



July 17, 2025, Monthly Update

Important, if you are over 65 years old READ!

The Centers for Disease Control (CDC), the federal agency for dealing with diseases in the United States, has reported the following:

#1) **38.4 million Americans have diabetes, which is 11.6% of the US population.**

#2) **29.2% of adults over 65 years have diabetes.**

[New American Diabetes Association Report Finds Annual Costs ...](#)

Nov 1, 2023 · The Economic Report, which is published every five years, found that the total annual cost of diabetes in 2022 is \$412.9 billion, including \$306.6 billion in direct medical costs and \$106.3 billion in indirect costs. People with diagnosed diabetes now account for one of every four health care dollars spent in the U.S.

Diabetes takes one out of every four health care dollars spent in the United States and do you think Big Pharma, which gets \$44 billion of that money for drugs; wants to find a cure to diabetes? Do you think your hospital, your doctors, your

health care providers, your politicians, your health care lobbyist in Washington DC want to lose 25% of their annual revenues, because diabetes is cured? Do you think they want their sweet business of treating the symptoms of diabetes to go the way of the “IRON LUNG?”

Our June 17 Update discussing our Las Vegas, Nevada Medical Research Study to reverse type-2 diabetes (thereby effectively curing diabetes) had a massive response. We estimate that our monthly update reaches over 100,000 people, including medical professionals, researchers, patients, and their families. Many of these people often share our Updates with countless others. The FGF-1 molecule, discovered in the 1980s, has been the subject of over 7,000 medical scientific papers, exploring its potential to grow new blood vessels, protect neurons, reverse type-2 diabetes, and much more. Please note that this extensive body of research has not been conducted by us, but by prestigious universities and reported in peer-reviewed journals, and has been instrumental in guiding our efforts and has given us a huge advantage. It is a free map of what FGF-1 can do, and it constantly impresses us with what we find FGF-1 can do in the human body.

One reader of the June Update referred us to a January 2025 medical research study from a Chinese Medical Research Hospital, which used FGF-1 to treat diabetes. The goal of these researchers was to find a treatment for diabetes, rather than reversing the disease, but their study still had great data on both the pancreas and liver function improvements from FGF-1 injections in the belly. We had never considered analyzing pancreas and liver functions, so we added these data points to our protocol in Las Vegas to include these tests. It may add another couple of hundred dollars more per person to the cost of our study; however, if our data is half as good as the data from China, we have another medical

breakthrough in enhancing pancreas and liver function, which affects tens of millions of people.

We have obtained all necessary clearances, and all contracts are in place for dosing the 100 type-2 diabetics in Las Vegas, pending final procedures being near completion. Our target is to revitalize the glucose-sensing neurons in the brain, where we, and others, believe the problem that creates type-2 diabetes exists. I hope we will do the first cadre of test subjects in July 2025. A cadre is a group of people chosen for their specific expertise, in this case, having type-2 diabetes and not wanting to keep it. It is my hope that they will be the first people in the United States to reverse their type-2 diabetes. While we have done 20 patients in the British Virgin Islands with Type-2 diabetes and all remain diabetes free for up to 2 years after dosing, so far. Repeating these studies in the US, to US Clinical standards, will be pivotal and instrumental as we move forward.

For the first 50 patients in the study (ten cadres of 5 people), we will explore varied design protocols to optimize results. We know what worked in the British Virgin Islands to reverse type-2 diabetes and at other institutions; however, we will now try to see if we can improve on that. When we see which of the dosing protocols work best, then the last 50 test subjects will get that, and we will see the best outcome, I hope.

I am very excited about this and I believe in the next 12 months we will know if we can reverse type-2 diabetes and the world could be free of this nightmare: diabetes, **the largest Unmet Medical need in the world!**

Type-1 Diabetes- A New Frontier

In the 1970/80's I was active in the juvenile diabetes effort. Basically, juvenile diabetes is type-1 diabetes. Type-1 diabetes is a very ugly disease. It is often discovered in young people and requires a lifetime of struggles. Type-1 diabetes is when the beta cells in the pancreas cannot produce enough insulin.

When the June Update went out, people read that our FGF-1 had the potential to treat type-2 diabetes. We believe this based on studying 12 years of many animal studies and our human data from the British Virgin Islands. We had five different readers share five different studies showing FGF-1 regenerated beta cells in the pancreas, enabling renewed insulin production. I was both shocked by the data and very happy that there is hope to treat and maybe even reverse type-1 diabetes. Zhitty is already stretched thin, and we do not need another major project, but one man's email stated:

"Mr. Montano, you are the only people in the world advancing FGF-1, you have to try it on type-1 diabetes, you can save many people from a life of hell!"

