recommend

- Stress testing
- Myocardial Scintigram (Thallium)

If the above is abnormal we recommend

- Conventional (Catheter-based) Coronary Angiogram
- CT Coronary Angiogram

Medications

- Aspirin 300mg once a day after food
- Enteric-coated aspirin (Cartia) 100mg daily

Antioxidants

- Vitamin C 500mg once a day
- Vitamin E 400IU once a day

B Complex Vitamins

- Folic Acid 5mg 3 times a day
- Vitamin B6 10mg once a day

Statins

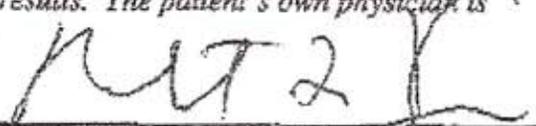
If calcium score is positive give statins accordingly.

If plaque is proximal or dense- Give Statins even if Cholesterol normal

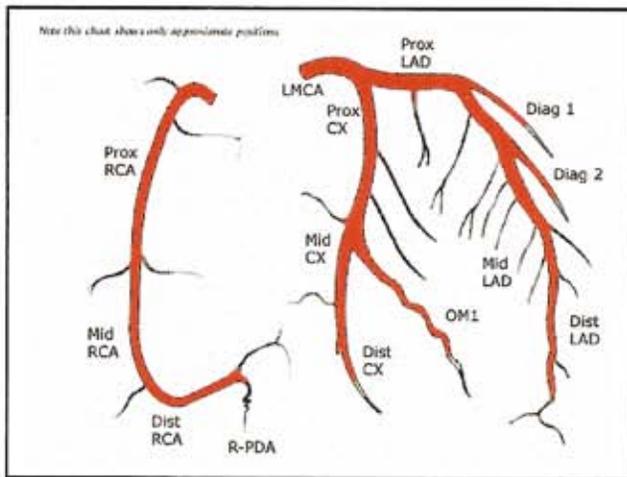
Repeat CT in ___ Years to measure any change in coronary plaque

The Body View scanning facility is intended as a coronary artery disease risk assessment testing facility only and is not considered a substitute for a physician's examination. All recommendations from our center are based solely upon information supplied by the conventional risk factor questionnaire and by the CT scan results. The patient's own physician is best able to make definitive therapeutic decisions.

Impression - Normal
No evidence of any
coronary artery disease
Lowest possible coronary
risk.


Robert L. Kagan M.D.

This diagram demonstrates the **LOCATION** of calcified coronary plaque but does **not** necessarily indicate the presence of a significantly narrowed artery.



Key
 LMCA= left main
 LAD= left anterior descending
 CX= left circumflex
 RCA= right coronary artery

RESULTS

Calcium Plaque Burden

Artery	# Plaques	Plaque Burden	
		Volume (mm ³)	Calcium Score
Left Main	0	0	0
Left Anterior Descending	0	0	0
Left Circumflex	0	0	0
Right Coronary	0	0	0
Other			
Total	0	0	0

Your Calcium Score is 0

Interpretation of calcium score-

Total Score	Diagnosis	Clinical Interpretation
0	No identifiable atherosclerotic plaque. Very low cardio-vascular disease risk	A 'negative' examination. Greater than 95% chance for absence of coronary artery disease.
1 – 10	Minimal plaque burden.	'Significant' coronary artery disease very unlikely.
11 – 100	Mild plaque burden.	Likely mild or minimal coronary stenosis.
101 – 400	Moderate plaque burden.	Moderate non-obstructive coronary artery disease highly likely.
Over 400	Extensive plaque burden.	High likelihood of at least one 'significant' coronary stenosis (>50% diameter.)



