Chapter 10

Our Secret for Natural Beauty: It Starts From the "Inside Out" with PEOs

"**I am delighted to come across scientific work which is not only of excellent quality, but is applicable**. *I have been on a low carbohydrate diet for approximately a year now, but* **I have been aware that there was still something missing—*your program has filled in the blanks***. *What is amazing is how in the medical profession, we have ignored the obvious for so long.* **It was with skepticism that I read the portion on cellulite [in a prior book]**, *but despite "low-carb" for one year, I still had this problem.* **I have seen for myself remarkable results with the EFAs [PEOs]**."

Carolyn Berry, MD—Ireland

Physicians and Patients: Take the PEO Challenge:

⇨ Email us: Challenge@PEO-Solution.com

⇨ You will be sent the PEO Challenge package.

From Professor Peskin

Cellulite is Rampant

I was recently in South Beach, Florida, meeting my colleague from Italy, Dr. Cavallino. We were both **amazed at the number of YOUNG women with *cellulite on the back of their thighs*.** Having been in South Beach years earlier, the increase in cellulite from that first visit was apparent because the PEO deficiency is becoming worse, worldwide.

Nearly all women of all races develop cellulite. Even South Beach's young, thin women now have more cellulite. It's become a worldwide epidemic with "cellulite affecting 85–98% of post-pubertal females of all races."[1] The article just quoted made the pessimistic claim that "There are no truly effective treatments for cellulite." But don't believe it. There is a simple, two-prong approach that works for all women with no possible negative side-effects.

Years ago, I discovered the cause of cellulite as well as its solution. As everyone knows, even thin women—in spite of exercising—often develop cellulite. Let us use physiology to explain how and why this occurs. Cellulite is tied to fat and the connective tissue matrix but there is much more to the story.

There are numerous so-called "beauty experts" recommending one silly thing after another. Without understanding physiology, the solution is elusive. You can't exercise cellulite away, you can't "moisturize it away," and you can't chemically

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1 Avram, MM, "Cellulite: a review of its physiology and treatment," *Journal of Cosmetic Laser Therapy*, **2004** Dec;6(4):181-5.

remove it. At best, laser treatments are temporary, but are often problematic because the *prime cause* of cellulite is never directly attacked and permanently solved. **The only permanent solution is the PEO Solution.** It solves the deficiency that is the core of the problem, and it works for virtually everyone without exception. As Dr. Berry made clear, a low-carb diet isn't sufficient, and other "solutions" simply don't make physiologic sense.

Dermatologists: Beauty starts with beautiful skin.

What all women need to know is that the PEO called Parent omega-6 (LA) is at the heart of beautiful skin because it is the basis comprising all skin (epithelial tissue). Omega-3 or its derivatives EPA/DHA (from fish oil) do not occur as a part of your patient's skin unless they are *unnaturally* incorporated into it from ***pharmacologic overdose*** of EPA/DHA.

PEOs improve your appearance in many ways. "Smooth as glass" fingernails result from Parent omega-6, and your nails are much harder to break. And most remarkably, PEOs make cellulite a thing of the past. I have consulted with numerous models and celebrities over the years and this secret is confirmed.

New Treatment for Medical Wellness Spas

Medical wellness spas need to put this discovery to work, too—***the anti-cellulite" properties of PEOs*** are in a league of their own, as explained below.

Everyone should understand that external "moisturizers" aren't fixing the underlying issue. They can't since they are only a superficial treatment. To fix the problem requires the **PEO Solution** because only PEOs actually comprise the tissue; they work from the inside out.

QUICK, CLINICAL DIAGNOSTIC MARKER #1:

Beautiful, smooth, elastic skin is a marker of adequate patient PEO Levels.