As I have said many times before "if not us, then who?". FGF-1 has been studied since the late 1980s after its discovery, and yet after 40 years, it still remains in the research phase, and all the while, sick people it could treat still suffer. I believe if we can reverse type-1 diabetes with FGF-1, it would be a slow recovery path, as we have seen from treating Parkinson's Disease. But then I always end up with "*I don't know if we can treat type-1 diabetes, what I do know is we have to try and find out*"

I do not know how I could live with myself knowing millions of people are suffering with type-1 diabetes, and we did not even try to cure it.

Neurodegenerative Diseases

Zhittya continues to address neurodegenerative disorders such as stroke, Parkinson's disease, dementia, Alzheimer's disease, autism, brain injuries, and more. Vika and I just returned from the British Virgin Islands last week for Cohort #38, where we dosed Parkinson's disease sufferers and one multiple systems atrophy (MSA) patient. MSA is a fatal disease similar to ALS, where the autonomic system fails. The autonomic system is located in the part of the brain, the brain stem, that handles breathing, heartbeat, blood pressure, and all basic functions that keep you alive. The autonomic system's functions are predominantly in the brain stem, and we believe that vascular dysfunction in the brain stem has led to those neurons under performing and then dying and to the symptoms of MSA.

Our brain disorder research is evolving. Dosing has progressed from level one to level 23, with additional dosing regimens extending up to three years. We've tested five intranasal delivery devices and are now trying a sixth. Despite the brain's complexity, we believe we are making great progress and have budgeted for continued efforts over the next year.

Medical Research Studies Funding

In April, Zhittya started a Medical Research Study Funding to "Reverse Type-2 Diabetes". My target is to raise \$5 million and fund the first 100-person study in Las Vegas. In the last 8 weeks, we have received commitments for over \$2 million USD, and we are just getting started in this fund-raising activity. We are offering such a good deal to the investor, and we have professional investors interested, and I believe we will be able to finish the funding within 90 days.

Biotech companies like Genentech and Amgen used “Special Purpose Entities” to fund their clinical studies in the 1980s. These Special Purpose Entities were a type of R&D partnership and allowed them to raise over \$1.4 billion USD in the 1980s. A friend of mine invested \$100,000 in each of those two R&D Clinical Partnerships. In 2010, he became one of our investors. He asked me why I did not try Medical R&D partnerships to fund my clinical trials. He sent me an article from *Nature* from March 2004 showing that \$1.42 billion was raised through this vehicle in the 1980s. Here is a link to that article:

<https://www.zgm.care/invest>

He told me how he received 20 times his money back from each of those investments, and I should consider it. I have not thought about those R&D Clinical Development Partnerships for 15 years. When Zhittya decided to obtain the extra funds to pay for this new project, a Medical Research Study to verify if FGF-1 can reverse type-2 diabetes, I put together a short proposal and sent it to about 15 individuals. One person called me within hours of receiving my email. He told me he gives donations to charities every year; however, in ten years, all he has ever received back are more letters asking for more donations every few months. He liked the idea that he would know within a year that his contribution made a difference in treating the biggest unmet medical need in the world: diabetes. He stated he likes the ten times profit return, if the medicine worked. He asked if I believed it would succeed. I replied that the highest I go is a 95% chance that I will wake up alive tomorrow, so I am 95% confident it will work. He then asked me: “Then Dan put your money where your mouth is and give me a put option: if I am not happy after 48 months, I can put my investment back to Zhittya for a 100%

increase in my investment-at my decision”.

This man is self-made and earned a fortune, and he has a great heart, but he has a tough business person's brain. I looked out at the future of Zhittya for the next 48 months. In the next 48 months Zhittya has going, IPOs, milestone payments, revenues, and profits from Medical Tourism, and even maybe in 2026 making an announcement that our Medical Research Study had reversed type-2 diabetes in 70% (or better) of the test subjects, and I said yes. I have already provided \$26 million personally for this project, so now that I believe we are near the finish line, it is time to go all in. We restructured the funding to be an R&D contract with Zhittya: 10 times his investment as a royalty if the drug is successful and, at 48 months, a Put Option back to Zhittya at 2x if the investor is unhappy.

