

Experience in the use of bioresonance therapy and homeopathy in combination with short courses of therapeutic fasting in the treatment of obesity

Bobrovskaya A.N.

(Department of Homeopathy and Electropuncture Medicine IPC, Clinical

Hospital No. 83 FU MEDBIOEXTREM of the Ministry of Health of the Russian Federation, Moscow, Russia)

According to the WHO, approximately 50% of the population in developed countries is overweight, and obesity is most prevalent in the United States, Canada, Europe and Russia. Obesity is the cause of many diseases that not only disable patients, but can also lead to death.

The causes of obesity in adults are controversial. Distinguish between internal and external mechanisms of violation of fat metabolism. Among the external causes of obesity, a significant change in the nature of nutrition should be noted in the second half of the twentieth century, when high-calorie refined foods appeared in many civilized countries, and in conditions of a high pace of life, the so-called "fast food" on the go was cultivated. In these conditions, fast food, due to the lack of a sufficient amount of fiber, does not give a feeling of satiety. In addition, the uncontrolled use of artificial vitamins contributes to increased absorption of food and the accumulation of fat in the body. An important role is also played by the hyperphagic reaction to a traumatic situation when food, especially carbohydrate food, creates conditions for increasing the metabolism of serotonin, which is called the hormone "comfort".

Of the internal causes, it is necessary to single out the violation of energy metabolism that occurs as a result of the development of the body. Dilman V.M. (1998) classifies adult obesity as a "normal energetic disease of aging," which begins at about 20 years of age after the cessation of growth. With age, the body, regardless of its needs, gradually switches to the fatty way of providing energy as a result of changes in the central regulation of energy metabolism, characterized by

an increase in the threshold of sensitivity of the hypothalamus to the inhibitory effect of glucose and a decrease in the threshold for fatty acids. In this case, even a slight excess of energy intake from food over energy consumption by the body will lead to the development of obesity.

With age, the line between external and internal causes of obesity is gradually erased and a closed self-sustaining mechanism for the formation and existence of obesity is created.

The treatment of obesity remains problematic until now due to the availability of many recommendations. Analysis of literature data showed that the use of reduced diets or drugs in clinical medicine that suppress appetite or block the absorption of fats from the intestine is not suitable for long-term use due to side effects, and prolonged therapeutic fasting for up to 25–30 days is non-physiological and fraught with severe complications. Due to insufficient individualization of program therapy, patients cannot follow the doctor's recommendations for a long time and abandon treatment. Relapses in these cases are 95%.

For the successful treatment of obesity and the prevention of relapses, from our point of view, it is necessary for the patient to understand what is happening in him.

changes in the body, assessment of the causes of obesity and, most importantly, the patient needs to develop a new way of life. The effectiveness of treatment directly depends on the patient's awareness of the need not only to reduce body weight, but also to constantly maintain its optimal value.

Taking into account all of the above, we offer our experience of an integrated approach to the problem of correcting fat metabolism. We used a combination of bioresonance therapy, homeopathy and short courses of therapeutic fasting.

11 patients are constantly under our supervision from 3 to 9 years. There were always a lot of people who wanted to lose weight, but as soon as they learn that obesity treatment is, first of all, work on the patient's own health, and the treatment is designed for a long time, the enthusiasm fades away. The patients were between 45 and 63 years old, of whom 7 were women and 4 were men. All of them suffer from primary alimentary obesity. In addition, they had various neurological diseases (osteochondrosis of the spine with secondary radicular or muscle-tonic syndrome, dyscirculatory grade 2 encephalopathy, hypertensive type neurocirculatory dystonia, toxic polyneuropathy).

The degree of obesity was assessed by body mass index (BMI), according to the WHO, normal body weight with BMI = 19-24.9, overweight with BMI = 25-29.9 and obesity with BMI = 30 or more. In our patients, BMI ranged from 30 to 40 with a body weight of 94 to 127 kg.

All patients were fully examined not only for the existing nosological forms of diseases, but also in connection with the presence of obesity. Some had an increase in total cholesterol and its fractions, unstable glucose levels, signs of fatty infiltration of the liver and pancreas without impairing the function of these organs. In patients suffering from ethanol intoxication, an increase in the size of the liver and high levels of liver enzymes were found. In addition, 4 patients had arterial hypertension, which did not respond well to treatment. In our group, there were no patients with organic diseases of internal organs and nervous system.

Obesity in women, as a rule, occurred after childbirth or in the early menopause. It was noteworthy that 3 patients had previously tried to lose weight with the help of advertised diets, and two managed to reduce body weight, but the effect was short-lived.

