



August 17, 2025, Monthly Update

Medical Discovery

Medical Discovery is attempting to learn what you do not know.

Christopher Columbus is given credit for “discovering the New World and launching the Age of Discovery.” Yet to the people who already lived in what we now call the Americas, they already knew about their homes. So, to them it was not much of a discovery.

My discovery of what FGF-1 can do to enhance the health and life of humans started in 1998. German medical doctors used FGF-1 to grow new blood vessels in the human heart. This medical treatment addresses the number one cause of death in the world: **small vessel heart disease**. Small vessel heart disease is an incurable condition (with today’s technology) that will kill 30% of all adults. Small vessel heart disease is so evil and rampant that medical doctors just tell their patients, “You have congestive heart failure,” rather than explain a disease they can do nothing about. The first studies proving FGF-1 could treat small vessel heart disease were conducted in 1995 in Fulda, Germany. Today (2025), 30 years

have passed since a safe and effective treatment for the number ONE cause of death and suffering was revealed to the world, and here we are still not able to treat the 17 million people who will die of small vessel heart disease in 2025. Of that 17 million who die every year, I believe our medicine could have deferred the deaths of 80% of those people. Eighty percent of 17 million people is over 13 million people a year whose lives, I believe, could have been extended and lessened their pain and suffering. If, as I believe, our heart medicine should have been approved in 2005, seven years after we started on the process, then it has been 20 years of 13 million people per year (260 million total) suffering and dying because of **regulatory neglect**.

As we push to obtain clearance to offer our FGF-1 medicine to sick and suffering people, we are constantly hindered by bureaucrats who want us to move slowly and carefully; they want to confirm that the patients are not harmed. The 260 million people with small vessel heart disease, who are suffering with pain and who have died, are already HARMED! These bureaucrats are OK with giving an addictive painkiller, like fentanyl, to a 25-year-old woman recovering from giving birth, risking her and the baby's life. But the same bureaucrats deny a 60-year-old woman with ALS the Right to Try and save her life, because she may be harmed? She is harmed, and she has ALS; she has much to gain and little to lose.

Type 2 Diabetes

Type 2 diabetes is the largest unmet medical need in the world. In the United States and Canada, 40 million people are **already harmed** by this deadly disease. In Europe it is 60 million people, in the whole world, 700 million plus are already harmed by having the disease of diabetes. These people are sick, and they are all

suffering a torturous struggle with no cure in sight, and bureaucrats will not let you try and enhance your life, because you might be harmed?

Zhittya has started our “Medical Research Study to Reverse Type-2 Diabetes”, in Las Vegas. We are advancing because in the British Virgin Islands, where we have clearance to conduct this study, we have dosed 25 people who were type 2 diabetics, and all have recovered and are no longer diabetic. Luck, accident, phony data, lies; we have heard all of those points and heard that what we are doing is NOT REAL!

Since we have seen type 2 patients reverse their diabetes, we have to ask, “Why do we think FGF-1 reversed their diabetes, and are they effectively cured?” I have stated many times before that Zhittya has an advantage in our development of FGF-1: the FGF-1 molecule is so amazing it has been researched by thousands of people in many different medical research labs over the last 40 years. Zhittya believes the dysfunction that causes type 2 diabetes results from **“glucose-sensing neurons in your brain are not functioning properly.”**

Zhittya believes that FGF-1 can return those neurons to normal function. There are decades of research from thousands of researchers exploring FGF-1’s effect on glucose-sensing neurons to re-establish their functionality. Did you know the glucose-sensing neurons have their own direct neuron pathway linked to the pancreas and liver to control their functions? The next time someone tells you we are crazy, have them go and search “glucose-sensing neurons and FGF-1” and have them read the thousands of items on FGF-1 enhancing the glucose-sensing neurons’ functions, thereby reversing type 2 diabetes.