I lecture around the world and I typically ask a sampling of the women attending my lectures to feel how smooth the skin of my hand is. **Regardless of their age, my skin is as soft—if not softer—than their skin.**

Another great test of PEO deficiency is pinching and pulling the web between the thumb and forefinger, then letting go—it should very quickly spring back. The younger gals often recoil in horror and embarrassment as I surpass them, but I tell them that I have a secret and will share it. Now all physicians can share this secret with their patients, too. For reference, I have a very tough beard. If I don't shave for a couple of days, I look like a "beast." To have such smooth skin in spite of this amazes everyone, but all women can now easily have these incredible results, too.

Fully functional, *un*adulterated Parent omega-6 is key. A **2003** journal article backs this up. This study of mice shows that fatty acid composition in the ***subcutaneous tissue layers is altered depending on the fatty acid contents of supplements given***. This layer is shown to ***become significantly thinner*** in groups given CLA or DHA oils than those given high linoleic acid (Parent omega-6), and that this change occurs within four

weeks of supplementation.[2] [*See* Scientific Support for more info.] (CLA is a group of 28 *non-essential* isomers of linoleic acid. Isomers have the same number of atoms, but are constructed differently, and so have different properties. CLA fat is derived from meat and dairy products of ruminants.)

OB / Gyn physicians take note: Parent omega-6 will benefit your patients during pregnancy with FEWER stretch marks. Also, the oxygenating power of Parent omega-6, will increase a patient's energy during and after pregnancy, too.

Dogs and cats exhibit the same wonderful effects to their skin, too.

2 Oikawa, Daichi, et al., *Lipids*, 38, 609-614 (June **2003**).

QUICK, CLINICAL DIAGNOSTIC MARKER #2:

LACK of cellulite is a marker of adequate Patient PEO Levels.

Cellulite Explained ... and How it Can Be Minimized

With the advent of the *low-fat*/high carbohydrate diet, we all have noticed the epidemic of increasing cellulite levels. *Glycemic* carbohydrates set up one of the prerequisites for the development of cellulite—a plague for many women—**even those who are reed-thin and exercise regularly**.

The glucose from carbohydrates "adheres" to blood proteins; this is called "glycosylation." An analogy is useful: Imagine honey in your arteries. Travel would be slow due to its high viscosity and sticking ability. The honey sticks to everything. Now, imagine that the blood consists of tiny, smooth marbles rolling past each other. Then imagine that, instead, the blood contains tiny spherical magnets sticking to each other and to everything. **This is the reason why lots of massage, lots of running, or massive amounts of exercise has little effect on eliminating cellulite**. With less glycemic carbohydrates, the skin is more like two smooth sheets of paper, one on top of another INSTEAD of like two irregular magnetized sheets creating the dreaded dimpled, "orange peel" look.

An even more direct cause of cellulite is the consumption of trans fats and other adulterated fats. You learned all about PEOs in chapter 6 and about their widespread *adulteration* in chapter 8. These man-made fats are now finally achieving deserved infamy in the press. They are incorporated into your 100 trillion

cells and ***allow this improper "magnetized-like" effect*—this time between the skin and underlying collagen (protein)**. The lymphatic system also contains fatty acids. Furthermore, **all cell membranes have a voltage—an electromagnetic effect that is significantly impacted by PEOs** (this will be discussed later).

The journal article above makes clear how the subcutaneous layer's thickness can be altered (and therefore its relative charge). When patients stop consuming the "magnetizing" adulterated fats (*trans* fats and otherwise) and **replace them with the natural PEOs**, problems will start to disappear. Women around the world can benefit from application of this science by replacing *unnatura*l fats with fully functional natural fats and oils—PEOs. Now dermatologists and anti-aging physicians have a new, powerful method to truly minimize cellulite. It really is this simple.

CASE STUDY: Cellulite disappearing

"...I decided to put the protocol to trial on both myself and my family to gauge its effects. Well, **after just one month, I'm happy to say that the results have been remarkable**. A few days after my mother began the Peskin Protocol, she pulled me aside and told me she had something to show me. She remarked excitedly, '**Look at my legs--the cellulite is disappearing**!' As I looked at her legs, I couldn't help but notice it myself. **Her cellulite truly had diminished—noticeably**. After trying Prof. Peskin's Protocol, I'm happy to say that I've also begun implementing and recommending it to others as well."

