Current Trends in Complementary and Alternative Medicine



Short Communication

Deal with Obesity Prescription: Body, Mind and Right food

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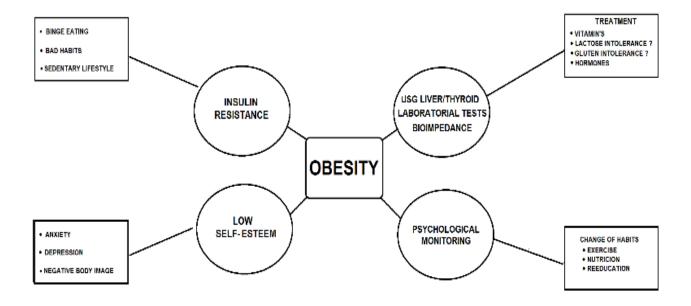
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Obesity is a disease that affects all world and came with a lot of problems: High cholesterol, triglycerides, depression, anxious, diabetes, cane, heart problems and in most of times you have des nutrition. So obesity it's not just a body problem, it's the in capacity to control the emotions and as result appear the compulsion the craving for sweet and food, behind these situation people are also eating "their feelings like fear anxious and unfulfilled wishes And the drugs doesn't treat by themselves or make any kind of miracle The Obesity disease is easy to treat difficulties treat the patient's mind The treatment that to be in always, like psychology, exercise, nutrition reeducation if it is necessary prescribe some minerals. Ask for test of dispose, search for anemia, test insulin pos-prandial, insulin resistance and low metabolism, test the cholesterol, and vitamin 25OH (D) that we know when it's low helps to get fat in abdomen, test lactose intolerance, gluten intolerance, ask for a USG of liver to research if there is estates is, test vitamin C, test the thyroid hormones serotonin levels and all the metabolism. First of all it is important to do the body composition, how much fat perceptual? With the result to the IN BODY it is possible to advice better type of sport activity to them and analyze if the patient is retaining water, how much they need to gain of muscle and how much they need to lose of fat .After doing the consultation ask for a food registration for five days, including weekend, try to find out what he likes, you can do a nutritional education. There is no secret to choose good and healthy food; the problem is the power of bad habits.

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Think in your patient as a Whole universe to be treated



Recent Publication and books

- Sacks FM Bray GA Carey VS et al Comparison 2009
- Willians text book ofendocrinology
- Prescription of a Nutrition Healing Bernard Jensen
- 1. Piernas C, Popkin BM (2011) Food portion patterns and trends among U.S children and the relationship to total eating occasion size. j nutr 141:1159-1164.
- 2. Peterson CA, Tosh Ak, Belenchia AM (2014) Vitamin D insufficiency and insulin resistance in obese adolescents. Ther Adv Endocrinol Metab 5: 166-189.
- **3.** Dietary guidelines for American Advisory Comminttee.Report of the DGAC on the dietary Guidelinesw for americans 2010.
- 4. World Health Organization Media Centre (2014) (WHO) Cardiovascular Diseases.
- 5. Rydén L, Grant PJ, Anker SD, Berne C, Cosentino F, et al. (2013) ESC Guidelines on diabetes, prediabetes, and cardiovascular diseases developed in collaboration with the EASD: The Task Force on diabetes, pre-diabetes, and cardiovascular diseases of the European Society of Cardiology (ESC) and developed in collaboration with the European Association for the Study of Diabetes (EASD). Eur Heart J 34:3035-3087.
- **6.** National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 67 (2014). Lipid Modification. Cardiovascular Risk Assessment and the Modification of Blood Lipids for the Primary and Secondary Prevention of Cardiovascular Disease.
- 7. National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 66 (2008) Type 2 Diabetes.

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- **8.** Grundy SM (1998) hyper triglyceridemia, atherogenic dyslipidemia and the metabolic syndrome. Am. J. Cardiol 81: 18B-25B.
- **9.** Grundy SM (1999) Hypertriglyceridemia, insulin resistance and the metabolic syndrome. Am J Cardiol 13: 25F-29F.

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