The Zhittya team has written a White Paper: [A Potential Breakthrough Therapy for Reversing Type-2 Diabetes Fibroblast Growth Factor-1 \(FGF-1\)](#)

Here is a link to that White Paper: zgm.care/t2d

If you or anyone you love has this horrible disease, diabetes, have them read this White Paper, it is more than hope; it is reality that type 2 diabetes can be reversed. If you or they are interested in being considered for our Medical Research Study to Reverse Type-2 Diabetes you can register at: cure-diabetes.org

One last comment on this topic: Big Pharma, diabetes associations, medical universities, and medical doctors have all missed these thousands of items over the last 30 years that diabetes can be reversed. They do not want to advance this research because they do not want to take the chance of curing a paying customer. Here is an article by CNBC for a report by Goldman Sachs, "Is curing patients a sustainable business model?":

cnbc.com/2018/04/11/goldman-asks-is-curing-patients-a-sustainable-business-model.html

For 100 people suffering and at risk of dying with small vessel heart disease, to try a new treatment that can then save 260 million people seems rational to me. Of the over 700 million people suffering with diabetes, they are already harmed; what they want and need is to be healed.

We have secured over half of the funding for our Medical Research Study to Reverse Type 2 Diabetes in only 8 weeks, and we are building up momentum. I believe we should complete the fundraising for that study in the next 60 to 90

days. We should start dosing at the end of August and be completed by year's end. Follow our journey on reversing type-2 diabetes, as it may mean a better life and a possible cure for over 700 million people with diabetes.

Chronic Wound Healing

As I have written before, Zhittya will be pushing certain medical indications for which (1) we have human data demonstrating FGF-1 can heal the issue, (2) we know the proper dosing, and (3) we can have reconfirming human data within 6 to 8 months.

Chronic wounds are a major unmet medical need.

It is reported that in the United States, 6.5 million people have wounds that remain open for 4 months or longer. In Europe it is reported there are 12 million people with nonhealing wounds. About 60% of those wounds are from diabetic foot ulcers. Chronic wounds can lead to infection and amputations and can dramatically reduce life expectancy. Chronic wounds are the original medical indication that Merck pursued when it patented FGF-1 in the 1980s. We acquired all of Merck's data and have also advanced our efforts in healing chronic wounds. We believe the primary reason these wounds do not heal is the lack of blood flow to the injured area. It is no secret that there is a lack of blood flow in the damaged area, and we know FGF-1 can address that issue. We have prepared a White Paper: **Healing Chronic Wounds with Human Fibroblast Growth Factor 1 (FGF-1).**

You can download a copy at this link: zgm.care/wounds

We are preparing the Protocols to conduct this Medical Research Study in Las Vegas, and I hope we can start dosing in October.

Zhittya is starting a second Medical Research Study Fund to fund the chronic wounds study. The investment return will be the same 10 times upside and two times downside. The royalty Zhittya will pay is 50% of what we collect until the investor receives ten times their investment. The reason Zhittya will pay a 50% royalty is, (1) I know it works, (2) I believe the marketplace for wound healing is 3 to 7 billion dollars per year, and (3) I believe a topical drug (placed upon the surface of the skin) will be approved quicker and taken up faster by wound healing professionals since they have nothing that works for these horrible wounds. Remember, a person with a chronic wound is already harmed, and FGF-1 will heal them.

Neurodegenerative Diseases

Zhittya continues to address neurodegenerative disorders such as stroke, Parkinson's disease, dementia, Alzheimer's disease, autism, brain injuries, and more. We have experienced excellent improvements; however, we still have not figured out the best dosing. We continue to experiment with increased dosing to make sure it is safe. So far, I am Vika's primary lab rat for those new frontiers. We have people now at three years of dosing with FGF-1. Someone being dosed in September of this year will receive about 40 times more FGF-1 than the first people that were dosed 3 years ago. Every person in our Parkinson's disease study advances upwards to receive the higher dosing level as soon as we confirm it is safe. Once we have identified the best dosing regimen, we will advance that into USA FDA studies for their approval. We are doing the same with stroke recovery, dementia, autism, Alzheimer's disease, and more.

We have seen in functional MRI scans that FGF-1 is enhancing the brain's blood

flow and that increased blood flow is good. So, I believe we are on the right path, and we just have to learn more and discover what we do not know.

