

A stethoscope with a black tube and silver chest piece lies on a white, crumpled cloth. Next to it is a single, bright green apple with a small stem and a single green leaf. The background is a light-colored, textured surface, possibly a wooden table. The entire scene is framed by a large black circle on the right side, which contains the text and logo.

Power2Practice
Integrative Medical Software 
presents

**Economic Benefits of Offering IV
Therapy in Your Practice**

with

Mitch Ghen, DO, PhD

Mitchell Ghen, DO, PhD has 33 years of experience in anti-aging, holistic and integrative medicine. Along with his work in nutritional medicine, "Dr. Mitch" has a remarkable amount of experience as an expert clinician and researcher in the field of stem cell transplantation.

In addition to being a physician, Dr. Mitch holds a Master's Degree in Biomechanical Trauma and has a PhD in nutrition and psychoneuroimmunology. He is an international lecturer on oral and IV nutrition and stem cell transplantation and is recognized as one of the premier teachers at conferences and seminars on integrative medicine. His private practice is in Boca Raton, Florida.

Currently, he is a Medical Director for several natural medicine companies and a consultant for physicians worldwide, teaching them how to implement integrative medicine into their practices. He is the co-author of four textbooks including the "Advanced Guide to Longevity Medicine," "The Ghen and Raine's Guide to Compounding Pharmaceuticals," "The Anti-Aging Physicians' Handbook for Compounding Pharmaceuticals," and "The Essentials and Science of IV Parenteral Medicine."



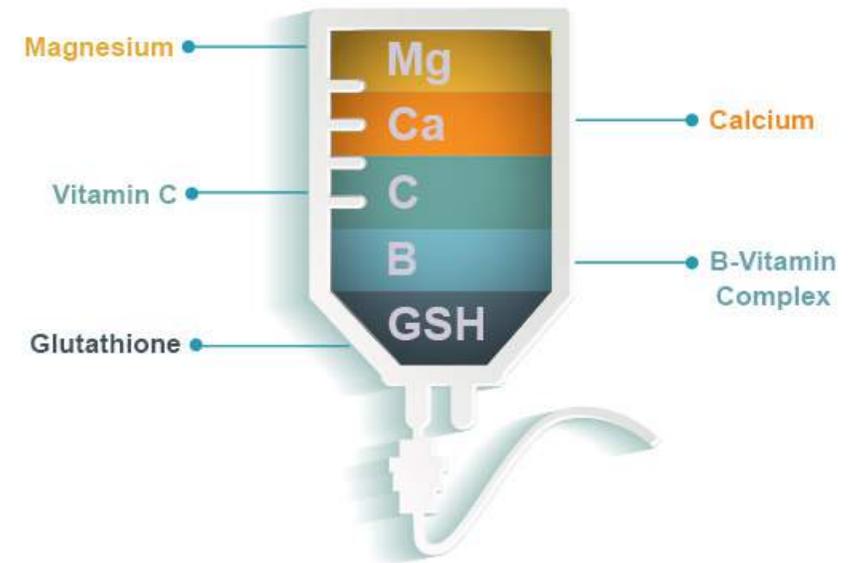
Mitch Ghen, DO, PhD

Do It Right, or Don't Do It at All

- ✓ If you're not going to affect a positive cellular change or potentially cause a negative cellular milieu, then don't do IV or other parenteral nutritional protocols.
- ✓ Know the difference between being a good and a *great practitioner*.
- 💰 Doing it right ultimately translates to a marked improvement in your practice's financial status.

If you're not going to affect a positive cellular change or potentially cause a negative cellular milieu, then don't do IV or other parenteral nutritional protocols.

- ✓ Is the IV **specific** to the patient's needs?
- ✓ Did you properly calculate the osmolarity?
- ✓ Was the IV made under a laminar flow hood?
- ✓ Did you give the IV within 1 hour of making the bag?
- ✓ Did you give it at the proper rate?
- ✓ Did you do before and after vitals.



Can you clearly say to yourself that the IV was safe and *really* did something good for the patient and not just your pocket?

Can you figure out this case?

