



Original article

Mineral fasting based on ortho-molecular medicine for healthy weight control

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ABSTRACT

In slimming therapy in plastic and cosmetic surgery, treatment based on internal medicine rather than surgical treatments is a viable option. Such surgical treatments, which include liposuction and plastic surgery of the abdominal wall, are contour plasty or partial-slimming techniques, and are not intended for the purpose of weight loss. For reduction of body weight and visceral fat as well as relief from lifestyle-related diseases, this article describes the application of ortho-molecular medicine techniques that center on the use of mineral fasting. During this treatment, mineral fasting and nutrition therapy are conducted while monitoring of nutritional status and body tissue analysis based on blood biochemical testing is periodically performed. During the slimming therapy described here, metabolism becomes hypercatabolized, allowing partial slimming by mesotherapy to become very effective. By applying this slimming therapy in conjunction with surgical therapy, weight loss treatment can be administered with less risk by reducing the necessity to conduct unnecessary liposuction and plastic surgery of the abdominal wall.

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1. Introduction

Slimming therapies can be categorized into one of 2 groups: partial slimming therapies, also referred to as contour plasty therapies, and total body slimming therapies, widely known as weight-management therapies. However, many patients come to our clinic believing that contour plasty therapies, such as liposuction and plastic surgery of the abdominal wall, are total-body slimming therapies. There have been several cases in which liposuction led to medical accidents. In recent years, some doctors have been prescribing antipsychotic drugs and lipase inhibitors to patients for use as diet pills. Such practices may harm the body and lead to further medical complications. With advances in the field of nutrition in recent years, slimming therapies have become much safer and more reliable. In this paper, we describe our use of a non-surgical slimming therapy based on mineral and nutritional blood analysis and mineral fasting that is supported by the principles of ortho-molecular medicine.

2. Ortho-molecular medicine

Ortho-molecular medicine is a nutritional theory at the cellular and molecular level that was advocated by U.S. scientist Linus Pauling and Canadian medical doctor Abram Hoffer [1]. The basic concept of ortho-molecular medicine is that by taking in the necessary amount of nutrients, including carbohydrates, protein, fat, vitamins, minerals, and other *in vivo* molecules, that cells need, each cell becomes fully functional and self-restoring. By such means, homeostasis is maintained and the metabolism reaches the physiological ideal value, allowing for realization of ideal quality of life as well as longevity.

2.1. Nutritional interpretation of blood test data

Despite having learned little regarding nutritional and physiological analytical methods, clinicians interpret blood test data pathologically to determine the presence or absence of diseases. For example, in the examination of the liver functioning of healthy individuals, most doctors see no problem with the following results: an AST of 19 units, ALT of 14 units, and γ -GTP of 15 units. However, when these results are interpreted from a nutritional perspective, they reveal a deficiency in vitamin B6 level and a

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decreasing capacity in protein synthesis in the liver. The types of AST and ALT in the blood are mainly liver-cell-derived forms of transaminase, but even under a physiological state, liver cells are constantly turning over, and dead and destroyed liver cell enzymes are deviated into the bloodstream. The half-life of ALT is slightly shorter than that of AST, and their ratio in the physiological state is often $AST:ALT = 1:0.9$. However, as ALT uses vitamin B6 as a co-enzyme, when the production of ALT decreases under a vitamin B6-deficient state, the level of AST becomes greater than that of ALT [2]. As can be seen, interpreting the results of blood biochemical examinations nutritionally enables nutritional management during slimming treatment, which in turn makes possible prevention of malnutrition and disease due to excessive caloric restriction.

2.2. Mineral fasting

Mineral fasting is a program developed by Yamada for improving professional athletes' performance by detoxifying the accumulation of toxic heavy metals and environmental toxins [3]. Developed by ortho-molecular medicine theory and based on research into the nutritional balance and mineral intake that conforms to Japanese standards, this therapy calls for patients to drink specially formulated shakes in place of meals; consume 900 kcal/day; and take vitamins, essential minerals, and enzymes when undergoing the fast. Unlike in water fasting and chelate therapy, the detoxification process using this therapy is relatively slow, and can be performed safely without putting a burden on the detoxification organs, such as the liver and kidneys. In addition, as it is designed to burn fat preferentially without compromising the muscle strength and bone density of athletes, it can be considered both a detoxification and fat-burning program.