Medical Research Studies Funding

Funding for the Medical Research Study, to “Reverse Type 2 Diabetes”, has started. We have about half of the \$5 million we wish to raise to fund the first 100-person study in Las Vegas. We are offering a very good deal to the investor, and we are in discussions with professional investors and some family offices who are interested. I believe we will be able to finish the funding for the type 2 diabetes study within 90 days.

With the warm reception we have had from investors about the type 2 diabetes medical research funding, I have decided to start now the Medical Research Study for healing Chronic Wounds. We are offering the same ten times upside as a royalty of the cash Zhittya earns from the sale of the FGF-1 medicine to heal chronic wounds. The difference is that we will pay 50% of the cash receipts to the investors, until they max out at 10 times their investment. We are doing this since I believe, (1) we have 40 years of data, which shows me a 99.9% likelihood of success; (2) nonhealing wounds are a major unmet medical need, and (3) the drug is delivered topically, which should allow it to move more quickly to approval. I believe if we start dosing in October 2025 and dose the 100th patient in January (with an estimated 4 to 5 months to heal the worst of the worst wounds), that by July of 2026, Zhittya should have a wonderful announcement for the millions of people being harmed by a lack of treatment for their chronic wounds.

After chronic wounds, I hope to start in December 2025:

- Critical leg ischemia

In 2026 I hope to start:

- Peripheral artery disease
- Neuropathy
- No-option heart patients

Medical Research Studies in Nevada.

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.

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 #40: September 3 – 8, 2025

Cohort #41: October 24 – 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

We have so much going on, and these are very exciting times! Dan mentioned additional medical indications that we will be pursuing, including peripheral artery disease (PAD) and the more severe form of that disease, critical leg ischemia (CLI). I would just like to take a second to review data we have in this area.

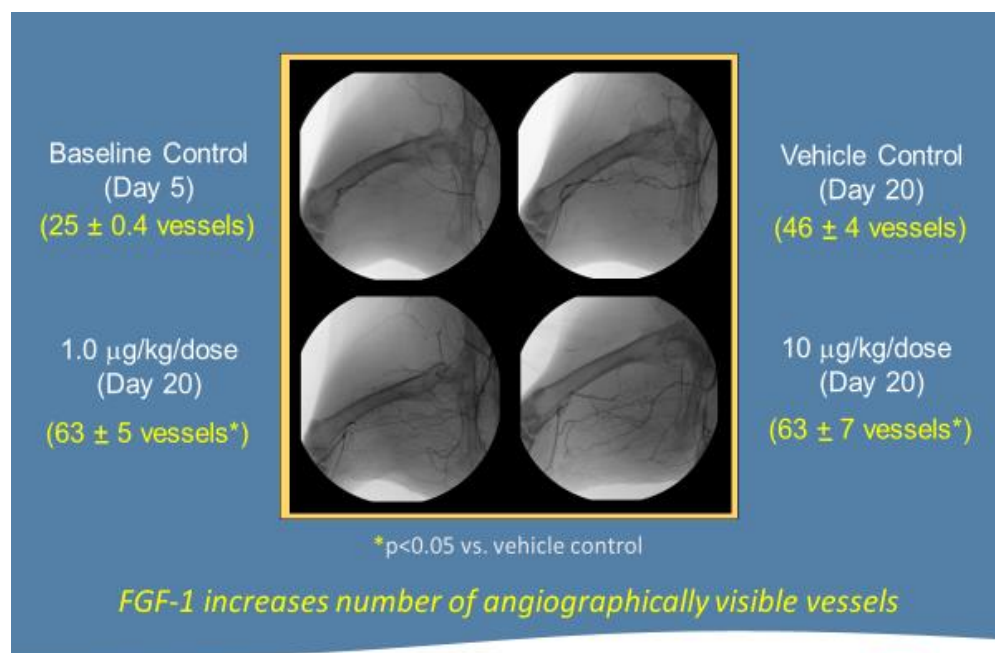
PAD occurs when blood flow to the legs is reduced or completely blocked by atherosclerosis – the accumulation of plaque on the inside walls of the arteries, causing those arteries to narrow or harden. When blood flow to one or both legs cannot keep up with demand, the result is leg pain on walking (“intermittent claudication”). If blood flow to the legs is completely blocked, tissues in the leg and/or foot die, leading to critical limb ischemia (CLI) with a significant risk for limb amputation and death.