Ronnie G., Portland, Oregon

Thicker/Fuller Hair

Patients will experience this glorious effect, too. Why? Because Parent omega-6 leads to production of PGE_1 an extremely powerful vasodilator which increases blood flow—including increased oxygen—to the brain and scalp.

CASE STUDY: Fish oil and thinning hair

"Over the last eight months, I have asked every woman who comes into a premier boutique wig shop in Houston with ***complaints of thinning hair***, this question: '**Do you take fish oil supplements?**' I must have asked ***more than 60 women*** this question (excepting cancer patients), and **each time, in every single instance**, the woman said she was **taking fish oil supplements**.

"In contrast, clientele desiring wigs for reasons **other than thinning hair never took fish oil** supplements. **I now tell all my customers who have issues with thinning hair/hair loss to *NOT take fish oil*. I recommend they *take PEOs* because they are plant-based and physiologically balanced**, whereas fish oil causes such an imbalance of derivatives that inflammation occurs, putting stress on one's system and ultimately causing hair loss in women!"

—Dianne Davis Bruce, Hair Consultant

PEOs are the #1 secret to beautiful skin, hair, and nails because of tissue composition and increased blood flow from the Parent omega-6 metabolites—those substances formed during (natural) metabolism. An Essiac®[3]-like formulation also assists in increased

3 Essiac is a registered trademark of the Canadian Health Products

blood flow, benefitting the hair. I recommend formulations with an added herb called "Cat's Claw"(*uncaria tomentosa*), which will be discussed later in chapter 14.

Anti-aging physicians take note: The horrors of fish oil and its damage have been previously explained in chapter 7 and its Scientific Support section. However, for completeness, we have included additional journal articles here, which make clear the deleterious effects to the skin from fish oil. We show how PEOs are required for beautiful skin and conversely show how in every possible area—aside from physicians wishing a *specific short-term steroidal-like* effect—fish oil impedes healthy/beautiful skin. We include an important sampling here. Additional information is in the **Scientific Support** section.

Fish oil overdosing is another reason *skin cancer* continues to skyrocket regardless of other interventions such as staying out of the sun and sun blockers.

QUICK, CLINICAL DIAGNOSTIC MARKER #3:

Rapid, intense sunburn is a marker

of inadequate Patient PEO Levels.

Rapid sunburn is a sign of PEO deficiency.

The sun is the source of life and *natural* vitamin D production, too. With a defective cholesterol structure, the skin can't possibly produce adequate levels of vitamin D. **Solving the patient's**

Int'l, Inc., Canada.

PEO deficiency should be step #1. Hypersensitivity to the sun is Nature telling you your skin is defective.

However, if you are taking fish oil you need to stay out of the sun because the skin's structural lipids oxidize at a much greater rate from the fish oil alone. Put in rather stark words, the fish oil becomes incorporated into the structure of the skin, and then it goes rancid. Imagine the harm caused from the sun's intense heat. Parent omega-6, on the other hand (as long as it is unadulterated), remains relatively stable. In scientific terminology,[4]

> "Ten (10) grams of fish oil (18% EPA & 12% DHA) daily over 3 or 6 months increased TBA, a **measure of lipid rancidity, from 6 to 18.5**… [**almost 3-fold increase**].
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> "…ω**-3 PUFAs [derivatives], which are** ***relatively unstable*** **compared with** ω**-6** fatty acids…
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> "Following **3 months of fish oil** supplementation there was a **pronounced rise** in the total ω**-3 fatty acid content of unirradiated skin. 'We** ***confirmed*** **the reported incorporation** ω**-3 PUFAs [derivatives] into** ***epidermal membrane*** **lipids after dietary fish oil supplementation**.'"