My hope is Zhittya can fund **ASAP** the projects for:

- Type-2 diabetes
- Neuropathy
- Peripheral artery disease
- Critical leg ischemia
- Diabetic foot ulcers
- No Option heart patients

If you have an interest in learning about the Medical Research Study Funding investment opportunity (minimum investment \$25,000) please email me at:

Dan333@aol.com or call me at 702-802-8373.

Vika Montano's Patients' Comments Section: Every month, I receive emails and phone calls from our test subjects. Here I have selected a few of their comments so you can read what those who have joined our Medical Research Studies are reporting to us.

Patient #1: From Kate, Al's wife. Al is the person who had the brain scan that showed a 21% increase in blood flow in his brain from 6 months of FGF-1 dosing.

Gotta tell you: Al is doing Extremely Well!! On the 4th he was jumping into conversations - which he hasn't done in 10 years! And his thoughts were so articulate and clear! We are celebrating you, Dan! Thank You- All of You -for making such a difference in our lives!!

Patient #2: Vika,

When I was in the BVI, my wife and I were discussing how to start the disability process. Now, instead of disability, I'm in charge of a major transformation project at work that involves travel at least one week a month. These are things I simply could not do before Zhitty. The symptoms are still very real, but now they are also manageable.

Thanks, Dan

Patient #3: Dear Vika,

I am happy to report to you that I have been able to stop using carbodopa/levadopa. I have gone unmedicated for 6 days.

During this process, I realized that it was the side effects of the medication that was "keeping me sick." My nocturnal kicking and foot cramps have stopped, my constipation is noticeably improved, I am sleeping better and my tremor is almost absent. I have increased energy and my bouts of fatigue are fewer.

I have been extremely stiff in my hips when I get up in the morning, but it resolves as I move and remain active throughout the day. I continue to struggle with scoliosis and significant posture changes. This may be unrelated to Parkinson's.

I am going to reach out to Monique and schedule my July Video Evaluation.

I am excited and encouraged by my progress. Vika, thank you for giving me hope and renewing my excitement about the future!

Judy xxxxxxxx-Cohort 32

Patient #4: Greetings, Vika; and thank you for your detailed message!

I am in cohort 33, and we got our treatment beginning Feb. 10.

A quick update: I noticed an improved sense of smell in about the first month of treatment; and after about 3 months, did notice an increase in the depth of color perception as colors look brighter! This may mean improvement in the visual cortex, or some underlying process related to vision. I remembered after noticing that, that Sam had mentioned he experienced improvement in color perception.

My issue is cerebellar atrophy, and I have not noticed any improvement in balance or foot placement (things which are mediated by the cerebellum). I see my neurologist in August and will obtain an MRI to check more definitively on the size of the cerebellum.

Again, I am most grateful to be participating in this study.

Sincerely, Richard

Patient #5:

Vika,

I just wanted to drop you a quick note. I am starting to see some positive changes! I'm off my antidepressant (since our last conversation) and my sleeping medicine (for about 8 months) but I am sleeping all night, and I only take Nadolol for my heart arrhythmia. My bladder control is back and my righting reaction is kicking in (hallelujah)! I haven't had a fall since I spoke with you last about increasing my dose for that month. I am starting to regain my endurance, which is very welcomed. Just wanted to let you know!!

Lab Rat 158

Cross Border Medical Tourism

Cross Border Medical Tourism services are for those people who want to be considered for Zhittya's future clinical trials or its current Medical Research Studies. Cross Border's focus is to fill all available slots in the Medical Research Studies in the British Virgin Islands and The Bahamas, while we wait for other

clinics to come online.

Cross Border is working on filling the available slots for the next BVI Medical Research Studies (intranasal FGF-1 for Parkinson's disease) on the following dates:

Cohort #39: August 11, 2025 – August 16, 2025

Cohort #40: September 3, 2025 – September 8, 2025

Cohort #41: October 24, 2025 – October 29, 2025

I am showing cohorts further out in time since we are filling up faster and have fewer spots open each month.

Please get in touch with Sam Cross at Cross Border Medical if you wish to be considered for the BVI cohorts or slots in The Bahamas. Sam's email address is: sam.crossbordermedical@gmail.com.

In addition, if you are interested in participating in the brain scan studies which will take place at Washington University in St. Louis, please let Sam know. There are a finite number of slots for the imaging studies. These studies will look at brain blood flow before and after treatment with FGF-1.