Incorporating this program into an overall weight-management therapy enables total-body slimming. The main difference between simple caloric restriction and mineral fasting is that the latter can replenish the optimal nutrients. Moreover, because its use will not result in loss of muscle mass, mineral fasting will improve the body's basal metabolic rate, resulting in the creation of less fat and a lower percentage of body fat. Moreover, as the detoxification program is a nutritional therapy aimed at improving health, its use will not only promote slimming but also drastically improve the overall physical condition [4].

2.3. Improvement of diet and provision of education

Even with effective total-body slimming treatment, rebound will occur if the patient resumes his or her pre-treatment diet after the treatment has been completed. Therefore, following an improved diet and obtaining education after treatment has been completed are essential. Continuing to engage in an improper weight-loss program will lead to accumulation of body fat due to insulin surges, which cause the body to easily accumulate fat. It has often been observed that patients overly cautious of caloric intake will continue to skip meals, especially breakfast, leading to induction of insulin surges, the major cause of unsurfaced obesity. When undergoing diet therapy as a part of a total-body slimming therapy, obtaining knowledge of the glycemic index is important. Patients must be educated on a food-to-food basis that there are 2 types of sugar, one that is likely to cause obesity and one that is likely not to do so [5].

3. Treatment protocol

3.1. Measurement of body tissue

Data should be collected by measuring body tissue before, during, and after treatment, ideally a minimum of once a month, and preferably once every 2 weeks. As patients often experience

fluctuation of body weight, body mass index (BMI), body fat ratio, visceral fat ratio, muscle mass, and basal metabolic rate are more important variables than body weight. While we use a medical high-precision body composition measuring instrument (Fig. 1), use of any home-use scale allows for collection of sufficient data.

3.2. Blood testing analysis

Blood testing analysis should be conducted prior to beginning and after completing treatment, and thereafter every 3 months. Testing should encompass general blood testing (including blood imaging) and detailed biochemistry. If, after interviewing the patient, the presence of underlying conditions, such as diabetes, hypothyroidism, and/or insulin resistance, is suspected, blood levels of T3, TSH, and other indicators should be measured as well. Information regarding the role of each nutrient in the body and nutritional interpretation of blood parameter values is posted on the website of the Linus Pauling Institute of Oregon State University. Although an educational academy dedicated to providing nutritional education has yet to be established in Japan, knowledge of ortho-molecular medicine can be obtained at meetings conducted by various supplement manufacturers and other companies. Important examination variables and nutritional target values are shown in Table 1.

3.3. Diet questionnaire administration and nutritional counseling

As previously explained, unless the everyday diet of patients is changed, they will continue to experience rebound. However, doing so is easier said than done, as we have experienced with our patients, whose eating habits are very difficult to change. We have investigated our patients' diet using a 7-day diet questionnaire in which different nutrients are colored differently (yellow for protein, red for sugar, and green for vitamins and minerals) to visually demonstrate the balance of nutrients at the time of nutritional counseling, show them that high carbohydrate intake makes weight loss difficult, and instruct them in minimizing intake of carbohydrates with a low GI value on the food table. We also ensure that our patients understand that increasing basal metabolism requires increasing muscle mass by increasing protein intake and replenishing muscles with the nutrients required for protein synthesis, such as the B vitamins, magnesium, and zinc. Nutritional counseling is an important process that must be tailor-made to accommodate each individual case.

3.4. Implementation of mineral fasting

Using the data collected by the pre-examination questionnaire and the actual examination, the state of a patient's metabolism can be determined. If the metabolism is in an assimilation mode, mineral fasting should be begun. During the pre- and post-fasting periods, patients should be prescribed a convalescent diet to ensure satisfactory results. We have been prescribing our patients Fast Plan, an enzyme drink developed by Yamada et al. that delivers approximately 900 kcal/day and contains enzymes that sustain the metabolism; magnesium and L-carnitine, which burn fat; and nutrients that stabilize the spirit, such as theanine. During the fasting period, which usually lasts 6 days, simultaneous monitoring of dehydration and fat burning is easily achieved by measurement of ketone bodies. Including the preparation and recovery period, the entire treatment lasts approximately 12 days (Fig. 2).

3.5. Nutritional therapy

The rule of thumb in nutritional therapy is to center the therapy on consumption of Japanese brown rice. Yamada et al. suggest

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