Two men, after troubles at work, began to consume alcohol to "relieve stress" and significantly gained weight within 1 year. One male, a former athlete, became overweight after stopping sports due to an inappropriate diet - he preferred a hearty dinner. When interviewing many patients being treated in a hospital, it turned out that they overeat in the evening due to the combination of an abundant dinner with watching television in the evening and night programs, and as a result, this led to a loss of control over the amount of food eaten.

Our proposed obesity treatment regimen was of the same type and did not depend on the sex or age of the patients. Before treatment, an algorithm of the program was proposed, including keeping a food diary with an assessment by the patient himself not only of the amount of food eaten, but also of its calorie content (according to the calculated

tables), weekly weighing on an empty stomach in the morning with a mark of body weight in a food diary, constant maintenance of physical activity (exercising in gyms, using exercise equipment at work and at home, visiting the pool and sauna, long Sunday walks, skiing, ice skating, visiting a dance class, etc.).

Before the start of treatment, against the background of and after its completion, the patients were examined on the hardware-software complex "IMEDIS-EXPERT". Starting from the first day of fasting, BRT was carried out every morning for 10 minutes, and on the last day of fasting, a BR-preparation was made, which the patient took on the following days when switching to the usual diet.

The day before fasting, the patients cleansed the intestines by taking saline laxatives. The fasting was complete with the permission to take liquid at will, but not less than 1-1.5 liters per day in the form of a decoction of wild rose, non-carbonated mineral table water "Erinskaya" or "Borzhomi".

The duration of fasting ranged from 5 to 10 days, but the majority of patients (9 people) fasted for 7 days. Fasting was prescribed during periods of church fasting (Nativity Fast in December, Great Lent in March – April, and Peter's Fast in the summer months), which facilitated the fasting process itself and greatly simplified the transition to normal nutrition during the recovery period. In the absence of an independent chair, a cleansing enema was performed. Then water procedures were prescribed (shower or swimming in the pool), exercise therapy in the hall, manual massage or pneumomassage of the extremities, mechanical massage of the trunk muscles using the "Autohelfer" apparatus, walks on the street or in the winter garden of the hospital.

All patients received only homeopathic medicines: curdlipid, argentum nitricum, anacardium and veratrum album. This combination, in our experience, is justified, since curdlipid is a universal regulator of lipid metabolism, anacardium and argentum nitricum eliminate the side effect of fasting - headache and dizziness, and veratrum album prevents collaptoid states and fainting. Before discharge from the hospital, 30 potency homeopathic constitutional remedies were selected.

We carried out a way out of medical fasting at a slow pace for 7-10 days. They started with the appointment of fruit juices diluted with water without sugar, then they added mashed raw apples and carrots, after which they switched to boiled vegetables in the form of mashed vegetable soups or vinaigrette without salt, bread - no more than 100 g per day from the 5th day, low-fat kefir and cottage cheese - from the 7th day, lean meat and boiled fish - 1 month after fasting.

During the complex treatment, we did not get a worsening of the course of the underlying disease, moreover, normalization of blood pressure without antihypertensive drugs was noted, the level of glucose, cholesterol and liver enzymes normalized, pain in patients with muscle-tonic syndrome was stopped.

All patients showed a decrease in body weight loss from 7 to 10 kg. Short courses of complete fasting during the period of church fasting are well tolerated by patients and the greatest effect of weight loss is noted precisely in the first days. Probably, this was facilitated not only by the bodily, but also by the spiritual

the cleansing that occurs during each religious fast. On the other hand, the fat pathway of energy metabolism, biologically programmed in ontogenesis, during short periods of fasting allows the body not to change anything and use fat from fat depots as "fuel".

Homeopathic remedies (curdlipid, argentum nitricum, anacardium and veratrum album) can regulate eating behavior and prevent possible side effects of fasting. Selected constitutional homeopathic remedies consolidate the obtained effect and reduce depressive reactions.

Bioresonance therapy probably removes "blocks" at the level of nonspecific adaptive mechanisms, thereby enhancing the effect of body weight loss and alleviating the state of stress, which is starvation for the body.

The sustainability of the therapeutic effect, according to our observations, completely depends on the activity and desire of the patient himself to maintain the obtained result.

After discharge from the hospital, the observed patients continued to keep a food diary, constantly monitored their weight and tried to maintain physical activity. 7 patients repeated courses of therapeutic short-term fasting on the days of fasting, while others, strictly controlling body weight and eating behavior, did not allow errors in the diet and, thus, kept their normal weight. A special role, in our opinion, is played by constant communication with the attending physician, who psychologically supports the patient, gives advice and is interested in his success.

The method we propose can be used not only in a hospital, but also in an outpatient setting.

---

Bobrovskaya A.N. Experience of using bioresonance therapy and homeopathy in combination with short courses of medical fasting in the treatment of obesity // XI