Dr. Jack Jacobs

In the June Update, we discussed the real potential of FGF-1 to reverse type-2 diabetes and Dan mentioned above the possibility of FGF-1 treating type-1 diabetes as well. In this section of this Update, I would like to explore this new potential use of FGF-1 for the treatment of juvenile or type-1 diabetes.

In recent decades, the number of cases and the prevalence of diabetes have

steadily increased, and it has become one of the most threatening diseases to human health in the world. Currently, insulin is the most effective and direct way to control hyperglycemia for diabetes treatment at a low cost. However, hypoglycemia is often a common complication of insulin treatment. Moreover, with the extension of treatment time, insulin resistance, considered the typical adverse symptom, can appear. Therefore, it is urgent to develop new targets and more effective and safer drugs for diabetes treatment to avoid adverse reactions and the insulin tolerance of traditional hypoglycemic drugs.

Based on the current understanding of diabetes, the disease can be divided into two categories, namely, type-1 diabetes and type-2 diabetes, with 90% of cases being type-2 diabetes. Type-2 patients are characterized by hyperglycemia, a relative lack of insulin, insulin resistance, obesity, hyperlipidemia, hypertension, atherosclerosis and other symptoms. In addition, long-term hyperglycemia will lead to a series of major health problems, including heart disease, stroke, diabetic retinopathy, diabetic nephropathy and nerve damage. According to the International Diabetes Federation (IDF), the number of people with diabetes worldwide reached 537 million in 2021, and it is expected by the year 2045 that more than 780 million people will be affected by this disease. In addition, approximately 10% of these patients suffer from complications of diabetes including foot ulcers and wounds that will not heal. This has led to rapidly expanding health care expenditures for the treatment of patients with diabetes.

At present, insulin is the most effective, direct and cost-effective way to control the hyperglycemia seen in type-1 diabetics, but hypoglycemia is often a common complication of insulin treatment. Other non-insulin agents used in the clinic to treat type-1 diabetes also show shortcomings, including short efficacy and many

side effects.

To date, great progress has been made in our understanding of the issues that lead to type-1 diabetes, but our knowledge is still incomplete. In addition, the existing drugs for the treatment of type-1 diabetes cannot control blood sugar in the normal range for a long time and have significant side effects. Therefore, there is an urgent need to develop new targets and more effective and safer diabetes treatment drugs, such as human FGF-1, to avoid the adverse reactions and insulin tolerance of traditional drugs to treat diabetes. In recent years, it has been found that fibroblast growth factors (FGFs), including FGF-1, can safely and effectively reduce hyperglycemia in patients with diabetes.

FGFs PLAY AN IMPORTANT ROLE IN DIABETES AND RELATED DISEASES

Of the recognized 23 FGFs, many, including FGF-1, have been extensively investigated in diabetes. FGF-1 can be produced by adipose tissue to regulate glucose uptake by modulating the glucose transporters (GLUTs), GLUT1 and GLUT4. FGF-1 also inhibits lipolysis in adipose tissues to suppress the production of free fatty acids (FFAs) that are transported into the liver to produce glucose. Mechanistically, FGF-1 binds to its FGF receptor 1 (FGFR1) which leads to the inhibition of fat breakdown or lipolysis in fat tissues. A single injection of recombinant FGF-1 can significantly reduce glucose levels in genetically diabetic (ob/ob) mice and diet-induced obese (DIO) mice. These animal models are widely considered as excellent models that mimic human diabetes.

There are many beneficial functions that FGFs play in the suppression of diabetic complications. This list includes suppression of hepatic glucose production and

lipolysis in adipose tissues, reduction of levels of fasting blood glucose and triglycerides, inhibition of renal injury and fibrosis, inhibition of fatty diet-induced obesity and insulin resistance, inhibition of cancer cell proliferation and migration, and promotion of diabetic wound healing process and bone repair. In addition, FGFs can regulate the activation of glucose-excited neurons, the expression of thermogenic genes, and the production of extracellular matrix components in cardiac fibroblasts. Of the 23 FGF family members, several, including FGF-1, have been broadly investigated in cell and animal models for diabetic disease treatments. In addition, clinical trials have been performed to investigate the roles of FGFs in insulin secretion and insulin resistance. More clinical trials are waiting to validate preclinical findings of the roles of FGF in diabetes and investigate new drugs or small molecules targeting FGFs to treat diabetes and diabetes-related metabolic disorders.