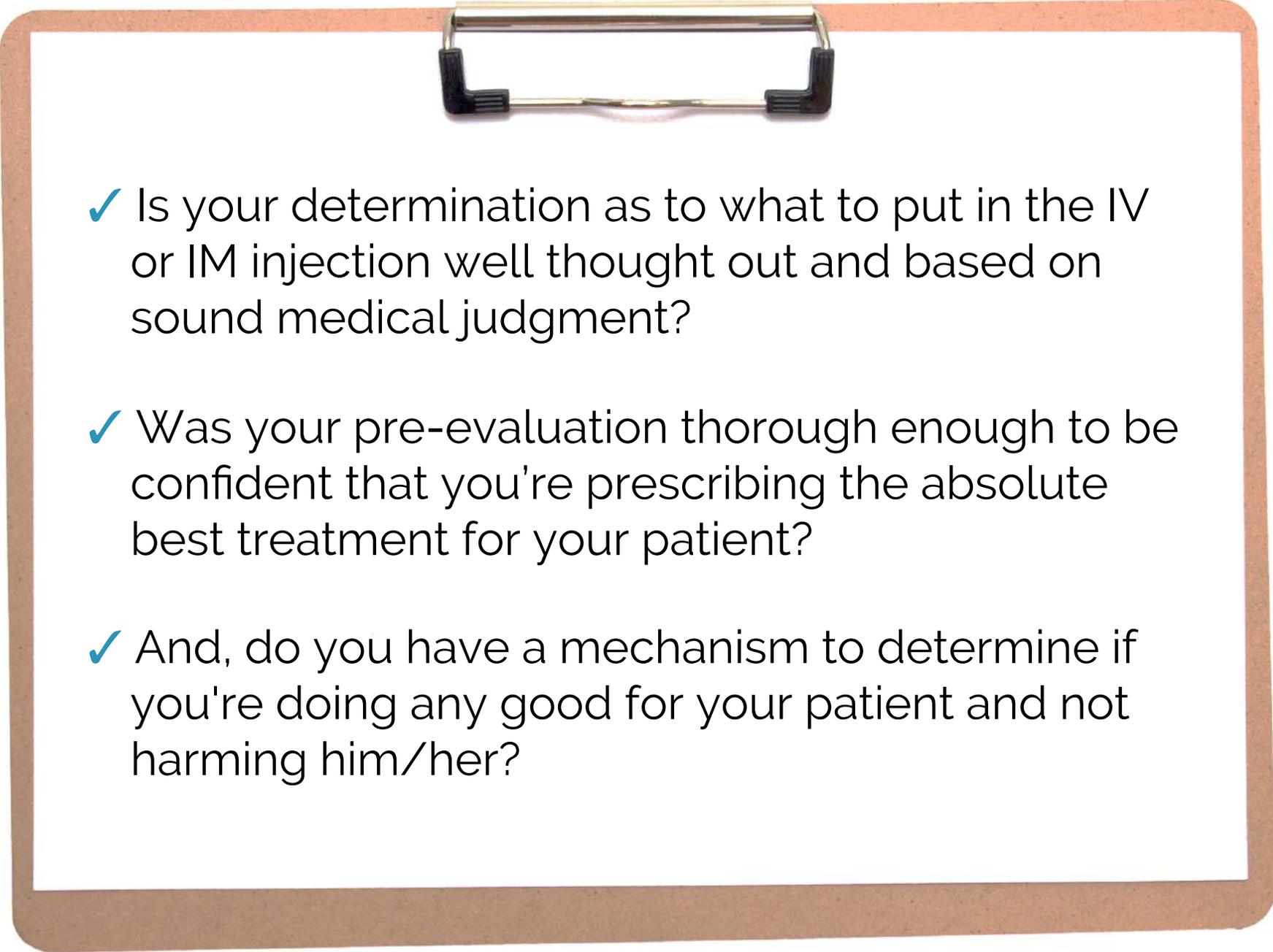
58 year old gives himself an IV, and ends up in intensive care with renal failure... Creatinine = 7

In the bag:

- 250 cc NSS
- 25 grams Vitamin C
- 1 cc B-Complex
- 1 cc B-12
- 1 cc Folic Acid
- 3 cc Homeopathic Remedies
- 3 cc Procaine Hydrochloride

Q: What caused the renal failure?

