

## The use of bioresonance therapy and homeopathic medicines

in the treatment of obesity

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Obesity is one of the most acute problems in the modern world. According to the WHO, in economically developed countries, more than 25-30% of the population suffers from this disease.

Obesity is a chronic recurrent disease characterized by an excess content of adipose tissue in the body (in men - at least 20%, in women - 25% of body weight, body mass index (BMI) more than 25-30 kg / m<sup>2</sup>) and can be an independent disease or syndrome that develops in various types of pathology.

There is currently no generally accepted classification of obesity. There are different types of it, depending on the nature of the distribution of fat, etiology, anatomical features. The most widespread classification is that of alimentary-constitutional, hypothalamic and endocrine obesity.

Alimentary-constitutional, or primary, obesity develops when systematic overeating, a violation of the diet, a decrease in physical activity. As a rule, it is of a family nature.

Hypothalamic obesity occurs when the hypothalamus is damaged and accompanied by impaired hypothalamic functions that determine the clinical features of the disease.

Endocrine obesity is an symptom primary pathology endocrine glands (hypercortisolism, hypothyroidism, hypogonadism, insulinoma).

According to the type of distribution of adipose tissue, android (adipose tissue deposition mainly in the upper body), gynoid (fat accumulates mainly in the lower body) and mixed (relatively uniform distribution of subcutaneous fat) types of obesity are distinguished. To assess the type of obesity, it is recommended to determine the waist / hip ratio. Normally, this ratio is less than 1.0 for men and 0.85 for women.

With severe obesity, patients experience workability, shortness of breath, palpitations, frequent headaches, pain in the joints, spine, constipation, menstrual dysfunction in women, decreased potency in men, as well as psychosomatic disorders: irritability, mood swings, sleep disturbances, etc.

One of the main directions in the treatment of obesity is changing the lifestyle: reducing the calorie intake of food, physical activity in order to increase the basal metabolism by increasing the mobilization and metabolism of fat, drug treatment.

The predictively best options for a weight stabilization program are slow correction. This reduces the risk of complications. And the inclusion of homeopathy and methods of bioresonance therapy in the usual treatment regimen significantly increases the effectiveness of these programs.

Our center uses techniques that include the use of bioresonance therapy, homeopathy, reflexology, lymphatic drainage, phyto-barrels, etc.

The selection of complex homeopathic preparations of the firms "GUNA" (Dr. Roy Martina), "OHOM" ("Alfa-Omega"), "OTI" and others is carried out taking into account the type of obesity, severity, complaints and concomitant pathology. Also, food products are tested and their optimal combination is selected.

An important component in the complex therapy of obesity, in addition to rational nutrition, physiotherapy exercises, massage, regulation of the rhythm of sleep and wakefulness, should be the patient's motivation to change the lifestyle and quality of life.

### Clinical example

Patient K., 47 years old, upon treatment, the body mass index is 33. According to the results of ART:

- geopathogenic load of the 3rd degree;
- thyroid gland D4 (hypothyroidism);
- endocrine disorders of the 4th degree; psychological stress of 4 degrees
- a strong degree of vegetative burden;
- the depleting reserves of adaptation of the 2nd degree.

A complex of BDS drugs for problem organs (nosodes, frequencies, "D") was performed. Correction and selection of food products was carried out through the degree of tested catabolic processes.

Bioresonance therapy with using programs induction therapy, drainage drugs (firms "OTI", "OHOM", "GUNA"), correction of psycho-vegetative disorders (Bach Flowers, constitutional drugs, etc.).

The patient followed these recommendations (including increased physical activity, adherence to the diet).

Within 6 months, the patient's condition improved significantly: BMI - 23, thyroid function normalized (endocrine disorders of the 1st degree), the psychoemotional background stabilized (mental load of the 1st degree), good adaptation reserves of the 2nd degree.

Follow-up - 2 years. There is no tendency towards weight gain.

### Literature

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