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June 18, 2008

Jonathan Collin, MD
Letter to the Editor
Townsend Letter
911 Tyler Street
Pt. Townsend, WA 98368

Re: Parent Essential Oils (PEOs)
Brian Peskin, BSEE

Dear Dr. Collin:

In addition to my diagnostic radiology practice which includes CT, MRI, PET and Ultrasound examinations requested by healthcare providers for diagnostic purposes, I have a small private practice devoted to preventive medicine. These patients have yearly whole body scans utilizing a 64-slice multidetector CT scanner (MDCT) which includes coronary calcium scoring for detection of coronary artery disease (CAD). Also included is an extensive blood and urinalysis panel. The concept is that the whole body scan will detect anatomic abnormalities prior to their progression to a symptomatic phase and the laboratory testing (blood & urinalysis) will detect functional abnormalities in a preclinical stage. The most common pathology that I find is asymptomatic coronary artery disease (CAD) since the coronary calcium scoring detects hard plaque within the wall of the vessel. This build up of plaque within the wall of the vessel will occur many years prior to any symptomatology.

One of my patients, a 68-year old male, smoker, I have followed on yearly basis beginning in 2005. In addition to the calcium score, the test also provides the volume of plaque, which is the best number for follow up to evaluate of the progression of plaque burden. The score is based on the density of plaque but the volume is the amount of plaque. In spite of all routine conventional treatment which included blood pressure medication, a "statin" drug, high-dose niacin, co-enzyme Q-10, and a daily aspirin, his coronary plaque volume continued to progress, although an acceptable slow rate.

(continued)

Re: Parent Essential Oils (PEOs)
Brian Peskin, BSEE

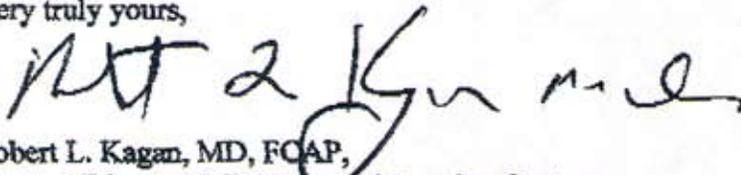
Page 2 of 2

Date:	Coronary Artery Total Plaque Burden (volume):
04-22-05	26
07-11-06	36
03-05-07	39
04-21-08	30

As you can see, for the first time from 2007 to 2008, the volume of plaque decreased from 39 to 30, which is a decrease of 22% when annualized on a yearly basis. *I have never seen a decrease of coronary artery plaque volume by more than 5% in one year.* My goal is usually just to stop the increase in plaque. Naturally, I was quite curious and called the patient to inquire about what else he was doing in addition to the traditional reduction in cardiac risk factors that I was aware of. He told me the only thing different about his regimen was the "oxygen pills" that he was taking for the past 8 months. Through my investigation, I finally traced the "oxygen pills" to the parent essential oils (PEO) advocated by Professor Brian Peskin. I was able to contact Professor Peskin who sent me a copy of his article recently published in your newsletter called "Vytorin Failure Explained - A New View of LDL". Needless to say, personally, I have stopped taking my "statin" drug (Lipitor) and I have now implemented Professor Peskin's "Parent Essential Oils" (PEOs) recommendation to my therapeutic regimen.

Thank you for publishing this important article. It should be required reading for any physician treating coronary artery disease (CAD) today.

Very truly yours,



Robert L. Kagan, MD, FQAP,
Medical Director, MRI Scan and Imaging Centers
RLK/fm

Do others also have these amazing results? YES...

PEDIATRIC ENDOCRINOLOGY CONSULTANTS, P.A.
AMID HABIB, M.D., F.A.A.P., F.A.C.E.

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June 27, 2008

Professor Brian Peskin, BSEE
99 North Post Oak Lane, #3208
Houston, TX 77024

Dear Brian:

I read, with interest, the article entitled "Vytorin Failure Explained - A New View of LDL" you wrote with Dr. David Sims in the June 2008 issue of Townsend Letter.