Know the difference between being a good and a *great* practitioner.

- 
- ✓ Is your determination as to what to put in the IV or IM injection well thought out and based on sound medical judgment?
 - ✓ Was your pre-evaluation thorough enough to be confident that you're prescribing the absolute best treatment for your patient?
 - ✓ And, do you have a mechanism to determine if you're doing any good for your patient and not harming him/her?

What does the initial work-up look like *before* giving an IV?

- ✓ H&P
- ✓ Blood Work



Dr. Mitch's Wellness Panel

Expanded Comprehensive Metabolic Panel

CMP	Insulin level	Vitamin D 25 -OH
GGTP	Vitamin B12	Uric acid
Hgb A1C	Folate	CPK

RBC Metals

Magnesium RBC
Zinc RBC
Potassium RBC

Hematology

CBC with diff

Lipid Panel

Lipid profile

Cardiac Risk Markers

Lipo (a)
Apo-B
Lp-PLA 2
CRP HS
Homocysteine
Fibrinogen activity
Ferritin

Advanced Biomarkers

Ox LDL
MPO
F2 Isoprostane/
Creatinine ratio

Hormone Panel

Pregnenolone
DHEA-S
Progesterone
Estradiol
Testosterone: total+free
SHBG
IGF-1
Cortisol
PSA for male

Thyroid Panel

TSH
T3-free
T4-free
TPO
Anti-thyroid globulin
Reverse T3
Iodine

Other Tests

ANA with reflex to titer
& pattern
CEA

***Doing it right* ultimately translates to a marked improvement in your practice's financial status.**

- My patients are typically on an initial 4-month program. Why?
- Infectious disease protocols are 5 days - 1 month programs.
- Average repletion programs cost \$5,900 - \$6,500
- Average \$406/wk. for a patient
- That's \$216 - \$45 cost = \$171 profit/IV or \$5,130 per initial 4-month patient treatment protocol.

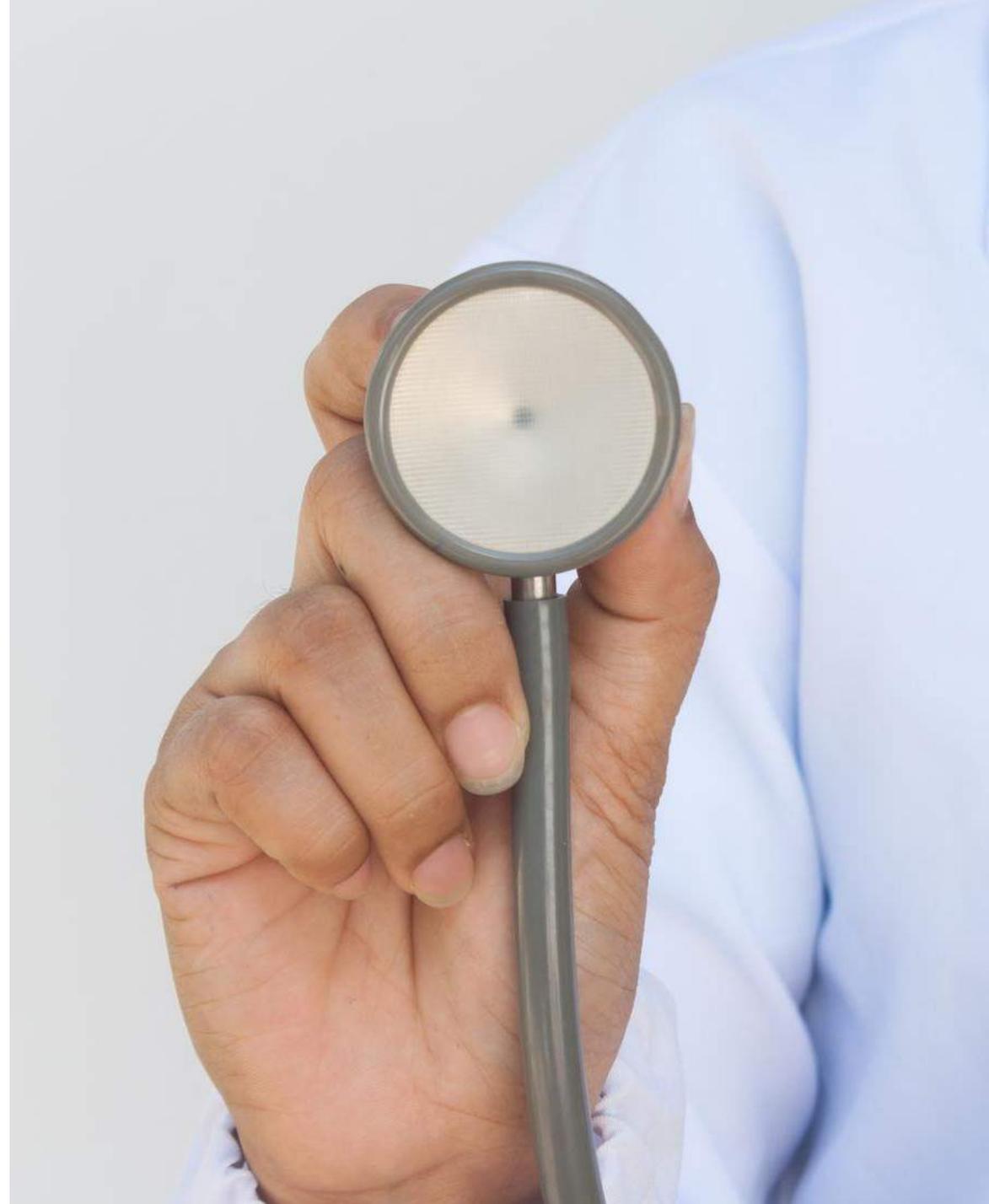
The Goal?

