

Testimonial from Robert L. Kagan, Medical Director of MRI Scan and Imaging Center about results of PSK003 Precursor



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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)

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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, FCAP,
Medical Director, MRI Scan and Imaging Centers
RLK/fm

From: Robert Kagan [mailto:rkaganmd@bodyvision.pro]

Sent: Thursday, January 29, 2009 9:26 PM

I have important news regarding our study. Patient zero, who brought PEOs to my attention, came back for heart scan. **Last April he had a Cardiac calcium score that went down by 20% and the only thing it could be attributed to was the PEOs he started taking for cancer prevention.**

Well his score now went up by slightly more than 100% when calculated on an annual basis. My first question was when *did you stop taking the PEOs?*

Sure enough, he stopped the end of August.

Remember, he did not receive the PEOs from me & I never counseled him on the study we were doing as I did for all the other patients I entered into the study.

He started back today and will come for a Calcium score every 3 months.

Regards,

Robert L. Kagan, MD, FCAP, Medical Director, MRI Scan and Imaging Centers