My mother and I have been taking your Omega 3 & 6 Protocol for almost 7 years. I had a 70% occlusion of my right carotid artery back in 2000, which required surgical intervention and 7 years later, on your protocol, there is no evidence of any plaque or occlusion. My mother had a 50% occlusion in both carotid arteries 7 years ago and, the occlusion is now down to 15 to 20%. Both of us have elected not to use any statin drugs.

Best personal regards.

Sincerely,



Amid Habib, M.D. F.A.A.P., F.A.C.E.

AH:jw

Appendix IX

TWO CASE STUDIES

David Macphail (02/14/07)

Results of High Omega-3/Fish Oil Supplements vs. Scientifically Correct Parent Omega-6/3 Ratio

When I contacted you prior to converting to your recommended ratio of Omega-6 to Omega-3, you said I would be amazed by the results of the scientifically correct parent omega-6/3 ratio. I am more than amazed.

I have been taking the suggested oil mixture (1 teaspoon per day or four 725 mg. capsules) for about two weeks. The results to date have far exceeded my expectations. A few areas of marked improvement are:

Weight Loss

Since starting on your program I have lost 6.5 lbs and 1.5 inches at my waist.

Cravings

For most of my life I was a “carboholic,” craving sweets and other carbohydrates. I could, and often did, eat large amounts of pasta and bread. This is one of the big factors that brought on type II diabetes (it is also abundantly clear now that I suffered from long-term chronic EFA deficiency, which is common to most, if not all, diabetics). Since starting on the EFA mix, my carbohydrate cravings have mostly disappeared. And my appetite has greatly decreased.

Bruising and Cuts

I noticed that my gums started to bleed profusely a few months after I began taking fish oils. Also, minor cuts did not easily clot.

Surprising to me, after taking the correct EFA mixture for only two weeks, my gums do not bleed at all – not one drop of blood. In fact, I have noticed that I am much more resistant to bruising and minor cuts. I am amazed, just as you said I would be. Note that *The Hidden Story of Cancer* explained precisely why this result would be expected to happen and does happen.

Skin

I have had skin problems most of my life. These became chronic after I was exposed to photo finishing chemicals between 1965 and 1973. During that period I developed weeping eczema on my face and neck. Later I developed chronic psoriasis on my scalp, with the characteristic itching and scaling of the skin. Also, since a teenager I have suffered from chronic dry skin and often heavy flaking in the area of my eyebrows.

Starting in approximately 1975 I have suffered from chronic red blotchy inflammation and irritation of the skin on my face. This was frequently accompanied by small open sores as well as oozing sores on my scalp. Interestingly, high omega-3 oils like flax and fish oils seemed to exacerbate my skin conditions. When taking these oils, I would develop on an intermittent basis a severe inflammation accompanied by a psoriasis-like scaling of the skin around the base of my nose

Specifically, when I started taking fish oils, the inflammation and blotchiness of my face was exacerbated and the skin burned and stung almost constantly.

Amazingly, after taking the correct EFA mixture for only two weeks, my face has almost completely cleared up. The skin now feels like velvet. The constant burning sensation has been replaced by a soothing, cool feeling. When I have a bath, the skin on the back of my hands takes on a pink translucent appearance, like the skin of a new born baby. At times you can now see all the blood vessels through the skin – pink and vibrant.

Also of interest is the change in the tension of the skin in my eyelids. For some years now, the flesh of my eyelids has been somewhat inflexible so that the lids did not open and close properly. Because of this, I was constantly pushing the flesh of my brow back to stretch the eyelids. This problem has disappeared in the past few days.

Hearing

I awakened about 5:00 AM today to an unfamiliar silence. I have had tinnitus (ringing of the ear), sometimes severe, for more than 15 years. When I got up it was gone and has not returned. I am overjoyed.

Pulse

Also of significance is the softening of my pulse over the past few days. For the past four or five years my pulse has felt so strong that I would often feel the flow of blood pulsing in my neck. When lying in bed at night, I could often hear my heart beating. This greatly concerned me. My pulse is now so soft it is hard to detect in the carotid artery.