According to the US National Heart, Lung, and Blood Institute, PAD affects 8 to 12

million people in the United States, especially those over the age of 50. According to The Lancet medical journal, the number of people with PAD is estimated at 202 million worldwide. The American Diabetes Association estimates that one-third of people with diabetes over the age of 50 also have PAD, and a recent study found that 50% of people with diabetic foot ulcers also had PAD.

In animal models of peripheral artery disease, FGF-1 was well tolerated by animals at varying dose levels and dramatically increased the density of angiographically visible collateral vessels (both capillaries and arteries) compared to control-treated animals, as shown in the figures below. Figure 1 displays angiograms from FGF-1-treated and control animals taken 20 days after treatment began. The appearance of angiographically visible new blood vessels was determined, and there was a significant increase in the number of new vessels in the FGF-treated animals compared to control animals, a clear sign of therapeutic angiogenesis at work.

Figure 1. FGF-1 significantly enhances capillary and artery density in an animal model of PAD. FGF-1 was injected into the ischemic hindlimb of rabbits at two doses, 1.0 and 10.0 $\mu\text{g}/\text{kg}$ and the effect on capillary density was measured by angiography. Both the low and high dose levels of FGF-1 caused a statistically significant increase in new blood vessel formation.

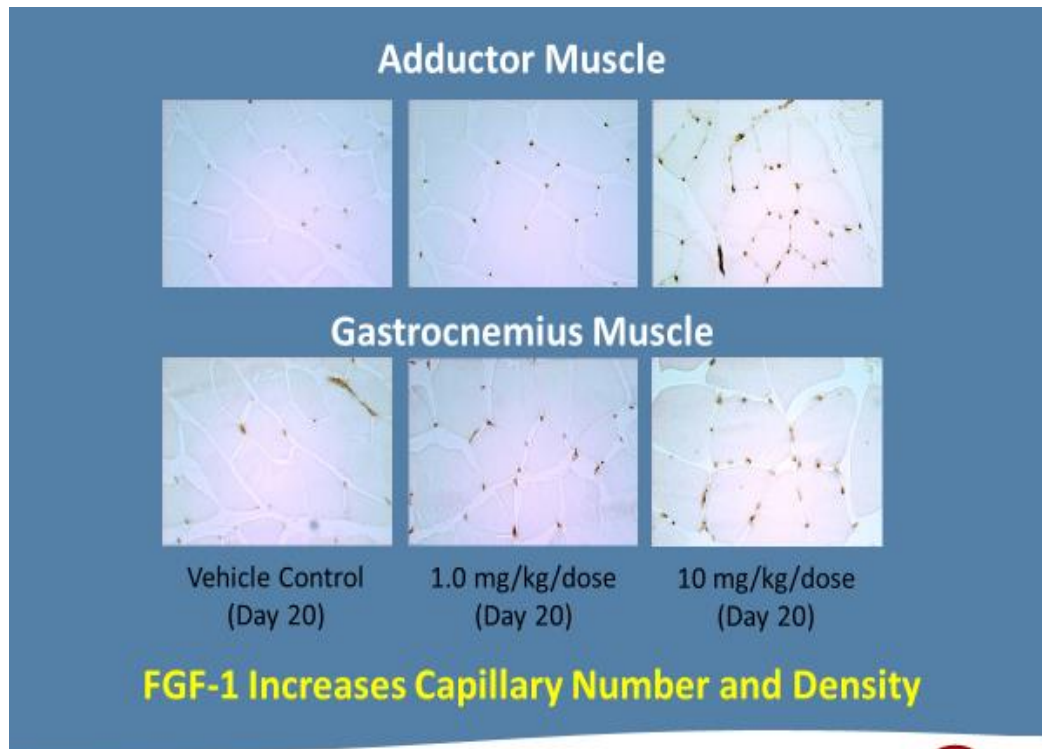


Leg Angiograms



In Figure 2 below, a separate group of animals was studied at day 20 after treatment started, and the number of new vessels appearing in the leg muscles was determined histologically, by staining the rabbit tissue for new blood vessels. Going from left to right in Figure 2, it is apparent that FGF-1, in a dose-dependent manner, stimulated an increase in new capillaries in the ischemic rabbit leg.