Conclusion by Dan Montano

Everyone at Zhittya is overloaded with projects. We have many, many things going on, and we know we have to succeed as quickly as possible, because people are suffering. We believe FGF-1 can change the world by treating diseases that are responsible for 65% of all deaths and suffering of adults. Every month, we are introduced to additional possible applications of our FGF-1. In the last 30 days alone, we have added type-1 diabetes, pancreatic functions and enhanced liver functions. Millions of people are affected by these diseases, and we have just been presented with data that indicates FGF-1 could treat them. We are overwhelmed with tasks and opportunities. We have seen Parkinson's Disease sufferers recover motor skills, body functions and mental abilities. Is it as we planned? No, it is taking more medicine and longer time than we originally

imagined. We have seen in functional MRI scans enhanced blood flow in the brain, which is great news, but it's just a step in the journey to save millions of lives.

Discovery means dealing with the Unknown.

We thank all of you who support us. We thank the people who send us ideas and data. On July 6th I turned 77 years old. I have fought all my life from a poor kid born in East Los Angeles to the top of the Investment Banking world. I was an Investment Banker (Wall Street) from 1968 to 1998 in a world of dog-eat-dog and I succeeded. I succeeded not because I was smart or good-looking, I succeeded because I outworked everyone, and I fought like a fierce junkyard dog. Why I was shown this medical miracle of FGF-1, I do not know. Has it given my life a wonderful purpose? Yes, it has! Everyone at Zhittya knows we have been selected for this impossible task, not as a reward, but as our duty, because we are all fighters who understand “If not us, then who?”

I laugh when people tell me, “Oh if this was real, Big Pharma would be doing it.” Animal studies showing type-2 diabetes can effectively cure diabetes have been out in the public **for over 12 years**. These studies were conducted by the world’s leading medical research organizations. Big Pharma reportedly generates \$44 billion per year in the United States on treating the symptoms of this horrible disease, diabetes, and their researchers never thought of, “let’s throw a few million dollars at this project and see if we can cure diabetes?” Why has this amazing data been ignored? Are we Zhittya, the only one who reads these publications and asks if those reports are correct? Why not try to cure this disease?

I have been told it is a bad business model to cure all your sick customers and

therefore lose their future revenues. Here is a link to a written article from Goldman Sacks (one of the Premier Investment Banking firms in the world) explaining why curing your customers is a BAD BUSINESS MODEL. They state that a 90% cure rate for hepatitis C has caused Gilead Sciences' sales to fall from \$12 billion down to \$4 billion, because they are curing sick people. Curing sick people means they will no longer infect others, thereby shrinking the future possible patient pool. Here is a link to that article:

<https://www.cnbc.com/2018/04/11/goldman-asks-is-curing-patients-a-sustainable-business-model.html>

Big Pharma generates \$44 billion per year from treating the symptoms of diabetes, while people go blind, suffer and die from strokes, heart disease and more. Is that why in 12 years they never spent a few million to see if diabetes could be effectively cured from the medical scientific papers written by leading researchers? Could the fear that they could lose hundreds of billions of dollars by curing diabetes, and maybe that is why they ignored research for 12 years that showed that diabetes could potentially be reversed with FGF-1 in a week.

I have an advantage over Big Pharma: I answer to a higher Judge. I was born poor, and it does not scare me to die poor; what scares me is having no proof that my existence, my life, mattered. If at my last moment of consciousness, if I know I have helped lessen the suffering and pain from these diseases, I will pass on as a happy person. **Curing diseases is a DUTY, not a business model!** After this article explained to me, it is not an oversight that Big Pharma did not pursue a cure, I sent an email to our Zhitty team. It basically said, “when the day comes that Zhitty has no more sick people as customers, it will be the proudest moment of my life. I can be at peace, our lives mattered we did our DUTY!

I believe FGF-1 therapy can address the cause of death and suffering of 65% of all adults. Since I just turned 77 years old, I now realize I have reached the halfway point in my life, and I need to get to work harder now, since I only have 77 more good years left to accomplish all these tasks.

Side Note: the idea of a poor kid from East Los Angeles, breaking the “Diabetes Drug Cartel” is very exciting to me!

When God gives you a purpose: DO IT!

I pray we all succeed! Bless you all!

Dan Montano, CEO

Zhittya Genesis Medicine

8683 W. Sahara Ave Suite 280

Las Vegas, NV 89117

USA

zgm.care