Exercise

When I was taking fish oil supplements I was getting lactic acid accumulation, causing the familiar “burning” from what I would categorize as minor physical activity. Something as simple as bending over for a prolonged period left my back and thighs aching for hours, sometimes days. Now that I have greatly reduced my carbohydrate consumption and added your suggested EFA supplementation with the scientifically correct parent n-6 to n-3 ratio, I am cycling 40-50 miles most days with good energy, minimal hunger and no lactic acid build-up. My legs may get fatigued, but they do not ache.

Energy

I was “continually dragging” when I was on fish oils. I was constantly tired and fatigued no matter how long I slept.

Wonderfully, after taking the EFA mix for only two weeks, my energy is “off the scale.”

Instead of going to bed at 9:30 or 10:00 PM, I am often wide awake at 12:00 AM or later. Of late I am waking completely alert and rested at 5:00 AM or 5:30 AM.

I am energized all day with no flat spots.

The Hidden Story of Cancer

The problem I am having now is getting to sleep at night. Yep... I now have MANY extra productive hours.

Mental Clarity

On fish oils I often felt sluggish and it was an effort to concentrate. After taking the EFA mixture for only two weeks, my ability to focus for extended periods is fantastic.

Blood Speed

I recently cut myself. I was surprised to see how quickly the blood gushed from the wound and ran down my arm. It was as thin as water and ran just as fast. However, after only a few seconds of pressure applied to the wound the flow of blood quickly stopped.

In Conclusion

With fish oils gaining momentum as the “salvation of mankind,” I imagine you will run into one heck of a fight on all flanks (if you are not already in one). At the end of the day most people are entrenched in a position within their field for one reason—money. So it will be really interesting to see who is really in the health field for humanitarian reasons.

Dr. Warburg could not have made the primary cause of cancer more obvious if he kicked in people’s front teeth. Yet the only response he got was a collective “DUHHH.....we don’t get it” from the medical community. I hope you have better luck.

Your book is a disturbing indictment of the inability, or perhaps more to the point, a conscious and premeditated unwillingness on the part of the scientific and professional community to pursue scientific fact. To paraphrase another philosopher, Thoreau:

“For every scientist and medical professional hacking at the roots of cancer, there are tens of thousands hacking at the branches or even studying the leaves of the tree.”

You have the cancer issue “by the throat” while others are clueless. Thank you for this superb development. I can see why Dr. Vonk said of your work:

“Impeccable research and novel insights of sheer genius. Brian’s accomplishment is singular—no groups, no public money, only elegant science showing how proper use of EFAs is the missing link

for practical application of Otto Warburg's discovery. This knowledge is priceless for your future health."

Brian N. Vonk, MD

Board certified:

Internist, Cardiologist, Radiologist

Tom Sommerfield (05/04/09)

Results of Peskin Protocol PEO Blend in Reducing Both Systolic and Diastolic Blood Pressure

I measure my blood pressure within 15 minutes of getting out of bed each morning. I have normal to excellent blood pressure in the range of 128 over 86. The reading used to go up and down within a range of approximately 126 to 136, but rarely above this. **Since I started on your PEO recommendation, I noticed my BP slowly dropping into the range of 122 over 81.** In addition, it remained almost constant in this range, with a few departures down to 107 over 79. **I have not recorded [excellent] BP like this since I was in my twenties.**

I decided to try an experiment, and stopped taking the PEOs, but continued with minerals and my other regimen of 2000 mg Vitamin C per day. **Within one week of not using the PEOs, my BP went up again to its old level and again showed some departures, mostly upwards. Back to the PEOs and within one week, the BP came back down to the new range. I repeated this four times over the last three months, always with the same result.** Knowing the metabolic significance, I was not surprised at the result, but I was surprised at how large the difference was between on and off the EFA's — very interesting to me.

Tom Sommerfield, Singapore

[Note: This is an exceptional yet fully expected result based on vascular tissue physiology and the powerful biochemical action of the PEO recommendation.]