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4 Rhodes, Lesley, E., et al., "Dietary Fish–Oil Supplementation in Humans Reduces UVB-Erythemal [an abnormal red condition of the skin, resulting from capillary congestion] Sensitivity but Increases Epidermal Lipid Peroxidation," *The Journal of Investigative Dermatology*, 103:151–154, 1994.

◗ **PEO Solution** analysis: Fish oil proponents are always "whining about not enough is used" in clinical trials. Researchers made certain to use a high amount, and the results are HORRORIFFIC—with epithelial (skin) lipid showing a pronounced rise in both content and rancidity increasing three-fold! This is one reason why there is ***ideally*** **no EPA/DHA in skin.**

Parent Omega-6 Speeds Healing; Overdoses of EPA / DHA or Parent Omega-3 has the Opposite Effect

Dermatologists, (Diabetic) Wound Healing Specialists and all Surgeons take note: The above finding logically implies that ***all wound healing should worsen with fish oil consumption*** because of the impediment of increased oxidative stress, especially if coupled with lack of PEO consumption—in particular, Parent omega-6. Diabetic patients need to take particular note. There are three layers—epidermis, dermis, and subcutaneous tissue—comprising the epithelial tissue ("skin"). Of critical importance is the fact that ***all components are PEO dependent***. As you now know, even the blood vessels themselves (intimal complex) contain PEOs; in particular, significant amounts of Parent omega-6.

This deduction is confirmed by the journal article titled, "**Detrimental Effect of an ω-3 Fatty-Acid Enriched Diet on Wound Healing**:"[5]

5 Albina, JE, et al., *Journal of Parenteral and Enteral Nutrition,* Vol. 17, No. 6, 1993, pages 519-521.

- "Current results show that **substituting ω-3 fatty acid [fish oil] for ω-6 fatty acids in the diet is *deleterious to the mechanical properties of wounds*** *at* 30 days."

◗ **PEO Solution** analysis: These researchers specifically choose the word "deleterious." We already know epithelial tissue has no Parent omega-3 or its derivatives components, so this dreadful result is predicted. The article makes clear that the effect of Parent omega-6 to accelerate wound healing was known in 1993. Even with *adulterate*d corn oil (containing Parent omega-6), the speed in healing was significantly better than with fish oil.

CASE STUDY: Fish Oil and Skin Wounds

Years ago, my wife would follow Dr. Johanna Budwig's (outdated) "cottage cheese and flax oil" suggestion. Debbie would routinely have "black and blue" marks (bruise / contusion / hematoma) from occasionally bumping into equipment during her aerobics and gym exercising sessions. Any overdose of Parent omega-3 or its metabolites will cause this.

Recall that fish oil's DHA destroys the structure of skin—the body's largest organ—and it takes a full 18 weeks after ceasing its use for its deleterious effects to be reversed.

WARNING: Slower healing of all wounds is predicted with marine oil / fish oil consumption.

The **2003** journal article, "Dietary CLA and DHA modify skin properties in mice,"[6] confirmed that omega-3 made skin thinner and more vulnerable, with the suggestion that "LA [Parent omega-6] is one of the ***important factors in maintaining healthy skin***."

◗ **PEO Solution** analysis: Skin composition of **Parent omega-6 DECREASED** from **47%** to just **25%** —a relative 45% and an absolute 22% decrease—with wrong oil supplemental. Furthermore, thickness of important subcutaneous tissue decreased by 36% in the DHA-fed group. Note: One of the negative effects of steroids is thinning of the skin.

Better Patient Outcomes utilizing PEOs: Better Skin and Faster Healing

Dermatologists, Plastic Surgeons, General Surgeons and Oncologists: It is important to correlate current wrong EFA recommendations with increases in skin ailments, like skin cancers. If the recommendations currently being followed were actually correct, these ailments and diseases would be decreasing, not increasing as they are.

On the contrary, skin cancer is rising in young adults:[7]

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6 Oikawa, Daichi, et al., *Lipids*, 38, 609-614 (June **2003).**

7 Perdue, Mark, et al., "Recent trends in incidence of cutaneous melanoma among U.S. Caucasian young adults," *J Invest Dermatol*, **2008** December; 128(12): 2905–2908.

