Obesity. Tactics of antihomotoxic therapy and pharmacopuncture V.V. Kornienko (Leading specialist of the Russian representative office of the pharmaceutical concern "OTI", Russian representative office of the pharmaceutical concern "OTI", Moscow)

In the United States, the total cost of treating overweight and obese people was \$ 117 billion in 2005, equivalent to 10% of healthcare spending. Currently, 64–65% of the adult population is overweight, of which 30–31% are obese. Over the past 20 years, their number has doubled. Among the leading causes of preventable mortality, death from obesity follows mortality from smoking. Italy leads among the EU countries in obesity, the younger generation of which suffers from it in 36% of cases. The latest incomplete statistics for Russia for 2000 indicate that 30% of the population is overweight.

Obese patients are more likely to suffer from cardiovascular diseases, diabetes mellitus, pathology of the musculoskeletal system, dysfunctions of the hepatobiliary system. At the same time, targeted weight loss, regardless of the method, increases the likelihood of sudden cardiac arrest by 40 times, which imposes a stamp of responsibility on both the patient's choice and the doctor's actions.

Obesity is a pathological hypertriglyceridemia. The condition for the development of primary obesity is the excess of energy requirements over expenditures. The key mechanism is the disruption of the hormonal connection between adipose tissue and the hypothalamus (lipostatic homeostasis). Eating behavior and psychology of the patient change, an "unhealthy" lifestyle is chosen - the somatopsychic path of the disease is formed. The psychosomatic path of development presupposes the presence of a primary traumatic situation.

Adipose tissue is not inert bins, but metabolically active tissue with intensive processes of lipogenesis and lipolysis.

The feeling of appetite is controlled by the "factors of satiety" and "substances of hunger" - leptin, areenterin, cholecystokinin, insulin, endorphins, norepinephrine, somatomedin and others. Fats from glucose, estrogens from androgens are synthesized in adipocytes, which explains the sexualization of the act of eating, greedy desire, satiety or refusal in psychoanalysis, and also forms sexual potential and fertility.

Modern classification distinguishes primary and secondary forms, hypertrophic and hyperplastic varieties; android, gynoid and mixed obesity. With gynoid obesity, adipose tissue produces estrogens more actively, which is manifested by an anti-atherogenic effect, it is more hyperplastic and more resistant to diet therapy. Visceral obesity is combined with android, forms insulin resistance. So Thus, more favorable forms of obesity are gynoid, hypertrophic and subcutaneous forms. Hypodynamic forms of "obesity of viewers", especially those with a sweet tooth, lead to the accumulation of predominantly visceral fat.

After a successful course of treatment for obesity, the basal metabolic rate decreases, sexual functions are impaired, obsessive neuroses develop, and there is a tendency to leukopenia, bradycardia and hypotension. Therefore, an obese patient with a normalized weight is not cured, leptin deficiency and personality disorders remain. Its adipocytes are still reluctant to part with fatty acids and glycerol. In connection with these data, methods of biological (holistic) medicine acquire special interest and significance in the treatment of obesity.

The use of antihomotoxic therapy and pharmacopuncture methods is an independent therapeutic strategy and can complement any other modern methods of weight correction.

Tasks of pathogenetic antihomotoxic therapy:

1. Activation of lipolysis.

2. Normalization of hormonal status. Restoring hormone balance pituitary gland, thyroid hormones, estrogens and androgens.

- 3. Normalization of the basal metabolic rate.
- 4. Correction of metabolic disorders.
- 5. Normalization of the function of the digestive system.
- 6. Normalization of water and electrolyte balance.
- 7. Carrying out detoxification therapy.
- 8. Correction of hereditary and constitutional predisposition.
- 9. Solving psycho-emotional problems, peculiarities of response,

an increase in the threshold of stress resistance.

Basic oral antihomotoxic therapy

(the choice of a combination of drugs depends on the form of obesity and concomitant pathology):

Cronochir - stimulates the metabolism and the endocrine system. Graphites OTI comp. - prescribed for hypothyroidism,a slowdown in metabolism, anxiety.

Biofux - activates the basal metabolism in hypothyroidism.

Additional pathogenetic therapy:

Solidago OTI comp. - activates the excretory function of the kidneys. Limphomioti - reduces the severity of edema.

Lindau K Pater and MAG 1 - reduces hunger. Magryfucus - speeds up metabolism, creates a feeling of fullness. Difensoti or Oticatal - recurring eating disorderweight gain after obesity therapy, concomitant chronic and degenerative diseases, cellular phases of homotoxicosis. Biotyr is a regulator of thyroid function. Cicloreg regulation of endocrine functions in women. Androti regulation of endocrine functions in men.

Antigraf - slow metabolism, dermatoses, impaired digestion and assimilation of food.

Bromlip (Bromlip Ortho) - regulates production and activitydigestive enzymes, hydrolipodystrophy.

Fucus Oti composto (Fucus Oti composto Ortho) - obesity combined with hypothyroidism.

Biofast complex - hypothyroidism, basal metabolic stimulation.

Snell Fitoti - activates metabolism, anorexigenic action, lipolytic. Apis Oti composto - hydrolipodystrophy, used for edema.

Biomesotherapy:

Adeps Oti comp. (Adeps Oti comp. Ortho), Cellin 1,2,3 (Cellin 1,2,3 Ortho), Cellitin forte (or Ortho), Graphites Oti composto, Biotyr, Triac.

Homeopharmacopuncture: General acupuncture points - P11, F13, GI14, RP6, E36, E25. Internal dehydration and cellulite therapy - E36, E37, E40, R7 Regulation of hormonal status - VB30, V31-33, VC5. Obesity in the thighs - VB31, V40, E34. Calf enlargement - V56, V40. Abdominal obesity - V25, VC6, VC10. Primary obesity in the lower abdomen - E44, VB41. Unstable weight fluctuations - P9, VC14, E20, V17. Postmenopausal obesity - VB20, E9, GI4 or R4, RP6, RP10 or V10, E36,

R3.

Edema of the subcutaneous tissue - VC9, VC7, VC5.

Kornienko, V.V. Obesity. Tactics of antihomotoxic therapy and pharmacopuncture / V.V. Kornienko // Traditional medicine. - 2007. - No. 3 (10). - S.32-33.

<u>To favorites</u>