Reaching levels that will produce positive clinical changes supported by cellular molecular improvement—*without creating deficiencies or other deleterious issues or effects.*

Tip of the Day

Talk to surgeons about making sure each of their patients get pre-/post-op IV's to:

- protect them
- decrease surgical complications



Fact of the Matter...

- The increasing prevalence of poor nutrition, obesity, diabetes, and other chronic diseases can have a significant impact on surgical outcome and complications.
- The number of patients with pre-existing nutritional deficiencies and health problems who are seeking cosmetic surgical procedures is growing.

American Society of Plastic Surgical Nurses. *Plastic Surgical Nursing: January/March 2005 – Vo. 25 - Issue 1*

Postoperative Malnourishment

- Major surgery increases the risk of malnutrition because of the stress and the resulting increase in metabolic rate.
- In studies involving more than 1,327 hospitalized adult patients, 40% - 55% were found to be either malnourished or at risk for malnutrition, and up to 12% were severely malnourished.

J Am Diet Assoc. 1996; 96:361-366,369 Abbott Laboratories, Maidenhead, UK

Bottom Line

- Surgical patients with likelihood of malnutrition are **two to three times more likely** to have minor and major complications.
- Their **length of stay** can be **extended by 90%** compared to the stays of well-nourished patients.

J Am Diet Assoc. 1996; 96:361-366,369.

Malnourishment Risks

Malnutrition has been related to decreased wound tensile strength and increased infection rates.

Nutrition in Clinical Practice, Vol. 25, No. 1 (2010)

Joyce K. Stechmiller, PhD, ACNP-BC, FAAN, University of Florida

IV Nutrition Benefits

An **IV and oral nutrition combination** presents multiple benefits to the surgical patient.

“Malnutrition is associated with increased incidence of surgical complications and mortality.”

