

SUMMARY OF POWERPOINT TO LFDV ELITE MEMBERS

("Protandim: A Medical Discovery," by Daniel Royal, DO, HMD, JD, LifeVantage, San Diego, CA, 1-21-11)

Slide #1

Dr. Daniel F. Royal did his undergraduate work at Brigham Young University and the University of Nevada at Las Vegas, where he graduated with a BS in Biology in 1985. In 1989, he graduated from the College of Osteopathic Medicine of the Pacific in Pomona, California where he received a Doctorate of Osteopathic Medicine. He obtained Board Certification with the American College of Osteopathic Family Physicians in 1996. In 1998, he attended the William S. Boyd School of Law where he graduated in 2002 and passed the Nevada State Bar and is currently licensed to practice law. Prior to passing the Nevada State Bar Exam, Dr. Royal had taken and passed the United States Patent Bar Exam. Currently, Dr. Royal is licensed to practice both osteopathic and homeopathic medicine in Nevada and he maintains medical licenses in Utah and Wisconsin. He has been married to Cheryl Ohrn for 29 years. They have four children and two granddaughters.

Slide #2

Here is the first case study I did with Protandim. I wanted to see if Protandim would increase my own antioxidant or Spectrox levels. So, I got a baseline SpectraCell Test, took one (1) Protandim daily for three (3) months, and repeated my SpectraCell Test. Notice here that Spectrox, a general measurement for antioxidants, and Selenium both normalized after taking only one (1) Protandim daily for 3 months for a 100% improvement. The Lab Director for SpectraCell, Dr. Fred Crawford, PhD, had previously told me he didn't believe nutritional deficiencies could be corrected in less than 6 months. Also, I had previously observed in my patients that we would correct nutritional deficiencies only to find that new deficiencies would appear. Rarely, did a patient have a follow-up test, and almost never a baseline, where there were "no [nutritional] deficiencies" present.

Slide #3

I decided to repeat the study on other patients by doing the following:

1. Getting a baseline SpectraCell MicroNutrient test;
2. Taking Protandim for 3 months; and
3. Getting a post SpectraCell MicroNutrient test.

Slide #4

This patient took one (1) Protandim daily X 3 months. She has fibromyalgia. Notice that she went from 7 deficiencies to 1 with 2 that were improved for a total improvement of 82%.

Slide #5

This patient took two (2) Protandim daily X 3 months. He has hypertension. Notice that his deficiency corrected with no new deficiencies. Yet, Spectrox remained unchanged. This is an important observation because I expected Spectrox to improve, not nutritional deficiencies to correct. Total improvement here is 100%.

Slide #6

This patient took one (1) Protandim daily X 3 months. She has no problems clinically. Notice that all 5 of her deficiencies corrected with one of them still improving. Spectrox is approaching the normal value of 65%. However, if this patient has no problems now, she may develop problems if these subclinical deficiencies are not addressed. Patients are simply not aware of these conditions without testing for them. Total Improvement here is 80%.

Slide #7

This patient took one (1) Protandim daily X 3 months. He is has hypothyroidism. This is actually a typical result seen in patients not taking Protandim wherein the original deficiency disappears only for new deficiencies to appear. This patient, along with one other subject, did not improve after 3 months. Both of these individuals are former athletes—this one is a former professional basketball player. Nevertheless, when I followed the other subject an additional 3 months, for a total of 6 months, he showed a complete reversal in results during the second 3 months.

Slide #8

This patient took one (1) Protandim daily X 3 months. She is menopausal. Notice here that all 3 deficiencies corrected with one of them improving to the borderline normal value for B12 of 14%. Oddly, Spectrox is decreased. It appeared the body was correcting nutritional deficiencies before increasing its antioxidant level. I now believe that if I'd continued the study on for at least 6 months or longer, I would have begun to see antioxidant levels more consistently starting to rise and optimize but not until after the nutritional deficiencies had first been corrected. Total improvement here is 100%.

Slide #9

This patient took one (1) Protandim daily X 3 months and repeated it again for another 3 months. He has no problems. This is the other subject that did worse after his initial 3 months. So, SpectraCell allowed me to follow him for another 3 month interval for a total of 6 months. Notice that all 6 of his deficiencies corrected. Total improvement here is 100%.

Slide #10

This patient took two (2) Protandim daily X 3 months. She has chronic fatigue. Notice that all 6 of her nutritional deficiencies corrected. Total improvement here is 100%.

Slide #11

This patient took one (1) Protandim daily X 6 months. He has kidney failure. Notice that all 5 of his nutritional deficiencies corrected and his Spectrox increased as well. I had no choice but to follow this patient for 6 months because he was a Medicare patient and Medicare will only pay for the test once every 6 months. Total improvement here is 100%.

Slide #12

The percentage of overall improvement for the group was 84%. I believe this would have been even better, possibly even as high as 100% in this small group, if I'd followed all of the subjects for 6 months. Regardless, from this initial study, I noticed:

- (1) nutritional deficiencies completely corrected in the two subjects who took 2 Protandim daily for 3 months;
- (2) nutritional deficiencies completely corrected in the two subjects who took 1 Protandim daily for 6 months;
- (3) nutritional deficiencies corrected before Spectrox; and
- (4) nutritional deficiencies corrected with Protandim regardless of the patients' health conditions.

From these results one might theorize that if the body has a deficiency in antioxidant levels, it will use other sources to make up for this lack resulting in a nutritional deficiency somewhere else. Moreover, I now would not expect to see Spectrox correct until after the nutritional deficiencies have first been corrected. In order to prove this, all subjects would need to have been followed for 6 months or more. It would be most interesting to follow such subjects whose nutritional deficiencies have been corrected to see if Spectrox would not only increase but be optimized.

Slide #13

You've just seen the results of a small clinical study using 10 patients. I'd like to expand this and there's no reason why we can't increase this study from 10 to 1000 patients and confirm our results to make them irrefutable. So, if you'd like to participate, here's how you can do it:

- Step 1:** Go to the Website: www.royalmedicalclinic.com;
- Step 2:** Complete Forms; Information, History, and Consent (for Nutritional Assessment);
- Step 3:** Pay Administrative Fee of \$100 for Nutritional Assessment;
- Step 4:** Order SpectraCell's MicroNutrient Test;*
- Step 5:** Take 1-2 Protandim daily as prescribed by Physician;
- Step 6:** Repeat the Test.

*Participants must pay either a \$160 copay for insurance without balance billing, and provide insurance billing information, OR the cash price of \$280 without insurance. **NOTE:** The actual value of the MicroNutrient Test is >\$1900 or the actual amount billed to insurance for assessing each of the 31 individual components of the test.

Slide #14

My belief is that people don't know how good they can feel until they experience it. Once they do experience it, they may feel like shouting for joy like the child in this slide who has just received the gift of hearing for the first time. The other person in the picture is Justin Osmond, who works for the Starkey Hearing Foundation and travels around the world fitting literally tens of thousands of children with hearing aids. [Click on Video File]. We should all be as excited as this little boy about the potential healing and well-being that optimizing our own health can do for us.

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