Figure 2. *Effect of FGF-1 injections on the number and density of new capillaries in the leg muscles (abductor and gastrocnemius muscles) of rabbits as determined by histological staining. The new vessels appear as small, dark-staining pinpricks in the panels below. Control animals are on the left-hand panels, and two increasing doses of FGF-1 are in the middle and right-hand panels.*

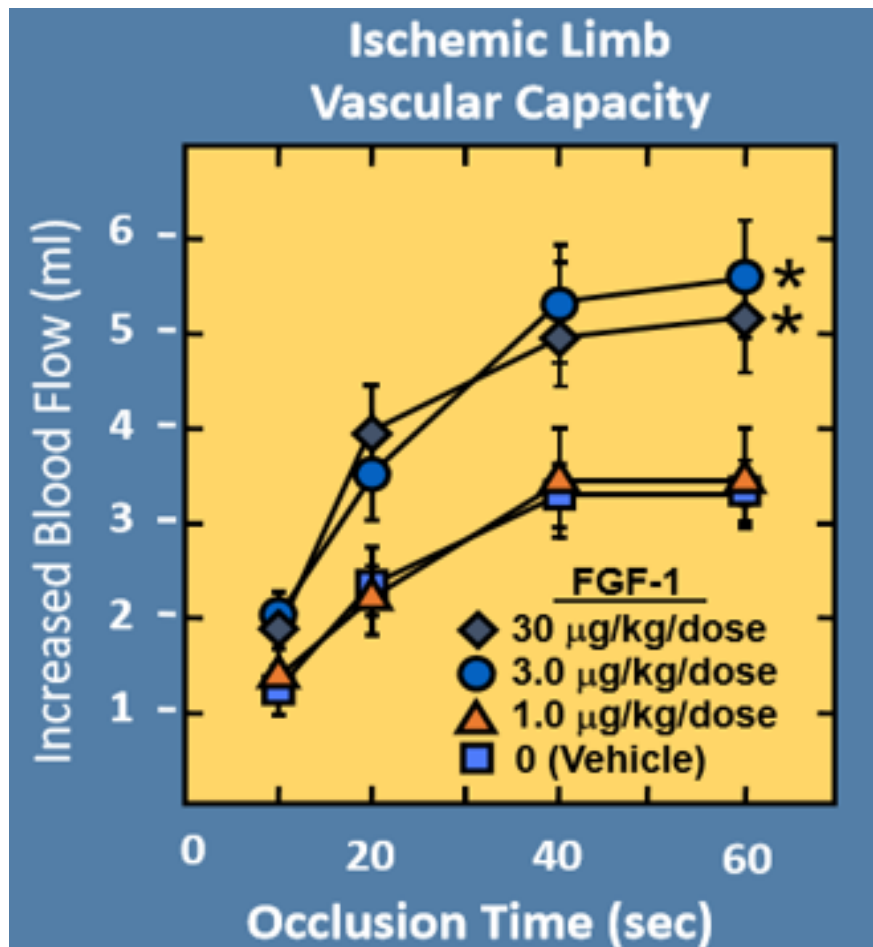


FGF-1 Angiogenic Response



Blood flow in the FGF-1-treated and control animals could be measured by placing blood perfusion probes directly into the iliac artery of the rabbits' legs. As shown in Figure 3 below, at both 3.0 and 30.0 μg FGF-1/kg, there was a statistically significant increase in blood flow measured in the animals that received FGF-1.

Figure 3. FGF-1 increases blood perfusion into the ischemic rabbit leg. FGF-1 injections into the ischemic rabbit leg led to a statistically significant increase in blood flow in the ischemic limb.