Acta Chir Scand. 1988 Apr;154(4):249-51
Institute of Surgical Semeiotics

Preoperative & Postoperative Nutritional Therapy

Nutritional supplementation in the period before and after surgery can have a significant impact on surgical outcome by:

- Reducing bruising, swelling, and inflammation
- Promoting wound healing
- Enhancing immunity
- Reducing oxidation generated by surgery and anesthetic agents

Aesthetic Surgery Journal Vol. 24, Issue 4, July-August 2004

Bruising, Swelling & Inflammation

- Postoperative morbidity has been shown to improve with perioperative nutritional care.
- “A range of nutrients, including several amino acids, antioxidant vitamins and minerals, omega-3 fatty acids, and nucleotides, are able to modulate **inflammation and the associated oxidative stress...**”

Current Drug Targets, Vol. 10, No. 8, Aug. 2009

Physiological Response to Surgical Trauma

- After surgery, one of the body's defenses is designed to destroy damaged tissue, bringing about recovery.
- Resulting oxidants and cytokine products can damage healthy tissue, leading to inflammation and prolonged bruising.

New Horizons, 1994 May;2(2):175-85. Institute of Human Nutrition University of Southampton, UK.

In Summary...

- **1 in 4 Americans (approx. 22% of the population) are at risk for a malabsorption deficiency.**
- Nutritional supplementation in the period before and after surgery can have a significant impact on surgical outcome by:
 - ✓ Reducing swelling, bruising, and inflammation
 - ✓ Promoting wound healing
 - ✓ Enhancing immunity
 - ✓ Reducing oxidation generated by surgery and anesthetic agents

Why Join an Academic Wellness Group?

- ✓ The increase in your bottom line will be significant.
- ✓ You have unlimited access to information in general, specifically for your patients.
- ✓ You have an 800 number available to you Mon-Fri during office hours for help.
- ✓ A website designed for you to read clinically relevant articles, monthly webinars.
- ✓ Upload redacted patient history, physical, and labs, and our team will advise and give our opinion as to how to handle this case.

Why Join an Academic Wellness Group? Continued...

- ✓ No patient relationship is established with our wellness desk.
- ✓ Buying club: Supplies, IV materials, machines, nutraceuticals, etc.
- ✓ It's almost free...
- ✓ Interested? Text "WELLNESS INFO" along with your name and email address to: 772-240-4693.

Would You Like to Dive Deeper?

For more info or to register:

Visit:
CentralDrugsRx.com

email:
kathy@centraldrugsrx.com

Call: (877) 447-7077
ext. 150 or 149

EDUCATIONAL WORKSHOPS

JULY 20-23, 2017

Hilton Chicago Magnificent Mile Suites Hotel
198 E Delaware Pl, Chicago, IL 60611

Dr. Mitch
Ghen, DO, PhD



Dr. Paul
Savage, MD



Dr. Nayan
Patel, PharmD



Foundational IV July 20-21 • 8am-5pm

Learn how to successfully incorporate IV Nutrition within your practice and how nutritional therapy will benefit your patients.

SPEAKERS:

Mitchell Ghen, DO, PhD and
Nayan Patel, PharmD

BHRT

July 21-22 • 8am-5pm

Gain knowledge in bio-identical hormone replacement therapy basics, interpret lab tests and better understand functions of hormones within the body.

SPEAKERS:

Paul Savage, MD and
Nayan Patel, PharmD

Advanced IV July 22-23 • 8am-5pm

Take your IV Nutrition Practice to the next level with this Advanced IV Nutrition Workshop.

SPEAKERS:

Mitchell Ghen, DO, PhD and
Nayan Patel, PharmD

Would You Like to Dive Deeper?

Join me at an upcoming **IV Symposium** hosted by A4M and MMI, **August 11-12, 2017**, in Las Vegas, NV.

About:

This course will cover the fundamentals of IV therapy and expand on the use of vitamins, minerals, amino acids and other unique parenteral compounds. Clinicians completing this course will have a thorough understanding of IV therapy and the ability to immediately implement various IV protocols into their practices.

Learning Objectives:

- Describe how to safely administer IV therapy and assess patient progress.
- Review diagnostic and evaluation testing requirements.
- Differentiate between wellness and aggressive therapy.
- Discuss vitamins, minerals, and amino acids, and learn how to create targeted IV therapies.
- Study chelation therapy and specifics on how to remove toxic heavy metals.

Pricing - Register by:

7/30/17: \$799

8/0/17: \$999

Get **\$100 off registration**
with code: **P2P17**

www.a4m.com



Thank You!



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