"**Recent findings suggest that non-melanoma skin cancer (NMSC) incidence in young adults is rising, particularly among U.S. young women**. This raises the important question of whether incidence of ***cutaneous melanoma*, the most lethal form of skin cancer**, is similarly increasing in young adults. …

"Overall, the age-adjusted annual incidence of melanoma among **young men** increased from **4.7** cases per 100,000 persons **[1973]** to **7.7** per 100,000 **[2004]**. Among **women**, age-adjusted annual incidence per 100,000 increased from **5.5 [1973]** to **13.9 [2004]**."

◗ **PEO Solution** analysis: Fish oil use has skyrocketed during this period with significant increases in skin cancer in both men and women. If you understand human physiology, it is an expected outcome since NO EPA/DHA from fish oil is supposed to be in epithelial tissue.

Warning: "In the US market, omega-3 dietary supplement sales are estimated at $1002m in 2009 up from $40m 16 years ago [1993]—[**A 25-fold increase.**]"[8]

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8 http://www.nutraingredients.com/Industry/China-to-over-take-Western-Europe-in-EPA-DHA-oil-consumption by Mike Stones, 03-Jun-**2011**.

2009 Newsflash—The incidence of skin cancer now characterized as a worldwide epidemic.

One significant analysis of the trends of the incidence of skin cancer worldwide from 1978 to 2002 indicated that, "The rise in **the incidence of skin cancer** leads us to conclude that measures of ***primary prevention are failing or insufficient,*** or that it is still too soon to evaluate their efficacy."[9] [Note: The failure to prevent skin cancer is *primarily* because of PEO adulteration and insufficient PEO consumption, along with widespread recommendation of fish oil supplementation.]

Another significant analysis on the progressive increase in the incidence of skin cancer revealed that **more than two million people in the US develop over 3.5 million nonmelanoma skin cancers every year**.[10] characterizing this increase as a worldwide epidemic. Something is very wrong.

A third significant analysis reports that skin cancer incidence equals all other American malignancies COMBINED. [11]

> "Conclusions: The number of **skin cancers in Medicare beneficiaries increased dramatically** over the years

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9 Aceituno-Madera, P., et al., "Changes in the Incidence of Skin Cancer Between 1978 and 2002," *Actas Dermosifiliog*, **2010**;101(1):39–46.

10 http://www.skincancer.org/skin-cancer-information/skin-cancer-facts/nonmelanoma-skin-cancer-incidence-jumps-by-approximately-300-percent (retrieved March 17, **2013**.)

11 Rogers, Howard, W., et al., "Incidence estimate of nonmelanoma skin cancer in the United States, 2006," *Arch Dermatol*, **2010**; 146(3):283-287.

> 1992 to 2006, due mainly to an increase in the number of affected individuals [**increasing 76.9% from 1992 to 2006**].
>
> "**Nonmelanoma skin cancer** (NMSC) is **the *most common malignancy*** in the United States…This study estimated 900,000 to 1,200,000 MNSCs in that year (from 1994), approximately **equaling all other cases of human malignancy combined**.

And a fourth significant analysis reveals that the incidence of melanoma increased across all categories of tumor thickness both for men and women. The alarming verdict of this study was that malignant melanoma is one of the fastest growing cancers on a worldwide basis.[12]

◗ **PEO Solution** analysis: **This shocking and tragic result is predicted, in part, by the rampant use of fish oil.** This worldwide cancer tragedy is the result of other nations following American's wrong EFA advice. The tumors are becoming thicker due to higher and higher worldwide consumption of adulterated PEOs. Both conditions result in worldwide epidemics of (fully functional) patient PEO deficiency.