Zhittya will build on the success that FGF-1 has enjoyed in stimulating new blood vessel growth in the ischemic human heart and extend this to the ischemic leg in patients suffering with PAD and CLI. The potent angiogenic growth factor, FGF-1, has shown excellent efficacy in animal models of PAD, where it increased capillary and artery density in the ischemic legs of these animals, as well as increasing blood perfusion in the affected leg. Toxicity studies indicated intramuscular injections of FGF-1 were well tolerated with little, if any, adverse clinical effects even when given at relatively high doses. Given that PAD affects over 10 million US citizens and over 200 million people worldwide, Zhittya is enthusiastically committed to starting this clinical development program to bring a sorely needed breakthrough therapeutic for this unmet medical need.

Conclusion by Dan Montano

I believe the next 12 months are very important to Zhittya Genesis Medicine and to the tens of millions of people presently being HARMED by regulatory neglect. Harmed by small vessel heart disease, vascular dysfunction in the brain causing Parkinson's disease, strokes, dementia, and more. Type 2 diabetes, chronic wounds, and more are all HARMING people every day, and yet there is human clinical evidence that these harmful conditions could be treated and the pain, suffering, and premature deaths could be prevented, and people could live better lives.

It angers me when a bureaucrat says we must move slowly and carefully so patients are not harmed. A woman with ALS believed our FGF-1 might extend her life. A request was made to the FDA, under the Right to Try law, and she was denied. **She was harmed by their inaction**. She knew the risk, and she accepted the risk, because she believed even if FGF-1 did not save her, maybe we would learn from her sacrifice, and how to make it work for others. If she was going to die from ALS, she wanted her death to have some value to help others. Our FGF-1 heart medicine, I believe, could lessen the pain and suffering of millions of people, and we are trapped in a regulatory catch-22.

When people call us frauds, liars, fools, and worse since we believe FGF-1 can reverse type 2 diabetes, they say to us, "If this was real BIG PHARMA would be doing it." I wonder how Big Pharma for the last 30 years missed the thousands of papers **published** that show glucose-sensing neurons can be reinvigorated by FGF-1, thereby reversing the disease known as type 2 diabetes.

I do not believe a healthy 25-year-old pregnant woman should take fentanyl, one

of the most addictive and dangerous substances ever created, for her labor pain, while a 60-year-old woman dying with ALS should be denied by the same regulators, she is willing to try and save her own life.

I wake up every morning with fire in my soul. We have got to change this evil process that does not worry about the continuing harming of people every day by a disease that could be treatable but are knowingly ignored by politicians and regulators. I have met with our Parkinson's disease sufferers when they first arrived in the British Virgin Islands. Their eyes were desperate as they dealt with no hope and their pending decline into hell that could not be halted. Now, two and three years later, we see so much improvement. Has the improvement happened as fast as I would have hoped? No. But one Parkinson's disease sufferer told me something recently: that, basically, he has improved movement, brain function, etc., but he is not even close to being back to his normal self. However, he told me about his friend who worked out at the gym who also has Parkinson's disease. Their conditions were similar two years ago. Now his friend is in a wheelchair, can barely talk, and watching his friend decline has made him realize, trying FGF-1 has made a difference to what might have been his fate.

One last point: people challenge me, saying, "Oh, you think dosing with FGF-1 can reverse diabetes, and you are crazy." During the [Age of Sail](#), it was assumed that 50 percent of the sailors would die of scurvy on a major trip. In long sea voyages, crews were isolated from land for extended periods, and these voyages relied on large staples of a limited variety of foods. The lack of fruits, vegetables, and other foods containing vitamin C in the diets of sailors resulted in scurvy. One small lime saved tens of thousands of sailors and passengers from dying from scurvy. Simple,

and it was real, and it worked. What if FGF-1 can do the same for diabetes?

We can do this for more people, and in the next 12 months we have to remind those who think they control our lives and want to regulate our lives by denying us **the FREEDOM to Try**, that our lives belong to us, not to them.

You can harm millions of people by doing nothing, and that is wrong! What if the British Government had told the captains of its ships, do not let your men eat limes, it may be bad for them. Why are ALS patients, who have death sentences, denied the ability to Try and save their lives? Why are diabetics being denied a chance to be cured?

I pray we all succeed! Bless you all!

Dan Montano, CEO

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