Diagnostics and treatment on the equipment "IMEDIS" of patients overweight

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OBESITY is an urgent problem of our time. During the year, we examined and treated 280 obese patients (50 men, 230 women).

Obesity is a condition accompanied by excessive accumulation of adipose tissue in the body and leading to an increase in normal body weight by 20% or more against the background of liposynthesis activation and lipolysis inhibition.

According to the type of distribution of adipose tissue in the body, (% according to the analysis of examined patients for 2009):

- android - 18.7%;

- gynoid - 30.3%;

- mixed type of obesity - 51%.

The first is characterized by the deposition of adipose tissue mainly in the upper part of the body, with a gynoid - fat accumulates mainly in the lower part of the body and with a mixed type, a relatively uniform distribution of subcutaneous fat occurs. A relationship was revealed between the nature of the distribution of adipose tissue and the presence of metabolic complications. In particular, the android type of obesity is more often than others combined with impaired glucose tolerance - 91.3% or diabetes - 7.6%, hypertension - 67.3%, hyperlipidemia, hyperandrogenism, hirsutism in women - 3.8% ...

By obesity from among those examined:

I degree - mild (when BMI is within 25-30) - 21.8%; II

degree - moderate (BMI - 30–35) - 28.2%; III degree -

pronounced (BMI - 35–40) - 34.3%;

IV degree - pathological (BMI more than 40) - 15.6%.

In clinical practice, it is customary to distinguish the following forms of obesity:

1. Alimentary.

2. Endocrine.

3. Cerebral.

4. Medicinal.

Form I is exogenous-constitutional, or alimentary,

obesity is more common, in our case - 79.4%.

The etiological factors causing the development of this form of obesity are subdivided into exogenous and endogenous.

Exogenous factors include: availability of food and overeating from early childhood; reflexes related to time and amount of food; learned types of nutrition (national traditions); hypodynamia.

The endogenous factors contributing to the development of obesity are as follows: heredity predisposing to obesity; the constitution of adipose tissue; activity of fat metabolism; the state of the hypothalamic centers of satiety and appetite; dyshormonal conditions (pregnancy, childbirth, lactation, menopause) are often predisposing to the development of obesity.

Excessive food intake is accompanied by frequent increases in blood glucose and promotes the development of hyperinsulinism. In turn, hyperinsulinism stimulates appetite, closing the vicious circle, and at the same time contributes to the activation of liposynthesis. In addition, it is known that the formation of feelings of hunger and satiety depends on the activity of the hypothalamic centers located in the ventrolateral (satiety center) and ventromedial (hunger center) nuclei of the hypothalamus. In addition, peptides of the gastrointestinal tract are known to be involved in appetite regulation. Some (opioid peptides: growth hormone releasing factor, norepinephrine, g-aminobutyric acid) increase, others (cholecystokinin, corticotropin-releasing factor, dopamine, serotonin) reduce food intake.

Form II - endocrine forms of obesity, according to our data, are much less common - 6.4%.

Endocrine obesity is a symptom of primary pathology of the endocrine glands (hypercortisolism, hypothyroidism, hypogonadism, insulinoma). And although with all these forms there are various degrees of severity of hypothalamic disorders (primary or secondary), accompanied by excessive lipogenesis, they have separate etiological forms with
disorders in certain parts of the neuroendocrine system.

III form of cerebral obesity can be caused by tra vmami of the skull, neuroinfections, tumors brain or long raising intracranial pressure.

The IV form of drug-induced obesity in our case was 14.2% (women took contraceptives for more than a year). It is formed with prolonged use of drugs that increase appetite or activate liposynthesis.

The pathogenesis of obesity depends on the classification form of the disease. However, regardless of the form of obesity, it is the result of overeating

(i.e. food consumption in excess of the required energy costs for a particular individual).

The treatment was carried out after revealing the metabolism of adipose tissue, metabolic activity, hormones, enzymes, vitamins, microelements, infectious load, the state of the organs responsible for the disturbed metabolism. Main treatment: BRT method + selection of a harmonious diet.

The effectiveness of the treatment

Android type of obesity: in 2 months, weight loss by 11.4%, the final result - after 7.9 months, weight loss by 22.5%.

Gynoid type: weight loss by 12.3% in 2 months, the final result - after 4 months, weight loss by - 16.5%.

Mixed type of obesity: in 2 months weight loss by 11.01%, the final result is a decrease in 15.2% after 4 months.

Regardless of the type of obesity, there is a violation of the regulatory function of the endocrine system, a violation of the activity of a number of hormones (87.5% of cases), as a result of the toxic load of bacterial, parasitic, mycotic infections. The main bacterial background was streptococci - 12.5%; toxoplasma - 40.6%. Giardia was detected in 9.3% of cases. The fungal load constituted the main percentage of the toxic load - 65.6%. There are frequent cases of detection of fungi in conjunction with toxoplasma.

Diagnosis and treatment were carried out by doctors with a different approach.

One doctor used the method of pathogenetic chains of Professor A.A. Hovsepyan, the other - the classical approach - without building pathogenetic chains. In both cases, the effectiveness of the treatment is the same, with good results in weight loss and improved well-being.

Conclusion

When analyzing the cards of patients selected at random, it was revealed:

1. Prevailing 2 degree obesity, mixed form.

2. In the first 2 months. treatment, weight is reduced more actively in people with gynoids type of obesity, after 4 months the results are similar to those of the mixed treatment. The android type of obesity requires a longer treatment to normalize the condition, but the weight loss accounted for a greater percentage.

3. In most cases, marked dysregulation of the endocrine system.

4. The toxic load of infectious genesis was present in all cases.

Literature

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A.S. Mikhailova, O. V. Chebotkova Diagnostics and treatment of overweight patients using the "IMEDIS" equipment
" - M .: "IMEDIS", 2010, v.2 - P.164-
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