A (Tragically) Correct Prediction

On a gross domestic product basis (correlated to per capita basis), Australia and New Zealand are the world leaders in consumption of EPA/DHA (fish oil). Because of this enormous consumption of fish oil, **I would expect Australians to have among the highest**

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12 Linos, Elini, et al., "Increasing burden of melanoma in the United States," *J Invest Dermatol*, **2009** July; 129(7): 1666–1674.

skin cancer rates in the world. They do—they are #1. Today, the native indigenous population makes up only around 2% of the Australian population, and true to form, rates of melanoma of the skin is significantly lower in the indigenous population, usually attributed to a higher level of skin pigment. However, incidence of melanoma of the skin is higher in areas associated with the highest socioeconomic status.

The rest of the Australian population (around 20 million people) immigrated **from many different countries,** with **people of British descent still making up the largest single group.** ***The incidence of skin cancer has grown substantially in both groups*****.**

Key statistics supporting the *strong association*—based on physiology—with the region's rampant use of fish oil (supported by their government's statistics) regarding incidence and mortality of skin cancer in **2013.** From The Australian Government Department of Health and Ageing:[13]

- Australia has the highest (#1) skin cancer incidence rate in the world.
- Australians are four times (4Xs) more likely to develop a skin cancer than any other form of cancer.
- Approximately **two in three (two thirds)** Australians will be **diagnosed with skin cancer** before the age of 70.

The statistics strongly support a correlation between fish oil consumption—especially in the higher socioeconomic groups—

13 http://www.skincancer.gov.au/internet/skincancer/publishing.nsf/content/fact-2 (accessed March 17, 2013).

and the skin cancer rates in Australia. However, it must be noted that Australia has been Number 1 in skin cancer rates for many years. Consequently, a definite cause/effect relationship with fish oil consumption cannot be conclusive in this population sample.

However, there is another prediction that is unequivocal: **Fish oil consumption / prostate cancer *cause-effect relationship* demonstrated in the highest fish oil consuming population in the world, Australia / New Zealand**: **Australians' Prostate cancer in Australia / New Zealand—the world's #1 consumer (tons / GDP) of fish oil supplements—also unfortunately *leads the world in prostate cancer by nearly 15%.*** This is a staggering difference compared to the next region on the list, Western Europe, and 25% higher than the region on the bottom of the list. As reported by the World Cancer Research Fund (**2008** data—"incidence rate"), "Incidence rates for *prostate cancer were highest in Australia / New Zealand, Western and Northern Europe and North America* and lowest in Asia [***in particular, South-Central Asia with little to no supplemental fish oil consumption***]…."

More Correlations Between Fish Oil Consumption and Cancer

Australia, Scandinavia, Canada, and the United States are extremely high in skin cancer contraction rates. Each of these countries consumes massive amounts of fish oil supplements. Today, marine/fish oil has become America's #1 supplement and skin cancer rates are epidemic. Canadian fish oil consumption is significant and "Canadians born in the 1990s have two to three times higher lifetime risk of getting skin cancer (1 in 6) than those born in the 1960s (1 in 20). Canadians experience more

new cases of skin cancer each year than the number of breast, prostate, lung and colon cancers COMBINED!" (http://www.canadianskincancerfoundation.com/about-skin-cancer.html) Are these correlations mere coincidence? No.

Medical Wellness Spa directors: Contact a member of the staff at PEO Solution with your question to either Prof. Peskin or Dr. Rowen to see how the PEO Solution can make a significant improvement in your patients.

ProfP@PEO-Solution.com or DrR@PEO-Solution.com

From Dr. Rowen:

First, I need to credit Prof. Peskin with putting this skin information in my lap. It is statistically compelling. It becomes even far more compelling when you consider what would be predicted logically by the biochemistry. For example, you know that if you use 5W motor oil in a car needing 30W during the hot summer, you'll be more likely to blow the engine. Well, put the wrong oil (omega 3 rather than omega 6) in your skin, and the biological engines or membranes therein will be more likely to blow just the same.

Now I'll admit this information on cellulite and fatty acid classes is new to me, but it is logical. **Cellulite became a common scourge only in the last two generations**. Consider the fat consumption of our ancestors. It was nothing like the toxic/adulterated fats of

the past two generations and of today. While cellulite is far more common in women than men, it IS increasing in men. And younger and younger women are seeing it develop. Consider the diet of the western societies compared to the third world where there is little if any cellulite. Many pundits blame estrogen for cellulite risk in women. I think that estrogen is a factor considering woman are more afflicted than men, but logically, estrogen isn't the answer. If it were, cellulite's incidence would be the same today as generations ago, and without regard to third world societies and their diets. Considering the latter, we better rethink estrogen (and look hard at diet), since I assure you, third world women have PLENTY of estrogen.

I like to point to myself as an example to my patients and friends about the impact of diet to motivate them. You know that as a vegetarian, I don't eat fish. Yes, I've had my fatty acid levels checked and they are just fine. Enough, but not too much omega-3 derivatives. **And as a Living Foods person, I'm not exposed to heat and oxidized oils nearly as much as the average person**. So let's consider me as a Case Study.

In 2011, late summer, I did the longest, hardest, and highest altitude trek of my life. I spent 17 continuous days on the John Muir Trail, covering about 200 miles at an average altitude of 10,000 feet after exiting Yosemite National Park. I wore only shorts and a T-shirt hiking on the trail under the high altitude sun. I carried but did not use sunscreen, as did everyone else on the trail. I did have a wide brim hat to shield my face from the sun.

I did not burn on the hike. My skin reddened somewhat from time to time, and quickly browned. I had ever so slight peeling a few days after coming down. I don't use sun protection while gardening or on routine hikes except for the hat, and only use it when cross

country skiing when snow-reflected sun reaches my face, even with a hat. Yes, I've had mild burns from time to time, when really overdoing it. But the impact to my skin is far less than the damage I see in others. In fact, my patients comment on the smoothness of my skin, both face and hands. I don't use expensive beauty oils. I don't routinely even take essential fatty acids. I rely on diet alone, and have found, since becoming a Living Foods vegetarian, that my skin is far more resilient and resistant to sun effects. I have NO cellulite. And, to make a point, while I've seen some statistics that 90% of women have some cellulite, which risk increases with age, my wife (almost my age), who shares my diet, has negligible cellulite. Her legs are gorgeous (smile).

I'll add that those eating a Living Foods diet have the lowest blood pressure (mine is less than 90/60) and the most youthful skin of any diet group I've observed. It sure makes sense according to the **PEO Solution**. Adulterated fats are a key cause of vascular disease. Limit them, and not only would you limit vascular damage, but now knowing the physiology of fatty acids in skin, you'd expect to see better skin health, and from Prof. Peskin's research, you do, at least in regards to cellulite.

I'll close with yet another case observation. I have a medical professional friend who had done an extensive anti-aging program with human growth hormone, supplements, and more. But he also believes strongly in fish oil (and is a devout carnivore, who believes I am deficient in nutrients). In recent years, I've observed advanced deep wrinkling in this very active and health-conscious man. On a recent backpacking outing, I ascended a 1,100-foot climb in the high Sierra about 10 minutes ahead of him and another companion. I wasn't even pushing, as I didn't want to sweat, knowing I'd not have a place to bathe on that last night in the woods. I couldn't

help but joke with him that perhaps it's his fish oil that's taking out his mitochondria energy furnaces, knocking down his physical performance. And, it would also be expected to have the untoward effects on his skin as well.

Finally, I am in full agreement with the professor on the use of beauty creams. To me, they are analogous to repeatedly painting over rust on your car rather than grinding off the rust and totally restoring the "chemistry" of the fender. I think PEOs, either as I do it in food (no cost), or the relatively small cost as supplements, will do far more to moisturize and restore your skin than the most expensive external beauty creams by rebuilding the normal fabric of the fat in your epidermis and subcutaneous tissue. That will help you retain moisture, ward off solar damage, and keep a ready source of for your skin to make its own natural and protective oils.